Relay Cochrane!

Canadian Cochrane Centre

< Volume 28 – December 2014>

In the News

Quebec branch welcomes new coordinator

The Canadian Cochrane Centre is pleased to announce the addition of Hervé Tchala Vignon Zomahoun, as Coordinator at the Quebec Branch. Hervé holds a Bachelor's degree in medical imaging techniques, a Master's degree in epidemiology, and is currently finishing a PhD program in Pharmaco-epidemiology at Laval University. In addition to his strong background in epidemiology, pharmaco-epidemiology and biostatistics, Hervé has undergone author's training in Cochrane systematic reviews and has a certificate on best practices in project management. Hervé spent four years learning medical imaging techniques in clinical and hospital settings. He has designed and conducted two Systematic reviews. Hervé was awarded a scholarship of the *Programme canadien des bourses de la Francophonie* in 2008, and won the Award of Excellence in Pharmaco-epidemiology Research, Faculty of Pharmacy, Laval University in 2011 and 2013.

Winners – "What's Your Story" Competition

We would like to thank everyone who participated in our "What's Your Story" competition in which we asked individuals to submit a story describing how a Cochrane review inspired or helped them. We received over 80 submissions from all over the country detailing inspirational and moving stories. While it was difficult to select only three winners, our panel of judges proved up to the task. We thank our judging committee (Dr Marie-Dominique Beaulieu, David Coulombe, Pauline Dakin and Tim Murphy) who offered their time and expertise in choosing the competition winners. We asked Canadians from coast to coast to coast to share how Cochrane Reviews helped them make clinical, personal, and policy-related decisions. We certainly weren't disappointed with the caliber of submissions received. We've heard how Cochrane evidence has helped students with medical school research, how it inspired better practices for elderly care, and how it led to career growth for researchers, among so many other positive outcomes. We would now like to share these stories with you.

1st Place Winner: Denise Harrison, Nurse, Ottawa, Ontario. Her story "Cochrane Review sparked research program aimed at reducing pain in infants and children".

2nd Place Winner: Suzanne Tedrick, Nurse, Shawnigan Lake, British Columbia. Her story: "Nurse Advocates for herself, thanks to Cochrane"

3rd Place Winner: Marilyn Walsh, Caregiver, consumer/patient, peer reviewer, patient advocate, Hamilton, Ontario. Her story: "Cochrane Review supports effectiveness of unpleasant procedure"

Read more about our winners and feature stories here.

SYMPOSIUM NEWS

Cochrane Canada Annual Symposium 2015

Reaching New Heights, Measuring Success

Calgary, Alberta, Canada
21-22 May 2015

Get your abstracts ready now!

Registration opens early January.

Visit often for updates on Symposium news.

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

Connect with us online

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

Like us on Facebook

Follow us on Twitter

Cochrane for Policy

Strategies for expanding health insurance coverage in vulnerable populations

Governments in many countries offer healthcare services at low rates or free of charge to all their citizens, often paying for these services through taxes. However, in many developing countries and some developed countries this is not the case. In these countries, many people get their healthcare expenses covered through government health insurance programmes, which are often paid for through membership fees. But certain groups of people, such as children, the elderly, women, people with low incomes, people living in rural areas, racial and ethnic minorities, immigrants, and people with chronic diseases or disabilities, are less likely to be members of these programmes even though they are more likely to have health problems.

Both studies in this review took place in the USA and were aimed at uninsured children. In the first study, case managers contacted the families of uninsured Latin American children, gave them information about health insurance, helped them apply, and helped them appeal when a wrong decision was made. In the second study, insurance application forms were handed out to the families of children visiting hospital emergency departments. In both studies, these families were compared to families who were not given additional information or support. The studies showed the following:

People who are offered health insurance information and application support:

- are probably more likely to enrol their children into health insurance programmes (moderate quality evidence);
- are probably more likely to continue insuring their children (moderate quality evidence);
- may be quicker at getting insurance (low quality evidence);
- may be more satisfied with the process of enrolment (low quality evidence).

People who are given insurance application forms in the emergency departments of hospitals:

- may be more likely to enrol their children into health insurance programmes (low quality evidence).

