Relay Cochrane!

Canadian Cochrane Centre

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In the News

Canadian Cochrane Centre says goodbye to Executive Director

Mary Ellen Schaafsma has moved on after more than eight years as Executive Director of the Canadian Cochrane Centre. Her last day with the Centre was 5 September. She leaves us to rejoin her family in Vancouver, British Columbia, as a Director with the United Way. Replacing Mary Ellen is Chris McCutcheon, who will focus on the funding aspect for the Centre, while Jordi Pardo Pardo will oversee day-to-day business. Jordi can be contacted for questions and/or concerns regarding the Centre at jpardo@ohri.ca. Visit our website for an update on all our staff changes.

CCC's Director, Jeremy Grimshaw, honoured for innovative work in clinical practice guidelines

Canadian Cochrane Centre Director, and Co-Chair of The Cochrane Collaboration's Steering Group, Dr Jeremy Grimshaw, has been awarded the "Najoua Mlika-Cabanne Award for Innovation" by the Guidelines International Network (GIN) based in Perthshire, Scotland.

GIN helps its global healthcare members create high quality clinical practice guidelines that foster safe and effective patient care. The Najoua Mlika-Cabanne Award for Innovation is named in recognition of the former Deputy Head of the Guidelines Department at the Haute Autorité de Santé (French National Authority for Health) who was also a Trustee of the Guidelines International Network. The award recognizes Dr Grimshaw's ongoing work in the methodology, development, and implementation of clinical practice guidelines.

Dr Grimshaw was the founding Methodological Advisor to the Scottish Intercollegiate Guidelines Network, and conducted a series of systematic reviews of guideline dissemination and implementation strategies that has been cited more than 3500 times. The Najoua Mlika-Cabanne Award for Innovation is decided by an Award Committee comprised of guideline experts selected by a Board of Trustees.

The Cochrane Library's impact is on the rise

The impact factor for the Cochrane Database of Systematic Reviews (CDSR) is 5.939 according to the 2013 Journal Citation Report (JCR) released by Thomson ISI. This is an increase on the 2012 impact factor of 5.785. Some highlights of the 2013 impact factor include:

- the CDSR is ranked 10 of the 150 journals in the Medicine, General & Internal category
- the total number of times the CDSR was cited increased from 34,230 in 2012 to 39,856, meaning the CDSR receives the

SYMPOSIUM NEWS

Cochrane Canada Annual Symposium 2015

Reaching new heights, measuring success

Calgary, Alberta, Canada
21-22 May 2015

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6th highest number of citations in its category

- the five-year impact factor is 6.706, an increase on 6.553 last year
- the total number of citable items (new and updated reviews) included in the 2013 impact factor calculation was 1660
- the average number of citable items included in the 2013 impact factor of the other journals in the top 10 of the Medicine, General & Internal category was 370.

More information can be found here.

Cochrane for Practice

Therapeutic touch for healing acute wounds
Therapeutic Touch (TT) is an alternative therapy that has gained popularity over the past two decades for helping wounds heal. Practitioners enter a meditative state and pass their hands above the patient's body to find and correct imbalances in the patient's 'life energy' or chi. Scientific instruments have been unable to detect this energy. The effect of TT on wound healing has been explained in anecdotal publications. No new trials were identified for this update. Four trials in people with experimental wounds were included. The effect of TT on wound healing in these studies was variable. Two trials demonstrated a significant increase in healing associated with TT, while one trial found significantly worse healing after TT and the other found no significant difference. All trials are at high risk of bias and there is no robust evidence that TT promotes healing of acute wounds.
Therapeutic touch therapy for healing acute wounds

Medications to prevent post-traumatic stress disorder (PTSD): A review of the evidence
Post-traumatic stress disorder (PTSD) is a debilitating disorder which, after a sufficient delay, may be diagnosed amongst individuals who respond with intense fear, helplessness or horror to traumatic events. There is some evidence that the use of pharmacological interventions immediately after exposure to trauma may reduce the risk of developing of PTSD. In four trials with 165 participants there was moderate quality evidence for the efficacy of hydrocortisone in preventing the onset of PTSD, indicating that between seven and 13 patients would need to be treated with this agent in order to prevent the onset of PTSD in one patient. There was low quality evidence for preventing the onset of PTSD in three trials with 118 participants treated with propranolol. Drop-outs due to treatment-emergent side effects, where reported, were low for all of the agents tested. Three of the four RCTs of hydrocortisone reported that medication was more effective than placebo in reducing PTSD symptoms after a median of 4.5 months after the event. None of the single trials of escitalopram, temazepam and gabapentin demonstrated evidence that medication was superior to placebo in preventing the onset of PTSD.There is moderate quality evidence for the efficacy of hydrocortisone for the prevention of PTSD development in adults. We found no evidence to support the efficacy of propranolol, escitalopram, temazepam and gabapentin in preventing PTSD onset. The findings, however, are based on a few small studies with multiple limitations. Further research is necessary in order to determine the efficacy of pharmacotherapy in preventing PTSD and to identify potential moderators of treatment effect.
Pharmacological interventions for preventing post-traumatic stress disorder

