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Bibliometric

Part II: C

By

Prof. Yuh-Shan Ho

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# Title: Cadernos de Saude Publica

Full Journal Title: Cadernos de Saúde Pública

ISO Abbreviated Title:

JCR Abbreviated Title: Cad Saude Publica

ISSN: 0102-311X

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Coimbra, C.E.A. (2003), Challenges for scientific output and communications in health in Brazil. *Cadernos de Saúde Pública*, **19** (1), 4-5.

Full Text: 2003\Cad Sau Pub19, 4.pdf

Keywords: Brazil, Communications, Health, Scientific Output

? Novaes, H.M.D. (2004), Research in, about, and for health services: An international panorama and questions for health research in Brazil. *Cadernos de Saúde Pública*, **20** (S2), S147-S157.

Full Text: [2004\Cad Sau Pub20S, S147.pdf](2004\Cad%20Sau%20Pub20S,%20S147.pdf)

Abstract: Health systems and services are important determinants of health conditions and quality of life. Health services research is a multidisciplinary area aimed at deepening and widening knowledge on the area in specific contexts and focusing on system accessibility, impact, and performance and conditions and quality of health care in order to contribute to decisions by policy-makers, managers, and health professionals. This article analyzes the main characteristics and trends in recent output in the international literature and discusses several key questions for health services research in Brazil.

Keywords: Brazil, Care, Characteristics, Determinants of Health, Health, Health Care, Health Professionals, Health Research, Health Services, Health Services Research, Impact, International, Knowledge, Life, Literature, Multidisciplinary, Performance, Quality, Quality of, Quality of Health Care, Quality of Life, Research, Services, Systems, Trends

? Oria, M.O., Glick, D.F. and Alves, M.D. (2005), Trends in breastfeeding research by Brazilian nurses. *Cadernos de Saúde Pública*, **21** (1), 20-28.

Full Text: [2005\Cad Sau Pub21, 20.pdf](2005\Cad%20Sau%20Pub21,%2020.pdf)

Abstract: Exclusive breastfeeding is acknowledged as important for survival, optimal growth, and development of infants. The current review presents a synthesis of research output by Brazilian nurses on breastfeeding over the last 20 years, analyzes the theoretical and methodological issues emerging from studies on breastfeeding in Brazil, and provides directions for future research and practice by nurses in the area breastfeeding. Studies included in this review were identified through LILACS searches of Portuguese-language sources. Articles were organized and analyzed chronologically by comparing the evolution of the Brazilian Breastfeeding Program. The incomplete research output of the Brazilian nursing profession in regard to breastfeeding research needs to be addressed. In addition, specific cultural, sociological, and anthropological characteristics of Brazilian regional settings remain to be explored. Emphasis on potential confounders and critical interrelations is warranted.

Keywords: Brazil, Breastfeeding, Characteristics, Cultural, Development, Evolution, Growth, Infants, Needs, Nurses, Nursing, Nursing Profession, Potential, Practice, Profession, Regional, Research, Review, Sources, Survival, Synthesis

? Palma-Solis, M.A., Franco Giraldo, A. and Álvarez-Dardet, C. (2006), Influences and hegemonies in health reform research. *Cadernos de Saúde Pública*, **22** (12), 2527-2537.

Full Text: [2006\Cad Sau Pub22, 2527.pdf](2006\Cad%20Sau%20Pub22,%202527.pdf)

Abstract: the authors analyze the evolution in publications indexed in MEDLINE, LILACS, and Sociological Abstracts concerning health reforms around the world and the determinants of their orientation and distribution from 1990 to 2004. A total of 8,729 publications were selected. The principles of “sustainability” and “quality and effectiveness” were dealt with most frequently, with different patterns of attention, depending on the regions and countries. of 199 countries, 61% included references as to their health reform processes, with the largest numbers in the United States and the Great Britain. The British and U.S. standards for attention to health reform principles displayed strong influences on the study of health reforms elsewhere. This may limit the scientific visibility of issues like equity, participation, and efficiency.

Keywords: Britain, Distribution, Efficiency, Equity, Evolution, Health, MEDLINE, Participation, Principles, Publications, Reform, Standards, United States, Visibility, World

? Carvalho, L., Coimbra, C.E.A., Souza-Santos, R. and Santos, R.V. (2007), Output and citation in public health: A perspective based on the journals *Cadernos de Saúde Pública* and *Revista de Saúde Pública*. *Cadernos de Saúde Pública*, **23** (12), 3023-3030.

Full Text: [2007\Cad Sau Pub23, 3023.pdf](2007\Cad%20Sau%20Pub23,%203023.pdf)

Abstract: This is a comparative bibliometric study of the two main scientific journals in the Public Health field in Brazil: Cadernos de Saude Publica (CSP) and Revista de Saude Publica (RSP). Twenty-four issues of each periodical were analyzed, published from 1996 to 2003, comprising a sample of 819 articles (496 from CSP and 323 from RSP). The following elements in the articles were identified and analyzed: thematic area of the article and citation pattern of publications (articles in periodicals, books and/or book chapters, theses/dissertations, Internet documents, “gray” literature, and other types of publications). The resulting data showed that the majority of the articles represent the sub-area of “epidemiology”. The citation pattern in the journals showed articles in periodicals in first place, followed by citations of books and/or book chapters. Papers in the sub-area “social sciences in health” published in CSP are exceptions, since books and chapters are the most frequently cited. The authors discuss the implications of the findings for the characterization and evaluation of scientific output in Public Health in Brazil.

Keywords: Bibliometric Indicators, Literature, Patterns, Periodicals, Scientific Communication and Diffusion

? Barata, R.B. (2007), SciELO public health: the performance of *Cadernos de Saúde Pública* and *Revista de Saúde Pública*. *Cadernos de Saúde Pública*, **23** (12), 3031-3040.

Full Text: [2007\Cad Sau Pub23, 3031.pdf](2007\Cad%20Sau%20Pub23,%203031.pdf)

Abstract: the aim of this paper was to analyze two Brazilian scientific journals included in the SciELO Library of Public Health, using a group of bibliometric indicators and scrutinizing the articles most viewed. Cadernos de Saude Publica was accessed 3,743.59 times per month, with an average of 30.31 citations per article. The 50 articles most viewed (6.72 to 524.5 views) were mostly published in Portuguese (92%). 42% were theoretical essays, 20% surveys, and 16% descriptive studies. 42% used argumentative techniques, 34% quantitative techniques, 18% qualitative techniques, and 6% mathematical modeling. The most common themes were: health and work (50%), epidemiology (22916), and environmental health (8916). Revista de Saude Publica was accessed 1,590.97 times per month, with an average of 26.27 citations per article. The 50 articles most viewed (7.33 and 56.50 views) were all published in Portuguese: 46% were surveys, 14% databases analysis, and 12% systematic reviews. Quantitative techniques were adopted in 66% of such articles, while mathematical modeling was the same as observed in Cadernos de Saude Publica, as were qualitative techniques. The most common themes were health services organization (22%), nutrition (22%), health and work (18%), epidemiology (12%), and environmental health (12916).

Keywords: Bibliometric Indicators, Databases, Environmental Health, Indexes, Open Access, Periodicals, Virtual Libraries

? Castiel, L.D. and Sanz-Valero, J. (2007), Between fetishism and survival: Are scientific articles a form of academic merchandise? *Cadernos de Saúde Pública*, **23** (12), 3041-3050.

Full Text: [2007\Cad Sau Pub23, 3041.pdf](2007\Cad%20Sau%20Pub23,%203041.pdf)

Abstract: This article discusses the possible meanings of the intense prevailing concern in academic circles over the notion of research productivity, as reflected in an excess number of articles published in various scientific journals. The numerical accounting of articles published by researchers in scientific journals with renowned academic status serves to legitimize academics in their fields of work, in various ways. In this sense, we suggest that scientific articles take on aspects of merchandise-as-fetish, according to Marx’s theory of use-value and exchange-value and Benjamin’s exposure value. Meanwhile, the biological notions of selection and evolution are used as metaphorical elements in “bibliographic Darwinism”. There are references as to the possibility many of the prevailing bibliometric concerns serve as instruments for econometric analysis, especially to orient and enhance cost-effectiveness analysis in research investments of various orders and types, from the point of view of their economic return.

Keywords: Journal Article, Medicine, Periodicals, Research, Science, Scientific Communication and Diffusion

? da Cruz, M.M., dos Santos, E.M. and Monteiro, S. (2007), Evaluation of STD/AIDS prevention programs: A review of approaches and methodologies. *Cadernos de Saúde Pública*, **23** (5), 995-1003.

Full Text: [2007\Cad Sau Pub23, 995.pdf](2007\Cad%20Sau%20Pub23,%20995.pdf)

Abstract: the article presents a review of approaches and methodologies in the evaluation of STD/AIDS prevention programs, searching for theoretical and methodological support for the institutionalization of evaluation and decision-making. The review included the MEDLINE, SciELO, and ISI Web of Science databases and other sources like textbooks and congress abstracts from 1990 to 2005, with the key words: “evaluation”; “programs”, “prevention”, “STD/AIDS”; and similar terms. The papers showed a predominance of quantitative outcome or impact evaluative studies with an experimental or quasi-experimental design. The main use of evaluation is accountability, although knowledge output and program improvement were also identified in the studies. Only a few evaluative studies contemplate process evaluation and its relationship to the contexts. The review aimed to contribute to the debate on STD/AIDS, which requires more effective, consistent, and sustainable decisions in the field of prevention.

Keywords: Acquired Immunodeficiency Syndrome, AIDS, Databases, Decision Making, Decision-Making, Disease Prevention, Education-Program, Evaluation, Impact, Institutionalization, ISI, Knowledge, MEDLINE, Outcome, Papers, Prevention, Program Evaluation, Quantitative, Review, Risk, Scielo, Science, Sexually Transmitted Diseases, Textbooks, Web of Science, Young-Adults

? da Silva, G.A.P. and Vieira-Da-Silva, L.M. (2008), Health surveillance: Proposal for a tool to evaluate technological arrangements in local health systems. *Cadernos de Saúde Pública*, **24** (11), 2463-2475.

Full Text: [2008\Cad Sau Pub24, 2463.pdf](2008\Cad%20Sau%20Pub24,%202463.pdf)

Abstract: In order to identify the various meanings ascribed to health surveillance, the authors conducted a systematic review of articles published from January 1990 to August 2005 in the following databases: LILACS, SciELO, CAPES, MEDLINE, and Web of Science. A total of 144 abstracts were read and 18 full texts of Brazilian articles were selected for in-depth analysis, leading to the design of a typology for technological arrangements related to the various meanings: (i) traditional epidemiological surveillance, with communicable diseases as the main object; (ii) public health surveillance, as the municipal component of the national health surveillance system; and (iii) health surveillance, a technological mode of organizing health practices in a given territory. The proposed typology can contribute to research on surveillance practices in local health systems. It can also serve as a template for data collection and analysis. The meanings ascribed to the three types are discussed in light of public health’s historical development as a field.

Keywords: Analysis, Authors, Chemical Incidents, Communicable Diseases, Data Collection, Databases, Design, Development, Evaluation, Health, Health Surveillance, Local Health Systems, MEDLINE, Public Health, Public-Health, Research, Review, SCIELO, Science, Surveillance, Systematic, Systematic Review, Traditional, United-States, Web of Science

? Dumith, S.C. (2009), Physical activity in Brazil: A systematic review. *Cadernos de Saúde Pública*, **25** (S3) S415-S426.

Full Text: [2009\Cad Sau Pub25, S415.pdf](2009\Cad%20Sau%20Pub25,%20S415.pdf)

Abstract: the purpose of this study, based on a systematic literature review, was to describe the prevalence of physical activity (or inactivity) in the Brazilian population. The databases consulted were: LILACS, SciELO, MEDLINE, Web of Science, and the Google Scholar portal. The terms “physical activity”, “physical exercise”, “physical inactivity”, “sedentary” “Brazil”, and “Brazilian” were used in the search. Overall, 47 studies (all cross-sectional) with random samples were found, and in 26 studies physical activity was the main variable. Only two studies were published before the year 2000, as compared to 12 in 2008 alone. The studies were heavily concentrated in the South and Southeast of Brazil, and there were few studies on physical activity in children and adolescents. In all the studies, physical activity was measured subjectively, mainly with questionnaires, and the most widely studied domain was leisure time. The criteria for defining physical activity varied widely, as did prevalence. The study highlighted the need for standardization of instruments, criteria, and nomenclature in epidemiological studies on physical activity.

Keywords: Adolescents, Adults, Brazil, Children, Chronic Diseases, Databases, Exercise, Google Scholar, Health, Inactivity, Leisure, Leisure-Time, Literature, Literature Review, MEDLINE, Motor Activity, Physical Activity, Prevalence, Questionnaires, Review, Risk-Factors, Sao-Paulo, SCIELO, Science, Systematic, Systematic Literature Review, Systematic Review, Variables, Web of Science

? Gasperin, D., Netuveli, G., Dias-Da-Costa, J.S. and Pattussi, M.P. (2009), Effect of psychological stress on blood pressure increase: A meta-analysis of cohort studies. *Cadernos de Saúde Pública*, **25** (4), 715-726.

Full Text: [2009\Cad Sau Pub25, 715.pdf](2009\Cad%20Sau%20Pub25,%20715.pdf)

Abstract: Studies have suggested that chronic exposure to stress may have an influence on increased blood pressure. A systematic review followed by a meta-analysis was conducted aiming to assess the effect of psychological stress on blood pressure increase. Research was mainly conducted in Ingenta, Psycinfo, PUBMED, Scopus and Web of Science. Inclusion criteria were: published in any language; from January 1970 to December 2006; prospective cohort design; adults; main exposure psychological/emotional stress; outcome arterial hypertension or blood pressure increase >= 3.5mmHg. A total of 2,043 studies were found, of which 110 were cohort studies. of these, six were eligible and yielded 23 comparison groups and 34,556 subjects. Median follow-up time and loss to follow-up were 11.5 years and 21%. Results showed individuals who had stronger responses to stressor tasks were 21% more likely to develop blood pressure increase when compared to those with less strong responses (OR: 1.21; 95% CI: 1.14-1.28; p < 0.001). Although the magnitude of effect was relatively small, results suggest the relevance of the control of psychological stress to the non-therapeutic management of high blood pressure.

Keywords: Adults, Blood, Blood Pressure, Cardia, Cardiovascular Reactivity, Cohort Studies, Control, Coronary-Artery Disease, Follow-Up, Hypertension, Hypertension, Management, Mental Stress, Meta-Analysis, Outcome, Plasma, Pressure, Psychological Stress, Publication, PUBMED, Recovery, Research, Responses, Review, Risk-Factors, Science, Scopus, Stress, Systematic, Systematic Review, Web of Science

? de Farias, J.C., Lopes, A.D., Florindo, A.A. and Hallal, P.C. (2010), Validity and reliability of self-report instruments for measuring physical activity in adolescents: A systematic review. *Cadernos de Saúde Pública*, **26** (9), 1669-1691.

Full Text: [2010\Cad Sau Pub26, 1669.pdf](2010\Cad%20Sau%20Pub26,%201669.pdf)

Abstract: This was a systematic review of studies on the reliability and validity of self-report instruments for measuring physical activity, or subjective measurements, in adolescents (10-18 years). Searches were conducted in databases (MEDLINE, PsycInfo, SportsDiscus, Scopus, Web of Science, SciELO, Lilacs) and in the references of the retrieved articles. Sixty-six studies met the inclusion criteria. The majority were from North America, with only 5 from Brazil. Fifty-two different instruments were identified: 42 questionnaires, 6 diaries or logs, and 4 interviews. “Test-retest” reliability varied from 0.20 to 0.98; the majority (28150) of the coefficients showed values < 0.70. Validity coefficients showed wide variation (-0.13 to 0.88), with the majority (64184) <= 0.50, Only 3 instruments displayed correlations >= 0.70. Various instruments were tested in adolescents, especially questionnaires. These instruments generally showed better “test-retest” reliability than validity.

Keywords: Activity Diary, Activity Questionnaire, Activity Recall, Adolescent, Adolescents, Brazil, Convergent Validity, Daily Energy-Expenditure, Databases, Doubly Labeled Water, MEDLINE, Methods, Middle-School Youth, Motion Sensor, Motor Activity, Older Children, Physical Activity, Questionnaires, Reliability, Reproducibility of Results, Review, Risk Behavior Survey, Scielo, Science, Scopus, Systematic, Systematic Review, Validity, Validity of Tests, Web of Science

? Celeste, R.K., Bastos, J.L. and Faerstein, E. (2011), Trends in the investigation of social determinants of health: Selected themes and methods. *Cadernos de Saúde Pública*, **27** (1), 183-189.

Full Text: [2011\Cad Sau Pub27, 183.pdf](2011\Cad%20Sau%20Pub27,%20183.pdf)

Abstract: We analyze bibliometric trends of topics relevant to the epidemiologic research of social determinants of health. A search of the PUBMED database, covering the period 1985-2007, was performed for the topics: socioeconomic factors, sex, race/ethnicity, discrimination/prejudice, social capital/support, lifecourse, income inequality, stress, behavioral research, contextual effects, residential segregation, multilevel modeling, regression based indices to measure inequalities, and structural equation modeling/caUSAl diagrams/path analysis. The absolute, but not the relative, frequency of publications increased for all themes. Total publications in PUBMED increased 2.3 times, while the subsets of epidemiology/public health and social epidemiologic themes/methods increased by factors of 5.3 and 5.2, respectively. Only multilevel and contextual analyses had a growth over and above that observed for epidemiology/public health. We conclude that there is clearly room for wider use of established techniques, and for new methods to emerge when they satisfy theoretical needs.

Keywords: Analyses, Analysis, Bibliometric, Database, Determinants of Health, Diet Surveys, Epidemiologic Methods, Food Consumption, Growth, Health, Indices, Inequalities, Inequality, Investigation, Measure, Methods, Modeling, Needs, Publications, PUBMED, Regression, Research, Residential, Sex, Social, Socioeconomic Factors, Stress, Techniques, Trends

? de Camargo, K.R. (2013), Scientific output: Quality assessment or an accountant’s tale? *Cadernos de Saude Publica*, **29** (9), 1707-1711.

Full Text: 2013\Cad Sau Pub29, 1707.pdf

Abstract: Quality assessment of scientific output is based extensively (if not exclusively) on quantitative bibliometric indicators, despite mounting criticism. The reaction by the academic community has increased in recent years. After presenting a critical evaluation of this model, the article presents an alternative qualitative model oriented towards removing the excessive stimulus for the unbridled production of articles that make a dubious contribution to science. Criticism of the proposed model is presented and discussed.

Keywords: Alternative, Assessment, Bibliometric, Bibliometric Indicators, Community, Criticism, Evaluation, Evaluation of Research Programs and Tools, Indicators, Model, Publications, Qualitative, Quality, Quality Assessment, Recent, Researcher Performance Evaluation Systems, Science, Scientific Output, Scientific Publication Indicators, Systems For Evaluation of Publications

# Title: Cahiers Agricultures

Full Journal Title: Cahiers Agricultures

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Duchamp, M.C. and Silvy, C. (2012), *Cahiers Agricultures*: Visibility and scientific reputation. *Cahiers Agricultures*, **21** (4), 269-278.

Full Text: [2012\Cah Agr21, 269.pdf](2012\Cah%20Agr21,%20269.pdf)

Abstract: Cahiers Agricultures is an international scientific journal. It publishes articles on agronomic research and also includes human and social sciences in the field of rural development. It is well referenced in international databases and has been indexed in the Web of Science (WoS) since 2006. This database, associated with the Journal Citation Reports (R) (JCR), can be used to develop bibliometric indicators for journals derived from the citation analysis. The article presents the indicators for Cahiers Agricultures, as well as other analyses, so that the journal’s readers and authors know where it ranks among the journals with an impact factor in the same scientific field. Two types of results are presented. The production indicators show how the journal is referenced in the Web of Science. An analysis of the authors’ affiliations shows that there is a great deal of collaboration between research organisations from the North and the South. The indicators for visibility and impact, which are derived from an analysis of citations received for the articles in Cahiers Agricultures, provide an overview of the journal’s position internationally. The bibliometric analysis proposes different priority actions to improve the journal’s referencing and visibility.

Keywords: Analyses, Analysis, Authors, Bibliometric, Bibliometric Analysis, Bibliometric Indicators, Bibliometrics, Citation, Citation Analysis, Citations, Collaboration, Database, Databases, Development, Field, Human, Impact, Impact Factor, Impact Factor, Indicators, International, Jcr, Journal, Journal Citation Reports, Journals, North, R, Referencing, Reputation, Research, Rural, Rural Development, Science, Sciences, Scientific Journal, Scientific Reputation, Social, Social Sciences, Visibility, Web of Science

# Title: California Law Review

Full Journal Title: [California Law Review](http://www.jstor.org/action/showPublication?journalCode=colulawrevi)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Derenberg, W.J. (1952), Plagiarism and originality. *California Law Review*, **52** (6), 818-822.

Full Text: Cal Law Rev52, 818.pdf

? Harriman, D.B. (1954), Plagiarism and originality. *California Law Review*, **42** (1), 215.

Full Text: Cal Law Rev42, 215.pdf

? Shapiro, F.R. (1985), The most-cited law review articles. *California Law Review*, **73** (5), 1540-1554.

Full Text: [1985\Cal Law Rev73, 1540.pdf](1985\Cal%20Law%20Rev73,%201540.pdf)

Keywords: Articles, Law, Review

# Title: Cambridge Journal of Economics

Full Journal Title: Cambridge Journal of Economics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0309-166X

Issues/Year:

Journal Country/Territory:

Language:

Publisher: Univ Calif, Berkeley

Publisher Address:

Subject Categories:

: Impact Factor

Laursen, K. and Salter, A. (2005), The fruits of intellectual production: Economic and scientific specialisation among OECD countries. *Cambridge Journal of Economics*, **29** (2), 289-308.

Full Text: [2005\Cam J Eco29, 289.pdf](2005\Cam%20J%20Eco29,%20289.pdf)

Abstract: This paper brings together data from 17 OECD countries on scientific publications, patents and production, to explore the relationship between scientific and economic specialisation for 17 manufacturing industries. Since Marx, there has been a fundamental debate in economics about the link between science and the economic system. Marx argued that the needs of production shape scientific developments and that science has become a factor of production, whereas Polanyi argued that developments in science are largely independent of the economic sphere. Using a panel data model and econometric estimations at the industry level, the paper derives some hypotheses from the two positions and finds that, while the overall evidence on the link between national production and scientific specialisation is mixed, it is important to have high levels of relevant to-the-industry scientific strength per capita in order to be specialised in science-based industries.

Keywords: Bibliometric Data, Dynamics, Economics, Innovation, International Economic Specialisation, Patents, Publications, Science, Scientific Publications, Scientific Specialisation, Technology, US

? Teixeira, A.A.C. (2014), Evolution, roots and influence of the literature on National Systems of Innovation: A bibliometric account. *Cambridge Journal of Economics*, **38** (1), 181-214.

Full Text: [2014\Cam J Eco38, 181.pdf](2014\Cam%20J%20Eco38,%20181.pdf)

Abstract: The literature on the National Systems of Innovation (NSI) is a relatively new field of research that has spread remarkably in the past 20 years. This article offers a complementary, quantitative description of the state-of-the-art of the literature based on bibliometric methods, by explicitly addressing the roots, evolution and influence of NSI literature. The exercise shows that over time the rate of published articles was quite irregular and that contributions on NSI have not (yet) converged to an integrated analytical framework. Although historically detailed descriptions on NSI showed a noticeable increase in the more recent period (20062010) analyses using more formal and diversified quantitative methodologies for assessing the performance of NSI remained lacking, reflecting its persisting methodological weaknesses. The roots of the NSI literature can be found at the core of innovation studies by certain well-known scholars in the area of economics of innovation and science policy research. Even though publications on NSI are falling in relative importance and are highly concentrated on a small set of countries (United Kingdom, Denmark, and the United States), their influence is global. They are cited by authors affiliated in organisations around the world, notably in Latin America and Asia. Such an influence goes far beyond the area of innovation studies and has resonated in fields such as economic geography, environmental studies, international business and managerial sciences. This demonstrates that the NSI literature is not self-referential.

Keywords: Analyses, Asia, Assessing, Authors, Bibliometric, Bibliometric Methods, Bibliometrics, Biotechnology, Business, Capabilities, China, Complementary, Denmark, Economic, Economic-Growth, Economics, Environmental, Epistemic Communities, Evolution, Exercise, Field, Framework, Geography, Global, Historical-Perspective, India, Influence, Innovation, International, International Business, International Competitiveness, Latin America, Literature, Methodologies, Methods, National Systems of Innovation, Performance, Policy, Policy Research, Publications, Published Articles, Recent, Regional Science, Research, Roots, Science, Science Policy, Sciences, Small, State-Of-The-Art, Technological Infrastructure, United Kingdom, United States, World

# Title: Canadian Association of Radiologists Journal-Journal de l Association Canadienne des Radiologistes

Full Journal Title: Canadian Association of Radiologists Journal-Journal de l Association Canadienne des Radiologistes

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0846-5371

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Browne, R.F.J., Logan, P.M., Lee, M.J. and Torreggiani, W.C. (2004), The accuracy of references in manuscripts submitted for publication. *Canadian Association of Radiologists Journal-Journal de l Association Canadienne des Radiologistes*, **55** (3), 170-173.

Full Text: [2004\Can Ass Rad J-J Ass Can Rad55, 170.pdf](2004\Can%20Ass%20Rad%20J-J%20Ass%20Can%20Rad55,%20170.pdf)

Abstract: Objective: To analyze the errors present in references cited in papers submitted for peer review for possible publication. Methods: Nineteen consecutive manuscripts submitted for peer review were assessed. They contained a total of 261 Logan, references. Manuscripts were submitted to 1 of 5 major radiology journals. Journal references were compared with either the original articles or abstracts obtained through MEDLINE. Book references were checked against the original book. In total, 259 of 261 references were obtained. The remaining 2 references were both out-of-print books that were not available. Each reference was checked and errors were identified as either major or minor, depending on the gravity of the error. Errors were analyzed to see whether they could be attributed to not adhering to journal guidelines or to other reasons. Results: of a total of 259 references, 56% (n = 145) contained at least 1 error, 53% (n = 137) contained minor errors and 15% (n = 39) contained major errors. Five per cent (n = 13) of references had more than 3 errors, and 79% (n = 274) of all errors were the direct result of authors not following journal instructions. Conclusion: Over half of all references included in manuscripts submitted to radiology journals contain at least 1 error. The majority are avoidable, resulting from failure to follow the journal’s instructions to authors.

Keywords: Reference Citations, Authors Check, Journals

# Title: Canadian Family Physician

Full Journal Title: Canadian Family Physician

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Cameron, I. (1989), The top one hundred. *Canadian Family Physician*, **35**, 1713.

Full Text: [1898\Can Fam Phy35, 1713.pdf](1898/Can%20Fam%20Phy35,%201713.pdf)

Keywords: Top 100

? Beever, R. (2009), Far-infrared saunas for treatment of cardiovascular risk factors: Summary of published evidence. *Canadian Family Physician*, **55** (7), 691-696.

Full Text: [2009\Can Fam Phy55, 691.pdf](2009\Can%20Fam%20Phy55,%20691.pdf)

Abstract: OBJECTIVE To review the literature about the health benefits of far-infrared sauna (FIRS) use. QUALITY of EVIDENCE A search of Web of Science, EBSCO, Ovid MEDLINE, Ovid HealthSTAR, and EMBASE using the terms far-infrared and sauna, refined by limiting the search to studies of humans published in English, yielded 9 relevant papers (level I or level II evidence). MAIN MESSAGE Far-infrared saunas are approved by the Canadian Standards Association and are sold to the public. The manufacturers claim numerous health benefits; however, the published evidence to substantiate these claims is limited. Four papers support the use of FIRS therapy for those with congestive heart failure and 5 papers support its use for those with coronary risk factors. CONCLUSION There is limited moderate evidence supporting FIRS efficacy in normalizing blood pressure and treating congestive heart failure; fair evidence, from a single study, supporting FIRS therapy in chronic pain; weak evidence, from a single study, supporting FIRS therapy in chronic fatigue syndrome; weak evidence, from a single study, supporting FIRS therapy for obesity; and consistent fair evidence to refute claims regarding the role of FIRSs in cholesterol reduction.

Keywords: Blood, Blood Pressure, Cardiovascular, Cardiovascular Risk, Chronic Heart-Failure, Efficacy, Embase, Fatigue, Health Benefits, Humans, Literature, MEDLINE, Obesity, Pain, Papers, Pressure, Quality, Repeated Thermal Therapy, Review, Risk, Risk Factors, Safety, Science, Therapy, Treatment, Web of Science

? Pimlott, N. and Ladouceur, R. (2010), Notice of retraction: Plagiarism in “Common colds. Causes, potential cures, and treatment” (Can Fam Physician 1993;39:2215-20). *Canadian Family Physician*, **56** (5), 413.

Full Text: [2010\Can Fam Phy56, 413.pdf](2010\Can%20Fam%20Phy56,%20413.pdf)

Keywords: Plagiarism

? Pauls, M.A. (2012), Teaching and evaluation of ethics and professionalism: In Canadian family medicine residency programs. *Canadian Family Physician*, **58** (12), E751-E756.

Full Text: [2012\Can Fam Phy58, E751.pdf](2012\Can%20Fam%20Phy58,%20E751.pdf)

: Objective To document the scope of the teaching and evaluation of ethics and professionalism in Canadian family medicine postgraduate training programs, and to identify barriers to the teaching and evaluation of ethics and professionalism. Design A survey was developed in collaboration with the Committee on Ethics of the College of Family Physicians of Canada. The data are reported descriptively and in aggregate. Setting Canadian postgraduate family medicine training programs. Participants Between June and December of 2008, all 17 Canadian postgraduate family medicine training programs were invited to participate. Main outcome measures The first part of the survey explored the structure, resources, methods, scheduled hours, and barriers to teaching ethics and professionalism. The second section focused on end-of-rotation evaluations, other evaluation strategies, and barriers related to the evaluation of ethics and professionalism. Results Eighty-eight percent of programs completed the survey. Most respondents (87%) had learning objectives specifically for ethics and professionalism, and 87% had family doctors with training or interest in the area leading their efforts. Two-thirds of responding programs had less than 10 hours of scheduled instruction per year, and the most common barriers to effective teaching were the need for faculty development, competing learning needs, and lack of resident interest. Ninety-three percent of respondents assessed ethics and professionalism on their end-of-rotation evaluations, with 86% assessing specific domains. The most common barriers to evaluation were a lack of suitable tools and a lack of faculty comfort and interest. Conclusion By far most Canadian family medicine postgraduate training programs had learning objectives and designated faculty leads in ethics and professionalism, yet there was little curricular time dedicated to these areas and a perceived lack of resident interest and faculty expertise. Most programs evaluated ethics and professionalism as part of their end-of-rotation evaluations, but only a small number used novel means of evaluation, and most cited a lack of suitable assessment tools as an important barrier.

Keywords: Assessing, Assessment, Barrier, Barriers, Canada, Collaboration, Data, Development, Doctors, Education, Ethics, Evaluation, Faculty, Family, Family Medicine, First, Instruction, Learning, Medicine, Methods, Needs, Outcome, Outcome Measures, Physicians, Postgraduate Training, Professionalism, Residency, Resident, Resources, Scope, Small, Structure, Survey, Teaching, Training

# Title: Canadian Family Physician Médecin de Famille Canadien

Full Journal Title: Canadian Family Physician Médecin de Famille Canadien

ISO Abbreviated Title:

JCR Abbreviated Title: Can Fam Physician

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Fortin, M., Lapointe, L., Hudon, C. and Vanasse, A. (2005), Multimorbidity is common to family practice: Is it commonly researched? *Canadian Family Physician Médecin de Famille Canadien*, **51**, 244-245.

Full Text: [2005\Can Fam Phy Med Fam Can51, 244.pdf](2005\Can%20Fam%20Phy%20Med%20Fam%20Can51,%20244.pdf)

Abstract: OBJECTIVE: Family physicians often have to care for patients with several concurrent chronic conditions (multimorbidity or comorbidity). Consequently, they need to inform themselves by reading indexed publications on multimorbidity. This study aimed to assess how well the concept of multimorbidity was covered in the medical literature. Objectives were first, to quantify the literature on multimorbidity (or comorbidity) and to compare the number of publications on it with the number of publications on three common chronic conditions (asthma, hypertension, and diabetes), and second, to describe the articles on multimorbidity. DESIGN: Bibliometric study. METHOD: We consulted MEDLINE for the reference period 1990 to the end of 2002. The term “multimorbidity” and its various spellings was used as the search term. Comorbidity, asthma, hypertension, and diabetes were searched for using their respective MeSH terms. For comparison purposes, prevalence data were taken from published sources. Abstracts of articles relating to multimorbidity were reviewed and their content analyzed. MAIN OUTCOME MEASURES: Number and type of articles. RESULTS: Multimorbidity has a prevalence of 60% among people aged 55 to 74. This prevalence is much higher than that of asthma (6.5%), hypertension (29.6%), and diabetes (8.7%). Few articles in the medical literature deal specifically with multimorbidity (or comorbidity), however. For each article on multimorbidity, there are 74 on asthma, 94 on hypertension, and 38 on diabetes. Content analysis of abstracts of articles on multimorbidity revealed a high proportion of epidemiologic studies (50.0%) followed by validation studies (22.4%) and opinion pieces (11.8%). The few experimental studies on multimorbidity were not done in primary care settings. CONCLUSION: This study shows that the prevalence of multimorbidity is not matched by the number of indexed publications on it in the medical literature. To date, the number and diversity of articles on multimorbidity are both insufficient to provide scientific background for strong evidence-based care of patients affected by multiple concurrent chronic conditions. Research is needed to increase knowledge and understanding of this important clinical topic.

Keywords: Aged, Analysis, Asthma, Care, Chronic, Clinical, Comorbidity, Comparison, Data, Design, Diabetes, Diversity, Evidence Based, Evidence-Based, Experimental, Family, Family Practice, First, Hypertension, Knowledge, Literature, Medical, Medical Literature, MEDLINE, Outcome, Outcome Measures, Patients, Physicians, Practice, Prevalence, Primary, Primary Care, Publications, Reading, Sources, Term, Understanding, Validation

# Title: Canadian Journal of Administrative Sciences-Revue Canadienne des Sciences de l Administration

Full Journal Title: Canadian Journal of Administrative Sciences-Revue Canadienne des Sciences de l Administration

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: CCountry, TTopic

? Serenko, A., Cocosila, M. and Turel, O. (2008), The state and evolution of information systems research in Canada: A scientometric analysis. *Canadian Journal of Administrative Sciences-Revue Canadienne des Sciences de l Administration*, **25** (4), 279-294.

Full Text: [2008\Can J Adm Sci25, 279.pdf](2008\Can%20J%20Adm%20Sci25,%20279.pdf)

Abstract: This paper investigates the state and evolution of information systems (IS) research in Canada as reflected in publications of the proceedings of the annual conference of the Administrative Sciences Association of Canada from 1974 to 2007. We present a scientometric analysis of (a) individual and institutional research outputs; (b) differences in three productivity, score calculation methods: straight count, equal credit, and author position; (c) study topics; (d) research methods; and (e) use of student samples. Copyright (C) 2008 ASA C. Published by John Wiley & Sons, Ltd.

