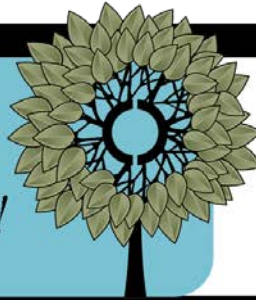


Relay Cochrane!



Canadian Cochrane Centre

< Volume 16 – June 2011 >

In the News

Canadian Cochrane Centre becomes Reference Centre of Cochrane Consumer Network

The Canadian Cochrane Centre has been named the Reference Centre for the Cochrane Consumer Network (CCNet) under the direction of Dr Jeremy Grimshaw. CCNet encourages consumers throughout the world to give their perspectives and have their say on priorities for health care. Reference Centres assist CCNet through linguistic and geographic support. Canada already works with consumers in three languages (English, French and Spanish) throughout three continents (North America, South America and Europe). Dr Grimshaw is the Canadian Centre Director and The Cochrane Collaboration Co-Chair among many other positions. For more information on CCNet, visit their [website](#).

Over 40 Cochrane Review abstracts now available in French!

The Cochrane Back Group and the Cochrane Upper Gastrointestinal and Pancreatic Diseases Group (UGPD) have endeavored to translate some Cochrane Review abstracts in order to make them more accessible to the French Canadian population. You can view the Back Group's 10 French abstracts [here](#), along with the UGPD's 33 [French abstracts](#). Both groups plan on continuing this beneficial initiative.

Canada hosts first Review Completion Course

In May 2011, the Canadian Cochrane Centre hosted their first Review Completion Course. Five Canadian review authors from different review groups (Airways, Injuries, Hepato-Biliary, Hypertension, Pregnancy and Childbirth) attended this week-long course that was scheduled concurrent to the Ottawa Tulip Festival. Attendees outlined goals in advance and returned home with individual action plans for completion and submission of their reviews. Each review author was paired with a mentor; Adrienne Stevens, Alain Mayhew, Erin Ueffing, and Dr Vivian Welch served as mentors and provided daily guidance. Lucy Turner provided statistical advice and Nancy Santesso supported authors on GRADE and developing Summary of Findings tables. Dr Yoon



SYMPOSIUM NEWS

Cochrane Canada Symposium 2012

Our 2012 Symposium will be held at the Fairmont Winnipeg from 9-10 May, with presymposium workshops on 7-8 May. Stay tuned for more details!

Webinars: Cochrane Canada Live

Visit ccc.cochrane.org/cochrane-canada-live-webinars for more information.

Loke was available on-call during the week to address questions regarding adverse effects. Thank you to all course faculty! We look forward to seeing those reviews published in *The Cochrane Library*!

Providing Value with Partners - Workshops and Webinars

The Canadian Cochrane Centre (CCC) has completed two three-part knowledge translation webinar series with its partners the Canadian Physiotherapy Association (CPA), and the Ontario Chiropractic Association (OCA) with the support of the Canadian Chiropractic Research Foundation (CCRF). The CPA and the CCC are again partnering in the Fall of 2011 to offer Series 2 which will consist of three webinars that cover additional topics.

The Canadian Association of Speech Language Pathologists and Audiologists Conference was held 27-30 April 2011 in Montreal. The CCC Knowledge Broker and a Cochrane Regional Representative presented a full day workshop, "Tapping into Cochrane: How Can an Evidence-Based Approach Support You in Your Practice" which provided an understanding of and real time interactive searching about evidence-based information in speech language pathology and audiology.

Contact Eileen Vilis, CCC Knowledge Broker, if you're interested in hosting a joint workshop/webinar with your association and Cochrane. Email evilis@uottawa.ca.

Cochrane for Practice

Giving women their own case notes to carry during pregnancy

Women carrying their own case notes improves their sense of control and satisfaction and the availability of antenatal records. In some healthcare systems women are given their own case notes to look after and bring to each antenatal visit. This review of three trials, involving 675 women, suggests that there are both potential benefits (increased availability of antenatal records during hospital attendance, increased maternal control and satisfaction during pregnancy) and harms (more operative deliveries). All trials reported that more women in the case notes group would prefer to hold their antenatal records in another pregnancy, but there was not enough evidence to determine the effect of women carrying their own case notes on health behaviours such as smoking and breastfeeding and clinical outcomes.

