



Newsletter with PEARLS June 2013

News

Online Learning Modules for Cochrane Authors

The Online Learning Modules are part of a self-directed learning initiative of The Cochrane Collaboration. They provide an introduction to the core skills and methods required for new authors of Cochrane systematic reviews of interventions. The modules are intended to complement other learning opportunities such as face-to-face workshops and webinars, and the guidance provided in the [Cochrane Handbook for Systematic Reviews of Interventions](#).

Who has access to the modules?

The **complete series** of 12 modules is currently only available to **registered Cochrane authors or contributors** who have an Archie account (<http://training.cochrane.org/authors/intervention-reviews/olms>)

The **introductory module** in the series on systematic reviews is **open to everyone**. Click on the button below to link directly to the module.



Training materials used for the 'How to write a Cochrane review' workshops have been translated into [Spanish](#) and [Korean](#)

New Cochrane Public Health Group Satellite

the Cochrane Public Health Group (CPHG) has announced the formation of a South Asia satellite based in India on May 11th 2013 the new Group Satellite was inaugurated: "Public Health Evidence South Asia (PHESA)".

More information is available at following link: <http://www.cochrane.org/news/news-events/current-news/public-health-group-announces-establishment-south-asian-satellite>

Open Access arrangements for Cochrane Reviews

The Cochrane Collaboration has renewed and re-defined its partnership with John Wiley & Sons, Ltd., to publish The Cochrane Library. Under the new agreement, new Cochrane Reviews and Cochrane Reviews with new citations, and Protocols published from 1 February 2013 will become available on an open access basis 12 months after publication in the Cochrane Database of Systematic Reviews (green open access). Additionally, authors and funders will have the option to fund individual articles, or groups of articles, to be open access immediately upon publication (gold open access). Authors from many low- and middle- income countries will be eligible to have their publication fees waived; and should consult the guidance on waivers and discounts now available on the updated access options page of The Cochrane Library, here:

<http://www.thecochranelibrary.com/view/0/FreeAccess.html>. More information about all aspects of the new access options is also available on this page.

Cochrane20 Video Series

The ninth in the Cochrane20 Video series has been released, at <http://youtu.be/FI4RBP802Ao>. Every third video in the series is a personal profile of an individual contributor to the Collaboration: today's video is a profile of Ashraf Nabhan, an Author in the Cochrane Pregnancy and Childbirth Group. The direct link to the playlist of all the Anniversary Videos is at http://www.youtube.com/playlist?list=PLCo8P5_ppmQjkzvR1fzJebaBdWycQFrXl and is included in the pink text underneath the video image.

Events

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>

Cochrane methods symposium, Quebec City (Canada), 24 September 2013

A Cochrane methods symposium will take place in Quebec City on Tuesday 24 September, the day after this year's Cochrane Colloquium in the same city. A small fee will be charged for registration for the symposium, and it will be open to those not attending the Colloquium. Further details will be announced as they become available, and will be added to the Colloquium web site:

<http://colloquium.cochrane.org/>

Interesting new and updated reviews

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

- [Face to face interventions for informing or educating parents about early childhood vaccination](#)
- [Probiotics for the prevention of Clostridium difficile-associated diarrhea in adults and children](#)
- [Pharmacological interventions for smoking cessation: an overview and network meta-analysis Link to Podcast](#)
- [Screening women for intimate partner violence in healthcare settings](#)

- [Multimedia educational interventions for consumers about prescribed and over-the-counter medications](#)
- [Training to recognise the early signs of recurrence in schizophrenia](#)
- [Workplace pedometer interventions for increasing physical activity](#)

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

- **Closure by primary intention versus secondary intention for treating animal bite wounds**
- **Interventions for itching in late pregnancy**
- **Fluids for irrigating traumatic wounds**

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.

PEARLS

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.

