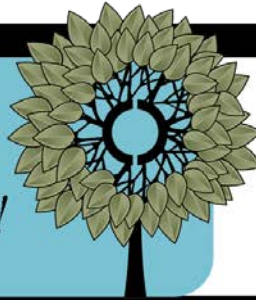


Relay *Cochrane!*



Canadian Cochrane Centre

< Volume 19 – February 2012 >

In the News

Cochrane Canada Symposium 2012 Health Evidence for ALL



Cochrane Canada Symposium 2012

Early registration for Cochrane Canada's 10th Annual Symposium ends 1 March! Click [here](#) to find out how you can sign up! Presymposium workshops will take place on 7 and 8 May, including a two-day Cochrane Standard Author Training workshop. Access an overview of the presymposium [here](#). Sponsorships and exhibit space are still available; please contact ccc-symposium@uottawa.ca if you are interested. See you in May!

Agreement to Improve Aboriginal Peoples' Health: Canadian Cochrane Centre and National Aboriginal Health Organization sign Collaborative Agreement

The Canadian Cochrane Centre (CCC) and the National Aboriginal Health Organization (NAHO) have signed a collaborative agreement to work together to positively impact the health and well-being of Aboriginal Peoples.

Click [here](#) to read more!

Dr Jeremy Grimshaw, The Cochrane Collaboration Co-Chair, is interviewed by Peer Review Radio

Pamela Wu, Peer Review Radio producer, talks to Dr Jeremy Grimshaw, Co-Chair of The Cochrane Collaboration, about our logo, Scared Straight programs and the danger of straying from evidence-based healthcare. He explains how the Collaboration is both accessible and free of conflicts of interest.

Listen to the complete interview by downloading it [here](#).

New Book, *The Knowledgeable Patient*, launched by Cochrane Editor

A new book has been launched by Sophie Hill, Co-ordinating Editor of the Cochrane Consumers and Communication Review Group and Head of the Centre for Health Communication and Participation. The book is entitled, *The Knowledgeable Patient: Communication and Participation in Health*.

Click [here](#) to view a short blurb about the book and find out how to receive 20 per cent off!

SYMPOSIUM NEWS

Cochrane Canada Symposium 2012

The 2012 Cochrane Canada Symposium is taking place in Winnipeg, Manitoba from 9 – 10 May 2012. Click [here](#) for more details!

Cochrane for Practice

Endoscopy or surgery for patients with chronic pancreatitis and dilated pancreatic duct

Endoscopy and surgery are two common methods of treatment for patients with obstructive chronic pancreatitis. Physicians must choose which procedure to use, though there is no clear consensus on which one provides the best results. This review assesses and compares the effectiveness and complications of surgical and endoscopic interventions for treating obstructive chronic pancreatitis. Three eligible trials were found, and two of them compared endoscopic intervention to surgical intervention. In both of those trials, 111 patients were studied: 55 in the endoscopic group and 56 in the surgical group. The surgical group had a higher proportion of patients with pain relief, improved quality of life and preservation of pancreatic function. The third trial included 32 patients and compared surgical intervention to conservative treatment. The study also found that the surgical group had a higher percentage of patients with pain relief and preserved pancreatic function. It is clear that surgical intervention is the most promising approach, though the trials were quite small and there were some methodological limitations. More data is needed to assess the effects on morbidity and mortality.

[Endoscopic or surgical intervention for painful obstructive chronic pancreatitis](#)

Cochrane for Policy

Framing of the health information message in either negative or positive words

Health information messages can be written using positive or negative language, and depending on which is used, the impact of the message can vary. This is called the framing effect. There are two types of framing used in health information messages: attribute framing and goal framing. Attribute framing highlights a specific aspect of the health effect in a negative or positive way. For example, "the chance of mortality with cancer is 1/3," versus, "the chance of survival with cancer is 2/3." Goal framing describes the negative or positive consequences for performing or not performing the recommended action. For example, "if you undergo a screening test for cancer, your survival will be prolonged," versus, "if you don't undergo screening test for cancer, your survival will be shortened."

The purpose of this review is to evaluate the effects that attribute and goal framing (positive versus negative) have on peoples' understanding, perception of effectiveness, persuasiveness and behaviour. The review looked at 35 studies involving 16,342 patients (all health consumers). In attribute framing, participants understood the message better when it was framed negatively but had a more positive perception of effectiveness when the message was framed positively. There seemed to be little difference in the effects on persuasiveness and behaviour. In terms of goal framing, messages that highlighted a loss rather than a gain had a higher perception of effectiveness as well as persuasion in regards to messages about treatment. Again, there was little difference in behaviour, and no study assessed the effects on understanding. There is a possibility that framing is only effective under certain conditions, and more studies are needed to investigate.

