News

Colloquium 2012: location change
The 2012 Cochrane Colloquium will not be held in China due to recent changes in Chinese government policy. The New Zealand Branch of the Australasian Cochrane Centre in Auckland (New-Zealand) has offered to host the Colloquium instead. Please be welcome in the home town of our Field colleagues Bruce Arroll and Tim Kenealy from 30 September to 3 October 2012.

Analysis of Cochrane reviews
A new descriptive analysis of more than 22,000 meta-analyses within Cochrane Reviews has recently been published in an open access article in BMC Medical Research Methodology:
http://www.biomedcentral.com/1471-2288/11/160
Every meta-analysis in the 2321 full reviews in the January 2008 issue of the Cochrane Database of Systematic Reviews was classified according to the healthcare specialty, the types of interventions being compared and the type of outcome. The report includes descriptive statistics for numbers of meta-analyses, numbers of component studies and sample sizes of component studies, broken down by these categories. We hope these results will be of interest and provide a useful resource to people throughout The Cochrane Collaboration and primary care.

Your views on The Cochrane Library: survey
As part of a broad strategic review of the content and presentation of The Cochrane Library, the Cochrane Collaboration invites you to take part in a survey: "Your views on the future of The Cochrane Library". The Cochrane Editorial Unit (CEU) will present the initial survey findings during The Cochrane Collaboration's Strategic Session on Cochrane Content (18 April 2012, Paris) and present a final report and work plan during the 2012 Cochrane Colloquium (Sept/Oct 2012, Auckland). The Collaboration would be grateful if you could complete the survey by Friday, 24 February so that your results can be included in the strategic session, but the survey will be kept open until the end of April.

You can access the survey at: http://tinyurl.com/CochraneContentSurvey

Events

The 13th Nordic Workshop on How to Practice Evidence-Based Health Care
Hosted by the Norwegian Knowledge Centre for the Health Services, Holmsbu, Norway, 21-25 May, 2012.
This 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, kari.haavelsrud@nokc.no

Presymposium Workshops on 7-8 May, 2012 before the 10th Annual Cochrane Canada Symposium
The Canadian Cochrane Centre would like to invite you to attend the 10th Annual Cochrane Canada Symposium's two days of Presymposium workshops. The Presymposium is taking place on 7-8 May, 2012 in Winnipeg, Manitoba, and includes the following workshops:
- Cochrane Standard Author Training
- Non-Randomised Studies: Methodological issues when including non-randomised studies in systematic reviews
- Using the Rx for Change interventions database: Linking the evidence to action for policy-makers, health system managers and researchers
- Health Systems Evidence: Evidence to support policy-making and management
- Meta-Bias in Systematic Reviews: Rethinking fundamental and evolving concepts
- Using the GRADE approach to evaluate and present evidence

Workshop details can be found online at http://ccc-symposium.cochrane.org/pre-symposium. Please email ccc.symposium@uottawa.ca with any questions.

Website:
http://www.kunnskapssenteret.no/Kurs+og+konferanser/Forskning+ved+fj%C3%A6ra+%E2%80%94+workshop+i+kunnskapsbasert+praksis+og+helsetjeneste.13581.cms

Interesting new reviews

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

Stem cell treatment for acute myocardial infarction

Cognitive stimulation to improve cognitive functioning in people with dementia

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

- Physical examination for cervical radiculopathy in patients with neck pain or neck and arm pain
- Barriers and facilitators to the implementation of doctor-nurse substitution strategies in primary care: systematic review of qualitative studies
- Combined oral contraceptives: venous thromboembolism risk
- Marketing Policies: Policies that regulate marketing by drug manufacturers, including direct-to-consumer advertising (deregistered title)