Keywords: Discipline, Discipline Evolution, Identity Crisis, Impact, Information Systems, Journals, MIS, Productivity, Psychology, Publications, Research, Research Methods, Research Output, Research Productivity, Sciences, Scientometrics, Students, Update

? Serenko, A. and Jiao, C.Q. (2012), Investigating information systems research in Canada. *Canadian Journal of Administrative Sciences-Revue Canadienne des Sciences de l Administration*, **29** (1), 3-24.

Full Text: [2012\Can J Adm Sci29, 3.pdf](2012\Can%20J%20Adm%20Sci29,%203.pdf)

Abstract: This project reports on the state of Information Systems (IS) research in Canada by analyzing research output and impact of Canadian IS scholars appearing in the form of peer-reviewed journal articles. Specifically, we (a) measured individual productivity and impact, (b) measured institutional productivity and impact, (c) listed journals in which these works have appeared, (d) identified the most influential articles, (e) developed a ranking of IS scholarly journals from a Canadian perspective, and (f) compared the obtained journal ranking with the global IS journal rankings. Based on the findings, it was concluded that the Canadian IS discipline exhibits signs of academic maturity. Copyright (c) 2011 ASAC. Published by John Wiley & Sons, Ltd.

Keywords: Articles, Asac, Business, Canada, Citation Analysis, Citation Impact, Classement Des Revues, Discipline Identity, Global, Global Perceptions, Google Scholar, Google Scholar, Identite De La Discipline, Impact, Impact Citationnel, Impact De La Recherche, Information Systems, Is, Journal, Journal Articles, Journal Ranking, Journal Rankings, Journals, Knowledge Management, Mar, Peer-Reviewed, Productivite De La Recherche, Productivity, Publication Power Approach, Ranking, Rankings, Reference Discipline, Research, Research Impact, Research Output, Research Productivity, Research Productivity, Resultat De La Recherche, Scholarly Journals, Scientometric Analysis, Scientometrics, Scientometrie, State, Systemes D’Information

# Title: Canadian Journal of Agricultural Economics-Revue Canadienne d’Economie Rurale

Full Journal Title: [Canadian Journal of Agricultural Economics-Revue Canadienne d Economie Rurale](http://www3.interscience.wiley.com/journal/118501588/home)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

? Harper, J.A. (1991), A bibliometric profile of the *Canadian Journal of Agricultural Economics*. *Canadian Journal of Agricultural Economics-Revue Canadienne d’Economie Rurale*, **39** (3), 503-513.

Full Text: [1991\Can J Agr Eco39, 503.pdf](1991\Can%20J%20Agr%20Eco39,%20503.pdf)

Abstract: the Canadian Journal of Agricultural Economics was studied to determine the number and language of the articles, the number of citations per article, author collaboration, and the geographical location and institutional affiliation of the authors. A citation analysis study was done to identify the main bibliographical formats and languages of the cited material as well as the geographical distribution, subject dispersion, and titles of the journals most frequently cited. Other journals citing the Canadian Journal of Agricultural Economics were identified

Keywords: Affiliation, Analysis, Authors, Bibliometric, Citation, Citation Analysis, Citations, Collaboration, Dispersion, Distribution, Institutional, Journals, Language, Languages, Location, NOV

# Title: Canadian Journal of Anaesthesia-Journal Canadien d’Anesthesie

Full Journal Title: [Canadian Journal of Anaesthesia-Journal Canadien d’Anesthesie](http://www.springerlink.com/content/121278/?p=af4d028cfdd94a9b8b0ecd5e03967107&pi=0)

ISO Abbreviated Title: Can. J. Anaesth.-J. Can. Anesth.

JCR Abbreviated Title: Can J Anaesth

ISSN: 0832-610X

Issues/Year: 6

Journal Country/Territory: Canada

Language: Multi-Language

Publisher: Canadian Anesthesiologists Soc

Publisher Address: 1 Eglinton Ave East, Suite 208, Toronto, Ontario M4P 3A1, Canada

Subject Categories:

Anesthesiology: Impact Factor 1.808, 9/22 (2007)

? Bevan, D.R. and Purkis, J.M. (1995), Citation errors can be reduced. *Canadian Journal of Anaesthesia-Journal Canadien d’Anesthesie*, **42** (5), 367-369.

Full Text: [1995\Can J Ana42, 367.pdf](1995\Can%20J%20Ana42,%20367.pdf)

Keywords: Accuracy, Citation

? Asano, M., Mikawa, K., Nishina, K., Maekawa, N. and Obara, H. (1995), Improvement of the accuracy of references in the *Canadian Journal of Anaesthesia*. *Canadian Journal of Anaesthesia-Journal Canadien d’Anesthesie*, **42** (5), 370-372.

Full Text: [1995\Can J Ana42, 307.pdf](1995\Can%20J%20Ana42,%20307.pdf)

Abstract: A previous study indicated that there were many citation errors in the Canadian Journal of Anaesthesia. After this report, editors of the Journal requested any contributors, whose papers were accepted for publication, to verify the accuracy of reference citation by including a photocopy of the first page of each reference. The present study examined if the accuracy of the reference list had improved. We compared citation errors between volumes of 1990 and 1994. One hundred references from each year’s publication were randomly selected. After citations of nonjournal articles were excluded, the remaining 190 citations were carefully scrutinized. Authors’ names, article title, journal title volume number, page numbers, and year were examined in each selected reference. A reference war; deemed correct if each element of the citation was identical to its source. of the examined references, 48% and 22% contained one or more errors in 1990 and 1994, respectively. Errors in the title and author field of citation were most common in the either of the two years, occurring in about 70% of the references which contained some errors. Citation errors in Canadian Journal of Anaesthesia were considerably improved after the request to verify citation accuracy Although this check-system probably contributes to the improvement of accuracy of reference citation, the rate of citation errors remains high. We believe that contributors’ efforts will enhance the value of the journal.

Keywords: Accuracy, Anesthesia, Journals, Citation, Citation Accuracy, Citation Errors, Citations, Errors, Field, First, Improvement, Journal, Papers, Publication, Publication,Documentation, Canadian Journal of Anesthesia, Reference, References, Source, Value, Volume, War

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Full Text: [1995\Can J Ana42, 1063.pdf](1995\Can%20J%20Ana42,%201063.pdf)

Keywords: Citation, NOV

? Yu, C.H. and Beattie, W.S. (2006), The effects of volatile anesthetics on cardiac ischemic complications and mortality in CABG: A meta-analysis. *Canadian Journal of Anaesthesia-Journal Canadien d’Anesthesie*, **53** (9), 906-918.

Full Text: [2006\Can J Ana53, 906.pdf](2006\Can%20J%20Ana53,%20906.pdf)

Abstract: Purpose: Coronary artery bypass graft surgery (CABG) is associated with cardiac complications, including ischemia, acute myocardial infarction (AMI), and death. Volatile anesthetics have been shown to have a preconditioning-like effect. This systematic review assesses the effects of volatile anesthetics on cardiac ischemic complications and morbidity after CABG. Methods: Data were obtained, without language restriction, from searches of MEDLINE, Science Citation Index, PUBMED, and reference lists. We included only prospective randomized controlled trials evaluating volatile anesthetics during CABG. Two reviewers independently abstracted data on myocardial ischemia, acute myocardial infarction (AMI), and death. Treatment effects were calculated as odds ratio (OR) with 95% confidence intervals (CI) for binary data, and weighted mean difference (WMD) with 95% Cl for continuous data. Principal findings: Thirty-two studies (2,841 patients) were included. In comparison with iv anesthesia, volatile anesthetics were associated with reduced all-cause mortality (OR, 0.65; 95% Cl, 0.36-1.18; P = 0.16). Enflurane was associated with increased AMI (OR, 1.34; 95% CI, 0.68-2.64; P = 0.40) whereas sevoflurane and desflurane reduced cardiac troponin (cTnI) at six hours, 12 hr, 24 hr [WMD, -1.45; 95% CI (-1.73, -1.16); P < 0.00001], and 48 hr after operation. Conclusion: This meta-analysis demonstrates sevoflurane and desflurane reduce the postoperative rise in cTnI. Sevoflurane-mediated reduction in cardiac troponin was associated with improved long-term outcomes in one study. This meta-analysis was not able to show that these positive effects on troponin were translated into improved clinical outcomes. Well-designed large randomized control trials are needed to further elucidate the differential cardio-protective effects of volatile anesthetics.

Keywords: Anesthesia, Bypass Graft-Surgery, Cardiopulmonary Bypass, Citation, Comparison, Coronary-Artery Surgery, High-Dose Fentanyl, Language, MEDLINE, Meta-Analysis, Nitrous-Oxide Anesthesia, Outcomes, Positive, Postoperative Myocardial-Ischemia, Randomized-Trials, Recovery Profile, Reduction, Review, Science, Science Citation Index, Sufentanil Anesthesia, Surgery, Systematic Review, Systemic Hemodynamics

? Kurrek, M.M. and Twersky, R.S. (2010), Office-based anesthesia. *Canadian Journal of Anaesthesia-Journal Canadien d’Anesthesie*, **57** (3), 256-272.

Full Text: [2010\Can J Ana57, 256.pdf](2010\Can%20J%20Ana57,%20256.pdf)

Abstract: Ambulatory office-based anesthesia (OBA) is a relatively new but rapidly growing field. OBA requires a different approach than that used in the hospital, because there are unique considerations that must be recognized when administering anesthesia in a free-standing office facility. This review provides a summary of the important issues and aspects of safe patient care. The MEDLINE, Embase, Biological Abstract, Science Citation Index, and Healthstar databases were searched under the key words “office-based anesthesia” for relevant English language articles from 1966 to December 2008. Relevant publications were queried from governing institutions, such as the American Society of Anesthesiologists (ASA), as well as from colleges in various provinces across Canada. Office-based anesthesia remains poorly regulated in many parts of Canada (and the US). Despite continuing concerns regarding patient safety, the rates of death and reported major complications for OBA appear to be very low, especially in accredited facilities. Multiple considerations for facility design, administration, and patient care need to be taken into account. Appropriately so, an increasing number of provinces (Canada) and states (US) are beginning to regulate office-based facilities and require accreditation.

Keywords: Ambulatory Surgery, Articles, Care, Citation, Databases, Efficacy, Massachusetts, Maxillofacial Surgeons, MEDLINE, Mortality, Outcomes, Outpatient Anesthesia, Patient Safety, Plastic-Surgery, Publications, Review, Science, Science Citation Index

? O’Leary, J.D. and Crawford, M.W. (2010), Bibliographic characteristics of the research output of pediatric anesthesiologists in Canada. *Canadian Journal of Anaesthesia-Journal Canadien d’Anesthesie*, **57** (6), 573-577.

Full Text: [2010\Can J Ana57, 573.pdf](2010\Can%20J%20Ana57,%20573.pdf)

Abstract: Various bibliometric citation indices have been used to evaluate research productivity and scientific impact, but recently, Hirsch’s h-Index has gained widespread recognition. Although described initially for physical sciences, h-indices are being used to assess research productivity and impact in other disciplines.

In this descriptive study, Scopus (TM) and Web of ScienceA (R) citation databases were used to identify the bibliographic characteristics of pediatric anesthesiologists from all university affiliated departments of pediatric anesthesia in Canada up to May 2009. For each anesthesiologist, the h-Index, mean citations per publication, total number of publications, total number of citations, and year of first publication were determined.

A study population of 151 pediatric anesthesiologists was identified. The range of h-Index values for this cohort was 0-32 with a median (interquartile range) of 2 (1-5). The 90(th) percentile was 8.0. The median (interquartile range) number of citations per publication was 6 (1-15), with a range of 0-87. The median (interquartile range) number of publications was 4 (1-9) with a range of 0-165.

We describe the bibliographic characteristics of the research output of pediatric anesthesiologists in Canada. This study highlights the growing influence of scientometrics on the evaluation of scientific performance in medical specialties.

Keywords: Index, Science, Impact

# Title: Canadian Journal of Cardiology

Full Journal Title: [Canadian Journal of Cardiology](http://www.pulsus.com/journals/past_issues.jsp?sCurrPg=journal&jnlKy=1&fold=Past%20Issues)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

ISBN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Mclean, D.L., Simpson, S.H., McAlister, F.A. and Tsuyuki, R.T. (2006), Treatment and blood pressure control in 47,964 people with diabetes and hypertension: A systematic review of observational studies. *Canadian Journal of Cardiology*, **22** (10), 855-860.

Full Text: [2006\Can J Car22, 855.pdf](2006\Can%20J%20Car22,%20855.pdf)

Abstract: BACKGROUND: Many patients with diabetes also have hypertension, greatly increasing their risk for cardiovascular disease. It has been suggested that hypertension is poorly treated in those with diabetes. OBJECTIVE: To examine treatment and control of hypertension in people with diabetes. DATA SOURCES: Data sources included MEDLINE, EMBASE, HealthSTAR, CINAHL, Web of Science, clinical evidence and government health and statistical Web sites. METHOD: Databases were systematically reviewed and hand searches of the bibliographies of relevant Studies (1990 to 2004) were conducted. Two investigators selected studies and extracted the data independently. RESULTS: A total of 44 studies (77,649 subjects with diabetes, 47,964 [62%] of whom also had hypertension) were included. While 83% (range 32% to 100%) of patients with hypertension received drug therapy, only 12% (range 6% to 30%) had their blood pressure (BP) controlled to 130/85 mmHg or less. While BP control rates differed by definition of control (those studies with the least stringent definitions for BP control - 160/90 mmHg or less - reported mean control rates of 37%), treatment and control rates did not differ appreciably between countries or health care settings. CONCLUSIONS: Fewer than one in eight people with diabetes and hypertension have adequately controlled BP, with remarkable uniformity across studies conducted in a variety of settings. There is an urgent need for multidisciplinary, community-based approaches to manage these high-risk patients.

Keywords: 3rd National-Health, Blood, Blood Pressure, Cardiovascular, Cardiovascular Disease, Cardiovascular Risk, Control, Databases, Definitions, Diabetes, Diabetes Mellitus, Disease, Drug, EMBASE, Glucose-Tolerance, Health Care, High-Risk Patients, Hypertension, Management, MEDLINE, Mellitus, Microvascular Complications, Nutrition Examination Survey, Observational Studies, Population, Pressure, Randomized Trial, Review, Risk, Science, Statistical, Systematic, Systematic Review, Therapy, Treatment, US Adults, Web of Science

? Smith, E.R. (2007), Plagiarism, self-plagiarism and duplicate publication. *Canadian Journal of Cardiology*, **23** (2), 146-147.

Full Text: [2007\Can J Car23, 146.pdf](2007\Can%20J%20Car23,%20146.pdf)

Keywords: Publication, Self-Plagiarism

? Abuzeid, W., Fosbol, E.L., Fosbol, P.L., Fosbol, M., Zarinehbaf, S., Ross, H., Ko, D.T., Bennell, M.C. and Wijeysundera, H.C. (2013), Rate and predictors of the conversion of abstracts presented at the Canadian cardiovascular congress scientific meetings to full peer-reviewed publications. *Canadian Journal of Cardiology*, **29** (11), 1520-1523.

Full Text: [2013\Can J Car29, 1520.pdf](2013\Can%20J%20Car29,%201520.pdf)

Abstract: The rate of conversion of abstracts presented at scientific meetings into peer-reviewed published manuscripts is an important metric for medical societies, because it facilitates translation of scientific knowledge into practice. We determined the rate and predictors of conversion of scientific abstracts presented at the Canadian Cardiovascular Congress (CCC) from 2006 to 2010 into peer-reviewed article publications within 2 years of their initial presentation. Using a previously validated computer algorithm, we searched the International Statistical Institute Web of Science to identify peer-reviewed full manuscript publications of these abstracts. A multivariable logistic regression was used to identify independent factors associated with successful publication. From 2006 to 2010, 3565 abstracts were presented at the CCC. Overall 24.1% of presented abstracts were published within 2 years of the conference. Mean impact factor for publications was 5.2 (range, 0.4-53.2). The type of presentation (for poster vs oral; odds ratio, 0.71; 95% confidence interval, 0.60-0.83; P < 0.001) and category of presentation (P < 0.001) were significantly associated with successful publication. Late breaking abstracts and those related to cancer and clinical sciences were more likely to be published, compared with prevention, vascular biology, and pediatrics. In conclusion, the publication rate at the CCC is only marginally lower than that reported for large international North American and European cardiology conferences (30.6%). Efforts should focus on several identified barriers to improve conversion of abstracts to full report publication.

Keywords: Algorithm, Article, Barriers, Biology, Canada, Cancer, Cardiology, Clinical, Conferences, Confidence, Conversion, Impact, Impact Factor, International, Interval, Knowledge, Logistic Regression, Medical, Medical Conferences, New-York, North, Nov, Odds Ratio, Oral, P, Park, Pediatrics, Peer-Reviewed, Practice, Predictors, Presentation, Prevention, Publication, Publication Rate, Publications, Rate, Regression, Science, Sciences, South, Translation, USA, Web of Science

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Full Text: [2014\Can J Car30, 888.pdf](2014\Can%20J%20Car30,%20888.pdf)

Abstract: Background: Recent reports suggest altered antithrombotic efficacy and higher risk of bleeding with new oral anticoagulants (NOACs) in patients with renal insufficiency. A meta-analysis was performed to evaluate the efficacy and safety with recommended doses of NOAC compared with conventional treatment in patients with renal insufficiency. Methods: PubMed, Cochrane Library, EMBASE, EBSCO, Web of Science, and CINAHL databases were searched from January 1, 2001 through March 23, 2014. Randomized controlled trials that compared NOACs (rivaroxaban, apixaban, and dabigatran) with comparators (vitamin K antagonist/warfarin, low molecular weight heparin, aspirin, placebo) were selected. We defined moderate renal insufficiency as creatinine clearance (estimated glomerular filtration rate [eGFR]) of 30-49 mL/min, and mild renal insufficiency as eGFR 50-79 mL/min. Results: There were 40,693 patients with renal insufficiency in 10 trials. Compared with other anticoagulants in patients with mild renal insufficiency there was significantly less major or clinically relevant nonmajor bleeding (odds ratio [OR], 0.81; 95% confidence interval [CI], 0.72-0.90) and stroke or systemic embolism (OR, 0.70; 95% CI, 0.54-0.92) with NOACs. Using random effects meta-analysis, there was significantly less stroke or systemic embolism (OR, 0.72; 95% CI, 0.57-0.92) and a trend toward less major or clinically relevant nonmajor bleeding (OR, 0.82; 95% CI, 0.59-1.14) with the NOACs among patients with moderate renal insufficiency, and this became statistically significant when evaluated using a fixed effects model. NOACs showed efficiency comparable with conventional anticoagulants for prevention of venous thromboembolism or related mortality. Conclusions: In patients with renal insufficiency, recommended doses of novel anticoagulants are noninferior and relatively safe compared with conventional anticoagulants.

Keywords: Aspirin, Bleeding, Confidence, Conventional, Creatinine, Databases, Effects, Efficacy, Efficiency, Embase, Embolism, Filtration, Fixed Effects Model, Glomerular Filtration Rate, Heparin, Interval, Low Molecular Weight Heparin, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Mortality, Odds Ratio, Oral, Patients, Placebo, Prevention, Pubmed, Randomized Controlled Trials, Recent, Renal, Renal Insufficiency, Results, Risk, Rivaroxaban, Safety, Science, Stroke, Thromboembolism, Treatment, Trend, Venous Thromboembolism, Vitamin, Web Of Science

? Chatterjee, S., Udell, J.A., Sardar, P., Lichstein, E. and Ryan, J.J. (2014), Comparable benefit of β-blocker therapy in heart failure across regions of the world: Meta-analysis of randomized clinical trials. *Canadian Journal of Cardiology*, **30** (8), 898-903.

Full Text: [2014\Can J Car30, 898.pdf](2014\Can%20J%20Car30,%20898.pdf)

Abstract: Background: There is a concern about geographical region heterogeneity regarding clinical benefit of beta-blocker (BB) therapy in heart failure with reduced ejection fraction (HFrEF). This study sought to compare benefits of BB use within randomized controlled trials (RCTs) that enrolled patients with HFrEF from North America (NA) compared with other regions of the world (ROW). Methods: We conducted a meta-analysis using MEDLINE, EMBASE, Cochrane Library, Web of Science, and Scopus (inceptions-December 2012) of BB RCTs stratified according to NA vs ROW. The primary end point was all-cause mortality and secondary end points were cardiovascular death, sudden death, death due to pump failure, and premature drug discontinuation. Summary odds ratios (ORs) and 95% confidence intervals (CIs) for each outcome were calculated with interaction terms for region. Two-sided P values were calculated with P < 0.05 considered significant. Results: The analysis included 16 RCTs with 14,452 patients; 7 trials were conducted in NA and 9 trials in ROW with follow-up durations of 3-58 months. All-cause mortality was consistently reduced in NA (OR, 0.82; 95% Cl, 0.71-0.96; P = 0.01) and ROW (OR, 0.76; 95% Cl, 0.69-0.84; P < 0.001; P-interaction = 0.40). Overall and according to region, all secondary end points including premature drug discontinuation were also less with BB therapy (P-interactions all >= 0.10). Conclusions: For the regions represented in the included trials, there is no evidence to suggest that geographic region is a significant moderator of clinical outcomes with BB therapy in HFrEF patients.

Keywords: Analysis, Benefits, Beta-Blocker, Cardiovascular, Clinical, Clinical Outcomes, Clinical Trials, Confidence, Confidence Intervals, Death, Drug, Embase, Evidence, Failure, Follow-Up, Heart, Heart Failure, Heterogeneity, Interaction, Intervals, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Moderator, Mortality, North, North America, Outcome, Outcomes, P, Patients, Premature, Primary, Pump, Randomized, Randomized Controlled Trials, Region, Results, Science, Scopus, Therapy, Web Of Science, World

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Full Text: [2014\Can J Car30, 1516.pdf](2014/Can%20J%20Car30,%201516.pdf)

Abstract: Background: Post-coronary artery bypass grafting atrial fibrillation (PCAF) is associated with increased morbidity, mortality, and system costs. Few studies have explored obstructive sleep apnea (OSA) as a risk factor for PCAF. We aimed to systematically review and synthesize the evidence associating OSA with PCAF. Methods: We conducted a search of MEDLINE, EMBASE, Google Scholar, and Web of Science, as well as abstracts, conference proceedings, and reference lists until June 2014. Eligible studies were in English, were conducted in humans, and assessed OSA with polysomnography (PSG) or a validated questionnaire. Two reviewers independently selected studies, with disagreement resolved by consensus. Piloted forms were used to extract data and assess risk of bias. Results: Five prospective cohort studies were included (n = 642). There was agreement in study selection (kappa statistic, 0.89; 95% confidence interval [CI], 0.75-1.00). OSA was associated with a higher risk of PCAF (odds ratio [OR], 1.86; 95% CI 1.24-2.80; P = 0.003; I-2 = 35%). We conducted 3 subgroup analyses. The associations increased for data that used PSG to assess OSA (OR, 2.34; 95% CI, 1.48-3.70), when severe OSA was included from 1 study (OR, 2.59; 95% CI, 1.63-4.11), and when adjusted analyses were pooled (OR, 2.38; 95% CI, 1.57-3.62; P < 0.001 in all), with no heterogeneity detected in any subgroup analysis (I-2 < 0.01% in all). Conclusions: OSA was shown to be a strong predictor of PCAF.

Keywords: Analyses, Analysis, Artery, Association, Asymmetry, Atrial Fibrillation, Berlin Questionnaire, Bias, Cardiac-Surgery, Cohort, Conference Proceedings, Confidence, Consensus, Costs, Data, Embase, English, Evidence, Forms, From, Google, Google Scholar, Grafting, Heterogeneity, Humans, Hypertension, Identify Patients, Interval, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Morbidity, Mortality, Obstructive Sleep Apnea, Odds Ratio, Oxygen Desaturation Index, P, Predictor, Pressure, Prospective, Questionnaire, Reference, Reference Lists, Results, Review, Reviewers, Risk, Risk Factor, Scale, Science, Selection, Sleep, Sleep Apnea, Systematic, Systematic Review, Web, Web Of Science

# Title: Canadian Journal of Diabetes

Full Journal Title: Canadian Journal of Diabetes

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

ISBN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Law, E.H. and Simpson, S.H. (2010), Aspirin use rates in diabetes: A systematic review and cross-sectional study. *Canadian Journal of Diabetes*, **34** (3), 211-217.

Full Text: [2010\Can J Dia34, 211.pdf](2010\Can%20J%20Dia34,%20211.pdf)

Abstract: OBJECTIVE: Recent studies have shown that low-dose aspirin is not effective for the primary prevention of cardiovascular (CV) events in diabetes. Pharmacologic evidence suggests, however, that an adequate antiplatelet effect in diabetes requires a dose of >100 mg daily. This study was designed to identify the dose of aspirin most commonly used in diabetes. METHODS: This study included a systematic review of the literature and a cross-sectional study in community pharmacies across Alberta, Canada. MEDLINE and Web of Science were used to identify studies reporting aspirin use rates in diabetes. The average rate across studies was calculated by weighting study-specific rates by number of participants in each study. Additional information was gathered from a survey completed by senior-year pharmacy students using information on cardiovascular disease (CVD) and aspirin use collected from people with diabetes. RESULTS: the systematic review identified 33 studies reporting a weighted average aspirin use rate of 41%. Among those with an indication for primary or secondary prevention, aspirin was used by 27 and 73%, respectively. The mean age of the 182 survey participants was 61 +/- 14 years; 50% were women, 81% had type 2 diabetes and 19% had had a previous CV event. of the 176 participants with >= 1 indication for aspirin use, 118 (67%) were using aspirin regularly. The most common dose, taken by 106 of the 118 regular aspirin users (90%), was 81 mg daily. CONCLUSIONS: Aspirin use is more common in people with an indication for secondary prevention. However, the most common dose used is <100 mg daily, which may not provide adequate CV protection.

Keywords: Adults, Antiplatelet Therapy, Aspirin, Canada, Cardiovascular, Cardiovascular Disease, Cardiovascular Risk, Cardiovascular Risk-Factors, Controlled-Trial, Diabetes, Disease, Heart-Disease, Information, Intervention, Literature, Low-Dose Aspirin, Mellitus, Pharmacies, Pharmacy, Prevention, Primary, Primary Prevention, Primary-Care, Review, Science, Secondary Prevention, Students, Survey, Systematic, Systematic Review, Type 2, Type 2 Diabetes, Web of Science, Women

# Title: Canadian Journal of Emergency Medicine

Full Journal Title: Canadian Journal of Emergency Medicine

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

ISBN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

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Full Text: [2008\Can J Eme Med10, 373.pdf](2008\Can%20J%20Eme%20Med10,%20373.pdf)

Abstract: Objective: We sought to determine the diagnostic accuracy of clinical prediction rules to exclude acute coronary syndrome (ACS) in the emergency department (ED) setting. Methods: We searched MEDLINE, EMBASE, Web of Science and the Cochrane Database of Systematic Reviews. We contacted content experts to identify additional articles for review. Reference lists of included studies were hand searched. We selected articles for review based on the following criteria: 1) enrolled consecutive ED patients; 2) incorporated variables from the history or physical examination, electrocardiogram and cardiac biomarkers; 3) did not incorporate cardiac stress testing or coronary angiography into prediction rule; 4) based on original research; 5) prospectively derived or validated; 6) did not require use of a computer; and 7) reported sufficient data to construct a 2 8 2 contingency table. We assessed study quality and extracted data independently and in duplicate using a standardized data extraction form. Results: Eight studies met inclusion criteria, encompassing 7937 patients. None of the studies verified the prediction rule with a reference standard on all or a random sample of patients. Six studies did not report blinding prediction rule assessors to reference standard results, and vice versa. Three prediction rules were prospectively validated. Sensitivities and specificities ranged from 94% to 100% and 13% to 57%, and positive and negative likelihood ratios from 1.1 to 2.2 and 0.01 to 0.17, respectively. Conclusion: Current prediction rules for ACS have substantial methodological limitations and have not been successfully implemented in the clinical setting. Future methodologically sound studies are needed to guide clinical practice.

Keywords: Accuracy, Acute Coronary Syndrome, Acute Myocardial-Infarction, Artificial Neural-Network, Biomarkers, Cardiac Ischemia, Chest-Pain, Cochrane, Computer-Derived Protocol, Decision Rules, Diagnosis, EMBASE, Emergency Department, Emergency Medical Services, European-Society, History, MEDLINE, Methods, Myocardial Infarction, Practice, Prospective Validation, Research, Review, Risk Stratification, Science, St-Segment Elevation, Stress, Systematic, Systematic Review, Unstable Angina, Web of Science

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Full Text: [2010\Can J Eme Med12, 135.pdf](2010\Can%20J%20Eme%20Med12,%20135.pdf)

Abstract: This systematic review included controlled clinical trials comparing tracheal intubation (TI) with alternative airway techniques (AAT) (bag-mask ventilation and use of extraglottic devices) performed by paramedics in the prehospital setting. A priori outcomes to be assessed were survival, neurologic outcome, airway management success rates and complications. We identified trials using EMBASE, MEDLINE, CINAHL, the Cochrane Library, Web of Science, author contacts and, hand searching. We included 5 trials enrolling a total of 1559 patients. No individual study showed any statistical difference in outcomes between the TI and AAT groups. Because of study heterogeneity, we did not pool the data. This is the most comprehensive review to date on paramedic trials. Owing to the heterogeneity of prehospital systems, administrators of each system must individually consider their airway management protocols.

Keywords: Airway, Author, Bag-Mask Ventilation, Cardiopulmonary Arrest, Clinical Trials, Cochrane, Controlled Clinical Trials, EMBASE, Endotracheal Intubation, Extraglottic, Field, Life-Support, Management, MEDLINE, Morbidity, Outcome, Outcomes, Paramedic, Prehospital, Review, Science, Severe Head-Injury, Statistical, Success, Supraglottic, Survival, Systematic, Systematic Review, Tracheal Intubation, Traumatic Brain-Injury, Tube, Web of Science

? Fox, J.L., Vu, E.N., Doyle-Waters, M., Brubacher, J.R., Abu-Laban, R. and Hu, Z.X. (2010), Prophylactic hypothermia for traumatic brain injury: A quantitative systematic review. *Canadian Journal of Emergency Medicine*, **12** (4), 355-364.

Full Text: [2010\Can J Eme Med12, 355.pdf](2010\Can%20J%20Eme%20Med12,%20355.pdf)

Abstract: Introduction: During the past 7 years, considerable new evidence has accumulated supporting the use of prophylactic hypothermia for traumatic brain injury (TBI). Studies can be divided into 2 broad categories: studies with protocols for cooling for a short, predetermined period (e.g., 24-48 h), and those that cool for longer periods and/or terminate based on the normalization of intracranial pressure (ICP). There have been no systematic reviews of hypothermia for TBI that include this recent new evidence. Methods: This analysis followed the recommendations of the Cochrane Handbook for Systematic Reviews of Interventions and the QUOROM (quality of reporting of meta-analyses) statement. We developed a comprehensive search strategy to identify all randomized controlled trials (RCTs) comparing therapeutic hypothermia with standard management in TBI patients. We searched EMBASE, MEDLINE, Web of Science, the Cochrane Central Register of Controlled Trials, the Cochrane Database of Systematic Reviews, Proceedings First and Papers First. Additional relevant articles were identified by hand-searching conference proceedings and bibliographies. All stages of study identification and selection, quality assessment and analysis were conducted according to prospectively defined criteria. Study quality was determined by assessment of each study for the use of allocation concealment and outcome assessment blinding. Studies were divided into 2 a priori defined subgroups for analysis based on cooling strategy: short term 48 h), and long term or goal-directed (> 48 h and/or continued until normalization of ICP). Outcomes included mortality and good neurologic outcome (defined as Glasgow Outcome Scale score of 4 or 5). Pooling of primary outcomes was completed using relative risk (RR) and reported with 95% confidence intervals (CIs). Results: of 1709 articles, 12 studies with 1327 participants were selected for quantitative analysis. Eight of these studies cooled according to a long-term or goal-directed strategy, and 4 used a short-term strategy. Summary results demonstrated lower mortality (RR 0.73, 95% Cl 0.62-0.85) and more common good neurologic outcome (RR 1.52, 95% Cl 1.28 1.80). When only short-term cooling studies were analyzed, neither mortality (RR 0.98, 95% Cl 0.75-1.30) nor neurologic outcome (RR 1.31, 95% Cl 0.94-1.83) were improved. In 8 studies of long-term or goal-directed cooling, mortality was reduced (RR 0.62, 95% Cl 0.51-0.76) and good neurologic outcome was more common (RR 1.68, 95% Cl 1.44-1.96). Conclusion: the best available evidence to date supports the use of early prophylactic mild-to-moderate hypothermia in patients with severe TBI (Glasgow Coma Scale score 8) to decrease mortality and improve rates of good neurologic recovery. This treatment should be commenced as soon as possible after injury (e.g., in the emergency department after computed tomography) regardless of initial ICP, or before ICP is measured. Most studies report using a temperature of 32 34 C. The maximal benefit occurred with a long-term or goal-directed cooling protocol, in which cooling was continued for at least 72 hours and/or until stable normalization of intracranial pressure for at least 24 hours was achieved. There is large potential for further research on this therapy in prehospital and emergency department settings.

Keywords: Analysis, Assessment, Brain, Brain Injuries, Cardiac-Arrest, Children, Cochrane, Confidence Intervals, Cooling, Emergency Department, Hypothermia, Induced, Injury, Intracranial-Pressure, Management, MEDLINE, Methods, Moderate Hypothermia, Mortality, Outcome, Outcomes, Phase-Ii, Prehospital, Pressure, Primary, Prophylactic Hypothermia, Protocol, Quantitative, Randomized Controlled Trials, Relative Risk, Research, Review, Risk, Scale, Science, Severe Head-Injury, Strategy, Systematic, Systematic Review, Systematic Reviews, TBI, Temperature, Term Mild Hypothermia, Therapeutic Hypothermia, Therapy, Traumatic Brain Injury, Treatment, Web of Science

# Title: Canadian Journal of Forest Research-Revue Canadienne de Recherche Forestiere

Full Journal Title: Canadian Journal of Forest Research-Revue Canadienne de Recherche Forestiere

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

ISBN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Klenk, N.L., Dabros, A. and Hickey, G.M. (2010), Quantifying the research impact of the Sustainable Forest Management Network in the social sciences: A bibliometric study. *Canadian Journal of Forest Research-Revue Canadienne de Recherche Forestiere*, **40** (11), 2248-2255.

Full Text: [2010\Can J For Res40, 2248.pdf](2010\Can%20J%20For%20Res40,%202248.pdf)

Abstract: This research note presents the results of a bibliometric analysis that was conducted to better understand the impact that Sustainable Forest Management Network (SFMN) funded research had in the forest-related social and Aboriginal research communities. We applied two indicators of research impact: (i) research outputs and (ii) citations. Our results suggest that the SFMN’s research outputs were highest in the fields of economics, sociology, and political science and law. The number of research articles that acknowledged the SFMN was 30% of the total research output of the SFMN-funded Principal Investigators. These articles represented 3% of the social science articles published in the Forestry Chronicle (the journal most frequently used by SFMN-funded Principal Investigators). Research output related to Aboriginal forestry indicated that the SFMN had a significant influence on the development of the field. Our citation analysis indicated that the average number of citations per SFMN-acknowledged publication in the social sciences was approximately the same as the international impact standard in the field. These results suggest that the SFMN-funded research in the social sciences compared very well with the international research standards in forest-related social sciences.

