

# Relay *Cochrane!*



Canadian Cochrane Centre

< Volume 12 - June 2010 >

## In the News

### **Cochrane Canada receives \$9.6 Million in Funding from the Canadian Institutes of Health Research**

The Canadian Institutes of Health Research (CIHR) recently announced [\\$9.6 million in funding](#) over the next five years to Cochrane Canada to help fulfill its mission of cultivating evidence-based health decision-making by promoting the use and accessibility of Cochrane Reviews.

### **Free six-month trial and 10% discounted subscription to *The Cochrane Library***

The Canadian Cochrane Centre has made an arrangement with Wiley-Blackwell which allows individual Canadians to sign up for a free six-month trial to *The Cochrane Library*. In addition, both individual users and organizations can purchase a year-long subscription to the Library at a 10% discount. These offers are valid through December 2010. Visit this [link](#) to find more information and to sign up. Please be assured that we are still working diligently to establish a permanent national license for *Cochrane Library* users in Canada.

### **Cochrane Canada signs MOU with PAHO to give the countries of the Americas access to valuable online training and resources in evidence-based care and policy decisions in health**

Health researchers and others working in the health field now have access to online learning opportunities to improve research skills and make the most of research evidence by integrating it into health care policy and clinical practice, through an [agreement](#) signed in March 2010 by the Pan American Health Organization (PAHO) and the Canadian Cochrane Centre (CCC), of The Cochrane Collaboration.

### **Cochrane News**

Browse the latest issue of [Cochrane News](#) and find out what's new in the Cochrane Collaboration internationally.

## SYMPOSIUM PHOTOS AND PRESENTATION SLIDES!

See photos and download presenter slides from the recent **Canadian Cochrane 8<sup>th</sup> Annual Symposium – Evidence in Uncertain Times: Meeting the Challenge**

Visit the Canadian Cochrane Centre's website to view and download. See the links on our homepage or find it under Workshops and Events. [ccc.cochrane.org](http://ccc.cochrane.org)

Pass it on! Click [here](#) to forward to a friend or colleague.

## Cochrane for Practice

### Ibuprofen for the treatment of patent ductus arteriosus in premature and/or low birth weight infants

A common complication for very preterm or very small babies is PDA (patent ductus arteriosus). PDA is an open channel between the lungs and heart. It should close after birth, but sometimes remains open because of the baby's premature stage of development. PDA can lead to life-threatening complications. The usual treatment for PDA is indomethacin, a drug that will successfully close the PDA in the majority of cases, but can cause serious adverse effects. Another option is the drug ibuprofen. This review of 20 trials including 1092 infants found that ibuprofen is as effective as indomethacin to close a PDA and causes fewer transient adverse effects on the kidneys and reduces the risk of necrotizing enterocolitis, a serious condition that affects the gut.

[Ibuprofen for the treatment of patent ductus arteriosus in preterm and/or low birth weight infants](#)

## Cochrane for Policy

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### Health Systems Evidence

**Health Systems Evidence** is a newly re-designed, easy-to-search and continuously updated online repository of synthesized research evidence related to governance, financial and delivery arrangements in health systems and to implementation strategies that can support change within health systems. It contains details about policy briefs, overviews of systematic reviews, systematic reviews, and protocols of systematic reviews, as well as links to any user-friendly summaries, scientific abstracts and full-text reports that are currently available for these syntheses. Details about each review include: the type of synthesis, type of question, health system topic, title of the synthesis, last year literature searched, the quality rating, and countries in which studies included in the synthesis were conducted. The Health Systems Evidence Service alerts subscribers monthly to newly added reviews in priority topic areas. Visit [healthsystemsevidence.org](http://healthsystemsevidence.org)

### Latest issue of Evidence & Policy is now available

The new issue of Evidence & Policy (Volume 6, number 1) is now available. As well, a free online trial to Evidence & Policy is now available. You can access all online content, as available to subscribers. To sign up, visit:

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### Helping healthcare professionals involve their patients in decision making

Healthcare professionals can involve patients in making decisions about their health so patients receive care that meets their needs and wishes. We call this "Shared Decision Making". Although patients who are involved in decision making about their health have better outcomes, healthcare professionals often do not involve them in these decisions. We learned that educational meetings, giving healthcare professionals feedback, giving healthcare professionals learning materials, and using patient decision aids are some interventions that have been tried and might be helpful.

[Interventions for improving the adoption of shared decision making by healthcare professionals](#)

## Cochrane Library Spotlight - Issues 2-5, 2010

### Child health

#### **Iron supplementation for the treatment of breath-holding attacks in children**

Iron may reduce the frequency and severity of breath-holding attacks (or spells) in children. Breath-holding attacks are a common disabling phenomenon during early childhood. They are distinct from seizures and it is common for them to spontaneously resolve by the time the child reaches seven years of age. Iron supplementation, which is generally well tolerated orally, may reduce the frequency and severity of breath-holding attacks, particularly if the child is anaemic.

[Iron supplementation for the treatment of breath-holding attacks in children](#)

#### **Vaccines for preventing rotavirus diarrhoea: vaccines in use**

Rotavirus infection is the most common cause of diarrhoea in infants and young children, and the symptoms can range from non-severe illness, to hospitalization and death. Rotavirus infections cause over half a million deaths per year in children younger than five years, especially in low- and middle-income countries. Data from this review show that Rotarix and RotaTeq are effective vaccines, and support the World Health Organization's recommendation to include rotavirus vaccination of infants into national immunization programmes, especially in countries with a high burden of diarrhoeal deaths in children younger than five years.