[Framing of health information messages](#)

Cochrane Library Spotlight – Issue 12, 2011 and Issues 1 – 2, 2012

Cancer

Treatment of Follicular Lymphoma

Follicular Lymphoma is the second most common Non-Hodgkin's lymphoma in the Western world. It is usually treated by rituxmab (an intravenous drug) and chemotherapy. Patients in advanced stages or who's first stage of treatment did not work have the option of High-dose Therapy (HDT) followed by autologous stem cell transplantation (ASCT). This review compares HDT and ASCT with chemotherapy to see which treatment is more effective for patients with Follicular Lymphoma. Five randomized controlled trials with a total of 1093 patients were included. It was found that patients who have previously been untreated had a significant statistical increase in progression-free survival after being treated with HDT and ASCT. However, there was no significant difference in overall survival, treatment-related mortality or secondary cancers. Little adverse effects were reported, though they seemed to be more common in patients who received HDT and ASCT (mostly infections and haematological toxicity). Patients with relapsed Follicular Lymphoma experienced an increased rate of progression-free survival and overall survival when they were treated with HST and ASCT.

[High-dose therapy with autologous stem cell transplantation versus chemotherapy or immuno-chemotherapy for follicular lymphoma in adults](#)

Child Health

Interventions for preventing obesity in children

Childhood obesity is a major health issue that can lead to obesity later in life and can cause poor health problems as well as social and psychological issues. It is unclear whether or not childhood obesity prevention programs are effective. This review aims to evaluate the effectiveness of these programs based on change in Body Mass Index (BMI) in children ages 6 – 12. The meta-analysis included 37 studies of 27,946 children and demonstrated that programs were effective in reducing obesity, but the results of individual interventions were very diverse. It is unclear which intervention is most effective, however, the following were proven to be promising policies and strategies:

- School curriculum that includes healthy eating, physical activity and body image
- Increased sessions for physical activity and the development of fundamental movement skills throughout the school week
- Improvements in nutritional quality of the food supply in schools

Studies did not report any adverse effects such as unhealthy dieting, level of underweight or unhealthy body image. This review recommends that childhood obesity prevention research move towards how to implement these programs into health, education and care systems to achieve long-term, sustainable impact.

[Interventions for preventing obesity in children](#)

Diabetes

Self-monitoring of blood glucose in patients with type 2 diabetes mellitus who are not using insulin

Self-monitoring of blood glucose (SMBG) levels is an effective tool for people with type 1 diabetes and type 2 diabetes who are using insulin. SMBG allows them to use their glucose values to adjust their insulin doses. It has been hypothesized that SMBG can also help patients with type 2 diabetes that *aren't* using insulin to adjust their diet and lifestyle, however, this has been up for debate. This review is an update of a previous review, adding six new studies to the previous six included in the last review. The outcomes of 3259 patients were evaluated, and the studies compared SMBG with usual care without monitoring, as well as with self-monitoring of urine glucose (SMUG). It was found that patients with a diabetes (type 2; no insulin) duration of one year who were

using SMBG showed minimal improvement of glucose control at the six-month follow-up, and by the 12-month follow-up improvement had completely disappeared. It was also found that the first year of self monitoring blood glucose is 12 times more expensive than self monitoring urine glucose (\$481 versus \$40). There is no evidence to suggest that SMBG for patients with type 2 diabetes who aren't using insulin has a positive effect on general health-related quality of life, general well-being, and patient satisfaction or on decreasing the number of hyperglycemic episodes.

[Self-monitoring of blood glucose in patients with type 2 diabetes mellitus who are not using insulin](#)

Mental Health

Acetylcholinesterase inhibitors for schizophrenia

Schizophrenia is most commonly treated with antipsychotic medication, which has proven to have partial effectiveness on cognitive and negative symptoms. There is still a search for a treatment that will be even more effective, and Acetylcholinesterase inhibitors have long been used for treating cognitive symptoms of dementia. This review aims to assess the clinical, safety and cost effectiveness of Acetylcholinesterase inhibitors for treating people with schizophrenia. Twelve registered controlled trials with a total of 284 participants were reviewed. Studies showed that using Acetylcholinesterase inhibitors with antipsychotic drugs is more effective than just antipsychotic drugs on their own or with a placebo. Using the two treatments together had positive effects on mental state, depressive symptoms, Cognitive domains (attention; verbal memory and language; executive functioning) and tolerability. The rate of participants leaving studies early was low (13.6 per cent). Results seem to be in favour of using Acetylcholinesterase inhibitors with antipsychotic drugs, however, the studies were short-term, and seeing as how schizophrenia is a severe chronic illness, it is impossible to get accurate results unless long-term studies are done.

