

# Top 20 POEMs of 2024

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## Objectives

By the end of this activity, learners should be better able to:

- Discuss the top 20 research studies for primary care.
- Discuss POEMS topics clinical relevance, validity, and reported outcomes.
- Discuss how these research studies have potential to change practice.
- Discuss POEMS consistent with the principles of the Choosing Wisely campaign

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## Acknowledgements

- POETs
  - Mark Ebell
  - Nita Kulkarni
  - Allen Shaughnessy
  - Dave Slawson
  - Linda Speer
  - Henry Barry
- Top 20 rankings
  - Roland Grad
  - Mark Ebell

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## POEMs



Team members review 110 journals/month



Short summaries of original research

critique of methods  
assessment of study quality  
bottom line



Emphasize studies relevant to patients in primary care

Patient-oriented outcomes  
No rat studies

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## 2024 Top 20 POEMs Selection Process

- Each "POET" selected up to 10 of their favorite POEMs
- The POETs along with family medicine journal editors, scholars and practicing clinicians ranked each nominated POEM
  - Relevance
  - Potential to change practice
  - Validity
- Excluded guidelines (not original research)

Grad, Ebell Am Fam Phys July 2025 in press

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## Top 20 POEM groupings

- Infectious diseases (6)
- Mental health and addiction (4)
- Cardiovascular disease (3)
- Diabetes (3)
- Gastroenterology (2)
- Miscellaneous (2)

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### Probiotics and recurrent UTIs in women (#3)

- DB RCT of 174 women (18-45 years of age) with 3+ UTIs in prior year
  - Mean age 36; mean of 5.3 UTIs
- Randomized to one of 4 groups:
  - Oral and vaginal placebos
  - Oral probiotic and vaginal placebo
  - Oral placebo and vaginal probiotic
  - Both oral and vaginal probiotics
  - Oral: live lyophilized lactic acid bacteria and bifidobacteria
  - Vaginal: 3 lactobacilli strains

Choosing Wisely

Gupta, Clin Inf Dis 2024  
<https://pubmed.ncbi.nlm.nih.gov/38084984/>

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### Percent of women experiencing a symptomatic UTI

	4 months	12 months
Placebo-placebo	70%	95%
Oral probiotic	61%	77%
Vaginal probiotic	41%	61%
Oral + vaginal probiotic	32%	55%

#### Bottom line

Lactobacillus-containing probiotics (orally, vaginally, or both) reduce the incidence of recurrent UTI and prolong the time to the next UTI in premenopausal women with frequent UTIs. Vaginal probiotics (with or without oral probiotics) outperform oral probiotics alone. Vaginal probiotics alone provide a similar benefit to oral plus vaginal supplementation and would seem to be the least invasive and least costly option.

Choosing Wisely

Gupta, Clin Inf Dis 2024  
<https://pubmed.ncbi.nlm.nih.gov/38084984/>

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### Effective treatments of adults with CAP (#5)

- Network meta-analysis of 24 RCTs (9361 adults with community acquired pneumonia)
  - 6 low risk of bias, 6 unclear risk of bias, **12 at high risk**
  - Excluded studies of doxycycline ("too old")
- No antibiotic produced statistically superior results to clarithromycin
  - Clinical response
    - best with nemonoxacin, levofloxacin, and telithromycin
    - worst with penicillin and amoxicillin
  - Mortality was lowest for nemonoxacin, levofloxacin, azithromycin, and amoxicillin/clavulanate

Choosing Wisely

Kurotschka, JGIM 2024  
<https://www.ncbi.nlm.nih.gov/pubmed/38360961>

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#### Bottom line

Continue treating community-acquired pneumonia the way you're doing it. It's difficult, given the existing research data, to determine big differences in the clinical impact of the various oral antibiotics used for initial treatment. Using clarithromycin (Biaxin) as the standard, telithromycin (Ketek), azithromycin (Zithromax), amoxicillin/clavulanate, and the quinolones levofloxacin (Levaquin) and nemonoxacin (Taligexin, available only in a few countries) produce similar benefits with regard to clinical response and mortality. Amoxicillin and penicillin may not work as well. Doxycycline, recommended in some guidelines, was not included in this analysis.

