

Relay Cochrane!



Canadian Cochrane Centre

< Volume 25 – December 2013 >

In the News

Save the date! Cochrane Canada Annual Symposium 2014

The Canadian Cochrane Centre is pleased to invite you to the 11th Annual Cochrane Canada Symposium. The Symposium is open to policy-makers, health practitioners, researchers, students, patients/health consumers and carers, and anyone who has an interest in health. The website is now live (ccc-symposium.cochrane.org) and the Call for Abstracts is open until Thursday, 9 January 2014. Submit your [abstract](#) today!

Cochrane Canada receives CIHR Knowledge Translation Award

December 2nd marked a monumental occasion for Cochrane Canada as Dr Jeremy Grimshaw, Director of the Canadian Cochrane Centre and Co-Chair of The Cochrane Collaboration, was presented with the Canadian Institutes of Health Research (CIHR) Knowledge Translation Award. This was one of four awards bestowed during the Canadian Health Research Awards, which was hosted by His Excellency the Right Honourable David Johnston, Governor General of Canada, at Rideau Hall. Click [here](#) to read more.

Krista Connell, Canadian Cochrane Centre Advisory Board Chair, named one of Canada's Most Powerful Women

The Nova Scotia Health Research Foundation (NSHRF) is pleased to announce that Krista Connell, NSHRF CEO, was revealed as a recipient of the Women's Executive Network's (WXN) 2013 Canada's Most Powerful Women: Top 100 Awards. These Awards celebrate and highlight the professional achievements of women across the country in the private, public and not-for-profit sectors at a time when corporate Canada is under growing pressure to promote more female leaders into senior management and corporate director roles. Click [here](#) to read more.

The CCC celebrates Cochrane's 20th Anniversary with the CMAJ

The Canadian Cochrane Centre worked with the Canadian Medical Association Journal (CMAJ) to publish three articles in celebration of The Cochrane Collaboration's two decades of producing evidence-based health information.

The articles were:

[Cochrane Collaboration celebrates 20 years with video series](#) (written by Neil Chanchlani),

[The Cochrane Collaboration celebrates 20 years](#) (written by Alan Cassels), and

[New CEO transforming The Cochrane Collaboration](#) (written by Neil Chanchlani).

SYMPOSIUM NEWS

Cochrane Canada Annual Symposium 2014



20/20 Vision: Cochrane in the next decade

Ottawa, Ontario, Canada
24-25 April 2014

Submit your [abstracts](#) now!

Registration opens early January.

ccc-symposium.cochrane.org

Visit often for symposium updates.

The Canadian Cochrane Centre looks forward to welcoming you to Ottawa!

Connect with us online

Connect with the CCC using social media to get daily updates on recent healthcare news and to interact with Cochrane Canada's online community!



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Furthermore, a commentary piece titled, [The Cochrane Collaboration 20 years in](#), written by Jeremy Grimshaw, Jonathan Craig, David Tovey and Mark Wilson, was also published by the CMAJ.

Canadian Cochrane Centre Welcomes New Advisory Board Members

The Canadian Cochrane Centre would like to take a moment to introduce you to three new members of our Advisory Board. We are pleased to welcome Timothy Caulfield, Alberta; Heather Davidson, British Columbia; and Christine Fitzgerald, Ontario. Each of these professionals bring different experiences and skill sets to the Board, along with an informed regional perspective.

We are looking forward to working with them and the rest of our Advisory Board as we endeavour to fulfill our vision and mission. Click [here](#) to read more.

New Cochrane Branch in Québec City

The Université Laval Faculty of Medicine, in partnership with the CHU de Québec, is launching a new Cochrane Branch of the Canadian Cochrane Centre. The new Branch will give Québec's health research community access to Cochrane resources as well as training programs and services to increase the use, production and dissemination of systematic reviews of the highest international standard. The Branch will be co-directed by Drs France Légaré and Paul Fortin. Drs Légaré and Fortin teach at the Université Laval Faculty of Medicine and are researchers at the CHU de Québec. Click [here](#) to read more.

