



In the News

Farewell

The Canadian Cochrane Centre's (CCC) Educational Coordinator of the past five years, Adrienne Stevens, has accepted a senior research staff position with David Moher and the Knowledge Synthesis Group. The CCC congratulates Adrienne on this great opportunity and would like to thank her for all the wonderful things she has brought to our team throughout the past five years. She will definitely be missed!

Read Adrienne's personal farewell on The Cochrane Collaboration's [website](#).

Welcome

The Canadian Cochrane Centre is pleased to announce that Erin Ueffing, former Campbell and Cochrane Equity Methods Group Coordinator, has been hired as the Centre's Education Coordinator. Erin brings her education (Masters of Health Sciences, Community Health and Epidemiology), experience, enthusiasm for and knowledge of The Cochrane Collaboration, and skills in training and co-ordination to this key position within the Centre.

Please join us in welcoming her to the Centre's team beginning 11 October 2011.

Cochrane Rises in the Rankings – The Cochrane Database of Systematic Reviews' Impact Factor rises for the fourth consecutive year

Cochrane contributors are smiling all over the world with news of the Cochrane Database of Systematic Reviews' (CDSR) impact factor (IF) rising again in 2010 to 6.186. The CDSR's IF has risen an average of 10 per cent over the past four years; it increased by 9.4 per cent from 5.653 in 2009. Of significance is the fact that the CDSR is now ranked in the top 10 (of 151) in the Medicine, General & Internal journal category. Read more on our [website](#).

Launch of the WHO e-Library of Evidence for Nutrition Actions: eLENA

The WHO Department of Nutrition for Health and Development has announced the launch of the WHO electronic Library of Evidence for Nutrition Actions (eLENA), an online catalogue of interventions addressing different forms of malnutrition.

Aimed at community leaders, policy-makers, specialists and advocates in health, nutrition, food and agriculture, eLENA provides a single point of reference for WHO guidance on effective nutrition interventions, as well as the most up-to-date scientific evidence underlying it, in order to help prioritize and design country policies and programs. eLENA contains a link to Cochrane Reviews on the issues, as well as a link to the international clinical trial register.

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.

Cochrane for Practice

Non-clinical interventions for reducing unnecessary caesarean section

A caesarean section is an operation to reduce complications of childbirth. The procedure is becoming more popular in developed and developing countries, but it has risks and should not be done when unnecessary. A study was done to examine the effectiveness of different strategies used to reduce unnecessary caesarean sections. Sixteen studies were reviewed, including six targeted at pregnant women and 10 targeted at health professionals. For young mothers with their first low-risk pregnancy, nurse-led relaxation classes and birth preparation classes are proven to reduce the number of caesarean sections. However, prenatal and education support programs, computer patient decision-aids, decision-aid booklets and intensive group therapy are not effective. Implementing guidelines for health care professionals including a mandatory second opinion, support from local opinion leaders and a peer review may help in reducing the number of caesarean sections performed, but caution should be used when applying the guidelines to different populations or with different interventions.

[Non-clinical interventions for reducing unnecessary caesarean section](#)

Cochrane for Policy

Strategies to improve safe and effective medicines use by consumers; an overview of systematic reviews

There are many strategies on how to use medicines safely and effectively, but research on the topic is very unorganized. It can be hard for policy-makers, professionals and patients to find research on what works and what doesn't. This study looked at 37 systematic reviews to determine which strategies improve medicine use, including information provision, support for behaviour change, risk minimization and skills acquisition. Effective methods to improve the safety and effectiveness of medicines use include self-monitoring/self-management, simplified doses and the involvement of a pharmacist. Less consistently effective strategies include reminders, education and self-management training, counsel or support and financial incentives. No interventions improved all medicines use across all diseases, populations or settings.

[Consumer-oriented interventions for evidence-based prescribing and medicines use: an overview of systematic reviews](#)

Cochrane Library Spotlight – Issues 6-8, 2011

Alternative Therapies

Can music interventions benefit cancer patients?