Cochrane for Policy

The effectiveness of community interventions to promote condom use in the prevention of HIV and sexually transmitted infections

Community interventions to promote condom use are considered valuable tools to reduce the transmission of human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs). In particular, special emphasis has been placed on implementing such interventions through structural changes, a concept that implies public health actions that aim to improve society's health through modifications in the context wherein health-related risk behavior takes place. This strategy attempts to increase condom use and in turn lower the transmission of HIV and other STIs. There is no clear evidence that structural interventions at the community level to increase condom use prevent the transmission of HIV and other STIs. However, this conclusion should be interpreted with caution since our results have wide confidence intervals and the results for prevalence may be affected by attrition bias. In addition, it was not possible to find RCTs in which extended changes to policies were conducted and the results only apply to general populations in developing nations, particularly to Sub-Saharan Africa, a region which in turn is widely diverse.

Structural and community-level interventions for increasing condom use to prevent the transmission of HIV and other sexually transmitted infections

Physician anaesthetists versus nurse anaesthetists for surgical patients

With increasing demand for surgery, pressure on healthcare providers to reduce costs, and a predicted shortfall in the number of medically qualified anaesthetists it is important to consider whether non-physician anaesthetists (NPAs), who do not have a medical qualification, are able to provide equivalent anaesthetic services to medically qualified anaesthesia providers. No definitive statement can be made about the possible superiority of one type of anaesthesia care over another. The complexity of perioperative care, the low intrinsic rate of complications relating directly to anaesthesia, and the potential confounding effects within the studies reviewed, all of which were non-randomized, make it impossible to provide a definitive answer to the review question.

Physician anesthetists versus non-physician providers of anaesthesia for surgical patients

Cochrane Library Spotlight: July – September 2014

Alternative Therapy

Aspirin as an additional treatment for giant cell arteritis

Giant cell arteritis (GCA) is a condition where inflammation destroys the wall of arterial blood vessels usually seen in the head. GCA affects people over the age of 50 and is more common as people get older. Early on people feel tired and unwell; they have loss of appetite and can lose weight. Most people then develop a new headache, which can make it uncomfortable to touch their hair and scalp. Some people find chewing food uncomfortable. GCA can cause sudden blindness in one or both eyes. Other rare complications include double vision and life-threatening aneurysms and stroke. The review authors searched the medical evidence for low-dose aspirin used as an additional

treatment to corticosteroids in GCA. The purpose was to investigate whether aspirin helps reduce the risk of blindness and other life-threatening complications. The authors also wanted to know whether aspirin causes an increase in side effects, particularly stomach bleeds, when used together with corticosteroids. At the present time there is not enough data to make a comment on whether aspirin is of benefit in GCA. More research is needed.
Aspirin as adjunctive treatment for giant cell arteritis

Asthma

Asthma drugs suppress growth

Corticosteroid drugs given by inhalers to children with asthma may suppress their growth, evidence suggests. Two new systematic reviews published in *The Cochrane Library* focus on the effects of inhaled corticosteroid drugs (ICS) on growth rates. The authors found children's growth slowed in the first year of treatment, although the effects were minimized by using lower doses. Inhaled corticosteroids are prescribed as first-line treatments for adults and children with persistent asthma. They are the most effective drugs for controlling asthma and clearly reduce asthma deaths, hospital visits and the number and severity of exacerbations, and improve quality of life. Yet, their potential effect on children's growth is a source of worry for parents and doctors.

The first systematic review focused on 25 trials involving 8471 children up to 18 years old with mild to moderate persistent asthma. These trials tested all available inhaled corticosteroids except triamcinolone and showed that, as a group, they suppressed growth rates when compared to placebos or non-steroidal drugs. Fourteen of the trials, involving 5717 children, reported growth over a year. The average growth rate, which was around 6-9 cm per year in control groups, was reduced by about 0.5 cm in treatment groups. In the second review, the same authors, working with two others, reviewed data from 22 trials in which children were treated with low or medium doses of inhaled corticosteroids. These trials tested different doses of all drugs except triamcinolone and flunisolide. Only three trials followed 728 children for a year or more, with one of these trials testing three different dosing regimens. In the three trials, using lower doses of the inhaled corticosteroids, by about one puff per day, improved growth by a quarter of a centimetre at one year.
Inhaled corticosteroids in children with persistent asthma: effects on growth
Inhaled corticosteroids in children with persistent asthma: dose-response effects on growth