No unwanted effects were reported in the studies. A possible unwanted effect might be that people could experience the information and support as annoying or unhelpful. However, in the one study that measured the parents' satisfaction, people were more satisfied when given information and support.

Strategies for expanding health insurance coverage in vulnerable populations

Cochrane Library Spotlight: October – December 2014

Alternative Therapy

Exercise for vasomotor menopausal symptoms

Studies suggest that a high proportion of menopausal women will experience hot flushes and night sweats. Hormone therapy is

considered to be the most effective treatment for symptoms. However, studies have reported that hormone therapies are potentially associated with some negative health effects; many women are now choosing not to use these and are looking for alternatives. Therefore, it is increasingly important to identify lifestyle modifications that may help to reduce the frequency and severity of hot flushes and night sweats. Review authors from The Cochrane Collaboration examined the evidence, which is current to March 2014. Five studies randomly assigned 762 women experiencing hot flushes/night sweats. Three trials and two trials, respectively, were included in pooled comparisons of exercise versus control (n = 454 women) and exercise versus yoga (n = 279 women). One small study (14 women) compared exercise versus hormone therapy. When exercise was compared with no intervention, no evidence was found of any difference in their effect on hot flushes. One small study suggested that HT is more effective than exercise. Evidence was insufficient to show whether exercise was more effective than yoga. None of the trials found any evidence of differences between groups with respect to adverse effects, but data were very scanty.

Exercise for vasomotor menopausal symptoms

Asthma

Interventions for managing asthma in pregnancy

Asthma is the most common disorder of the respiratory system in pregnancy, affecting up to one in eight women. During pregnancy asthma can improve, worsen or remain unchanged. Poorly controlled asthma may lead to complications for mothers including pre-eclampsia (high blood pressure and protein in the urine), gestational diabetes (high blood glucose) and caesarean birth; complications for babies may include death, preterm birth (before 37 weeks of pregnancy) and being born low birth weight. Maintaining adequate control of asthma during pregnancy, including effective management and prevention of exacerbations, is the goal of management. In pregnancy, women may be concerned about risks of taking medications, and their health professionals may be uncertain about best management strategies.

This review aimed to assess how effective and safe different interventions are for managing asthma during pregnancy. There were eight randomised controlled trials involving 1181 women and their babies. The trials were of moderate quality overall. Five trials assessed medications. Inhaled magnesium sulphate helped to reduce further exacerbations for women with acute asthma, and helped to improve their lung function (one trial of unclear quality, 60 women). For ongoing therapy for pregnant women with stable asthma, the effect of inhaled corticosteroids on asthma exacerbations was not clear (two trials, 155 women; but data only analysed from one trial, 60 women); no difference was seen in the chance of exacerbations when inhaled corticosteroids were compared with oral theophylline, however more women receiving theophylline stopped treatment because of side effects (one trial, 385 women). Three trials assessed non-drug interventions. Adjusting women's asthma medications according to how much nitric oxide they exhaled (their fraction of exhaled nitric oxide (FENO)) was shown to reduce exacerbations and improve their quality of life (one trial, 220 women). Progressive muscle relaxation improved women's lung function and quality of life (one trial, 64 women), and asthma management led by a pharmacist helped to improve asthma control (one trial, 60 women).

Interventions for managing asthma in pregnancy

Diabetes

Laser photocoagulation for proliferative diabetic retinopathy

Diabetic retinopathy (DR) is a common problem for people with diabetes and can lead to loss of vision. The back of the eye (retina) can develop problems because of diabetes, including the growth of harmful new blood vessels (proliferative DR, referred to here as 'PDR'). Laser photocoagulation is a commonly used treatment for DR in which the eye doctor uses a laser on the back of the eye to stop some of the harmful changes. Five studies were found. The searches were done in April 2014. Three studies were done in the USA, one study in the UK and one study in Japan. A total of 4786 people (9503 eyes) were included in these studies. Most participants had PDR. It was discovered that moderate vision loss at 12 months was similar in eyes treated with laser and eyes that were not treated, but similar assessments made at a later date showed that eyes treated with laser were less likely to have suffered moderate vision loss. Treatment with laser reduced the risk of severe visual loss by over 50% at 12 months. There was a similar effect on the progression of DR. None of the studies reported patient-relevant outcomes such as pain or loss of driving license.

