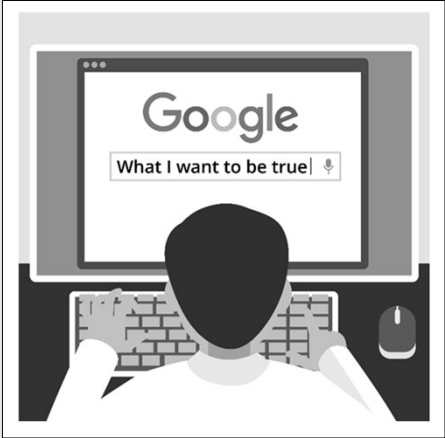


*"We don't care what the evidence shows,
we are going to show you the evidence"*
Mike Kolber (circa 2012)

New True & Poo 2025: New Clinically Relevant Studies for Primary Care

Mike Allan, Samantha Moe, & Danielle Perry
November 2025




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LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

1

Mike Allan: CEO

- Relationships with Financial Sponsors: **CEO of CFPC**
- Any direct financial relationships including receipt of honoraria:
- Membership on advisory boards or speakers' bureau: **None**
- Grants/Research Support: **None**
- Patents for drugs or devices: **None**
- Other financial relationships or investments: **Salary- CFPC**



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2

Danielle Perry: Clinical Evidence Expert

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- Membership on advisory boards or speakers' bureau: **None**
- Grants/Research Support: **None** Patents for drugs or devices: **None**
- Other financial relationships or investments: **Salary- CFPC**



3

Samantha Moe: Clinical Evidence Expert

- Relationships with Financial Sponsors: **None**
- Any direct financial relationships including receipt of honoraria: **North York General, RxFiles**
- Membership on advisory boards or speakers' bureau: **None**
- Grants/Research Support: **None**
- Patents for drugs or devices: **None**
- Other financial relationships or investments: **Salary- CFPC**



4

Objectives



What's New

Describe novel interventions or diagnostic information relevant to family medicine.



What's True

Describe newly confirmed/proven interventions or diagnostic information relevant to family medicine.



What's Poo

Reconsider interventions that may have received undue/excess attention.

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MA

What's New,

What's True,

What's Poo

6

MA



BEDMED

Open-label RCT: 3357 HTN pts, ≥1 med (67y; 50% monotherapy)

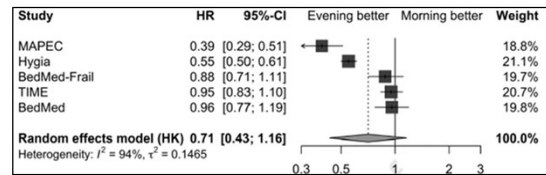
Once-daily antihypertensives: QHS vs QAM

- Diuretics, BID dosing included.

F/U: 4.6y;

RCT stopped early due to funding

- Death / major CVD: NSS
- Postural, vision or cognitive complic'ns: NSS
- Daytime BP: NSS
- Overnight BP: Bedtime group lower
 - 117/63 (QHS) vs 124/66 mmHg



Bottom-Line: Among hypertensive adults, bedtime BP dosing is safe but does not reduce CVD vs daytime. Patient preference should guide BP med timing.

Garrison et al. JAMA 2025; 333(23): 2061-72. Turgeon RD, et al, Can J Cardio 2025, doi: <https://doi.org/10.1016/j.cjca.2025.08.328>

7

SM

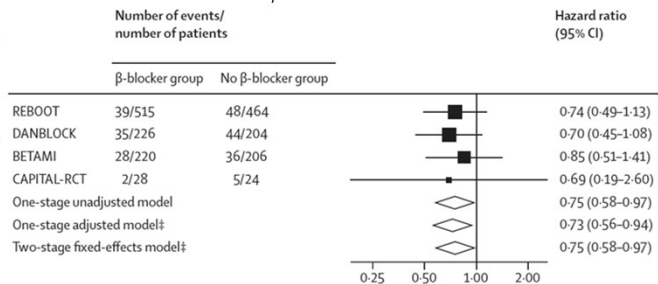
Beta-blockers: Post MI with LVEF 40-50%



RCT / Year	RCT Details	Composite	MI and other endpoints
BETAMI-DANBLOCK ¹ 2025	Acute MI BB vs no BB • EF ≥40% • n=5622	Death + 5-pt MACE: 14% vs 16%, NNT=34	• 5-point MACE driven by MI • MI: 5% vs 6.7%, NNT=60
REBOOT ² 2025	61-65 y, 92-96% PCI F/u: 3.5-3.7y • EF >40% • n=8050	Death, MI, HF hospitaliz'n: NSS	• MI: NSS • Subgroup: women may have worse outcomes with BB
REDUCE-AMI ³ 2024	• EF ≥50% • n=5020	Death or MI: NSS	• MI: NSS

Recent MA: Post-MI with EF 40-49%
• Death, MI, HF (3.5y): 11% vs 14% (no BB), NNT=34

Bottom-Line: Post-MI patients with EF 40-49% likely benefit from BB. One RCT suggests women may be harmed: likely spurious.



