NORDIC COCHRANE NEWS

NEWSLETTER FOR THE NORDIC COCHRANE CENTRE AND NETWORK ISSSUE 4, AUGUST 1999

Russian Branch of The Nordic Cochrane Centre Established

An exploratory meeting to consider establishing a Russian Branch of the Nordic Cochrane Centre took place in Moscow on June 7-8 1999. Thirty-five invitations had been sent, 17 people were able to attend. Professor Oleg Medvedev, Dean of the Moscow State University Medical School, chaired the meeting.

The first speaker, Dr Peter Gøtzsche, Director of the Nordic Cochrane Centre, introduced the audience to the main principles and structure of the Cochrane Collaboration and gave examples how evidence from systematic reviews could change clinical practice.

Russian speakers – Dr Vasiliy Vlassov, Dr Sergei Varshavski, Dr Saveli Bashinski, the main enthusiasts of the Cochrane movement in Russia - explained what had been done in the field of handsearching, translation and dissemination of Cochrane Collaboration materials and their vision of the future role of the organisation in Russia, including recruiting potential reviewers.

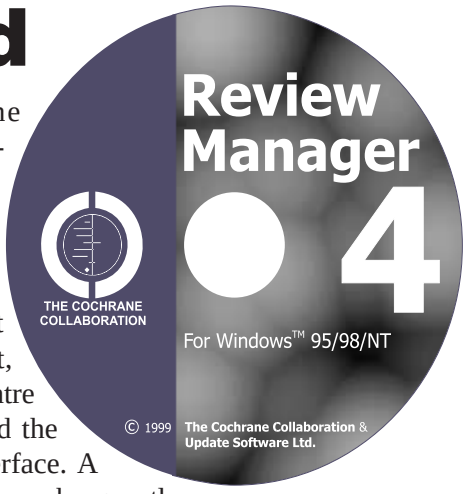
During the following discussions, all the participants unanimously agreed on the necessity of establishing the Russian branch and set a list of priorities for its activities. Among those are handsearching of Russian medical journals, establishment of a national register of clinical trials, dissemination of information and involvement of potential reviewers. Issues of long-term funding were also debated, in particular the possibility of obtaining an EU Commission grant. Dr Saveli Bashinski was elected as Director of the Branch.

Saveli Bashinski

RevMan 4 Released

The new version of Review Manager, version 4.0, was released on the Internet on 19 July by the Nordic Cochrane Centre (which co-ordinates software development within the Cochrane Collaboration), with major contributions from Mike Clarke, convenor of the RevMan Advisory Group, UKCC, and Update Software.

The project had been underway for 2 years, occupying three Centre staff members, and was funded by a grant from the 1991 Danish Pharmacy Foundation. It began with a collaboration-wide survey, allowing the users to influence what new features should be implemented. The Revman Advisory Group then made the final recommendations on what to implement, while the Centre team designed the new user interface. A beta version was subsequently programmed and released for testing in March 1999.



In addition to the finished program being available on the Internet, the Centre has distributed 1500 CD-ROMs which are being sent to review groups for for further distribution.

Among the notable features of the new version is a completely redesigned user interface that allows for greater ease-of-use and versatility, as well as added functionality such as spellchecking and many new import/export options.

Jacob Riis

Inside:

Cochrane Anaesthesia Group Being Established

The exploratory meeting of the group was held within the ESA Annual Meeting in Amsterdam May 29th-June 1th 1999. Fifteen people from seven countries were present. The meeting was constructive and it was decided to work towards establishing the group. The group is interested in interventions in anaesthesia, perioperative medicine, intensive care medicine, prehospital medicine, resuscitation and emergency medicine. In order to avoid unnecessary and potentially confusing overlaps with other groups, the principal criterion for selection of topics is that anaesthesia, perioperative medicine and intensive care medicine itself should be the primary focus of attention. Because of the broad scope, close liaison with other groups is envisaged, e.g. the Heart Group, the Pain and Palliative and Supportive Care Group, the Injuries Group and the Airways Group. Should there be any doubt about where a given review belongs, a discussion among the groups in question will take place.