Choosing Wisely

Kurotschka, JGIM 2024  
<https://www.ncbi.nlm.nih.gov/pubmed/38360961>

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### Nirsevimab to prevent hospitalizations due to RSV in infants (#8)

- Palivizumab is currently recommended for children at high risk of RSV complications and requires a monthly injection
- Unblinded RCT of 8058 infants
  - under 12 months of age
  - born at 29 weeks or later gestation
  - not eligible for palivizumab
  - recruited during their first winter
- randomized to receive a single IM injection of nirsevimab (50 mg if they weighed less than 5 kg and 100 mg if they weighed 5 kg or more) or usual care



Drysdale, NEJM 2023  
<https://pubmed.ncbi.nlm.nih.gov/38157500/>

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## Clinical outcomes

	Nirsevimab (n=4035)	Usual care (n=4021)	NNT
Hospitalization for RSV	11 (0.3%)	60 (1.5%)	83
Very severe RSV	5 (0.12%)	19 (0.47%)	286

Serious adverse events were rare and were similar between groups. According to the [American Academy of Pediatrics](https://pubmed.ncbi.nlm.nih.gov/38157500/), the cost of nirsevimab is approximately \$495 for the one dose.

### Bottom line

In average-risk infants, a single intramuscular dose of nirsevimab reduces the likelihood of hospitalization due to RSV. Although it's not inexpensive, nirsevimab is much less expensive than palivizumab and requires only a single dose.

Drysdale, NEJM 2023  
<https://pubmed.ncbi.nlm.nih.gov/38157500/>

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## Oral antivirals in vaccinated, immunocompromised adults with COVID (#14)

### • VA database study

- Immunocompromised adults diagnosed with COVID
  - 2022 (Omicron phase)
  - 75% received full COVID vaccine series
  - 50% received a booster
- 390 received an oral antiviral (molnupiravir or nirmatrelvir-ritonavir) propensity-matched with 390 who did not receive an antiviral

Gentry, Clin Inf Dis 2024  
<https://www.ncbi.nlm.nih.gov/pubmed/37619991>

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## 30-day outcomes

	nirmatrelvir-ritonavir	molnupiravir	no antiviral
Composite (hospitalization or death)	5.9%	5.8%	14.6%
Hospitalization	5.5%	5.8%	11.0%
All-cause mortality	0.0%	0.4%	4.9%

### Bottom line

In a mostly vaccinated, immunocompromised population, oral antivirals (molnupiravir or nirmatrelvir-ritonavir) are associated with lower rates of hospitalization and mortality. This is different from the results of recent studies in immunocompetent populations in a similar time frame and with the Omicron variant. The baseline rates of hospitalization were much higher in this immunocompromised population than in contemporary studies of healthy adults, so it makes sense that the absolute benefit of the oral antivirals was also higher.

Gentry, Clin Inf Dis 2024  
<https://www.ncbi.nlm.nih.gov/pubmed/37619991>

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## Benzyl benzoate vs. permethrins for scabies in adolescents and adults (#15)

### • DB RCT 110 children 12 years of age or older

- dermoscopically diagnosed scabies
- excluded those with crusted scabies or recent treatment
- 3 days of topical benzyl benzoate 25% or permethrin 5% daily



### • Outcomes:

- absence of mites after 3-4 weeks: 87% vs. 27% (NNT=2)
- Mild to moderate stinging/burning: (43% vs 6%; NNTH = 3)

### Bottom line

Benzyl benzoate 25% was significantly more effective than permethrin 5% (NNT = 2). It was also associated with more skin irritation, but this adverse event was generally mild to moderate and transient.

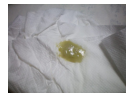
Meyersburg, Br J Derm 2024  
<https://pubmed.ncbi.nlm.nih.gov/38112640/>

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## Antibiotics for acute sinusitis in children (#18)

### • Meta-analysis of RCTs of antibiotics vs. placebo

- Children under 18
  - clinically diagnosed with acute sinusitis
  - symptoms <4 weeks
- 6 studies (956 children)
  - 5 after wide use of Hib vaccine
  - Mostly amoxicillin or amoxicillin/clavulanic acid for 10-14 days
  - 1 study was at high risk of bias, the rest were low
  - 1 study contributed more than half the data



