

Relay Cochrane!



Canadian Cochrane Centre

< Volume 23 – March 2013 >

In the News

Café Scientifique: “Why Google your health questions when you can Cochrane them?”

The Canadian Cochrane Centre hosted a Café Scientifique in Ottawa on 5 March 2013. The topic of the Café was “Why Google your health questions when you can Cochrane them?” The evening featured talks from an expert panel of Dr Jeremy Grimshaw, Dr Sam Shortt and Marilyn Walsh, with Anne McFarlane as moderator. The event took place at the Heart and Crown Irish Pub, and there was a great turnout with approximately 90 people in attendance. The Café Scientifique was funded by a CIHR grant and organized by Lori Tarbett, Communications Specialist, Canadian Cochrane Centre.

CBC World at Six interview with Dr Jeremy Grimshaw and Marilyn Walsh

Dr Jeremy Grimshaw, Director of the Canadian Cochrane Centre, and Marilyn Walsh, Cochrane Consumer, were interviewed by CBC health reporter, Pauline Dakin, for CBC's World at Six radio broadcast on 5 March. The interview focuses on The Cochrane Library and the free summaries of healthcare evidence it provides to Canadians.

Click [here](#) to listen to the segment.

Cochrane20 – Video #6: Cochrane Profile: Iain Chalmers with Muir Gray

The sixth installment in the Cochrane20 Video Series has been released. This video features a profile of Iain Chalmers along with Muir Gray.

To watch the video, visit: <http://youtu.be/D1TsADPyMhI>. Videos 1 -5 of the Cochrane20 series can be viewed at anniversary.cochrane.org, where you can also find more information about The Cochrane Collaboration's 20th anniversary

New publication in the Annals of Internal Medicine by Jill Hayden, Nova Scotia Cochrane Resource Centre

Jill Hayden, lead of the Nova Scotia Cochrane Resource Centre and Co-Convenor of the Cochrane Prognosis Methods Group, is lead author on a paper just published in the Annals of Internal Medicine entitled, “[Assessing Bias in Studies of Prognostic Factors](#).” Jill is also a co-author of “[Prognosis research strategy \(PROGRESS\) 4: Stratified medicine research](#),” published in the British Medical Journal. Visit cochrane.che.dal.ca to find out more about the work of the NSCRC and the Prognosis Methods Group.

Cochrane Canada Annual Report 2011 - 2012

The Cochrane Canada 2011 - 2012 Annual Report, *A Growing Body of Health Evidence*, is available online. The report provides an overview of Cochrane Canada's undertakings and accomplishments throughout the past year to increase the use of evidence in Canada's health care system.

COLLOQUIUM NEWS

Cochrane Colloquium 2013



Québec City, Québec, Canada
19 – 23 September 2013

Be a part of the program and submit your **abstract** and **workshop** proposals now! Submissions are due 4 April 2013.

Early registration opens 25 March 2013!

The [Program-at-a-Glance](#) and [social event descriptions](#) are also available.

colloquium.cochrane.org*

*Visit often to stay updated on Colloquium news.

The Canadian Cochrane Centre and Université Laval look forward to welcoming you in Québec City!

Click [here](#) to read the full report!

A closer look at health evidence: a list of Cochrane Reviews

Presented by the [Canadian Institutes of Health Research](#)

People of all ages and backgrounds have concerns and questions about sexual health. Why? Because sexual health is directly linked to people's overall health and happiness. There are many aspects of sexual health, including birth control, pregnancy options, sexually transmitted infection prevention and treatment, self-image, sexual orientation and health services.

As discussing sexual health has become less taboo, researchers and health professionals have begun to focus more on educating patients and preventing sexual problems before they begin. Sharing knowledge, building awareness and testing the effectiveness of existing interventions can help generate positive health outcomes.

[Click here](#) for some examples of Cochrane Reviews that highlight sexual health research.

Staying healthy in the golden years: a list of Cochrane Reviews

Presented by the Canadian Cochrane Centre and the [Canadian Institutes of Health Research](#)

For seniors, being active generates multiple health benefits, such as improved balance; reduced falls and injuries; staying independent longer; preventing heart disease, stroke, osteoporosis, type 2 diabetes, some cancers and premature death. *The Cochrane Library* contains over 5,300 Cochrane Reviews which systematically find and synthesize evidence from available research on health and health care interventions. Many of these reviews address [issues affecting the elderly](#) and present different ways of maintaining good health as older adults.

New issue of the CCC's Training and Events newsletter

Catch up on the latest Cochrane training news and see what's in store for 2013!

Click [here](#) to view in English.

Click [here](#) to view in French.

Canadian Cochrane Centre Partners Forum

The Canadian Cochrane Centre held a Partners Forum on 19 November 2012 in Ottawa. Eighteen of 25 partner organization representatives, from across Canada, attended the one-day event. Representatives were updated about Cochrane activities and resources. Several examples of activities and collaborative projects in knowledge translation and training were highlighted by partner representatives and the Canadian Cochrane Centre staff.

