



5 June 2012

News

Establishment of a Japanese Satellite of the Cochrane Pregnancy and Childbirth Group (PCG)

The new Satellite will be headed by Rintaro Mori, the Director of Health Policy at the National Centre for Child Health and Development in Tokyo, Japan, where the administrative office will be set up. The Japanese satellite will support Japanese review authors to prepare and maintain their Cochrane reviews; introduce new review authors to the methods of the Cochrane Collaboration, and support them through the processes.

Steering group news

For those of you who are interested in the policies of the Cochrane Collaboration:

The 2012 - 13 vision and work plan for the Steering Group is now available on [cochrane.org](http://www.cochrane.org), here:

<http://www.cochrane.org/about-us/our-policies/steering-group-workplan>

The minutes of the Steering Group meetings held in Paris on 20 and 21 April 2012 have recently been approved and are available at:

<http://www.cochrane.org/intranet/organisation-administration/minutes-reports/minutes-all-full-meetings-ccsg>

For those wishing to read a much shorter document, giving the key points that were discussed at these meetings, the Steering Group Bulletin is available at: <http://www.cochrane.org/news/newsletters#sgb>

Events

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.

[Physical training for asthma](#)

[Training health professionals in smoking cessation](#)

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

- **Interventions for undescended testes**
- **Face to face interventions for informing or educating parents about early childhood vaccination**
- **Lidocaine with adrenaline for digital nerve blocks**
- **developed and disseminated by producers of clinical practice guidelines for promoting implementation**

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. 274 [Limited evidence for effectiveness of drug-eluting coronary artery stents](#)

No. 275 [Iron supplementation effective for breath-holding attacks in children](#)

No. 276 [Insufficient evidence for patient education in preventing diabetic foot ulceration](#)

No. 277 [Tinnitus retraining therapy may be effective](#)

Abstracts

Limited evidence for effectiveness of drug-eluting coronary artery stents

Clinical question	How effective are drug-eluting stents compared with bare metal stents in the reduction of cardiac events (angina or acute coronary syndrome)?
Bottom line	Drug-eluting stents are effective in reducing rates of restenosis but are not superior to standard bare metal stents in terms of decreasing deaths, myocardial infarction or thrombosis. Drug-eluting stents evaluated contained sirolimus, paclitaxel, dexamethasone, zotarolimus, everolimus and tacrolimus.
Caveat	The review was unable to report outcomes uniformly across all-time points and for all outcomes for all drugs. Long-term efficacy and safety data have not yet been confirmed as few trials reported outcomes beyond one or two years.
Context	Coronary artery stents are small, tubular devices used to scaffold vessels open during percutaneous transluminal coronary angioplasty. Restenosis of vessels treated with stents is a problem; in order to reduce restenosis, stents that elute drugs over time have been developed. However, there is a need to assess their clinical benefit prior to recommending their use. The increased cost of drug-eluting stents and current lack of evidence of their cost-effectiveness means that various health funding agencies are limiting or regulating their use.
Cochrane Systematic Review	Greenhalgh J et al. Drug-eluting stents versus bare metal stents for angina or acute coronary syndromes. Cochrane Reviews 2010, Issue 3. Article No. CD004587. DOI: 10.1002/14651858. CD004587.pub2. This review contains 47 studies involving 14,500 participants.
Pearls No. 274, July 2010, written by Brian R McAvoy	

Iron supplementation effective for breath-holding attacks in children

Clinical question	How effective is iron supplementation for breath-holding attacks in children?
Bottom line	Compared with placebo or no therapy, iron supplementation (at 5mg/kg/day of elemental iron for 16 weeks) reduced the frequency and severity of breath-holding attacks (measured as loss of consciousness or convulsive movements) in children less than 18 years of age. Supplementation was of particular benefit in children with iron deficiency anaemia, responses correlating with improvements in haemoglobin values. Iron may still be of assistance in children who are not anaemic or who have low normal haemoglobin levels, but this has not been proven in subgroup analysis as only pooled data have been collected to date. The oral iron was generally well tolerated.
Caveat	It is not known if the benefit of iron supplementation is sustained after three months or if therapy should be continued until the child grows out of the breath-holding episodes. One of the studies may have introduced bias by enrolling only children attending a tertiary children's hospital.
Context	Breath-holding attacks are paroxysmal events, affecting approximately 5% of healthy children. They are distinct from seizures and it is common for them to resolve spontaneously by the time the child reaches seven years of age.
Cochrane Systematic Review	Zehetner AA et al. Iron supplementation for breath-holding attacks in children. Cochrane Reviews, 2010, Issue 5. Article No. CD008132. DOI: 10.1002/14651858.CD008132.pub2. This review contains 2 studies involving 87 participants.
Pearls No. 275, June 2010, written by Brian R McAvoy	

