

POEMs

Patient-Oriented Evidence that Matters

We have been encouraged to screen for domestic violence but many GPs find this intrusive and are reluctant to screen even though the prevalence in New Zealand is seriously high. The first of our December POEMs confirms that patients are also reluctant to bring this subject up in a face-to-face encounter and that a self-administered approach is preferred; our second POEM confirms that testing patients who have dyspepsia for H Pylori is better than simply prescribing PPIs. Editor.

Clinical question

What method is optimal when screening women for intimate partner violence?

Bottom line

The Partner Violence Screen (PVS) and Women Abuse Screening Tool (WAST) are similarly accurate in the detection of intimate partner violence. Women in this study preferred a self-administered approach, either by a written or computer-generated questionnaire, over a face-to-face approach with a health care provider. Busy clinicians wishing to accurately screen for intimate partner violence should consider routinely offering one or both of these screening tools to their patients, preferably in either a written or computer-generated format. (LOE = 1b-)

Reference

MacMillan HL, Wathen CN, Jamieson E, et al, for the McMaster Violence Against Women Research Group. Approaches to screening for intimate partner violence in health care settings. A randomized trial. JAMA 2006;296:530-536.

Study Design

Randomised controlled trial (nonblinded)

Funding

Government

Allocation

Unconcealed

Setting

Outpatient (any)

Synopsis

The optimal method used to screen women for intimate partner violence is unclear. These investigators randomised (allocation assignment unconcealed) 2461 consenting women, aged 18 years to 64 years, to one of three screening approaches: (1) a face-to-face interview with a health care provider; (2) a written self-completed questionnaire; or (3) a computer-based self-completed questionnaire. Two screening instruments were administered and compared: the PVS and the WAST. Patients were recruited from primary, acute, and specialty health centres in Ontario, Canada. A 30-item validated research instrument, the Composite Abuse Scale (CAS), served as the criterion standard for intimate partner violence. Women also completed a questionnaire evaluating screening method preference. The 12-month prevalence for intimate partner violence ranged from 4.1% to 17.7%, with the highest prevalence detected in the emergency department setting. Compared with the CAS, the sensitivities (PVS = 49.2%; WAST = 47.0%) and specificities (PVS = 93.7%; WAST = 95.6%) of the two screening methods for accurately detecting intimate partner violence were similar. Women significantly preferred the self-administered screening approaches over the face-to-face approach.

Clinical question

What is the best initial strategy for patients with uncomplicated dyspepsia in the primary care setting?

Bottom line

A test-and-treat strategy is the most cost-effective approach to dyspepsia in the primary care setting. (LOE = 1b)

Reference

Jarbol DE, Kragstrup J, Stovring H, Havelund T, Schaffalitzky de Muckadell OB. Proton pump inhibitor or testing for *Helicobacter pylori* as the first step for patients presenting with dyspepsia? A cluster randomized trial. *Am J Gastroenterol* 2006;101:1200-1208.

Study Design

Randomised controlled trial (nonblinded)

Funding

Government

Allocation

Unconcealed

Setting

Outpatient (primary care)

Synopsis

Although the test-and-treat approach of testing for *Helicobacter pylori* (HP) in dyspeptic patients (and eradicating if positive) is advocated by guidelines, many

generalists still treat dyspepsia with empiric proton pump inhibitors (PPIs). Also, previous studies have usually taken place in the referral setting rather than in the primary care office. In this Danish trial, 106 general practice offices (not patients) were randomised to receive one of three management strategies: (1) esomeprazole (Nexium) 20 mg twice daily for one week; (2) test for HP and eradicate if positive; or (3) esomeprazole 20 mg twice daily for one week, followed by HP testing if symptoms improved and eradication if HP positive. Analysis was by intention to treat and adjusted appropriately for cluster randomisation. HP infection was established using a ¹³C urea breath test, and eradication was accomplished with esomeprazole 20 mg, amoxicillin 1000 mg, and clarithromycin 500 mg twice daily for one week. Eligible patients presented to their general practitioner with epigastric pain or discomfort with or without heartburn, regurgitation, nausea, vomiting, or bloating for at least two weeks duration. The average age of the 722 participants was 45 years, and slightly more than half were women. There was no age cutoff, but patients with alarm symptoms were excluded. After one year, 610 participants completed a symptom questionnaire, and there were no differences in the proportion of days without dyspeptic symptoms, patient satisfaction, gastrointestinal symptoms scores, or quality-of-life scores between the three groups. Patients in the first group (PPI only) had more endoscopies and more dyspepsia-related sick days than did patients in the other groups.

Statin therapy

'Veterans on statin therapy, prescribed for a variety of reasons, live an average of two years longer than nonusers, despite having a greater risk of mortality, investigators report in the October issue of the American Journal of Cardiology.'

Dr. Jahawar L. Mehta and associates at the University of Arkansas in Little Rock examined a Department of Veterans Affairs database covering approximately 1.5 million veterans followed in 10 hospitals across the southern US, to determine statin use and associated death rates.

Statin users were more often elderly patients with a history of coronary artery disease, hypertension and diabetes mellitus. Nonetheless, risk of death with statin use was lower than among nonusers, with an odds ratio of 0.54, and mean age at death was two years older for statin users than nonusers.

"These data are particularly important because more than half the patients in the database were 70 or more years of age at the initiation of statin therapy," Dr. Mehta and colleagues write. "Furthermore, the statin users had a several-fold higher risk of major comorbidities" that were independent predictors of death.

The possible benefits of statin therapy may be related to their anti-inflammatory properties, the investigators say.'

Am J Cardiol 2006;98:923-928. <http://www.medscape.com/viewarticle/546783?src=mp> accessed 9 Nov 2006.