[Giving women their own case notes to carry during pregnancy](#)

Cochrane for Policy

Universal school-based prevention programs for alcohol misuse in young people

The authors conducted a Cochrane Systematic Review of 53 well-designed experimental studies that examined the effectiveness of school-based universal programs for the prevention of alcohol misuse in young people. The studies were divided into two major groups based on the nature of the prevention program: 1) programs targeting specifically prevention or reduction of alcohol misuse and 2) generic programs with wider focus for prevention (e.g., other drug use/abuse, antisocial behavior). In the review we found studies that showed no effects of the

preventive program, as well as studies that demonstrated statistically significant effects. There was no easily discernible pattern in program characteristics that would distinguish studies with positive results from those with no effects. Most commonly observed positive effects across programs were for drunkenness and binge drinking. In conclusion, current evidence suggests certain generic psychosocial and developmental prevention programs can be effective and could be considered as policy and practice options. These include the Life Skills Training Program, the Unplugged program, and the Good Behaviour Game. [Universal school-based prevention programs for alcohol misuse in young people](#)

Cochrane Library Spotlight – Issues 3-5, 2011

Alternative Therapies

Herbal medicines for treatment of irritable bowel syndrome

This systematic review identified and included 75 randomized clinical trials evaluating the effects of various herbal preparations (including single herbs or mixtures of different herbs) for treating people with irritable bowel syndrome (IBS). The review shows that some herbal medicines improve global symptoms such as abdominal pain, diarrhea and/or constipation. However, the methodological quality of the majority of clinical trials evaluating these herbs was generally poor. Although the included trials did not report serious adverse effects from using herbal medicines more research is needed to determine the safety of herbal medicines. In conclusion, herbal medicines might be promising for the treatment of IBS. However, it is premature to recommend herbal medicines for routine use in IBS. Testing herbs in larger, well-designed trials is needed in order to establish sound evidence for their use.

[Herbal medicines for treatment of irritable bowel syndrome](#)

Asthma

Continuous versus intermittent beta-agonists for acute asthma

Inhaled beta-agonists (reliever medications) are used to treat spasm in the airways in the lungs during acute asthma attacks. The medication can be administered by wet nebulization or from an inhaler with a holding chamber; wet nebulization may be delivered in a continuous or intermittent fashion. This review has collected information from randomized controlled trials comparing continuous to intermittent nebulized delivery methods in acute asthma attacks. Overall, differences were found between the two methods, with continuous nebulizers producing a modest reduction in admissions compared to intermittent beta-agonist therapy. This finding was especially pronounced in severe acute asthma. Continuous nebulizer therapy may be more effective than intermittent nebulizers for delivering beta-agonist drugs to relieve airway spasm in selected asthma populations.

[Continuous versus intermittent beta-agonists for acute asthma](#)

Cancer

Selenium for preventing cancer

Selenium is a trace element that is important for human health, but might also be harmful for humans when taken in excess. Fifty-five studies with more than one million participants were included in this systematic review. Forty-nine studies observed and analyzed whether healthy people with high selenium levels in blood or toenail samples or with a high selenium intake developed cancer more or less often than other people. The authors found that people with higher selenium levels or intake had a

lower frequency of certain cancers (such as bladder or prostate cancer) but no difference for other cancers such as breast cancer. However, it was not possible to determine from these studies that selenium levels or selenium intake were really the reason for the lower risk of cancer in some people. Factors apart from higher selenium levels could also influence the cancer risk: healthier nutritional intake or lifestyle, more favourable job or overall living conditions.

