COCHRANE
PRIMARY HEALTH
CARE FIELD

September 2012

News

New CEO Cochrane Collaboration

The Steering Group is delighted to announce the appointment of Mark Wilson as the new Chief Executive Officer of The Cochrane Collaboration. Mark joins the Collaboration with leadership experience in international humanitarian and development organisations, including the International Federation of the Red Cross and Red Crescent Societies, where he became Chef de Cabinet and the organisation's Head of Planning. Previously he had been Head of Delegation in Mozambique, and managed the Federation's humanitarian operations in the Balkans during the Kosovo War, from 1998-9.

Mark is currently Executive Director of Panos London, part of a global network of institutes that aims to ensure information is effectively used to foster public debate, pluralism and democracy, focussing particularly on development of the media and information and communication technologies in lower income countries. He is a member of the Royal Institute of International Affairs and the International Institute for Strategic Studies. He holds Masters degrees in International Politics, Soviet and East European Studies, Management, and Journalism. As a former journalist in London and Hong Kong, and Communications Director of the Swiss-based Business Council for Sustainable Development, he is an experienced commentator on economics, business and politics.

Of his appointment, Mark says, "The Cochrane Collaboration is a recognised leader in its field with a global reputation for the quality and integrity of its work in promoting evidence-based health care. I am thrilled to be given this opportunity to lead the Collaboration and to work with staff and volunteers around the world in building on the organisation's dynamic growth over nearly two decades, and expanding its influence and impact in future."

Central American and Spanish Caribbean Branch of the Iberoamerican Cochrane Centre

We are delighted to announce that the Central American and Spanish Caribbean Branch of the Iberoamerican Cochrane Centre (established in June 2009, and based in Costa Rica) has been registered by the Monitoring and Registration Committee (MaRC). This new Branch joins with the already registered Andean and Southern American Branches. The Central American and Spanish Caribbean Branch will cover the following countries: Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua and Panama. In addition, we would like to congratulate its Convenor, Mario Tristan on the hard work he has undertaken to establish this Branch, and wish him all the best when working together in the coming years.

Name change for the 'Cochrane Qualitative Research Methods Group'

An official name change for the 'Cochrane Qualitative Research Methods Group' into 'Cochrane Qualitative and Implementation Methods Group' has recently been approved by the steering group. The new name better describes the current activity and focus of the Cochrane Qualitative Research Methods Group, and position of the Collaboration to support an expressed need to address implementation issues in Cochrane reviews. In this context, we conceptualise process evaluations as being key to understanding how an intervention is implemented and the critical success factors to implementation, and acknowledge the importance of qualitative research that sheds light on the surrounding context in terms of consistency of implementation (and tailoring of implementation). The group has established cross-links with the 'Campbell Process Implementation Methods Group' through joined conveners.

Multilingual database of health evidence
Epistemonikos database, released in 9 languages Epistemonikos (www.epistemonikos.org), is a multilingual (English, Spanish, Portuguese, French, Italian, German, Dutch, Arabic and Chinese), collaborative and free database of health evidence.
Epistemonikos provides a user-friendly, multilingual search interface and runs searches in multiple databases. In order to connect different types of evidence, check accuracy (e.g. if a review is 'systematic'), extract additional information, and translate titles and abstracts. It now includes over 20.000 systematic reviews, and more than 100.000 records (many of them not indexed in PubMed). New records are added every day.
About Epistemonikos (http://www.epistemonikos.org/en/about_us/)
and at How it works (http://www.epistemonikos.org/en/how_it_works/)

Events

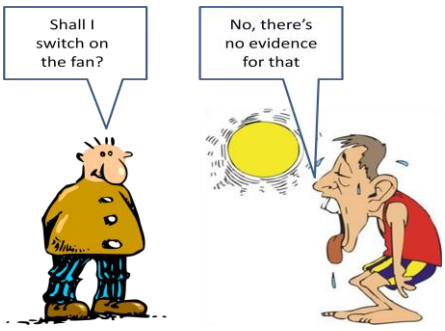
Cochrane Colloquium scientific programme finalised
The Scientific Programme has now been finalised for the upcoming Cochrane Colloquium, Auckland, September 30th - October 3rd. Please take a moment to read about the international speakers included in plenaries and symposia. Please visit our website http://colloquium.cochrane.org/ to view the in-depth programme, including 49 workshops and 68 oral presentations covering all aspects of evidence synthesis from novice to expert. Additionally, there are three pre-Colloquium one day workshops. Two of these are hosted by international groups GRADE and GIN. The third is hosted by Richard Smith (Director of the United Health Chronic Initiative and former editor of the BMJ and CEO of the BMJ Publishing Group) on "How to get published in high impact journals". These workshops can be attended in isolation for a fee or will be complimentary as part of the Colloquium registration. Please visit the website for more information
http://colloquium.cochrane.org/scientific-programme/pre-colloquium-events