Choosing Wisely

Conway, Pediatrics 2024  
<https://pubmed.ncbi.nlm.nih.gov/38646685/>

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## Results

- Response defined as no treatment failure (worsening while on Tx or no improvement after 2 weeks)
  - 77.0% on Abx vs. 59.2% on placebo (NNT=6)
  - Diarrhea 13.4% vs. 7.2% (NNTH=16)
  - Some heterogeneity ( $I^2=69.7\%$ ) that decreased after dropping the "bad" study

### Bottom line

Though this study was a meta-analysis, the data largely come from a single study, which showed a substantial benefit, after a few weeks, to using amoxicillin with or without clavulanate to treat children with symptoms of acute sinusitis.

Conway, Pediatrics 2024  
<https://pubmed.ncbi.nlm.nih.gov/38646685/>

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## Optimal smoking cessation treatments after initial treatment failure (#1)

- DB RCT – 2 phases (everybody received behavioral counseling)
  - Phase 1 randomized 490 adults to 6 weeks of either varenicline or combined nicotine replacement therapy (21 mg patch + gum)
  - Phase 2 – abstainers continued their treatment; nonabstainers were randomized to:
    - Continue phase 1 treatment
    - Increase Phase 1 dose (add 1 mg varenicline in the evening or wear an additional patch)
    - Switch to the other treatment
- Main outcome: self-reported abstinence plus expired carbon monoxide of less than 6 ppm at week 12

Cinciripini, JAMA 2024  
<https://www.ncbi.nlm.nih.gov/pubmed/38696203>

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## 12-week Abstinence Rates

- Phase 1
  - Combined nicotine replacement (CNRT): 42/54 (78%)
  - Varenicline: 63/88 (72%)
- Phase 2
  - Initial treatment with combined nicotine replacement (n=191)
    - Switched to varenicline: 7/51 (14%)
    - Increased CNRT dose: 7/50 (14%)
    - Continued same dose: 7/90 (8%)
  - Initial treatment with varenicline (n=157)
    - Switched to CNRT: 0/41 (0%)
    - Increased varenicline dose: 8/39 (20%)
    - Continued same dose: 2/77 (3%)

Cinciripini, JAMA 2024  
<https://www.ncbi.nlm.nih.gov/pubmed/38696203>

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### Bottom line

For patients who failed to attain smoking abstinence at 6 weeks after initial treatment with varenicline, increasing the dosing of varenicline (from 2 mg to 3 mg daily) resulted in a significantly higher quit rate than continuing to use the same dosage for a longer period. Switching to CNRT was not effective for attaining smoking abstinence. For similar patients who failed on initial treatment with CNRT, an increased dosage of CNRT (from 21-mg patch to 42-mg patch plus lozenges) or switching to varenicline resulted in a significantly higher quit rate than continuing to use the same dosage of CNRT.

Cinciripini, JAMA 2024  
<https://www.ncbi.nlm.nih.gov/pubmed/38696203>

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## Medications for treating adults with alcohol use disorder (#5)

- Update of 2014 MA
  - 118 RCTs, 37 new since 2014; total 20,976 participants
  - All evaluated adding medications to psychosocial interventions
    - Acamprosate, baclofen\*, disulfiram, gabapentin\*, naltrexone, topiramate\*
    - Ondansetron, varenicline, and prazosin were eliminated due to paucity of data
  - Treatment duration ranged from 12 to 52 weeks
- Outcomes
  - Return to any drinking
  - Return to heavy drinking
  - Mortality
  - Harms



\* Not FDA approved for AUD

McPheeters, JAMA 2023  
<https://pubmed.ncbi.nlm.nih.gov/37934220/>

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## Results

- Overall evidence was strongest for acamprosate and oral naltrexone
- Return to any drinking
  - Acamprosate: 11 (95% CI, 1-32)
  - Oral naltrexone (50 mg/d): 18 (95% CI, 4-32)
- Return to heavy drinking
  - Oral naltrexone (50 mg/d): 11 (95% CI, 5-41)
- Fewer drinking days
  - Injectable naltrexone: -4.99 days (95% CI -9.49 to -0.49)
- Adverse effects – mainly GI distress and dizziness, all rated as mild and ranged from 3%-65%

McPheeters, JAMA 2023  
<https://pubmed.ncbi.nlm.nih.gov/37934220/>

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**Bottom line**

This updated systematic review found that, in conjunction with psychosocial interventions, oral naltrexone (50 mg/day) and oral acamprosate have the strongest evidence for the effective treatment of alcohol use disorder.