Click [here](#) to read more.

Peer Review Training Modules for Dietitians

The Canadian Cochrane Centre and the Dietitians of Canada have partnered to develop three peer-review training modules with the aim of getting dietitians more involved in the development of Cochrane Reviews. This is important because dietitians have a unique perspective on patient needs and the information that would be most useful to dietitians in a professional setting. The modules will help dietitians gain confidence, expertise and comfort in knowledge synthesis through peer review. They take

approximately one and a half hours to complete, and Dietitians will receive a certificate of completion upon submitting an evaluation form.

To find out more, click [here](#).

Cochrane for Practice

The effect of using pharmacists to provide services other than medicine dispensing in low- and middle-income countries

The role of a pharmacist has evolved from preparing and dispensing medication to the additional tasks of making sure patients are using the medication properly, helping solve medicine-related problems and giving patients health information. This review aims to assess the effects that pharmacist-provided services have on patient outcomes, health service utilization and costs in low- and middle-income countries. Twelve studies were included in this review, all of which took place in middle-income countries. It was found that patients with chronic illnesses who receive education and counselling from pharmacists experienced small improvements in blood pressure and blood glucose levels. Evidence suggests patients also made fewer visits to the doctor and had fewer stays in the hospital. Low-quality evidence found that patients' costs were lowered, and those who received counselling about asthma care experienced fewer asthma symptoms. Moderate-quality evidence suggests that the patients' quality of life was improved. More studies are needed to find out if these results are also applicable to low-income countries.

[The effect of pharmacist-provided non-dispensing services on patient outcomes, health service utilisation and costs in low- and middle-income countries](#)

Cochrane for Policy

Training healthcare providers to be more 'patient-centred' in clinical consultations

Patient-centred care is a healthcare delivery method that aims to put the practitioner's focus on the patient and how they are feeling, rather than the illness and its management. This is meant to improve communication between the healthcare professional and the patient. However, its impact is unclear. This review aims to evaluate how successful interventions are in promoting patient-centred care approaches to healthcare professionals. Forty-three randomized trials were included. The authors found that training health care professionals in patient-centred care was effective in clarifying patients concerns, communicating treatment options, improving levels of empathy and improving the patients' perception of the practitioner's attentiveness. The review also found that short-term training (less than 10 hours) is equally as effective as long-term. However, mixed results were found on the effect on patient satisfaction, health behaviour and health status.

[Interventions for providers to promote a patient-centred approach in clinical consultations](#)

Cochrane Library Spotlight – Issues 12 2012 and 1 & 2 2013

Cancer

Screening for prostate cancer

Prostate cancer screening, which involves diagnostic testing in the absence of any symptoms of disease, is meant to reduce mortality rates and improve the patient's quality of life. However, it has generated a lot of debate due to the varying recommendations by health organizations and policies. This

review (an update from a 2010 review) aims to determine whether screening for prostate cancer reduces mortality rates, what effect it has on quality of life and if there are any adverse effects. Five randomized controlled trials involving 341,342 participants were included. After pooling the data across all studies, no significant reduction in mortality was found. The age in which men were screened did not have an impact. Several harms due to screening were identified, such as bleeding, bruising and short-term anxiety. More major harms included overdiagnosis and overtreatment of issues such as infection, blood loss requiring transfusion, pneumonia, and erectile dysfunction. One study among men aged 55 to 69 years old reported that 1055 men would need to be screened in order to prevent one death during an average follow-up period of 11 years. None of the studies assessed the impact on quality of life.

Screening for prostate cancer

Child Health

Antibiotics for middle-ear infection (acute otitis media) in children

Middle-ear infections, also known as acute otitis media (AOM), are among the most common childhood infections. AOM can cause pain and can even lead to deafness. Antibiotics are a common form of treatment for AOM, and this review aims to assess its effectiveness in children. It was found that antibiotics did not reduce pain levels after 24 hours, and 20 children would have to be treated with antibiotics in order to reduce one child's pain after two – seven days. Antibiotics did not reduce the number of children with hearing loss, but it did reduce the number of ruptured ear drums and the risk of an infection occurring in the opposite ear. Antibiotics were most effective in children two years of age or younger. No difference was found in administering antibiotics right away or waiting a few days to see if the symptoms remain or worsen. Adverse effects included diarrhea, vomiting and rash. Based on results, using an observational approach to determine if antibiotics are needed is justified.

Antibiotics for acute otitis media in children

Home-based Care

Discharge planning from hospital to home

Discharge planning means to develop a specific plan for a patient before they are discharged from the hospital with the goal of decreasing their length of stay at the hospital, reducing the risk of readmission and improving the coordination of services after they are discharged. This review set out to find if discharge planning is effective in improving patient outcomes. Twenty-four randomized controlled trials were included, involving a total of 8098 patients. The review authors found that patients who received discharge planning had a reduced length of hospital stay, a reduced risk of readmission, and reported increased satisfaction. There was not enough evidence to determine the impact discharge planning has on mortality, health outcomes and costs.