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Bibliometric Study, Canada, Citation, Citation Analysis, Citations, Collaboration, Development, Field, Forest, Indicators, Journal, Management, Output, Press, Productivity, Publication, Research, Research Output, Research Outputs, Research Performance, Science, Sciences, Sociology

# Title: Canadian Journal of Gastroenterology

Full Journal Title: Canadian Journal of Gastroenterology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

ISBN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: CCountry

? Vanner, S.S. (2011), A bibliometric analysis of digestive health research in Canada: “*Fair is foul, and foul is fair*”. *Canadian Journal of Gastroenterology*, **25** (11), 601-602.

Full Text: [2011\Can J Gas25, 601.pdf](2011\Can%20J%20Gas25,%20601.pdf)

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Canada, Research

Notes: CCountry

? Tuitt, D., Knight, F. and Lipman, T. (2011), A bibliometric analysis of digestive health research in Canada. *Canadian Journal of Gastroenterology*, **25** (11), 609-614.

Full Text: [2011\Can J Gas25, 609.pdf](2011\Can%20J%20Gas25,%20609.pdf)

Abstract: Measurement: of the impact and influence of medical/scientific journals, and of individual researchers has become more widely practiced in recent decades. Tills is driven, in part, by the increased availability of data regarding citations of research articles, and by increased competition for research funding. Digestive disease research has been identified as a particularly strong discipline in Canada. The authors collected quantitative data on the impact and influence of Canadian digestive health research. The present study involved an analysis of the research impact (Hirsch factor) and research influence (Influence factor) of 106 digestive health researchers in Canada. Rankings of the top 25 researchers on the basis of the two metrics were dominated by the larger research groups at the University of Toronto (Toronto, Ontario), McMaster University (Hamilton, Ontario), and the Universities of Calgary (Calgary, Alberta) and Alberta (Edmonton, Alberta), but with representation by other research groups at the Universities of Manitoba (Winnipeg, Manitoba), Western Ontario (London, Ontario) and McGill University (Montreal, Quebec). Female and male researchers had similar scores for the two metrics, as did basic scientists versus clinical investigators. Strategic recruitment, particularly of established investigators, can have a major impact on the ranking of research groups. Comparing these metrics over different time frames can provide insights into the vulnerabilities and strengths of research groups.

Keywords: Analysis, Authors, Bibliometric, Bibliometric Analysis, Canada, Citations, Competition, Digestive Disease, Digestive Health, Disease, Female, Funding, Impact, Impact, Index, Indicators, Influence, Journals, Male, Measurement, Metrics, Quantitative, Quebec, Ranking, Rankings, Recruitment, Research, Research Impact, Researchers, Universities, University

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Full Text: 2012\Can J Gas26, 216.pdf

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Canada, Health, Health Research, Research

? Sherman, P.M., Hart, K.B., Rose, K., Bosompra, K., Manuel, C., Belanger, P., Daniels, S., Sinclair, P., Vanner, S. and Buret, A.G. (2013), Evaluation of funding gastroenterology research in Canada illustrates the beneficial role of partnerships. *Canadian Journal of Gastroenterology*, **27** (12), 717-720.

Full Text: 2013\Can J Gas27, 717.pdf

Abstract: BACKGROUND: Funders of health research in Canada seek to determine how their funding programs impact research capacity and knowledge creation. OBJECTIVE: To evaluate the impact of a focused grants and award program that was cofunded by the Canadian Institutes of Health Research Institute of Nutrition, Metabolism and Diabetes, and the Canadian Association of Gastroenterology; and to measure the impact of the Program on the career paths of funded researchers and assess the outcomes of research supported through the Program. METHODS: A survey of the recipients of grants and awards from 2000 to 2008 was conducted in 2012. The CIHR Funding Decisions database was searched to determine subsequent funding; a bibliometric citation analysis of publications arising from the Program was performed. RESULTS: of 160 grant and award recipients, 147 (92%) completed the survey. With >$17.4 million in research funding, support was provided for 131 fellowship awards, seven career transition awards, and 22 operating grants. More than three-quarters of grant and award recipients continue to work or train in a research-related position. Combined research outputs included 545 research articles, 130 review articles, 33 book chapters and 11 patents. Comparative analyses indicate that publications supported by the funding program had a greater impact than other Canadian and international comparators. CONCLUSIONS: Continuity in support of a long-term health research funding partnership strengthened the career development of gastroenterology researchers in Canada, and enhanced the creation and dissemination of new knowledge in the discipline.

Keywords: Analyses, Analysis, Association, Background, Bibliometric, Canada, Capacity, Career Development, Citation, Citation Analysis, Conclusions, Database, Development, Diabetes, Evaluation, Fellowship, Funding, Gastroenterology, Health, Health Research, Impact, International, Knowledge, Long Term, Long-Term, Measure, Methods, Outcomes, Partnerships, Patents, Publications, Research, Research Funding, Research Outputs, Review, Role, Support, Survey, Work

# Title: Canadian Journal of Information and Library Science-Revue Canadienne des Sciences de l Information et de Bibliotheconomie

Full Journal Title: Canadian Journal of Information and Library Science-Revue Canadienne des Sciences de l Information et de Bibliotheconomie

ISO Abbreviated Title: Can. J. Inf. Libr. Sci.-Rev. Can. Sci. Inf. Bibl.

JCR Abbreviated Title: Can J Inform Lib Sci

ISSN: 1195-096X

Issues/Year: 4

Journal Country/Territory: Canada

Language: Multi-Language

Publisher: Canadian Assoc Information Science

Publisher Address: Po Box 6174, Station J, Ottawa, Ontario K2A 1T2, Canada

Subject Categories:

Information Science & Library Science: Impact Factor

? Stephenson, M.S. (1993), The *Canadian Library Journal*, 1981-91: An analysis. *Canadian Journal of Information and Library Science-Revue Canadienne des Sciences de l Information et de Bibliotheconomie*, **18** (2), 1-18.

Full Text: 1993\Can J Inf Lib Sci-Rev Can Sci Inf Bib18, 1.pdf

Abstract: By means of a set of selected descriptive bibliometric techniques and variables, the Canadian Library Journal was analysed for the period 1981-91. During the period studied, the journal remained relatively stable on most of the variables examined. Small variations were discernible, both during the 10-year period 1981-90, and also in comparison to an earlier 1968-80 study by Steer. The major exception was the growth in the percentage of research-based articles during the last seven years analysed. Among specific findings were: over half (52.8%) of the items published in CLJ, excluding letters and reviews, were articles; of the total 644 authors, 284 (44.1%) were men and 360 (55.9%) were women; the majority (79%) of authors were from Ontario, British Columbia, Alberta, and Quebec, with over half (57.5%) of authors of all types of items living in Ontario. When the data analysis was limited to articles, the same percentage of authors was from Ontario; when the data analysis was limited to articles, 49.3% were written by librarians and 24.7% by library school faculty or students. The five most popular subject areas over the decade were management, the profession, automation, collection management, and reference; 23.7% of all the articles analysed used a research-based approach; and there was virtually no collaborative authorship during the period studied, with 82.9% of the articles written by a single author

Keywords: ACRL Conference Papers, Authorship, Bibliometric, College, English, Information, Information-Science, Institutional Affiliations, Journal, Periodical Literature, Research Articles, SCI, Science

? Rousseau, R. and Rousseau, S. (1993), Informetric distributions: A tutorial review. *Canadian Journal of Information and Library Science-Revue Canadienne des Sciences de l Information et de Bibliotheconomie*, **18** (2), 51-63.

Abstract: the notions “informetric” or “bibliometric” distributions refer to a set of mathematical representations and formulations of regularities observed in bibliographies, lists of authors, citation lists, and similar data. In this article we review some of these functions (e.g., Lotka’s, Leimkuhler’s, and Bradford’s formulations), and we show that these regularities occur not only in library or information science settings, but almost everywhere in the sciences, social sciences, and humanities. As an example we analyse song texts of the singer/songwriter Thomas Dolby and conclude that word USAge in Dolby’s Astronauts and Heretics perfectly fits a Leimkuhler function. Moreover, Lotka’s inverse square law yields an acceptable description of the corresponding frequency distribution.

Keywords: Bradford Law, Citation, Humanities, Information Science, Review, Science, Social Sciences, Zipf

Notes: MModel

? Rousseau, R. (1998), Convolutions and their applications in information science. *Canadian Journal of Information and Library Science-Revue Canadienne des Sciences de l Information et de Bibliotheconomie*, **23** (3), 29-47.

Full Text: 1998\Can Jou Inf Lib Sci23, 29.pdf

Abstract: Convolution is a mathematical operation between sequencer or between functions. Starting om an elementary approach. based on the multiplication of polynomials. we present exact definitions of this operation. Ir is shown that it can easily he interpreted from a system theoretic and from a stochastic point of view. Examples are given of its use and potential in the information sciences. In particular. convolutions can he used to explain observed phenomena such as the decline in the use of older literature (obsolescence) or the influence of publication delays on the aging of scientific literature. (C) Canadian Journal of Information and, Library Science.

Keywords: Counts, Lotka’s Law, Obsolescence

Egghe, L. and Rousseau, R. (2002), A general frame-work for relative impact indicators. *Canadian Journal of Information and Library Science-Revue Canadienne des Sciences de l Information et de Bibliotheconomie*, **27** (1), 29-48.

Full Text: [2002\Can Jou Inf Lib Sci27, 29.pdf](2002\Can%20Jou%20Inf%20Lib%20Sci27,%2029.pdf)

Abstract: This article brings the underlying structure of different relative indicators to the forefront. This leads to a powerful device for constructing new indicators. Special attention is given to the relative impact of a journal within a set of journals, a so-called meta-journal. Examples of relative impact factors are calculated for a group of information science, and for a group of management journals. Advantages of relative impact indicators are highlighted. These indicators are further studied in the context of regression analysis. Finally, it is shown that, compared to the Ramirez, Garcia, and Del Rio (2000) renormalized impact factor, the relative impact factor is more sensitive to changes of relative contributions of journals within a journal set.

Keywords: Elative Impact, Global Impact, Average Impact, Journal Impact Factor, Regression Lines, Pearson Correlation Coefficient, Information Science Journals, Management Journals, Activity Index, Attractivity Index, S&T Indicators, Research Performance

? Cordes, R. (2003), Is grey literature ever used?: Using citation analysis to measure the impact of GESAMP, an international marine scientific advisory body. *Canadian Journal of Information and Library Science-Revue Canadienne des Sciences de l Information et de Bibliotheconomie*, **27** (3), 109-127.

Full Text: 2003\Can Jou Inf Lib Sci27, 109.pdf

Abstract: Citation analysis was used to measure the impact of GESAMP, the Joint Group of Experts on the Scientific Aspects of Marine Environmental Protection, which since 1969 has published reports for the United Nations and seven of its agencies. Web of Science was used to search for citations to 114 publications, of which 15 are journal articles or books. Citations to grey literature can be difficult to locate and interpret, but two-thirds of the 1436 citations, in 1178 citing papers, are to grey literature items. The distribution of citations and self-citation are examined. Journal versions were cited more than corresponding reports. Core journals for GESAMP citations include seven environmental science journals and a social science journal. This paper confirms that citation searching can successfully measure the impact of organizations producing grey literature. Such publications can be very influential, diffusing widely from their source.

Keywords: Analysis, Citation, Citation Analysis, Citations, Environmental-Protection, Journals, Publications, Science, Self-Citation, Web of Science

? Cordes, R. (2004), Is grey literature ever used? Using citation analysis to measure the impact of GESAMP, an international marine scientific advisory body. *Canadian Journal of Information and Library Science-Revue Canadienne des Sciences de l Information et de Bibliotheconomie*, **28** (1), 49-69.

Full Text: [2004\Can Jou Inf Lib Sci28, 49.pdf](2004\Can%20Jou%20Inf%20Lib%20Sci28,%2049.pdf)

Abstract: Citation analysis was used to measure the impact of GESAMP, the Joint Group of Experts on the Scientific Aspects of Marine Environmental Protection, which since 1969 has published reports for the United Nations and seven of its agencies. Web of Science was used to search for citations to 114 publications, of which 15 are Journal articles or books. Citations to grey literature can be difficult to locate and interpret, but two-thirds of the 1436 citations, in 1178 citing papers, are to grey literature items. The distribution of citations and self-citation are examined. Journal versions were cited more than corresponding reports. Core journals for GESAMP citations include seven environmental science journals and a social science journal. This paper confirms that citation searching can successfully measure the impact of organizations producing grey literature. Such publications can be very influential, diffusing widely from their source.

Keywords: Analysis, Citation, Citation Analysis, Citations, Environmental-Protection, Journals, Publications, Science, Self-Citation, Web of Science

? Glänzel, W. and Schuber, A. (2005), A concise review of the role of author self-citations in information science, bibliometrics, and science policy. *Canadian Journal of Information and Library Science-Revue Canadienne des Sciences de l Information et de Bibliotheconomie*, **29** (3), 357.

Full Text: [2005\Can Jou Inf Lib Sci29, 357.pdf](2005\Can%20Jou%20Inf%20Lib%20Sci29,%20357.pdf)

Keywords: Bibliometrics, Information Science, Science

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Full Text: [2005\Can Jou Inf Lib Sci29, 407.pdf](2005\Can%20Jou%20Inf%20Lib%20Sci29,%20407.pdf)

Abstract: This study examines the extent of inter-institutional collaboration between scholars in the 48 major Canadian universities, and also determines the factors that influence such collaboration. Documents included in the Science Citation Index Expanded, Social Science Citation Index, and Arts & Humanities Citation Index of the online ISI’s Web of Science database for 1991-2004 were used as sources of data for the study. Making use of the author’s affiliation field, we were able to determine the number of publications co-authored by scholars ill each pair of universities. Multiple regression analysis was used to determine the influence of factors such as geographical distance, province, language, time zone, age, and peer group on collaboration. Only province and peer group were included in the final regression model.

Keywords: Affiliation, Age, Analysis, Canada, Citation, Collaboration, Data, Database, Field, Group, Influence, Language, Model, Peer, Peer Group, Publications, Regression, Regression Analysis, Regression Model, Science Citation Index, Social Science Citation Index, Sources, Universities, Web of Science

Notes: UUniversity

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Full Text: [2006\Can Jou Inf Lib Sci30, 104.pdf](2006\Can%20Jou%20Inf%20Lib%20Sci30,%20104.pdf)

? Taataaeil, N. and Beheshti, J. (2007), Interdisciplinary outreach of library and information science research as reflected in “Essential Science Indicators”. *Canadian Journal of Information and Library Science-Revue Canadienne des Sciences de l Information et de Bibliotheconomie*, **31** (3-4), 278.

Full Text: [2007\Can Jou Inf Lib Sci31, 278.pdf](2007\Can%20Jou%20Inf%20Lib%20Sci31,%20278.pdf)

Keywords: Research

? Tsay, M.Y. (2008), Analysis and comparison of citation data between Journals of Education, Library & Information Science, and Management. *Canadian Journal of Information and Library Science-Revue Canadienne des Sciences de l Information et de Bibliotheconomie*, **32** (1-2), 55-73.

Full Text: [2008\Can Jou Inf Lib Sci32, 55.pdf](2008\Can%20Jou%20Inf%20Lib%20Sci32,%2055.pdf)

Abstract: This study analyzes and compares the journal citation data on education, library and information science, and management, based on information from SSCI Journal Citation Reports (2004), a subscription-based database. The correlation between each of the fifteen pairs of source items and five kinds of citation data-citation count, impact factor, immediacy index, citing half-fife, and cited half-fife-are examined based on the Pearson correlation tests. The Fisher’s z-transform is employed to test the significant difference between the Pearson correlation coefficient for each pair of citation data from the three subject areas. The significance of mean difference of each citation data was examined by t test. The similarities and differences in citation data among the three subjects are identified.

Keywords: Bibliometric Analysis, Citation, Impact, Impact Factor, Management, Obsolescence

? Jank, D.A. (2010), Toward a unifying ontology for human-information interaction. *Canadian Journal of Information and Library Science-Revue Canadienne des Sciences de l Information et de Bibliotheconomie*, **34** (4), 403-432.

Full Text: [2010\Can Jou Inf Lib Sci34, 403.pdf](2010\Can%20Jou%20Inf%20Lib%20Sci34,%20403.pdf)

Abstract: Research agendas in human-information interaction (HII) are often varied and thematically divergent. Through the interdisciplinary lens of information studies, a more convergent view of HII scholarship emerges. The purpose of this paper is twofold: to provide a summary of dissertation research that taxonomically documents the divergent scholarship in human-information interaction, and to construct a unifying ontology of HII discourse, using bibliometric techniques, that may serve as a map of the research front of human-information interaction for the information scientist.

Keywords: Attitudes, Behavior, Bibliometric, Bibliometric Techniques, Classification, Cocitation Analysis, Context, Discourse, Domain Analysis, Human-Information Interaction, Information, Information Seeking Behavior, Interaction, Interdisciplinary, Model, Online, Ontology, Purpose, Relationship Theory, Research, Research Front, Scholarship, Science, Seeking, Taxonomy, Techniques

? Mêgnigbêto, E. (2014), Collaboration in scientific and technology research in Benin: 2005-2009. *Canadian Journal of Information and Library Science-Revue Canadienne des Sciences de l Information et de Bibliotheconomie*, **38** (3), 188-204.

Full Text: [2014\Can Jou Inf Lib Sci38, 188.pdf](2014/Can%20Jou%20Inf%20Lib%20Sci38,%20188.pdf)

Abstract: This paper studies scientific collaboration in the Beninese national research system. References to publications in Web of Science with at least one Benin-based co-author address were collected. Only papers published from 2005 to 2009 (a five-year period) were selected. Results show that over 80% of papers have at least one co-author with a foreign address. The Universite d’Abomey-Calavi is the centre of the institutional collaboration network. Authors’ collaboration network reveals several sub-groups of different sizes and cohesion. The most prominent subgroups are those of the authors specialized in Natural Sciences, Medical and Health Sciences or Engineering Sciences and Technology.

Keywords: Africa, Authors, Benin, Centrality, Co-Author, Collaboration, Engineering, Engineering Sciences, From, Health, Medical, Network, Networks, Papers, Publications, References, Research, Research Collaboration, Research Evaluation, Research Policy, Results, Science, Sciences, Scientific And Technology Research, Scientific Collaboration, Technology, Web Of Science

# Title: Canadian Journal of Ophthalmology-Journal Canadien d’Ophtalmologie

Full Journal Title: Canadian Journal of Ophthalmology-Journal Canadien d’Ophtalmologie

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Micieli, J.A., Micieli, A. and Smith, A.F. (2010), Identifying systemic safety signals following intravitreal bevacizumab: Systematic review of the literature and the Canadian Adverse Drug Reaction Database. *Canadian Journal of Ophthalmology-Journal Canadien d’Ophtalmologie*, **45** (3), 231-238.

Full Text: [2010\Can J Oph45, 231.pdf](2010\Can%20J%20Oph45,%20231.pdf)

Abstract: Objective: As the off-label use of intravitreal bevacizumab continues for an increasing number of ocular conditions, a systematic review of the literature aimed at detecting temporally associated systemic adverse events was undertaken. Design: Systematic review of the literature and a health regulatory database. Participants: A total of 22 different clinical studies representing 12 699 patients Methods: A systematic review indexed by Ovid MEDLINE, EMBASE, ISI Web of Science, the Cochrane database (CENTRAL), and the Canadian Adverse Drug Reaction Information System Database was performed. All clinical studies with at least 100 eyes injected with bevacizumab and case reports documenting suspected events were included for review. Results: A total of 22 different clinical studies were reviewed, including an international internet survey, 6 retrospective studies assessing the safety of intravitreal bevacizumab, and 15 clinical trials. The most common adverse systemic event reported in these studies, representing 12 699 patients was an increase in blood pressure (0.46% of patients), followed by cerebrovascular accidents (0.21% of patients), and myocardial infarction (0.19% of patients). The 6 case reports documented suspected events not previously identified and only 1 systemic event from the Health Canada database was retrieved. Conclusions: the systemic events temporally associated with intravitreal bevacizumab are mainly of cardiovascular and neurological origin and can be predicted from an exaggerated pharmacology, although a caUSAl association cannot be established at this time. Health Canada’s spontaneous drug reporting system is an underutilized resource and a more active surveillance system such as a patient registry may be better suited to establish the low rates of systemic adverse events following bevacizumab use in ophthalmology.

Keywords: Antiangiogenic Therapy, Avastin, Bevacizumab, Blood, Blood Pressure, Blood-Pressure, Canada, Cardiovascular, Case Reports, Choroidal Neovascularization Secondary, Clinical Trials, Cochrane, Degeneration, Diabetic Macular Edema, Drug, EMBASE, Health, Heart-Rate, Injection, ISI, Literature, MEDLINE, Metastatic Colorectal-Cancer, Methods, Myocardial Infarction, Pharmacovigilance, Pressure, Ranibizumab, Review, Safety, Science, Study-Group Pacores, Surveillance, Survey, Systematic, Systematic Literature Review, Systematic Review, Vascular Endothelial Growth Factor, Web of Science

# Title: Canadian Journal of Physiology and Pharmacology

Full Journal Title: Canadian Journal of Physiology and Pharmacology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Pierce, G.N. (2012), The most highly cited papers in the *Canadian Journal of Physiology and Pharmacology* through the decades. *Canadian Journal of Physiology and Pharmacology*, **90** (7), III-IIV.

Full Text: [2012\Can J Phy Pha90, III.pdf](2012\Can%20J%20Phy%20Pha90,%20III.pdf)

Keywords: Journal, Papers

# Title: Canadian Journal of Plant Science

Full Journal Title: Canadian Journal of Plant Science

ISO Abbreviated Title: Can. J. Plant Sci.

JCR Abbreviated Title: Can J Plant Sci

ISSN: 0008-4220

Issues/Year: 4

Journal Country/Territory: Canada

Language: Multi-Language

Publisher: Agr Inst Canada

Publisher Address: Suite 907 151 Slater St, Ottawa, Ontario K1P 5H4, Canada

Subject Categories:

Agriculture Plant Sciences: Impact Factor 0.484, 94/137 (2000)

? Harper, J.A. (1992), Citation accuracy in the *Canadian Journal of Plant Science*. *Canadian Journal of Plant Science*, **72** (2), 487-488.

Full Text: [1992\Can J Pla Sci72, 487.pdf](1992\Can%20J%20Pla%20Sci72,%20487.pdf)

Abstract: A check of 5 % of the citations in the bibliographies of articles in Canadian Journal of Plant Science, volumes 37-38 (1957-1958) and 69-70 (1989-1990), for accuracy identified errors in approximately 38% of the citations.

Keywords: Citations, References, Errors, Plant Science

# Title: Canadian Journal of Psychiatry-Revue Canadienne de Psychiatrie

Full Journal Title: Canadian Journal of Psychiatry-Revue Canadienne de Psychiatrie

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Maunder, R.G. (2007), Using publication statistics for evaluation in academic psychiatry. *Canadian Journal of Psychiatry-Revue Canadienne de Psychiatrie*, **52** (12), 790-797.

Full Text: [2007\Can J Psy52, 790.pdf](2007\Can%20J%20Psy52,%20790.pdf)

Abstract: Objective: the validity of using publication statistics to evaluate university faculty is not established. This study aimed to determine if publication statistics vary among psychiatric faculty members of different academic rank and if there are biases among disciplines. Method: Using the 10 most recent publications written by psychiatric faculty members at 2 schools of medicine, we compared the time to publish 10 papers, the 5-year impact, the citation rate, and the citation ratio according to academic rank and school. Leaders in neuroscience were compared with leaders in clinical subspecialties. Results: All statistics were associated with academic rank (P ≤ 0.001) and there were significant differences between the 2 schools. There were more basic scientists than clinical subspecialists in the 80th percentile for 5-year impact (P = 0.04), but the latter disciplines performed equally in citation ratio. Conclusions: Publication statistics differ among academic ranks. Citation ratio minimizes the effect of biases among disciplines. Publication statistics may provide useful information for evaluating psychiatric faculty.

Keywords: Authorship, Bibliometrics, Citation, Evaluation, Faculty, Impact, Journal Impact Factor, Medical, Papers, Publication, Publication Statistics, Publications, Schools, Statistics

? Elie, D., Gagnon, P., Gagnon, B. and Giguere, A. (2010), Using psychostimulants in end-of-life patients with hypoactive delirium and cognitive disorders: A literature review. *Canadian Journal of Psychiatry-Revue Canadienne de Psychiatrie*, **55** (6), 386-393.

Full Text: [2010\Can J Psy55, 386.pdf](2010\Can%20J%20Psy55,%20386.pdf)

Abstract: Objective: To review the research about psychostimulant effects on cognitive functions in end-of-life patients diagnosed with hypoactive delirium or cognitive disorders. Method: the MEDLINE (1966-March 2008), EMBASE (1974-March 2008), PsycINFO (1806-March 2008), IPA (1970-March 2008), CINAHL (1982-March 2008), ISI Web of Science (1945-March 2008), Current Contents (March 2007-March 2008), Access Medicine (2001-March 2008), and ProQuest Dissertations & Theses (1980-March 2008) databases were searched with keywords related to delirium, cognition, psychostimulants, and palliative care for French or English articles in a dementia-free and hyperactive delirium-free end-of-life population. Cognitive functions had to be assessed before and after initiation of the psychostimulant treatment. Moreover, treatment had to be initiated after the onset of cognitive impairments. Results: A total of 173 studies were screened. Five studies on methylphenidate and 1 study on caffeine met inclusion criteria and were included in this review. Two studies were case reports, 2 were open-label trials, and 2 were double-blind, crossover randomized placebo-controlled trials. Three studies were conducted with hypoactive delirium patients and all studies were conducted in an advanced cancer patient population. Conclusions: the reviewed studies support the use of methylphenidate to improve end-of-life patient cognitive functions, particularly in the case of hypoactive delirium. Caffeine seems to have beneficial effects on psychomotor activity. Further well-designed studies are needed to consolidate these findings.

Keywords: AIDS-Related Complex, Caffeine, Cancer, Cancer-Patients, Case Reports, Cognition, Cognitive Disorders, Databases, Depression, Dextroamphetamine, Dissertations, Double-Blind, Fatigue, ISI, Literature Review, Medically Ill, MEDLINE, Methylphenidate, Palliative Care, Placebo-Controlled Trial, Psychomotor, Research, Review, Science, Treatment, Web of Science

? Amari, E., Rehm, J., Goldner, E. and Fischer, B. (2011), Nonmedical prescription opioid use and mental health and pain comorbidities: A narrative review. *Canadian Journal of Psychiatry-Revue Canadienne de Psychiatrie*, **56** (8), 495-502.

Full Text: [2011\Can J Psy56, 495.pdf](2011\Can%20J%20Psy56,%20495.pdf)

Abstract: Objective: In North America, the prevalence of nonmedical prescription opioid use (NMPOU), and morbidity and mortality related to prescription opioid analgesics (POAs) has risen sharply. Epidemiologic studies have suggested a high prevalence of mental health and pain comorbidities in NMPOU samples. Given the potential importance for interventions, a narrative review was conducted on studies reporting data on the co-occurrence of NMPOU with mental health problems and pain symptoms in general, treatment, or special populations. Method: A search of MEDLINE, PubMed, PsycINFO, and Web of Science using defined search terms yielded 74 studies on NMPOU and mental health and (or) pain. Thirty-nine studies published between 1997 and 2009 were included in the review-based on the data they provided on NMPOU and mental health and pain comorbidities. Results: Our review found strong associations between NMPOU and the comorbidities of interest. Associations between NMPOU and mental health were strongest for depression (OR range 1.2 to 4.3) followed by anxiety disorders (OR range 1.2 to 3.0) in general and treatment populations. The prevalence of pain ranged from 14.5% to 61.5% in general, treatment, and street drug user samples reporting NMPOU. Conclusions: the extensive associations observed between NMPOU and mental health and pain comorbidities suggest that effective preventive or treatment interventions for NMPOU must consider and attend to these comorbidities. As POAs are widely available and used in North America, POAs may increasingly be used in nonmedical ways for pain or mental health problems not effectively diagnosed or treated.

Keywords: Anxiety, Anxiety Disorders, Chronic Noncancer Pain, College-Students, Comorbidity, Dependence Symptoms, Depression, Drug, Dual Diagnosis, Epidemiologic Studies, Health, Interest, Interventions, MEDLINE, Mental Health, Mental Illness, Methadone-Maintenance Treatment, Morbidity, Mortality, National Epidemiologic Survey, Nonmedical Prescription Opioid Use, Opioid, Pain, Prevalence, Primary-Care, Pubmed, Review, Science, Self-Medication Hypothesis, Substance Misuse, Substance Use Disorders, Symptoms, Treatment, Treatment Interventions, United-States, Web of Science

? Kisely, S. and Hall, K. (2014), An updated meta-analysis of randomized controlled evidence for the effectiveness of community treatment orders. *Canadian Journal of Psychiatry-Revue Canadienne de Psychiatrie*, **59** (10), 561-564.

Full Text: [2014\Can J Psy59, 561.pdf](2014/Can%20J%20Psy59,%20561.pdf)

Abstract: Objectives: It is unclear whether community treatment orders (CTOs) for people with severe mental illnesses can reduce health service use, or improve clinical and social outcomes. Randomized controlled trials of CTOs are rare because of ethical and logistical concerns. This meta-analysis updates available evidence. Method: A systematic literature search was performed of the Cochrane Schizophrenia Group Register, Science Citation Index, PubMed, MEDLINE, and Embase to November 2013. Inclusion criteria were studies comparing CTOs with standard care including those where control subjects received voluntary care, for most of the trial. Results: Three studies provided 749 subjects for the meta-analysis. Two compared compulsory treatment with entirely voluntary care, while the third had control subjects receiving voluntary treatment for the bulk of the time. Compared with control subjects, CTOs did not reduce readmissions (risk ratio 0.98, 95% CI 0.82 to 1.16) or bed days (mean difference [ MD] -16.36; 95% CI -40.8 to 8.05) in the subsequent 12 months (n = 749). Moreover, there were no significant differences in psychiatric symptoms (standardized MD -0.03; 95% CI -0.25 to 0.19; n = 331) or the Global Assessment of Functioning (MD -1.36; 95% CI -4.07 to 1.35; n = 335). Only including the 2 studies that compared compulsory treatment with entirely voluntary care made no difference to the results. Conclusions: CTOs may not lead to significant differences in readmission, social functioning, or symptomatology, compared with standard care. Their use should be kept under review.

Keywords: Assessment, Care, Citation, Clinical, Community, Community Treatment Order, Compulsory Treatment, Control, Criteria, Effectiveness, Ethical, Evidence, Global, Health, Involuntary Outpatient Commitment, Lead, Literature, Literature Search, Medline, Meta Analysis, Meta-Analyses, Meta-Analysis, Metaanalysis, Outcomes, Psychiatric Services, Psychiatric Symptoms, Pubmed, Randomized, Randomized Controlled Trials, Readmission, Readmissions, Results, Review, Risk, Schizophrenia, Science, Science Citation Index, Service, Social, Standard, Symptoms, Systematic, Systematic Literature Search, Treatment, Trial

# Title: Canadian Journal of Public Health-Revue Canadienne de Sante Publique

Full Journal Title: Canadian Journal of Public Health-Revue Canadienne de Sante Publique

ISO Abbreviated Title: Can. J. Public Health

JCR Abbreviated Title: Can J Public Health

ISSN: 0008-4263

Issues/Year:

Journal Country/Territory:

Language:

Publisher: Canadian Public Health Assoc, Ottawa

Publisher Address:

Subject Categories:

: Impact Factor

? Tricco, A.C., Runnels, V., Sampson, M. and Bouchard, L. (2008), Health, health promotion, and public health a bibliometric analysis. *Canadian Journal of Public Health-Revue Canadienne de Sante Publique*, **99** (6), 466-471.

Full Text: [2008\Can J Pub Hea99, 466.pdf](2008\Can%20J%20Pub%20Hea99,%20466.pdf)

Abstract: Objective: Bibliometric analysis can be used to objectively compare the USAge of terms over time. The purpose of this research was to compare the use of population health, health promotion, and public health using bibliometric indicators of the published literature. Methods: Bibliometric indicators, Such as scientific productivity and the overlap between the terms, were analyzed in the Web of Science. Indexing of Population health, health promotion, and public health was explored in MEDLINE, CINAHL, and EMBASE. Results: the most productive country in population health was Canada, while the most productive country in health promotion and public health was the United States. The number of published articles using the public health term was surpassed by health promotion around 1990. Both were surpassed by population health around 2000. Population health was the only concept which lacked an index term in all three databases. Discussion: There has been a shift in the USAge of public health, health promotion, and population health concepts over time. Country analysis revealed that Canadian researchers are leaders in population health, while researchers based in the United States are leaders in public health and health promotion. This may indicate differences rooted in the social, historical and economic traditions. Although the publication rate of articles described as ‘population health’ research is increasing, it is lacking an index term across major electronic databases. We suggest that without timely acceptance of terms, new concepts that represent different ways of thinking about health may be limited, delayed or glossed over.

Keywords: Acceptance, Analysis, Bibliometric, Bibliometric Analysis, Bibliometric Indicators, Canada, Care, Country, Databases, Economic, Health, Health Promotion, Health-Promotion, Index, Indicators, Literature, Medicine, MEDLINE, Population, Population Health, Population Health, Productivity, Promotion, Public, Public Health, Publication, Publication Rate, Purpose, Research, Science, Scientific Productivity, Social, Term, Time, United States, Web of Science

? Kumar, M.B., Wesche, S. and McGuire, C. (2012), Trends in metis-related health research (1980-2009): Identification of research gaps. *Canadian Journal of Public Health-Revue Canadienne de Sante Publique*, **103** (1), 23-28.