McPheeters, JAMA 2023  
<https://pubmed.ncbi.nlm.nih.gov/37934220/>

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## CBT for adults with long COVID (#11)

## • Unblinded RCT

- 114 adults with severe fatigue starting with or worsened by COVID
  - 11% had been hospitalized; 99% unvaccinated; 73% women
- Randomized to CBT (18 weeks) or usual care
  - CBT targeted factors that perpetuate fatigue

## • Fatigue scores (20-item Checklist Individual Strength; range 8-56)

- CBT improved scores to a greater extent than usual care
  - End of treatment: net -9.3 points
  - After 26 weeks: net -8.4 points

**Bottom line**

For patients with severe fatigue at least 3 months after COVID-19 infection, CBT offers significant improvement in symptoms over care as usual.

Kuut, Clin Inf Dis 2023  
<https://pubmed.ncbi.nlm.nih.gov/37155736/>

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## E-cigarettes and smoking cessation (#13)

## • Unblinded RCT

- 1246 contemplative adult smokers (at least 5/day; median was 15/day)
- Everybody got counseling, education, \$50 vouchers
- Intervention group also received e-cigarette starter kits, replacement coils, and e-liquids at nicotine dose of the participant's choice

## • Outcome: verified 6 months of abstinence from tobacco

- Higher in intervention group: 28.9% vs 16.3% (NNT=8)



## • Flies in the ointment

- Abstinence from **any** nicotine was higher in the controls (33.7% vs 20.1%; NNT = 8)
- Not everybody underwent biochemical verification
- Abstinence was not continuous and often reflected last 7 days

Auer, NEJM 2024  
<https://pubmed.ncbi.nlm.nih.gov/38354139/>

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**Bottom line**

Adult smokers who are given e-cigarettes are significantly more likely to be abstinent at 6 months (NNT = 6 - 8). In this study, the cost of e-cigarettes was paid by the study, so in the real world where patients have to buy their own e-cigarettes the results may be less favorable.

Auer, NEJM 2024  
<https://pubmed.ncbi.nlm.nih.gov/38354139/>

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## Cardiovascular Disease

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## CV outcomes in obese adults without diabetes receiving semaglutide (#12)

## • DB RCT

- 17,604 adults over 45 with BMI at least 27 kg/m<sup>2</sup>
- Had established CVD but not diabetes

## • 34 weekly semaglutide subcutaneous injections (0.24 mg, increased to maximum tolerated dose of 2.4 mg over 16 weeks) or to placebo

## • After 40 months

- Dropouts greater in actively treated participants (16% vs. 8%)
- Composite outcome (CV death, nonfatal MI\*, nonfatal stroke): 6.5% vs 8.0%; NNT = 67
- All-cause mortality\*\* was also lower: 4.3% vs 5.2%; P < .05; NNT = 111)
- Mean weight loss: 9% vs. no change

Lincoff, NEJM 2023  
<https://pubmed.ncbi.nlm.nih.gov/37952131/>

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**Bottom line**

For obese patients with established cardiovascular disease who do not have diabetes, semaglutide decreases the risk of nonfatal MI (NNT = 100) but not cardiovascular mortality (2.5% vs 3.0%,  $P = .07$ ) over 40 months of follow-up. It is interesting that the title of this industry-sponsored study says nothing of the fact that this was a group of patients with established heart disease. Perhaps they hope that we will fall prey to indication creep and give it to anyone who is obese?

