



Newsletter with PEARLS April 2013

News

Change at the Dutch Cochrane Centre

On February 14, Hanni Spitteler left The Dutch Cochrane Centre after having served for 12 years as administrator. The Primary Health care Field thanks Hanni for her collaboration and support of our Field.



Cochrane20 Video Series

The latest edition of the Video Series is available on the homepage of the Anniversary website, at www.anniversary.cochrane.org (your Archie password is not required) and on The Cochrane Collaboration's YouTube channel at <http://youtube.com/user/cochranecollab>.

The direct link to the playlist of all the Anniversary Videos is at http://www.youtube.com/playlist?list=PLCo8P5_ppmQjkzvR1fzJebaBdWycQFrXI, and is included in the pink text underneath the video image. Please note that all videos are captioned in 60 languages

Subscribe to the 20th Anniversary RSS feed on Cochrane.org: Navigate to <http://www.cochrane.org/tags/tags/20th-anniversary> and click on the icon .

The Evidence Aid Project: www.evidenceaid.org

The Cochrane Collaboration's Evidence Aid project was established by The Cochrane Collaboration following the tsunami in the Indian Ocean in December 2004. It uses knowledge from Cochrane Reviews and other systematic reviews to provide reliable, up-to-date evidence on interventions that might be considered in the context of natural disasters and other major healthcare emergencies. Evidence Aid seeks to highlight which interventions work, which don't work, which need more research, and which, no matter how well meaning, might be harmful; and to provide this information to agencies and people planning for, or responding to, disasters.

Please go to www.evidenceaid.org for more information and find out how to contribute

AllTrials campaign

This campaign aims at getting all clinical trials registered and their results reported. Sir Iain Chalmers - co-founder of the Cochrane Collaboration – advocated on the MRC website (<http://www.insight.mrc.ac.uk/2013/04/04/make-all-research-results-public/#more-1955>) to make all research results public.

You can sign the petition at (<http://www.alltrials.net/supporters/>).

New Cochrane Heart Group satellite launched

New Cochrane Heart Group satellite is launched at Northwestern University Feinberg School of Medicine, Department of Preventive Medicine, Chicago, USA. The department will serve as a new Cochrane Heart Group satellite. The satellite will serve as the editorial hub for US-based Cochrane Heart Group activities to write, review, edit, and publish Cochrane protocols, updates, and systematic reviews as well as support systematic review training.

Events

The Cochrane Collaboration's 21st Annual Colloquium: STIPENDS!

Consumer and Developing Country stipend applications open 4 April and close 16 May 2013

Find more information at <http://colloquium.cochrane.org/colloquium-stipends>.

Take advantage of the Early Bird registration fee to receive a 20 per cent discount.

Registration opens Monday, 25 March 2013.

* Early registration: ends 15 July 2013 - \$1015

* Regular registration: 16 July to 6 September - \$1265

* Low- & middle-income country registration: ends 6 September - \$615

* Student registration: ends 6 September - \$615

* Consumer registration: ends 6 September - \$615

Visit <http://colloquium.cochrane.org/registration-information> for more information and registration policies.

Workshop on How to Practice Evidence-Based Health Care, Holmsbu (Norway), 27-31 May 27 2013

This workshop is hosted by the Norwegian Knowledge Centre for the Health Services

The five-day workshop (Mon 2 p.m. - Fri 2 p.m.) will focus on teaching the basics of, and developing further insights into, the conscientious use of current best evidence in making decisions about the care of individual patients or the delivery of health services.

Contact: Kari Haavelsrud

Email: kari.haavelsrud@nokc.no

Website:

<http://www.kunnskapssenteret.no/Kurs+og+konferanser/Forskning+ved+fj%C3%A6ra+%E2%80%94+workshop+i+kunnskapsbasert+praksis+og+helsetjeneste.16265.cms>

systematic review workshop, Leuven (Belgium), 10-11 June 2013

Two day systematic review workshop; Qualitative approaches to Evidence Synthesis

A multi-disciplinary workshop designed to provide fundamental background and skills required to conduct a qualitative evidence synthesis.

For information on the program and the subscription modalities, visit our website:

<http://ppw.kuleuven.be/english/mesrg/SR2013>.

The Nottingham Systematic Review Course, The University of Nottingham (UK), 2nd July - 5th July 2013

This course will appeal to all those interested in completing a Cochrane-style review. 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.

Workshop: Developing a Cochrane Systematic Review workshop, Baltimore, Maryland (USA), 17-19 July 2013

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 review authors who have a registered title, have published a protocol in The Cochrane Library or who have a protocol approved for publication by a Cochrane Review Group.