Musical therapy has been used for treatment of pain and relief of symptoms in cancer patients. Thirty trials with a total of 1891 participants were reviewed to determine if music therapy and music medicine interventions can benefit cancer patients physically, emotionally and socially. Two methods of musical therapy were examined, though the studies were not successful in measuring which method is more effective. *Music therapy* requires a music intervention by a trained musical therapist, and a *music medical intervention* involves the patient listening to pre-recorded music offered by a medical professional. It was found that both methods of musical therapy can improve a cancer patient's anxiety levels, mood, quality of life, heart rate, respiratory rate and blood pressure. No evidence stated positive effects on depression, fatigue or physical status. Due to the limited number of trials available involving either method of musical therapy, more research is required to determine which method is more effective.

[Music interventions for improving psychological and physical outcomes in cancer patients](#)

Asthma

Epinephrine for acute viral bronchiolitis in children less than two years of age

Bronchiolitis, caused by viruses, is the most common infection of the airways and lungs during the first years of life, and it may be linked with preschool wheezing disorders and the later development of asthma. The disease is a major cause of clinical illness and a financial health burden. Treatment of bronchiolitis varies due to lack of clear scientific evidence, but one method is the use of epinephrine, a bronchodilator. Bronchodilators are drugs that relax the muscles in the airways to make breathing easier. Nineteen studies were included in this review (2256 participants). The use of epinephrine was compared with the use of a placebo, and though it was found that epinephrine does not affect the length of the child's hospital stay, it significantly reduces the number of admissions. Research shows that combining epinephrine with steroids would be even more effective for outpatients. No adverse effects were found in short-term safety, but long-term safety was not studied. Further research is needed to prove the efficiency, applicability and long-term safety of epinephrine as a treatment for bronchiolitis. [Epinephrine for bronchiolitis](#)

Cancer

Drain for Gastrectomy for gastric cancer

A Gastrectomy remains the primary therapeutic method in surgery for gastric cancer. It is routine to insert an abdominal drain after the surgery, based on the belief that it can help in the earlier detection and drainage of anastomotic fistula and the prevention of intra-abdominal abscesses. Four randomized controlled trials involving 438 patients were included in this review. There is no evidence to suggest that inserting an abdominal drain after a gastrectomy will make a difference in post-operative complications and initiation of soft diet. Inserting an abdominal drain will increase operation time, post-operative hospital stay and lead to drain-related complications. The findings of this study conclude that an abdominal drain provides no additional benefits for the patient, and there is no need for its use to continue to be routine after a gastrectomy. [Abdominal drainage versus no drainage post gastrectomy for gastric cancer](#)

Child Health

Steroids for improving recovery following tonsillectomy in children

A tonsillectomy remains one of the most common surgical procedures performed worldwide. Despite advances in available anesthetics and surgical techniques, children usually experience prolonged symptoms after the surgery such as pain, vomiting and the inability to eat. The author reviewed 19 studies (1756 participants) and found that children who were given a single dose of the corticosteroid drug, dexamethasone (a steroid), during surgery were half as likely to vomit within the first 24 hours as children who received a placebo. They also experienced less pain after the surgery and had a faster return to their regular eating habits. The administering of a small intravenous dose of steroids prevents one out of every five children from vomiting after surgery and there is no evidence of adverse effects. [Steroids for improving recovery following tonsillectomy in children](#)

Public Health

Antiretrovirals for reducing the risk of mother-to-child transmission of HIV infection

In 2009, approximately 2.5 million children were living with HIV/AIDS. The majority of children with HIV/AIDS are infected by the virus through mother-to-child transmission during pregnancy or labour. Antiretrovirals drugs administered to the mother or her child during pregnancy, labour or breastfeeding can reduce the chance of viral replication and transmission. A study of 25 trials including 18,901 participants was conducted and found that short courses of a regimen

combining three antiretrovirals is most effective in preventing mother-to-child transmission. The adverse effects are low; however, it is unclear as to what antiretroviral combination works best or when it would be most effective to administer the drugs. More studies need to be done to determine if there are any long-term implications.