Lincoff, NEJM 2023  
<https://pubmed.ncbi.nlm.nih.gov/37952131/>

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## SGLT2 inhibitors in frail adults with T2DM and heart failure (#19)

- MA of 20 studies (77,083 frail or elderly adults with T2DM and HF)
  - 10 RCTs, 7 observational studies, 3 secondary analyses
  - Overall middling quality studies
- Glycemic control – overall no difference ( $I^2=66\%$ )
  - Removing 1 outlier finding that SGLT2 worsened glycemic control resolved the heterogeneity and net effect was small improvement (0.24%) in A1C
- All-cause mortality: overall RR 0.84; no difference in RCTs
- CV deaths: RR 0.80; consistent across all study designs
- CHF hospitalizations: RR 0.69; consistent across all study designs
- No difference in acute coronary events, cerebrovascular events, worsening of renal function, heart failure, or diabetic ketoacidosis

Aldafas, Age Ageing 2024  
<https://www.ncbi.nlm.nih.gov/pubmed/38287703>

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**Bottom line**

Overall, in this analysis that pooled data from disparate study designs, SGLT2 inhibitors have little effect on glycemic control or all-cause mortality but decrease cardiovascular deaths in elderly or frail adults with T2DM plus heart failure.

Aldafas, Age Ageing 2024  
<https://www.ncbi.nlm.nih.gov/pubmed/38287703>

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## Long-term beta-blockers in adults with AMI and preserved ejection fraction (#20)

- Unblinded RCT
  - 5020 adults with AMI in past 7 days, EF >50%
    - 55% had single vessel disease;
    - At hospital discharge: 97% on ASA, 80% on ACE or ARB; 99% on a statin
  - Randomized to beta-blocker (62% metoprolol, 38% bisoprolol) or not
- Median FU 3.5 years – no difference in all-cause mortality, repeat AMI, CV death, hospitalization for CHF or AF

**Bottom line**  
 For patients with AMI and preserved ejection fraction, the use of a beta-blocker for a median of 3.5 years did not reduce the likelihood of death or a new AMI.

Yndigegn, NEJM 2024  
<https://pubmed.ncbi.nlm.nih.gov/38587241/>

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# Diabetes

## Continuous or intermittent glucose monitoring in adults with T2DM (#2)

- MA 26 RCTs (2783 adults) at least 8 weeks duration
  - 17 CGM, 9 intermittently scanned CGM
  - Generally low risk of bias in all domains
- CGM
  - minimally decreased A1c: net -0.19%
  - Lower patient satisfaction
  - More adverse effects RR 1.22
  - No effect on body composition, BP, lipids
- CGM vs. intermittent monitoring – more anxiety

Choosing Wisely

Seidu, Diabetes Care 2024  
<https://pubmed.ncbi.nlm.nih.gov/38117991/>

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**Bottom line**

In relatively short-term studies, glucose monitoring devices have only a small effect on HbA1c and do not affect body composition, lipids, or blood pressure. Real-time (continuous) glucose monitors, such as Dexcom G6 and G5, Medtrium Touch Care Nano, and Medtronic Guardian models, may cause psychological stress in users. Intermittent glucose monitors, such as FreeStyle Libre, are better accepted by patients. Note: Both types of devices *increase* the risk of adverse effects.



Seidu, Diabetes Care 2024  
<https://pubmed.ncbi.nlm.nih.gov/38117991/>

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## SGLT2 inhibitors and GLP-1 agonists for adults with T2DM (#6)

- Network MA 84 RCTs of newer meds for DM; 12+ months
  - My estimate 223,110 adults; mean age 58.7; mean duration 8.8 years
  - Most participants had comorbidities such as HTN or tobacco use
  - Most low risk of bias (none at high risk)
  - Comparisons: new agents vs. placebo or usual care
    - SGLT2 inhibitors, GLP-1 agonists, DPP4 inhibitors, tirzepatide, basal insulin
- All-cause mortality
  - Insulin, tirzepatide, and DPP4 inhibitors no better than usual care
  - SGLT2 inhibitors and GLP1 agonists were better than other agents
- MACE
  - SGLT2 inhibitors and GLP1 agonists were better than usual care, other meds
- Severe hypoglycemia lower with SGLT2 inhibitors and GLP1 agonists

Drake, Ann Int Med 2024  
<https://pubmed.ncbi.nlm.nih.gov/38639549/>

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**Bottom line**

Of the new treatments for people with type 2 diabetes, SGLT2 inhibitors and GLP1 agonists outperform DPP4 inhibitors and long-acting insulins as monotherapy or combination therapy in adults with T2DM, reducing all-cause mortality, major cardiovascular events, chronic kidney disease, and heart failure. SGLT2 inhibitors and GLP1 agonists are also less likely to cause severe hypoglycemia.

