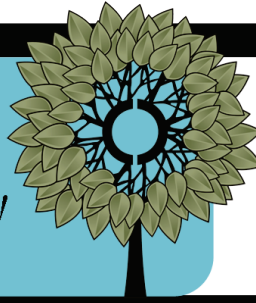


Relay Cochrane!



Canadian Cochrane Centre

< Volume 24 – August 2013 >

In the News

CMAJ highlights Cochrane20 Video Series in new article

The *CMAJ* has published an article about The Cochrane Collaboration's Cochrane20 video series on cmaj.ca. The article, titled "Cochrane Collaboration celebrates 20 years with video series," features interviews with Dr Jeremy Grimshaw, Director of the Canadian Cochrane Centre, and Richard Davies, Videographer of the Cochrane20 Video Series. Click [here](#) to read more.

2012 Impact Factor for Cochrane Database of Systematic Reviews = 5.703

The 2012 Journal Citation Report (JCR) has been released by Thomson ISI and the Impact Factor for the Cochrane Database of Systematic Reviews (CDSR) is 5.703. Click [here](#) for more information.

2013 African Cochrane Indaba proves a huge success

Participants of the second African Cochrane Indaba left the meeting feeling invigorated after the event's incredible success. The 2013 African Contributor's meeting took place from 6 – 8 May in Lagoon Beach, Cape Town, and approximately 120 people from 12 different countries were in attendance. This year's meeting was a commemoration of 15 years of the African Cochrane Centre and 20 years of The Cochrane Collaboration. Click [here](#) to read more.

Media Release: Cochrane signs up to AllTrials initiative to campaign for registration and reporting of all clinical trials

The Cochrane Collaboration has formalized its commitment to the AllTrials initiative to campaign for the registration and reporting of all clinical trials. Click [here](#) to read more.

Share your story with the Canadian Cochrane Centre

*Do you rely on The Cochrane Library for healthcare information?
Has evidence found in Cochrane Reviews influenced your healthcare decisions?*

Share your story with the Canadian Cochrane Centre!

The Canadian Cochrane Centre wants to hear how *The Cochrane Library* has helped you make healthcare decisions. All experiences are welcomed, whether you're a doctor researching the latest hypertension treatment, or a patient deciding whether or not to schedule your annual check-up. If Cochrane Review evidence has impacted your healthcare plan or made decisions about health care easier for you, let us know. Click [here](#) for more information.

COLLOQUIUM NEWS

Cochrane Colloquium 2013



Québec City, Québec, Canada
19 – 23 September 2013

Register now – Registration ends 6 September!

Workshop and meeting sign-up is now open.

colloquium.cochrane.org*

*Visit often to stay updated on Colloquium news.

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

Cochrane for Practice

Improving how antibiotics are prescribed by physicians working in hospital settings

This is an update of a review first published in 2005. Its aim is to assess the effectiveness of interventions to improve antibiotic prescribing practices within inpatient hospitals. Improving prescribing practices will help ensure effective treatment for patients, reduce unnecessary use and minimize infections caused by antibiotic-resistant bacteria. Eighty-nine trials were included in this update. The majority of the studies compared persuasive and restrictive methods. The persuasive method means to advise physicians about prescribing and provide feedback on their habits; the restrictive method means to enforce guidelines on how they prescribe, for example, by requiring approval from an infection specialist first. Results found that both methods improved prescribing and reduced the number of in-hospital infections, though restrictive methods had a larger impact. Methods can improve prescribing of antibiotics, but more studies are needed to fully assess the clinical benefits.

[Interventions to improve antibiotic prescribing practices for hospital inpatients](#)

Cochrane for Policy

Involving adults who use mental health services as providers of mental health services to others

There is a growing trend in the mental health services field to hire past or present consumers to work alongside mental health professionals. The consumer-provider's role can include peer support, coaching, advocacy and more. This review aims to assess the effects of employing past or present consumers as mental healthcare providers. Eleven studies including 2796 participants were included in this review. Results show that when comparing consumer-providers to professionals, there is very little difference in client outcomes such as symptoms, quality of life, satisfaction, etc. There was a small reduction in clients' use of crisis and emergency services when consumer-providers were involved in their care. Past or present clients who provided care spent more time face-to-face with clients and less time in the office compared to professionals. Overall, involving consumer-providers in mental healthcare services is no better or worse than with professionals alone. More high-quality studies are needed, particularly to evaluate mental health outcomes and adverse effects for clients.