1. Munkhaugen. NEJM 2025; DOI: 10.1056/NEJMoa2505985. 2. Ibanez. NEJM 2025; DOI: 10.1056/NEJMoa2504735. 3. Yndigegn. NEJM 2024; 390: 1372-81. 4. Rossello. Lancet 2025; 1128-37.

8

DP

It's that time of year... again: RSV Vaccine for Older Adults

- Pragmatic, industry-funded, open-label trial¹ (Denmark, 2024-2025 season, n=131,379, mean age 69)
 - RSVPreF vaccine versus no vaccine
 - Primary outcome: hospitalization for RSV-related respiratory tract disease
 - Primary: 0.011% vs 0.066%, diff 0.055%, NNV=1819
 - Mortality or overall hospitalization: NSS
 - Any health care setting, RSV-confirmed dx: 0.07% vs 0.245%, NNV=572
- Considerations
- NNV 379 for PCR-confirmed RSV²
 - NACI recommends vaccination for adults 75+, and 60+ residing in LTC.³

Bottom-Line: RSVPreF (Abrysvo) may reduce RSV-related hospitalization for 1 in 1819 vaccinated over 60. Public funding varies provincially.

1. Lassen MCH, et al. N Eng J Med. 2025; 2. Papi A et al. N Eng J Med. 2023;388(7):595-608.; 3. Can Commun Dis Rep. 2025;51(8):292-6.

9

MA

Two to Tango? Male-Partner Treatment of Bacterial Vaginosis

Open-label RCT:¹ 164 couples

- BV, symptomatic women on tx, monogamous x8w (30y)

Partner-treated vs woman only

- Men: metronidazole 400mg + topical clindamycin BID x7d
- Woman + partner: No sexual contact x7d

F/U: 12 wks; RCT stopped early

Recurrence:

- 35% (partner-Tx) vs 63%, NNT=4
- Time to recurrence: 74d vs 55d (19d)
- IUD use, circumcision status – same

Context: Past studies suggest no benefit unless 'adherent' + no topical clinda

Bottom-Line: In women with BV, treating the male partner (oral metronidazole + topical clindamycin) x7 days had lower recurrence (35% vs 63%) at 12 wks.

1. Vodstrcil et al NEJM 2025; 392: 947-57. 2. Schwebke et al CID 2021 73(3): e672-79. 3. Amaya-Guio et al. Cochrane 2016; 10(10): CD011701.

10

SM

Pramipexole Augmentation in Treatment-Resistant Depression



151 pts w tx-resistant depression (mean 45y); 88% mod-severe depression; dur'n: ~8.5y; 3-4 meds

Pramipexole (+current meds) titrated to 2.5mg daily vs placebo x48 wks (excluded: antipsychotics)

Primary outcome: QIDS-SR improvement

- Baseline: 16 (0-27, lower=better)
- 3-point change - clinically important

At 12 weeks: pramipexole vs placebo

- QIDS-SR change: -6.4 vs -2.4, diff: ~4 pts
- 50% reduction: 44% vs 16%, NNT = 4
- Remission (≤ 5): 28% vs 8%, NNT=5

At 48 weeks: Diff = -2, favoring pramipexole

- D/c due to AE: 20% vs 5%, NNH=7
- GI: Nausea (67% vs 41%), vomiting (29% vs 12%), abdo pain (11% vs 1%)
- CNS: HA (63% vs 49%), dizziness (56% vs 36%), somnolence (24% vs 8%), malaise (19% vs 9%)

Bottom-Line: In treatment-resistant depression, more patients had 50% improvement in symptoms (44% vs 16% placebo) and achieved remission (28% vs 8%) with pramipexole. However, more patients d/c treatment due to AE, with individual AE ranging from NNH 4-10.

Lancet Psychiatry 2025;12: 579-89

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DP

More of a good thing? High Dose Flu Vaccines in Older Adults



- Two industry-funded, pragmatic, registry-based, open-label trials (1. Denmark, n=332,438; 2. Spain, n=103,169) age ~73

- High dose inactivated flu vaccine vs standard

- Primary outcome: hospitalization for flu or pneumonia from 14 days after vaccine to May 31 of the following year

- Denmark: No diff (0.68% vs 0.73%);
- Spain: 0.26% vs 0.34%, NNV 1250
- SAEs: no difference

Considerations

- NACI recommends high dose for Canadians over 65.³
- Funding varies provincially. ~\$60-75 more than standard dose.