Watch the 24th and final video in the Anniversary Video Series, focusing on opportunities and challenges for The Cochrane Collaboration

Cochrane contributors look forward to opportunities and challenges for the future of the organization in the 24th and final installment of the Cochrane20 Video Series.

<http://ccnc.cochrane.org/news/watch-24th-and-final-video-anniversary-video-series-focusing-opportunities-and-challenges-cochr>

Cochrane for Practice

Computerized advice on drug dosage to improve prescribing practice

Physicians often prescribe drugs that will only work at certain dosages. Calculating the correct dosage can be complicated and time-consuming, so computer programs have been developed to assist doctors in calculating the optimum dosage. Significant improvements in health outcomes could be achieved if computer advice proved to be effective and was implemented into routine practice. This review aims to assess whether computerized advice on drug dosage has beneficial effects on patient outcomes compared to routine care. This is the second update of a review published in 2001. Forty-two trials were included, with a wide range of drugs in inpatient and outpatient settings. Results found that when using the computer assistance program, doctors prescribed appropriately higher dosages of the drugs, and the correct dosage was reached more quickly. Blood clotting events were significantly reduced, and the length of hospital stay was also reduced when compared with routine care. Computerized advice proved comparable or better cost-effectiveness.

Though computer assistance programs appear to be beneficial, more studies are needed as the quality of evidence was low.

[Computerized advice on drug dosage to improve prescribing practice](#)

Cochrane for Policy

Smoking cessation programs to help adolescents stop smoking

This is an update of a 2006 Cochrane Review to evaluate the effectiveness of strategies to help young people quit smoking. Twenty-eight trials involving approximately 6000 young people were included. The majority of studies used some form of motivational enhancement paired with cognitive behavioural therapy, and others used a behaviour change model known as the transtheoretical model (assesses an individual's readiness to act on a new healthier behaviour and provides strategies to guide the individual through the stages of change). The trials based on transtheoretical interventions achieved moderate long-term success, and motivational enhancement interventions did as well. Cognitive behavioural interventions did not achieve statistically significant results. Medications such as nicotine replacement were not found to be effective in adolescents and some adverse events were reported. More evidence is needed before the likely success and costs of these programs can be accurately estimated. [Tobacco cessation interventions for young people](#)

Cochrane Library Spotlight – Issues 8, 9, 10 & 11 2013

Alternative Therapy

Can music interventions replace sedatives for reduction of preoperative anxieties?

Patients awaiting surgery often experience anxiety, which can lead to complications in the recovery process. Sedatives and anti-anxiety drugs are often administered before surgery, but these can also have adverse effects. More attention is now being paid to alternative therapies like music therapy. This review compares the effects of music interventions with standard care for reducing anxiety in preoperative patients. Twenty-six trials with 2051 participants were included in this review. Music listening proved to be more effective than standard care in reducing preoperative anxiety by 5.72 units as measured by the State-Trait Anxiety Inventory (STAI-S). Music also had a positive effect on heart rate and diastolic blood pressure. No adverse effects were found. Most trials presented weak methodologies, so results should be interpreted with caution. [Music interventions for preoperative anxieties](#)

Cancer

Opioids for the management of breakthrough pain in cancer patients

People living with cancer often experience breakthrough pain, which is sudden or brief pain that occurs despite taking regular doses of pain medication. This review aims to assess the effectiveness of opioids (administered either orally or nasally) for the treatment of breakthrough pain in cancer patients. This is an update of a review from 2006. The original review included four studies, and fifteen studies were added in this update. They looked at opioids compared with a placebo and morphine. Patients taking opioids reported lower

pain intensity and high pain relief scores at all time points. The authors conclude that both oral and nasal opioids, as well as intravenous, are safe and effective in relieving breakthrough pain. More trials, including comparisons of the different kinds of opioids available, are required given the importance of this subject.
[Opioids for the management of breakthrough pain in Cancer patients](#)

