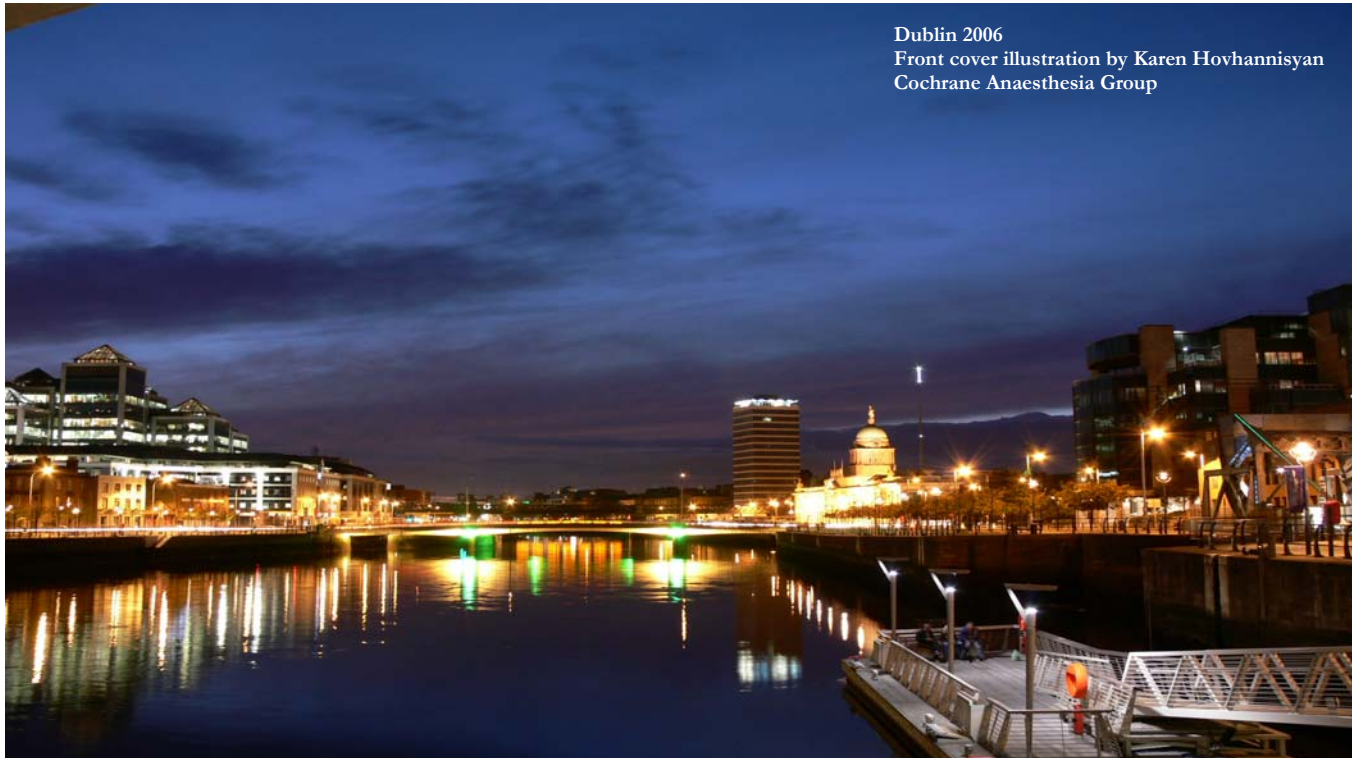


# Nordic Cochrane News

Newsletter for the Nordic Cochrane Centre (NCC)



Issue 11, December 2006



Dublin 2006  
Front cover illustration by Karen Hovhannisyan  
Cochrane Anaesthesia Group

## Free access to *The Cochrane Library* in Poland

We are pleased to announce that from 1st January, 2007 all citizens in Poland will have free access to the internet version of *The Cochrane Library* through a national provision provided by The Polish Ministry of Health. The technicalities are still under discussion, the choice being access via IP addresses, or via login and password. We hope the availability of *The Cochrane Library* will facilitate the spread of evidence-based medicine and will encourage Polish researchers to take part in the writing of Cochrane reviews. This is not an easy task and may require a policy change at Polish universities, so that

Cochrane reviews will get academic recognition. Evidence-based medicine is receiving increasing attention in health care in Poland, and several workshops and courses are available from various institutions, including optional courses for medical students at the Jagiellonian University Medical College in Krakow and at the Medical Academy in Gdansk. We hope that free access to *The Cochrane Library* will accelerate these processes.

