



< Volume 15 - March 2011>

## In the News

## Cochrane Collaboration awarded seat on World Health Assembly

On 24 January 2011 the World Health Organization (WHO) awarded The Cochrane Collaboration a seat on the World Health Assembly allowing the Collaboration to provide input on WHO health resolutions. The Collaboration was accepted as a Non-Governmental Organization in Official Relations with the WHO at the WHO's Executive Board meeting, establishing a partnership with formalized communication between the two organizations. Visit our media page for the full media release.

### **Another Successful Symposium**

Cochrane Canada held its 9<sup>th</sup> Annual Symposium in Vancouver on 16-17 February with presympoisum workshops on 14-15 February. Over 200 delegates attended *Early Exposure to Cochrane: accessible, credible, practical* to listen to the perspectives of researchers, medical professionals, consumers and more. <a href="Presentations">Presentations</a> and <a href="photos">photos</a> are now available online.

Next year's symposium will be held in the cultural cradle of Canada, Winnipeq!

#### The Cochrane Library Special Collections

The Cochrane Library is producing a new feature entitled, 'Special Collections'. The collections include topics ranging from breastfeeding to road safety. There are currently 20 special collections which pull together related reviews on particular subjects. Visit the <a href="Special Collections">Special Collections</a> page to sign up for its RSS feed.

### **Building Capacity with Our Partners**

This spring the Canadian Cochrane Centre (CCC) is launching three webinar series in collaboration with three of its partners; the Canadian Physiotherapy Association (CPA), Canadian Dental Hygienists Association (CDHA) and the Ontario Chiropractic Association (OCA) with the support of the Canadian Chiropractic Research Foundation (CCRF). Each three-part knowledge translation series will introduce The Cochrane Collaboration and its role in evidence-based health care decision-making. The CDHA have previously offered the webinar series in English. This spring the series will be given in French. In addition, the CCC with the OCA will provide review author training in Toronto. Details for these sessions are located on our partner websites or by contacting Eileen Vilis, the Canadian Cochrane Centre's Knowledge Broker at evilis@uottawa.ca.

## REVIEW COURSES

Review Completion Course for Canadian Cochrane Authors

Applications due 1 April 2011

Visit <u>ccc.cochrane.org/workshops</u> for more information and registration

## **Too Many Pills**

Alan Cassels, pharmaceutical policy and Canadian medical reporting researcher, writes about the over-prescription in the elderly in his recent Reader's Digest article entitled, *Too Many Pills*. Cassels also describes the "renowned" Cochrane Collaboration as a source of best information.

Visit our <u>website</u> to read the article or email <u>ltarbett@uottawa.ca</u> for a Reader's Digest PDF version.

### Having problems with The Cochrane Library?

If you identify issues with access or navigating the Library, please go to the 'Ask a Question' page on the Wiley Online Library Help page, choosing 'Cochrane Library' from the 'Category' drop down options: http://onlinelibrary.custhelp.com/app/ask

Your query will be logged and tracked by the Online Library help team.

## **Cochrane for Practice**

## Statins for the primary prevention of cardiovascular disease

Cardiovascular disease (CVD) is ranked as the number one cause of mortality and is a major cause of morbidity worldwide. Reducing high blood cholesterol which is a risk factor for CVD events is an important goal of medical treatment. Statins are the first-choice agents. For people without a past history of CVD (primary prevention), the evidence is less clear. Fourteen randomized control trials with 16 trial arms (34,272 patients) were reviewed. All were randomized control trials comparing statins with usual care or placebo. All cause mortality coronary heart disease and stroke events were reduced with the use of statins as was the need for revascularisations. Statin treatment reduced blood cholesterol. Taking statins did not increase the risk of adverse effects such as cancer and few trials reported costs or quality of life. This current systematic review highlights the shortcomings in the published trials and the authors recommend that caution should be taken in prescribing statins for primary prevention among people at low cardiovascular risk. Statins for the primary prevention of cardiovascular disease

## **Cochrane for Policy**

# Supporting the use of Cochrane Reviews in health policy and management decision-making

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Available online in The Cochrane Library at http://bit.ly/hdPzwS

## McMaster Health Forum receives designation of WHO Collaborating Centre for Evidence-Informed Policymaking

The McMaster Health Forum has earned the prestigious designation of World Health Organization Collaborating Centre for Evidence-Informed Policymaking. The designation announced in December will mean the Forum, led by John Lavis, Canada Research Chair in Knowledge Transfer and Exchange, will play a greater international role in supporting evidence-informed policymaking about the governance, financial and delivery arrangements of health systems throughout the world. The Forum works in partnership with the Canadian Cochrane Centre in offering Health Systems Evidence, and also draws heavily on Cochrane Reviews in developing evidence briefs to inform stakeholder dialogues, the signature program of the Forum's initiatives. For details on the new designation, visit <a href="http://healthforum.mcmaster.ca/index.php/about-us/new-at-the-forum">http://healthforum.mcmaster.ca/index.php/about-us/new-at-the-forum</a>