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

258. Sertraline effective for acute major depression

259. Limited evidence for benefits of ad libitum feeding for preterm infants

260. Chemoradiotherapy effective for cervical cancer

261. Surgery more effective than medical management for gastrooesophageal reflux disease

262. Continuous subcutaneous insulin infusion effective for type 1 diabetes mellitus

Abstracts

Sertraline effective for acute major depression

Clinical question	How effective is sertraline (escitalopram) in the acute phase treatment of major depression?
Bottom line	There was evidence favouring sertraline over some other antidepressants for the acute phase treatment of major depression, in terms of efficacy, compared with fluoxetine, (NNT* 10; range, 6 to 14) or acceptability/tolerability, compared with amitriptyline, imipramine, paroxetine and mirtazapine. Follow-up was limited to 24 weeks. However, there were also some differences favouring newer antidepressants in terms of early response (mirtazapine) and acceptability (bupropion). In terms of individual side effects, sertraline was generally associated with a higher rate of participants experiencing diarrhoea. * NNT = number needed to treat to benefit 1 individual
Caveat	The overall quality of included studies was low and the reporting of trials was often inadequate. The included studies did not report on all the outcomes that were pre-specified in the protocol of this review. Outcomes of clear relevance to patients and clinicians, in particular, patients and their relatives attitudes to treatment, and their ability to return to work and resume normal social functioning, were not reported in any of the included studies.
Context	Depression is the fourth leading cause of disease burden worldwide and is expected to show a rising trend over the next 20 years. Although both pharmacological and psychological interventions are effective for major depression, antidepressant drugs remain the mainstay of treatment. During the last 20 years, selective serotonin reuptake inhibitors have progressively become the most commonly prescribed antidepressants.
Cochrane Systematic Review	Cipriani A et al. Sertraline versus other antidepressive agents for depression. Cochrane Reviews 2009, Issue 2. Article No. CD006117. DOI: 10.1002/14651858CD006117.pub2. This review contains 59 trials involving about 10,000 participants.
PEARLS No. 258, April 2010, written by Brian R McAvoy	

Limited evidence for benefits of ad libitum feeding for preterm infants

Clinical question	How effective is ad libitum or demand/semi-demand feeding for preterm infants in the transition phase from intragastric tube to oral feeding?
Bottom line	Three trials reported that, compared with scheduled interval feeding, an ad libitum or demand/semi-demand feeding regimen for preterm infants allowed earlier attainment of full oral feeding and earlier hospital discharge (by about 2 to 4 days). Other trials did not confirm this finding.
Caveat	The trials were generally small and of variable methodological quality. The duration of the intervention and the duration of data collection and follow-up in most of the trials were not likely to have allowed detection of measurable effects on growth.
Context	Scheduled interval feeding of prescribed enteral volumes is current standard practice for preterm infants. Feeding preterm infants in response to their hunger and satiation cues (ad libitum or demand/semi demand) rather than at scheduled intervals might help in the establishment of independent oral feeding, increase nutrient intake and growth rates, and allow earlier hospital discharge.
Cochrane Systematic Review	McCormick FM et al. Ad libitum or demand/semi-demand feeding versus scheduled interval feeding for preterm infants. Cochrane Reviews 2010, Issue 2. Article No. CD005255. DOI: 10.1002/14651858.CD005255.pub3. This review contains 8 studies involving 496 participants
Pearls No. 259, May 2010, written by Brian R McAvoy	

Chemoradiotherapy effective for cervical cancer

Clinical question	How effective is chemoradiotherapy for patients with locally advanced cervical cancer?
Bottom line	Compared with the same radiotherapy alone, chemoradiotherapy produced a 6% improvement in 5-year survival. A larger survival benefit was seen for the 2 further trials in which chemotherapy was administered after chemoradiotherapy. There was a significant survival benefit for both the group of trials that used platinum-based and non-platinum-based chemoradiotherapy, but no evidence of a difference in the size of the benefit by radiotherapy or chemotherapy dose or scheduling. Chemoradiotherapy also reduced local and distant recurrence and progression and improved disease-free survival. There was a suggestion of a difference in the size of the survival benefit with tumour stage, but not across other patient subgroups
Caveat	Currently there is insufficient evidence to suggest that any one treatment type, dose or schedule is better than any other. Acute haematological and gastrointestinal toxicity were increased with chemoradiotherapy, but data were too sparse for an analysis of late toxicity.
Context	Since a 1999 National Cancer Institute clinical alert was issued,[1] chemoradiotherapy has become widely used in treating women with cervical cancer. Two subsequent systematic reviews found interpretation of the benefits was complicated and some important clinical questions were unanswered. This review is a meta-analysis