Workshop - Understanding, using and grading the evidence from diagnostic studies
This course is aimed at health care professionals, policy and decision makers, guideline developers and any person dealing with diagnostic studies in settings such as clinical medicine, health care management and insurances. It will introduce participants to the concepts of diagnostic studies (as compared to therapeutic studies) and to systematic reviews of diagnostic test accuracy using the Cochrane Collaboration's methodology. The GRADE framework will be a second topic. Participants will learn how to assess the quality of the evidence from a diagnostic study in order to establish evidence-based recommendations.
Information, provisional programme and registration form available at www.swiss.cochrane.org/
Note the registration deadline is 15 September 2012.
Date: 29-30 October 2012
Location: Lucerne, Switzerland

Interesting new reviews

The following recently published Cochrane reviews have been selected for your interest.

Electric fans for reducing adverse health impacts in heatwaves



Nicotine vaccines for smoking cessation

Garlic for the prevention of cardiovascular morbidity and mortality in hypertensive patients

Interesting new titles

The following titles have been registered with the Cochrane Collaboration. This means that at this moment the protocol is being written. If you feel that this topic is of special importance and that you want to be of assistance in some way (e.g., peer review protocol, give advice etc.) please contact us at info@cochraneprimarycare.org

- **Water precautions for preventing complications following grommet insertion**
- **Sling exercise therapy for chronic low-back pain**
- **Interventions for informing or educating communities regarding early childhood vaccination**
- **Non-pharmacological management interventions for COPD: an overview of Cochrane systematic reviews**

P.E.A.R.L.S.

practical evidence about real life situations

The New Zealand Guideline Group fund the Cochrane Primary Care Field to produce the P.E.A.R.L.S. (click here for the websitelink)

Access http://www.cochraneprimarycare.org/ to view the PEARLS online.

The actual Cochrane abstracts for the P.E.A.R.L.S are at

No. 278 Interventions for preoperative smoking cessation effective

No. 279 Vaccines effective for prevention of rotavirus diarrhea - no update available

No. 280 Circuit class therapy improves mobility after stroke

No. 281 Insufficient evidence for the benefits of influenza vaccines in the elderly

No. 282 No evidence for benefit of oxygen in acute myocardial infarction Clinical question How effective is routine inhaled oxygen therapy for patients with acute myocardial infarction (AMI)?

No. 283 Nasal saline irrigation may be beneficial for acute upper respiratory tract infections

Abstracts

Interventions for preoperative smoking cessation effective

Clinical question	How effective are preoperative interventions on smoking cessation at the time of surgery and 12 months postoperatively, and on the incidence of postoperative complications?
Bottom line	Based on indirect comparisons and evidence from 2 small trials, interventions that begin 4 to 8 weeks before surgery and which include weekly counselling, and nicotine replacement therapy, are more likely than standard care to have an impact on complications and on long-term smoking cessation. None of the studies reported any adverse effects of preoperative smoking intervention.
Caveat	This review included 8 studies addressing smoking cessation but only 5 of them addressed postoperative complications. Six trials testing brief interventions increased smoking cessation at the time of surgery, but failed to detect a statistically significant effect on postoperative morbidity. The optimal preoperative intervention intensity remains unknown.
Context	Smokers have a substantially increased risk of postoperative complications. Preoperative smoking intervention may be effective in decreasing this incidence, and surgery may constitute a unique opportunity for smoking cessation interventions.
Cochrane Systematic Review	Thomsen T et al. Interventions for preoperative smoking cessation. *Cochrane Reviews*, 2010, Issue 7. Article No. CD002294. DOI: 10.1002/14651858.CD002294.Pub3. This review contains 8 studies involving 1156 participants.
Pearls No. *278, August 2010, written by Brian R McAvoy*	

Circuit class therapy improves mobility after stroke

Clinical question	How effective is circuit class therapy for improving mobility in adults with stroke?
Bottom line	Circuit class therapy was more effective in improving people's ability to walk further, longer or faster and to balance more easily and confidently when compared with other types of exercise. Circuit class therapy can be implemented in the post-acute and chronic stages for people with moderate stroke severity. Intensity can vary from daily to three times weekly for four weeks or more to achieve benefits. There is evidence it can reduce length of stay in the inpatient setting. There were no increased risks of falling related to participating in circuit classes
Caveat	While evidence is strong for the effectiveness of circuit class therapy for improving mobility in people later after stroke who are able to walk independently, the evidence for circuit class therapy for people early after stroke is less clear
Context	Stroke is a major cause of increased dependence for survivors in many activities of daily life, including the ability to walk and negotiate usual environments. Circuit class therapy offers a supervised group forum for people after stroke to practise tasks, enabling increased practice time, without increasing staffing.
Cochrane Systematic Review	English C and Hillier SL. Circuit class therapy for improving mobility after stroke. Cochrane Reviews, 2010, Issue 7. Article No. CD007513. DOI: 10.1002/14651858.CD007513.pub2. This review contains 6 studies involving 292 participants.
Pearls No. 280, August 2010, written by Brian R McAvoy	