# Cochrane Library Spotlight – Issue 12, 2010, Issues 1-2 2011

#### **Asthma**

#### Bronchodilators for bronchiolitis for infants and young children

Bronchiolitis is an acute, highly contagious, viral infection of the lungs that is common in infants. Bronchodilators are drugs often used as aerosols to widen the air passages by relaxing the bronchial muscle. They are effective in helping infants and adults with asthma. However, unlike asthmatics, infants with bronchiolitis are usually wheezing for the first time and wheezing for a different reason because their airways are clogged with debris. Therefore, infants with bronchiolitis may be less likely to respond to bronchodilators.

Bronchodilators for bronchiolitis

### Cancer

## Treatment of early stage Hodgkin lymphoma

Hodgkin lymphoma is a malignancy of the lymphatic system, first described by Thomas Hodgkin. This systematic review compares chance of dying (overall survival) and chance of tumour control in patients with early stage Hodgkin lymphoma after receiving chemotherapy alone or chemotherapy plus radiotherapy. The review includes 1,245 patients from five trials in the main analyses. The result is the addition of radiotherapy to six cycles of chemotherapy is a better treatment option than six cycles of same chemotherapy alone in patients with early stage Hodgkin lymphoma. Chemotherapy plus radiotherapy (combined modality treatment) is superior to the identical chemotherapy alone in patients with early stage Hodgkin lymphoma.

<u>Chemotherapy alone versus chemotherapy plus radiotherapy for early stage Hodgkin lymphoma</u>

## The effect of hormonal treatment on advanced or recurrent endometrial cancer

Most women with endometrial cancer are diagnosed when their tumour is still confined to the body of the womb. However, about 10 per cent of women with endometrial cancer are diagnosed when the disease is already at an advanced stage. The latter group of patients tend to have much poorer survival. Hormonal therapy in these cases is thought to be easily administered and to cause fewer side effects than systemic chemotherapy (standard treatment). The authors found six randomized

controlled trials that assessed hormonal treatment in various forms and combinations in 542 eligible patients. The authors found insufficient evidence to suggest that hormonal therapy improves survival in these patients.

Hormonal therapy in advanced or recurrent endometrial cancer

#### **Diabetes**

## Altering dietary salt intake to aid in the prevention and treatment of diabetic kidney disease

There is strong evidence that our current consumption of salt is a major factor in increasing blood pressure (BP), whether BP levels are normal or raised. Diabetes makes it more likely to develop high BP, which increases the risk of strokes, heart attacks and speeds up the progression of diabetic kidney disease. This review found 13 studies including 254 patients with type 1 and type 2 diabetes. Reducing salt intake by 8.5 g/day lowered BP by 7/3 mm Hg. Public health guidelines recommend reducing dietary salt intake to less than 5-6 g/day and people with diabetes would benefit from reducing salt in their diet to at least this level. Altered dietary salt intake for preventing and treating diabetic kidney disease

#### **Mental Health**

## Changing antipsychotic medication to improve side effects like increase in weight, blood sugar and cholesterol

Weight gain is common among people with schizophrenia. The medication commonly used to treat schizophrenia may cause substantial weight gain. This weight gain could be treated through lifestyle interventions that increase physical activity or change diet; or through using other forms of medication that might help with weight loss. However, an easier alternative might be changing the antipsychotic medication to one that causes less weight gain. Switching antipsychotic medication did show some reduction in weight and also contributed broader health benefits such as reducing fasting blood glucose. Notably, there were no significant difference in outcomes of mental state, global state and adverse events between groups which switched medications and those that remained on previous medication.

Antipsychotic switching for people with schizophrenia who have neuroleptic-induced weight or metabolic problems

### **Public Health**

#### Zinc for the common cold

The common cold is often caused by the rhinovirus. Zinc inhibits rhinoviral replication and has been tested in trials for treatment of the common cold. This review identified 15 randomized controlled trials, enrolling 1,360 participants of all age groups, comparing zinc with placebo (no zinc). The researchers found that zinc (lozenges or syrup) is beneficial in reducing the duration and severity of the common cold in healthy people, when taken within 24 hours of onset of symptoms. People taking zinc are also less likely to have persistence of their cold symptoms beyond seven days of treatment. Zinc supplementation for at least five months reduces incidence, school absenteeism and prescription of antibiotics for children with the common cold. People taking zinc lozenges (not syrup or tablet form) are more likely to experience adverse events, including bad taste and nausea.