*Malgorzata Bala, National contact person*  
*Norbert Wilk, Deputy Director for Health Technology Assessment*

## Relocation of The Nordic Cochrane Centre

Due to lack of space at Rigshospitalet, The Nordic Cochrane centre will be relocated to The Panum Institute at the University of Copenhagen, 200 m away from the current location, in December 2006. Address details will be given through all relevant mailing lists and at our website [www.cochrane.dk](http://www.cochrane.dk).

*Peter C Gotzsche, The NCC*

## New Cochrane reviews

Staff in the Nordic area have published several interesting new and substantively updated reviews in 2006.

### *Screening for breast cancer with mammography (CD001877)*

This review, first published in 2001, now includes the data on the most important harms of screening, overdiagnosis and overtreatment, that we published in *The Lancet* in 2001, and more data after long-term follow-up. The review found that for every 2000 women invited for screening throughout 10 years, one will have her life prolonged. In addition, 10 healthy women, who would not have been diagnosed if there had not been screening, will be diagnosed as breast cancer patients and will be treated unnecessarily. The estimated benefit corresponds to an average life extension of one day per woman, and one should subtract from this the time it takes for the woman to travel and attend the screening sessions and the time used by staff members and others. It is thus not clear whether screening does more good than harm. Other research published by the centre in 2006 showed that none of 31 invitations to screening in 7 countries contained any information on its major harms (*BMJ* 2006; 332:538–41).

*Peter C Gøtzsche, The NCC*

### *Laser and photoepilation for unwanted hair growth (CD004684)*

Unwanted hair growth is a challenge and considerable resources are spent to achieve hair-free appearances. The review is based on eleven randomised trials, none of which were of high quality. There appeared to be a short-term effect of about 50% hair reduction with alexandrite and diode lasers up to six months after treatment, whereas there was little evidence for an effect of other types of equipment (Intense Pulsed Light, neodymium:YAG and ruby lasers). Long-term hair removal was not recorded for any treatment, in contrast to advertisements that often promise permanent hair removal.

*Merete Hadersdal, Bispebjerg Hospital*

### *Little reliable research on consumer involvement (CD004563)*

It is unclear what the best ways are for involving consumers in developing healthcare policy and research, clinical practice guidelines and patient information material. This review shows that there is currently little reliable research that addresses these questions. We also need more research regarding how to involve consumers in health service decisions; how to ensure good collaboration with professionals; and how consumers could influence the quality of and priorities in the health care

sector. The review identified only five studies, several of which have serious methodological weaknesses. Two of the studies conclude, however, that patient information becomes more understandable and gives readers increased knowledge when consumers have participated in its development.

*Marit Johansen,  
Elin Strømme Nilsen  
Norwegian branch of The NCC*

### *Compression stockings for preventing deep vein thrombosis (DVT) in airline passengers (CD004002)*

After a flight lasting at least seven hours, passengers were carefully assessed to detect any problems with the circulation of blood in their legs. Fifty of 2637 participants in 9 trials with follow-up data were diagnosed with symptomless DVT; three wore stockings, 47 did not. None of the passengers developed a DVT with symptoms (slowly developing leg pain, swelling and increased temperature) and no serious events (a blood clot in the lungs or death) were reported. People who wore stockings also had much less discomfort and swelling in their legs (oedema) than those who did not wear them. No significant adverse effects were reported.