12

Bottom-Line: 2 trials suggest no/limited added benefit of high-dose flu vaccine in a population ≥ 65 . If a benefit exists, ~1250 patients require vaccination to prevent 1 hospitalization for influenza or pneumonia.

1. Johansen ND, et al. N Engl J Med. 2025; 2. Pardo-Seco J, et al. N Engl J Med. 2025; 3. Doyon-Plourde P, et al. Can Commun Dis Rep. 2024;50(11):387-92.

12

MA



Blood Pressure Measurement: Snappers



Effects of Noise on BP Readings

- Open-label crossover RCT.¹
- 108 adults randomized to BP measurement in private quiet office (37 dB) vs noisy public space (74 dB)
- Minimal differences between quiet and public settings: (automated cuff)
 - SBP: No difference
 - DBP: 1.65mmHg diff, not clinically meaningful

Arm Position on BP Readings

- Open-label crossover RCT.²
- 133 participants randomized to BP measurements: 1) supported on desk (midcuff: heart level), 2) supported on lap, 3) unsupported at side.
- Compared to 'desk'-measured BPs:
 - 'Lap' BP higher by ~3.9/4 mmHg
 - 'Side' BPs higher by 6.5/4.4 mmHg

Bottom-Line: When measuring BP, surrounding noise doesn't matter but arm position does. Arm should be supported on desk with mid-cuff at heart level.

1. Ishigami et al; Ann Intern Med 2025; 178: 149-56. 2. Liu et al; JAMA Intern Med 2024; 184(12): 1436-42.

13

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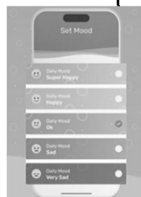


Mental Health and Digital Interventions: Snappers



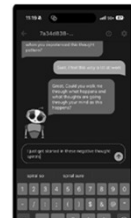
Moodivate App for Depression

- Open-label RCT:¹ n=649, PHQ-9 ≥10.
- Mean: 45y. ~80% on meds for ~4y. Baseline PHQ-9=16.
- Moodivate app vs usual care. At 12 wks,
 - Meaningful improvement: 60% vs 51%, NNT 12
 - Remission: 35% vs 28%, NNT 15
 - App retention: 100% to ~30%
- Free download, \$18/mo, \$100/yr



AI Chatbot for Mental Health

- Open-label RCT:² n=210 w/ MDD, GAD or CHR-FED
- Therabot versus waitlist. At 8 weeks:
 - PHQ-9 (0-27, baseline=16): decr by 8 vs 4 (waitlist) (MCID=5)
 - GAD-Q-IV (0-13, baseline=11): decr by 3 vs 1
 - "therapeutic alliance comparable to...outpatient psychotherapy sample"



Bottom-Line: These digital interventions demonstrated improvement in depression and anxiety symptoms over 8-12 weeks. Patients will require English language literacy, personal smartphone and ability to interact with technology.

1. Dabne et al. JAMA Intern Med 2025; 185(6): 692-701. 2. Heinz et al. NEJM AI 2025; 2(4): 1-14

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DP



Vitamins in 2025: Snappers



Adding Vitamin C to Oral Iron

- Meta-analysis (10 RCTs):¹ Oral iron with vitamin C vs oral iron alone (x 45-180d)
- 1782 patients with IDA (mean: 1-39y)
- Statistical but not clinically meaningful differences in:
 - Hg: 1.3g/L
 - Ferritin: 3.23 ug/L
 - Reticulocyte: 0.22%

Multivitamins after MI

- 1000 patients, DM & MI ≥6mo (67y, MI: 5y prior) randomized to chelation, MVT, both or both placebo²
- MVT (3 tabs BID, 29 ingredients) vs placebo;
- No difference in any outcomes at 48mo:
 - Composite (all-cause death, MI, stroke, USA hospitalization, revasc): 35% in each group
 - 3-point MACE: 21% vs 16%, HR 1.3 (0.97-1.73)

Bottom-Line:

- In IDA, adding vitamin C to oral iron did not meaningfully improve hemoglobin.
- In DM and past MI, multivitamin-mineral supplementation has no CVD/mortality benefit.

1. Deng et al. Blood Vessel Thromb Hemost. 2024 Aug 2;1(4):100023. 2. Ujueta et al. JAMA Intern Med 2025; 185 (5): 540-8.