Nicotine receptor partial agonists effective for smoking cessation

Clinical question	How effective are nicotine receptor partial agonists for smoking cessation?
Bottom line	Varenicline at standard dosage (1.0mg twice a day) increased the chances of successful long-term smoking cessation by more than two-fold compared with pharmacologically unassisted quit attempts. Varenicline at reduced dosage appeared to reduce the impact of adverse events in the early weeks of treatment and remained an effective aid to smoking cessation, delivering success rates similar to those achieved with nicotine replacement therapy (NRT) and bupropion. Limited evidence suggests varenicline may have a role to play in relapse prevention. The main adverse effect of varenicline was nausea, but mostly at mild to moderate levels, and this tended to subside over time.
Caveat	Two open-label trials of varenicline versus NRT suggested a modest

	benefit for varenicline, but were inconclusive. Possible links with serious adverse events, including depressed mood, agitation and suicidal thoughts, have been reported but are so far not substantiated. Cytisine may also increase the chances of quitting, but the evidence at present is inconclusive.
Context	Varenicline was developed as a nicotine receptor partial agonist from cytisine, a drug widely used in central and eastern Europe for smoking cessation. Nicotine receptor partial agonists may help people to stop smoking by a combination of maintaining moderate levels of dopamine, to counteract withdrawal symptoms (acting as an agonist), and reducing smoking satisfaction (acting as an antagonist).
Cochrane Systematic Review	Cahill K, Stead LF and Lancaster T. Nicotine receptor partial agonists for smoking cessation. Cochrane Reviews, 2011, Issue 2. Article. No. CD006103. DOI: 10.1002/14651858. CD006103.pub4. This review contains 11 studies involving over 10,300 participants
Pearls No. 305, April 2011, written by Brian R McAvoy	
Update PEARL 14 March 2012	
New citation required and conclusions have changed. Safety profile modified, as new possible cardiovascular and psychiatric adverse events information incorporated. Efficacy findings unchanged but confirmed	
Seven new included studies (5 varenicline, 1 cytisine, 1 dianicline) and 14 new excluded studies added, plus safety data.	
New and updated review:	
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006103.pub6/full#CD006103-sec1-0012	

Vitamin supplements do not prevent miscarriage

Clinical question	How effective are vitamin supplements in preventing miscarriage?
Bottom line	Taking any vitamin supplements prior to pregnancy or in early pregnancy (less than 20 weeks gestation) did not help prevent either early or late miscarriage or stillbirth. Providing women with vitamin A or multivitamin supplements, with or without folic acid, may increase the risk of a multiple birth, which may confer increases in perinatal morbidity and mortality. There was insufficient evidence to examine the effect of different combinations of vitamins on miscarriage, stillbirth and measures of infant growth. The vitamins given included vitamin A, alone or with iron, folic acid, zinc or multivitamins; vitamin C with or without multivitamins or vitamin E; folic acid with or without multivitamins and/or iron; multivitamins with iron and folic acid; and multivitamins alone.
Caveat	Many of the trials included in the review were not of high quality, either due to poor or unclear allocation concealment, or large losses to follow-up, which increased the risk of bias in the results. The data were also complicated by differing definitions of miscarriage. Other studies did not specify their definition of miscarriage or stillbirth. No trials reported on any potential psychological effects, such as anxiety and depression.
Context	Poor diet with insufficient vitamins has been associated with an increased risk of miscarriage in early pregnancy. This has prompted investigation of the use of vitamin supplements prior to pregnancy or in early pregnancy to reduce the risk of miscarriage.
Cochrane Systematic Review	Rumbold A et al. Vitamin supplementation for preventing miscarriage. Cochrane Reviews, 2011, Issue 1. Article No. CD004073.

DOI: 10.1002/14651858.CD004073.pub3. This review contains 28 studies involving 62,669 participants and 64,210 pregnancies

Pearls No. 306, April 2011, written by Brian R McAvoy

Some interventions effective in increasing influenza vaccination rates of older people