Laser photocoagulation for proliferative diabetic retinopathy

Mental Health

Psychological, social and welfare interventions for psychological health and well-being of torture survivors

Torture is a widespread problem that can cause lasting and severe physical, psychological, social and welfare problems for survivors. Treatment is offered by various agencies: some provide support in diverse settings from refugee camps to high-income countries; others support survivors in countries where current or recent repression or armed conflict is known. Resources for these services are scarce, so it is important that they are used to greatest effect to improve the well-being of torture survivors. Nine RCTs were included in this review. All were of psychological interventions; none provided social or welfare interventions. The nine trials provided data for 507 adults; none involved children or adolescents. Eight of the nine studies described individual treatment, and one discussed group treatment. Six trials were conducted in Europe, and three in different African countries. Most people were refugees in their thirties and forties; most met the criteria for post-traumatic stress disorder (PTSD) at the outset. Four trials used narrative exposure therapy (NET), one cognitive-behavioural therapy (CBT) and the other four used mixed methods for trauma symptoms, one of which included reconciliation methods. Five interventions were compared with active controls, such as psycho education; four used treatment as usual or waiting list/no treatment; we analysed all control conditions together. Duration of therapy varied from one hour to longer than 20 hours with a median of around 12 to 15 hours. All trials reported effects on distress and on PTSD, and two reported on quality of life. Five studies followed up participants for at least six months.

No immediate benefits of psychological therapy were noted in comparison with controls in terms of our primary outcome of distress (usually depression), nor for PTSD symptoms, PTSD caseness, or quality of life. No measures of adverse events were described, nor of participation, social functioning, quantity of social or family relationships, proxy measures by third parties or satisfaction with treatment. Too few studies were identified for review authors to attempt sensitivity analyses.

Psychological, social and welfare interventions for psychological health and well-being of torture survivors

Pharmacological interventions for somatoform disorders in adults

Around 6 in 100 people are affected by long-term physical symptoms that have no clear medical cause (somatoform disorders). Symptoms can include pain, digestive problems, sexual or menstrual problems, breathing problems, and symptoms that mimic brain or nerve damage such as memory loss or sensory problems. Somatoform disorders often cause considerable distress and mean that people spend a lot of time consulting doctors and health professionals to try to find the cause of their symptoms and the correct treatment.

Guidelines for the treatment of somatoform disorders recommend that people receive talking therapies alongside medication. In current practice many people are treated 'off label' with medications that are intended for the treatment of anxiety, depression, and other mental health problems. However, it is unclear why medications such as antidepressants help to reduce the severity of medically unexplained physical symptoms.

Databases were searched to find all studies of medication for somatoform disorders published until January 2014. To be included in the review, studies had to compare medication with either placebo, usual treatment, another medication, or a combination of medication and include adults with a clear diagnosis of somatoform disorders. Included were 26 studies in the review with 2159 participants aged between 18 and 77 years. Although 26 studies were identified, each comparison only contained a few studies and a relatively small number of participants and so the findings must be interpreted with caution. The quality of current research was rated as low or very low and the risks of bias were high in many of the studies.

There was not sufficient evidence in order to make a statement about the efficacy of tricyclic antidepressants for the treatment of somatoform disorders. New-generation antidepressants were moderately effective treatments for physical symptoms, anxiety, and depression in somatoform disorders. There was no difference found between the effectiveness of tricyclic antidepressants and new-generation antidepressants for the treatment of physical symptoms. There was some evidence that a combination of antidepressants and antipsychotics was more effective than antidepressants alone. Natural products, such as St. John's wort, significantly reduced the severity of physical symptoms compared with placebo. High numbers of people dropped out of treatment due to side effects or lack of effects with antidepressant medication, and low numbers dropped out with natural products.