Drake, Ann Int Med 2024  
<https://pubmed.ncbi.nlm.nih.gov/38639549/>

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## Medications for weight loss (#10)

- Network MA of 132 RCTs (48,209 adults) at least 12 weeks duration
  - Authors chose 5% weight reduction as the MCID
  - Median age 47; 76% female; average baseline BMI 35.3 kg/m<sup>2</sup>
  - Middling methodologic quality (study deviations, missing outcome data, and missing adverse event data)
  - Phentermine-topiramate, GLP-1 agonists, SGLT2 inhibitors, naltrexone-bupropion, orlistat, metformin
- All drugs added to lifestyle were more effective than lifestyle alone

Shi, Lancet 2024  
<https://pubmed.ncbi.nlm.nih.gov/38582569/>

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## Results (NNT, NNTH)

	>5% weight loss	>10%	Discontinuation
Phentermine-topiramate	2	3	18
GLP-1 agonists	3	3	20
Naltrexone-bupropion	3	4	15
Orlistat	5	9	34
Metformin	6	NS	NS
SGLT2 inhibitors	5	NS	NS

**Bottom line**

In this analysis, phentermine-topiramate and GLP-1 receptor agonists were the most effective drugs for achieving weight loss in overweight or obese adults.

Shi, Lancet 2024  
<https://pubmed.ncbi.nlm.nih.gov/38582569/>

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## Gastroenterology

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### Amitriptyline for adults with IBS (#9)

- DBRCT in primary care settings
  - 463 adults with moderately severe IBS who failed first-line treatment (diet, lifestyle, antispasmodics, laxatives, or antidiarrheals)
  - Over 80% had IBS-D or mixed IBS
- Randomized to 6 months of titrated low-dose amitriptyline or placebo
  - Start with 10 mg every evening, increased over 3 weeks to max 30 mg
  - Many overdose safeguards
- Outcomes: IBS Severity Scoring System and global-self assessment
  - After 6 months scores were better by 27 points (less than MCID of 35)
  - Global improvement 61% vs. 45% (NNT=7, 95% CI 4-16)
- Many useful tools in the paper, including a guide for self-titration



Ford, Lancet 2023  
<https://pubmed.ncbi.nlm.nih.gov/37858323/>

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#### Bottom line

In this study, composed largely of adults with IBS-D and IBS-M with at least moderate severity despite first-line therapy, titrated low dose amitriptyline was more effective than placebo in improving symptoms.



Ford, Lancet 2023  
<https://pubmed.ncbi.nlm.nih.gov/37858323/>

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### Watchful waiting in adults with symptomatic but uncomplicated gallstones (#16)

- Unblinded RCT
  - 434 adults with symptomatic, uncomplicated (no pancreatitis, obstructive jaundice, etc.) gallstones
- Randomized to laparoscopic cholecystectomy or conservative management (observation plus analgesics as needed)
- 18 months of FU – pain scores were similar; 25% of conservatively managed patients eventually had surgery

#### Bottom line

Patients with uncomplicated gallstones can be managed over time with analgesia and monitoring, though approximately 25% will eventually undergo cholecystectomy over the next 18 months. Still, there appears to be no need to rush to surgery without evidence of common bile duct blockage or acute pancreatitis

Ahmed, BMJ 2023  
<https://pubmed.ncbi.nlm.nih.gov/38084426/>

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### Miscellaneous

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### Amyloid-directed MABs (#7)

- MA of 19 RCTs (23,202 adults with evidence of amyloid overload and risk of developing Alzheimer's, cognitive impairment, or dementia)
  - All industry-sponsored and at low risk of bias
  - Solanezumab, aducanumab, and lecanemab, donanemab, and bapineuzumab
- Outcomes
  - Small improvements on various scores (e.g., ADAS-COG, MMSE, CDR, etc.)
  - None exceeded MCID
  - Overall, no difference in all-cause mortality (bapineuzumab RR 1.76)
  - No study reported responder rates or other important outcomes such as functional dependence, placement in memory care units or nursing homes, caregiver burden, or development of aggressive behaviors
- Harms
  - ARIA-E: NNT=9
  - Symptomatic ARIA-E: NNT=86
  - ARIA-H: NNT=13



Ebell & Barry, Ann Fam Med 2024  
<https://pubmed.ncbi.nlm.nih.gov/38253509/>

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#### Bottom line

To date, amyloid-targeting antibodies for the treatment of Alzheimer disease have failed to demonstrate clinical meaningful benefits. They are associated with concerning risks of harm, most notably cerebral hemorrhage identified on imaging studies (NNT=13). The balance of risk versus benefit demonstrated thus far doesn't justify the use of these costly (> US\$20,000 annually) drugs.



