



9 May 2012

News

New review authors needed for Cochrane protocol

We are looking for new review authors for the Cochrane protocol [Screening for type 2 diabetes mellitus](#). The current authors are lacking the time to write the review but are willing to stay involved in the review process for advice. If you are interested to contribute to this review please contact us (info@cochraneprimarycare.org)

Auckland Colloquium, 30 Sep - 3 Oct 2012 , Stipends application now open.

A limited number of stipends to cover travel, accommodation and registration to attend the Colloquium are available for contributors to The Cochrane Collaboration who are consumers or residents of developing countries. Detailed information on criteria and how to apply can be found on <http://colloquium.cochrane.org/colloquium-stipends>.

Deadline for submitting applications is Thursday 31 May 2012.

For any queries please contact Juliane Ried at consumerstipends@cochrane.org or dcstipends@cochrane.org.

Auckland Colloquium 2012 - Abstract and Workshop deadlines.

the annual colloquium for the Cochrane Collaboration will take place, on the 30th of September- 3rd October, in Auckland New Zealand, 2012. It is the first time that this event has been held in New Zealand. Please take note of the following deadlines. Online submission and additional information are available via the Colloquium Website.

Deadlines

Abstract submission 19th April

Workshop submission 19th April

Early bird registration 12th July

Meeting submission 26th July

For more information and to register please visit <http://colloquium.cochrane.org/>

Cochrane Strategic Plans

For those of you who would like to stay informed about (future) Cochrane policies: the background paper for the 2012 Cochrane Strategic Session on Cochrane content is available to download. There are four - ranging from a short version (executive summary, recommendations, and programme) to the full report with the appendices.

The Cochrane Library: revolution or evolution? Shaping the future of Cochrane content: <http://www.editorial-unit.cochrane.org/collaboration-strategic-session-2012-cochrane-content>

This background paper outlines the work that the board and others have conducted in preparation for this Strategic Session. The purpose of the Strategic Session in Paris will be to prioritise the recommendations, which will inform the strategic direction and a work plan for the next three to five years for the Cochrane Editorial Unit and editorial teams, the publisher of our products, and The Cochrane Collaboration as a whole. The Strategic Session will take place on 18 April as part of The Cochrane Collaboration's mid-year meetings. We are still working with the organizers on remote access options and will circulate information when it becomes available. More information about the strategic session is available: www.editorial-unit.cochrane.org/collaboration-strategic-session-2012-cochrane-content

Events

Cape Town: GRADE workshop at the South African Cochrane Centre. After completion of the workshop, participants should be able to: (1) Discuss the rationale for using the GRADE approach for rating the quality of evidence and strength of recommendations; (2) Assess the quality of evidence using the GRADE approach; (3) Generate Summary of Findings Tables using GRADEpro software. The workshop is open to Cochrane review authors from the SACC reference countries. Preference will be given to those who have successfully completed a Cochrane Review. The course will facilitate a maximum of 20 participants.

The closing date for registration is 25 April 2012 for applicants for reference countries outside South Africa and 18 May 2012 for applicants from South Africa.

Contact: Elizabeth Pienaar (Elizabeth.Pienaar@mrc.ac.za)

Website: <http://www.mrc.ac.za/cochrane/workshops.htm>

Date: 4 - 6 June 2012

Location: South African Cochrane Centre, Cape Town, South Africa

Baltimore: Developing a Cochrane Systematic Review workshop

Details: This workshop guides participants through the steps of developing a systematic review and includes presentations about Cochrane Collaboration methodology, hands-on practice using the Cochrane Collaboration's Review Manager (RevMan) software, and a statistics review session. It is limited to Cochrane contributors as well as ophthalmologists, optometrists, and vision researchers interested in registering a title with the Cochrane Eyes and Vision Group.

Email: uscevg@jhsph.edu

Website:

<http://eyes.cochrane.org/workshop-developing-cochrane-systematic-review>

Date: 20-22 June 2012

Location: Baltimore, Maryland (USA)

The Nottingham Systematic Review Course 2012

Details: This course will appeal to all those interested in completing a Cochrane-style review. Experienced tutors and facilitators will be available to give you practical and individual advice. Study methods: Small group teaching, workshops, library-based interactive tutorials with hands on practical work at computer stations and group work. Read the opinions of a former delegate on the Nottingham Systematic Review Course recently published in BMJ Careers. <http://careers.bmj.com/careers/advice/view-article.html?id=20000296>

Contact: Please contact Lindsey Air +44 (0)115 823 1287, or visit

Email: lindsey.air@nottingham.ac.uk

Website: <http://szg.cochrane.org/en/events.html> to download an application form.