Email: uscevg@jhsph.edu

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

FREE WEBINARS on Research Topics (conducted in Spanish)

PAHO and the Iberoamerican Cochrane Centre have concluded the second series of live webinars on research topics. These webinars are a product of the collaboration between the Iberoamerican Cochrane Centre and PAHO to advance PAHO's Policy on Research for Health (http://cochrane.es/ACUERDO_OPS_CCIB).

For the complete playlist of recorded webinars, please visit:

<http://www.youtube.com/playlist?list=PL6hS8Moik7ksEbj4tepfwOLtd42D72dtW>.

2013 Colloquium WEBINAR SERIES

Cochrane 101: An Introduction to The Cochrane Collaboration

Wednesday, 15 May 2013, 12 - 1PM EDT (Toronto); conducted in **French**

Thursday, 6 June 2013, 12 - 1PM EDT (Toronto); conducted in **English**

The Steps of a Cochrane Review: An Overview

Wednesday, 22 May 2013, 12 - 1PM EDT (Toronto); conducted in **French**

Thursday, 13 June 2013, 12 - 1PM EDT (Toronto); conducted in **English**

Let's Start at the Very Beginning: Getting the Question Right for Your Cochrane Review

Wednesday, 29 May 2013, 12 - 1PM EDT (Toronto); conducted in **French**

Thursday, 20 June 2013, 12 - 1PM EDT (Toronto); conducted in **English**

Register at <http://ccnc.cochrane.org/cochrane-canada-live-webinars>

Interesting new and updated reviews

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

[Prebiotics in infants for prevention of allergy](#)

[Computer-based diabetes self-management interventions for adults with type 2 diabetes mellitus](#)

[Cerebrolysin for vascular dementia](#)

[Selective serotonin reuptake inhibitors \(SSRIs\) for stroke recovery](#)

[Red flags to screen for malignancy in patients with low-back pain](#)

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

- **Exercise for dyslipidaemia (deregistered title has become available)**
- **Standardised rating scales for diagnosing depression in people with dementia (deregistered title)**
- **Calcium and vitamin D for increasing bone mineral density in pre-menopausal women Review type: Intervention review**

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.

Insufficient evidence for effectiveness of acupuncture for smoking cessation

Clinical question	How effective are acupuncture and the related interventions of acupressure, laser therapy and electrostimulation in smoking cessation?
Bottom line	There was no bias-free, consistent evidence that acupuncture, acupressure, laser therapy or electrostimulation were effective interventions for smoking cessation. There was no evidence that acupuncture was superior to waiting list or psychological interventions in the short term (6 weeks) or long term (6 months to 1 year). The evidence on acupressure and laser stimulation was insufficient and could not be combined. The evidence suggested that electrostimulation was not superior to sham electrostimulation.
Caveat	Lack of evidence and methodological problems meant no firm conclusions could be drawn. There was not enough evidence to dismiss the possibility that acupuncture might have an effect greater than placebo.
Context	Acupuncture is used with the aim of reducing the withdrawal symptoms people experience when they try to quit smoking. Related therapies include acupressure, laser therapy and electrical stimulation.
Cochrane Systematic Review	White AR et al. Acupuncture and related interventions for smoking cessation. <i>Cochrane Reviews</i> , 2011, Issue 1. Article No. CD000009. DOI: 10.1002/14651858.CD000009.pub3. This review contains 33 studies involving 6558 participants.
Pearls No. 301, March 2011, written by Brian R McAvoy	

Antibiotics effective for preventing infection at caesarean section

Clinical question	How effective are the different classes of antibiotics given as prophylaxis for infection prior to caesarean section (CS)?
Bottom line	Both cephalosporins and penicillins represent good choices for prophylaxis for maternal infections following CS, although the impact on post-discharge infections and on the infant are unknown, as is the impact on bacterial resistance. The effects were similar, whether the CS was an elective or emergency procedure. Both classes of antibiotic had similar adverse effects (allergic reactions, nausea, vomiting, diarrhoea, skin rashes). More costly extended-spectrum penicillins, second or third generation cephalosporins and combination regimens were not demonstrated to be more effective, but there were few data upon which to make a clear judgement.
Caveat	There was a lack of good quality data, and important outcomes often included only small numbers of women. Many of the studies were conducted in the 1980s and 1990s. None of the studies assessed infections that arose when the women were discharged home, and none looked at outcomes in the babies. No consideration was given to antibiotics compatible with breastfeeding, and the review was unable to assess what impact, if any, the use of different types of antibiotics might have had on bacterial resistance.
Context	CS increases the risk of post-partum infection (infections of the wound or abdominal fascia, the urinary tract or pelvic organs, as well as thrombophlebitis and, rarely, septicaemia), and prophylactic antibiotics have been shown to reduce the incidence of this.
Cochrane Systematic Review	Alfirevic Z, Gyte GML, Dou L et. Different classes of antibiotics given to women routinely for preventing infection at caesarean section. Cochrane Reviews, 2010, Issue 10. Article No. CD008726. DOI: 10.1002/14651858.CD008726. This review contains 25 studies involving 6367 participants.
Pearls No. 302, March 2011, written by Brian R McAvoy	

