

Relay Cochrane!



Canadian Cochrane Centre

< Volume 22 – November 2012 >

In the News

Canadian Cochrane Centre Partners Forum

The Canadian Cochrane Centre (CCC) 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 CCC staff.

Read more [here](#).

Increasing Dietitians' Role in Knowledge Synthesis and Use: Peer Review Training Modules

Nutrition is currently a hot topic amongst Cochrane Review users, which is demonstrated in the CCC's [Where's the Evidence? A list of top 10 Cochrane Reviews](#) (completed in partnership with the Canadian Institutes of Health Research), in which six out of the 10 reviews are related to nutrition. Despite the incidence of nutrition-related reviews found in *The Cochrane Library*, few dietitians participate in the Cochrane peer-review process . . . [more](#).

Health Systems Evidence Announcement

A newly enhanced version of Health Systems Evidence has been launched that gives policy-makers, stakeholders and researchers access to more comprehensive evidence on how to strengthen or reform health systems. The service now contains complete inventories of economic evaluations of health system reforms published since 2007, descriptions of health systems around the world, and descriptions of health system reforms. These inventories complement the existing comprehensive inventories of six types of documents related to governance, financial and delivery arrangements in health systems and implementation strategies within health systems. The enhancements to the service were unveiled during a session at the Second Global Symposium on Health Systems Research held in Beijing, China 31 October to 3 November. Health Systems Evidence, the world's most comprehensive free access point to syntheses of research evidence about governance, financial and delivery arrangements within health systems, now contains more than 5,000 documents, and has 3,500 registered users from more than 100 countries. For more details on the launch, click [here](#).

Evidence-Based Child Health: A Cochrane Review Journal now indexed by MEDLINE

The Cochrane Child Health Field's main product, Evidence-Based Child Health: A Cochrane Review Journal, is now globally accessible after being selected for indexing in MEDLINE in October 2012. MEDLINE is the primary component of PubMed and the premiere bibliographic database of the US National Library of Medicine. Indexing in MEDLINE is an opportunity for

COLLOQUIUM NEWS

Cochrane Colloquium 2013

Québec City, Québec, Canada
19 – 23 September 2013

The Cochrane Colloquium website is now live!

Visit often for important information and Colloquium 2013 updates.

colloquium.cochrane.org

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

Important Dates:

Call for abstracts opens 25 February 2012

Cochrane Colloquium 2012

The Canadian Cochrane Centre visited Auckland, New Zealand from 29 September – 3 October 2012 for the Collaboration's 20th Cochrane Colloquium.

Videos of the Plenary sessions can be watched [here](#).

Posters can be viewed [here](#).

Evidence-Based Child Health to increase readership, attract potential authors and, thus, develop the success and sustainability of the journal . . . [more](#).

New Interactive Map: *The Cochrane Library* Global Data Usage

The Cochrane Library has developed an interactive world map displaying all countries with access to the *Library*. When you click on a selected country, data such as rank, percentage of full-text downloads and the country's most downloaded Cochrane Reviews is displayed. Canada ranks number four with 4.33 per cent of the *Library*'s full-text downloads. Canada's top Cochrane Review is listed as [Statins for the primary prevention of cardiovascular disease](#).

To explore the map, click [here](#).

Jimmy Volmink: shaping the evidence base in South Africa

The Lancet has published an article featuring Jimmy Volmink, Director of the South African Cochrane Centre, and his contributions to the development of evidence-based health care in South Africa. Volmink is Dean of the Faculty of Medicine and Health Sciences at Stellenbosch University and is a recognized leader in his efforts to improve the country's health and social challenges.

To read the article, click [here](#).

Cochrane Researchers Identify Method to Reduce Incidences of Wrong-Site Surgery

Wrong-site surgery is a rare but possibly disastrous clinical error that can have substantial consequences for patients and health care providers. Wrong-site surgery occurs when a procedure is undertaken on the wrong body part, the wrong patient or when the wrong procedure is performed. It includes both surgical and non-surgical invasive procedures, such as dermatological, obstetric and dental procedures, and emergency surgical procedures not undertaken within the operating theatre.

Cochrane researchers have undertaken the task of identifying and evaluating interventions which may reduce wrong-site surgery. . .

To read the article, click [here](#).

Cochrane Canada Symposium 2012: The consumer perspective

In May 2012, Cochrane Canada hosted its annual Symposium in Winnipeg, Manitoba. The Canadian Cochrane Centre provided stipends to consumers to give them the opportunity to attend the Symposium, and three of those consumers have written an in-depth article on their experience. Sheila Kerr, Colleen Maloney and Nadia Prestley are members of the Consumer Advisory Board for the [Arthritis Research Centre of Canada](#). Their article discusses topics ranging from health equity to social media and provides an informative description of the Symposium through the consumer lens.

To read the article, click [here](#).