Date: 3rd July - 6th July 2012

Location: The University of Nottingham, UK

Hamilton, Canada: Cochrane Standard Author Training

Details: This course will appeal to all those undertaking a Cochrane review.

Experienced tutors and facilitators will be available to give you practical and individual advice. Topics include protocols, setting your question, literature searching, study selection, assessing bias, data and analysis, formulating conclusions, and a hands-on session with the Review Manager software.

Study methods include: Small group teaching, interactive tutorials with hands on practical work and group work. Hurry, only four places left on this popular course!

Contact: Please contact Karin Dearness via Email: dearnes@mcmaster.ca or check the group's website for further information. <http://ugpd.cochrane.org/author-training-workshop-july-7th-and-8th-2012>

Date: Saturday 7th July and Sunday 8th July, 2012

Location: McMaster University (Hamilton, Canada)

London: Short course - Systematic reviews and meta-analyses of health research

Details: This five day course will provide participants with a basis in the design, analysis and interpretation of systematic reviews of health research. Participants will be given grounding in all aspects involved in conducting a systematic review and meta-analysis, and will have the opportunity to gain practical experience of the tasks involved. By the end of the course participants will be equipped with the necessary skills to conduct their own high quality systematic reviews of health research. For further details and to apply visit

<http://www.lshtm.ac.uk/study/cpd/ssrh.html>.

Date: 3-7 September 2012

Location: London School of Hygiene & Tropical Medicine, UK

Interesting new reviews

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

[Interventions for improving outcomes in patients with multimorbidity in primary care and community settings](#)

[Pain management for women in labour: an overview of systematic reviews](#)

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

- **Antiepileptic drugs for treating neuropathic pain and fibromyalgia**
- **Phosphodiesterase 5 inhibitors for essential hypertension**
- **Effect of caffeine for blood pressure**
- **Mobile technologies for weight loss and weight management in adult overweight or obese people**

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. 269 [Organised systems of regular follow-up and review can improve blood pressure control](#)

No. 270 [Self-monitoring and self-management can improve quality of anticoagulant therapy](#)

No. 271 [No evidence for benefit of physical healthcare monitoring for people with serious mental illness](#)

No. 272 [Bupropion effective for smoking cessation in schizophrenia](#)

No. 273 [evidence of improvement in glycaemic control with treatment of periodontal disease](#)

Abstracts

Organised systems of regular follow-up and review can improve blood pressure control

Clinical question	What interventions can improve control of blood pressure in patients with hypertension?
Bottom line	An organised system of registration, recall and regular review, allied to a vigorous stepped care approach to antihypertensive treatment, reduced blood pressure and all-cause mortality in a single, large randomised control trial. Health professional (nurse or pharmacist) led care appears to be a promising way of delivering care but requires further evaluation.
Caveat	Trials of educational interventions directed at patients or health professionals were heterogeneous and appear unlikely to be associated with large net reductions in blood pressure by themselves.
Context	Hypertension is a common problem in general practice. International community based studies show blood pressure goals are achieved in only 25-40% of patients who take antihypertensives. ¹ There is a paucity of evidence as to how care for hypertensive patients should be delivered in the community to help improve blood pressure control.
Cochrane Systematic Review	Fahey T et al. Interventions used to improve control of blood pressure in patients with hypertension. Cochrane Database Syst Rev. 2006;(2):CD005182. This review contains 56 trials with sizes ranging from 15 to 7772 participants
Pearls No. 269, September 2007, written by Brian R McAvoy	

1. Burnier M. Journal of Hypertension 2002;20:1251-3

Self-monitoring and self-management can improve quality of anticoagulant therapy

Clinical question	Compared with standard monitoring, how effective are self-monitoring and self-management of oral anticoagulant therapy?
Bottom line	Compared with standard monitoring by a physician, self-monitoring and/or self-management can improve the quality of oral anticoagulant therapy. Self-management alone halved thromboembolic events and mortality rates, with no effect on major bleeds. Self-monitoring alone halved the number of major haemorrhages, but did not significantly reduce the rate of thrombotic events or all-cause mortality.
Caveat	Self-monitoring or self-management was not feasible for up to half of the patients requiring anticoagulant therapy. Reasons included patient refusal, exclusion by their GP, and inability to complete training.
Context	The introduction of portable monitors (point-of-care devices) for the management of patients on oral anticoagulation therapy allows self-

	testing by the patient at home. Patients who self-test can either adjust their medication according to a predetermined dose-INR schedule (self-management) or they can call a clinic to be told the appropriate dose adjustment (self-monitoring).
Cochrane Systematic Review	Garcia-Alamino JM et al. Self-monitoring and self-management of oral anticoagulation. Cochrane Reviews, 2010, Issue 4. Article No. CD003839. DOI: 10.1002/14651858.CD003839.pub2. This review contains 18 studies involving 4723 participants.
Pearls No. 270, June 2010, written by Brian R McAvoy	