Thirty-one people from nine different countries have declared an interest in preparing a systematic review, and fourteen people want to hand search journals. About 90 people are on the mailing list. Tom Pedersen was elected as co-ordinating editor, and Ann Møller joined the editorial team as deputy co-ordinating editor.

For further information, please subscribe to our newsletter and visit our website at:

www.cochrane-anaesthesia.suite.dk

The group can also be reached at:

The Cochrane Anaesthesia Group
Department of Anaesthesiology R
Bispebjerg University Hospital
DK-2400 Copenhagen NV
Denmark.

Email: Cochranaesth@yahoo.com.

Non-randomised Studies Methods Group Being Established

In its first years of existence, the Cochrane Collaboration published almost exclusively systematic reviews of randomised trials. However, certain problems may be very difficult or even impossible to study in trials, e.g. some public health interventions or rare side effects. Thus, there is a need for systematic reviews of non-randomised studies of the effects of health care interventions.

In order to organise and develop the knowledge in this field and make it accessible to Cochrane reviewers and others, a Cochrane Non-randomised Studies Methods Group is being established. Ole Olsen at the Nordic Cochrane Centre took the first initiative and an exploratory meeting with 45 participants was held at the annual Cochrane Colloquium in Baltimore in October 1998. A working meeting for contributors took place in London, 27-28 May. The Danish Institute for Health Technology Assessment provides financial support to the project. It is expected that the group will be formally established later this year.

Please contact us at o.olsen@cochrane.dk if you wish to contribute or to get further information.

Ole Olsen

News from the Cochrane Colorectal Cancer Group (CCCG)

The CCCG presented the Cochrane Collaboration and demonstrated the Cochrane Library on an exhibition stand during the ASCRS Tripartite Meeting in Washington DC in May 1999. This was the second time the CCCG presented the Collaboration in this way, and experience has shown it is the best way to get in contact - and start collaboration - with interested persons from all over the world.

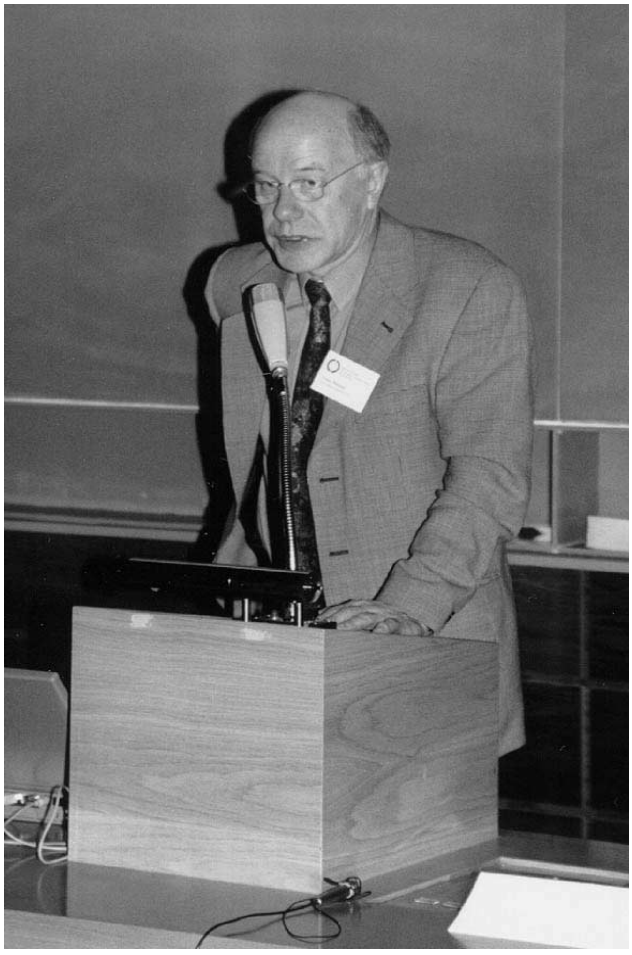
The CCCG now has a web site, **www.cccg.dk**, which presents the group and makes it possible to download different forms and questionnaires of use for reviewers, editors/peer referees, handsearchers and other interested parties. The CCCG also has a new e-mail address: cccg@cccg.dk.