[Consumer-providers of care for adult clients of statutory mental health services](#)

Cochrane Library Spotlight – Issues 3, 4 & 5 2013

Asthma

Swimming training for asthma in children and adolescents aged 18 years and younger

Asthma is the most chronic medical condition in children, and swimming is suggested to be an ideal physical activity to improve fitness and reduce asthmatic symptoms. This review aims to determine if swimming is an effective intervention for asthma in children 18 years and younger. Eight studies involving 262 participants (with asthma ranging from mild to severe) were included. Children underwent 30 – 90 minute sessions, two – three times per week over a 12-week period. Results found that swimming – compared with usual care or another activity – led to increased lung capacity as well as physical fitness. No adverse effects were found. Overall, swimming is well-tolerated among children with asthma. More research is needed with longer follow-up periods in order to determine any long-term benefits of swimming.

[Swimming training for asthma in children aged 18 years and younger](#)

Cancer

Multidimensional rehabilitation programs for adult cancer survivors

Due to improvements in cancer detection, treatment and care, there are an increasing number of patients living with or surviving cancer. Multidimensional rehabilitation programs have been developed in response to this. They offer both physical and psychosocial support to surviving cancer patients. This review aims to examine the effectiveness of these programs in improving or maintaining the physical and psychosocial well-being of cancer patients. Twelve randomized controlled trials involving 1669 participants were included in this review. Programs with a single outcome focus were more successful than those with multiple arms. Also, programs that included patients with different types of cancer compared to cancer-site specific programs had more positive improvements in physical outcomes. Face-to-face programs with at least one follow-up phone call seemed to be the most effective form of delivery. There was no evidence to suggest that programs longer than six months were more effective than those that stopped at six months.

Multidimensional rehabilitation programs for adult cancer survivors

Diabetes

Using computers to self-manage type 2 diabetes

Diabetes is one of the most common long-term medical conditions and affects nearly 347 million adults worldwide. Patient education programs can help reduce the risk of type 2 diabetes-related complications, such as strokes or heart attacks. This review aims to assess the effectiveness of computer-based diabetes self-management programs in improving health status and quality of life. Sixteen trials with 3578 participants were included in this review. The mean age of participants was 46-67. Results found that computer-based programs have a small benefit on blood sugar control, though the effect was larger when using a mobile phone intervention. Some programs lowered cholesterol slightly, but there was no effect on weight loss or depression.

Computer-based diabetes self-management interventions for adults with type 2 diabetes mellitus

Home-Based Care

Home- or community-based programs for treating malaria

Malaria is a main cause of death in Sub-Saharan Africa, particularly amongst women and children. Home- or community-based programs have been proposed as a strategy to improve access to antimalarial drugs and overcome the geographical barrier to malaria treatment. This review aims to evaluate home- and community-based strategies for the treatment of malaria. Ten studies were included, most of which involved training of basic-level health workers or mothers and provided the antimalarial drug for free or at a reduced cost. Results found that home- or community-based programs increase the number of people with fevers who receive the antimalarial drug within 24 hours, and they may also reduce death. It is not clear if they reduce the number of hospital admissions or the number of people with evidence of malaria in their blood. None of the studies reported any adverse effects of using home- or community-based programs. The use of rapid diagnostic testing instead of clinical diagnosis probably reduces the overuse of antimalarial drugs.

Home- or community-based programs for treating malaria

Mental Health

Are courses aimed at improving the way doctors and nurses communicate with patients with cancer helpful?

People with cancer experience a lot of psychological stress, which can be eased by effective communication with their healthcare professionals. However, research shows that communication skills do not improve with

experience; therefore, considerable effort has been put into communication skills training amongst healthcare professionals. This review aims to assess whether or not communication skills training is effective in improving communication between cancer patients and healthcare professionals. Fifteen studies were included, with participants made up of mainly doctors and nurses. Healthcare professionals that participated in the communication skills training were more likely to use open questions in the post-intervention interviews and show empathy towards patients. They were also less likely to present 'facts only' compared to the controlled group. There was no evidence to suggest any benefits towards patients' mental and physical health, patient satisfaction levels or quality of life. More studies are needed to determine if improvement in communication skills is sustained over time.