Cochrane for Practice

Printed educational materials: effects on professional practice and healthcare outcomes

Printed educational materials are widely disseminated through peer-reviewed journals, monographs and clinical guidelines in attempts to improve the practice of healthcare professionals and patient outcomes. The authors of this review examined 45 studies to determine if printed educational materials are actually effective. The review found that, compared to no interventions, printed educational materials have a small beneficial effect on the practice of

healthcare professionals, though there was not enough evidence to comment on its effect on patient outcomes. More research is needed to determine whether printed or digital educational materials would be more effective and if source, content and format can impact the effect on the practice of healthcare professionals and patient outcomes.

[Printed educational materials: effects on professional practice and healthcare outcomes](#)

Cochrane for Policy

Interventions to improve the use of findings from systematic reviews

Utilizing evidence found in systematic reviews when making healthcare decisions is sometimes difficult for health system managers, policy-makers and healthcare professionals, for example, due to difficulties adapting the evidence so that it is locally relevant. This review aims to identify the most effective interventions for increasing the use of systematic review evidence in health care practice. Eight studies were included in this review, though the overall quality of the studies was low to moderate. It was found that a summary of systematic review evidence, for example, in the form of a bulletin, may improve evidence based-practice if it has one clear message and is targeted and disseminated to the relevant healthcare professionals. If the aim is to raise awareness of healthcare evidence and develop skills for its implementation, then a multi-faceted intervention might be needed, but there are not enough studies to evaluate this approach.

[Interventions to improve the use of systematic reviews in decision-making by health system managers, policy-makers and clinicians](#)

Cochrane Library Spotlight – Issues 9, 10 & 11 2012

Alternative Therapy

Immunotherapy for preventing allergic reactions to insect stings

At least one in 200 people suffer from severe allergic reactions to a sting from insects such as bees, wasps and ants. One method of treatment to prevent further allergic reactions is venom immunotherapy, which involves injecting insect venom into the body. This review aims to assess the safety and effectiveness of this treatment. Authors identified seven trials with a total of 392 participants. Results showed that venom immunotherapy reduced the chance of having a severe allergic reaction to an insect sting by 90 per cent. Quality of life was also significantly improved for participants, because the treatment reduced anxiety and the limitation of activities caused by fear of being stung. However, nearly one in 10 people who were treated with venom immunotherapy experienced an allergic reaction to the treatment. The use of venom immunotherapy should depend on careful and accurate assessment of the person's risk of having another allergic reaction to a sting, the severity to which their allergy affects their quality of life and their risk of having an allergic reaction to the treatment.

[Venom immunotherapy for preventing allergic reactions to insect stings](#)

Cancer

The effect of exercise on fatigue associated with cancer

Fatigue is a common symptom associated with cancer and its treatment. Exercise, both during and after treatment, may be effective in reducing tiredness in cancer patients. This is an update of a Cochrane Review published in 2008, Issue 1. Twenty-eight studies from the original search and 28 studies from a new search were included in this review, with a total of 4068 participants. A meta-analysis of all the studies found that exercise is statistically more effective than no exercise in reducing fatigue in people with cancer, both during and after treatment. These benefits were observed specifically for people with breast cancer and prostate cancer as opposed to

hematological cancers. It was also found that aerobic exercises were most effective rather than resistance training and alternative forms of exercise.
Exercise for the management of cancer-related fatigue in adults

Home-based Care

Services for reducing duration of hospital care for acute stroke patients

Stroke patients usually spend the majority of their rehabilitation in the hospital, but services have been developed to allow patients early discharge from the hospital with rehabilitation at home. These services are usually provided by a team of people, including therapists, nurses and doctors. This review looks at the effects and costs of early supported discharge (ESD) compared to usual care. Fourteen trials were included in this analysis, which totaled to 1957 participants. Overall, ESD significantly reduced the length in hospital stay by approximately seven days, and patients who received at-home services were more likely to regain their independence in daily living activities. No significant adverse effects were reported among the patients or their carers. ESD seems to be most effective in patients with less severe strokes.

Services for reducing duration of hospital care for acute stroke patients

Public Health

General health checks for reducing illness and mortality

General health checks are quite common in health care with the purpose of preventing disease or identifying it early enough to increase chances of survival. The authors of this review aim to assess the benefits and harms of general health checks and the impact they have on morbidity and mortality. Sixteen trials were included in this study involving 182,880 participants. No effect was found on the risk of illness, risk of death or on the risk of death due to cardiovascular disease or cancer. However, there was an increase in diagnosis of high blood pressure, high cholesterol and chronic disease, and an increase in people using drugs for high blood pressure. It was found that general health checks did not affect hospital admissions, disability, worry, additional visits to the physician or absence from work, though these outcomes were poorly studied. Considering the large number of participants, long follow-up periods, and no effect on cardiovascular and cancer mortality, general health checks are unlikely to be beneficial.