[Selenium for preventing cancer](#)

Child Health

Oral zinc for treating diarrhea in children

Giving fluids by mouth (using an oral rehydration solution) has been shown to save children's lives, but it seems to have no effect on the length of time children suffer with diarrhea. Children in developing countries are often zinc deficient. Zinc supplementation is a possible treatment for diarrhea though it can have adverse effects if given in high doses. Twenty-two trials involving 8,924 children of all ages were identified. Zinc reduced the time children over the age of six months suffered from symptoms of acute or persistent diarrhea. However, there were insufficient data to see any impact on the number of children who died. More children vomited when given zinc, but it was considered that the benefits outweighed these adverse effects. Zinc seemed to have no impact on children less than six months. In areas where diarrhea is an important cause of child mortality, research evidence shows zinc is clearly of benefit in children aged six months or more with diarrheal diseases.

[Oral zinc for treating diarrhea in children](#)

Public Health

Antiretroviral therapy for prevention of HIV transmission in HIV-discordant couples

Antiretroviral drugs may prevent transmission of HIV from an infected sexual partner to an uninfected one by suppressing viral replication. The authors found seven observational studies that examined this question. Overall, they found that in couples in which the infected partner was being treated with antiretroviral drugs the uninfected partners had more than five times lower risk of being infected than in couples where the infected partner was not receiving treatment. Since WHO already recommends antiretroviral treatment for all persons with less than 350 CD4 cells/ μ L, the authors also examined studies that looked at partners with CD4 counts higher than this level. They found inconclusive evidence that in this group HIV was less likely to be transmitted. A large randomized trial is currently being conducted, and a more definitive answer should be available by 2015.

[Antiretroviral therapy for prevention of HIV transmission in HIV-discordant couples](#)

Dopamine agonists for restless legs syndrome

Restless legs syndrome (RLS) is a sensorimotor disorder characterized by an urge to move the limbs which is usually associated with unpleasant sensations. The authors included 38 trials in the meta-analyses which investigated the efficacy and safety of dopamine agonist treatment compared to placebo or to other treatments for RLS. Patients suffered from moderate to severe RLS and were treated with the dopamine agonists cabergoline, lisuride, pergolide, pramipexole, ropinirole, rotigotine, and sumanirole. Dopamine agonists lead to a larger improvement on the International RLS Severity Rating Scale (IRLS) compared to placebo. Clinicians rated RLS symptoms as more improved

with dopamine agonists compared to placebo (CGI-I). Also periodic limb movements in sleep were significantly reduced by dopamine agonists compared to placebo. Sleep efficiency was also slightly improved. Patients rated their quality of sleep and quality of life as markedly improved. Patients were, however, more likely to discontinue dopamine agonist treatment and experienced more adverse events when treated with dopamine agonists compared to placebo. All dopamine agonists were superior to placebo except sumanirole.

[Dopamine agonists for restless legs syndrome](#)

Senior Health

Rehabilitation for older people in long-term care

Rehabilitation treatments may be effective in improving the physical condition of older people in long-term care. Physical rehabilitation (interventions based on exercising the body) may have a role and this review examines the evidence available. Forty-nine trials are included, 30 of which were conducted in the USA. In total, 3,611 participants with an average age of 82 years were involved, more than two-thirds of whom were female. Most interventions in some way addressed disability in routine daily life (i.e. walking, eating, dressing). The trial outcomes addressed are disability in daily life, strength, flexibility, balance, general physical condition, mood, cognitive status, participant drop out, session attendance, death, illness, and unwanted effects associated with the intervention, such as injuries. Due to the wide variety of outcome measures used, the studies could not be summarized statistically, therefore a narrative review is provided. While variations between the trials means specific recommendations cannot be made, they were overwhelmingly successful, demonstrating that many different types of physical rehabilitation have benefits to physical health with few reports of unwanted events relating to the intervention.