[Vaccines for preventing rotavirus diarrhoea: vaccines in use](#)

### Diabetes

#### **Gum disease treatment for glycaemic control in people with diabetes**

Long-term control of blood sugar levels is considered to be of critical importance in preventing complications associated with diabetes. Research evidence has suggested that treating gum disease in people with diabetes may assist in lowering blood sugar levels. The aim of this review was to investigate the relationship of treating gum disease on blood sugar control in people with diabetes and suggest a future strategy for research and medical/dental practice. The evidence gathered suggested that there may be small but significant improvement in blood sugar control from treating pre-existing gum disease in people with Type 2 diabetes mellitus.

[Treatment of periodontal disease for glycaemic control in people with diabetes](#)

### Home-based care

#### **Early discharge and home care doesn't save money**

There continues to be, in some countries, more demand for acute care hospital beds than there are beds. One way to free up beds is to discharge patients early. But the patients who are discharged still need acute care. A review of the effect of services for patients discharged home early was conducted. There was insufficient evidence that providing services to people at home after being discharged home early may increase the risk of death or readmission; or adversely affect quality of life or the completion of daily activities (such as dressing or daily chores). Patients who had a stroke or elderly patients may have less risk of being admitted to residential care if they are discharged home early with hospital at home services. Patients may also be more satisfied with their care at home, and at the same time their carers, in most cases, did not report additional burden. Despite increasing interest in the potential of early discharge hospital at home services as a cheaper alternative to in-patient care, this review provides insufficient objective evidence of economic benefit or improved health outcomes.

[Early discharge hospital at home](#)

## **Mental health**

### **Exercise Therapy for Schizophrenia**

Regular exercise and physical activity is thought to improve both physical and mental health. The overall results of this review show that regular exercise can help some individuals with schizophrenia improve their physical and mental health and well-being. Future studies should address how best to help individuals with schizophrenia begin, and continue to exercise.

[Exercise Therapy for Schizophrenia](#)

## **Public health**

### **Does legislation to ban smoking reduce exposure to secondhand smoke and smoking behaviour?**

There has been an increase in the number of countries and states implementing smoking policies which ban or restrict smoking in public places and workplaces. The main reason is to protect nonsmokers from the harmful health effects of exposure to secondhand smoke. Another reason is to provide a supportive environment for people who want to quit smoking. Fifty studies were included in this review. Legislative bans reduced exposure to secondhand smoke. There is some evidence that the health of those affected by the smoking ban improved as a result of its implementation, most impressively in relation to heart attacks in hospitals.

[Legislative smoking bans for reducing secondhand smoke exposure, smoking prevalence and tobacco consumption](#)

## **Women's health**

### **Skin patch and vaginal ring versus the pill for birth control**

The skin patch and the vaginal (birth canal) ring are methods of birth control and can both contain the hormones estrogen and progestin. The patch is a small, thin, adhesive square that is applied to the skin. The contraceptive vaginal ring is a flexible, lightweight device that is inserted into the vagina. Both methods release drugs like those in birth control pills. These methods could be used more consistently than pills because they do not require a daily dose. Compared to pill users, the patch group had more side effects while ring group had fewer. The patch might lead to stopping the birth control method early. Studies of the skin patch and vaginal ring should provide more detail on whether women used the method correctly.

[Skin patch and vaginal ring versus combined oral contraceptives for contraception](#)

### **Easier access to emergency contraception to help women prevent unwanted pregnancy**

Emergency contraceptive pills can prevent unwanted pregnancy if taken soon after unprotected sex. Getting a prescription for emergency contraception can be difficult and time-consuming. Giving emergency contraception to women in advance could ensure that women have it on hand in case they need it. Studies showed that the chance of pregnancy was similar regardless of whether or not women have emergency contraception on hand before unprotected sex. Women who had emergency contraception in advance were more likely to report use of the medication, and to use it sooner after sex. Having emergency contraception on hand did not change use of other kinds of contraception or change sexual behavior.

[Advance provision of emergency contraception for pregnancy prevention](#)

## What's Ahead

### **Free Cochrane Author Training Workshop - conducted by the Cochrane Hypertension Review Group**

14 June 2010, 12:30 - 3:30 p.m. and 15 June 2010, 8:30 a.m. - 3 p.m.  
Sheraton Guildford Hotel , Guildford A Room, 15269 104th Avenue, Surrey, BC  
Cost: \$75 (Free for Fraser Health employees and registered Cochrane authors)  
Registration Deadline: Thursday 10 June 2010  
Email Camille Viray: [camille.viray@fraserhealth.ca](mailto:camille.viray@fraserhealth.ca) with "Course Code: DERS-061510" in the subject line to register

### **The Cochrane Library: A Workshop for Users - conducted by the Cochrane Hypertension Review Group**

14 June 2010, 8:30 a.m. – 12 p.m.  
Sheraton Guildford Hotel , Guildford A Room, 15269 104th Avenue, Surrey, BC  
Registration Deadline: Thursday 10 June 2010  
Email Camille Viray: [camille.viray@fraserhealth.ca](mailto:camille.viray@fraserhealth.ca) with "Course Code: DERS-061410" in the subject line to register

### ***Data Xtraction for adverse effects - Xactly what we need!***

17 June 2010, 12 – 1 p.m. EDT  
Join Yoon Loke, Co-Convenor, Cochrane Adverse Effects Methods Group, for an important discussion of extracting adverse effects data for Cochrane reviews using hands-on examples.  
Click [here](#) for registration information

The Canadian Cochrane Network and Centre is one of 13 independent, not-for-profit Cochrane Centres worldwide. Over 1600 people in Canada contribute to the Cochrane Collaboration and Cochrane systematic reviews.

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Relay Cochrane! is published four times a year – ***pass it on!***  
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