Ebell & Barry, Ann Fam Med 2024  
<https://pubmed.ncbi.nlm.nih.gov/38253509/>

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## Breaking bad news (#17)



- MA of 11 randomized and observational studies (1586 participants)
  - Breaking bad news in person or via telephone
  - Most evaluated disclosure of cancer diagnosis or test results (e.g., genetic testing, Alzheimer's, hypertrophic cardiomyopathy)
  - Study quality was moderate to good
- No difference in measures of anxiety, depression, PTSD, satisfaction

### Bottom line

Delivering bad news by telephone does not affect levels of anxiety, depression, or satisfaction with care as compared with delivering the news in person.



Mueller, JGIM 2023

<https://pubmed.ncbi.nlm.nih.gov/37552418/>

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## Bonus POEM: controversial

- Medicare registries used to identify 204,155 adults with A fib who filled a prescription for apixaban or rivaroxaban and were concurrently taking either diltiazem (53,275) or metoprolol (150,880)
- Adjusted for **many** confounders including frailty, other meds that inhibit P450, stroke risk, bleeding risk
- serious bleeding events resulting in hospitalization or death occurred significantly more often in patients taking diltiazem versus metoprolol (60.3 vs 49.7 events per 1000 person-years)
- POEM was either rated very high or very low!
  - The naysayers report small effect, infrequent scenario, and unlikely that primary care clinicians would be making decision

Ray, JAMA 2024

<https://pubmed.ncbi.nlm.nih.gov/38619832/>

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## Bottom lines

- There is a **lot** of research out there, while a small proportion is relevant to the care provided by primary care clinicians, it adds up
- Pay attention to guideline developers using good development methods (e.g., ACP, AAFP, NICE)
- The *American Family Physician* publishes short critical research summaries to help you stay current
- Free podcast – Primary Care Update – 30 minutes every 2 weeks covering 3-4 recent POEMs with commentary by 4 skeptical primary care physicians

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## Rank order of Top 20 POEMs

- Optimal smoking cessation treatment after initial treatment failure <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Continuous intermittent glucose monitoring not effective, perhaps harmful <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Reduction in the likelihood of recurrence in women with frequent urinary tract infections <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Fluoroquinolones and oral bisphosphonates are useful for the treatment of dental pain <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Community-acquired pneumonia: Most oral treatments are similarly effective <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- SGLT2 inhibitors, GLP-1 agonists provide greater benefits for patients with type 2 diabetes <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Lack of clinically meaningful benefits plus significant harms of monoclonal antibodies for influenza <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Single 10-day dose of intravenous reduces likelihood of hospitalization due to RSV in average-risk infants (during first year of life) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Amoxicillin plus clavulanic acid does not improve symptoms in adults with irritable bowel syndrome <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Among overweight or obese adults, phenothiazine, loperamide and GLP-1 receptor agonists are <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Cognitive behavioral therapy for patients with fatigue associated with long COVID <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Sevoflurane reduces mortality and cardiovascular (CV) events in obese patients with CV disease but no diabetes <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Electronically delivered delivery systems increase adherence in tobacco users (NNT = 6.8) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Oral antivirals reduce hospitalization and death in immunocompromised vaccinated patients with COVID-19 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Benzyl benzoate is 25% more effective than permethrin 5% for the treatment of scabies <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Well and watch is an option for patients with symptomatic but uncomplicated gallstones <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Delivery of bad news via phone vs in-person delivery <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Antibiotic treatment reduces the risk of mortality in children <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- SGLT2 inhibitors vs. HbA1c effect on glucose control or all-cause mortality, but increase CV death in older adults with T2DM plus heart failure <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- For patients with AMI and preserved ejection fraction, long-term beta-blockers do not improve outcomes <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>
- Greater risk of serious bleeding with different or no aspirin in patients with atrial fibrillation using apixaban or rivaroxaban <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070444/>

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