Communication skills training for healthcare professionals working with people who have cancer

Public Health

Modest salt reduction lowers blood pressure in all ethnic groups of all levels of blood pressure without adverse consequences

Public health recommendations in most countries suggest that a reduction in salt intake will reduce blood pressure and the risk of cardiovascular disease. This review examined 34 trials with a total of 3230 participants to assess the effectiveness of this recommendation. The review found that a reduction in salt intake for four weeks or more leads to a significant decrease in blood pressure for people with and without existing hypertension, regardless of gender or race. Though most public health recommendations suggest reducing salt intake from 9 – 12 grams/day to 5 – 6 grams/day, the authors of this review suggest that a further reduction to 3 grams/day would be even more effective in reducing blood pressure levels and the risk of cardiovascular disease.

Effect of longer-term modest salt reduction on blood pressure

Senior's Health

Withdrawal of chronic antipsychotic drugs for behavioural and psychological symptoms in older people with dementia

Senior citizens with dementia often experience behavioural problems such as agitation, aggression, hallucinations and anxiety. Antipsychotic drugs are regularly used to control these symptoms; however, long-term use of these medications can have detrimental effects on patients, such as early morbidity. This review aims to assess if older people can withdraw from the use of antipsychotic medication successfully, without the deterioration of behavioural symptoms. Nine trials with 606 participants were included in this review, and most of the participants were living in a nursing home. Evidence suggests that seniors can be withdrawn from long-term antipsychotics without detrimental effects on their behaviour. Caution is required in patients with more severe behavioural issues, as it is possible their symptoms might get worse without the medication or that they might relapse after several months. The authors of this review recommend that programs that aim to withdraw seniors from long-term antipsychotics be incorporated into routine practice, especially if the patient's behavioural issues are not severe.

Withdrawal versus continuation of chronic antipsychotic drugs for behavioural and psychological symptoms in older people with dementia

Smoking Cessation

Can programs delivered in school prevent young people from starting to smoke?

Helping young people avoid smoking is a huge public health goal, and communicating the message through schools is the most efficient way to reach the majority of youth. This review aims to assess the effectiveness of school-based interventions in helping young people avoid smoking. One hundred and thirty-four studies with 428,293 participants were included. Results found that incorporating both social competence and social

influences into programs is more effective than programs involving only information or social influence alone. Programs that last longer than one year, compared to one year or less, are most effective in preventing children from starting to smoke, with an average reduction of 12 per cent compared to the controlled group. Studies show that programs which include social competence and social influence have a slightly positive short-term effect in changing the behaviour of children who already smoke, but there was not a significant effect at the long-term follow-up. Programs led by adults may be more effective than programs led by young people.

School-based programs for preventing smoking

What's Ahead

21st Cochrane Colloquium

19-23 September 2013, Québec City, Québec

Registration closes **6 September 2013**. Visit colloquium.cochrane.org for more information on this event.

Cochrane Canada Symposium

24-25 April 2014, Ottawa, Ontario
Ottawa Marriott Hotel

Visit ccc.cochrane.org in early 2014 for more information.

Cochrane Canada Live

2013-2014 Different Evidence, Different Syntheses Webinar Series

Qualitative evidence syntheses and Cochrane Reviews

Thursday, 28 November 2013, 12-1 p.m. EST (Toronto); conducted in English

Overviews of reviews - what they are, what they aren't, and how and when to do one

Thursday, 5 December 2013, 12-1 p.m. EST (Toronto); conducted in English

Introduction to concepts in network meta-analysis

Thursday, 16 January 2014, 12-1 p.m. EST (Toronto); conducted in English

For more webinar 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.

The CCC is funded by the Canadian Institutes of Health Research.

Relay Cochrane! is published quarterly
Email cochrane@uottawa.ca to subscribe

Canadian Cochrane Centre
The Ottawa Hospital - General Campus
Ottawa Hospital Research Institute (OHRI)
Centre for Practice-Changing Research (CPCR)
501 Smyth Road, Box 711
Ottawa, Ontario, Canada K1H 8L6
ccc.cochrane.org