Cochrane Colorectal Cancer Group

Evidence Based Medicine: How Do We Implement Research Results Effectively?

The main topic at the Annual Meeting of The Nordic Cochrane Centre in January 1999 was how to use evidence based medicine in daily practice. We have translated, with permission, a summary of the meeting, which was published by Peter Matzen in Ugeskrift for Læger (1999;161:3869-70).

In recent years there has been increasing interest in learning how to use clinical research results in daily practice. This has become more easy due to electronic media, but it has required that results are accessible in a useful format for clinicians. The Cochrane Library is now accessible to all Danish doctors through DADLnet and NetDoktor Eksklusiv (**http://www.netdoktor.dk**). The Cochrane Library provides large amounts of information in its systematic reviews of clinical trials in a format that is easy to use. However, only treatments are included and far from all areas are covered. There is enough information in the electronic media, but the problem is how to find it when you need it and to evaluate whether it is relevant, valid and of any interest for the particular problem.



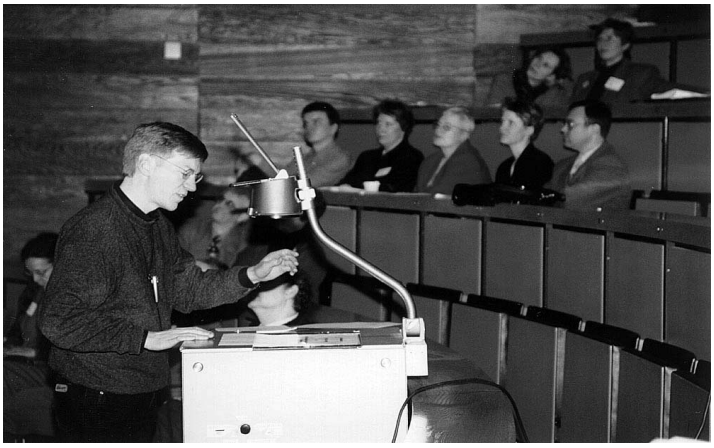
Peter Matzen

These years many clinical guidelines are published which can be of highly varying quality. Not all of them are based on explicit judgment of the available scientific evidence. *Marjukka Mäkelä* from the Finnish Branch of the Nordic Cochrane Centre had gone through clinical guidelines which had been distributed to Finnish doctors. Half of them had no references. In particular, she had looked critically at guidelines for hormone replacement therapy for women with postmenopausal symptoms, which had been sent out to all doctors. They were authored by two university-affiliated gynaecologists, helped by an expert committee. The recommendations were very vaguely worded and there were no references - only a list with supplementary literature. A critical appraisal of the recommendations led to devastating criticism, which was published in the Journal of the Finnish Medical Association, on TV and in the written press. Quite simply, the recommendations made by the well-known experts were not in agreement with the existing evidence. This case had resulted in many considerations about how professional criticism should be conveyed most appropriately. It should be obligatory for clinical guidelines to mention on which evidence the guidelines are based.

Andy Oxman from the Norwegian Branch of the Nordic Cochrane Centre showed that even though evidence based guidelines exist, it is not enough. A Cochrane review demonstrated that the availability of clinical guidelines in journals or pamphlets had not been sufficient to change practice. Traditional courses and lectures, which are often part of Continuous Medical Education, are also ineffective. Courses based on problem-solving and clinical audit and feed back have some effect, while local opinion leaders seem to be quite efficient in changing doctors behaviour. The most efficient opinion leaders are competent clinicians who are good listeners and who, above all, are not ironic or sarcastic; they are not always chief of department or professor of the specialty. The conclusion was that there is *no magic bullet* which can be used when you want to change the culture.