15

MA

Methotrexate for OA: Second look



Two RCTs (2024): Oral MTX (20-25mg weekly) x 6mo

- Hand¹ OA (n=97): VAS ~10mm (-15mm vs -8mm)
- Knee² OA (n=155) : ~0.8 diff on VAS; OMERACT: 45 v 26%, (NNT=6), hs-CRP predicted benefit

RCT: 215 pts with knee OA and effusion-synovitis (61y, 89% female), 1yr trial¹

Oral MTX vs placebo: 5mg/wk, titrated to 15mg. Folic acid 5mg/wk.

- VAS: Baseline ~60mm
 - At 1yr: ↓30mm (both groups)
- Responder (OMERACT-OARSI), WOMAC scores: no difference

Adverse effects:

- LFT 1.5X ULN:³ 19.4% vs 9.3%, NNH=10

Bottom-Line: Earlier RCTs suggested oral MTX relieved pain in hand/knee OA at 6mo, but this RCT suggests no benefit at lower doses (10-15mg/wk). Further studies needed.

1) Ann Intern Med. doi:10.7326/M24-0303; 2) Lancet 2023; 402: 1764–72
3) Zhu, et al. JAMA Intern Med 2025; 185(7): 1-9.

16

SM

Splish splash: Can we worry less about wet wounds?



- 437 pts: surgical tx of benign or malignant lesions (~70% BCC, ~17% SCC, 42% on antiplatelet/anti-coag),
 - Intervention: early dressing removal & wound wetting (at 6h)
 - Control: keep dressing dry & intact x48h.
 - Outcomes: Infection/Bleeding
 - Followed 7-14 days; 146 patients had 6mo follow up
 - Postop infection: 2.8% vs 3.2% (control), no difference
 - Hematoma, bruising, scarring: no difference
 - QOL: no difference
- Considerations
- Recruited ~25% intended sample size
 - Previous studies: no difference earlier vs delayed dressing removal, standard versus no dressing or shower restrictions.

Bottom-Line: This RCT suggests no increased risk of infection (or other) when cutaneous surgical wounds are exposed to water 6h after the procedure compared to standard 48h.

Samaan et al. J Am Acad Dermatol 2025; 91(5): 896.

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STRANGER RESEARCH

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18

Dropping F-bombs for science: Can swearing improve your pain?

01

The "Cold Pressor" Test

67 undergrads submerged their hands into cold water (5°C)

Stephens R, Atkins J, Kingston A. Neuroreport 2009;20(12):1056-60.

19

Dropping F-bombs for science: Can swearing improve your pain?

FIGURE 1
Potential mechanisms for swearing-induced pain modulation.

Hay CM, Sills JL, Shoemaker JM, et al. Frontiers in Psych. 2024.

20

Dropping F-bombs for science: Can swearing improve your pain?

Pain Tolerance

Increased by 37-44 seconds

Pain Perception

Decreased by ~1 point on a 10-point scale - participants reported feeling less pain while cursing.

Heart Rate

Increased from 80 bpm to 94 (with swearing) versus 88 (with nonswearing)

Men...

- Pain tolerance was similar to that experienced by women.
- However, this pain-relieving effect **fizzled out** for those prone to catastrophizing.²¹
- Generally, swear more than women.

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Dropping F-bombs for science: Can swearing improve your pain?

Other important things to note:



- One student was excluded as **none of their suggested words were swear words**.
- No subgroup analysis on which swear words provided relief.
- Normal pace and volume of swearing made no difference to the effect.
- A recent trial found no difference between swearing and non-swearing - both increased pain tolerance. However, the swearing group was "extending their index finger".
- Swearing has also been associated with a decrease in pain tolerance.




Bottom-Line: What we really needed today: pain improvement AND one F-bomb at a time.





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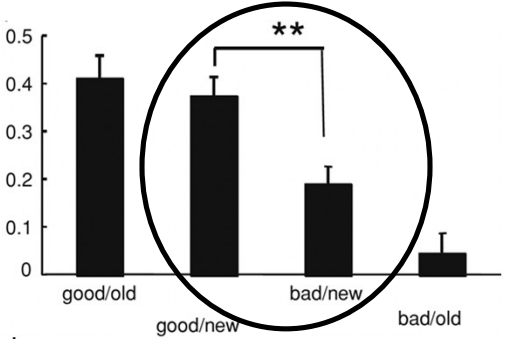
MA

What's Good Art? Do you know? Pigeons do.

- 2 Experiments, 4 and 8 (judgy) pigeons
- Kids (age 9-11) art. 30 pieces rated good or bad (unanimous 11 human judges)
- Using operant conditioning (food rewards) taught good/bad, then shown new art



G O O D		
		



Condition	Proportion of 'Good' Choices
good/old	~0.42
good/new	~0.38
bad/new	~0.20
bad/old	~0.05

- **Bottom-Line:** If a Bird poops on you, it might be more than luck!

Anim Cogn (2010) 13:75-85

23



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