[Acetylcholinesterase inhibitors versus antipsychotics for schizophrenia either alone or in combination with antipsychotics](#)

Public Health

A review of unpublished regulatory information from trials of neuraminidase inhibitors (Tamiflu - oseltamivir and Relenza - zanamivir) for influenza

Neuraminidase inhibitors (NIs) are thought to reduce symptoms of influenza and have been stockpiled for use in the event of a pandemic. However, the evidence to support the use of NIs (oseltamivir and zanamivir) remains up for debate. A previous review on this topic suggested risk of publication and reporting bias, and after discovering a large number of unpublished trials, it was decided to update the review. This update looked at 25 studies (42 studies were unusable due to insufficient information) that were predominantly conducted in adults during influenza season in both hemispheres. Many of the studies were at risk of attrition bias, and all studies were sponsored by manufacturers of NIs. A meta-analysis of the oseltamivir data was not completed due to lack of information. Instead, an analysis of its effects on symptoms and hospitalization was conducted. It was found that oseltamivir shortens influenza symptoms by about 21 hours but has no positive effect on hospitalization. There is evidence to suggest that both oseltamivir and zanamivir can cause adverse effects such as nausea, vomiting and possibly asthma. Full clinical study reports are needed to clarify these issues but they are currently unavailable, despite five requests to the manufacturer of oseltamivir (Roche). No comments have been made by Roche, even though the protocol for this review has been available since 2010.

[Neuraminidase inhibitors for preventing and treating influenza in healthy adults and children](#)

Senior's Health

People with dementia may benefit from naftidrofuryl

Dementia is an irreversible brain disorder commonly diagnosed in elderly adults. It can cause permanent loss of higher cognitive functions, affecting memory, thinking,

language, judgment and behavior. There are many drug treatments prescribed for dementia, though naftidrofuryl is one that has been reported to significantly improve clinical symptoms. This purpose of this review is to evaluate the efficacy and safety of naftidrofuryl in the treatment of dementia. Nine randomized controlled trials were identified involving 847 patients with Alzheimer's disease, vascular dementia, mixed dementia, senile dementia and unspecified dementia. It was found that naftidrofuryl has beneficial effects on functional performance and behaviour with a high-level of heterogeneity and mood for patients with dementia, as well as cognitive function. Oral administration of the drug was found to be well-tolerated by patients. Despite these benefits, the positive effect on clinical global impression is inconsistent and unconvincing.

[Naftidrofuryl for dementia](#)

Smoking Cessation

Interventions for preventing weight gain after smoking cessation

Many people gain weight after they quit smoking. The fear of gaining weight prevents some people from attempting to quit and can lead others to relapse. This review examines whether or not post-cessation weight gain interventions are effective, as well as if smoking cessation interventions can affect a person's weight. It was found that the most effective interventions for reducing post cessation weight gain were a low calorie diet (LCD) and exercise interventions, though the LCD was more short-term effective and exercise interventions were more long-term effective. At the end of the LCD treatment, the average reduction in weight gain was -3.70kg, compared to -1.30 kg after the treatment had been stopped for 12 months. Exercise interventions proved the average reduction in weight gain to be -2.07kg after treatment had been stopped for 12 months. It is unclear if this is an accurate effect of treatment or a chance finding. Pharmacological interventions had little effect on weight reduction after treatment had stopped and did not prove to increase abstinence. The most beneficial interventions for increasing chances of abstinence are a low calorie diet and cognitive behavioural therapy. The data found while conducting this review is not sufficient to make any strong clinical recommendations.

[Interventions for preventing weight gain after smoking cessation](#)

Women's Health

Amnioinfusion for potential or suspected umbilical cord compression in labour

Most women have an adequate amount amniotic fluid to protect their baby during pregnancy and labour, but sometimes the volume of fluid is reduced, which can cause compression of the umbilical cord. When this happens, the amount of oxygen that reaches the baby decreases and their heart rate slows down. One method of treating this is by using amnioinfusion, which infuses fluids into the uterus using a catheter through the cervix or a needle through the abdomen. The purpose of this review is to assess the effects of amnioinfusion on umbilical cord compression, maternal and perinatal outcome. The review included 19 studies with nearly 200 participants in each one. It was found that Transcervical amnioinfusion for potential umbilical cord compression was associated with reduced amounts of caesarean sections, fetal heart rate decelerations, postpartum endometritis and maternal hospital stays greater than three days. Transabdominal infusion showed similar trends, though there was less data available. Using amnioinfusion for potential umbilical cord compression may be of benefit for the mother and baby, but more research is needed to confirm the findings and assess long-term measures of fetal outcome.

[Amnioinfusion for potential or suspected umbilical cord compression in labour](#)

What's Ahead

Cochrane Canada Live – February 2012

The Canadian Cochrane Centre is concluding its Fridays in February: 2012 Priority Setting webinar series with:

Priority Setting for Cochrane Review Groups: Tips, Tricks and Case Studies.

24 February, 1100 EST, 1 hour

“Calling all Managing Editors and Co-ordinating Editors! This webinar will teach you tips and tricks for identifying priority review and update topics. Learn from other Cochrane entities about their successes and struggles in priority setting and how you can conduct your own priority-setting exercise. [Mona Nasser](#), [Sally Crowe](#), [Tianjing Li](#) (Cochrane Eyes and Vision Group), [Emma Welsh](#) (Cochrane Airways Group), and [Gail Quinn](#) (Cochrane Gynecological Cancer Group) will lead the discussion.”

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

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