*Monica Kjeldstrøm, The NCC*

### *Preventing occupational stress in healthcare workers (CD002892)*

High expectations coupled with insufficient time, skills or social support can lead to severe distress, burnout, increased absenteeism and turnover, or physical illness in health care workers. We found that person-directed interventions that include a cognitive-behavioural approach (e.g. coping skills training), possibly combined with relaxation techniques, can reduce burnout, anxiety, stress and general symptoms in healthcare workers. Work-directed interventions that include communication or nursing delivery change can also be effective. At best, the effect may still be apparent from six months to two years after the end of the interventions. However, we also found that most of the studies were small and of poor quality, and that it is not clear which minimum change in a stress or burnout score is meaningful.

*Jani H Ruotsalainen, Cochrane Occupational Health Field*

***How to become involved in the  
Cochrane Collaboration?  
See [www.cochrane.dk](http://www.cochrane.dk)***

Previous Cochrane reviews of antifungal agents have revealed substantial flaws and inconsistencies between results and conclusions in industry-sponsored trials. In this review, we detected similar problems in the two pivotal trials of Pfizer's new antifungal agent, voriconazole, both published in *New England Journal of Medicine*. FDA reviewers noted that, in a non-inferiority trial, voriconazole was significantly less effective than liposomal amphotericin B, but the authors concluded that voriconazole was a suitable alternative. The other trial used amphotericin B deoxycholate as comparator but handicapped the drug by not requiring the necessary pre-medication to reduce infusion related toxicity or substitution with electrolytes and fluid to reduce nephrotoxicity, although the planned duration of treatment was 84 days. Voriconazole was given for 77 days on average, but the comparator for only 10 days, which precludes a meaningful comparison. The available evidence cannot support a recommendation to use voriconazole instead of amphotericin B in immunosuppressed cancer patients as amphotericin B given under optimal circumstances was significantly better than voriconazole.

*Karsten Juhl Jørgensen, The NCC*

## Too many excluded studies in Cochrane reviews

A survey has shown that the number of excluded studies listed in Cochrane reviews could be substantially reduced. The idea with excluded studies is to help readers who might wonder why a particular study has not been included. Accordingly, the Handbook notes that studies meeting the inclusion criteria, or appearing to meet the inclusion criteria, that were excluded should be identified and the reason for exclusion should be given. Trials that obviously do not fulfil the entry criteria for types of studies, participants, or interventions should therefore not be listed. It is less clear how we should deal with types of outcome measures, as trial reports may have measured unreported outcomes. If none of the outcomes of interest appear to have been measured, it may still sometimes be reasonable to list the trial under excluded studies. In other cases it is not. For example, if the trial addresses the short-term effect of a drug on blood pressure, and the review addresses relevant outcomes, such as mortality, myocardial infarction and stroke. The findings of the survey have been sent to the review groups.

*Peter C Gøtzsche, The NCC*

## EPOC-satellite II launch in Oslo

No, not a spaceship to take us to the moon, but an expansion of the Cochrane Effective Practice and Organisation of Care Group (EPOC). EPOC is situated in Ottawa, Canada. An EPOC-satellite was established in Melbourne, Australia in 2005, and on November 10<sup>th</sup> this year, the Oslo-satellite was launched. Dr Hassan Mishinda from the Ifakara Centre in Tanzania once said that "If you are poor, actually you need more evidence before you invest, rather than if you are rich". The Oslo-satellite will focus on the production and updating of Cochrane reviews that address health systems questions relevant to low and middle-income countries (LMIC). To launch the new satellite, a seminar was held with speakers from around the world. They discussed the use of evidence-informed decisions about health care systems in LMIC, how to meet the needs of decision makers in these countries, and the need for systematic reviews of health care systems interventions and policies. A discussion about prioritisation, funding and coordination of relevant systematic reviews closed the seminar. The editorial team in Oslo, Andy Oxman, Liz Paulsen, Susan Munabi-Babigumira, Morten Aaserud, Jan Odgaard-Jensen and Marit Johansen will work closely with the Canadian and Australian teams.