Discharge planning from hospital to home

Public Health

Vitamin C for preventing and treating the common cold

Vitamin C is widely used as treatment for the common cold, but its effectiveness has been debated for many years. The objective of this review is to determine if Vitamin C reduces the incidence, duration or severity of the common cold. The pooled results of twenty-nine trials involving 10,708 participants of the general community found that Vitamin C had almost no effect on reducing the risk of developing a cold. However, Vitamin C was found to reduce the duration of a cold by eight per cent in adults and 14 per cent in children. The severity of the cold was also reduced. Though no evidence was found to validate Vitamin C as a preventative measure for the common cold, evidence suggests it may be worthwhile for individuals to test Vitamin C in reducing the length and severity of their cold symptoms.

Vitamin C for preventing and treating the common cold

Housing improvement as an investment to improve health

Poor housing is often associated with poor health, so this review looks at whether improving housing conditions will lead to improved health for residents. There were 39 studies included in this review. The studies covering high-income countries looked at housing improvements such as refurbishment, rehousing, relocation, installing of central heating and insulation. Studies from the developing world included the provision of latrines (toilets). Results found that housing improvements, especially heating, did improve health, particularly for those who were in poor health to begin with. Improved health may lead to reduced absences from work and school. Neighbourhood improvement programs often aim to improve the area by attracting new residents, so it is unclear if changes in health are among the original residents or if they simply reflect a change in population. Very few studies reported differential impacts related to equity issues.

Housing improvements for health and associated socio-economic outcomes

Seniors Health

Interventions for preventing falls in older people in care facilities and hospitals

Falls are common occurrences in senior care facilities and can lead to severe injuries or death due to injury. This review aims to assess the effectiveness of interventions for reducing such falls. Forty-three of the included trials occurred in care facilities, and 17 trials occurred in hospitals. Overall, 60,345 individuals participated. Results found that Vitamin D supplementation reduced the occurrence of falls, but not the risk of falling. For seniors in acute hospital wards, additional physiotherapy significantly reduced the risk of falling. Other effective interventions include vinyl flooring, rather than carpet, and an educational session by a trained research nurse targeting individual risk factors in patients at a high risk of falling. More evidence is needed to determine the effectiveness of exercise and multifactorial interventions.

Interventions for preventing falls in older people in care facilities and hospitals

Smoking Cessation

Does more support increase success amongst people using medications to quit smoking?

There are many pharmacotherapy options to help people quit smoking, such as nicotine replacement therapy, but, even then, quitting smoking can be difficult. This review aims to assess if additional behavioural support might increase success rates. Eight studies including 15,000 participants were included. The meta-analysis found that more intensive behavioural support (in person or by telephone) can increase smoking abstinence by 10 to 25 per cent. Individuals who are using pharmacotherapy to quit smoking will have a greater chance at success if they also participate in behavioural therapy.

Behavioural interventions as adjuncts to pharmacotherapy for smoking cessation

Women's Health

Effects and safety of preventive oral or iron + folic acid supplementation for women during pregnancy

Women need iron during pregnancy to maintain their health and the health of their baby. Deficiency in this nutrient may cause anemia and can lead to negative maternal and birth outcomes. The aim of this Cochrane Review is to assess the effects of iron supplementation in pregnant women. Results found that women taking iron supplements were less likely give birth to their baby at a low birth weight, and the mother had a reduced risk of anemia and iron deficiency during pregnancy. Women taking iron supplements were more likely to experience adverse effects, including higher haemoglobin

concentrations. The authors conclude that the dosage and regimen recommendations should be updated in order to reduce adverse effects from iron supplementation in pregnant women.

Daily oral iron supplementation during pregnancy

What's Ahead

Cochrane Canada Live

Les mercredis en mai/ Thursdays in June Webinar Series

Cochrane 101: an Introduction to The Cochrane Collaboration

15 May 2013, 12 - 1 PM EDT (Toronto); conducted in French

6 June 2013, 12 - 1 PM EDT (Toronto); conducted in English

The Steps of a Cochrane Review: An Overview

22 May 2013, 12 - 1 PM EDT (Toronto); conducted in French

13 June 2013, 12 - 1 PM EDT (Toronto); conducted in English

Let's Start at the Very Beginning: Getting the Question Right for Your Cochrane Review

29 May 2013, 12 - 1 PM EDT (Toronto); conducted in French

20 June 2013, 12 - 1 PM EDT (Toronto); conducted in English

For more details: ccc.cochrane.org/cochrane-canada-live-webinars

2013 Webinar Series on Using Evidence

Welcome to the Cochrane Colloquium! Tips and Tricks for Newcomers webinar

Wednesday, 14 August 2013, 12-1PM EDT (Toronto); conducted in French

Thursday, 15 August 2013, 12-1PM EDT (Toronto); conducted in English

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

Cochrane Standard Author Training

For a list of upcoming Cochrane Standard Author Training workshops, click [here](#).

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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Email cochrane@uottawa.ca to subscribe

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