Child Health

Simple treatments for bedwetting in Children

Bedwetting (nocturnal enuresis) affects around 20 per cent of five-year-olds and can have a negative impact on a child's self-esteem and psychosocial wellbeing. This review aims to assess the effectiveness of simple behavioural interventions, such as reward systems, waking the child at night to urinate, retention control training and fluid restriction, for the treatment of nocturnal enuresis. The review also aims to compare simple behavioural interventions with no intervention, drug therapy or enuresis alarm therapy (a special moisture censor placed in the child's pajamas that triggers an alarm to go off at the start of urination). Sixteen trials were included, involving 1643 children, 865 of whom received a simple behavioural intervention. Results found that simple behavioural interventions are better than nothing but are not as effective as enuresis alarm therapy or some medications (e.g. imipramine and amitriptyline). On the other hand, simple interventions have no side effects or safety concerns. It did not appear that one simple behavioural intervention was better than another.

[Simple behavioural interventions for nocturnal enuresis in children](#)

Diabetes

Negative pressure wound therapy for treating foot wounds in people with diabetes mellitus

Many people with diabetes mellitus experience high blood glucose concentrations, which can lead to foot ulcers. These wounds can take a long time to heal and can sometimes result in amputation. Negative wound therapy can be used to treat foot ulcers, which involves applying suction to a wound. This review aims to assess the effects of negative wound therapy compared to standard care. Five studies with 605 people were included. One study was conducted on people with post-amputation wounds, and it was found that significantly more people healed with negative wound therapy than with moist wound dressings. The same outcome was found in people with debrided foot ulcers. Though there is some evidence to suggest that negative wound therapy is more effective than moist wound dressings in the treatment of foot wounds, there are risks of bias in the original studies and caution is required in their interpretation.

[Negative pressure wound therapy for treating foot wounds in people with diabetes mellitus](#)

Mental Health

Exercise for depression

Depression is commonly treated with antidepressants or psychological therapy, but some people prefer alternative approaches, such as exercise. This review aims to compare the effectiveness of exercise with no treatment or a comparative intervention for the treatment of depression. Thirty-nine trials with 2326 participants were included in this review. Results showed that compared to no treatment, exercise had a moderate clinical effect on treating depression. Exercise was also found to improve participants' mood after long-term follow-up. When exercise was compared with

psychological and pharmacological treatment, no significant difference was found. Further research is needed to identify what types of exercise are most beneficial, as well as the number and duration of sessions which are of most benefit.

Exercise for depression

Public Health

Mediterranean diet for the prevention of cardiovascular disease

In the 1960's, a study was conducted across seven countries which showed the risk of cardiovascular disease was noticeably lower in Mediterranean countries compared to European and North American countries, most likely as a result of a different dietary pattern. This review aims to assess the effect that the Mediterranean diet has on the prevention of cardiovascular disease. Eleven trials involving 52,044 randomized participants were included in this review. In order for studies to be included they had to have at least two of the following components:

- high monounsaturated/saturated fat ratio
- low to moderate red wine consumption
- high consumption of legumes
- high consumption of grains and cereals
- high consumption of fruits and vegetables
- low consumption of meat and meat products and increased consumption of fish
- moderate consumption of milk and dairy products

The studies were very different, so it was not possible to combine all of the outcomes. In the studies that were possible, it was found that the Mediterranean diet does have some favourable effects on cardiovascular risk factors. Small reductions were found in cholesterol and harmful low-density lipoprotein (LDL) cholesterol concentrations. The reductions in total cholesterol were greater in the studies that described themselves as providing a Mediterranean diet compared to those not described as such. More studies are needed to determine which interventions work best in different populations.

'Mediterranean' dietary pattern for the primary prevention of cardiovascular disease

Remote and web 2.0 interventions for promoting physical activity

An insufficient amount of physical activity can lead to an increased risk of chronic disease and physical and mental problems. The majority of adults are not as active as they should be. This review aims to assess whether or not remote or web 2.0 interventions (self-directed interventions using technologies) are effective in promoting physical activity amongst adults. Eleven studies with a total of 5862 healthy adults were included in this study. The effects of remote and web 2.0 interventions on cardiovascular fitness and self-reported physical activity were positive after a one-year follow-up. The most effective interventions were tailored to a specific physical activity and were paired with personal support via telephone. There was no increase in adverse effects and the risk of bias was low. The type of professional delivering the intervention made no difference (e.g. health professional, exercise specialist). More studies with at least one follow-up are needed.