[References]

No evidence for benefit of physical healthcare monitoring for people with serious mental illness

Clinical question	How effective is physical healthcare monitoring as a means of reducing morbidity and mortality, and maintaining quality of life in people with serious mental illnesses (such as schizophrenia and bipolar disorder)?
Bottom line	Despite the amount of guidance available, no relevant studies were found. Consequently, there is no evidence from randomised controlled trials that physical health monitoring in people with severe mental illness is useful in preventing deterioration in physical health and maintaining quality of life.
Caveat	Guidance and practice are based on expert consensus, clinical experience and good intentions rather than high-quality evidence. It is possible clinicians are expending much effort, time and financial expenditure on monitoring the physical health of people with serious mental illness, which is unnecessary, intrusive and costly.
Context	In recent years, there has been an increasing focus on the physical health of people who suffer from mental illness; it has been recognised these individuals are at greater risk of physical health problems for a variety of reasons. There are now a number of different guidelines advising how practitioners should monitor physical health in this population.
Cochrane Systematic Review	Tosh G et al. Physical health monitoring for people with serious mental illness. Cochrane Reviews, 2010, Issue 3. Article No. CD008298. DOI: 10.1002/14651858.CD008298.pub2. No studies met the criteria for this review
Pearls No. 271, June 2010, written by Brian R McAvoy	

[References]

Bupropion effective for smoking cessation in schizophrenia

Clinical question	How effective are interventions for smoking cessation in schizophrenia?
Bottom line	Compared with placebo, bupropion increased smoking abstinence rates in smokers with schizophrenia for up to six months (NNT* 17), without jeopardising their mental state. Expired carbon monoxide (CO) level and the number of cigarettes smoked daily were significantly lower with bupropion at the end of therapy but not after six months. There were no significant differences in positive, negative and depressive symptoms between bupropion and placebo groups. There was no report of any major adverse event, such as seizures, with bupropion use. One study showed contingent

	reinforcement (CR) with money increased smoking abstinence rates and reduced the level of smoking. However, there was no evidence CR produced sustained results for these outcomes in the longer term. * NNT = number needed to treat to benefit one individual.
Caveat	The strength of the evidence for bupropion was relatively weak with wide confidence intervals, especially for longer-term benefit, because of the small number of participants. There was no evidence of benefit for the few trials of other pharmacological therapies (including nicotine replacement therapy) and psychosocial interventions, in helping smokers with schizophrenia to quit or reduce smoking
Context	People with schizophrenia smoke more heavily than the general population and this contributes to their higher morbidity and mortality from smoking-related illnesses
Cochrane Systematic Review	Tsoi DT et al. Interventions for smoking cessation and reduction in individuals with schizophrenia. Cochrane Reviews 2010, Issue 6. Article No. CD007253. DOI: 10.1002/14651858.CD007253.pub2. This review contains 21 studies involving 1289 participants.
Pearls No. 272, July 2010, written by Brian R McAvoy	

Some evidence of improvement in glycaemic control with treatment of periodontal disease

Clinical question	How effective is treatment of periodontal disease for glycaemic control in people with diabetes mellitus (DM)?
Bottom line	Compared with no treatment or usual treatment, there was a small but significant reduction in HbA1c after 3-4 months of treating periodontitis (scaling/root planing and oral hygiene ± antibiotic therapy) in people with type 2 DM.
Caveat	Only seven studies met the inclusion criteria for the review, and individually these lacked the power to detect a significant effect. Only three studies were suitable to include in a meta-analysis, and two of these were assessed as being at moderate to high risk of bias. Most of the participants in the studies had poorly controlled type 2 DM, with little data from trials on the effects on people with type 1 DM
Context	Long-term glycaemic control is of critical importance in preventing complications associated with DM. Research evidence has suggested the chronic inflammation and infection that results from periodontal disease could have an adverse effect on glycaemic control in people with DM, which in turn could lead to worsening gum disease.
Cochrane Systematic Review	Simpson TC et al. Treatment of periodontal disease for glycaemic control in people with diabetes. Cochrane Reviews 2010, Issue 5. Article No. CD004714. DOI: 10.1002/14651858.CD004714.pub2. This review contains 7 studies involving 490 participants.
Pearls No. 273, July 2010, written by Brian R McAvoy	

Colophon

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<http://lists.cochrane.org/mailman/listinfo/primarycare>

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The Cochrane Primary Health Care Field is a collaboration between:

¹ New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland and funded by the New Zealand Guidelines Group;

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