Clinical question	How effective are interventions to increase influenza vaccination rates in those 60 years and older in the community?
Bottom line	Personalised postcards or phone calls were effective, and home visits, and facilitators, may be effective. Reminders to physicians were not. Only 11 of 44 randomised controlled trials (RCTs) were at low or moderate risk of bias. They included 3 of the 13 personalised postcard/phone call interventions (all 3 effective), 2 of the 4 home visit interventions (both effective, but 1 small and with imbalances in the study arms), 3 of the 4 reminders to physicians interventions (none effective), and 3 of the 4 facilitator interventions (2 effective).
Caveat	The other 33 RCTs were at high risk of bias, and the limited results of the RCTs at low and moderate risk of bias should be viewed in this context. Heterogeneity was marked and metaanalysis was limited. All the identified RCTs were of older people in the community, and conducted in high-income countries. There were no RCTs of interventions to increase influenza vaccination rates in institutions.
Context	There is uncertainty about the effectiveness of interventions to increase influenza vaccination rates in those 60 years or older. Although the evidence to support influenza vaccination is poor, it is promoted by many health authorities.
Cochrane Systematic Review	Thomas RE et al. Interventions to increase influenza vaccination rates of those 60 years and older in the community. Cochrane Reviews, 2010, Issue 9. Article No. CD005188. DOI: 10.1002/14651858.CD005188.pub2. This review contains 44 studies involving 432,309 participants.
Pearls No. 307, April 2011, written by Brian R McAvoy	

Multidisciplinary interventions can enhance return-to-work for cancer patients

Clinical question	How effective are interventions aimed at enhancing return-to-work for cancer patients?
Bottom line	Four types of interventions were compared: psychological interventions, interventions aimed at physical functioning, medical interventions, and multidisciplinary interventions which incorporated physical, psychological and vocational components. No studies of vocational interventions aimed at work-related issues were retrieved. Moderate quality evidence showed multidisciplinary interventions involving physical, psychological and vocational components led to higher return-to-work rates than care as usual. No differences in the effect of psychological, physical, medical or multidisciplinary interventions compared with care as usual were found regarding quality of life outcomes.
Caveat	The evidence regarding psychological, physical interventions or function-conserving medical interventions is limited, of low quality or inconclusive. The number of patients included in study analyses is generally low, with 11 studies providing fewer than 50 patients in each group thus limiting the power of the studies. In addition, 4

	different types of interventions were considered and each type of intervention contained several subtypes of interventions. As a result, most subtypes of interventions only described 1 study, and meta-analyses for the subtypes of interventions were not possible. It was not possible to perform subgroup analyses according to diagnosis or quality of the study.
Context	Cancer survivors are 1.4 times more likely to be unemployed than healthy people. It is therefore important to consider the value of programmes to support the return-to-work process for this patient group.
Cochrane Systematic Review	de Boer AGEM et al. Interventions to enhance return-to-work for cancer patients. Cochrane Reviews, 2011, Issue 3. Article No. CD007569. DOI: 10.1002/14651858.CD007569.pub2. This review contains 18 studies involving 1652 participants
Pearls No. 308, May 2011, written by Brian R McAvoy	

Antibiotics effective for urinary tract infection during pregnancy

Clinical question	How effective are antibiotics for symptomatic urinary tract infection (UTI) during pregnancy?
Bottom line	All the antibiotics studied were very effective. In most of the comparisons, there were no significant differences between the treatments with regard to cure rates, recurrent infection, incidence of preterm delivery, admission to neonatal intensive care unit, need for change of antibiotic or incidence of prolonged pyrexia. Complications were very rare. Antibiotics tested included penicillins, cephalosporins, aminoglycosides, antimetabolites, nitrofurantoin and fosfomycin trometamol.
Caveat	It was not possible to draw reliable conclusions as to which was the best class, route or regimen of antibiotic to treat symptomatic UTIs during pregnancy because of limitations in the primary data (quality and sample sizes). The main problems overall were the loss to follow-up (between 8% and 25%), performance of late microbiological studies and follow-up samples, and lack of reporting of important data about pregnancy outcomes.
Context	Urinary tract infections, including cystitis and pyelonephritis, are common in pregnancy and are serious complications that may lead to significant maternal and neonatal morbidity and mortality.
Cochrane Systematic Review	Vazquez JC and Abalos E. Treatments for symptomatic urinary tract infections during pregnancy. Cochrane Reviews, 2011, Issue 1. Art. No. CD002256. DOI: 10.1002/14651858.CD002256.pub2. This review contains 10 studies involving 1125 participants
Pearls No. 309, May 2011, written by Brian R McAvoy	

Varenicline and behavioural interventions may help smokeless tobacco cessation

Clinical question	How effective are behavioural and pharmacological interventions for the treatment of smokeless tobacco cessation?
Bottom line	Based upon a single study to date, varenicline appeared to be effective for increasing tobacco abstinence rates among Swedish snus users and could be offered clinically. Evidence for the effectiveness of bupropion SR and nicotine replacement therapy for the treatment of smokeless tobacco use was inconclusive.