Full Text: [2012\Can J Pub Hea103, 23.pdf](2012\Can%20J%20Pub%20Hea103,%2023.pdf)

Abstract: Objective: Several literature reviews have highlighted the under-representation of Metis in research regarding Aboriginal Peoples. However, to date, an in-depth examination of trends in Metis research has not been undertaken. This literature review aims to identify trends and gaps in Metis-related health/well-being research over the past three decades (1980-2009). Methods: Health, medical and social sciences literature databases including Cochrane, CINAHL, Embase, Pubmed, Pyschlnfo, and Web of Science were searched for Metis-relevant peer-reviewed articles published between 1980 and 2009 via two search strategies: 1) using the terms “Metis,” “mixed-blood” or “half-breed,” and 2) using a combination of terms: (Aboriginal OR Indigenous OR native OR “First Nation” OR Indian) and (mixed OR European OR Caucasian OR white) and “Canada”. Articles pertaining to the health/well-being of Metis in Canada were retained, coded and analyzed by study type/design, gender-specificity, geography, research topic, the extent to which Metis-specific breakdown of findings was provided, and methodological quality relating to validity and reliability of the study. Results: Noteworthy strengths in Metis research were observed, including increasing attention to chronic diseases, diet/nutrition/physical activity, and maternal and child health; a trend towards increased presentation of Metis-specific results among pan-Aboriginal studies, and female-specific and qualitative studies; and an equitable focus on urban and rural areas. Gaps were seen in research related to environment/toxicology, genetics, health delivery/programming/policy, injury, mental health (MH)/addictions, social determinants of health, and violence/crime. In addition, a dearth of male-specific research was identified. Also, most articles were cross-sectional in design. Finally, despite an increase in Metis-related articles over the past three decades, a large proportion of articles remained pan-Aboriginal in nature and did not provide a Metis-specific breakdown of findings. With respect to methodological quality, nearly two thirds of all studies were of strong or moderate quality (cross-sectional studies), good quality (cohort/case-control studies) or acceptable quality (qualitative and mixed methods studies). Conclusion: Several gaps exist in Metis-related health/well-being research with respect to study type/design, gender-specificity, research topics, presentation of Metis-specific findings, and methodological quality. In addition to specific gaps, the overall limited number of research articles/studies needs to be recognized. These deficiencies could be alleviated by increasing targeted funding and support for Metis-related research, and removing barriers to Metis-specific research. Addressing gaps in Metis health research will enable identification of appropriate targets for intervention and, subsequently, design, development and evaluation of interventions to address Metis health disparities and their determinants.

Keywords: Aboriginal, Aboriginal Women, Articles, Attention, Barriers, Canada, Child, Child Health, Chronic Diseases, Cochrane, Cross-Sectional Studies, Databases, Design, Determinants, Development, Disparities, Evaluation, Funding, Genetics, Health, Health Disparities, Health Research, HIV, Indigenous, Indigenous Peoples, Indigenous Population, Information, Injury, Intervention, Interventions, Literature, Literature Review, Literature Reviews, Medical, Medical Research, Mental Health, Methods, Metis, Mixed Methods, Northwest-Territories, Population, Predictors, Qualitative, Quality, Reliability, Research, Research Topics, Review, Risk, Science, Sciences, Search Strategies, Social, Social Sciences, Topics, Traditional Food, Trend, Trends, Urban, Validity, Web of Science, Web-of-Science

# Title: Canadian Journal of Statistics-Revue Canadienne de Statistique

Full Journal Title: Canadian Journal of Statistics-Revue Canadienne de Statistique

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Genest, C. (1997), Statistics on statistics: Measuring research productivity by journal publications between 1985 and 1995. *Canadian Journal of Statistics-Revue Canadienne de Statistique*, **25** (4), 427-443.

Full Text: [1997\Can J Psy25, 427.pdf](1997\Can%20J%20Psy25,%20427.pdf)

Abstract: Sixteen international journals publishing statistical theory were surveyed over the Ii-year period beginning in 1985. Paper, author and adjusted page counts yield cursory measures of productivity for institutions and countries that contributed to fundamental statistical research during that period. These data clearly identify Canada as one of the main contributors to the development of the discipline in the past decade. They also provide valuable information on the evolution of publication habits, in terms of the volume of research, the length of papers, coauthorship practices, etc.

Keywords: Bibliometrics, Coauthorship, Countries, Development, Economics Departmental Rankings, Journals, Papers, Productivity, Productivity Rankings, Publications, Publishing, Refereed Journals, Research, Research Productivity, Statistical Research, Statistics

? Genest, C. (1999), Probability and statistics: A tale of two worlds? *Canadian Journal of Statistics-Revue Canadienne de Statistique*, **27** (2), 421-444.

Full Text: [1999\Can J Psy27, 421.pdf](1999\Can%20J%20Psy27,%20421.pdf)

Abstract: This comparative study of research productivity and publication habits in probability and statistics completes the paper that was published in this Journal at the end of 1997. It is based on a ten-year survey of eighteen international journals, half of which are specialized in probability theory and the other half in statistics. Paper, author and adjusted page counts yield cursory measures of productivity for countries and institutions that contributed to fundamental research in these two related fields during the period 1986-1995. These data also reveal significant cultural differences between probabilists and statisticians in the volume of research, the length of papers, coauthorship practices, etc. Canada is seen to be one of the strongest contributors to the development of these two disciplines.

Keywords: Bibliometrics, Coauthorship, Countries, Development, Journals, Papers, Patterns, Productivity, Productivity Rankings, Refereed Journals, Research, Research in Probability and Statistics, Research Productivity, Statistics

? Genest, C. and Guay, M. (2002), Worldwide research output in probability and statistics: An update. *Canadian Journal of Statistics-Revue Canadienne de Statistique*, **30** (2), 329-342.

Full Text: [2010\Can J Psy55, 386.pdf](2010\Can%20J%20Psy55,%20386.pdf)

Abstract: The authors update the work of Genest (1997, 1999) on world research output in probability and statistics. The rankings they produce of countries and institutions are based on a survey of papers published between 1986 and 2000 in 25 specialized journals of high reputation in these two fields. The contribution of Canadian probabilists and statisticians is highlighted.

Keywords: Authors, Bibliometrics, Countries, Journals, Papers, Productivity, Productivity Rankings, Rankings, Refereed Journals, Research, Research Output, Statistics

# Title: Canadian Journal of Surgery

Full Journal Title: [Canadian Journal of Surgery](http://www.cma.ca/issues); [Canadian Journal of Surgery](http://web.ebscohost.com/ehost/detail?vid=1&hid=17&sid=89e6b20f-f295-4c2f-9e64-08cf56357d33%40sessionmgr15&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&jid=1IS)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Wood Dauphinee, S. (1996), Quality-of-life assessment: Recent trends in surgery. *Canadian Journal of Surgery*, **39** (5), 368-372.

Full Text: [1996\Can J Sur39, 368.pdf](1996\Can%20J%20Sur39,%20368.pdf)

Abstract: A literature review conducted for a 1989 article on assessing the quality of life in surgical studies revealed that quality of life was more often mentioned than measured. Few authors reported the use of known, standardized scales. The objective of this study was to determine if and to what extent this situation has changed. A MEDLINE search of surgical studies published between 1989 and 1995 produced over 277 abstracts of surgical studies containing the words “quality of life.” the abstracts were studied in three time periods: 1989-1990, 1991-1992 and 1993-1995. Findings indicated that the use of the term “quality of life” increased markedly over the study period, and studies using standardized measures escalated from 27.4% in 1989-1990 to 48.3% in 1993-1995. Those abstracts not stating how quality of life was assessed decreased from 48.4% in the early period to 21.7% in the last period. of the abstracts reporting studies that used quality of life measures, 33% came from cancer studies, 21.7% from cardiovascular or respiratory studies, 14.8% from gastroenterology studies, 13.4% from nephrology studies and 6.1% from orthopedic studies. Surgical investigators selected a variety of global measures of quality of life as well as disease-specific instruments. The abstracts also revealed that surgeons are using quality-of-life assessment to monitor patients over time, to help select patients for surgery, to determine the effects of surgical treatment and for making policy decisions. Notwithstanding the limitations of this project, there is evidence in the literature that surgeons are increasingly willing to assess the impact of the surgical interventions by quality-of-life measures and are becoming more familiar with the diverse measures used to assess quality of life.

Keywords: Assessing, Assessment, Cancer, Cardiovascular, Evidence, Familiar, Gastroenterology, Impact, Interventions, Life, Literature, Literature Review, MEDLINE, Nephrology, Patients, Policy, Quality, Quality of, Quality of Life, Reporting, Review, Scales, Surgery, Surgical Treatment, Term, Treatment, Trends

? Bhandari, M., Patenall, V., Devereaux, P.J., Tornetta, P., Dirschl, D., Leece, P., Ramanan, T. and Schemitsch, E.H. (2005), Am observational study of duplicate presentation rates between two national orthopedic meetings. *Canadian Journal of Surgery*, **48** (2), 117-122.

Full Text: [2005\Can J Sur48, 117.pdf](2005\Can%20J%20Sur48,%20117.pdf)

Abstract: Background: National meetings such as those of the American Academy of Orthopaedic Surgeons (AAOS) and the Canadian Orthopaedic Association (COA) are invaluable in the dissemination of new research findings. Given the limits of meeting agendas, investigators who present the same paper at multiple meetings prevent other presentations on potentially important original research. To determine the incidence of duplicate presentation of research between recent COA and AAOS meetings and between national meetings (AAOS and subspecialty), we conducted an observational study. Methods: We hand-searched all podium papers and posters from the 2001 COA annual meeting for duplicate presentation at the 2001 and 2002 AAOS annual meetings and subspecialty meetings held in the USA. We evaluated summary data abstracted from the duplicate presentations for consistency. Results: of 148 presentations at the 2001 COA meeting, 29 presentations (paper and poster) were duplicated at the 2001 or 2002 AAOS meeting: effectively I paper in 5 (19.5%). Canadian investigators were significantly more likely to present the same paper at both meetings than Americans (79% v. 13%, respectively; p < 0.01). Those who presented papers at COA altered their AAOS presentations in a variety of ways: by changing the wording in the title of their paper (24% of the time), adding or removing authors (38%), changing authorship order (34%) and changing the sample size (31%). Duplicate presentation rates between AAOS and other orthopedic subspecialty meetings averaged 11.4% (range 3.4%-26.4%). Conclusions: We identified a 20% duplicate presentation rate between the COA and AAOS annual meetings, and an 11% rate between the AAOS and subspecialty meetings. Stricter enforcement of guidelines and improved dissemination of research findings at both national meetings may limit this practice.

Keywords: Abstracts, Authors, Authorship, Dissemination, Guidelines, Incidence, Methods, Observational, Observational Study, Papers, Practice, Publication Rates, Research, Society, USA

? Bhandari, M., Busse, J., Devereaux, P.J., Montori, V.M., Swiontkowski, M., Tornetta, P., Einhorn, T.A., Khera, V. and Schemitsch, E.H. (2007), Factors associated with citation rates in the orthopedic literature. *Canadian Journal of Surgery*, **50** (2), 119-123.

Full Text: [2007\Can J Sur50, 119.pdf](2007\Can%20J%20Sur50,%20119.pdf)

Abstract: Introduction: Investigators aim to publish their work in top journals in an effort to achieve the greatest possible impact. One measure of impact is the number of times a paper is cited after its publication in a journal. We conducted a review of the highest impact clinical orthopedic journal (Journal of Bone and joint Surgery, American volume U Bone joint Surg Am]) to determine factors associated with subsequent citations within 3 years of publication. Methods: We conducted citation counts for all original articles published in J Bone joint Surg Am 2000.(12 issues). We used regression analysis to identify factors associated with citation counts. Results: We identified 137 original articles in the J Bone Joint Surg Am. There were 749 subsequent citations within 3 years of publication of these articles. Study design was the only variable associated with subsequent citation rate. Meta-analyses, randomized trials and basic science papers received significantly more citations (mean 15.5, 9.3 and 7.6, respectively) than did observational studies (mean retrospective 5.3, prospective 4.2) and case reports (mean 1.5) (p = 0.01). These study designs were also significantly more likely to be cited in the general medical literature (p = 0.02). Conclusion: Our results suggest that basic science articles and clinical articles with greater methodological safeguards against bias (randomized controlled trials and meta-analyses) are cited more frequently than are clinical studies with less rigorous stud), designs (observational studies and case reports).

Keywords: Analysis, Citation, Citation Counts, Citation Rates, Citations, Impact Factor, Journals, Publication, Quality, Science, Self-Citations

# Title: Canadian Library Journal

Full Journal Title: Canadian Library Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0008-4352

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Maclean, H.I. (1972), Introductory course on informatics/documentation - Mikhailov, AI and Giljarevskij, RS. *Canadian Library Journal*, **29** (4), 347-348.

? Malinski, R. (1975), Understanding scientific literature - Bibliometric approach - Donohue, JC. *Canadian Library Journal*, **32** (1), 73-74.

# Title: Canadian Medical Association Journal

Full Journal Title: [Canadian Medical Association Journal](http://www.cmaj.ca/contents-by-date.0.shtml)

ISO Abbreviated Title: Can. Med. Assoc. J.

JCR Abbreviated Title: Can Med Assoc J

ISSN: 0820-3946

Issues/Year: 24

Journal Country/Territory: Canada

Language: Multi-Language

Publisher: Canadian Medical Association

Publisher Address: 1867 Alta Vista Dr, Ottawa, Ontario K1G 3Y6, Canada

Subject Categories:

Medicine, General & Internal: Impact Factor 2.808,/(2001)

? Morgan, P.P. (1983), *CMAJ*’s citation patterns. *Canadian Medical Association Journal*, **129** (6), 524.

Full Text: [1983\Can Med Ass J129, 524.pdf](1983\Can%20Med%20Ass%20J129,%20524.pdf)

? Squires, B.P. (1992), Citation rate: A measure of excellence. *Canadian Medical Association Journal*, **146** (3), 341.

Full Text: [1992\Can Med Ass J146, 341.pdf](1992\Can%20Med%20Ass%20J146,%20341.pdf)

Alle, U.D., Navas, L. and King, S.M. (1993), Effectiveness of intrapartum penicillin prophylaxis in preventing early-onset group B streptococcal infection: Results of a metaanalysis. *Canadian Medical Association Journal*, **149** (11), 1659-1665.

Full Text: [1993\Can Med Ass J149, 1659.pdf](1993\Can%20Med%20Ass%20J149,%201659.pdf)

Abstract: Objective: To determine the effectiveness of intrapartum penicillin prophylaxis in preventing early-onset group B streptococcal (GBS) infection in neonates of women whose birth canals are colonized by group B streptococci.

Data sources: Articles published between 1966 and 1992 identified from MEDLINE, EMBASE, the Science Citation Index and the Oxford Perinatal Database; the bibliographies of primary studies, textbooks and review articles and published abstracts from major conferences and symposia.

Data selection: Studies were selected if four criteria were met: (a) the target population was intrapartum women and neonates, (b) the intervention was penicillin prophylaxis, (c) invasive early-onset GBS infection was an outcome measure, and (d) the studies were controlled trials or cohort studies. Seven primary studies were identified, four of which were randomized controlled trials.

Data extraction: Explicit methodologic criteria were used by two of the authors to assess independently the study quality; one of the reviewers was blind as to author, institution and journal. The baseline characteristics of the population, intervention and outcome were summarized twice and checked for accuracy by two of the authors.

Data synthesis: Five of the studies showed a trend toward a beneficial effect of penicillin prophylaxis, and two showed a statistically significant effect. The pooled odds ratio indicated a 30-fold reduction (95% confidence interval 0.0013 to 0.17) in the incidence of early-onset GBS infection with intrapartum penicillin prophylaxis. Subgroup analyses did not change these results. The magnitude of improvement observed did not differ between women with prenatal risk factors (premature rupture of the membranes and premature labour) and those without these risk factors.

Conclusions: There is accumulative evidence that intrapartum penicillin prophylaxis is effective in preventing early-onset GBS infection. Such therapy is beneficial to women whose birth canals are colonized with group B streptococci. Further studies are needed to determine the optimum timing and method of detecting vaginal colonization during pregnancy.

Keywords: Controlled Trial, Disease, Chemoprophylaxis, Colonization, Sepsis, Transmission, Pregnancies, Septicemia, Newborn, Infant

Lexchin, J. and Holbrook, A. (1994), Methodologic quality and relevance of references in pharmaceutical advertisements in a *Canadian Medical Journal*. *Canadian Medical Association Journal*, **151** (1), 47-54.

Full Text: [1994\Can Med Ass J151, 47.pdf](1994\Can%20Med%20Ass%20J151,%2047.pdf)

Abstract: Objective: To evaluate the methodologic quality and relevance of references in pharmaceutical advertisements in the Canadian Medical Association Journal (CMAJ).

Design: Analytic study.

Data source: All 114 references cited in the first 22 distinct pharmaceutical advertisements in volume 146 of CMAJ.

Main outcome measures: Mean methodologic quality score (modified from the 6-point scale used to assess articles in the American College of Physicians’ Journal Club) and mean relevance score (based on a new 5-point scale) for all references in each advertisement.

Main results: Twenty of the 22 companies responded, sending 78 (90%) of the 87 references requested. The mean methodologic quality score was 58% (95% confidence limits [CL] 51% and 65%) and the mean relevance score 76% (95% CL 72% and 80%). The two mean scores were statistically lower than the acceptable score of 80% (p < 0.05), and the methodologic quality score was outside the preset clinically significant difference of 15%. The poor rating for methodologic quality was primarily because of the citation of references to low-quality review articles and ‘other’ sources (i.e., other than reports of clinical trials). Half of the advertisements had a methodologic quality score of less than 65%, but only five had a relevance score of less than 65%.

Conclusions: Although the relevance of most of the references was within minimal acceptable limits, the methodologic quality was often unacceptable. Because advertisements are an important part of pharmaceutical marketing and education, we suggest that companies develop written standards for their advertisements and monitor their advertisements for adherence to these standards. We also suggest that the Pharmaceutical Advertising Advisory Board develop more stringent guidelines for advertising and that it enforce these guidelines in a consistent, rigorous fashion.

Keywords: Information-Sources, Physicians, Accuracy, Preference, Promotion, Patterns, Adoption, Drugs

Levy, A.R. and McGregor, M. (1995), How has extracorporeal shock-wave lithotripsy changed the treatment of urinary stones in Quebec? *Canadian Medical Association Journal*, **153** (12), 1729-1736.

Full Text: [1995\Can Med Ass J153, 1729.pdf](1995\Can%20Med%20Ass%20J153,%201729.pdf)

Abstract: Objectives: To determine the number of people who underwent treatment of urinary stones in Quebec before and after the introduction of extracorporeal shock-wave lithotripsy (ESWL) and to determine how the introduction of ESWL influenced resource utilization.

Design: Before-after study; data were obtained from administrative databases and hospital-based cost estimates.

Setting: the 68 acute care hospitals in Quebec in which treatment of urinary stones is undertaken.

Patients: Quebec residents admitted to hospital for treatment of urinary stones between the fiscal years 1984 and 1992.

Outcome measures: Number of people treated for urinary stones per year, total number of procedures per year (including open surgery, percutaneous procedures, retrograde procedures and ESWL), and annual resources (including number of hospital bed-days and direct costs) for treatment of urinary stones used overall and in hospitals with and without ESWL services.

Results: Over the study period the number of people treated for urinary stones increased by 59%. As well, the combined frequency of ESWL and surgery (the two main treatment methods) increased by 107%. These increases were largely due to rates of treatment that grew by 52% among women and by 34% among men. The total number of hospital bed-days decreased by 28%, which reflected shorter hospital stays for ESWL. However, despite this decrease, the total direct annual costs were 7% higher in 1992 than in 1984 because of the increased numbers of people treated and procedures performed. In the three hospitals that offered ESWL the number of hospital bed-days and the direct costs of treating urinary stones increased by 49% and $2.5 million respectively. In the 65 other hospitals these figures decreased by 41% and about $2.9 million respectively.

Conclusions: Because of increased intervention rates the total cost of treating urinary stones has risen since the introduction of ESWL. The introduction of ESWL has also been associated with a shift in the use of resources for treating urinary stones to hospitals with a lithotriptor. The reasons for the increased intervention rates are unknown. However, given the possibility of negative health effects and the increased costs, studies to determine whether the increased rates improve health outcomes are warranted.

Keywords: Percutaneous Nephrolithotomy, Cost-Effectiveness, Urolithiasis, Experience, Calculi

Goel, V. (1995), Necromancing the stones. *Canadian Medical Association Journal*, **153** (12), 1739-1741.

Full Text: [1995\Can Med Ass J153, 1739.pdf](1995\Can%20Med%20Ass%20J153,%201739.pdf)

Abstract: Since its introduction 15 years ago extracorporeal shock-wave lithotripsy (ESWL) has become a standard treatment for urinary stones. The author comments on the results of Adrian R. Levy and Maurice McGregor’s study of the use of ESWL for urinary stones in Quebec (see pages 1720 to 1736 of this issue). The rapid increase in the use of ESWL that occurred in the first 2 years of the study points to the fact that the application of a new technology is often quickly expanded before thorough assessments of effectiveness and safety have been carried out. New technologies also lead to shifts in cost distribution that must be considered in cost analyses. The author argues that continuing research is needed to document the dissemination of new technologies and points to methodologic concerns that should be addressed to make such research as fruitful as possible.

Keywords: Shock-Wave Lithotripsy, Kidney-Stones

Marshall, K.G. (1996), Prevention. How much harm? How much benefit? 2. Ten potential pitfalls in determining the clinical significance of benefits. *Canadian Medical Association Journal*, **154** (12), 1837-1843.

Full Text: [1996\Can Med Ass J154, 1837.pdf](1996\Can%20Med%20Ass%20J154,%201837.pdf)

Abstract: A preventive program is only of value if it has proven benefits that outweigh any adverse consequences, unfortunately, determination of the clinical significance of reported benefits is not always easy. The first article of this series discussed the confusion caused by reporting results in terms of relative rates. In this article, 10 other pitfalls that may lead to misunderstanding of the degree of benefits are reviewed. These pitfalls are: the type of outcome chosen (surrogate v. clinically significant), The risk level in the population screened, the interval between the intervention and the benefit, the duration of intervention required to achieve the benefit, the overshadowing of one benefit by another, the application of a benefit for one variant of a disease to another variant, lower benefits in community settings than in clinical trials, publication bias, preferential citation of studies showing beneficial effects and ‘false-negative’ results of studies. These pitfalls are illustrated through examples from the current medical literature.

Keywords: PostmenopaUSAl Estrogen Therapy, Localized Prostatic-Cancer, Coronary Heart-Disease, Physical-Activity, Trials, Complications, Management, Mortality, Level, Risk

Notes: UUniversity

Davies, D., Langley, J.M. and Speert, D.P. (1996), Rating authors’ contributions to collaborative research: the PICNIC survey of university departments of pediatrics. *Canadian Medical Association Journal*, **155** (7), 877-882.

Full Text: [1996\Can Med Ass J155 877.pdf](1996\Can%20Med%20Ass%20J155%20877.pdf)

Abstract: Objectives: To determine how department chairs in pediatrics rate involvement in medical research and to determine whether faculty deans’ offices have written criteria for evaluating research activity when assessing candidates for promotion or tenure.

Design: Cross-sectional mailed survey and telephone survey.

Setting: Canadian faculties of Medicine.

Participants: Chairs of the 16 Canadian university departments of pediatrics and deans’ offices of the 16 university medical faculties.

Main outcome measure: Weight assigned by department chairs to contributions to published research according to author’s research role and position in list of authors and the method of listing authors.

Results: Fifteen of 16 chairs responded. Twelve submitted a completed survey, two described their institutions’ policies and one responded that the institution had no policy. Eleven reported that faculty members were permitted or requested to indicate research roles on curricula vitae. There was a consensus that all or principal investigators should be listed as authors and that citing the research group as collective author was insufficient. The contribution of first authors was rated highest for articles in which all or principal investigators were listed. The contribution of joint-principal investigators listed as first author was also given a high rating. In the case of collective authorship, the greatest contribution was credited to the principal investigator of the group. Participation of primary investigators in multicentre research was rated as having higher value than participation in single-centre research by seven respondents and as having equal value by four. Only one dean’s office had explicit written criteria for evaluating authorship.

Conclusions: Most departments of pediatrics and medical faculty deans’ offices in Canadian universities have no criteria for assessing the type of contribution made to published research. In view of the trend to use multicentre settings for clinical trials, guidelines for weighting investigators’ contributions are needed.

Keywords: Journals, Trends

Margolese, R.G., Cantin, J., Bouchard, F., Caines, J., Beaulieu, M.D., Little, C.D., Levine, M.N., Mickelson, W.P., McGregor, M., MacFarlane, J.K., McCready, D.R., Shibata, H.R., Ambus, U., Beliveau, N.J., Bottorff, J., Cameron, B., Cormier, R., Frenette, J., Gelmon, K.A., Gordon, P., Grunfeld, E., Hauch, S., Kader, H.A., Knaus, R., McNeil, J., Miller, C., Mirsky, D.J., Morris, F., Premi, J., Snell, L. and Whamond, E. (1998), 1. The palpable breast lump: Information and recommendations to assist decision-making when a breast lump is detected. *Canadian Medical Association Journal*, **158**, S3-S8.

Full Text: [1998\Can Med Ass J158, S3.pdf](1998\Can%20Med%20Ass%20J158,%20S3.pdf)

Abstract: Objective: To provide information and recommendations for assisting women and their I physicians in making the decisions necessary to establish or exclude the presence of cancer when a lump is felt in the breast.

Evidence: Guidelines are based on a systematic review of published evidence and expert opinion. References were identified through a computerized citation search using MEDLINE (from 1966) and CANCERLIT (from 1985) to January 1996. Nonsystematic review of breast cancer literature continued to January 1997.

Benefits: Exclusion or confirmation of the presence of cancer with the minimum of intervention and delay.

Recommendations:

Investigation of women with a breast lump or suspicious change in breast texture starts with a history, physical examination and usually mammography.

The clinical history should establish how long the lump has been noted, whether any change has been observed and whether there is a history of biopsy or breast cancer. Risk factors for breast cancer should be noted, but their presence or absence should not influence the decision to investigate a lump further.

The physical examination of the breast should aim to identify those features that distinguish malignant from benign lumps.

Mammography can often clarify the nature of the lump and detect clinically occult lesions in either breast.

Fine-needle aspiration can establish whether the lump is solid or cystic. When a tumour is solid, cells can be obtained for cytologic examination.

Ultrasonography is an alternative method to fine-needle aspiration for distinguishing a cyst from a solid tumour.

Whenever reasonable doubt remains as to whether a lump is benign or malignant, a biopsy should be carried out.

When surgical biopsy is used, the aim is to remove the whole lump in one piece along with a surrounding cuff of normal tissue.

Core biopsy, either clinically or image-guided, can usually establish or exclude malignancy, thus reducing the need for surgical biopsy.

Thermography and light scanning are not recommended diagnostic procedures. The value of magnetic resonance imaging is still under investigation. It is nota routine diagnostic procedure at this time.

The choice of procedure should take into account the experience of the diagnostician and availability of the technology in question.

The work-up should be completed expeditiously and the patient kept fully informed throughout.

Even when malignancy is not found, it may be prudent, in some cases, to arrange followup surveillance.

Validation: Guidelines were reviewed and revised by the Writing Committee, expert primary reviewers, secondary reviewers selected from all regions of Canada and by the Steering Committee. The final document reflects a consensus of all these contributors.

Keywords: Fine-Needle Aspiration, Core Biopsy, Cancer, Communication, Management, Carcinoma, Diagnosis, Cytology, Lesions, Health

Margolese, R.G., Beaulieu, M.D., Caines, J.S., Bouchard, F., Olivotto, I.A., Nolan, M.C., Thain, S.K., Levine, M.N., Mickelson, W.P., McGregor, M., Shibata, H.R., Wilkinson, R.H., Agranovich, A.L., Ahmed, D.S., Baird, R.M., Craven, N., Dort, J.C., Grainger, N., Leaghey, S.M., Lohfeld, L., Nolan, E., Norris, B.D., Rebbeck, P.M., Sawka, C.A., Shaw, K. and Smith, P. (1998), Mastectomy or lumpectomy? the choice of operation for clinical stages I and II breast cancer. *Canadian Medical Association Journal*, **158**, S15-S21.

Full Text: [1998\Can Med Ass J158, S15.pdf](1998\Can%20Med%20Ass%20J158,%20S15.pdf)

Abstract: Objective: To assist women and their physicians in making the most clinically effective and personally acceptable decision regarding the choice of primary surgery for potentially curable breast cancer.

Options: Breast-conserving surgery (BCS; also referred to as lumpectomy or wide local excision) or mastectomy.

Outcomes: Local recurrence, metastasis-free survival, overall survival, cosmetic results.

Evidence: Systematic computerized citation search using MEDLINE (from 1980) and CANCERLIT (from 1985) databases to September 1995. Nonsystematic review of breast cancer literature until January 1997.

Benefits: Minimization of disfigurement offered by BCS.

Harms: the need for radiotherapy and the greater costs associated with BCS.

Recommendations:

For patients with stage I or II breast cancer, BCS followed by radiotherapy is generally recommended. In the absence of special reasons for selecting mastectomy, the choice between BCS and mastectomy can be made according to the patient’s circumstances and personal preferences.

Mastectomy should be considered in the presence of any of the following:

(a) factors that increase the risk of local recurrence such as extensive malignant-type calcifications visible on the mammogram, multiple primary tumours or failure to obtain tumour-free margins;

(b) physical disabilities that preclude lying flat or abducting the arm, preventing the use of radiotherapy;

(c) absolute contraindications for radiotherapy such as pregnancy or previous irradiation of the breast or relative contraindications such as systemic lupus erythematosus or scleroderma;

(d) large tumour size in proportion to breast size;

(e) the patient’s clear preference for mastectomy.

The following factors are not contraindications for BCS: the presence of a centrally located tumour mass, axillary lymph-node involvement or the presence of breast implants.

Before deciding between BCS and mastectomy, the physician must make a full and balanced presentation to the patient concerning the pros and cons of these procedures.

Whenever an open biopsy is performed on the basis of even modest suspicion of carcinoma, the procedure should be, in effect, a lumpectomy, using wide local excision of the intact tumour surrounded by a cuff of tumour-free tissue (by palpation and visual inspection).

The following recommendations should be observed to provide optimum clinical and cosmetic results:

(a) Tumour-involved margins should be revised;

(b) Separate incisions should be used for removal of the primary tumour and for the axillary dissection except when these coincide anatomically;

(c) Radial incisions should not be used except when directly medial or lateral to the nipple;

(d) Drains and approximation sutures should not be used in the breast parenchyma.

Validation: the guidelines were reviewed and revised by a writing committee, expert primary reviewers, secondary reviewers selected from all regions of Canada, and by the Steering Committee. The final document reflects a consensus of all these contributors and has been endorsed by the Canadian Association of Radiation Oncologists.

Keywords: Comparing Total Mastectomy, Extensive Intraductal Component, Surgical Adjuvant Breast, Early Local Recurrence, Radiation-Therapy, Segmental-Mastectomy, Conservative Surgery, Conserving Therapy, Tumor-Excision, Follow-Up

? (1998), *CMAJ* is Canada’s most cited medical journal. *Canadian Medical Association Journal*, **159** (2), 129.

Full Text: 1998\Can Med Ass J159, 129.pdf

Keywords: Journal, Medical

Notes: JJournal

Joseph, K.S. and Hoey, J. (1999), *CMAJ*’s impact factor: Room for recalculation. *Canadian Medical Association Journal*, **161** (8), 977-978.

Full Text: [1999\Can Med Ass J161, 977.pdf](1999\Can%20Med%20Ass%20J161,%20977.pdf)

Keywords: Citation

Notes: highly cited, JJournal

? Garfield, E. (1999), Journal impact factor: A brief review. *Canadian Medical Association Journal*, **161** (8), 979-980.

Full Text: [1999\Can Med Ass J161, 979.pdf](1999\Can%20Med%20Ass%20J161,%20979.pdf)

Keywords: Impact, Impact Factor, Review

Notes: TTopic

Gagnon, R.E., Macnab, A.J. and Gagnon, F.A. (2000), A quantitative ranking of Canada’s research output of original human studies for the decade 1989 to 1998. *Canadian Medical Association Journal*, **162** (1), 37-40.

Full Text: [2000\Can Med Ass J162, 37.pdf](2000\Can%20Med%20Ass%20J162,%2037.pdf)

Abstract: Background: Since 1987 research articles have been catalogued with the author’s affiliation address in the 40 databases of the Medical Literature Analysis and Retrieval System (MEDLARS) of the National Library of Medicine, Bethesda, Md. The present study was conducted to examine the Canadian entries in MEDLARS to interpret past and future trends and to combine the MEDLARS demographic data with data from other sources to rank Canadian research output of human studies both nationally and internationally.

Methods: the PUBMED Web site of the National Library of Medicine was used to count medical articles archived in MEDLARS and published from Jan. 1, 1989, through Dec. 31, 1998. The articles attributed to Canadian authors were compared by country, province, city, medical school, hospital, article type, journal and medical specialty.

Results: During the study period Canadian authors contributed on average 3% (standard deviation [SD] 0.2%) of the worldwide MEDLARS content each year, which translated to a mean of 11 067 (SD 1037) articles per year; 49% were human studies, of which 13% were clinical or controlled trials, and 55% involved people aged 18 years or less. In total, 68% of the articles were by authors affiliated with Canadian medical schools; those affiliated with the University of Toronto accounted for the greatest number (8604), whereas authors affiliated with McGill University had the greatest rate of annual increase in the quantity published (8%). Over one-third (38%) of the articles appeared in Canadian journals. When counted by specialty, 17% of the articles were by authors with clinical specialties, 5% by those with surgical specialties and 3% by those with laboratory specialties.

Interpretation: the annual rate of increase in research output for Canada was more than 3 times higher than that seen world wide. Canada is now ranked seventh among countries contributing human studies to MEDLARS. The increase indicates that Canada’s medical schools are productive, competitive in making contributions to medical science and are supporting Canadian journals.

Keywords: Impact, Journals, Bias

Garfield, E. (2000), Impact of abstracts and short reports - Response. *Canadian Medical Association Journal*, **162** (4), 489-490.

Full Text: [2000\Can Med Ass J162, 489.pdf](2000\Can%20Med%20Ass%20J162,%20489.pdf)

Garfield, E. (2000), Impact of abstracts and short reports - Response. *Canadian Medical Association Journal*, **162** (4), 490.

Full Text: [2000\Can Med Ass J162, 490.pdf](2000\Can%20Med%20Ass%20J162,%20490.pdf)

? Gami, A.S., Montori, V.A., Wilczynski, N.L. and Haynes, R.B. (2004), Author self-citation in the diabetes literature. *Canadian Medical Association Journal*, **170** (13), 1925-1927.

Full Text: [2004\Can Med Ass J170, 1925.pdf](2004\Can%20Med%20Ass%20J170,%201925.pdf)

Abstract: Background: Author self-citation is the practice of citing one’s previous publications in a new publication. Its extent is unknown. We studied author self-citation, choosing the major clinical field of diabetes mellitus to represent the general medical literature. Methods: We identified every article about diabetes mellitus in 170 hand-searched clinical journals published in 2000. For every article, we recorded the bibliographic citation an publication type (original or review article) and assessed the methodologic rigour. Citation information was obtained from the ISI Web of Knowledge in April 2003. Results: of 49 028 articles, 289 were about diabetes mellitus and had citation information. Citation counts ranged from 0 to 347 (median 6, interquartile range [IQR] 2-12). Author self-citation counts ranged from 0 to 16 (median 1, IQR 0-2). Author self-citations accounted for an average of 18% (95% confidence interval [CI] 15%-21%) and a median of 7% (95% CI 5%-11%) of all citations of each publication that was cited at least once (n = 266). Original articles had double the mean proportion of author self-citations compared with review articles (19% v. 9%; median 7% v. 0%, difference 7%, 95% CI 0-10%). Methodologic rigour and review type were not significantly associated with subsequent author self-citation. Interpretation: Nearly one-fifth of all citations to articles about diabetes mellitus in clinical journals in the year 2000 were author self-citations. The frequency of self-citation was not associated with the quality of publications. These findings are likely applicable to the general clinical medicine literature and may have important implications for the assessment of journal or publication importance and the process of scientific discovery.