*Marit Johansen, Norwegian branch of The NCC*

## Usability testing of *The Cochrane Library*

Usability testing of *The Cochrane Library* has been carried out by staff at the Norwegian branch of The Nordic Cochrane Centre and Jane Cracknell from the Cochrane Anaesthesia Group in collaboration with Wiley. The aim was to see if usability had improved as a result of the redesign of the website. Nineteen persons with clinical backgrounds from Oxford and Oslo performed a series of scenario-based tasks. The main findings were that: the Library is difficult to find; the content on the site is highly trusted; the Cochrane/Wiley branding issues appear to have been resolved; the front page is overcrowded; the font is too small; there are too many competing and confusing elements; "search" is the single most used feature but doesn't function optimally (results often misunderstood, non-English users had critical problems finding reviews, often due to spelling errors); too little space is devoted to the review text; and that much terminology is unclear. These findings have been reported to Wiley and will inform the future development and improvement of *The Cochrane Library* website.

*Sarah Rosenbaum, Claire Glenton, Norwegian Knowledge Centre for the Health Services/ Norwegian branch of The NCC, Jane Cracknell, Cochrane Anaesthesia Group*

## Plain language summary: Cochrane's most valuable product?

Systematic methods to present Cochrane reviews in plain language are lacking. We are therefore currently developing a template for plain language summaries, based on our experiences writing consumer summaries for Cochrane Back and Musculoskeletal Group reviews and on research about how to present scientific evidence to consumers. The template provides a guide to filter, distil and present information from Cochrane reviews in plain language and will also take advantage of the planned summary of findings tables that provide short, standardised information from Cochrane reviews about the benefits and harms of an intervention. Based on research about how people understand information and make decisions, we choose to present results as event rates "X out of 100" and "X points on a scale". We also present the quality of the evidence for each outcome following the system used in the summary of findings tables. By using this template and adapting the summary of findings table, it should be possible to ensure a more consistent and precise presentation of the results from Cochrane reviews.

*Claire Glenton, Norwegian branch of The NCC  
Nancy Santesso, Cochrane Musculoskeletal Group*

## Course and publicity in Russia

V. Vlassov gave a five-day course in evidence-based medicine (EBM) supported by USAID to a group of obstetricians, gynecologists and others in Kiev interested in the development of guidelines in family planning. The Ukrainian monthly journal "Therapia" (in Russian) opened a "Cochrane page" for publishing selected abstracts of Cochrane Reviews prepared with help from the Russian Branch. A similar activity occurs in the Armenian EBM journal "Armianskii Referativnii Zhurnal", published twice a year.

*V. Vlassov, Russian branch of The NCC*

## Publication dates - The Cochrane Library

Issue 1, 2007	24 January 2007
Issue 2, 2007	18 April 2007
Issue 3, 2007	18 July 2007

## New staff at The NCC



### Bright Amenuvor

System Administrator, joined the IMS team at The Nordic Cochrane Centre on 1 June 2006 on a part-time basis.



### Greg Saunders

System Developer, joined the IMS team at The Nordic Cochrane Centre on 1 August 2006.

## Workshops and meetings at the NCC in 2007

Date	Event
23 April	Protocol workshop
To be announced	Meta-analysis course
8 October	Protocol workshop
9 October	RevMan workshop
On demand	Individual sessions on writing protocols/reviews and using RevMan (Copenhagen and Oslo)

*Details on [www.cochrane.dk](http://www.cochrane.dk)*



**The Nordic Cochrane Centre  
wishes you all  
A Merry Christmas and  
A Happy New Year**

*Nordic Cochrane News is published by: The Nordic Cochrane Centre, Dept. 7112, Blegdamsvej 9, DK-2100 Copenhagen Ø, Tel: +45 3545 7112 • Fax: +45 3545 7007, E-mail: [general@cochrane.dk](mailto:general@cochrane.dk)*