Therapeutics Letter

Clinical pearls from the Cochrane Library

Corticosteroids for acute traumatic brain injury

Originally published in 1997, the latest substantive update was completed in October 2004 and published in *Therapeutics Letter* 2005, issue 1. New conclusion: the updated conclusion is based entirely on results of the large Corticosteroid Randomisation After Significant Head injury (CRASH) trial. High-dose corticosteroids for acute traumatic brain injury significantly increase short-term mortality. Clinical implications: steroids should no longer be used routinely for people with traumatic head injury.

Fixed-dose subcutaneous low-molecular-weight heparins versus adjusted-dose unfractionated heparin for venous thromboembolism

Originally published in 1998, the latest substantive update was completed in August 2004 and published in 2004, issue 4. Conclusions: low-molecular-weight heparins are more effective than unfractionated heparin for initial treatment of venous thromboembolism. Clinical implications: treatment with low-molecular-weight heparins can be adopted safely as standard therapy for people with deep vein thrombosis.

Vaccines for preventing influenza in healthy adults

Originally published in 1999, the latest substantive update was completed in May 2004 and published in 2004, issue 3. Conclusion: universal immunization of healthy adults should achieve some specific goals—reducing the spread of the disease, reducing economic loss due to working days lost, and reducing morbidity and hospitalization. None of these goals have been reached in published randomized controlled trials. Clinical implications: universal immunization of healthy adults is not supported by the results of this review.

Antiplatelet agents and anticoagulants for hypertension

This review was completed in May 2004 and published in 2004, issue 3. Conclusion: for patients with elevated blood pressure and no cardiovascular disease (CVD), the benefits of low-dose acetylsalicylic acid do not outweigh the harm. For patients with elevated blood pressure and CVD, the benefits of ASA exceed the harm. Clinical implications: the indications for low-dose ASA (eg, 80 mg) for preventing cardiovascular events are the same for patients with normal and elevated blood pressure; low-dose ASA is recommended for patients with proven CVD (secondary prevention), but not for those without CVD (primary prevention).

Effect of longer-term modest salt reduction on blood pressure

This review was completed in October 2003 and published in 2004, issue 1. Conclusion: a modest reduction in salt intake for 4 or more weeks has a significant effect on blood pressure in people with normal and elevated blood pressure. Clinical implications: motivated patients, who are able to lower their salt intake and maintain a lower dietary salt intake, can be confident that this dietary strategy is proven to lower blood pressure.

Source: *Therapeutics Letter* 2005;55:1-3. For the complete text of this report, check the Therapeutics Initiative website at **http://www.ti.ubc.ca.**

THERAPEUTICS INITIATIVE Evidence Based Drug Therapy

The Therapeutics Letter presents critically appraised summary evidence primarily from controlled drug trials. Such evidence applies to patients similar to those involved in the trials and might not be generalizable to every patient. The Therapeutics Initiative provides evidence-based advice about drug therapy and is not responsible for formulating or adjudicating provincial drug policies.
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