General health checks for reducing illness and mortality

Preoperative physical therapy for elective cardiac surgery patients

Physical therapy is a routine procedure after cardiac surgery with the intention of preventing postoperative pulmonary complications. It's possible that physical therapy *prior* to cardiac surgery may also be beneficial in reducing the risk of postoperative complications, and this review aims to evaluate which type of patients will benefit and which type of physical therapy is most effective. Eight studies with a total of 856 participants were included. It was found that patients who participated in physical therapy, especially inspiratory muscle training, before cardiac surgery had a reduced risk of postoperative pulmonary complications such as atelectasis and pneumonia, as well as a reduced length in hospital stay. However, the intervention had no effect on pneumothorax, the need for mechanical ventilation (up to 48 hours after surgery) or postoperative deaths. No adverse events were found in studies that reported on them, and none of the studies reported on the cost of physical therapy.

Preoperative physical therapy for elective cardiac surgery patients

Mental Health

Collaborative care for people with depression and anxiety

Depression and anxiety are common mental health problems among adults. A model of care called collaborative care is used for people with chronic disease, and review authors aim to measure its effectiveness on patients with anxiety and depression. Collaborative care involves a team of people working together to provide care, usually including a case manager, a medical doctor and a psychiatrist. This review looked at 79 trials involving 34,308 participants. Results demonstrated a significant improvement in short-, medium- and long-term depression outcomes when using the collaborative care model, though the very long-term did not have significant benefits. Anxiety was also significantly improved in participants, though the very long-term was not measured. It was found that along with anxiety and depression, collaborative care also improved medication use, mental quality of life and patient satisfaction. Overall, collaborative care is a useful addition to clinical care in patients with anxiety and depression.

[Collaborative care for people with depression and anxiety](#)

Seniors Health

Vaccines for preventing herpes zoster in older adults

Herpes Zoster, also known as shingles, is caused by the reactivation of the varicella zoster virus (VZV), which is also responsible for chicken pox. VZV can remain dormant inside the body for many years and reactivate when a person's immunity declines, for example, due to ageing. Shingles is extremely painful and can last anywhere from several weeks to several months. Vaccination can activate T cell production and prevent VZV reactivation. This review aims to assess the effects and safeness of vaccination among older adults. Eight randomized controlled trials involving 52,269 participants were identified. Results found that people who received the vaccination were less likely to develop shingles than those who received the placebo, and there was a greater benefit in people ages 60 - 69 compared to people 70+. However, side effects were also more common in the younger age group. The vaccine should be tested with lower concentrations of VZV to optimize the viral load used in each dose.

[Vaccines for preventing herpes zoster in older adults](#)

Smoking Cessation

Does a combination of smoking cessation medication and behavioural support help smokers stop?

Behavioral support and pharmacotherapies (e.g. nicotine patches or gum) are both known to be effective in smoking cessation, and it is recommended to combine the two treatments when possible. This review aims to measure the effectiveness when different combinations, settings and populations are used. Forty-one studies with more than 20,000 participants met the inclusion criteria. It was found that a combination of behavioural therapy and pharmacotherapy can increase the chances of a person successfully quitting smoking by 70 to 100 per cent. The combination of treatments was more effective than if the patient only received brief advice or less intensive behavioural support. These conclusions are unlikely to be changed with further trials.

[Combined pharmacotherapy and behavioural interventions for smoking cessation](#)

Women's Health

Pain relief for women with pre-cancerous changes of the cervix (cervical intraepithelial neoplasia (CIN)) undergoing outpatient treatment

Women with pre-cancerous lesions on the cervix are often treated in an outpatient colposcopy clinic with a procedure that involves lifting the cells off the cervix with a heated wire or laser, or destroying the cells with freezing methods. This can be extremely painful, and the aim of this review is to

assess whether the administration of pain relief actually reduces pain during and after the procedure. The authors included 17 studies involving 1567 women in this review. Most guidelines recommend taking oral pain-relieving drugs (e.g. ibuprofen) before the procedure, though the review found no difference in pain-relief compared to a placebo. The most effective pain-reliever seems to be injecting the cervix with a local anesthetic drug along with a vasoconstrictor, which causes blood vessels to constrict, resulting in less blood loss. More studies are needed to confirm these findings, as the evidence found is of low to moderate quality.

[Pain relief for women with cervical intraepithelial neoplasia undergoing colposcopy treatment](#)

What's Ahead

Cochrane Canada Live 2012 Webinar Series

Reporting Guidelines for Equity-Focused Systematic Reviews - Equity-Extension of the PRISMA Statement

11 December 2012, 1200 EST (1 hour)

2013 Webinar Series on Using Evidence

Decision Aids and their Uses: Chiropractic Applications

Wednesday, 16 January 2013, 12PM EST (Toronto), one hour

Supporting Evidence-Informed Policymaking: the Role of Health Systems Evidence, Stakeholder Dialogues and Other Initiatives

Wednesday, 23 January 2013, 12PM EST (Toronto), one hour

Evidence-Based Health Reporting

Wednesday, 30 January 2013, 12PM EST (Toronto), one hour

Soutenir l'élaboration de politiques publiques informées par des données probantes: Le rôle de Health Systems Evidence, des dialogues avec les parties prenantes et autres initiatives

Wednesday, 6 February 2013, 12PM EST (Toronto), one hour **(In French)**

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.

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