Keywords: Author, Citation, Citations, Diabetes Mellitus, ISI, Journals, Knowledge, Medicine, Publication, Publications, Self-Citations

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Full Text: [2004\Can Med Ass J170, 1929.pdf](2004\Can%20Med%20Ass%20J170,%201929.pdf)

Keywords: Impact Factor, Journals

? Kherani, R.B. and Fung, M. (2004), To self-cite or not to self-cite. *Canadian Medical Association Journal*, **171** (9), 1024.

Full Text: [2004\Can Med Ass J171, 1024.pdf](2004\Can%20Med%20Ass%20J171,%201024.pdf)

? Gami, A.S., Montori, V.M. and Haynes, R.B. (2004), To self-cite or not to self-cite - Response. *Canadian Medical Association Journal*, **171** (9), 1024.

Full Text: [2004\Can Med Ass J171, 1024-1.pdf](2004\Can%20Med%20Ass%20J171,%201024-1.pdf)

? Falagas, M.E., Michalopoulos, A.S., Bliziotis, I.A. and Soteriades, E.S. (2006), A bibliometric analysis by geographic area of published research in several biomedical fields, 1995-2003. *Canadian Medical Association Journal*, **175** (11), 1389-1390.

Full Text: [2007\Can Med Ass J175, 1389.pdf](2007\Can%20Med%20Ass%20J175,%201389.pdf)

Abstract: We summarized the findings of several studies of ours to compare the quantity and quality of published research from around the world for the years 1995 to 2003. We evaluated the number of articles published and their mean journal impact factor. We also studied the research productivity of various areas adjusted for gross domestic product (GDP) and population. We found that Western Europe leads the world in published research on infectious diseases-microbiology (82 342 articles [38.8%]) and in cardiopulmonary medicine (67 783 articles [39.5%]), whereas the United States ranks first in the fields of preventive medicine, public health and epidemiology both in quantity (23 918 articles [49.1%]) and quality of published papers. However, after adjustments for GDP, Canada ranked first, with the United States and Oceania following closely behind. All of the developing regions had only small research contributions in all of the biomedical fields examined.

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Biomedical, Canada, Cardiopulmonary, Developing, Epidemiology, Europe, First, Gross Domestic Product, Health, Impact, Impact Factor, Journal, Journal Impact, Journal Impact Factor, Medicine, Papers, Population, Productivity, Public, Public Health, Quality, Quality of, Research, Research Productivity, Small, United States, World

? Stanbrook, M.B., Flegel, K., Sibbald, B., Wooltorton, E., McDonald, N., Attaran, A. and Hebert, P.C. (2007), Congratulations to our colleagues at Open Medicine. *Canadian Medical Association Journal*, **177** (1), 59-61.

Full Text: [2007\Can Med Ass J177, 59.pdf](2007\Can%20Med%20Ass%20J177,%2059.pdf)

Keywords: Bibliometric Analysis

# Title: Canadian Psychology-Psychologie Canadienne

Full Journal Title: Canadian Psychology-Psychologie Canadienne

ISO Abbreviated Title: Can. Psychol.-Psychol. Can.

JCR Abbreviated Title: Can Psychol

ISSN: 4

Issues/Year: 0708-5591

Journal Country/Territory: Canada

Language: Multi-Language

Publisher: Canadian Psychol Assoc

Publisher Address: 151 Slater St, Ste 205, Ottawa, Ontario K1P 5H3, Canada

Subject Categories:

Psychology: Impact Factor 0.516, / (2000)

? Endler, N.S. and Edwards, J.M. (1987), The “stars” revisited - What are the “stars” of the 1970s doing in the 1980s. *Canadian Psychology-Psychologie Canadienne*, **28** (2), 148-160.

Full Text: [1987\Can Psy-Psy Can28, 148.pdf](1987\Can%20Psy-Psy%20Can28,%20148.pdf)

? Wéry, A., Karila, L., De Sutter, P. and Billieux, J. (2014), Conceptualization, assessment and treatment of cybersexual addiction: A review of the literature. *Canadian Psychology-Psychologie Canadienne*, **55** (4), 266-281.

Full Text: [2014\Can Psy-Psy Can55, 266.pdf](2014/Can%20Psy-Psy%20Can55,%20266.pdf)

Abstract: The purpose of this article is to propose a critical review of current knowledge concerning cybersexual dependence (definition, epidemiology, evaluation and treatment). There is, in fact, a lack of consensus concerning the conceptualization of this disorder. This lack of conceptual clarity is largely due to the existence of a multitude of definitions of the disorder, a significant variety of sexual behaviours concerned and of symptomatologies, and because of methodological problems in the existing research (samples and evaluation tools that are strongly heterogeneous in different studies). Given the context, this article seeks to clarify the state of knowledge concerning cybersexual dependence. We will also make an inventory of empirically validated treatment methods for sexual and cybersexual dependence and we will propose approaches for future research. A non-systematic narrative review was conducted to examine and summarize the English and French literature dealing with cybersexual dependence. That review was carried out using a keyword search for sexual and cybersexual dependence in the data bases of PsycINFO, ISI Web of Science and Francis. Particular attention was paid to articles evaluating risk factors involved in sexual dependence, as well as articles that suggest treatment approaches for the disorder.

Keywords: Addiction, Article, Articles, Assessment, Attention, Compulsive Sexual-Behavior, Consensus, Context, Critical Review, Cyber Dependence, Cybersexual Dependence, Data, Definition, English, Epidemiology, Evaluation, Exploration, Factors, Hypersexual Disorder, Hypersexuality, Impact, Internet Addiction, Internet Addiction, Inventory, Isi, Isi Web Of Science, Knowledge, Literature, Men, Methods, Nov, Online, Paraphilias, Pornography, Psychometric Properties, Psycinfo, Purpose, Research, Review, Risk, Risk Factors, Science, Si, State, Treatment, Web, Web Of Science

# Title: Canadian Respiratory Journal

Full Journal Title: Canadian Respiratory Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Liak, C. and Fitzpatrick, M. (2011), Coagulability in obstructive sleep apnea. *Canadian Respiratory Journal*, **18** (6), 338-348.

Full Text: [2011\Can Res J18, 338.pdf](2011\Can%20Res%20J18,%20338.pdf)

Abstract: BACKGROUND: Obstructive sleep apnea (OSA) is a common disorder that affects both quality of life and cardiovascular health. The caUSAl link between OSA and cardiovascular morbidity/mortality remains elusive. One possible explanation is that repeated episodes of nocturnal hypoxia lead to a hypercoagulable state that predisposes patients to thrombotic events. There is evidence supporting a wide array of hematological changes that affect hemostasis (eg, increased hematocrit, blood viscosity, platelet activation, clotting factors and decreased fibrinolytic activity). OBJECTIVE: To provide a comprehensive review of the current evidence associating OSA with increased coagulability, and to highlight areas for future research. METHODS: Keyword searches in Ovid MEDLINE were used to identify relevant articles; all references in the articles were searched for relevant titles. The Web of Science was used to identify articles citing the relevant articles found using the Ovid MEDLINE search. All original peer-reviewed articles, meta-analyses and systematic reviews regarding the pertinent topics between 1990 and present were selected for review. RESULTS: Hematocrit, blood viscosity, certain clotting factors, tissue factor, platelet activity and whole blood coagulability are increased in patients with OSA, while fibrinolysis is impaired. CONCLUSION: There is considerable evidence that OSA is associated with a procoagulant state. Several factors are involved in the procoagulant state associated with OSA. There is a need for adequately powered clinical studies involving well-matched control groups to address potential confounding variables, and to accurately delineate the individual factors involved in the procoagulant state associated with OSA and their response to treatment.

Keywords: Activation, Blood, Blood-Pressure, C-Reactive Protein, Cardiovascular, Cardiovascular Health, Cardiovascular Risk-Factors, Coagulation, Confounding, Control, Control Groups, Disorder, Hemostasis, Hypercoagulable, Hypoxia, Ischemic-Stroke, Lead, MEDLINE, Myocardial-Infarction, Nasal Cpap Treatment, Obstructive Sleep Apnea, Patients, Plasminogen-Activator Inhibitor-1, Platelet Activation, Positive Airway Pressure, Quality, Quality of Life, Research, Review, Science, Systematic, Systematic Reviews, Topics, Treatment, Venous Thromboembolism, Web of Science

# Title: Canadian Social Science

Full Journal Title: Canadian Social Science

ISO Abbrev. Title:

JCR Abbrev. Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Fu, H.Z. and Ho, Y.S. (2015), Highly cited Canada articles in Science Citation Index Expanded: A bibliometric analysis. *Canadian Social Science*, **11** (3), 50-62.

Full Text: [2015\Can Soc Sci11, 50.pdf](2015/Can%20Soc%20Sci11,%2050.pdf)

Abstract: The characteristics of the highly cited Canada articles in Science Citation Index Expanded from 1900 to 2011 were revealed. Articles that have been cited at least 100 times since publication to 2011 were assessed regarding their distribution in indexed journals and categories of the Web of Science. The citation lives of the top articles depending on citations in publication year, recent year, and years after publications were investigated for the impact history of articles. A new indicator, Y-index, was successfully applied to evaluate publication characteristics of Canada authors and institutions. University of Toronto was the most productive institution. The top three most productive categories of the Web of Science were biochemistry and molecular biology, multidisciplinary sciences, and neurosciences. Journal of Biological Chemistry and Nature hosted the most highly cited Canada articles. In addition, the Y-index was applied to evaluate the publication character of authors and institutions.

Keywords: Scientometrics, Web of Science, Y-Index, Classic Articles, Country

# Title: CUAJ-Canadian Urological Association Journal

Full Journal Title: [CUAJ-Canadian Urological Association Journal](http://www.cuaj.ca/en/past-issues.asp)

ISO Abbrev. Title: CUAJ-Can. Urol. Assoc. J.

JCR Abbrev. Title: CUAJ-Can Urol Assoc

ISSN: 1911-6470

Issues/Year: 6

Language: English

Journal Country/Territory: Canada

Publisher: Canadian Medical Assoc

Publisher Address: 1867 Alta Vista Dr, Ottawa On Kig 3Y6, Canada

Subject Categories:

Urology & Nephrology: Impact Factor 1.172, 51/69 (2010)

? Hennessey, K., Afshar, K. and MacNeily, A.E. (2009), The top 100 cited articles in urology. *CUAJ-Canadian Urological Association Journal*, **3** (4), 293-302.

Full Text: [2009\Can Uro Ass J3, 293.pdf](2009\Can%20Uro%20Ass%20J3,%20293.pdf)

Abstract: Background: We identified and analyzed the characteristics of the 100 most frequently cited articles published between 1965 and 2007 in journals pertaining to urology and related fields. Methods: We selected 69 of the highest impact urology and sub-specialty journals and 22 of the highest impact general medical and medical research journals from the 2006 edition of journal Citation Reports: Science edition. We identified the 100 most frequently cited urological articles published in these 91 journals using the Science Citation Index Expanded (1965-present). We reviewed and analyzed the articles. Results: the top 100 articles were cited a mean of 629 times (range 418-1435) and published between 1965 and 2003, with 89% published after 1979 and 54% published in the 1990s. Fifteen journals were represented, led by the New England Journal of Medicine (30), The Journal of Urology (22) and Lancet (11). Ninety publications originated from North America (81) or the United Kingdom (9). Johns Hopkins University (13), Harvard University (5), Stanford University (5) and University of California, Los Angeles (5) published the most articles. Five urologists were first authors of 2 or more of the articles. Fifty-six articles reported observational studies. Oncology (51) and transplantation (20) were the most commonly represented urological subfields. Conclusion: These top-cited articles in urology identify topics and authors that contributed to major advances in urology. Observational studies and randomized controlled trials in oncology published in high-impact urological or medical journals constitute the most common type of highly cited publications.

Keywords: Citation, Citation-Classics, Journals, Publications, Research, Science, Transplantation, United Kingdom

? Nason, G.J., Tareen, F. and Mortell, A. (2013), The top 100 cited articles in urology: An update. *CUAJ-Canadian Urological Association Journal*, **7** (1), E16-E24.

Full Text: [2013\Can Uro Ass J7, E16.pdf](2013\Can%20Uro%20Ass%20J7,%20E16.pdf)

Abstract:

BACKGROUND: In this paper, we identify and analyze the top 100 cited articles in urology since 1965 and assess changes in the top 100 since 2007.

METHODS: We selected highest impact journals in both urological and general medicine journals from the 2011 edition of Journal Citation Reports: Science edition. We identified and analyzed the 100 most cited articles using the Science Citation Index Expanded (1965-present).

RESULTS: The top 100 articles were cited a mean of 892 times (range: 529-2088) and published between 1966 and 2009, with 21 published since 2000. In 2012, 19 new articles appeared in the updated top 100 cited articles. Also, 16 journals were represented, led by the New England Journal of Medicine (n=36), the Journal of Urology (n=16) and the Lancet (n=12). In total, 81 articles were published from North America (USA=77, Canada=4). From the United States, the following institutes were among the top 5 represented: Johns Hopkins University (n=12), Harvard University, Memorial Sloan Kettering Cancer Centre, National Institute of Health and Washington University (all 5). Only one institute outside the United States published more than one article in the top 100 (Institut Gustave Roussy, France). Nine urologists were first authors of 2 or more articles. Oncology (n=54) and transplantation (n=22) were the most common subspecialties represented.

CONCLUSION: It is important to acknowledge the top cited articles as they mark key topics and advances in urology. There has been a 19% change in the top 100 cited articles in the past 5 years. Oncology and transplantation remain the most highly cited topics.

# Title: Cancer

Full Journal Title: [Cancer](http://www3.interscience.wiley.com/cgi-bin/jtoc?ID=28741)

ISO Abbreviated Title: Cancer

JCR Abbreviated Title: Cancer

ISSN: 0008-543X

Issues/Year: 24

Journal Country/Territory: United States

Language: English

Publisher: Wiley-Liss

Publisher Address: Div John Wiley & Sons Inc, 605 Third Ave, New York, NY 10158-0012

Subject Categories:

Oncology: Impact Factor 3.941, 21/114 (2002)

? Akl, E.A., Kamath, G., Yosuico, V., Kim, S.Y., Barba, M., Sperati, F., Cook, D.J. and Schunemann, H.J. (2008), Thromboprophylaxis for patients with cancer and central venous catheters. *Cancer*, **112** (11), 2483-2492.

Abstract: BACKGROUND. Central venous catheter (CVC) placement increases the risk of thrombosis and subsequent death in patients with cancer. The objective of this systematic review was to determine the efficacy and safety of anticoagulation in reducing mortality and thromboembolic events in cancer patients with a CVC. METHODS. The authors searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, and ISI the Web of Science databases. They included randomized controlled trials in patients with cancer comparing unfractionated heparin (UFH), low-molecular-weight heparin (LMWH), vitamin K antagonists, fondaparinux, or ximelagatran with no intervention, placebo, or each other. The standard methods of the Cochrane Collaboration were used for the analyses. RESULTS. of 3986 identified citations we included 9 randomized clinical trials, none of which evaluated fondaparinux or ximelagatran. Heparin therapy (UFH or LMWH) was associated with a trend toward a reduction in symptomatic deep venous thrombosis (DVT) (relative risk (RR), 0.43; 95% confidence interval (95% CI), 0.18-1.06), but there was no statistically significant effect on mortality (RR, 0.74; 95% CI, 0.40-1.36), infection (RR, 0.91; 95% CI, 0.36-2.28), major bleeding (RR, 0.68; 95% CI, 0.10-4.78), or thrombocytopenia (RR, 0.85; 95% CI, 0.49-1.46). The effect of warfarin on symptomatic DVT also was not statistically significant (RR, 0.62; 95% CI, 0.30-1.27). CONCLUSIONS. The balance of benefits and downsides of thromboprophylaxis in cancer patients with CVC are uncertain. Clinicians together with their patients must weigh these factors carefully when making decisions regarding thromboprophylaxis.

Keywords: Anticoagulants, Authors, Balance, Bleeding Complications, Cancer, Central Vein Catheter, Central Venous, Central Venous Catheterization, Citations, Clinical Trials, Cochrane, Collaboration, Continuous-Infusion, Databases, Dose Unfractionated Heparin, Double-Blind, Efficacy, EMBASE, Heparin, Infection, Intervention, ISI, Low-Molecular-Weight, MEDLINE, Mortality, Neoplasms, Prevention, Pulmonary-Embolism, Randomized Clinical Trials, Randomized Controlled Trials, Randomized Controlled-Trial, Relative Risk, Review, Risk, Safety, Science, Systematic, Systematic Review, Therapy, Thromboembolism, Thrombosis, Thrombosis, Trend, Venous Thrombosis, Warfarin, Web of Science

? Nelson, C.J., Lee, J.S., Garnboa, M.C. and Roth, A.J. (2008), Cognitive effects of hormone therapy in men with prostate cancer. *Cancer*, **113** (5), 1097-1106.

Abstract: BACKGROUND. Men who receive androgen-deprivation therapy (ADT) for prostate cancer experience several side effects from this treatment. A few recent Studies have examined the cognitive implications of ADT and how they impact a patient’s treatment decision-making, occupational Pursuits, and quality of life. For this report, the authors explored possible mechanisms for this association, reviewed research in animal studies and aging men, and examined the growing literature focused on the relation between ADT and cognitive functioning in patients with prostate cancer. METHODS. A systematic literature search was conducted using the PUBMED and Information Sciences Institute Web of Knowledge-Web of Science databases to identify relevant Studies that investigated the relation between ADT in men with prostate cancer and its cognitive effects. RESULTS. Testosterone and its derivatives may have an impact on cognition through several mechanisms in the brain, as supported by Studies of animals and in aging men. Studies that researched the impact of ADT on cognition in patients with prostate cancer patients were designed relatively well but suffered from small sample sizes. Between 47% and 69% of men on ADT declined in at least I cognitive area, most commonly in visuospatial abilities and executive functioning. Some Studies reported contradictory results With increased functioning in verbal memory. CONCLUSIONS. There is a strong argument that androgen-ablation therapy is linked to Subtle but significant cognitive declines in men with prostate cancer. The authors believe that clinicians should become aware of this correlation as the use of ADT increases and should inform and monitor patients for this possible side effect of treatment.

Keywords: Adt, Aging, Altered Cognitive Function, Androgen Ablation, Androgen Deprivation Therapy, Authors, Brain, Cancer, Cognition, Databases, Decision Making, Decision-Making, Dihydrotestosterone, Elderly-Men, Estradiol, Healthy Older Men, Impact, Literature, Male Rats, Memory, Occupational, Prostate Cancer, PUBMED, Quality of Life, Quality-of-Life, Research, Science, Serum Testosterone, Sex-Hormones, Systematic, Testosterone, Testosterone Supplementation, Therapy, Treatment, Verbal Memory, Working-Memory Task

? Etzioni, D.A., El-Khoueiry, A.B. and Beart, R.W. (2008), Rates and predictors of chemotherapy use for stage III colon cancer a systematic review. *Cancer*, **113** (12), 3279-3289.

Abstract: Despite consensus regarding the benefits of chemotherapy for stage III colon cancer, multiple reports have found significant variations in rates of use. In the current study, the authors attempted to systematically review reports of the community rates at which chemotherapy is administered for stage III colon cancer in the US, and in so doing plan strategies for improving rates of use. A systematic search strategy was undertaken using MEDLINE, Web of Science, and bibliographies to find reports of the rates at which patients with stage III colon cancer receive chemotherapy. A total of 22 studies published since 1990 were identified, with rates of chemotherapy use ranging from 39% to 71%. Age and comorbidity were found to be the most significant patient factors, but Studies also found racial/ethnic and socioeconomic disparities in the rates of chemotherapy. Patients treated at teaching hospitals did not clearly receive chemotherapy more often. Oncologists and Surgeons who treat a higher volume of colorectal cancer patients were more likely to have chemotherapy initiated in their patients. The authors developed a Conceptual model of the process pathway experienced by patients with stage III colon cancer to demonstrate areas of potential underuse of chemotherapy Nearly half of patients with stage III chemotherapy in the US do not receive chemotherapy. Although many patients are too old or frail to benefit appropriately, for many patients chemotherapy is simply not initiated. Attention needs to be focused on systematic approaches to prevent systems failures that result in underuse. Guidelines regarding chemotherapy use in elderly patients are especially important. Cancer 2008;113:3279-89. (C) 2008 American Cancer Society.

Keywords: Adjuvant Chemotherapy, Adjuvant-Chemotherapy, Age, Attention, Authors, Cancer, Care, Chemotherapy, Colon, Colonic Neoplasms, Colorectal Cancer, Colorectal-Cancer, Comorbidity, Disparities, Elderly, Elderly-Patients, Health Disparities, Hospitals, MEDLINE, Model, Patient, Population, Quality of Healthcare, Race, Ethnicity, Radiation-Therapy, Rectal-Cancer, Review, Science, Strategy, Systematic, Systematic Review, Teaching Hospitals, US, Web of Science

? Acevedo, A.M., Gómez, A., Becerra, H.A., Ríos, A.P., Zambrano, P.C., Obando, E.P., Martí-Carvajal, A.J., Carranza, H., Vargas, C.A., Otero, J.M., Reveiz, L. and Cardona, A.F. (2014), Distribution and trends of hematology and oncology research in Latin America: A decade of uncertainty. *Cancer*, **120** (8), 1237-1245.

Full Text: [2014\Cancer120, 1237.pdf](2014\Cancer120,%201237.pdf)

Abstract: BACKGROUND Although hematology and oncology research is a highly relevant and evolving field, research contributions by Latin American countries, apart from Brazil, remain unclear. METHODS The authors performed a bibliometric analysis through a methodical search of the Latin American abstracts presented at 4 main hematology and oncology annual scientific meetings from 2000 to 2010. Latin American regional and national productivity was described through distribution and trend analyses; the subsequent percentage of full-text publications was also determined. RESULTS In total, 2871 abstracts were identified, of which 1972 abstracts (68.7%) were determined to be original Latin American research and were included in the analysis. Brazil produced by far the most abstracts, with 51.1% of the total, followed by Argentina, Mexico, Peru, Chile, and Uruguay. Together, these 6 countries accounted for 95.2% of the abstracts. Latin America had a positive trend, registering an average increase of 21.5 abstracts per year (P < .001). Significant positive growth trends were observed for Brazil, Mexico, Peru, and Uruguay. Argentina and Uruguay were the most productive countries when considering the rate of abstract presentation per population. The full-text publication rate was 17.9%, and the median time to publication after presentation was 1 year. Brazil prevailed as the leading publishing country (60%), followed by Mexico, Argentina, Peru, Chile, and Cuba, all of which together published 96% of the full-text articles. CONCLUSIONS Hematology and oncology research is increasing in Latin America, but this contribution remains limited to a few countries. There is also a low rate of full-text articles derived from annual scientific meetings. More extensive research is recommended. Cancer 2014;120:1237-1245. (c) 2013 American Cancer Society.

Keywords: Abstracts, Analyses, Analysis, Annual Scientific Meetings, Argentina, Authors, Background, Bibliometric, Bibliometric Analysis, Bibliometrics, Biomedical Research, Brazil, Cancer, Cancer-Research, Chile, Conclusions, Contribution, Country, Distribution, Field, Full Publication, Google Scholar, Growth, Health, Hematology, Impact, Latin America, Latin American Countries, Literature Searches, Medical Oncology, Meeting Abstract, Methods, Mexico, Oncology, P, Peru, Population, Presentation, Productivity, Publication, Publication Rate, Publications, Publishing, Regional, Research, Science, Scientific Society, Society, Trend, Trends, Uncertainty, Uruguay

# Title: Cancer Biology & Therapy

Full Journal Title: Cancer Biology & Therapy

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Sugar, E., Pascoe, A.J. and Azad, N. (2012), Reporting of preclinical tumor-graft cancer therapeutic studies. *Cancer Biology & Therapy*, **13** (13), 1262-1268.

Full Text: [2012\Can Bio The13, 1262.pdf](2012\Can%20Bio%20The13,%201262.pdf)

Abstract: Purpose: Characterize the parameters of reporting tumor-graft experiments for oncologic drug development. Experimental Design: Using Institute of Scientific Information impact factors, we identified the most-cited medical and oncology journals with tumor-graft experiments in murine models. For each article, the characteristics of the experimental design, outcome measurements, and statistical analysis were examined. Results: We examined 145 articles describing tumor-graft experiments from October through December 2008. The articles spanned a range of disease types, animal models, treatments and delivery methods. One hundred (69%) articles were missing information needed to replicate the experiments. Outcome measurements included: tumor size (83%), biological changes (57%), and survival or cure-rate outcomes (28%). Thirty-three percent did not specify how tumor size was measured and 30% were missing the formula for evaluating volume. Only 14% utilized appropriate statistical methods. Ninety-one percent of studies were reported as positive and 7% reported with mixed positive-negative results; only 2% of studies were reported negative or inconclusive. Twenty-two articles from 2012 showed improvement in the utilization of statistical methods (35% optimal, p = 0.05) but had a similar fraction with experimental design issues (82%; p = 0.32) limiting reproducibility and 91% had positive results. Conclusions: Tumor-graft studies are reported without a set standard, often without the methodological information necessary to reproduce the experiments. The high percentage of positive trials suggests possible publication bias. Considering the widespread use of such experiments for oncologic drug development, scientists and publishers should develop experimental and publication guidelines for such experiments to ensure continued improvements in reporting.

Keywords: Analysis, Animals, Benefits, Bias, Biological, Cancer, Changes, Characteristics, Delivery, Delivery Methods, Delivery-Methods, Design, Development, Disease, Drug, Drug Development, Drug Testing, Experimental, Experimental Design, Experiments, Guidelines, Humans, Impact, Impact Factors, Improvement, In-Vitro, Information, Journals, Medical, Methods, Models, Nov, Oncology, Outcome, Outcomes, Publication, Publication Bias, Reporting, Reproducibility, Size, Solid Tumors, Standard, Statistical Analysis, Statistical-Analysis, Survival, Therapeutic, Trials, Tumor, Tumor Grafts, Tumor Models, Utilization, Volume, Xenografts

# Title: Cancer Biomarkers

Full Journal Title: Cancer Biomarkers

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Xu, R.B., Wang, F.L., Wu, L., Wang, J.M. and Lu, C. (2013), A systematic review of hypermethylation of p16 gene in esophageal cancer. *Cancer Biomarkers*, **13** (4), 215-226.

Full Text: [2013\Can Bio13, 215.pdf](2013\Can%20Bio13,%20215.pdf)

Abstract: BACKGROUND: Inactivation of cell-cycle regulating gene p16, resulting from epigenetic alteration, is common in the carcinogenesis of human cancers. The aim of this study is to offer a systematic review on the aberrant methylation of p16 gene in esophageal cancer. METHODS: We performed a meta-analysis referring to the guidelines of PRISMA. We searched for articles published from 1996 to 31 May 2012 using PubMed and China National Knowledge Infrastructure (CNKI) database. Additional database including Web of Science and EMBASE were also searched for related articles. The random or fixed effect model was applied to estimate the pooled frequency of DNA methylation based on the heterogeneity analysis. Subgroup analyses were performed according to the histological type, study area, and tumor grade. RESULTS: This meta-analysis included 39 articles related to the methylation studies on p16 gene in cancer tissues and 7 articles using blood samples. The summarized frequency of DNA methylation detected in cancer tissues was 0.53 (95% CI: 0.44-0.61). With the increase of tumor differentiation grades, the frequency of DNA methylation increased accordingly (well differentiated: 0.37; moderately differentiated: 0.61; poorly differentiated: 0.63). We further summarized the methylation of p16 gene detected in patient’s peripheral blood samples. The pooled frequency was 0.33 (95% CI: 0.17-0.49), which was lower than that detected in cancer tissues. CONCLUSION: This meta-analysis revealed the elevated frequency of DNA methylation of p16 gene in esophageal cancer, which indicated future potential application of this biomarker in early detection as well as the prognosis of the disease.

Keywords: Aberrant Dna Methylation, Analyses, Analysis, Application, Background, Barretts-Esophagus, Biomarker, Blood, Cancer, Cell Cycle, China, Cpg Island Hypermethylation, Database, Differentiation, Disease, Dna, Dna Methylation, Embase, Esophageal Neoplasms, Gene, Genes, Guidelines, Heterogeneity, Homozygous Deletion, Human, Knowledge, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Methylation, Model, Mthfr C677t, Neoplastic Progression, Netherlands, P16, Peripheral Blood, Potential, Precursor Lesions, Press, Prognosis, Promoter Methylation, Pubmed, R, Review, Science, Squamous-Cell Carcinoma, Systematic Review, Tumor, Tumor-Suppressor, Web of Science

? Ma, R.L., Min, L., Chen, D., Tao, W.P., Ge, W. and Wu, Y.G. (2013), N-acetyltransferase 2 phenotype and risk of esophageal cancer: A meta analysis. *Cancer Biomarkers*, **13** (6), 447-455.

Full Text: [2013\Can Bio13, 447.pdf](2013\Can%20Bio13,%20447.pdf)

Abstract: N-acetyltransferase 2 (NAT2) gene encodes a phase II enzyme taking part in detoxification of aromatic amines. Published studies have demonstrated that N-Acetyltransferase 2 (NAT2) phenotype is a risk factor of various cancers. Many studies have investigated the association between NAT2 phenotype and susceptibility to esophageal cancer but yielded controversial results. To derive a more precise estimation of this association, a meta-analysis was performed. Electronic databases (Pubmed/Medline, ISI Web of Science and China National Knowledge Infrastructure) in English and Chinese were searched. A total of 5 articles including 476 cases and 1,093 controls were included in this meta-analysis. Odds ratio (OR) with 95% confidence interval (95% CI) was used to evaluate intensity of associations. Pooling studies together, NAT2 slow acetylator phenotype was a significant risk factor of esophageal squamous cell cancer (OR = 1.35, 95% CI = 1.03-1.77, n = 5 studies) but not esophageal adenocarcinoma (OR = 0.97, 95% CI = 0.47-2.04, n = 2 studies). There was a significant association between NAT2 acetylator phenotypes and ESCC in South Asian populations (OR = 1.51, 95% CI = 1.03-2.20), but not in East Asian populations (OR = 1.19, 95% CI = 0.80-1.77). Significant association between NAT2 acetylator phenotypes and esophageal cancer was found in population-based control subgroup (OR = 1.63, 95% CI = 1.07-2.50) but not in hospital-based control subgroup (OR = 1.19, 95% CI = 0.84-1.69). There is a significant association between NAT2 acetylator phenotype and esophageal cancer in both smokers (OR = 1.681, 95% CI = 1.179-2.395) and non-smokers (OR = 1.614, 95% CI = 1.173-2.222). In conclusion, NAT2 slow acetylator phenotype was a significant risk factor of ESCC in Asian populations.

Keywords: Adenocarcinoma, Analysis, Asian, Association, Bladder-Cancer, Cancer, Carcinoma, Cell, China, Chinese, Confidence, Control, Databases, Detoxification, English, Esophageal Cancer, Expression, Gene, Genetic Polymorphisms, Indian Population, Intensity, Interval, ISI, ISI Web of Science, Knowledge, Lung-Cancer, Meta Analysis, Meta-Analysis, Metaanalysis, N-Acetyltransferase 2, N-Acetyltransferase-2, NAT2, Phase II, Population Based, Population-Based, Populations, Risk, Risk Factor, Science, Susceptibility, Web of Science

? Zhao, D.Y., Cheng, L.Y., Yu, J. and Shen, H. (2014), XRCC1 genetic polymorphism Arg339Gln, Arg194Trp, Arg280His and gastric cancer risk: An evidence based decision. *Cancer Biomarkers*, **14** (6), 449-456.

Full Text: 2014\Can Bio14, 449.pdf

Abstract: PURPOSE: The purpose of this study is to investigate the associations of the x-ray repair cross-complementing 1 gene (XRCC1) single nucleotide polymorphisms (SNPs) Arg194Trp, Arg280His, and Arg399Gln with gastric cancer risk. METHODS: The PubMed, Embase, Cochrane Central Register of Controlled Trials, Google Scholar, CINAHL, International Bibliography of the Social Sciences, and Social Sciences Citation Index were searched. Two authors independently searched for relevant studies in any language from 1966 to Jan 2013. RESULTS: Seventeen studies with a total population of 10427 participants were identified. The results showed there were no associations of Arg399Gln polymorphism with gastric cancer, no matter in the co-dominant model, dominant model or recessive model. For Arg194Trp and Arg280His polymorphism, still no significant differences were found between control groups and GC groups in samples regardless of race. However, significant associations between Arg194Trp polymorphism and gastric cancer were found in Asian. The Asia with mutant genotype (Trp/Trp + Arg/Trp) had a higher risk of GC compared with the Asian with wild genotype (Arg/Arg). CONCLUSION: Our meta-analysis indicates that genetic polymorphism of the XRCC1 Arg399Gln and Arg280His do not have an association with gastric cancer risk. However, for Arg194Trp polymorphism, mutant gene carriers had a higher GC risk in Asian.

Keywords: Adenocarcinoma, Arg194trp, Arg280his, Arg399gln, Asia, Asian, Association, Authors, Bibliography, Cancer, Cancer Risk, Cardia Cancer, Chinese Population, Citation, Control, Control Groups, Decision, Dna-Repair Polymorphisms, Epic-Eurgast, Esophageal, Evidence, Evidence Based, Evidence-Based, Excision-Repair, From, Gastric, Gastric Cancer, Gene, Genetic, Genetic Polymorphism, Google, Google Scholar, Groups, International, Language, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Polymorphism, Polymorphisms, Population, Pubmed, Purpose, Race, Repair, Risk, Sciences, Social Sciences, Social Sciences Citation Index, Stomach, Susceptibility, Xrcc1

? Jia, M., Wang, Z.J., Li, J.Y., Yang, S.L., Zhao, H.Z., Cheng, Y.P., Luo, Z.B. and Tang, Y.M. (2014), The impact of IKZF1 deletion on the prognosis of acute lymphoblastic leukemia: An updated meta-analysis. *Cancer Biomarkers*, **14** (6), 493-503.

Full Text: 2014\Can Bio14, 493.pdf

Abstract: BACKGROUND: Various studies have reported that IKZF1 deletion (IKZF1-d) is a poor prognostic factor for acute lymphoblastic leukemia (ALL) patients, however they do not agree on the level of significance for this deletion. OBJECTIVE: To provide a quantitative assessment of this correlation, an updated meta-analysis of cohort studies was performed to derive a more precise estimation of the prognostic significance of IKZF1-d. METHODS: Relevant studies were identified in PubMed, Embase, Cochrane, Web of Science, China National Knowledge Infrastructure (CNKI) and Wanfang databases until January 31, 2014. A total of 15 published studies including 5021 patients were eligible for this meta-analysis. Combined hazard ratios (HRs) with 95% confidence intervals (CIs) were calculated with random-effects model. RESULTS: Combined hazard ratios suggested that IKZF1 deletion (IKZF1-d) had an unfavorable impact on event-free survival (EFS) (HR = 2.32, 95%CI: 1.97-2.74) and overall survival (OS) (HR = 2.56, 95%CI: 1.75-3.74) in patients with ALL. The significant role of IKZF1-d in the prognosis of ALL was also observed among different subgroups stratified by statistical methodology, ethnicity, age, detection method, risk group and duration of follow up. CONCLUSIONS: The findings from this meta-analysis suggest that IKZF1 deletion can be used to serve as an independent predictive factor in patients with ALL.