One way of investigating whether treatments within a certain speciality or expert area is evidence based, is to decide on a number of evidence based quality indicators and then count how often these goals have been met. *Mona Britton* from the Swedish Health Technol-

ogy Assessment Institute (SBU) had made an investigation of such indicators related to treatment of stroke: the proportion of stroke patients who were treated at stroke units and the proportion who had had a CT-scan, which is considered to be a prerequisite for sufficient secondary prophylaxis. There was a large regional variation and a big variation between different clinics. Fulfilment of the quality goals underwent a strong deterioration, which it took several years to remedy, when the stroke units from two large hospitals in Stockholm were merged, even though the politicians and the administrators had marketed this fusion as a big step forward (does anyone in your hospital recognise such problems?).



Ole Olsen

Throughout the meeting it became very clear that a public presentation of guidelines and the evidence on which they are based is essential. The department of gynaecology and obstetrics at Hvidovre Hospital has as a consequence published its instruction book on the Internet (**http://inet.uni-c.dk/-gyncph/pros.htm**). *Lars Krag Møller,* who is responsible for the project, told about his experiences. Both patients and colleagues use the Internet address frequently which has forced the department to maintain its guidelines and to document the evidence by references - often to The Cochrane Library. In one case a patient used the guidelines in a complaint case against the department and in another case in litigation against another department, but apart from that the experience is positive.

The lack of evidence within obstetrics inspired *Archie Cochrane* when he called for a systematic collection of existing evidence from randomised trials. Most of the first systematic reviews of trials in The Cochrane Library covered obstetric questions and this specialty has rather early achieved an overview of the available evidence. That this has not always been noticeable in daily practice, was shown by *Jeanette Lauenborg* from Rigshospitalet where an evidence based surgical technique for Caesarean section was only slowly adopted by all, and in particular not by the older surgeons. Likewise, *Ole Olsen* from The Nordic Cochrane Centre had studied the instruction books at the hospital's departments of obstetrics. Only very few recommendations contained references. Among 10 items with 60 subitems chosen for scrutiny, there were no cases of strong evidence against the recommended treatment. In two cases, there was strong evidence supporting the recommendation, while there were many examples of lacking or insufficient evidence. The lacking evidence for routine ultrasound screening of pregnant women is one well-known example; another is the routine use of foetal cardiotocography for uncomplicated births. During the discussion it was mentioned that "old horses" can be lead to the trough, but it is difficult to make them drink. This aroused a protest by the undersigned thirsty "old horse".

Jens Peter Kampmann from the Clinical Pharmacology unit at Bispebjerg Hospital and the Clinical Unit for Rational Pharmacotherapy in Copenhagen demonstrated

Next Annual Meeting of the Nordic Cochrane Centre

The next annual meeting will take place in Stockholm at Nobel Forum, Karolinska Institutet, on 27 January 2000, and will be arranged by The Swedish Council for Technology Assessment in Health Care, The Nordic Cochrane Centre and the Management and Library of Karolinska Institutet.

The meeting will not be held in English this year, as it would impede some of the important discussions that are envisaged.

The working title is:

Evidensbaserad sjukvård - vad är det och vad skall det vara bra för.

Hur kommer Cochrane, health technology assessment och klinisk forskning in i bilden?

that it is possible to change the culture. By visiting the individual general practices and discussing the treatment habits of the doctors, the increase in drug costs had been halted. The initiative had been very well received by most doctors and the increase in the use of drugs, measured in defined daily doses, and in costs had been lower than in previous periods and than in the rest of the country. A controlled trial is presently being conducted on the effect on prescription habits of thematic meetings, written informational material and individual visits.

Evidence based clinics had been less effective in changing the habits of hospital doctors, as related to their realisation that their own knowledge might be insufficient and that it might be necessary to search and study the literature. *Peter Matzen* from the Department of Medical Gastroenterology at Hvidovre Hospital demonstrated the results of a survey before and after evidence based clinics had been held 1-3 times every month during one year (1996-1997). This had only had a moderate effect on how often doctors consulted the literature concerning the patient in question. However, reading time was increased by 30% and electronic media were used more often when looking for the literature. During the year covered by the survey, there was not general accessibility to electronic literature searching and the library was located in a remote part of the hospital.