	Behavioural interventions increased tobacco abstinence rates among smokeless tobacco users, whether or not they were already motivated to stop and seek treatment. Telephone counselling and oral examination and feedback about smokeless tobacco-induced mucosal changes may be useful components of such an intervention.
Caveat	The evidence for the use of pharmacotherapies is insufficient to provide clear guidelines for practice. The inference of the effect size of behavioural interventions for increasing smokeless tobacco abstinence rates was weakened by the limited methodological quality of some of these trials, including loss to follow-up and potential baseline differences between the groups. Moreover, there is the possibility publication bias may also have impacted on the results.
Context	Smokeless tobacco is tobacco that is consumed orally, not burned. A variety of types of smokeless tobacco is consumed throughout the world, and it is an important worldwide public health issue. In the US, the principal types of smokeless tobacco are chewing tobacco (cut tobacco leaves) and snuff (moist ground tobacco). In Sweden, snus (finely ground moist tobacco) is used. In India, smokeless tobacco contains tobacco leaf mixed with other ingredients, such as areca nut and lime. ¹ In Sudan, toombak is made from a fermented ground powdered tobacco mixed with sodium bicarbonate. ² Use of smokeless tobacco can lead to nicotine addiction, and long-term use can lead to health problems, including periodontal disease, cancer, and cerebrovascular and cardiovascular disease.
Cochrane Systematic Review	Ebbert J et al. Interventions for smokeless tobacco use cessation. Cochrane Reviews, 2011, Issue 2. Article No. CD004306. DOI:10.1002/14651858.CD004306.pub4. This review contains 25 studies involving over 11,000 participants.
Pearls No. 310, May 2011, written by Brian R McAvoy.	

Insufficient evidence for prophylactic antibiotics for women with meconium-stained amniotic fluid

Clinical question	How effective are prophylactic antibiotics for meconium-stained amniotic fluid (MSAF) during labour in preventing maternal and neonatal infections?
Bottom line	Compared to placebo, antibiotics for MSAF in labour may reduce chorioamnionitis. There was no evidence antibiotics could reduce postpartum endometritis, neonatal sepsis and neonatal intensive care unit (NICU) admission. No serious adverse effects were reported
Caveat	This review was based on a single study involving 120 participants. The trial was of high methodological quality, based on adequate random allocation concealment. However, the sample size was not big enough to reach any firm conclusions.
Context	Pregnant women with MSAF are more likely to develop maternal complications, including chorioamnionitis and endometritis, and neonatal complications, such as neonatal sepsis, and the need for admission to a NICU. Foetal stress or hypoxia may trigger gasping foetal respirations which result in the aspiration of meconium.
Cochrane Systematic Review	Siriwachirachai T et al. Antibiotics for meconium-stained amniotic fluid in labour for preventing maternal and neonatal infections. Cochrane Reviews, 2010, Issue 12. Article No. CD007772.

DOI:10.1002/14651858.CD007772.pub2. This review contains 1 study involving 120 participants.

Pearls No. 311, May 2011, written by Brian R McAvoy.

Abstracts

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

[No. 305 Nicotine receptor partial agonists effective for smoking cessation, Updated](#)

[No. 306 Vitamin supplements do not prevent miscarriage](#)

[No. 307 Some interventions effective in increasing influenza vaccination rates of older people](#)

[No. 308 Multidisciplinary interventions can enhance return-to-work for cancer patients](#)

[No. 309 Antibiotics effective for urinary tract infection during pregnancy](#)

[No. 310 Varenicline and behavioural interventions may help smokeless tobacco cessation](#)

[No. 311 Insufficient evidence for prophylactic antibiotics for women with meconium-stained amniotic fluid](#)

Colophon

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

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