[Rehabilitation for older people in long-term care](#)

Smoking Cessation

Competitions and incentives for smoking cessation

Smokers may quit while they take part in a competition or receive rewards for quitting, but generally do no better than unassisted quitters once the rewards stop. The authors found 19 studies (more than 4,500 smokers) to include in this review. One trial of 878 smokers which achieved high and long-lasting success rates put its resources into a program of large cash rewards (up to US\$750), rather than into running its own smoking cessation program. In the remaining 18 trials, whether or not the smokers put up their own money to take part made little difference to the success of their quit attempt. Paying smokers variable amounts of cash depending on their success in quitting was no more effective than paying them fixed amounts for attending the program. Competitions and rewards may attract more people to make a quit attempt than might otherwise do so, but cessation rates remain broadly the same as for non-contestants. Future research may wish to explore the most effective size of cash payments, and how long they should be maintained to achieve lasting results. It should also test these findings in a variety of different populations of smokers, from various regions, social and economic groupings and ethnic mixes.

[Competitions and incentives for smoking cessation](#)

Women's Health

Interventions targeted at women to encourage the uptake of cervical screening

Cervical cancer is the second most common cancer world-wide. Increasing the uptake of screening is of great importance in controlling this disease through early detection and treatment of pre-cancerous changes before malignancy evolves. Methods of encouraging women to undergo cervical screening include invitations, reminders, education, message framing, counselling, risk factor assessment, procedures and economic interventions. These were all examined in this review. Evidence supports the use of invitations, and to a lesser extent, educational materials. It is likely other methods are advantageous, but the evidence is not as strong. Further research is required.

[Interventions targeted at women to encourage the uptake of cervical screening](#)

Excisional surgery versus ablative surgery for ovarian endometriomata

Endometriomata are benign growths of the ovary. Evidence suggests that surgery to remove the endometrioma provides better results than draining and destroying the lining of the cyst with regard to the recurrence of the cyst, pain symptoms and the chance of a spontaneous pregnancy in women who were previously subfertile. Surgery to excise the cyst should be the favoured surgical approach. An additional randomized trial demonstrated that in women trying to conceive the ovarian response to stimulation, as part of fertility treatment, is better in women who have undergone surgery to remove the cyst rather than draining and destroying the endometrioma. The subsequent likelihood of pregnancy was not affected. Further research is required in this field to assess quality of life after surgery, clarify the effect of surgery on fertility with IVF treatment and to study the effect of surgery on ovarian function.

[Excisional surgery versus ablative surgery for ovarian endometriomata](#)

Workplace Health

Workplace interventions for workers with neck pain

Studies have shown that musculoskeletal disorders are the most common cause of sick leave and disability in many industrial countries. Neck pain is more common in the general population than previously known. Ten trials with 2,745 participants were included in this review. The workplace interventions comprised education about stress management, principles of ergonomics, anatomy, musculoskeletal disorders, and the importance of physical activity. They taught 'pause gymnastics', how to use a relaxed work posture, proper positioning, the importance of rest breaks, and strategies to improve relaxation. Some studies also included how to modify work tasks, work load, working techniques, working positions, and working hours. Several studies suggested how to make adjustments and recommended alternatives to the existing furniture and equipment at the workplace. The present review found low quality evidence that those who received workplace interventions did not get more pain relief than those who received no interventions. The authors found moderate quality evidence (1 trial, 415 workers) that workplace interventions reduced sick leave among the workers at six month-, but not at three- and 12-month follow-ups. This could be due to the fact that few participants in the study were sick listed. Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate for both pain and sickness absence.

[Workplace interventions for workers with neck pain](#)

What's Ahead

Cochrane Canada Live - June and July 2011

Join us for these one-hour webinars! Participation is open to anyone.

For more webinar details and to register: ccc.cochrane.org/cochrane-canada-live-webinars

- 2, 9, 16, 23 June (12:00 EDT) – Cochrane Thursdays in June, a four-part series about Cochrane and a 'snapshot' look at producing a Cochrane Review.
- 6 June (12:00 EDT) – A primer to Cochrane overviews of reviews will allow you a brief look at the steps of conducting an overview of reviews.
- 5 July (20:00 EDT) – Does your systematic review include many different settings, populations, or interventions? Learn the utility of Mapping it out with logic models.

The Canadian Cochrane Centre is one of 14 independent, not-for-profit Cochrane Centres worldwide. Over 2,795 people in Canada contribute to The Cochrane Collaboration and Cochrane Systematic Reviews.

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