	updating individual patient data from all available randomised controlled trials.
Cochrane Systematic Review	Chemoradiotherapy for Cervical Cancer Meta-analysis Collaboration. Reducing uncertainties about the effects of chemoradiotherapy for cervical cancer: individual patient data meta-analysis. Cochrane Reviews 2010, Issue 1. Article No. CD001758285. DOI: 10.1002/14651858.CD008285. This review contains 15 studies in 11 countries involving 3452 participants.
Pearls No. 260, May 2010, written by Brian R McAvoy	

1. National Cancer Institute. NCI Issues Clinical Announcement on Cervical Cancer: Chemotherapy plus Radiation Improves Survival. http://www.nih.gov/

Surgery more effective than medical management for gastrooesophageal reflux disease

Clinical question	How effective is medical management compared with surgery (laparoscopic fundoplication) for adults with gastro-oesophageal reflux disease (GORD)?
Bottom line	There were statistically significant improvements in health-related quality of life (QOL) at three months and one year after surgery, compared with medical therapy. The size of the change reported, about 5 points on the SF36 scale, can be interpreted as minimal detectable change.[1] There were also significant improvements in GORD-specific QOL after surgery compared with medical therapy. There was evidence to suggest symptoms of heartburn, reflux and bloating were improved after surgery compared with medical therapy, but a small proportion of participants had persistent postoperative dysphagia.
Caveat	Overall rates of postoperative complications were low, but surgery was not without risk, and postoperative adverse events occurred, although they were uncommon. The costs of surgery are considerably higher (between 3 and 6 times) than the cost of medical management, although data were based on the first year of treatment; therefore, the cost and side effects associated with long-term treatment of chronic GORD need to be considered.
Context	GORD is a common condition, with up to 20% of patients from westernised countries experiencing heartburn, reflux, or both intermittently.
Cochrane Systematic Review	Wileman SM et al. Medical versus surgical management for gastro-oesophageal reflux disease (GORD) in adults. Cochrane Reviews 2010, Issue 3. Article No. CD003243. DOI: 10.1002/14651858.CD003243.pub2. This review contains 4 studies involving 1232 participants.
Pearls No. 261, May 2010, written by Brian R McAvoy	

1. Wyrwich, KW et al. Health Serv Res 2005;40:577 91.

Continuous subcutaneous insulin infusion effective for type 1 diabetes mellitus

Clinical question	How effective is continuous subcutaneous insulin infusion (CSII) in people with type 1 diabetes mellitus (DM)?
Bottom line	Compared with multiple insulin injections (MII), CSII produced better glycaemic control (as measured by HbA1c) in people with type 1 DM. There were no obvious differences between the interventions for non-severe hypoglycaemia, but severe hypoglycaemia appeared to be reduced in those using CSII. Quality of life measures suggest

	CSII is preferred over MII. No significant difference was found for weight. Study duration ranged from 6 days to 4 years.
Caveat	Many different scales and units were used to report measures of non-severe and severe hypoglycaemia and quality of life. There were insufficient studies to conduct meta-analyses for each of the scales and units, and, as a result, the interpretation of the overall effects of the interventions on these outcomes is subjective and open to bias. Adverse events were not well reported, and no information was available on mortality, morbidity and costs.
Context	In type 1 DM, insulin therapy may be in the form of conventional therapy of multiple (typically 4) injections per day or CSII. CSII involves attachment (via catheter) to an insulin pump that is programmed to deliver insulin to match the individualÕs needs, and doses are activated by the individual to cover meals and correct blood glucose fluctuation.
Cochrane Systematic Review	Misso ML et al. Continuous subcutaneous insulin infusion versus multiple insulin injections for type 1 diabetes mellitus. Cochrane Reviews 2010, Issue 1. Article No. CD005103. DOI: 10.1002/14651858.CD005103.pub2. This review contains 23 studies involving 976 participants.
Pearls No. 262, May 2010, written by Brian R McAvoy	

Colophon

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

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[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.