Keywords: Acute Lymphoblastic Leukemia, Age, Assessment, B-Cell Precursor, Background, Children, China, Cohort, Conclusions, Confidence, Confidence Intervals, Correlation, Crlf2, Databases, Deletion, Duration, Ethnicity, Follow-Up, From, Hazard, Ikaros Gene, Ikzf1, Impact, Intervals, Knowledge, Leukemia, Meta Analysis, Meta-Analysis, Metaanalysis, Methodology, Methods, Minimal Residual Disease, Model, Overall Survival, Patients, Predictive, Predictive Factor, Prognosis, Prognostic, Prognostic Factor, Publication Bias, Pubmed, Random Effects Model, Relapse, Risk, Role, Science, Significance, Statistical Methodology, Survival, Therapy, Web Of Science

? Xu, L.P. and Tang, W.R. (2015), The associations of nucleotide polymorphisms in mir-196a2, mir-146a, mir-149 with lung cancer risk. *Cancer Biomarkers*, **15** (1), 57-63.

Full Text: [2015\Can Bio15, 57.pdf](2015/Can%20Bio15,%2057.pdf)

Abstract: BACKGROUND: Many studies have explored the associations between microRNAs (miRNAs) polymorphisms and lung cancer susceptibility. However, due to their limited statistical sizes, some discrepancies were discovered in these studies. This article summarized eligible studies to identify the roles of miRNAs polymorphisms in lung cancer, and analyzed the associations of polymorphisms in mir-196a2, mir-146a and mir-149 with lung cancer risk respectively. METHODS: The PubMed, Web of Science, ScienceDirect and CNKI databases were searched updated to May 30, 2014. The complete data of three miRNAs polymorphisms for lung cancer were analyzed by odd ratios (ORs) and 95% confidence intervals (CIs). Finally, four studies about mir-196a2 single nucleotide polymorphism (SNP), two studies about mir-146a SNP, three studies about mir-149 SNP were investigated in this analysis. RESULTS: The mir-196a2 polymorphism was revealed to be associated with lung cancer susceptibility (additive model: OR = 1.120, 95% CI 1.030 similar to 1.217, P = 0.008; dominant model: OR = 1.118, 95% CI 1.039 similar to 1.357, P = 0.011; recessive model: OR = 1.133, 95% CI 0.987 similar to 1.300, P = 0.077). However, no relationships were discovered between mir-146a or mir-149 polymorphism and lung cancer risk. CONCLUSIONS: This meta-analysis demonstrates that mir-196a2 SNP influences the susceptibility of lung cancer. Mir-146a and mir-149 SNP do not play a role in lung cancer risk. These findings need more validation by larger studies.

Keywords: Analysis, Article, Background, Breast-Cancer, Cancer, Cancer Risk, Cancer Susceptibility, Colorectal-Cancer, Complete, Conclusions, Confidence, Confidence Intervals, Data, Databases, Functional Polymorphism, Genetic Variant, Hepatocellular-Carcinoma, Intervals, Korean Population, Lung, Lung Cancer, Lung Cancer Risk, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Micrornas, Mir-146a, Mir-149, Mir-196a2, Model, P, Polymorphism, Polymorphisms, Pubmed, Risk, Role, Rs2910164, Science, Sciencedirect, Snp, Survival, Susceptibility, Validation, Web, Web Of Science

? Liu, Q.Y., Yu, Z.B., Xiang, Y., Wu, N., Wu, L., Xu, B., Wang, L., Yang, P., Li, Y.F. and Bai, L. (2015), Prognostic and predictive significance of thymidylate synthase protein expression in non-small cell lung cancer: A systematic review and meta-analysis. *Cancer Biomarkers*, **15** (1), 65-78.

Full Text: [2015\Can Bio15, 65.pdf](2015/Can%20Bio15,%2065.pdf)

Abstract: BACKGROUND: It remains controversial whether thymidylate synthase (TS) protein expression is associated with survival for patients with non-small cell lung cancer (NSCLC). OBJECTIVE: To evaluate prognostic and predictive significance of tumor TS protein level in NSCLC. METHODS: Electronic searches were performed for relevant studies in PubMed, EMBASE, Web of Science, and Chinese Biomedical Literature Database. Hazard ratios (HRs) for overall survival (OS) and progression-free survival (PFS) were pooled for meta-analysis. Subgroup and sensitivity analyses were performed. Publication bias was evaluated by funnel plot and Begg’s test. RESULTS: Twenty-four studies, including 2280 patients, were eligible. This analysis showed that patients with low TS expression had statistically significantly longer OS and PFS than those with high TS (HR = 0.51 and HR = 0.49, respectively). Based on TS-targeted drug use status, TS expression was significantly associated with OS in pemetrexed (HR = 0.42) and 5-Fluorouracil subgroups (HR = 0.34), but not in no TS-targeted drug subgroup. There were similar results for PFS analyses. Sensitivity analysis indicated that the results were robust. Begg’s test did not reveal any publication bias. CONCLUSION: Low TS protein expression is a favorable predictive factor for better OS/PFS in NSCLC patients treated with TS-targeted drugs. Prognostic value of TS protein expression needs further validation.

Keywords: Adenocarcinoma, Analyses, Analysis, Antifolate, Background, Bias, Biomedical, Cancer, Cell, Chinese, Correlate, Database, Dihydropyrimidine Dehydrogenase, Drug, Drug Use, Drugs, Embase, Expression, Gene Copy Number, Literature, Lung, Lung Cancer, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Needs, Non-Small Cell Lung Cancer, Nsclc, Overall Survival, Patients, Pemetrexed-Based Chemotherapy, Phase-Ii, Predictive, Predictive Factor, Prognosis, Prognostic, Prognostic Value, Protein, Publication, Publication Bias, Pubmed, Rectal-Cancer, Review, Science, Sensitivity, Sensitivity Analysis, Significance, Survival, Systematic, Systematic Review, Thymidylate Synthase, Ts, Tumor, Validation, Value, Web, Web Of Science

# Title: Cancer Biotherapy and Radiopharmaceuticals

Full Journal Title: Cancer Biotherapy and Radiopharmaceuticals

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Wang, H.L., Zhou, P.Y., Zhang, Y. and Liu, P. (2014), Relationships between abnormal MMP2 expression and prognosis in gastric cancer: A meta-analysis of cohort studies. *Cancer Biotherapy and Radiopharmaceuticals*, **29** (4), 166-172.

Abstract: We carried out this current meta-analysis of relevant cohort studies in an attempt to investigate the relationships between abnormal matrix metalloproteinases-2 (MMP2) expression and gastric cancer (GC) prognosis. A range of electronic databases were searched for relevant articles without any language restrictions: Web of Science (1945-2013), the Cochrane Library Database (Issue 12, 2013), PubMed (1966-2013), EMBASE (1980-2013), CINAHL (1982-2013), and the Chinese Biomedical Database (CBM) (1982-2013). Meta-analysis was conducted using the STATA 12.0 software. Crude hazard ratios (HRs), with 95% confidence intervals (95% CIs), were calculated. Ten clinical cohort studies with a total of 1669 GC patients were included in this meta-analysis. The results of our meta-analysis suggested that MMP2-positive patients display a shorter overall survival (OS) than MMP2-negative patients (HR=1.31, 95% CI=0.98-1.63, p<0.001). Subgroup analysis based on ethnicity revealed that abnormal MMP2 expression was associated with significantly worse OS in patients with GC among both Caucasian and Asian populations (all p<0.05). Our meta-analysis indicated that abnormal MMP2 expression may be strongly correlated with poor prognosis in patients with GC. Thus, MMP2 expression may serve as an independent prognostic factor for GC.

Keywords: America, Analysis, Articles, Asian, Biomedical, Cancer, Caucasian, Chinese, Clinical, Cohort, Confidence, Confidence Intervals, Database, Databases, Embase, Ethnicity, Expression, Gastric, Gastric Cancer, Hazard, Inhibitor Timp-2, Intervals, Invasion, Language, Matrix, Matrix Metalloproteinase-2, Matrix Metalloproteinases-2, Meta Analysis, Meta-Analysis, Metaanalysis, Patients, Poor Survival, Populations, Prognosis, Prognostic, Prognostic Factor, Pubmed, Restrictions, Science, Serum-Levels, Software, Survival, Tumor Progression, Web Of Science

# Title: Cancer Causes & Control

Full Journal Title: [Cancer Causes & Control](http://www.springerlink.com/app/home/journal.asp?wasp=ede3d109da9043a0819a1bd09dbebd9e&referrer=parent&backto=linkingpublicationresults,1:100150,1)

ISO Abbreviated Title: Cancer Causes Control

JCR Abbreviated Title: Cancer Cause Control

ISSN: 0957-5243

Issues/Year: 6

Journal Country/Territory: Netherlands

Language: English

Publisher: Kluwer Academic Publ

Publisher Address: Spuiboulevard 50, PO Box 17, 3300 AA Dordrecht, Netherlands

Subject Categories:

Oncology: Impact Factor, 2.896, 33/114 (2002)

Public, Environmental & Occupational Health: Impact Factor, 3.044, 5/85

Notes: JJournal

Colditz, G.A. (1999), Year 2000 Cancer mortality falls in the United States Science Citation Index rises for the journal *Cancer Causes and Control* increases circulation. *Cancer Causes & Control*, **10** (6), 483.

Full Text: [1999\Can Cau Con10, 483.pdf](1999\Can%20Cau%20Con10,%20483.pdf)

Keywords: Citation, Control, Journal, Mortality, Science Citation Index, United States

? Ladeiras-Lopes, R., Pereira, A.K., Nogueira, A., Pinheiro-Torres, T., Pinto, I., Santos-Pereira, R. and Lunet, N. (2008), Smoking and gastric cancer: Systematic review and meta-analysis of cohort studies. *Cancer Causes & Control*, **19** (7), 689-701.

Full Text: [2008\Can Cau Con19, 689.pdf](2008\Can%20Cau%20Con19,%20689.pdf)

Abstract: Objective We conducted a systematic review of studies addressing the relation between cigarette smoking and gastric cancer to estimate the magnitude of the association for different levels of exposure and cancer locations. Methods Published cohort, case-cohort, and nested case-control studies were identified through PUBMED, Scopus, and Web of Science searches, from inception to July 2007. Relative risk (RR) estimates referring to the comparison of two categories of exposure (e.g., current smokers vs. never smokers) were combined using a random effects model. Generalized least squares regression was used for trend estimation. Heterogeneity was quantified using the I-2 statistic. Results Forty-two articles were considered for the systematic review. Comparing current smokers with never smokers: the summary RR estimates were 1.62 in males (95% CI: 1.50-1.75; I-2 = 46.0%; 18 studies) and 1.20 in females (95% CI: 1.01-1.43; I-2 = 49.8%; nine studies); the RR increased from 1.3 for the lowest consumptions to 1.7 for the smoking of approximately 30 cigarettes per day in the trend estimation analysis; smoking was significantly associated with both cardia (RR = 1.87; 95% CI: 1.31-2.67; I-2 = 73.2%; nine studies) and non-cardia (RR = 1.60; 95% CI: 1.41-1.80; I-2 = 18.9%; nine studies) cancers. Conclusions Our study provides solid evidence to classify smoking as the most important behavioral risk factor for gastric cancer.

Keywords: 26-Year Follow-Up, Alcohol-Consumption, Analysis, Cancer, Case-Control Studies, Cigarette-Smoking, Cohort Studies, Gastric Cancer, Intestinal Metaplasia, Japanese Population, Male British Doctors, Meta-Analysis, Methods, Model, Nested Case-Control, PUBMED, Review, Risk, Science, Scopus, Smoking, Stomach Neoplasms, Stomach-Cancer, Systematic, Systematic Review, Tobacco Smoking, Trend, United-States Veterans, Web of Science

? Moriarty, C.M., Jensen, J.D. and Stryker, J.E. (2010), Frequently cited sources in cancer news coverage: A content analysis examining the relationship between cancer news content and source citation. *Cancer Causes & Control*, **21** (1), 41-49.

Full Text: [2010\Can Cau Con21, 41.pdf](2010\Can%20Cau%20Con21,%2041.pdf)

Abstract: the media are a frequent and sometimes sole source of cancer information for many people. News coverage of cancer can be influential to cancer-related practices such as prevention or detection behaviors, and sources cited by journalists may be influential in shaping this coverage. A content analysis (n = 3,656 stories) revealed that the most frequently cited sources in cancer news articles-research institutions and medical journals-receive disproportionately more attention compared to the National Cancer Institute (NCI), The American Cancer Society (ACS), and pharmaceutical companies. Research institutions were cited twice as frequently as medical journals, and more than three times as frequently as pharmaceutical companies. Most clinical trial stories were optimistic or neutral in tone, and tone was significantly related to citations of pharmaceutical companies and medical journals. Implications for effects of cancer coverage on behaviors, and the influence of sources such as research institutions and pharmaceutical companies, are discussed.

Keywords: Breast-Cancer, Cancer, Cancer Control, Citation, Citations, Clinical Trial, Content Analysis, Health Research, Information, Journalists, Journals, Media, Media Coverage, Medical, Pharmaceutical Companies, Popular Press, Press Releases, Prevention, Publication Bias, Research, Screening Mammography, Television

? Wilson, J.C., Anderson, L.A., Murray, L.J. and Hughes, C.M. (2011), Non-steroidal anti-inflammatory drug and aspirin use and the risk of head and neck cancer: A systematic review. *Cancer Causes & Control*, **22** (5), 803-810.

Full Text: [2011\Can Cau Con22, 803.pdf](2011\Can%20Cau%20Con22,%20803.pdf)

Abstract: Background Use of non-steroidal anti-inflammatory drugs (NSAIDs) has been associated with a reduced risk of several cancers. This is thought to be through the inhibitory action on the cyclooxygenase (COX) enzyme, COX-2. Evidence for NSAIDs preventing head and neck cancer (HNC) is conflicting. We conducted a systematic literature review to investigate the association between NSAID/aspirin use and risk of head and neck cancer (HNC). Methodology MEDLINE, EMBASE, PUBMED, Cochrane Library, and Web of Science were systematically searched using terms for NSAIDs/aspirin, HNC, and observational/intervention study designs to identify studies published by December 2009. Results of 9,268 articles identified, two population-based prescribing database studies and three case-control studies met the selection criteria. The studies investigated different HNC sites. Only one study found a significant protective association of aspirin use with HNC risk (OR 0.75, 95% CI 0.58-0.96), and one showed a significantly increased risk of oral/oropharyngeal cancer with non-low-dose aspirin NSAID use (OR 3.5, 95% CI 1.8-6.7). Many of the studies identified lacked information on important confounding factors. Conclusion No definitive conclusion on the effect of NSAIDs/aspirin on HNC risk was possible. Aspirin may protect against HNC, although further robust large-scale studies are required to clarify any possible association.

Keywords: Aspirin, Cancer, Case-Control Studies, Celecoxib, Cochrane, Cohort, Colorectal-Cancer, Confounding, COX-2, Cyclooxygenase-2 Expression, Drug, EMBASE, Head and Neck Cancer, Information, Inhibition, Literature, Literature Review, MEDLINE, Methodology, Mortality, Non-Steroidal Antiinflammatory Drugs, Oral Premalignant Lesions, Prevention, PUBMED, Review, Risk, Science, Squamous-Cell Carcinoma, Systematic, Systematic Literature Review, Systematic Review, Upper Aerodigestive Tract, Web of Science

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Full Text: [2012\Can Cau Con23, 221.pdf](2012\Can%20Cau%20Con23,%20221.pdf)

Abstract: Objective To investigate the association between angiotensin- converting enzyme inhibitors (ACEIs) and angiotensin receptor blockers (ARBs) and disease progression and survival in cancer patients. Methods Using terms for cancer and ACEIs/ARBs, MEDLINE, EMBASE and Web of Science were systematically searched for observational/interventional studies that used clinically relevant outcomes for cancer progression and survival. Results Ten studies met the inclusion criteria. Two studies showed a significant improvement in overall survival (OS) with ACEI/ARB use among patients with advanced pancreatic (HR 0.52, 95% CI 0.29-0.88) and non-small cell lung cancer (HR 0.56, 95% CI 0.33-0.95). An improvement in progression-free survival (PFS) was also reported for pancreatic cancer patients (HR 0.58, 95% CI 0.34-0.95) and patients with renal cell carcinoma (HR 0.54, p = 0.02). ACEI/ARB use was protective against breast cancer recurrence (HR 0.60, 95% CI 0.37-0.96), colorectal cancer distant metastasis (OR 0.22, 95% CI 0.08-0.65) and prostate specific antigen (PSA) failure in prostate cancer patients (p = 0.034). One study observed a worse OS (HR 2.01, 95% CI 1.00-4.05) and PFS in ACEI users with multiple myeloma (p = 0.085) while another reported an increased risk of breast cancer recurrence (HR = 1.56, 95% CI 1.02-2.39). Conclusion There is some evidence to suggest that ACEI or ARB use may be associated with improved outcomes in cancer patients. Larger, more robust studies are required to explore this relationship further.

Keywords: Ace-Inhibitors, Angiotensin, Angiotensin Receptor Blockers, Angiotensin-Converting Enzyme Inhibitors, Association, Breast Cancer, Breast-Cancer, Cancer, Cancer Progression, Colorectal Cancer, Colorectal-Cancer, Criteria, Diabetes-Mellitus, Disease, Evidence, Failure, Improvement, Lung, Lung Cancer, MEDLINE, Metaanalysis, Metastasis, Multiple Myeloma, Negative Breast, Outcomes, Pancreatic Cancer, Patients, Prostate Cancer, Prostate-Cancer, Randomized Controlled-Trials, Recurrence, Renal, Review, Risk, Science, Survival, Systematic Review, Tumor Angiogenesis, Web of Science

? Lu, D.M., Chen, J. and Jin, J. (2014), Vitamin D status and risk of non-Hodgkin lymphoma: A meta-analysis. *Cancer Causes & Control*, **25** (11), 1553-1563.

Full Text: [2014\Can Cau Con25, 1553.pdf](2014/Can%20Cau%20Con25,%201553.pdf)

Abstract: Non-Hodgkin lymphoma (NHL) is among the ten most frequent malignancies in Europe and USA. Results for vitamin D status and risk of NHL have been inconsistent. The objective was to perform a meta-analysis to summarize the available evidence from case-control studies and cohort studies on the association of vitamin D status and the risk of NHL. We searched PubMed, ISI Web of Science, the Cochrane Library, EMBASE, and reference lists for relevant articles. Study-specific odds ratios (ORs) or relative risks and 95 % confidence intervals (CIs) were pooled using fixed-effects, random-effects, or linear regression dose-response models. Nine studies (eight case-control and one cohort studies) were included in the meta-analysis. The estimated summary OR for highest compared with lowest categories of vitamin D status was 1.03 (95 % CI 0.84, 1.26; heterogeneity I (2) = 57.5 %). The subgroup analysis showed the similar results for dietary vitamin D intake group (1.07; 95 % CI 0.82, 1.40) and serum 25-hydroxyvitamin D concentration values group (1.03; 95 % CI 0.84, 1.26). The pooling ORs of NHL most common subtypes were 1.05 (0.73, 1.52), 1.00 (0.63, 1.58), 1.10 (0.56, 2.14), and 1.69 (0.68, 4.20) for diffuse large B cell lymphoma, follicular lymphoma, small lymphocytic lymphomas/chronic lymphocytic leukemia, and T cell lymphoma. The result from the linear regression dose-response model was similar (p = 0.205). Higher vitamin D status does not play a protective role in risk of NHL or common NHL subtypes.

Keywords: 25-Hydroxyvitamin D, Analysis, Articles, Association, Breast-Cancer Risk, Case-Control, Case-Control Studies, Cell, Cohort, Colorectal-Cancer, Concentration, Confidence, Confidence Intervals, Embase, Europe, Evidence, Follicular Lymphoma, From, Heterogeneity, Intervals, ISI, ISI Web Of Science, Leukemia, Linear Regression, Lymphoma, Malignant-Lymphoma, Meta Analysis, Meta-Analysis, Metaanalysis, Model, Models, Multiethnic Cohort, Non-Hodgkin Lymphoma, Nov, Pubmed, Reference, Reference Lists, Regression, Results, Risk, Risks, Role, Science, Serum, Serum 25(OH) D, Small, Sun Exposure, Sunlight, Ultraviolet-Radiation Exposure, United-States, USA, Vitamin, Vitamin D, Web, Web Of Science, Women

# Title: Cancer Cell International

Full Journal Title: Cancer Cell International

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Cheng, D.Y., Hao, Y.W., Zhou, W.L. and Ma, Y.R. (2013), Positive association between Interleukin-8-251A > T polymorphism and susceptibility to gastric carcinogenesis: A meta-analysis. *Cancer Cell International*, **13**, Article Number: 100.

Full Text: [2013\Can Cel Int13, 100.pdf](2013\Can%20Cel%20Int13,%20100.pdf)

Abstract: Backgrounds: The associations between the polymorphisms of interleukin-8 (IL-8) gene and gastric carcinogenesis have been extensively investigated in recent years. However, the results remain conflicting rather than conclusive. Methods: A meta-analysis of 18 eligible studies was performed to evaluate the association of IL-8 -251A>T polymorphism with risk of gastric carcinogenesis. A systematic literature search of MEDLINE, Embase, and Web of Science, CNKI databases was conducted. Statistical analysis was performed by using the Revman 5.1 software and the Stata 12.0 software. Results: of the 293 unique studies identified using our search criteria, 18 studies fulfilled our inclusion criteria and were included in the meta-analysis. These studies cumulatively reported 5,321 cases and 6,465 controls. The combined results based on all studies showed that the IL-8 -251A>T polymorphism was associated with the risk of gastric carciongenesis (A vs. T: OR: 1.14 [1.02, 1.26], P = 0.02), especially gastric cancer (A vs. T: OR: 1.15 [1.03, 1.29], P = 0.02), but not associated with the risk of precancerous lesion (A vs. T: OR: 1.09 [0.99, 1.20], P = 0.08). Analysis stratified by ethnicity may seem that IL-8 -251A> T polymorphism was susceptible to gastric cancer in Asian population, but not in Caucasian population. Conclusions: Our meta-analysis results provide evidence that IL-8 -251A> T polymorphism is significantly associated with increased risk of gastric carcinogenesis in Asian population, particularly in gastric cancer. Further large and well-designed studies are required to confirm this conclusion.

Keywords: Adenocarcinoma, Analysis, Asian, Association, Cancer, Carcinoma, Caucasian, Chinese Population, Criteria, Cytokine Gene Polymorphisms, Databases, Ethnicity, Evidence, Gastric, Gastric Cancer, Gene, Helicobacter-Pylori, Il-8, Increased Risk, Interleukin-8, Literature, Literature Search, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Necrosis-Factor-Alpha, P, Polymorphism, Polymorphisms, Population, Precancerous Lesions, Promoter Polymorphism, Prostate-Cancer, Recent, Results, Risk, Science, Software, Stata, Statistical Analysis, Systematic Literature Search, Web of Science

# Title: Cancer Epidemiology

Full Journal Title: Cancer Epidemiology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Alam, S.S., Cantwell, M.M., Cardwell, C.R., Cook, M.B. and Murray, L.J. (2010), Maternal body mass index and risk of testicular cancer in male offspring: A systematic review and meta-analysis. *Cancer Epidemiology*, **34** (5), 509-515.

Abstract: Objectives: To date a number of studies have examined the association between maternal weight and testicular cancer risk although results have been largely inconsistent. This systematic review and meta-analysis investigated the nature of this association. Methods: Search strategies were conducted in Ovid MEDLINE (1950-2009), EMBASE (1980-2009), Web of Science (1970-2009), and CINAHL (1937-2009) using keywords for maternal weight (BMI) and testicular cancer. Results: the literature search produced 1689 hits from which 63 papers were extracted. Only 7 studies met the pre-defined criteria. Random effects meta-analyses were conducted. The combined unadjusted OR (95% Cl) of testicular cancer in the highest reported category of maternal BMI compared with the moderate maternal BMI was 0.82 (0.65-1.02). The Cochran’s Q P value was 0.82 and the corresponding I(2) was 0%, both indicating very little variability among studies. The combined unadjusted OR (95% Cl) for testicular cancer risk in the lowest reported category of maternal BMI compared to a moderate maternal BMI category was 0.88 (0.65-1.20). The Cochran’s Q P value was 0.05 and the corresponding I(2) was 54%, indicating evidence of statistical heterogeneity. The combined unadjusted OR (95% Cl) of testicular cancer risk per unit increase in maternal BMI was 1.01 (0.97-1.06). The Cochran’s Q test had a P value of 0.05 and the corresponding I(2) was 55% indicating evidence of statistical heterogeneity. Conclusion: This meta-analysis, which included a small number of studies, showed that a higher maternal weight does not increase the risk of testicular cancer in male offspring. Though an inverse association between high maternal BMI and testicular cancer risk was detected, it was not statistically significant. Further primary studies with adjustment for appropriate confounders are required. (C) 2010 Elsevier Ltd. All rights reserved.

Keywords: Age, Birth-Order, Bmi, Body Mass Index, Cancer, Cohort, Cryptorchidism, Disorders, Epidemiology, Estrogen Exposure, Germ-Cell Cancer, Literature, Maternal, Meta-Analysis, Methods, Obesity, Papers, Parity, Pregnancy, Pregnancy, Primary, Review, Risk, Science, Statistical, Systematic, Systematic Review, Testicular Cancer, Testicular Neoplasms, Variability, Web of Science, Weight

# Title: Cancer Epidemiology Biomarkers & Prevention

Full Journal Title: [Cancer Epidemiology Biomarkers & Prevention](http://cebp.aacrjournals.org/content/by/year)

ISO Abbreviated Title: Cancer Epidemiol. Biomarkers Prev.

JCR Abbreviated Title: Cancer Epidem Biomar

ISSN: 1055-9965

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Amer Assoc Cancer Research

Publisher Address: PO Box 11806, Birmingham, AL 35202

Subject Categories:

Oncology: Impact Factor 4.354, 10/103 (2000); Impact Factor 5.140, 14/114 (2002)

Public, Environmental & Occupational Health: Impact Factor 3.572, 3/85 (1999); Impact Factor 4.354, 2/89 (2000)

? Gandini, S., Lowenfels, A.B., Jaffee, E.M., Armstrong, T.D. and Maisonneuve, P. (2005), Allergies and the risk of pancreatic cancer: A meta-analysis with review of epidemiology and biological mechanisms. *Cancer Epidemiology Biomarkers & Prevention*, **14** (8), 1908-1916.

Full Text: 2005\Can Epi Bio Pre14, 1908.pdf

Abstract: Previous reports suggest that allergic disorders may protect against various types of cancer, but the association between history of allergy and pancreatic cancer risk has not been well studied. We did a systematic review and meta-analysis of published studies to evaluate the association of any type, and specific types, of allergy and the risk of pancreatic cancer. We did a comprehensive literature search using MEDLINE, PUBMED, and the ISI Web of Science databases to identify potential relevant case-control and cohort studies. Pooled relative risks (RR) and 95% confidence intervals (95% CI) were calculated using the fixed- and random-effects model. Fourteen population-based studies (4 cohort and 10 case-control studies) with a total of 3,040 pancreatic cancer cases fulfilled our inclusion criteria. A history of allergy was associated with a reduced risk of pancreatic cancer (RR, 0.82; 95% CI, 0.68-0.99). The risk reduction was stronger for allergies related to atopy MR, 0.71; 95% Cl, 0.64-0.80), but not for asthma (RR, 1.01; 95% Cl, 0.77-1.31). There was no association between allergies related to food or drugs and pancreatic cancer (RR, 1.08; 95% CI, 0.74-1.58). Overall, there was no evidence of publication bias. Allergies, in particular those related to atopy, seem to be associated with a decreased risk of pancreatic cancer. The hyperactive immune system of allergic individuals may, therefore, in some way lead to increased surveillance and protect against pancreatic cancer development.

Keywords: Acute Lymphoblastic-Leukemia, Airway Inflammation, Asthma, Bias, Cancer, Case-Control Studies, Cd8(+) T-Cells, Cohort Studies, Confidence Intervals, Databases, Development, Diabetes-Mellitus, Epidemiology, Gamma-Delta, History, ISI, Lead, Literature, MEDLINE, Meta-Analysis, Model, Pancreatic Cancer, Past Medical History, Publication, Publication Bias, Review, Risk, Risk Reduction, Science, Surveillance, Systematic, Systematic Review, Systematic Reviews, Tumor-Cells, United-States, Web of Science

? Kubo, A. and Corley, D.A. (2006), Body mass index and adenocarcinomas of the esophagus or gastric cardia: A systematic review and meta-analysis. *Cancer Epidemiology Biomarkers & Prevention*, **15** (5), 872-878.

Full Text: 2006\Can Epi Bio Pre15, 872.pdf

Abstract: Background: the incidence of esophageal adenocarcinoma has increased markedly in recent decades in many countries. Obesity is a potential risk factor, although the results of individual studies differ. We did a systematic review and statistical synthesis of studies that evaluated the association between body mass index (BMI) and the risk of esophageal adenocarcinorna or the adjacent gastric cardia adenocarcinoma. Methods: We identified potential studies using MEDLINE, the Web of Science database, a manual review of the literature and expert bibliographies. Studies were included if they reported (a) a measure of body mass; (b) the occurrence of esophageal or cardia adenocarcinorna diagnosis; and (c) a relative risk or odds ratio (OR) with confidence intervals (CI) or provided sufficient data to permit their calculation. Results: We identified 14 studies (2 cohort, 12 case-control; 2,488 esophageal and 2,509 cardia adenocarcinomas). A high BMI (> 25) was associated with an increased risk of esophageal adenocarcinoma (males, OR, 2.2; 95% CI, 1.7-2.7; females, OR, 2.0; 95% CI, 1.4-2.9). Higher levels of BMI were associated with increased risk (overweight males, OR, 1.8; 95% CI, 1.5-2.2; obese males, OR, 2.4; 95% CI, 1.9-3.2). The overall associations with cardia cancer were heterogeneous, although stratification by study location provided homogeneous results for populations from the United States or Europe. A high BMI was weakly associated with the risk of cardia adenocarcinoma (OR, 1.5; 95% CI, 1.3-1.8; P-heterogeneity = 0.38). Conclusions: Pooled results from observational studies support a positive association between high BMI and the risk for esophageal and possibly for cardia adenocarcinoma.

Keywords: Black-Men, Bmi, Body Mass Index, Cancer, Cancer Incidence, Cardia Adenocarcinoma, Confidence Intervals, Controlled Clinical-Trials, Diagnosis, Distal Stomach, Europe, Gastroesophageal-Reflux, Literature, Meta-Analysis, Methods, Nested Case-Control, Obesity, Observational Studies, Overweight, Ratio, Regional Variation, Relative Risk, Review, Rising Incidence, Risk, Risk-Factors, Science, Statistical, Systematic, Systematic Review, United-States, Web of Science

? Olsen, C.M., Bain, C.J., Jordan, S.J., Nagle, C.M., Green, A.C., Whiteman, D.C., Webb, P.M. and Australian Ovarian Cancer Study Group (2007), Recreational physical activity and epithelial ovarian cancer: A case-control study, systematic review, and meta-analysis. *Cancer Epidemiology Biomarkers & Prevention*, **16** (11), 2321-2330.

Full Text: [2007\Can Epi Bio Pre16, 2321.pdf](2007\Can%20Epi%20Bio%20Pre16,%202321.pdf)

Abstract: It remains unclear whether physical activity is associated with epithelial ovarian cancer risk. We therefore examined the association between recreational physical activity and risk of ovarian cancer in a national population-based case-control study in Australia. We also systematically reviewed all the available evidence linking physical activity with ovarian cancer to provide the best summary estimate of the association. The case-control study included women ages 18 to 79 years with a new diagnosis of invasive (n = 1,269) or borderline (n = 311) epithelial ovarian cancer identified through a network of clinics, physicians, and state cancer registries throughout Australia. Controls (n = 1,509) were randomly selected from the national electoral roll and were frequency matched to cases by age and state. For the systematic review, we identified eligible studies using MEDLINE, the ISI Science Citation Index, and manual review of retrieved references, and included all case-control or cohort studies that permitted assessment of an association between physical activity (recreational/occupational/sedentary behavior) and histologically confirmed ovarian cancer. Meta-analysis was restricted to the subset of these studies that reported on recreational physical activity. In our case-control study, we observed weakly inverse or null associations between recreational physical activity and risk of epithelial ovarian cancer overall. There was no evidence that the effects varied by tumor behavior or histologic subtype. Twelve studies were included in the meta-analysis, which gave summary estimates of 0.79 (95% confidence interval, 0.70-0.85) for case-control studies and 0.81 (95% confidence interval, 0.57-1.17) for cohort studies for the risk of ovarian cancer associated with highest versus lowest levels of recreational physical activity. Thus, pooled results from observational studies suggest that a modest inverse association exists between level of recreational physical activity and the risk of ovarian cancer.

Keywords: Age, Assessment, Association, Australia, Behavior, Borderline, Breast-Cancer, Cancer, Case-Control, Case-Control Studies, Case-Control Study, Circulating Levels, Citation, Cohort, Confidence, Diagnosis, Estimates, Evidence, Exercise, Follow-up, Growth-Factor-I, Interval, Invasive, ISI, Large Cohort, Meta-Analysis, Metaanalysis, Network, NOV, Observational, Observational Studies, Ovarian Cancer, Physical, Physical Activity, Physicians, Population Based, Population-Based, PostmenopaUSAl Women, Prostate-Cancer, Publication Bias, References, Registries, Review, Risk, Risk-Factors, Science, Science Citation Index, State, Systematic Review, Tumor, Women

? Lynch, B.M. (2010), Sedentary behavior and cancer: A systematic review of the literature and proposed biological mechanisms. *Cancer Epidemiology Biomarkers & Prevention*, **19** (11), 2691-2709.

Full Text: 2010\Can Epi Bio Pre19, 2691.pdf

Abstract: Background: Sedentary behavior (prolonged sitting or reclining characterized by low energy expenditure) is associated with adverse cardiometabolic profiles and premature cardiovascular mortality. Less is known for cancer risk. The purpose of this review is to evaluate the research on sedentary behavior and cancer, to summarize possible biological pathways that may underlie these associations, and to propose an agenda for future research. Methods: Articles pertaining to sedentary behavior and (a) cancer outcomes and (b) mechanisms that may underlie the associations between sedentary behavior and cancer were retrieved using Ovid and Web of Science databases. Results: the literature review identified 18 articles pertaining to sedentary behavior and cancer risk, or to sedentary behavior and health outcomes in cancer survivors. Ten of these studies found statistically significant, positive associations between sedentary behavior and cancer outcomes. Sedentary behavior was associated with increased colorectal, endometrial, ovarian, and prostate cancer risk; cancer mortality in women; and weight gain in colorectal cancer survivors. The review of the literature on sedentary behavior and biological pathways supported the hypothesized role of adiposity and metabolic dysfunction as mechanisms operant in the association between sedentary behavior and cancer. Conclusions: Sedentary behavior is ubiquitous in contemporary society; its role in relation to cancer risk should be a research priority. Improving conceptualization and measurement of sedentary behavior is necessary to enhance validity of future work. Impact: Reducing sedentary behavior may be a viable new cancer control strategy. Cancer Epidemiol Biomarkers Prev; 19(11); 2691-709. (C) 2010 AACR.