Pharmacological interventions for somatoform disorders in adults

Public Health

Interventions aimed at communities to inform and/or educate about early childhood vaccination

Researchers in The Cochrane Collaboration conducted a review of the effect of informing or educating members of the community about early childhood vaccination. After searching for all relevant studies, they found two studies, published in 2007 and 2009. Childhood vaccinations can prevent illness and death, but many children do not get vaccinated. There are a number of reasons for this. One reason may be that families lack knowledge about the diseases that vaccines can prevent, how vaccinations work, or how, where or when to get their children vaccinated. People may also have concerns (or may be misinformed) about the benefits and harms of different vaccines.

Giving people information or education so that they can make informed decisions about their health is an important part of all health systems. Vaccine information and education aims to increase people's knowledge of and change their attitudes to vaccines and the diseases

that these vaccines can prevent. Vaccine information or education is often given face-to-face to individual parents, for instance during home visits or at the clinic. Another Cochrane Review assessed the impact of this sort of information. But this information can also be given to larger groups in the community, for instance at public meetings and women's clubs, through television or radio programmes, or through posters and leaflets. In this review, we have looked at information or education that targeted whole communities rather than individual parents or caregivers.
The review found two studies. The first study took place in India. Here, families, teachers, children and village leaders were encouraged to attend information meetings where they were given information about childhood vaccination and could ask questions. Posters and leaflets were also distributed in the community. The second study was from Pakistan. Here, people who were considered to be trusted in the community were invited to meetings where they discussed the current rates of vaccine coverage in their community and the costs and benefits of childhood vaccination. They were also asked to develop local action plans, to share the information they had been given and continue the discussions with households in their communities.
The studies showed that community-based information or education:

- may improve knowledge of vaccines or vaccine-preventable diseases;
- probably increases the number of children who get vaccinated (both the study in India and the study in Pakistan showed that there is probably an increase in the number of vaccinated children);
- may make little or no difference to the involvement of mothers in decision-making about vaccination;
- may change attitudes in favour of vaccination among parents with young children;

Interventions aimed at communications to educate/inform about early childhood vaccination

Workplace Health

Non-pharmacological interventions for preventing job loss in workers with inflammatory arthritis

Inflammatory arthritis (IA), also called rheumatism, is a group of diseases that cause long-lasting pain, stiffness and swelling in the joints. These symptoms make it difficult to move and make you feel tired, which in turn can make it difficult to work. The most common types of IA are: rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis. Worldwide about 3% of people have IA. The disease usually begins when people are between 30 to 40 years old, at a time when they still have many years of working life left. Therefore, it is important to know if there are effective ways in which we can help people with IA stay at work. This Cochrane Review focused on non-drug interventions. Available literature was searched up to 30 April 2014. Included were three randomised controlled trials with 414 participants who had IA and who were at risk of losing their jobs. These trials first evaluated how the work environment could be adapted and then provided counseling, advice or education for work problems. One trial gave two 1.5-hour sessions over five months. Another trial gave two consultation and multidisciplinary treatments during three months. The third trial gave six to eight individual or group sessions over six months. The included trials compared the effects of interventions to usual care (two trials) or to written information only

(one trial). Two of the included trials measured the effect of the intervention on job loss (382 participants) when the third measured effect on work absenteeism and work functioning (32 participants). When considered together, the evidence from the three trials was of very low quality. Two trials found different results on job loss measured at two years' follow-up: one trial on job counseling found a large reduction in people who lost their job and the other trial found similar effects in both groups. Another trial did not find a considerable effect on absenteeism at six months' follow-up but found a moderate improvement in work functioning. Because of positive results from one RCT with long term follow-up, we see potential for job loss prevention interventions in helping workers with inflammatory arthritis to stay at work. The certainty of these results is limited by the very low quality evidence of the three RCTs overall.
Non-pharmacological interventions for preventing job loss in workers with inflammatory arthritis

What's Ahead

Cochrane Canada Symposium 2015 – Call for Abstracts!

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". Information on abstract submission is now available. Please visit our website for more information. 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.

Cochrane Canada Live!

The Canadian Cochrane Centre has partnered with the Cochrane Policy Liaison Office to host a series of monthly webinars on topics related to health care policies. Register now!

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

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

Health Systems Learning Educational Program
18 March 2015 | 12:00 - 1:00pm EST
Presented by Dr Kaelan Moat
More information here

Relay Cochrane! is published quarterly
Email alimarshall@ohri.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