

Effects of Locally Injected Corticosteroid and Local Anaesthetic on Soft Tissue Healing

S Longworth

East Leicester Medical Practice

Objective To review the evidence base for the use of locally injected corticosteroid and local anaesthetics for the treatment of soft tissue disorders.

Method Systematic search of the Cochrane Library, Medline, the ILAR website, and Clinical Evidence, using the key words 'corticosteroid', 'local anaesthetic', and 'injection' plus searches under the common diagnoses for which this treatment is prescribed (tennis elbow, plantar fasciitis, etc) plus a hand search of standard textbooks of rheumatology and orthopaedics and major rheumatology and orthopaedic journals.

Results Despite the fact that injection therapy has been extensively used for more than 50 years (Hollander *et al*, 1951), and is the most common procedure carried out by rheumatologists, there were few systematic reviews (Kirwan *et al*, 1997; Assendelft *et al*, 1996; Van der Hijden *et al*, 1996)

or definitive primary studies. The research literature is dogged by a lack of consensus over diagnosis, choice of drugs and their dosages, poor methodology and an almost complete absence of studies carried out in primary care.

Conclusions The evidence base for this treatment modality is disappointingly thin with many treatments poorly evaluated.

References

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MENTAL HEALTHCARE

Treatment of Tobacco and Alcohol Dependence: Expanding the role of the physiotherapist

M Ussher

Department of Psychology, St George's Hospital Medical School, London

Treatment of alcohol and tobacco dependence and their related diseases presents a heavy burden to the NHS. In both of these areas treatment outcomes are relatively poor. New behavioural methods are needed for improving success rates. There is evidence to suggest that exercise may be a useful adjunct in the treatment of both alcohol and tobacco dependence. A recent review found positive trends for problem drinkers on exercise programmes in fitness, strength, anxiety, depression, physical self-perceptions and abstinence from alcohol (Donaghy and Mutrie, 1999). Similarly, there is some evidence to suggest that exercise can aid smoking cessation (Ussher *et al*, 2000a). The most likely underlying mechanism is the reduction in tobacco withdrawal symptoms and cravings reported following exercise (Ussher *et al*, 2001).

Research evidence in these areas may have implications for physiotherapists. For example, physiotherapists may have a role to play in educating and counselling problem drinkers, and smokers who are trying to stop, about the benefits of exercise as a self-management strategy. In this capacity it is suggested that physiotherapists may benefit from co-operation with occupational therapists and exercise specialists (see Ussher *et al*, 2000b).

References

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