Keywords: Adiposity, Articles, Body-Mass Index, Breast-Cancer, Cancer, Cardiovascular, Cardiovascular-Disease Risk, Colorectal Cancer, Control, Databases, Growth-Factor-I, Health Outcomes, Impact, Intensity Physical-Activity, Life-Style Factors, Literature, Literature Review, Measurement, Methods, Mortality, Nih-Aarp Diet, Outcomes, Prostate Cancer, Research, Research Priority, Review, Risk, Science, Sitting Time, Strategy, Systematic, Systematic Review, Television Viewing Time, Validity, Vitamin-D Status, Web of Science, Women

? McShane, C.M., Murray, L.J., Landgren, O., O’Rorke, M.A., Korde, N., Kunzmann, A.T., Ismail, M.R. and Anderson, L.A. (2014), Prior autoimmune disease and risk of monoclonal gammopathy of undetermined significance and multiple myeloma: A systematic review. *Cancer Epidemiology Biomarkers & Prevention*, **23** (2), 332-342.

Full Text: 2014\Can Epi Bio Pre23, 332.pdf

Abstract: Background: Several observational studies have investigated autoimmune disease and subsequent risk of monoclonal gammopathy of undetermined significance (MGUS) and multiple myeloma. Findings have been largely inconsistent and hindered by the rarity and heterogeneity of the autoimmune disorders investigated. A systematic review of the literature was undertaken to evaluate the strength of the evidence linking prior autoimmune disease and risk of MGUS/multiple myeloma. Methods: A broad search strategy using key terms for MGUS, multiple myeloma, and 50 autoimmune diseases was used to search four electronic databases (PubMed, Medline, Embase, and Web of Science) from inception through November 2011. Results: A total of 52 studies met the inclusion criteria, of which 32 were suitably comparable to perform a meta-analysis. “Any autoimmune disorder” was associated with an increased risk of both MGUS [n 760 patients; pooled relative risk (RR) 1.42; 95% confidence interval (CI), 1.14-1.75] and multiple myeloma (n > 2,530 patients; RR 1.13, 95% CI, 1.04-1.22). This risk was disease dependent with only pernicious anemia showing an increased risk of both MGUS (RR 1.67; 95% CI, 1.21-2.31) and multiple myeloma (RR 1.50; 95% CI, 1.25-1.80). Conclusions: Our findings, based on the largest number of autoimmune disorders and patients with MGUS/multiple myeloma reported to date, suggest that autoimmune diseases and/or their treatment may be important in the etiology of MGUS/multiple myeloma. The strong associations observed for pernicious anemia suggest that anemia seen in plasma cell dyscrasias may be of autoimmune origin. Impact: Underlying mechanisms of autoimmune diseases, general immune dysfunction, and/or treatment of autoimmune diseases may be important in the pathogenesis of MGUS/multiple myeloma.

Keywords: Anemia, Autoimmune Diseases, Cancer-Risk, Cell, Chronic Antigenic-Stimulation, Confidence, Criteria, Databases, Disease, Diseases, Etiology, Evidence, General, Heterogeneity, Immune, Impact, Inflammatory-Bowel-Disease, Interval, Literature, Long-Term, Lupus-Erythematosus, Mechanisms, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Multiple Myeloma, Observational, Observational Studies, Origin, Pathogenesis, Patients, Pernicious-Anemia, Plasma, Population-Based Cohort, Primary Sjogrens-Syndrome, Pubmed, Rarity, Relative Risk, Results, Review, Rheumatoid-Arthritis, Risk, Science, Search Strategy, Significance, Strategy, Strength, Systematic, Systematic Review, Term-Follow-Up, Treatment, Web Of Science

? Qiu, M.T., Wang, J., Xu, Y.T., Ding, X.X., Li, M., Jiang, F., Xu, L. and Yin, R. (2015), Circulating tumor DNA is effective for the detection of egfr mutation in non-small cell lung cancer: A meta-analysis. *Cancer Epidemiology Biomarkers & Prevention*, **24** (1), 206-212.

Full Text: 2015\Can Epi Bio Pre24, 206.pdf

Abstract: Background: Circulating tumor DNA (ctDNA) has offered a minimally invasive and feasible approach for detection of EGFR mutation for non-small cell lung cancer (NSCLC). This meta-analysis was designed to investigate the diagnostic value of ctDNA, compared with current “gold standard,” tumor tissues. Methods: We searched PubMed, EMBASE, Cochrane Library, and Web of Science to identify eligible studies that reported the sensitivity and specificity of ctDNA for detection of EGFR mutation status in NSCLC. Eligible studies were pooled to calculate the pooled sensitivity, specificity, and diagnostic odds ratio (DOR). The summary ROC curve (SROC) and area under SROC (AUSROC) were used to evaluate the overall diagnostic performance. Results: Twenty-seven eligible studies involving 3,110 participants were included and analyzed in our meta-analysis, and most studies were conducted among Asian population. The pooled sensitivity, specificity, and DOR were 0.620 [95% confidence intervals (CI), 0.513-0.716), 0.959 (95% CI, 0.929-0.977), and 38.270 (95% CI, 21.090-69.444), respectively. The AUSROC was 0.91 (95% CI, 0.89-0.94), indicating the high diagnostic performance of ctDNA. Conclusion: ctDNA is a highly specific and effective biomarker for the detection of EGFR mutation status. Impact: ctDNA analysis will be a key part of personalized cancer therapy of NSCLC. (C)2014 AACR.

Keywords: Analysis, Approach, Asian, Biomarker, Breast-Cancer, Cancer, Cancer Therapy, Cell, Chinese Patients, Circulating, Confidence, Confidence Intervals, Detection, Diagnostic, Diagnostic-Test, Dna, Egfr, Embase, Factor Receptor Mutations, Free Nucleic-Acids, Gefitinib, Impact, Intervals, Invasive, Lung, Lung Cancer, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mutation, Nsclc, Odds Ratio, Performance, Peripheral-Blood, Plasma Dna, Population, Pubmed, Resolution Melting Analysis, Results, Roc, Science, Sensitivity, Specificity, Therapy, Tissue, Tumor, Value, Web, Web Of Science

# Title: Cancer Genetics

Full Journal Title: Cancer Genetics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Deng, F., Gao, Y., Ju-hong, L.V. and Gao, J.M. (2014), Methylenetetrahydrofolate reductase gene polymorphisms and skin cancer risk: A meta-analysis. *Cancer Genetics*, **207** (7-8), 299-305.

Full Text: [2014\Can Gen207, 299.pdf](2014/Can%20Gen207,%20299.pdf)

Abstract: We sought to determine whether the methylenetetrahydrofolate reductase (MTHFR) A1298C and C677T polymorphisms are associated with increased skin cancer risk. We performed literature searches of the PubMed, BIOSIS Previews, and Web of Science databases to identify eligible articles published through September 15, 2013. Pooled odds ratios (ORs) with 95% confidence intervals (Cis) were calculated using fixed-effects or random-effects models. Publication bias and subgroup analyses were also performed. Eight articles, which consisted of 10,066 subjects (2,672 patients and 7,394 controls), were included in the meta-analysis. Homozygous MTHFR 1298C individuals were 1.29 times more likely to develop skin cancer (95% CI, 1.04-1.61) compared with A1298C allele (AA or AC) carriers. There was an increased risk for C allele homozygotes compared with the 1,298 AA+AC carriers (OR, 1.45; 95% CI, 1.08-1.96) when restricted to basal cell carcinomas (BCC). The 1298C homozygote carriers increased the odds of BCC by 1.47 times (95% CI, 1.07-2.01) compared with those who were 1298A homozygote carriers. ORs for all genetic models yielded a null association. The data obtained from this meta-analysis suggest that the MTHFR 1298C allele is associated with increased skin cancer risk, particularly BCC; however, no association was observed between the MTHFR C677T polymorphism and skin cancer.

Keywords: Analyses, Articles, Association, Basal-Cell, Bias, Cancer, Cancer Risk, Cell, Common Mutation, Confidence, Confidence Intervals, Data, Databases, From, Gene, Genetic, Intervals, Literature, Melanoma, Meta Analysis, Meta-Analysis, Metaanalysis, Methylenetetrahydrofolate Reductase, Models, Mthfr, Mthfr C677t, Patients, Polymorphism, Polymorphisms, Publication, Publication Bias, Pubmed, Risk, Science, Skin, Skin Cancer, Squamous-Cell Carcinoma, Susceptibility, Vascular-Disease, Vdr, Web, Web Of Science, Web Of Science Databases

# Title: Cancer Genetics and Cytogenetics

Full Journal Title: [Cancer Genetics and Cytogenetics](http://www.sciencedirect.com/science/journal/01654608)

ISO Abbreviated Title: Cancer Genet. Cytogenet.

JCR Abbreviated Title: Cancer Genet Cytogen

ISSN: 0165-4608

Issues/Year: 14

Journal Country/Territory: United States

Language: English

Publisher: Elsevier Science Inc

Publisher Address: 655 Avenue of the Americas, New York, NY 10010

Subject Categories:

Oncology: Impact Factor 1.529,/(2001)

Genetics & Heredity: Impact Factor 1.529,/(2001)

Hecht, F., Hecht, B.K. and Sandberg, A.A. (1998), The journal ‘Impact Factor’: A misnamed, misleading, misused measure. *Cancer Genetics and Cytogenetics*, **104** (2), 77-81.

Full Text: [1998\Can Gen Cyt104, 77.pdf](1998\Can%20Gen%20Cyt104,%2077.pdf)

Abstract: the Institute for Scientific Information (ISI), a database publishing company that publishes Current Contents and Science Citation Index, has devised and promulgated what it terms the journal ‘impact factor.’ ISI describes this factor as a ‘measure of the frequency with which the ‘average article’ in a journal has been cited in a particular year.’ the factor is a ratio between citations and recent citable published items calculated by dividing the number of all current citations of items published in a journal during the preceding 2 years by the number of articles published in those 2 years by that journal. What, if anything, is wrong with the ‘impact factor’? There is absolutely nothing incorrect with the calculation of the ratio itself. However, the ‘impact factor’ is misnamed and misleading. Being misnamed and misleading, the ‘impact factor’ has been misused. It is being held out as a measure of the importance of a specific journal article and the journal in which the article appeared. By extension, the ‘impact factor’ is also being misused to gauge the relative importance of individual researchers, research programs, and even the institution hosting the research. We recommend that the term ‘impact factor’ be abolished and that this measure be renamed in keeping with its actual role, that merely of a time-specific ‘citation rate index’ and nothing more. What is currently called the ‘impact factor’ should not be misused to evaluate journals or to validate the scientific relevance of a particular researcher or research program, especially in decisions regarding employment, funding, and tenure.

Keywords: Calculation, Citations, Database, Employment, Funding, Institute for Scientific Information, ISI, Journal, Journal Article, Journals, Measure, Publishing, Relevance, Research, Role, Science Citation Index, Tenure, Term

# Title: Cancer Investigation

Full Journal Title: Cancer Investigation

ISO Abbreviated Title: Cancer Invest.

JCR Abbreviated Title: Cancer Invest

ISSN: 0735-7907

Issues/Year: 8

Journal Country/Territory: United States

Language: English

Publisher: Marcel Dekker Inc

Publisher Address: 270 Madison Ave, New York, NY 10016

Subject Categories:

Oncology: Impact Factor 1.850, 62/114 (2002)

? Sparber, A., Ford, D. and Kvochak, P.A. (2004), National Institutes of Health’s Clinical Center sets new policy on use of herbal and other alternative supplements by patients enrolled in clinical trials. *Cancer Investigation*, **22** (1), 132-137.

Full Text: [2004\Can Inv22, 132.pdf](2004\Can%20Inv22,%20132.pdf)

Abstract: the nationwide concern over the escalating use of herbal and other alternative dietary supplements is prompting a call for action in health care organizations. Not only is there mounting evidence to support a strong concern for patient safety, but the use of these products by people participating in biomedical research protocols has an added impact on the integrity of the research design and data gathering. These issues are of increasing concern to the National Institutes of Health’s hospital for. biomedical research, the Warren Grant Magnuson Clinical Center. Surveys completed in 2000 showed that 25-45% of Clinical Center patients reported taking herbal and other alternative dietary supplements. In 2001, the Clinical Center moved forward to develop and implement a policy to guide hospital staff in the management of patient use of herbal and alternative supplements. The policy established the requirement for all patients to be screened for supplement use upon admission or outpatient visit. Continued use of supplement products during hospitalization and/or outpatient enrollment on protocol require a physician’s authorizing order. The implementation of this policy has increased awareness and provided an important step forward in protecting patient safety and preserving the scientific. integrity of the research at the NIH’s Clinical Center.

Keywords: Adults, Alternative, Awareness, Biomedical, Biomedical Research, Cancer, Care, Clinical Trials, Design, Dietary Supplements, Health Care, Herbal, Hospital, Hospitalization, Impact, Management, Medicine, Patients, Policy, Protocol, Research, Research Design, Safety, St Johns Wort, Supplements, Therapies

# Title: CA-A Cancer Journal for Clinicians

Full Journal Title: CA-A Cancer Journal for Clinicians

ISO Abbrev. Title: CA-Cancer J. Clin.

JCR Abbrev. Title: CA-Cancer J Clin

ISSN: 0007-923

Issues/Year: 6

Language: English

Journal Country/Territory: United States

Publisher: Lippincott Williams & Wilkins

Publisher Address: 530 Walnut St, Philadelphia, PA 19106-3621

Subject Categories:

Oncology: Impact Factor 87.925, 1/166 (2009)

? Gansler, T., Ganz, P.A., Grant, M., Greene, F.L., Johnstone, P., Mahoney, M., Newman, L.A., Oh, W.K., Thomas, C.R., Thun, M.J., Vickers, A.J., Wender, R.C. and Brawley, O.W. (2010), Sixty Years of *CA: A Cancer Journal for Clinicians*. *CA-A Cancer Journal for Clinicians*, **60** (6), 345-350.

Full Text: [2010\CA-A Can J Cli60, 345.pdf](2010\CA-A%20Can%20J%20Cli60,%20345.pdf)

Abstract: the first issue of CA: A Cancer Journal for Clinicians was published in November of 1950. On the 60th anniversary of that date, we briefly review several seminal contributions to oncology and cancer control published in our journal during its first decade. CA Cancer J Clin 2010;60:345-350. (C) 2010 American Cancer Society, Inc.

Keywords: Tobacco Control, Society Guideline, United-States, Opportunities, Dependence, Progress

# Title: Cancer Nursing

Full Journal Title: Cancer Nursing

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ross, A., Sundaramurthi, T. and Bevans, M. (2013), A labor of love the influence of cancer Caregiving on health behaviors. *Cancer Nursing*, **36** (6), 474-483.

Full Text: [2013\Can Nur36, 474.pdf](2013\Can%20Nur36,%20474.pdf)

Abstract: Background: Evidence suggests that emotional distress and objective demands of cancer caregiving are comparable to those of dementia caregiving, yet little research has focused on the physical health of cancer caregivers. Whether the stress leads directly to changes in health or whether the stress leads to changes in health behaviors, which in turn affect health, has not been systematically examined. Objective: The objective of this study was to review the research literature regarding changes in health behaviors associated with caring for an individual with cancer. Methods: Literature was reviewed from multiple databases including CINAHL (Cumulative Index to Nursing and Allied Health Literature), CINAHL Plus, PsycNET, PubMed, SCOPUS, EMBASE, and Web of Science. Key words included health behavior, health promotion, caregivers/caregiving, cancer/oncology, diet/nutrition, exercise/physical activity, stress management, smoking and alcohol. Studies were included if they involved informal adult caregivers and at least 1 behavior associated with a healthy lifestyle. of the 866 studies identified, 8 met the criteria. Results: Studies revealed conflicting information, with some suggesting deleterious changes in behaviors, whereas others found the changes protective. Conclusions: The lack of uniformity of terminology and conflicting findings make it difficult to conclude the impact of the caregiving experience on the health behaviors of cancer caregivers. Something is placing caregivers at risk for illness and early death, but the mechanisms behind the risk and the role of unhealthy behaviors are not clear. Implications for Practice: At a minimum, cancer caregivers should be screened for behavior changes and disease risk. Developing standardized measures for future research including controlled, longitudinal studies is needed.

Keywords: Activity, Adult, Alcohol, Alcohol-Consumption, Allostatic Load, Behavior, Breast-Cancer, Burden, Cancer, Cardiovascular-Disease, Caregivers, Caregiving, Caring, Cause-Specific Mortality, Changes, Coronary-Heart-Disease, Criteria, Databases, Death, Dementia, Disease, Distress, Embase, Evidence, Experience, Family Caregivers, Health, Health Behavior, Health Behaviors, Health Promotion, Impact, Informal Caregivers, Information, Literature, Longitudinal, Longitudinal Studies, Management, Measures, Mechanisms, Methods, Minimum, Nursing, Physical, Physical-Activity, Promotion, Pubmed, Quality-Of-Life, Research, Results, Review, Risk, Role, Science, Scopus, Screening, Smoking, Stress, Terminology, Web of Science

# Title: Cancer Prevention Research

Full Journal Title: Cancer Prevention Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? DeCensi, A., Puntoni, M., Goodwin, P., Cazzaniga, M., Gennari, A., Bonanni, B. and Gandini, S. (2010), Metformin and cancer risk in diabetic patients: A systematic review and meta-analysis. *Cancer Prevention Research*, **3** (11), 1451-1461.

Abstract: Metformin, an insulin-lowering agent, has been associated with decreased cancer risk in epidemiologic studies in diabetic patients. We performed a comprehensive literature search and meta-analysis of epidemiologic studies to assess the effect of metformin on cancer incidence and mortality in diabetic patients, using PUBMED, ISI Web of Science, EMBASE, and the Cochrane library until May 2009, with no language or time restrictions. Independent reports with sufficient information to allow risk estimation of cancer risk/mortality and a measure of uncertainty were reviewed and cross-checked independently by three investigators. Eleven studies were selected for relevance in terms of intervention, population studied, independence, and reporting of cancer incidence or mortality data, reporting 4,042 cancer events and 529 cancer deaths. A 31% reduction in overall summary relative risk (0.69; 95% confidence interval, 0.61-0.79) was found in subjects taking metformin compared with other antidiabetic drugs. The inverse association was significant for pancreatic and hepatocellular cancer, and nonsignificant for colon, breast, and prostate cancer. A trend to a dose-response relationship was noted. Metformin is associated with a decreased risk of cancer incidence compared with other treatments among diabetic patients. Given the retrospective nature of most studies and the possibility that the control treatments increase risk, phase II trials are needed before large cancer prevention trials are launched. Cancer Prev Res; 3(11); 1451-61. (C) 2010 AACR.

Keywords: Activated Protein-Kinase, Breast-Cancer, C-Peptide, Cancer, Cell-Growth, Cochrane, Control, Dose-Response, Epidemiologic Studies, Follow-Up, Hepatocellular-Carcinoma, Information, Insulin-Resistance, Intervention, ISI, Literature, Meta Analysis, Meta-Analysis, Metabolic Syndrome, Metformin, Mortality, Pancreatic-Cancer, PostmenopaUSAl Women, Prevention, Prostate Cancer, Relative Risk, Review, Risk, Science, Systematic, Systematic Review, Trend, Web of Science

? Gandini, S., Puntoni, M., Heckman-Stoddard, B.M., Dunn, B.K., Ford, L., DeCensi, A. and Szabo, E. (2014), Metformin and cancer risk and mortality: A systematic review and meta-analysis taking into account biases and confounders. *Cancer Prevention Research*, **7** (9), 867-885.

Full Text: 2014\Can Pre Res7, 867.pdf

Abstract: Previous meta-analyses have shown that the antidiabetic agent metformin is associated with reduced cancer incidence and mortality. However, this effect has not been consistently demonstrated in animal models and recent epidemiologic studies. We performed a meta-analysis with a focus on confounders and biases, including body mass index (BMI), study type, and time-related biases. We identified 71 articles published between January 1, 1966, and May 31, 2013, through Pubmed, ISI Web of Science (Science Citation Index Expanded), Embase, and the Cochrane library that were related to metformin and cancer incidence or mortality. Study characteristics and outcomes were abstracted for each study that met inclusion criteria. We included estimates from 47 independent studies and 65,540 cancer cases in patients with diabetes. Overall cancer incidence was reduced by 31% [summary relative risk (SRR), 0.69; 95% confidence interval (CI), 0.52-0.90], although between-study heterogeneity was considerable (I 2 88%). Cancer mortality was reduced by 34% (SRR, 0.66; 95% CI, 0.54-0.81; I-2 = 21%). BMI-adjusted studies and studies without time-related biases also showed significant reduction in cancer incidence (SRR, 0.82; 95% CI, 0.70-0.96 with I-2 = 76% and SRR, 0.90; 95% CI, 0.89-0.91 with I-2 = 56%, respectively), albeit with lesser magnitude (18% and 10% reduction, respectively). However, studies of cancer mortality and individual organ sites did not consistently show significant reductions across all types of analyses. Although these associations may not be causal, our results show that metformin may reduce cancer incidence and mortality in patients with diabetes However, the reduction seems to be of modest magnitude and not affecting all populations equally. Clinical trials are needed to determine if these observations apply to nondiabetic populations and to specific organ sites. (C) 2014 AACR.

Keywords: Analyses, Articles, Bmi, Body Mass Index, Breast-Cancer, Cancer, Cancer Mortality, Characteristics, Citation, Clinical Trials, Colorectal-Cancer, Confidence, Criteria, Diabetes, Estimates, Glucose-Lowering Therapies, Hepatocellular-Carcinoma, Heterogeneity, Incidence, Incident Cancer, Index, Interval, ISI, ISI Web Of Science, Lung-Cancer, Magnitude, Meta Analysis, Meta-Analysis, Metaanalysis, Metformin, Models, Mortality, Observations, Outcomes, Pancreatic-Cancer, Patients, Population-Based Cohort, Populations, Prostate-Cancer, Recent, Reduction, Relative Risk, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Systematic, Systematic Review, Type-2 Diabetes-Mellitus, Web Of Science

# Title: Cancer Research

Full Journal Title: [Cancer Research](http://cancerres.aacrjournals.org/contents-by-date.0.shtml)

ISO Abbreviated Title: Cancer Res.

JCR Abbreviated Title: Cancer Res

ISSN: 0008-5472

Issues/Year: 24

Journal Country/Territory: United States

Language: English

Publisher: Amer Assoc Cancer Research

Publisher Address: PO Box 11806, Birmingham, AL 35202

Subject Categories:

Oncology: Impact Factor 8.318, 7/114 (2002)

Notes: TTopic

? Glynn, R.W., Chin, J.Z., Kerin, M.J. and Sweeney, K.J. (2009), The relationship between breast cancer and research: A bibliometric study. *Cancer Research*, **69** (24), 564S.

Full Text: Can Res69, 564S.pdf

Abstract: Background: ThoUSAnds of articles are published every year in the medical literature relating to the diagnosis and treatment of cancer patients. An area of contention of late has been the amount of research time and money being devoted to breast cancer, to what some believe is to the detriment of research into other forms of malignancy. The aims of this study were to further investigate the relationship between malignancy and research, in order to better quantify the degree to which breast cancer is being over- or under-represented in the research world. Methods: Bibliometrics is the science of studying written communication by systematic measurement and analysis of research publications. In this study, we examined research output over a one-year period for the 26 most commonly diagnosed cancers in the UK. Our strategy was based on that employed by a group in Edinburgh in 2001, and involved correlating research output with incidence and mortality statistics. In addition, we sought to elucidate changes in research output over time and then to correlate these changes with improvements in survival. The survival data used was that published by Coleman et al in 2004, and represents changes in survival over 5 year periods between 1986 and 1999 in England and Wales. Results: A total of 73,798 publications were included in this study. Breast cancer received more research attention than any other malignancy in the time period of this study. Proportional to its incidence and associated mortality, however, breast cancer was markedly underrepresented. This relationship was consistent across publication and study types, and in the higher impact journals. There was a strong positive correlation between improvement in 5-year survival and research output (p = 0.003). Those malignancies enjoying the greatest increases in output included those involving the prostate, non-hodgkins lymphoma, breast and vaginal cancer. Conclusions: This study was intended to provide a snapshot-in-time of research output in malignancy. It has shown that, on the basis of both incidence and mortality, breast cancer is not receiving disproportionate attention by the research community, contrary to popular opinion. Whilst the absolute figures clearly reflect the success of the breast cancer advocacy community in raising and maintaining the profile of the disease, the evidence suggests that, if anything, breast cancer is not receiving the interest it deserves, based on its burden to society.

Keywords: Bibliometric, Research

# Title: Cancer Science

Full Journal Title: Cancer Science

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Wu, Q.J., Yang, Y., Wang, J., Han, L.H. and Xiang, Y.B. (2013), Cruciferous vegetable consumption and gastric cancer risk: A meta-analysis of epidemiological studies. *Cancer Science*, **104** (8), 1067-1073.

Full Text: [2013\Can Sci104, 1067.pdf](2013\Can%20Sci104,%201067.pdf)

Abstract: The relationship between consumption of cruciferous vegetables (CV) and risk of gastric cancer has been investigated by many studies, but remains controversial. We carried out a meta-analysis to summarize available evidence from epidemiological studies on this point. Relevant published reports of CV intake and gastric cancer were identified using MEDLINE (PubMed), EMBASE, and Web of Science databases through to the end of September 2012. We pooled the relative risk from individual studies using a fixed-or random-effects model and carried out heterogeneity and publication bias analyses. Sixteen case-control and six prospective studies were included in our analysis. When all studies were pooled, we yielded a significantly inverse association between CV (relative risk = 0.81; 95% confidence interval, 0.75-0.88) intake and gastric cancer risk, with little heterogeneity (Q = 27.27, P = 0.292, I-2 = 12.0%). Specific analysis for cabbage intake yielded similar result. When separately analyzed, case-control studies of CV intake yielded significant results and the results of prospective studies showed borderline statistical significance. Moreover, significant results were consistent for high-quality studies, for North American, European, and Asian studies, for studies on males, and for studies on non-cardia gastric cancer. Findings from this meta-analysis provide evidence that high intake of CV was inversely associated with the risk of gastric cancer and non-cardia gastric cancer in humans. Further studies on other specific CV, food preparation methods, and stratified results by anatomic cancer site and histological type should be extended in the future.

Keywords: Ags Cells, Analyses, Analysis, Asian, Association, Bias, Borderline, Cancer, Cancer Risk, Case-Control, Case-Control Studies, Cohort, Confidence, Consumption, Databases, Dietary Factors, Diffuse Types, Embase, Evidence, Food, Gastric, Gastric Cancer, Helicobacter-Pylori Infection, Heterogeneity, Humans, Inhibits Migration, Interval, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Multicenter Case-Control, North, P, Preparation, Prospective, Prospective Studies, Publication, Publication Bias, Pubmed, Random Effects Model, Relative Risk, Risk, Science, Signal Pathways, Significance, Site, Stomach-Cancer, United-States, Vegetables, Web Of Science, Web Of Science Databases

# Title: Cancer Treatment Reports

Full Journal Title: Cancer Treatment Reports

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Sloane, E.M., Baum, J.G., Hubbard, S.M. and Wittes, R.E. (1984), Cancer-treatment reports 1959-1983 - Background review and tabular compilation of most cited articles. *Cancer Treatment Reports*, **68** (1), 329-337.

Full Text: 1984\Can Tre Rep68, 329.pdf

Keywords: Articles, Reports, Review

# Title: Cancer Treatment Reviews

Full Journal Title: [Cancer Treatment Reviews](http://www.sciencedirect.com/science/journal/03057372)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Rubens, R.D. and Coleman, R.E. (1999), Twenty-five years of reviewing cancer treatment. *Cancer Treatment Reviews*, **25** (1), 1-2.

Full Text: [1999\Can Tre Rev25, 1.pdf](1999\Can%20Tre%20Rev25,%201.pdf)

Keywords: Cancer, Treatment

? Shelley, M.D., Kumar, S., Wilt, T., Staffurth, J., Coles, B. and Mason, M.D. (2009), A systematic review and meta-analysis of randomised trials of neo-adjuvant hormone therapy for localised and locally advanced prostate carcinoma. *Cancer Treatment Reviews*, **35** (1), 9-17.

Full Text: [2009\Can Tre Rev35, 9.pdf](2009\Can%20Tre%20Rev35,%209.pdf)

Abstract: Background: We performed a systematic review and meta-analysis of randomised trials of neo-adjuvant hormone therapy (NHT) in localised and locally advanced prostate cancer to assess the effectiveness of this therapy. Methods: We searched MEDLINE, the Cochrane Library, Science Citation Index, LILACS and SIGLE for randomised trials comparing NHT plus primary therapy (radiotherapy or prostatectomy) with primary therapy alone. Data included information on study design, participants, interventions, and outcomes. Comparable data were extracted from eligible studies and pooled for meta-analysis with intention to treat principle. Findings: NHT prior to prostatectomy did not improve overall or disease-free survival, but did significantly reduce positive margin rates (RR 0.49, 95% Cl 0.42-0.56, p < 0.00001), organconfinement (RR 1.63, 95% CI 1.37-1.95, p < 0.0001) and lymph node invasion (RR 0.49, 95% Cl 0.42-0.56, p < 0.02). In one study NHT before radiotherapy significantly improved overall survival for men with Gleason 2-6 (p = 0.015). In addition, there was a significant improvement in both clinical disease-free survival (RR 1.46, 95% CI 1.24-1.71, p < 0.00001) and biochemical disease-free survival (RR 1.59, 95% CI 1.00-2.55, p = 0.05). Toxicities included hot flushes, gastrointestinal, hepatic and miscellaneous adverse events. Conclusions: NHT is associated with significant clinical benefit when given with radiotherapy and improves pathological outcome prior to prostatectomy but is of minimal value prior to radical prostatectomy. The decision to use hormone therapy should be discussed between the patient, the clinician and policy maker based on the benefits, toxicity and cost. (C) 2008 Elsevier Ltd. All rights reserved.

Keywords: Ablation, Androgen Deprivation, Blockade, Cancer, Citation, Clinical, Clinician, Cost, Data, Decision, Design, Effectiveness, Endocrine Therapy, Estrogen, Events, Follow-up, Improvement, Information, Interventions, MEDLINE, Men, Meta-Analysis, Metaanalysis, NEO-Adjuvant, Neo-Adjuvant Hormone Therapy, Outcome, Outcomes, Policy, Primary, Prostate Cancer, Prostatectomy, Radiation-Therapy, Radical Prostatectomy, Radiotherapy, Radiotherapy, Randomised, Rates, Review, Rights, Science, Science Citation Index, Study Design, Survival, Systematic Review, Therapy, Toxicity, Value

? Röllig, C. and Illmer, T. (2009), The efficacy of arsenic trioxide for the treatment of relapsed and refractory multiple myeloma: A systematic review. *Cancer Treatment Reviews*, **35** (5), 425-430.

Full Text: [2009\Can Tre Rev35, 425.pdf](2009/Can%20Tre%20Rev35,%20425.pdf)

Abstract: Arsenic trioxide (ATO) has been proposed as an option for the treatment of relapsing or refractory multiple myeloma. In order to critically appraise the published clinical evidence, a systematic search of the databases PUBMED, EMBASE, Web of Science and the Cochrane Library was performed. Studies were selected according to prospectively defined criteria. Eventually 16 articles met the inclusion criteria. Six trials evaluated ATO as a single agent or in combination with ascorbic acid and ten trials added ATO to other cytostatic agents. Apart from one randomized controlled trial (RCT), all other studies were designed as case series. The patient numbers were generally small. treatment regimens differed both regarding the dosage of ATO and combinations with other drugs. Monotherapy with ATO resulted in partial response rates between 0% and 17% and minimal responses of 7-33%, resulting in mean overall response rates of 30%. Overall response rates in combined regimens varied widely between 12% and 100%. Response rates for patients in the three arms of the RCT did not differ significantly. The results demonstrate the potential efficacy of ATO in refractory multiple myeloma, but the validity of these findings is reduced by considerable methodological flaws. RCTs should further investigate the efficacy of ATO or new arsenicals in order to overcome methodological concerns of the studies presented here. With respect to the higher evidence level of new substances such as bortezomib or lenalidomide, at present ATO has no role in routine management of relapsed or refractory myeloma. (C) 2009 Elsevier Ltd. All rights reserved.

Keywords: Acid Combination Therapy, Arsenic, Ascorbic-Acid, Ato, Case Series, Cochrane, Databases, Efficacy, High-Dose Melphalan, I, Ii, Lenalidomide Plus Dexamethasone, Management, Multicenter, Multiple Myeloma, Phase-Ii, Plasmacytoma, PUBMED, Randomized Controlled Trial, Refractory, Relapsed, Review, Science, Stem-Cell Transplantation, Systematic, Systematic Review, Treatment, Trial, Validity, Vitamin-C Mac, Web of Science

? McCann, P., Stafinski, T., Wong, C. and Menon, D. (2011), The safety and effectiveness of endoscopic and non-endoscopic approaches to the management of early esophageal cancer: A systematic review. *Cancer Treatment Reviews*, **37** (1), 11-62.

Full Text: [2011\Can Tre Rev37, 11.pdf](2011/Can%20Tre%20Rev37,%2011.pdf)

Abstract: Introduction: Traditionally, management of early cancer (stages 0-IIA) has comprised esophagectomy, either alone or in combination with chemotherapy and/or radiotherapy. Recent efforts to improve outcomes and minimize side-effects have focussed on minimally invasive, endoscopic treatments that remove lesions while sparing healthy tissue. This review assesses their safety and efficacy/effectiveness relative to traditional, non-endoscopic treatments for early esophageal cancer. Methods: A systematic review of peer-reviewed studies was performed using Cochrane guidelines. Bibliographic databases searched to identify relevant English language studies published in the last 3 years included: PUBMED (i.e., MEDLINE and additional sources), EMBASE, CINAHL, the Cochrane Library, the UK Centre for Reviews and Dissemination (NHS EED, DARE and HTA) databases, EconLit and Web of Science. Web sites of professional associations, relevant cancer organizations, clinical practice guidelines, and clinical trials were also searched. Two independent reviewers selected, critically appraised, and extracted information from studies. Results: the review included 75 studies spanning 3124 patients and 10 forms of treatment. Most studies were of short term duration and non-comparative. Adverse events reported across studies of endoscopic techniques wore similar and less significant compared to those in the studies of non-endoscopic techniques. Complete response rates were slightly lower for photodynamic therapy (PDT) relative to the other endoscopic techniques, possibly due to differences in patient populations across studies. No studies compared overall or cause-specific survival in patients who received endoscopic treatments vs. those who received non-endoscopic treatments. Discussion: Based on findings from this review, there is no single “best practice” approach to the treatment of early esophageal cancer. (C) 2010 Elsevier Ltd. All rights reserved.