Insufficient evidence for patient education in preventing diabetic foot ulceration

Clinical question	How effective is patient education in preventing diabetic foot ulceration?
Bottom line	There was little evidence to support the effectiveness of patient education for the prevention of diabetic foot ulceration or amputations. One randomised controlled trial (RCT) with good methodological quality showed limited patient education did not result in any beneficial effect on these primary outcomes. Patients' foot care knowledge was improved in the short term (one to six months) in five of eight RCTs in which this outcome was assessed, as was patients' self-reported self-care behaviour in the short term (six to 18 months) in seven of nine RCTs. The effects on callus, nail problems and fungal infections were described in five of the included studies, of which only two reported temporary improvements after an educational intervention. The effectiveness of more comprehensive and/or more intensive educational programmes, however, remains to be investigated further.
Caveat	Most of the RCTs included in this review were at high or unclear risk of bias. Only one of the included RCTs was considered to be at low risk of bias. Follow-up ranged from four weeks to seven years, with a median of six months.
Context	Foot ulcers are common in people with diabetes, especially those with peripheral neuropathy and/or peripheral vascular disease. They

	affect 15% to 25% of people with diabetes at some time in their lives. ¹ Foot ulcers not only lead to physical disability and loss of quality of life but also impose a significant economic burden (healthcare costs, industrial disability).
Cochrane Systematic Review	Dorresteijn JAN et al. Patient education for preventing diabetic foot ulceration. Cochrane Reviews, 2010, Issue 5. Article No. CD001488. DOI: 10.1002/14651858.CD001488.pub3. This review contains 11 studies involving over 2710 participants.
Pearls No. 276, August 2010, written by Brian R McAvoy	
[References] 1. Singh N et al. JAMA 2005; 293:217Ð28	

Tinnitus retraining therapy may be effective

Clinical question	How effective is tinnitus retraining therapy (TRT) in the treatment of tinnitus?
Bottom line	A single, low-quality randomised controlled trial suggested TRT is more effective as a treatment for patients with tinnitus than tinnitus masking (use of 'white noise' generators). In this study, outcome data for tinnitus severity were presented using three instruments, the Tinnitus Handicap Inventory, Tinnitus Handicap Questionnaire, and Tinnitus Severity Index, for patients in three groups (participants' tinnitus being a 'moderate problem', a 'big problem' or a 'very big problem'). Patients with a 'very big problem' showed much greater benefit from TRT at 18 months compared with those whose initial tinnitus problem was 'moderate' or 'big'. No side effects of treatment were reported
Caveat	Although this study suggested considerable benefit for TRT in the treatment of tinnitus, the study quality was insufficient to draw firm conclusions. The study was not blinded but issues regarding incomplete data were addressed appropriately and all data were presented in full. The authors of the study used a non-specified form of random allocation for the first patient, followed by alternation between assignment to treatment and control groups. The study population was drawn from a veterans' hospital and may not have been representative of the general tinnitus population in terms of age distribution, the preponderance of men and the frequency of a history of acoustic trauma.
Context	A wide range of therapies have been proposed for the treatment of tinnitus symptoms, including cortisone, vasodilators, benzodiazepines, lidocaine, spasmolytic drugs, anticonvulsants, antidepressants, ginkgo biloba, hyperbaric oxygen, cognitive behavioural therapy, transcranial magnetic stimulation, tinnitus masking, music therapy, reflexology, hypnotherapy, and traditional Chinese medicine, including acupuncture. TRT involves a combination of directive counselling and sound therapy in a strict framework, and is one of the most commonly used treatment modalities for tinnitus.
Cochrane Systematic Review	Phillips JS and McFerran D. Tinnitus Retraining Therapy (TRT) for tinnitus. Cochrane Reviews, 2010, Issue 3. Article No. CD007330. DOI: 10.1002/14651858.CD007330.pub2. This review contains one study involving 123 participants.
Pearls No. 277, June, 2010, written by Brian R McAvoy	

Colophon

Sign in!

We would be grateful if you could forward the URL for colleagues to sign up to our website by going to

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

More information

For more information about the Field, or to view the previously published PEARLS please visit: <http://www.cochraneprimarycare.org>

To (un)subscribe

To (un)subscribe please visit:

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

Bruce Arroll¹, Jaap van Binsbergen², Tom Fahey³, Tim Kenealy¹,
Floris van de Laar²

Caroline Roos²

Secretary to Cochrane Primary Health Care Field
email: c.roos@cochraneprimarycare.org

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;

² Academic Department of Primary and Community Care in The Netherlands, The Dutch College of General Practitioners, and the Netherlands Institute for Health Services Research;

³ Department of General Practice, Royal College of Surgeons in Ireland, Dublin.