[Antiretrovirals for reducing the risk of mother-to-child transmission of HIV infection](#)

Rehabilitation

Regular exercise or exercise with education and psychological support can reduce the likelihood of dying from heart disease

Exercise-based cardiac rehabilitation is used to restore patients with coronary heart disease (CHD) back to health. This review analyzed 47 studies, with a total of 10,794 patients, comparing the effectiveness of exercise-based cardiac rehabilitation with usual care. In the long-term, exercise helps reduce the number of deaths caused by CHD, and in the short term, it reduces the number of hospital admissions and improves the patient's quality of life. Patients either exercise alone or with education or psychological support. Exercise does not reduce the risk of myocardial infarction, coronary artery bypass graft or percutaneous transluminal coronary angioplasty. The participants in the studies were predominantly middle-aged men, so more studies need to be done to view the effects on a broader range of patients.

[Exercise-based rehabilitation for coronary heart disease](#)

Senior Health

Home-based End of Life Care

Surveys conclude that the general public and patients with a terminal illness would prefer to receive end of life care and die at home, and a number of countries have policies that allow people to have the option. The objective of this review is to determine if in-home end of life care reduces the number of deaths that occur in hospitals/inpatient facilities and how it affects the patient and the caregiver. Four trials were included in this review, and it was found that people who are receiving home-based care are more likely to die at home than those receiving usual (including inpatient) care. No significant differences were found in the functional status, psychological well-being or cognitive status between patients. Recommendations include monitoring the number of patients admitted to the hospital while receiving in-home care and performing more studies on the impact in-home care has on family caregivers.

[Hospital at Home: Home-based end of life care](#)

Smoking Related

Telehealthcare for COPD – bronchitis and emphysema

Bronchitis and emphysema are smoking-related diseases that are now being considered as a type of Chronic Obstructive Pulmonary Disease (COPD). COPD is a disease of irreversible airway obstruction that can leave people breathless and with increased phlegm. Most people go to the hospital if their condition gets worse and they can't catch their breath, however, there is an alternative solution. Telehealthcare uses technology such as the telephone, video cameras and the internet to allow people to stay at home and communicate with a health care professional who can gain enough information from the patient to prescribe the appropriate treatment. Ten trials met the study's criteria and it was found that telehealthcare does allow people to stay out of hospitals longer and reduces the number of patients with one or more emergency visits over the period of 12 months. Though telehealthcare systems are expensive to start off with, they are more cost-effective in the long-run, because it is lowering the number of hospital intakes.

[Telehealthcare for chronic obstructive pulmonary disease](#)

Women's Health

Exercise for preventing and treating osteoporosis in postmenopausal women

Osteoporosis prevents new bone cells from growing once old bone cells break down, which can weaken the bone and cause it to break after a minor injury or fall. This is common in women, especially those who are postmenopausal. It has been determined that women who exercise have slightly less Bone Mineral Density (BMD) loss than women who don't exercise. Forty-three randomized controlled trials were reviewed (4320 participants). Participants who engaged in combinations of exercises had 3.2% less BMD loss in their spine and 1% less BMD loss in their hips compared to the participants who didn't exercise. The effect exercise has on preventing Bone Mineral Density loss is minimal and non-existent in regards to preventing fractures.

[Exercise for preventing and treating osteoporosis in postmenopausal women](#)

What's Ahead

Cochrane Canada Live - October - November 2011

Check out these webinars! Participation is open to anyone.

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

- *In lieu of an October webinar . . .* visit cebgrade.mcmaster.ca/index.html and walk through the module (approx. 20 minutes) on grading evidence to form conclusions, brought to you by the GRADE working group and the Cochrane Applicability and Recommendations Methods Group.
- 9 November (12 EST) – Learn about a tool developed for priority setting review topics by the Musculoskeletal Review Group. This webinar will teach you how to go about priority setting while considering health equity.

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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