Interventions effective for preventing oral mucositis in patients with cancer

Clinical question	How effective are interventions for preventing oral mucositis in patients with cancer receiving treatment?
Bottom line	Compared with either a placebo or no treatment, 9 interventions were found to have some benefit with regard to preventing or reducing the severity of mucositis associated with cancer treatment. For patients with head and neck cancer undergoing radiotherapy, oral mucositis may be prevented by aloe vera, honey or with polymixin/tobramycin/amphotericin (PTA) antibiotic pastilles/ paste. For patients with blood cancers undergoing chemotherapy or stem cell transplant, cryotherapy (ice chips) may be effective. Another 5 interventions were found to be effective in groups of patients with a range of different types of cancer undergoing a range of different treatments. These interventions were allopurinol, amifostine, intravenous glutamine, keratinocyte growth factor and laser treatment.
Caveat	The patient groups studied were diverse, the associated treatment modalities were varied and the strength of the evidence of effectiveness was variable. As some interventions were studied

	exclusively in certain patient groups receiving specific treatment modalities, generalisation of the results to other tumour types and treatment modalities must be done with caution Ⓓ some benefits may be specific to certain cancer types and treatments.
Context	Treatment for cancer (including bone marrow transplant) can cause oral mucositis. This painful condition can cause difficulties in eating, drinking and swallowing, and may also be associated with infections which may require the patient to stay longer in hospital.
Cochrane Systematic Review	Worthington, HV et al. Interventions for preventing oral mucositis for patients with cancer receiving treatment. Cochrane Reviews, 2010, Issue 12. Article No. CD000978. DOI: 10.1002/14651858.CD000978.pub4. This review contains 131 studies involving 10,514 participants.
Pearls No. 303, March 2011, written by Brian R McAvoy	
Update PEARL 8 March 2011 Results and conclusions changed and five summary of findings tables added. New and updated review: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007776.pub2/abstract	

Insufficient evidence to support specific preconception care for women with diabetes

Clinical question	How effective is specific preconception care for women with diabetes in improving maternal and infant health?
Bottom line	There was insufficient evidence to recommend for or against any particular protocol of preconception care for women with diabetes. The trial evaluated preconception care offered in different formats (a self-instructional, evidence-based CD-ROM or a book) rather than evaluating preconception care with standard care.
Caveat	The single included study was intended as a feasibility study and was therefore limited by the number of participants and the outcomes reported. None of the pre-specified outcomes of the review were reported. Haemoglobin A1c data were reported as mean changes from baseline and could not be included in this review.
Context	Current guidelines in many countries, including Australia, UK and the US, recommend specific preconception care for women with diabetes. Pregnant women with type 1 or type 2 diabetes are at greater risk of adverse outcomes in pregnancy, such as high blood pressure and preterm births. Pregnancy can also accelerate the development of diabetic complications (retinopathy, nephropathy, neuropathy, ischaemic heart disease, cerebrovascular disease, peripheral vascular disease). Babies born to mothers with type 1 or type 2 diabetes diagnosed before pregnancy may be larger and are at greater risk of infant death and congenital abnormality (such as neural tube defects, including anencephaly and spina bifida). These infants are also at risk of developing type 2 diabetes in the long term.
Cochrane Systematic Review	Tieu J, Middleton P and Crowther CA. Preconception care for diabetic women for improving maternal and infant health. Cochrane Reviews, 2010, Issue 12. Article No. CD007776. DOI: 10.1002/14651858.CD007776.pub2. This review contains 1 study involving 53 participants.
Pearls No. 304, April 2011, written by Brian R McAvoy	

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

The PEARLS can be used free of charge for research or teaching. No commercial use is allowed.

Abstracts

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

[No. 301 Insufficient evidence for effectiveness of acupuncture for smoking cessation](#)

[No. 302 Antibiotics effective for preventing infection at caesarean section](#)

[No. 303 Interventions effective for preventing oral mucositis in patients with cancer](#)

[No. 304 Insufficient evidence to support specific preconception care for women with diabetes](#)

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.cochranepriamrycare.org>

To (un)subscribe

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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;

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.