Mental Health

Efficacy and experiences of telephone counselling for informal carers of people with dementia

Caring for a person with dementia often has a negative impact on an informal carer's mental and physical health and social life. Therefore, these informal carers should be offered support. They are usually family members and care for the person with dementia at home. Eliciting a person's concerns, listening, and providing support, information, or teaching in response to a person's stated concerns, over the telephone. The aim of this review was to investigate whether telephone counselling is an effective way of reducing symptoms of depression and other stresses in the carers of people with dementia. We also investigated which aspects of telephone counselling the people who received it thought could be improved. Analysis of both sets of results, i.e. efficacy compared with information about carers' experiences of telephone counselling, revealed needs that so far have

not been met by telephone counselling. The studies that examined the experience aspect covered a very limited range of telephone counselling. The results of this review should be interpreted with caution due to the small number of included studies and their moderate quality.
Efficacy and experiences of telephone counselling for informal carers of people with dementia

Senior's Health

Exercise for people with high cardiovascular risk

Individuals with more than one cardiovascular risk factor, such as hypertension, high cholesterol, or smoking, are more likely to present with cardiovascular disease. While exercise has been proven to be effective in controlling individual risk factors, the evidence for its effect on multiple risks remains uncertain. We included four studies, with 823 participants in total, comparing exercise for increased-risk individuals against control or no treatment. Follow-up of patients ranged from 16 weeks to six months. No study assessed cardiovascular or all-cause mortality, or cardiovascular events as individual outcomes. One or more of the studies reported on total cardiovascular risk, low-density lipoprotein (LDL) and high-density lipoprotein (HDL) cholesterol, blood pressure, body mass index, exercise capacity, and health-related quality of life, but the results did not provide conclusive evidence of the effects of exercise in this population. The included studies did not assess smoking cessation or any adverse effects of the exercise intervention. We conclude that the evidence to date is entirely limited to small studies in terms of sample size, short-term follow-up, and high-risk of methodological bias, which makes it difficult to derive any conclusions on the efficacy or safety of the exercise carried out in the included trials on total cardiovascular risk, mortality, or cardiovascular events. It is necessary to conduct high-quality clinical trials that evaluate the effect of exercise on people with increased cardiovascular risk.
Exercise for people with high cardiovascular risk

Women's Health

Cervical stitch for preventing preterm birth in women with a multiple pregnancy

Carrying more than one baby increases a woman's risk of delivering preterm. The risks increase with the number of babies being carried. Babies born prematurely are more likely to experience poor outcomes including serious ill health and death. Cervical cerclage is a surgical procedure carried out during pregnancy to try to prevent preterm birth by limiting shortening and opening of the cervix. It is performed by placing suture material around the cervix, which is accessed either by the vagina or through the mother's abdomen. The effectiveness and safety of this procedure for multiple gestations remains uncertain. The likelihood of spontaneous preterm birth can be assessed by looking at the mother's obstetric history, a physical examination, or transvaginal ultrasound examination in the second trimester. When cerclage was compared with no cerclage in women with multiple gestations, there was no difference in perinatal deaths or neonatal ill health, or preterm birth rates. However, the number of women included in the five studies was insufficient to provide meaningful conclusions. The long-term effect of cerclage on neurodevelopmental outcomes in the surviving infants and maternal infection and side-effects could not be estimated. It was therefore unclear if cerclage for women with multiple pregnancies puts the health of either the mothers or the infants at risk in any way.
Cervical stich (cerclage) for preventing preterm birth in multiple pregnancy

What's Ahead

Cochrane Canada Symposium 2015

The 12th Annual Cochrane Canada Symposium is taking place at the University of Calgary from 21-22 May 2015. The theme of this year's Symposium is "Reaching new heights, measuring success". 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!

Beginning in October 2014, the Canadian Cochrane Centre will partner with the Cochrane Policy Liaison Office to host a series of monthly webinars on topics related to health care policies. Register now!

Health Systems Evidence
October 23, 2014 | 12:00 - 1:00 pm
Presented by Dr Kaelan Moat
More information here

Rapid response program
November 20, 2014 | 12:00 - 1:00 pm
Presented by Dr Mike Wilson
More information here

Stakeholder dialogues
January 21, 2015 | 12:00 - 1:00 pm
Presented by Dr John Lavis
More information here

Citizen panels
February 23, 2015 | 12:00 - 1:00 pm
Presented by Dr Francois-Pierre Gauvin
More information here

Health Systems Learning educational program
March 18, 2015 | 12:00 - 1:00 pm
Presented by Dr Kaelan Moat
More information here

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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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