Zinc for the common cold

## Cilostazol versus aspirin for secondary prevention of vascular events after a stroke of arterial origin

Unlike heart attack, stroke is a disease caused by more than one mechanism. In Asians, a larger proportion of ischaemic stroke is due to narrowing of the arteries at the base of the brain. Compared to Caucasians, Asians are more likely to have bleeds into their brain matter causing stroke, because of uncontrolled high blood pressure. The medication cilostazol thins the blood by blocking platelet accumulation and appears, from early reports, to be more effective than aspirin in the prevention of stroke, heart attacks and death from vascular causes in patients with stroke. This may be due to its inherent effectiveness, as well as chances of fewer brain bleeds. In this review of two randomized trials involving 3,477 participants, the researchers found that cilostazol was more effective for the prevention of stroke, heart attack and death from vascular causes in Asian patients with stroke. In terms of safety, it causes more side effects than aspirin but less serious bleeding in the brain and the body.

<u>Cilostazol versus aspirin for secondary prevention of vascular events after stroke of arterial origin</u>

### **Smoking Cessation**

#### Stage-based interventions for smoking cessation

This review compared stage-based smoking cessation programs with standard (unstaged) programs, or with 'usual care', or with assessment only. The researchers found 41 stage-based trials, covering more than 33,000 smokers, which measured quit rates at least six months after treatment. Only four of the 41 trials directly compared the same intervention in a standard and a stage-based version. This showed the stage-based version was neither more nor less effective than the standard. Eighteen trials which compared stage-based self-help programs with any control condition showed better success rates for the intervention groups. Thirteen trials of stage-based individual counselling versus any control condition showed a similar benefit for the intervention groups. These findings confirm the known effectiveness of these interventions, whether staged or unstaged. This review's evidence shows that providing self-help or counselling support to smokers trying to quit is more effective than 'usual care' or simple observation. However, the extra value of fitting that support to the smoker's stage of change is currently unclear.

Stage-based interventions for smoking cessation

#### Women's health

## Intra-venous fluids preventing severe ovarian hyperstimulation syndrome

Ovarian hyperstimulation syndrome (OHSS) is a complication from some fertility medications used for controlled ovarian stimulation in women undergoing in vitro fertilization (IVF) or intracytoplasmic sperm injection (ICSI) cycles. The ovaries become swollen with fluid, leaking this excess fluid into the body. Data from many studies suggest giving intra-venous colloid fluids, such as human albumin, hydroxyethyl starch, dextran or Haemaccel, at the time of oocyte retrieval may be beneficial for women with a high risk of developing OHSS. The researchers reviewed data from nine randomized controlled studies to obtain a reliable assessment of the effects of intra-venous fluids. There was borderline evidence of benefit with the routine use of human albumin in the prevention of OHSS. There was good evidence to support the use of hydroxyethyl starch in the prevention of OHSS in high risk patients.

Intra-venous fluids for the prevention of severe ovarian hyperstimulation syndrome

#### Acupuncture for period pain

Dysmenorrhoea, known as period pain, is commonly experienced by younger women. Symptoms may include cramping pain in the lower abdomen that may radiate to the lower back or anterior thigh, nausea, vomiting, diarrhea, headache, fatigue, anxiety, and dizziness. This review found some evidence for the use of acupuncture in managing period pain. However, these findings should be interpreted with caution due to the small number of studies and study participants. No significant adverse effects were identified in this review.

Acupuncture for primary dysmenorrhoea

### **Workplace Health**

## Interventions to enhance return-to-work for cancer patients

Cancer is a significant cause of absence from work, unemployment and early retirement. Individuals, their families and society at large all carry part of the burden. This review evaluated the effects of interventions aimed at enhancing return-to-work in cancer patients. It included 18 studies involving 1,652 participants. Four types of interventions were found: psychological interventions, interventions aimed at physical functioning, medical interventions, and multidisciplinary interventions which incorporated physical, psychological and vocational components. No vocational interventions aimed at work-related issues were retrieved. Results suggest that multidisciplinary interventions involving physical, psychological and vocational components led to higher return-to-work rates of cancer patients than care as usual, while quality of life was similar

Interventions to enhance return-to-work for cancer patients

## What's Ahead

### **Cochrane Canada Live - Mid 2011 Webinars**

 $\label{thm:cc.cochrane-canada-live-webinars} \ \ \text{for topics, dates, and registration.}$ 

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and Cochrane Systematic Reviews.

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