

# Effective Medicine in Small Doses

By Dr Yvette Tan, Editorial Board Member

## 1 Does 5% tea tree oil shampoo reduce dandruff?

### Tips:

Daily shampooing with 5% tea tree oil reduces the severity and extent of dandruff. Overall improvement is similar to topical treatment with ketoconazole or terbinafine. Tea tree oil is a good alternative for patients who prefer a natural product, don't mind daily hair washing, and can tolerate the distinctive tea tree oil fragrance.

The Journal of Family Practice • April 2003 • Vol. 52, No.4, review of paper by Satchell AC, Saurajen A, Bell C, Barnetson RS. Treatment of dandruff with 5% tea tree oil shampoo. J Am Acad Dermatol 2002; 47:852–855.

## 3 Do probiotics decrease antibiotic-associated diarrhoea?

### Tips:

Taking probiotics containing Lactobacillus or Saccharomyces species decreases the incidence of antibiotic-induced diarrhea from 23% to 13% (number needed to treat=10). The optimal dose of ingested organisms is unknown.

The Journal of Family Practice • April 2003 • Vol. 52, No. 4, paper reviewed : Cremonini F, Di Caro S, Nista EC, et al. Meta-analysis: the effect of probiotic administration on antibiotic-associated diarrhoea. Aliment Pharmacol Ther 2002; 16:1461–1467.

## 5 Are topical antibiotics effective in treating bacterial conjunctivitis?

Topical antibiotics can reduce the time to clinical and microbiologic remission in patients with bacterial conjunctivitis, particularly with culture-proven infection. However, the majority of patients experience clinical resolution of the condition without treatment. Further, as many cases of conjunctivitis in a primary care clinic are viral in origin, the efficacy of antibiotics is likely to be lower in practice than in this study. Antibiotics should be reserved for patients in whom bacterial infection is strongly suspected.

### Tips:

Bacterial infection is more likely to present with an abrupt onset of ocular irritation, diffuse hyperemia, and purulent drainage that mats the eyelids at waking. Viral conjunctivitis is characterized by a watery or mucoid discharge and often a history of a viral upper respiratory infection. Viral infection is also suggested in the case of rapid spread in families, daycare, or school settings, as it is highly contagious even up to 2 weeks after the onset of symptoms.

The Journal of Family Practice • SEPTEMBER 2001 • Vol. 50, No. 9. paper reviewed : Sheikh A, Hurwitz B. Topical antibiotics for acute bacterial conjunctivitis: a systematic review. Br J Gen Pract 2001; 51:473-77

## 2 Duct tape removes warts?

Duct tape (or any durable, occlusive, tacky tape) appears to be at least as effective as traditional cryotherapy for removal of the common wart.

### Tips:

A piece of duct tape the size of the wart was applied for 6 days. After 6 days, the tape was removed and the wart was soaked in water and then debrided. Tape was left off overnight and then new tape was applied for another 6 days.

The Journal of Family Practice • February 2003 • Vol. 52, No. 2, Review of paper : Focht DR III, Spicer C, Fairchok MP. Efficacy of duct tape vs cryotherapy in the treatment of verruca vulgaris (the common wart). Arch Pediatr Adolesc Med 2002; 156:971–4.

## 4 Hair apposition technique is better than suturing scalp lacerations

Using hair apposition with tissue adhesive appears to be an effective technique for closing simple scalp lacerations. It is faster and better tolerated than suturing, and appears to result in less scarring. The superficial apposition provided by this technique will not be adequate in those cases where deep sutures are required. Using the hair apposition technique appears to be a practical method of treating scalp lacerations.

### Tips:

After cleaning the wound, and without anesthesia, about 4 to 5 strands of hair from each side of the laceration are twisted together once and a drop of tissue adhesive is placed on the twist to hold it in place. A series of twists are placed over the laceration to appose the wound. Patients are instructed not to wash their hair for 2 days.

The Journal of Family Practice • October 2002 • Vol. 51, No. 10, Paper reviewed : Hock MO, Ooi SB, Saw SM, Lim SH. A randomized controlled trial comparing the hair apposition technique with tissue glue to standard suturing in scalp lacerations (HAT study). Ann Emerg Med 2002; 40:19–26.

## 6 Suturing unnecessary for hand lacerations under 2 cm

### Tips:

Hand lacerations less than 2 cm long without tendon, joint, fracture, or nerve complications and not involving the nail bed can be cleaned and dressed without suturing, with similar cosmetic results and time to resume normal activities. Moreover, managing these uncomplicated hand lacerations conservatively could result in better use of medical resources and improved patient satisfaction due to less pain and less time spent in the emergency department.

The Journal of Family Practice • January 2003 • Vol. 52, No. 1 Review of Paper : Quinn J, Cummings S, Callahan M, Sellers K. Suturing versus conservative management of lacerations of the hand: randomised controlled trial. BMJ 2002; 325:299–300.

### References:

POEMs (Patient-Oriented Evidence that Matters) editorial team reviews more than 90 journals of interest to primary care physicians. The collected reviews are available online at [www.jfponline.com](http://www.jfponline.com).