Remote and web 2.0 interventions for promoting physical activity

Smoking Cessation

Psychosocial interventions for supporting women to stop smoking in pregnancy

Smoking tobacco during pregnancy can increase the risk of complications during pregnancy and the risks of preterm labour, low birth weight and still birth. Smoking during pregnancy is especially associated with poverty and is highly common in low- and middle-income countries. This review aims to assess the effects of smoking cessation interventions during pregnancy on smoking behaviour and perinatal outcomes. Eighty-six trials with a total of 29,000 participants were included in this review. Incentive-based interventions seemed to be the most effective in smoking cessation during pregnancy, as well as counselling paired with other interventions, such as feedback interventions. Increasing the frequency and length of the intervention did not appear to improve effectiveness, and there did not appear to be any adverse effects of psychosocial interventions. The authors conclude that psychosocial interventions can increase the number of women who stop smoking during pregnancy as well as decrease the number of preterm births.

[Psychosocial interventions for supporting women to stop smoking during pregnancy](#)

Women's Health

Continuous support for women during childbirth

Historically, women have been attended and supported by other women during labour and birth. However, in many countries this is no longer the case. More women are giving birth in hospitals instead of at home, subjecting themselves to institutional routines which can have adverse effects on the progress of labour. This review analyzes the effects of continuous one-on-one support compared to routine care. Twenty-two trials involving 15,288 were included in this review. Women with continuous support were more likely to have a spontaneous birth, meaning without caesarean, vacuum or forceps. They were also less likely to use pain medications, were more satisfied and had slightly shorter labours. No adverse effects were found. It is recommended that all women have continuous support during labour. This can be from a hospital staff, women from outside the hospital who have no personal relationship with the labouring woman, or by companions from her social network.

[Continuous support for women during childbirth](#)

What's Ahead

Cochrane Canada Symposium 2014

The 11th Annual Cochrane Canada Symposium is taking place at the Ottawa Marriott Hotel from 24-25 April 2014. The theme of this year's Symposium is *20/20 Vision: Cochrane in the next decade*. The Symposium is open to policy-makers, health practitioners, researchers, students, patients/consumers, caregivers, and anyone who has an interest in evidence-based health care.

Click [here](#) for more information.

Cochrane Canada Live

2013 Different Evidence, Different Synthesis Series

Introduction to concepts in network meta-analysis

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

An introduction to rapid reviews

Thursday, 30 January 2014, 12-1 p.m. EST (Toronto), conducted in English

Click [here](#) for more information.

2014 Cochrane 101 Series

Cochrane 101: An Introduction to The Cochrane Collaboration

Thursday, 20 March 2014, 12-1 p.m. EST (Toronto); conducted in English

The Steps of a Cochrane Review: An Overview

Thursday, 27 March 2014, 12-1 p.m. EST (Toronto); conducted in English

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

Thursday, 3 April 2014, 12-1 p.m. EST (Toronto); conducted in English

Registration for this series will open in January 2014. Click [here](#) for more information.

Consumer webinar series: Finding, understanding and using high-quality healthcare evidence

Navigating the healthcare information jungle: Locating and understanding quality healthcare information to inform healthcare decisions

Wednesday, 29 January 2014, 12-1PM EST (Toronto); conducted in English

Using Cochrane Reviews in real life

Thursday, 6 February 2014, 12-1PM EST (Toronto), conducted in English

Consumer-led knowledge translation: leveraging patient experience and networks to disseminate Cochrane Reviews

Wednesday, 12 February 2014, 12-1PM EST (Toronto); conducted in English

More information on this webinar series will be available in early January 2014.

The Canadian Cochrane Centre is one of 14 independent, not-for-profit Cochrane Centres worldwide. Over 3000 people in Canada contribute to The Cochrane Collaboration and Cochrane Systematic Reviews.

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Email lmcgovern@ohri.ca to subscribe

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