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These short summaries are taken from a range of other evidence-based journals and publications

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Corticosteroid therapy does not reduce the rate of relapse in Crohn's Disease

Evidence-Based Medicine. March/April 1999

Steinhart AH, Ewe K, Griffiths AM, Modigliani R, Thomsen O. Corticosteroid therapy for the maintenance of remission in Crohn's Disease. Cochrane Review, Latest version Jun 1998. In the Cochrane Library. Oxford: Update software.

This Cochrane review looked at the question of whether conventional systemic steroid therapy was effective and safe for maintenance of clinical remission in Crohn's Disease. Eight studies were identified, of which three met the inclusion criteria (368 patients in test and control groups). They found that oral systemic corticosteroids did not reduce the rate of relapse at 6, 12 or 24 months.

The results do, however, show a trend that favours treatment, which those in favour of this approach will champion. However, most clinicians have accepted the bottom-line message which is that the therapeutic effect of maintenance corticosteroids is unacceptably low.

Amoxycillin and folate inhibitors are as effective as newer, more expensive antibiotics for acute sinusitis

Evidence-Based Medicine. May/June 1999

De Ferranti SD, Ionnidis JP, Lau J, Anninger WV, Baraza M. Are amoxycillin and folate inhibitors as effective as other antibiotics for acute sinusitis? A meta-analysis. *BMJ* 1998; 317: 632–637.

This systematic review looked at 27 studies involving 2717 patients and confirms that antibiotics provide a somewhat greater benefit for acute sinusitis than placebo. In addition, this study showed that modern antibiotics (co-amoxiclav, pivampicillin, azithromycin, clarithromycin, rixithromycin, cefaclor, cefixime, cefpodoxime, cefuroxime, cephalixin, minocycline, doxycycline or tetracycline) provided no advantage over the more traditional ones (amoxycillinco-

trimoxazole, trimethoprim plus sulfametyopyrazine, or brodimoprim). The study found that you needed to treat seven patients (95% CI 4–26) suffering from acute sinusitis for one additional patient to benefit within 48 h. For patients with less well-defined sinusitis there was less clarity.

Antibiotics do not lead to general improvement in upper respiratory tract infections

Evidence-Based Medicine. July/August 1999

Arrol B, Kenealy T. Antibiotics versus placebo in the common cold. Cochrane review, latest version Apr 1998. In The Cochrane Library. Oxford: Update software.

This Cochrane review considered whether antibiotics are safe and efficacious in curing infection and improving nasopharyngeal symptoms. Only seven trials could be included, the four of which involved only children. They found that, in patients with upper respiratory tract infection, antibiotics were no more beneficial than placebo, and are associated with a non-significant increase in adverse effects. This meta-analysis confirms most clinicians' beliefs that antibiotics have only a small role in ameliorating the symptoms of the common cold and is information that can be harnessed during consultations when under pressure from patients to prescribe antibiotics.

Computer-based clinical decision support systems can enhance physician performance but have been insufficiently studied with regard to patient outcomes

Evidence-Based HealthCare. 1999; 3: 39

Hunt DL, Haynes RB, Hanna SE, Smith K. Effects of computer based clinical decision support systems on physician performance and to patient outcomes: A systematic review. *JAMA* 1998; 280: 1339–1346.

This systematic review of controlled trials of computer-based clinical decision support systems (CDSSs) found that CDSSs can enhance clinical performance for drug dosing, preventive care and other aspects of medical care but not convincingly for diagnosis. A total of 68 trials were included, with 43 showing some benefit for physician performance. However, the effects on patient outcomes have been insufficiently studied. The evidence to date suggests that, where clinical

workstations are in place, consideration to adding preventive care, drug dosing and active care advice can aid clinical practice. With most of the trials in the review being published since 1992, it suggests a shift from building systems to solving clinical problems.

Surgical teams with specialty expertise have lower mortality rates for complex oncological procedures

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Begg CB, Cramer LD, Hoskins WJ, Brennan MF. Impact of hospital volume on operative mortality for major cancer surgery. *JAMA* 1998; 280: 1447–1751.

This retrospective cohort study was conducted in America using the Surveillance, Epidemiology and End Results (SEER), the Medicare-linked database estimated to cover 10% of the US population. Using 30-day mortality, adjusted for case mix, they found that higher volume was statistically related with lower mortality for a range of complex oncological procedures. The most striking results were for oesophagectomy where mortality in low-volume hospitals was 17.3% compared with 3.5% in high-volume hospitals. Only in one procedure pneumonectomy was there no difference. This adds to a growing number of reports showing a positive relationship between higher volume institutions and favourable outcomes. However, it is as yet unclear whether this is attributable to a 'practice makes perfect' model or volume is marker for another feature of the institution which contributes to the favourable outcome.

Xylitol syrup and xylitol chewing gum were both effective in preventing acute otitis media

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Evidence-Based Medicine. May/June 1999

Uhari M, Kontiokari T, Niemel M. A novel use of xylitol sugar in preventing acute otitis media. *Paediatrics* 1998; 102: 879–884.

This randomised-controlled trial involving 874 children in Finland found that xylitol syrup and chewing gum were effective in reducing the incidence of acute otitis media in health children attending day-care centres, lozenges were less effective. Children who were too young to chew gum were allocated to the syrup group, older children received either gum or lozenges. The gum, lozenges or syrup were administered 5 times per day. Overall drop-out was low, but greater in the xylitol group than the control. Gum and lozenges were given to children as young as 18 months of age in the study, and therefore there are concerns related to choking, although no aspiration incidents occurred during the study. With actual aspiration events as high as six per 1000 children in 3 months being recorded and long-term compliance with a five-times-per-day regime problematic, widespread recommendation for use is debatable.