Insufficient evidence for the benefits of influenza vaccines in the elderly

Clinical question	How effective are vaccines in preventing influenza, influenza-like illness, hospital admissions, complications and mortality in the elderly (65 years or older)?
Bottom line	There was insufficient evidence for the efficacy or effectiveness of influenza vaccines for elderly people, irrespective of setting, outcome, population and study design. Trivalent inactivated vaccines were the most commonly used influenza vaccines. The public health safety profile of the vaccines appeared to be acceptable. Until such time as the role of vaccines for preventing influenza in the elderly is clarified, more comprehensive and effective strategies for the control of acute respiratory infections should be implemented. These should rely on several preventive interventions that take into account the multi-agent nature of influenza-like illness and its context (such as personal hygiene, provision of electricity and adequate food, water and sanitation).
Caveat	The results were mostly based on non-experimental (observational) studies, which were at greater risk of bias, as not many good quality trials were available (only one randomised controlled trial). Studies done in residents of care homes often indicate the inevitably improvised nature of efforts to study the effect of vaccination during an epidemic. The resident population is usually more homogeneous than that in the community: older, with similar viral exposure and risk levels.
Context	Influenza vaccination of elderly individuals is recommended worldwide, as people aged 65 and older are at a higher risk of complications, hospitalisations and deaths from influenza. In the year 2000, 40 out of 51 high-income or middle-income countries recommended vaccination for all persons aged 60 or 65 or older.1
Cochrane Systematic Review	Jefferson T et al. Vaccines for preventing influenza in the elderly. Cochrane Reviews, 2010, Issue 2. Article No. CD004876. DOI: 10.1002/14651858.CD004876.pub3. This review contains 75 studies involving over 2.45 million participants.
Pearls No. 281, September 2010, written by Brian R McAvoy	

[References] 1. van Essen GA. *Vaccine* 2003;21:1780Ð5.

No evidence for benefit of oxygen in acute myocardial infarction Clinical question How effective is routine inhaled oxygen therapy for patients with acute myocardial infarction (AMI)?

Clinical question	How effective is routine inhaled oxygen therapy for patients with acute myocardial infarction (AMI)?
Bottom line	There is no conclusive evidence from randomised controlled trials to support the routine use of inhaled oxygen in patients with AMI. There was no difference in analgesic use between the oxygen group and the air groups (room air breathed naturally or via a face mask). Of those who died, nearly 3 times as many people known to have been given oxygen died compared with those known to have been given air.
Caveat	The evidence in this area is sparse, of poor quality and predates advances in reperfusion techniques and trial methods. The evidence available suggests harm but lacks power, so these results could be

	due to chance
Context	Oxygen is widely recommended for patients with AMI yet a narrative review has suggested it may do more harm than good. Other systematic reviews have also concluded there is insufficient evidence to know whether oxygen reduced, increased or had no effect on the heart, ischaemia or infarct size.
Cochrane Systematic Review	Cabelo JB et al. Oxygen therapy for acute myocardial infarction. Cochrane Reviews, 2010, Issue 6. Article No. CD007160. DOI: 10.1002/14651858.CD007160.pub2 This review contains 3 studies involving 387 participants.
Pearls No. 282, October 2010, written by Brian R McAvoy	

Nasal saline irrigation may be beneficial for acute upper respiratory tract infections

Clinical question	How effective is nasal saline irrigation in treating the symptoms of acute upper respiratory tract infections (URTIs)?
Bottom line	Nasal saline irrigation is a safe treatment that may be of some benefit for some patients. Most results showed no difference between nasal saline treatment and control. In adults, 1 study showed a mean difference of 0.3 day (out of 8 days) for symptom resolution, but this was not significant. Nasal saline irrigation was associated with less time off work in 1 study, and there was a trend towards less antibiotic use. Minor discomfort was not uncommon, and 40% of infants did not tolerate nasal saline drops.
Caveat	The existing evidence is too limited to recommend nasal saline irrigation as a standard intervention. Included trials were too small and had too high a risk of bias to be confident about the possible benefits of nasal saline irrigation in acute URTIs.
Context	URTIs, including the common cold and rhinosinusitis, are common afflictions that cause discomfort and debilitation, and contribute significantly to workplace absenteeism. Treatment is generally by antipyretic and mucolytic drugs, and often antibiotics, even though most infections are viral. Nasal saline irrigation is often employed as an adjunct treatment for chronic or allergic sinusitis, but little is known about its effect on acute URTIs.
Cochrane Systematic Review	Kassell JC et al. Saline nasal irrigation for acute upper respiratory tract infections. Cochrane Reviews, 2010, Issue 3. Article No. CD006821. DOI: 10.1002/14651858.CD006821.pub2. This review contains 3 studies involving 618 participants.
Pearls No. 283, October 2010, written by Brian R McAvoy	

Colophon

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