Peer Wille-Jørgensen from Bispebjerg Hospital showed that surgical gastroenterology is not always evidence based either. Only 18% of new recommendations for treatment of colorectal cancer are based on randomised trials; in 51%, evidence from less rigorous studies are used, while there is no good evidence for 31% of the recommendations. An example was cleansing of the bowel before operations on the colon, which in a meta-analysis was shown not to be evidence based, in fact, the procedure was in contrast with the evidence. A medical health technology assessment of acute appendicitis had shown that by replacing acute operation by watchful waiting for up to 24 hours after admission, the number of operations can be reduced without an increase in the number of complications.

The head of the Danish Institute for Health Technology Assessment, *Finn Børlum Kristensen*, noted that health technology assessment is not only about techniques. It is much broader and comprises areas in health care which can be subjected to evaluation as regards the practical performance (the technique), patient aspects and aspects related to the organisation and to health economy. It is crucial that the Cochrane Collaboration is able to deliver the evidence for the clinical aspects of the medical technology assessment and it is therefore natural for the Institute to collaborate with and to support the work of the Cochrane Centre.

The chairman of The Danish Society of Medicine, *Jørn Neerup*, had a busy day as he also chaired the annual meeting of The Danish Society of Medicine next door about clinical databases. He reported on the society's plans of producing evidence based clinical guidelines, the effect of which would be measured by a small number of quality indicators. It is a problem that is has so far not been shown that doctors' compliance with evidence based guidelines improves the prognosis of the patients. Whether quality assurance of the clinical process improves the prognosis is also uncertain. It is so widely believed, however, that *Claus Juhl* from The Danish Ministry of Health was able to ex-

Claus Juhl

press the ministry's support to the Cochrane Collaboration and to implementation of evidence based medicine.

The general impression from the meeting was that there is increased recognition that treatments in health care should be based on scientifically collected evidence. To a much higher extent than today, evidence based clinical guidelines should provide the basis for daily practice. Education of doctors should be problem-based, and the means to achieve this should be teaching in evidence based problem-solving. This is a prerequisite for optimal usage by the individual doctor and the patient of the knowledge which is available and which is being produced in ever increasing amounts. Even though the official health authorities support the wish for an evidence based health care, political or public understanding is not always apparent. Up to 50% of patients do not wish to participate in randomised trials. It is also a problem that much of what we do in daily practice is poorly documented and that there still is a large regional variation in the treatments which are offered.

The next course in evidence based medicine at The Nordic Cochrane Centre will take place on 22-25 November 1999, see **http://www.cochrane.dk**.

Peter Matzen (translated by Peter C. Gøtzsche)

Workshops and Courses

	Date	Event	Venue	Status
1999	6 September	Protocol workshop	Copenhagen	CLOSED
	7 September	RevMan workshop	Copenhagen	FULL
	8 September	Handsearching workshop	Copenhagen	CANCELLED
	2 November	RevMan workshop	Copenhagen	
	22-25 November	Kursus i evidensbaseret klinik	Copenhagen	
2000	20 March	Protocol workshop	Copenhagen	
	21 March	RevMan workshop	Copenhagen	
	22 March	Handsearching workshop	Copenhagen	
	22-25 May 20	Kursus i evidensbaseret klinik	Copenhagen	
	11 September	Protocol workshop	Copenhagen	
	12 September	RevMan workshop	Copenhagen	
	13 September	Handsearching workshop	Copenhagen	
	Autumn	Kursus i evidensbaseret klinik	Copenhagen	

To read more about the workshops, and register online, look up the local pages of The Nordic Cochrane Centre:

www.cochrane.dk/ncc/home.htm

New mailing address

From the **6 September 1999**, The Nordic Cochrane Centre's mailing address will be:

The Nordic Cochrane Centre
Rigshospitalet, Dept. 7112
Blegdamsvej 9
DK-2100 Copenhagen Ø
DENMARK

Only our mailing address will change, so visitors are still welcome at **Tagensvej 18B**.