

HIGHLIGHTS

Minimally invasive versus open surgery for cervical and lumbar discectomy

Minimally invasive surgery for cervical or lumbar discectomy may accelerate recovery and reduce pain, but it may also be associated with increased risk of complications and requires advanced expertise and specialized equipment. What is the evidence to support its use over open surgery? In this meta-analysis and systematic review, the authors included four randomized controlled trials in the cervical discectomy group ($n = 431$) and 10 in the lumbar discectomy group ($n = 1159$). The evidence overall was of low to moderate quality. Compared with open surgery, minimally invasive surgery did not improve long-term function or reduce long-term extremity pain (Figure 1). Although the evidence suggested overall higher rates of some complications such as nerve-root injury, incidental durotomy and reoperation with minimally invasive surgery and a higher

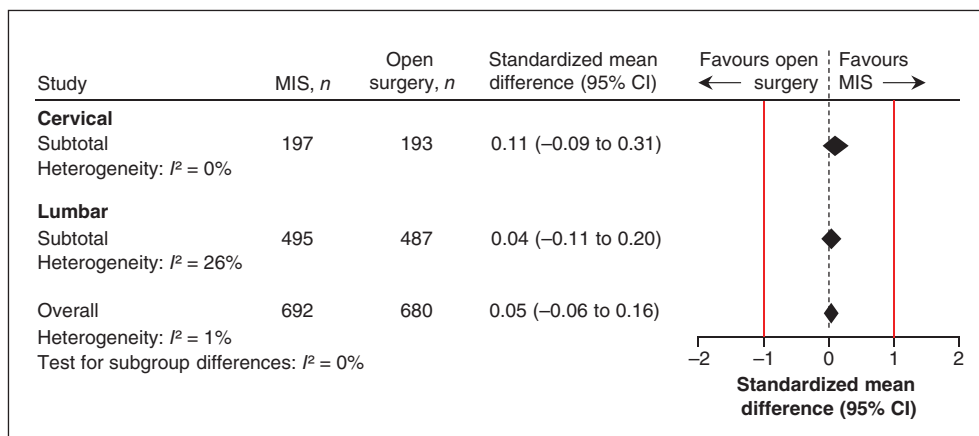


Figure 1: Pooled long-term (≥ 1 yr) function following minimally invasive surgery (MIS) and conventional open surgery for cervical and lumbar discectomy. Red lines show a zone of clinical equivalence based on a minimal important difference of 10 points on the Oswestry Disability Index. Standardized mean differences greater than zero favour MIS. CI = confidence interval.

rate of infection with open surgery, these differences were not statistically significant. The authors conclude that currently available evidence does not support the routine use of minimally invasive surgery for cervical or lumbar discectomy. *CMAJ Open* 2014;2:E295-305

Depression in primary care

How common is depression in primary care in Canada and who is most likely to be depressed? This report from the Canadian Primary Care Sentinel Surveillance Network looks at data from almost 500 sentinel primary care providers (family physicians and nurse practitioners) and more than 600 000 patients. Of the 304 412 patients who visited their primary care provider at least once over a two-year period (2011–2012), 14% had a diagnosis of depression. Depression was more common in women (Figure 2), those who lived in cities and current or past smokers. Women who were obese or overweight were also more likely to be depressed. About one-quarter of those with depression had one or more chronic conditions. Pharmacologic treatment was prescribed for about 85% of patients with depression, with one-third prescribed more than two antidepressants simultaneously. Selective serotonin reuptake inhibitors were most commonly prescribed. *CMAJ Open* 2014;2:E337-42

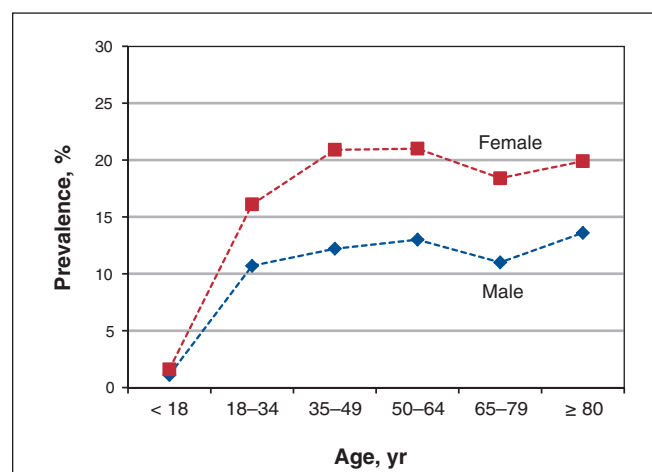


Figure 2: Lifetime prevalence of a diagnosis of depression by age and sex. Total prevalence: observed = 13.6%, age-sex standardized = 13.1%. Data source: Canadian Primary Care Sentinel Surveillance Network 2012.