Keywords: Argon Plasma Coagulation, Argon Plasma Coagulation, Bibliographic, Bibliographic Databases, Cancer, Chemotherapy, Clinical Trials, Cochrane, Cryoablation, Databases, Early Esophageal Cancer, Early-Stage Cancer, Effectiveness, EMBASE, Endoscopic Mucosal Resection, Esophagectomy, Extended Transthoracic Resection, Guidelines, High-Grade Dysplasia, Information, Management, MEDLINE, Methods, Minimally Invasive Esophagectomy, Outcomes, Photodynamic Therapy, Photodynamic Therapy PDT, Practice, Practice Guidelines, Professional, Professional Associations, PUBMED, Quality-of-Life, Radio Frequency Ablation, Radiotherapy, Randomized Clinical-Trial, Review, Safety, Science, Squamous-Cell Carcinoma, Survival, Systematic, Systematic Review, Therapy, Traditional, Transhiatal Laparoscopic Approach, Treatment, UK, Web of Science

? Chen, T., Xu, T., Li, Y., Liang, C., Chen, J.X., Lu, Y.C., Wu, Z.G. and Wu, S.H. (2011), Risk of cardiac dysfunction with trastuzumab in breast cancer patients: A meta-analysis. *Cancer Treatment Reviews*, **37** (4), 312-320.

Full Text: [2011\Can Tre Rev37, 312.pdf](2011/Can%20Tre%20Rev37,%20312.pdf)

Abstract: Background: Trastuzumab is used widely for the treatment of early and advanced breast cancer. However, concerns have arisen regarding its cardiac toxicity. We did a systematic review and meta-analysis of published randomized controlled trials (RCT-s) to assess the overall risk of cardiac dysfunction associated with trastuzumab treatment. Methods: We searched PUBMED and Web of Science (January 1966-July 2009) and American Society of Clinical Oncology conferences held (January 2000-July 2009) for relevant articles and abstracts. Summary incidence rates, relative risks (RRs), and 95% confident intervals (CIs) were calculated using a fixed-effects or random-effects model. Results: 11,882 patients from 10 RCTs were included for analysis. The incidences of LVEF decrease and congestive heart failure (CHF) were 7.5% (95% CI 4.2-13.1) and 1.9% (95% CI 1.0-3.8) among patients receiving trastuzumab. Trastuzumab significantly increased the risk of LVEF decrease (RR = 2.13, 95% CI, 1.31-3.49; p = 0.003). In addition, it significantly increased the risk of CHF (RR = 4.19, 95% CI 2.73-6.42; p < 0.00001). The increased risk of CHF was observed in patients with early stage (RR = 4.05, 95% CI 2.49-6.58; p < 0.00001) as well as metastatic disease (RR = 4.75, 95% CI 1.93-11.71; p = 0.0007). Furthermore, trastuzumab significantly increased the risk of CHF (RR = 4.27, 95% CI 2.75-6.61, p < 0.00001) in patients receiving anthracycline-based chemotherapy, but not in patients receiving non-anthracycline chemotherapy (RR = 2.42, 95% CI 0.36-16.19, p = 0.36). Conclusion: the addition of trastuzumab to anthracycline-based chemotherapy significantly increase the risk of cardiac dysfunction in breast cancer patients. Further studies are recommended for non-anthracycline chemotherapy. (C) 2010 Elsevier Ltd. All rights reserved.

Keywords: 1st-Line Treatment, Adjuvant Chemotherapy, Analysis, Breast Cancer, Cancer, Chemotherapy, Clinical-Trials, Cyclophosphamide, Disease, Follow-Up, Gene Amplification, Heart Failure, Meta-Analysis, Methods, Model, Oncology, Oncology-Group, Paclitaxel, Phase-II Trial, PUBMED, Randomized Controlled Trials, Review, Risk, Safety, Science, Systematic, Systematic Review, Toxicity, Trastuzumab, Treatment, Web of Science

? Carter, G., Clover, K., Britton, B., Mitchell, A.J., White, M., McLeod, N., Denham, J. and Lambert, S.D. (2015), Wellbeing during Active Surveillance for localised prostate cancer: A systematic review of psychological morbidity and quality of life. *Cancer Treatment Reviews*, **41** (1), 46-60.

Full Text: [2015\Can Tre Rev41, 46.pdf](2015/Can%20Tre%20Rev41,%2046.pdf)

Abstract: Background: Active Surveillance (AS) is recommended for the treatment of localised prostate cancer; however this option may be under-used, at least in part because of expectations of psychological adverse events in those offered or accepting AS. Objective: (1) Determine the impact on psychological wellbeing when treated with AS (non-comparative studies). (2) Compare AS with active treatments for the impact on psychological wellbeing (comparative studies). Method: We used the PRISMA guidelines and searched Medline, PsychInfo, EMBASE, CINHAL, Web of Science, Cochrane Library and Scopus for articles published January 2000-2014. Eligible studies reported original quantitative data on any measures of psychological wellbeing. Results: We identified 34 eligible articles (n = 12,497 individuals); 24 observational, eight RCTs, and two other interventional studies. Studies came from North America (16), Europe (14) Australia (3) and North America/Europe (1). A minority (5/34) were rated as high quality. Most (26/34) used validated instruments, whilst a substantial minority (14/34) used watchful waiting or no active treatment rather than Active Surveillance. There was modest evidence of no adverse impact on psychological wellbeing associated with Active Surveillance; and no differences in psychological wellbeing compared to active treatments. Conclusion: Patients can be informed that Active Surveillance involves no greater threat to their psychological wellbeing as part of the informed consent process, and clinicians need not limit access to Active Surveillance based on an expectation of adverse impacts on psychological wellbeing. (C) 2014 Elsevier Ltd. All rights reserved.

Keywords: Access, Active, Active Surveillance, Adjustment, Adverse Events, Anxiety, Articles, Australia, Cancer, Carcinoma, Clinical-Trial, Comparative Studies, Consent, Data, Depression, Distress, Distress, Embase, Epidemiology, Europe, Events, Evidence, Expectations, From, Guidelines, Impact, Impacts, Informed Consent, Instruments, Life, Management, Measures, Medline, Men, Morbidity, North, North America, Observational, Outcomes, Prostate Cancer, Psychological, Quality, Quality Of, Quality Of Life, Radical Prostatectomy, Results, Review, Rights, Science, Scopus, Stress, Surveillance, Symptom Burden, Systematic, Systematic Review, Treatment, Web, Web Of Science, Wellbeing

# Title: Caravelle-Cahiers du Monde Hispanique et Luso-Bresilien

Full Journal Title: Caravelle-Cahiers du Monde Hispanique et Luso-Bresilien

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Fabre, V. (2002), Evolution of research on the Latin-American rural environment from 1983 to 2000: Bibliometric analysis of francophone travaux-universitaires and publications. *Caravelle-Cahiers du Monde Hispanique et Luso-Bresilien*, (79), 243-244

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Environment, Evolution, Francophone, Latin American, Publications, Research, Rural, Rural Environment

# Title: Carbon

Full Journal Title: [Carbon](http://sdos.ejournal.ascc.net/cgi-bin/sciserv.pl?collection=journals&journal=00086223); [Carbon](http://sciencejournals.info/Carbon.html)

ISO Abbreviated Title: Carbon

JCR Abbreviated Title: Carbon

ISSN: 0008-6223

Issues/Year: 9

Journal Country/Territory: United States

Language: Multi-Language

Publisher: Pergamon-Elsevier Science Ltd

Publisher Address: the Boulevard, Langford Lane, Kidlington, Oxford OX5 1GB, England

Subject Categories:

Chemistry, Physical: Impact Factor 1.715, 31/91 (2000); Impact Factor 2.340, 24/93 (2001); Impact Factor 3.048, 20/95 (2002); Impact Factor 3.312, 21/101 (2003); Impact Factor 3.331, 19/108 (2004); Impact Factor 3.419, 22/111 (2005); Impact Factor 3.884, 20/108 (2006)

Materials Science, Multidisciplinary: Impact Factor 1.715, 15/168 (2000); Impact Factor 2.340, 11/170 (2001); Impact Factor 3.048, 10/173 (2002); Impact Factor 3.312, 12/177 (2003); Impact Factor 3.331, 16/177 (2004); Impact Factor 3.419, 16/178 (2005); Impact Factor 3.884, 18/175 (2006)

? Boehm, H.P. and Stumpp, E. (2007), Citation errors concerning the first report on exfoliated graphite. *Carbon*, **45** (7), 1381-1383.

Full Text: [2007\Carbon45, 1381.pdf](2007\Carbon45,%201381.pdf)

Keywords: Citation, Errors, First, Graphite

# Title: Carcinogenesis

Full Journal Title: [Carcinogenesis](http://carcin.oxfordjournals.org/)

ISO Abbreviated Title: Carcinogenesis

JCR Abbreviated Title: Carcinogenesis

ISSN: 0143-3334

Issues/Year: 12

Journal Country/Territory: England

Language: English

Publisher: Oxford Univ Press

Publisher Address: Great Clarendon St, Oxford OX2 6DP, England

Subject Categories:

Oncology: Impact Factor 5.108, 19/123 (2005)

Notes: TTopic

? Ugolini, D., Puntoni, R., Perera, F.P., Schulte, P.A. and Bonassi, S. (2007), A bibliometric analysis of scientific production in cancer molecular epidemiology. *Carcinogenesis*, **28** (8), 1774-1779.

Full Text: [2007\Carcinogenesis28, 1774.pdf](2007\Carcinogenesis28,%201774.pdf)

Abstract: Objectives: the main purpose of this research was to compare the scientific production in the field of cancer molecular epidemiology among countries and to evaluate the publication trend between 1995 and 2004. Methods: A bibliometric study was carried out searching the PUBMED database with a combined search strategy based on the keywords listed in the medical subject headings and a free text search. Only articles from a representative subset of 92 journals—accounting for 80% of papers identified—were selected for the analysis, and the resulting 13 240 abstracts were manually checked according to a list of basic inclusion criteria. The study evaluated the number of publications and the impact factor (mean and sum), absolute and normalized by country population and gross domestic product. Results: A total of 3842 citations were finally selected for the analysis. Thirty-seven percent came from the European Union (UK, Germany, Italy, France and Sweden ranking at the top), 31.6% from USA and 9.7% from Japan. The highest mean impact factor was reported for Canada (6.3), USA (5.9), Finland (5.8) and UK (5.2). Finland, Sweden and Israel had the best ratio between scientific production and available resources. ‘Genetic polymorphism, glutathione transferase, breast neoplasm, risk factors, case–control studies and polymerase chain reaction’ were the most used keywords in each of the subgroups evaluated, although inclusion criteria may have privileged studies dealing with exogenous carcinogens. Conclusion: Cancer molecular epidemiology is an expanding area attracting an increasing interest. The identification of an operative definition is a necessary condition to give to this discipline a unique scientific identity.

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Bibliometric Study, Breast Neoplasm, Canada, Cancer, Case-Control, Case-Control Studies, Citations, Country, Criteria, Database, Epidemiology, European Union, Field, Finland, France, Germany, Glutathione, Gross Domestic Product, Identification, Impact, Impact Factor, Israel, Italy, Japan, Medical, Neoplasm, Operative, Papers, Polymerase Chain Reaction, Polymorphism, Population, Publication, Publications, PUBMED, Purpose, Ranking, Research, Risk, Risk Factors, Scientific Production, Search Strategy, Sweden, Trend, UK, USA

# Title: Cardiology

Full Journal Title: Cardiology

ISO Abbreviated Title: Cardiology

JCR Abbreviated Title: Cardiology

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? [Anon]. (2010), Apparent non-cited overlap between two published articles by the same group of authors. *Cardiology*, **117** (3), 197.

Full Text: [2010\Cardiology117, 197.pdf](2010\Cardiology117,%20197.pdf)

# Title: Cardiology in the Young

Full Journal Title: Cardiology in the Young

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lin, J., Jin, H.F. and Du, J.B. (2014), Assessment of therapeutic biomarkers in the treatment of children with postural tachycardia syndrome and vasovagal syncope. *Cardiology in the Young*, **24** (5), 792-796.

Full Text: [2014\Car You24, 792.pdf](2014/Car%20You24,%20792.pdf)

Abstract: Background: Postural tachycardia syndrome and vasovagal syncope are common causes of orthostatic intolerance in children. The supplementation with water, or salt, or midodrine, or beta-blocker was applied to children with postural tachycardia syndrome or vasovagal syncope. However, the efficacy of such medication varied and was not satisfied. This review aimed to summarise the current biomarkers in the treatment of the diseases. Data sources: Studies were collected from online electronic databases, including OVID Medline, PubMed, ISI Web of Science, and associated references. The main areas assessed in the included studies were clinical improvement, the cure rate, and the individualised treatment for postural tachycardia syndrome and vasovagal syncope in children. Results: Haemodynamic change during head-up tilt test, and detection of 24-hour urinary sodium excretion, flow-mediated vasodilation, erythrocytic H2S, and plasma pro-adrenomedullin as biological markers were the new ways that were inexpensive, non-invasive, and easy to test for finding those who would be suitable for a specific drug and treatment. Conclusion: With the help of biomarkers, the therapeutic efficacy was greatly increased for children with postural tachycardia syndrome and vasovagal syncope.

Keywords: Adolescents, Assessment, Biological, Biological Markers, Biomarkers, Children, Clinical, Data, Databases, Detection, Diseases, Drug, Efficacy, Flow-Mediated Vasodilation, From, H2s, Hydrogen-Sulfide, Improvement, Intolerance, Isi, Isi Web of Science, Medline, Midodrine Hydrochloride, Online, Orthostatic Tachycardia, Plasma, Postural Tachycardia Syndrome, Predictor, Pro-Adrenomedullin, Propranolol, Pubmed, References, Results, Review, Salt, Science, Sodium, Sources, Syncope, Syndrome, Tachycardia, Therapeutic, Therapeutic Biomarkers, Therapeutic Efficacy, Treatment, Urinary, Vasodilation, Vasovagal Syncope, Water, Web, Web of Science

# Title: Cardiology Journal

Full Journal Title: Cardiology Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Niu, X.W., Yang, C.L., Chen, D., He, S.L., Yan, D. and Yao, Y.L. (2014), Impact of drug-eluting stents with different coating strategies on stent thrombosis: A meta-analysis of 19 randomized trials. *Cardiology Journal*, **21** (5), 557-568.

Full Text: 2014\Car J21, 557.pdf

Abstract: Background: Whether drug-eluting stents with biodegradable polymers (BP-DES) improve safety, especially with respect to stent thrombosis (ST) compared with permanent polymers DES (PP-DES), remains uncertain. We aimed to compare the short-and long-term outcomes and the ST risk in patients treated with BP-DES vs. PP-DES. Methods: We searched Medline, Embase, Web of science, CENTRAL databases, and conference proceedings/abstracts for randomized controlled trials (RCTs) comparing BP-DES with PP-DES. The primary endpoint was to compare the risks of overall and different temporal categories of definite/probable ST. Other clinical outcomes were target lesion revascularization (TLR), myocardial infarction (MI), and all-cause death in short-term (<= 1 year) and long-term follow-up. The meta-analyses were performed by computing odds ratios (ORs) with 95% confidence intervals (CIs) using a random-effects model. Results: Nineteen RCTs including 20,229 patients were analyzed. Overall, BP-DES significantly decreased the risks of very late definite/probable ST (OR 0.33; 95% CI 0.16-0.70), and TLR in long-term follow-up (OR 0.70; 95% CI 0.52-0.95) compared with PP-DES. There were no significant differences between the groups regarding MI incidence and mortality during both short and long follow-up periods. In stratified analyses, the long-term superiority of BP-DES was maintained only by using first-generation DES as the comparators. Conclusions: The present meta-analysis indicated that BP-DES were more efficacious than PP-DES at reducing the risks of very late ST and long-term TLR, but it could vary by heterogeneities in the use of PP-DES comparators. Additional rigorous RCTs with longer follow-up periods are warranted to verify these very promising long-term endpoints.

Keywords: 2-Year Clinical-Outcomes, Analyses, Bare-Metal Stents, Biodegradable Polymer, Biodegradable Polymers, Clinical, Clinical Outcomes, Coating, Confidence, Confidence Intervals, Coronary-Artery Lesions, Databases, Death, Disease, Drug-Eluting Stents, Durable Polymer, Follow-Up, Groups, I Trial, Impact, Incidence, Infarction, Intervals, Long Term, Long-Term, Long-Term Follow-Up, Long-Term Outcomes, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Mortality, Myocardial Infarction, Non-Inferiority Trial, Outcomes, Patients, Permanent, Permanent Polymers, Polymers, Primary, Random Effects Model, Randomized, Randomized Controlled Trials, Restenosis, Results, Revascularization, Risk, Risks, Safety, Science, Stent Thrombosis, Stents, Temporal, Thrombosis, Web, Web Of Science

# Title: Cardiovascular Diabetology

Full Journal Title: Cardiovascular Diabetology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Liu, Y., Yang, Y.M., Zhu, J., Tan, H.Q., Liang, Y. and Li, J.D. (2011), Prognostic significance of hemoglobin A1c level in patients hospitalized with coronary artery disease. A systematic review and meta-analysis. *Cardiovascular Diabetology*, **10**, Article Number: 98.

Full Text: 2011\Car Dia10, 98.pdf

Abstract: Background: the prognostic value of hemoglobin A1c (HbA1c) in coronary artery disease (CAD) remains controversial. Herein, we conducted a systematic review to quantify the association between elevated HbA1c levels and all-cause mortality among patients hospitalized with CAD. Methods: A systematic search of electronic databases (PubMed, EMBASE, OVID, Web of Science, the Cochrane Library) for studies published from 1970 to May 2011 was performed. Cohort, case-control studies, and randomized controlled trials that examined the effect of HbA1c on all-cause mortality were included. Results: Twenty studies met final inclusion criteria (total n = 13, 224). From the pooled analyses, elevated HbA1c level was significantly associated with increased short-term (OR 2.32, 95% CI, 1.61 to 3.35) and long-term (OR 1.54, 95% CI, 1.23 to 1.94) mortality risk. Subgroup analyses suggested elevated HbA1c level predicted higher mortality risk in patients without diabetes (OR 1.84, 95% CI, 1.51 to 2.24). In contrast, in patients with diabetes, elevated HbA1c level was not associated with increased risk of mortality (OR 0.95, 95% CI, 0.70 to 1.28). In a risk-adjusted sensitivity analyses, elevated HbA1c was also associated with a significantly high risk of adjusted mortality in patients without diabetes (adjusted OR 1.49, 95% CI, 1.24 to 1.79), but had a borderline effect in patients with diabetes (adjusted OR 1.05, 95% CI, 1.00 to 1.11). Conclusions: Our findings demonstrate that elevated HbA1c level is an independent risk factor for mortality in CAD patients without diabetes, but not in patients with established diabetes. Prospective studies should further investigate whether glycemic control might improve outcomes in CAD patients without previously diagnosed diabetes.

Keywords: Acute Coronary Syndrome, Acute Myocardial-Infarction, Admission Glucose, Adverse Cardiac Events, Association, Bypass Surgery, Cardiovascular-Disease, Case-Control, Case-Control Studies, Cochrane, Control, Coronary Artery Disease, Databases, Diabetes, Diabetes-Mellitus, Disease, Embase, Glycated Hemoglobin, Glycosylated Hemoglobin, Hemoglobin A1c, Long-Term Mortality, Meta Analysis, Meta-Analysis, Methods, Mortality, Nondiabetic Patients, Outcomes, Patients, Prospective, Prospective Studies, Pubmed, Randomized Controlled Trials, Review, Risk, Risk Factor, Science, Sensitivity, Systematic, Systematic Review, Web of Science

# Title: Cardiovascular Research

Full Journal Title: [Cardiovascular Research](http://sdos.ejournal.ascc.net/cgi-bin/sciserv.pl?collection=journals&journal=00086363)

ISO Abbreviated Title: Cardiovasc. Res.

JCR Abbreviated Title: Cardiovasc Res

ISSN: 0008-6363

Issues/Year: 12

Journal Country/Territory: England

Language: English

Publisher: Elsevier Science BV

Publisher Address: Po Box 211, 1000 Ae Amsterdam, Netherlands

Subject Categories:

Cardiac & Cardiovascular Systems: Impact Factor

Notes: highly cited

Opthof, T. (1997), Sense and nonsense about the impact factor. *Cardiovascular Research*, **33** (1), 1-7.

Full Text: [1997\Car Res33, 1.pdf](1997\Car%20Res33,%201.pdf)

Abstract: the impact factor is based on citations of papers published by a scientific journal. It has been published since 1961 by the Institute for Scientific Information. It may be regarded as an estimate of the citation rate of a journal’s papers, and the higher its value, the higher the scientific esteem of the journal. Although the impact factor was originally meant for comparison of journals, it is also used for assessment of the quality of individual papers, scientists and departments. For the latter a scientific basis is lacking, as we will demonstrate in this contribution.

Keywords: Assessment, Citation, Citations, Comparison, Impact, Impact Factor, Institute for Scientific Information, Journal, Journals, Papers, Quality, Quality of, Value

? Opthof, T. and Coronel, R. (2000), The most frequently cited papers of *Cardiovascular Research* (1967-1998): ‘The Millennium Minutes’. *Cardiovascular Research*, **45** (1), 3-5.

Full Text: [2000\Car Res45, 3.pdf](2000\Car%20Res45,%203.pdf)

Keywords: Papers, Research

Coates, R., Sturgeon, B., Bohannan, J. and Pasini, E. (2002), Language and publication in *Cardiovascular Research* articles. *Cardiovascular Research*, **53** (1), 279-285.

Full Text: [2002\Car Res53, 279.pdf](2002\Car%20Res53,%20279.pdf)

Abstract: Background: the acceptance rate of non-mother English tongue authors is generally a lot lower than for native English tongue authors. Obviously the scientific quality of an article is the principal reason for publication. However, is editorial rejection *purely* on scientific grounds? English mother tongue writers publish *more* than non mother-tongue writers—so are editors discriminating linguistically? We therefore decided to survey language errors in manuscripts submitted for publication to *Cardiovascular Research* (CVR). Method: We surveyed language errors in 120 medical articles which had been submitted for publication in 1999 and 2000. The language ‘error’ categories were divided into three principal groups: grammatical, structural and lexical which were then further sub-divided into key areas. The articles were corrected without any knowledge of the author’s nationality or the corrections made by other language researchers. After an initial correction, a sample of the papers were cross-checked to verify reliability. Results: the control groups of US and UK authors had an almost identical acceptance rate and overall ‘error’ rate indicating that the language categories were objective categories also for the other nationalities. Although there was not a direct relationship between the acceptance rate and the amount of language errors, there was a clear indication that badly written articles correlated with a high rejection rate. The US/UK acceptance rate of 30.4% was higher than for all the other countries. The lowest acceptance rate of 9% (Italian) also had the highest error rate. Discussion: Many factors could influence the rejection of an article. However, we found clear indications that carelessly written articles could often have either a direct or subliminal influence on whether a paper was accepted or rejected. On equal scientific merit, a badly written article will have less chance of being accepted. This is even if the editor involved in rejecting a paper does not necessarily identify language problems as a motive for rejection. A more detailed look at the types and categories of language errors is needed. Furthermore we suggest the introduction of standardised guidelines in scientific writing 2002 Elsevier Science B.V. All rights reserved.

? Opthof, T. and Coronel, R. (2002), Productivity in science: More more and more? *Cardiovascular Research*, **56** (2), 175-177.

Full Text: [2002\Car Res56, 175.pdf](2002\Car%20Res56,%20175.pdf)

Keywords: Science

# Title: Cardiovascular Therapy and Prevention

Full Journal Title: Cardiovascular Therapy and Prevention

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Oganov, R.G. and Trushchelev, S.A. (2012), Scientometric approaches to the analysis of research results. *Cardiovascular Therapy and Prevention*, **11** (2), 90-95.

Full Text: 2012\Car the Pre11, 90.pdf

Abstract: the paper discusses the role of scientific medical information and its impact indicators (researcher’s publishing activity, citation index, impact factor, Hirsch Index, etc.). The sources of these indicators are specified.

Keywords: Analysis, Cardiology, Citation, Citation Index, Hirsch, Hirsch Index, Hirsch-Index, Impact, Impact Factor, Impact Factors, Index, Indicators, Information, Medical, Medical Information, Medicine, Publishing, Research, Research Results, Role, Science, Scientometric, Sources

# Title: Casopis Lekaru Ceskych

Full Journal Title: [Casopís Lékařů Českých](http://www.clsjep.cz/nts/casop/lekari/lekari.asp)

ISO Abbreviated Title: Cas. Lek. Cesk.

JCR Abbreviated Title: Cas Lek Cesk

ISSN: 0008-7335

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Špála, M. (1994), Impact factor - Good servant, but a bad master [Impakt faktor - Dobrý sluha, ale špatný pán]. *Casopis Lekaru Ceskych*, **145** (1), 69-78.

Full Text: Cas Lek Ces145, 69.pdf

Abstract: Our paper presents an overview on the role of impact factor (IF) in the valuation of the scientific activity. With maximal objectivity based on published articles the perspectives are outlined and the role of specialized medical journals like Journal of Czech Physicians is shown. When IF is used for evaluation, the full English term should be first considered “journal impact factor”. It expresses the bibliometric features of the given journal, without possibility to transfer this assessment to individual articles or even authors. IF determined on the basis of information from citation indexes represents for an article presented in the journal the probability to be cited. It appears to be evident that this valuable parameter can lead in hands of inexperienced or irresponsible evaluator to incorrect and erroneous conclusions or to be misused. It is useful neither for evaluation of publication or scientific activity of an individual nor for the comparison of journals in different scientific disciplines. Owing to the relation of IF to the probability of an article to be cited, IF reflects the features (quality) of an article which brought the citation. IF is therefore determined also by the activity of scientific editors and referees. IF becomes part of everything what is related to the publication of scientific results and therefore it becomes object of journalogy. It is the source of meritorious intentions of the editorial board of Journal of Czech Physicians to deal with this phenomenon.

Keywords: Bibliometric Indicators, Citation Registers, E. Garfield, Evaluation of Publication Activity, Evaluation of the Research, Impact Factor

? Drbalek, J. (2000), Trends in publishing of Czech and Slovak medical literature. *Casopís Lékařů Českých*, **139** (18), 570-571.

Abstract: Czech and Slovak medical literature (articles in journals and proceedings, book reviews, monographs) is registered in the Bibliographia medica cechoslovaca basis generated by the National Medical Library, Prague. Quantitative trends in the publishing of this literature in the period 1978-1999 are outlined.

Keywords: Book Reviews, Journals, Literature, Medical, Medical Literature, Publishing, Reviews, Trends

# Title: Catheterization and Cardiovascular Interventions

Full Journal Title: Catheterization and Cardiovascular Interventions

ISO Abbreviated Title: Catheter. Cardiovasc. Interv.

JCR Abbreviated Title: Catheter Cardio Inte

ISSN: 1522-1946

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Wiley-Liss

Publisher Address: Div John Wiley & Sons Inc, 605 Third Ave, New York, NY 10158-0012

Subject Categories:

Cardiac & Cardiovascular Systems: Impact Factor

? Abdel-Latif, A., Mukherjee, D., Mesgarzadeh, P. and Ziada, K.M. (2010), Drug-eluting stents in patients with end-stage renal disease: Meta-analysis and systematic review of the literature. *Catheterization and Cardiovascular Interventions*, **76** (7), 942-948.

Full Text: [2010\Cat Car Int76, 942.pdf](2010\Cat%20Car%20Int76,%20942.pdf)

Abstract: Objective: the study sought to examine the total weight of evidence regarding the use of drug eluting (DES) and bare metal stents (BMS) in patients with end stage renal disease (ESRD). Background: the potential superiority of DES over BMS in reducing target lesion or vessel revascularization (TLR or TVR) in patients with ESRD on dialysis has not been established. Small studies comparing DES to BMS in this population have yielded inconclusive results mainly due to the small sample size. Methods: We searched MEDLINE, EMBASE, Science Citation Index, CINAHL, and the Cochrane CENTRAL database of controlled clinical trials (December 2009) for controlled trials comparing DES to BMS in ESRD patients. We conducted a fixed-effects meta-analysis across seven eligible studies (n = 869 patients). Results: Compared with BMS-treated patients, DES-treated patients had significantly lower TLR/TVR (OR 0.55 CI: 0.39-0.79) and major adverse cardiac events (MACE) (OR 0.54; CI: 0.40-0.73). The absolute risk reduction (ARR) with DES in TLR/TVR was -0.09 (CI: -0.14 to -0.04; NNT 11) and in MACE was -0.13 (CI: -0.19 to -0.07; NNT 8). A trend towards lower incidence of all cause mortality was also noted with DES (OR 0.68; CI: 0.45-1.01). No significant differences were noted between both groups in the relative or absolute risk of myocardial infarction. Conclusion: the use of DES in patients with ESRD is safe and yields significant reduction in the risk of TLR/TVR and MACE. Larger randomized studies are needed to confirm the results of this meta-analysis and establish the appropriate stent choice in this high risk population. (C) 2010 Wiley-Liss, Inc.

Keywords: Angiographic Outcomes, Artery-Bypass-Surgery, Bare Metal Stents, Bare Metal Stents, Chronic Kidney-Disease, Citation, Clinical-Outcomes, Database, Dialysis Patients, Drug Eluting Stents, Embase, End-Stage Renal Disease, Hemodialysis, Literature, Long-Term Survival, MEDLINE, Meta-Analysis, Mortality, Myocardial Infarction, Myocardial-Infarction, Percutaneous Coronary Intervention, Population, Randomized Controlled-Trials, Reduction, Sample Size, Science, Science Citation Index, Stage, Trend, Weight

? Dasari, T.W., Hennebry, T.A., Hanna, E.B. and Saucedo, J.F. (2011), Drug eluting versus bare metal stents in cardiac allograft vasculopathy: A systematic review of literature. *Catheterization and Cardiovascular Interventions*, **77** (7), 962-969.

Full Text: 2011\Cat Car Int77, 962.pdf

Abstract: Background: Cardiac allograft vasculopathy (CAV) is a distinct pathological condition characterized by diffuse and progressive arteriopathy and it is an important determinant of long-term graft survival. Definitive CAV treatment is retransplantation but palliation with stenting might temporarily alleviate it. The benefit of drug eluting stents (DES) over bare metal stents (BMS) in the treatment of such lesions is debatable. We therefore sought to do a literature search to review the available evidence comparing DES to BMS. Methods: We conducted Pub Med, EMBASE, Cochrane database review, Web of Science search of studies comparing DES with BMS in CAV. Available studies were retrospective in nature with either direct comparison groups (n = 5) or historical controls (n = 1). The main outcomes analyzed were in stent restenosis (ISR) during follow-up and clinical outcomes. Results: A total of 312 patients from six studies were included in the review (1995-2007). Most commonly used DES were sirolimus eluting stent. DES appeared to reduce the long-term risk of ISR compared with BMS. Three of the five studies showed a statistically significant reduction in ISR at 12 months while the one study assessing ISR at 6 months showed no significant difference. Clinical endpoints such as death and major adverse cardiac events were not statistically different. Conclusion: DES appear to reduce the incidence of ISR in CAV as compared with BMS. Prospective randomized clinical trials are needed to determine the clinical benefit of DES beyond a reduction in ISR. (C) 2011 Wiley-Liss, Inc.

Keywords: Angioplasty, Bare Metal Stents, Cardiac Allograft Vasculopathy, Clinical Trials, Cochrane, Coronary-Artery-Disease, Drug, Drug Eluting Stents, EMBASE, Endpoints, Experience, Follow-Up, Heart-Transplant Recipients, Implantation, Interventions, Literature, Methods, Outcomes, PCI, Percutaneous Coronary Intervention, Pub Med, Randomized Clinical Trials, Rejection, Review, Risk, Science, Simvastatin, Sirolimus, Survival, Systematic, Systematic Review, Treatment, Web of Science

# Title: Celestial Mechanics

Full Journal Title: Celestial Mechanics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0008-8714

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bond, V.R. (1982), Error propagation in the numerical solutions of the differential equations of orbital mechanics. *Celestial Mechanics*, **27** (1), 65-77.

Full Text: [1982\Cel Mec27, 65.pdf](1982\Cel%20Mec27,%2065.pdf)

Abstract. The relationship between the eigenvalues of the Iinearized differential equations of orbital mechanics and the stability characteristics of numerical methods is presented. It is shown that the Cowell, Encke, and Encke formulation with an independent variable related to the eccentric anomaly all have a real positive eigenvalue when linearized about the initial conditions. The real positive eigenvalue causes an amplification of the error of the solution when used in conjunction with a numerical integration method. In contrast an element formulation has zero eigenvalues and is numerically stable.

# Title: Cell Biochemistry and Biophysics

Full Journal Title: Cell Biochemistry and Biophysics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Chen, H., Li, Z.X., Liu, N., Zhang, W.W. and Zhu, G.M. (2014), Influence of alpha-2-macroglobulin 5 bp I/D and Ile1000Val polymorphisms on the susceptibility of Alzheimer’s disease: A systematic review and meta-analysis of 52 studies. *Cell Biochemistry and Biophysics*, **70** (1), 511-519.

Full Text: [2014\Cel Bio Bio70, 511.pdf](2014\Cel%20Bio%20Bio70,%20511.pdf)

Abstract: Accumulating studies have evaluated the association of Alpha-2-Macroglobulin gene (A2M) 5 bp insertion/deletion (5 bp I/D, rs3832852) and Ile1000Val (rs669) polymorphisms with Alzheimer’s disease (AD) risk, but the results remain inconclusive. To investigate whether these two polymorphisms facilitate the susceptibility to AD, we conducted a comprehensive systematic review and meta-analysis. Databases of PubMed, Embase, Web of Science, Medline, CNKI, and Google Scholar were searched to get the genetic association studies. All statistical analyses were conducted with Review Manager 5.2 and STATA11.0. Fifty-two articles were included in the final meta-analysis. We performed meta-analysis of 39 studies involving 8,267 cases and 7,932 controls for the 5 bp I/D polymorphism and 27 studies involving 6,585 cases and 6,637 controls for the Ile/Val polymorphism. Overall results did not show significant association between these two polymorphisms and AD risk in dominant, recessive, and multiplicative genetic models. On the stratification analyses by ethnicity and APOE epsilon 4 status with genotypes of polymorphism sites, similar negative associations were found. The meta-analysis suggests that there is no enough evidence for associations of A2M gene polymorphisms (5 bp I/D, Ile1000Val) with AD risk at present, even after stratification by ethnicity and APOE epsilon 4 with genotypes of polymorphism sites. However, due to the heterogeneity in the meta-analysis, the results should be interpreted with caution.

Keywords: A2M, A2M Polymorphisms, AD, Alpha(2)-Macroglobulin Polymorphisms, Alpha-2-Macroglobulin, Alzheimer’s, Alzheimer’s Disease, Analyses, Apoe, Apolipoprotein-E, Articles, Association, Candidate Genes, Databases, Deletion Polymorphism, Disease, Ethnicity, Evidence, Gene, Genetic, Genetic Risk-Factors, Google, Google Scholar, Han Chinese, Heterogeneity, I1000v Polymorphism, Influence, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Models, No Association, Polymorphism, Polymorphisms, Pubmed, Receptor-Related Protein, Review, Risk, Science, Statistical Analyses, Stratification, Susceptibility, Systematic, Systematic Review, Web Of Science

? Guo, G.N., Zhu, G.Y., Sun, W., Yin, C.L., Ren, X.B., Wang, T.G. and Liu, M.H. (2014), Association of arterial oxygen saturation and acute mountain sickness susceptibility: A meta-analysis. *Cell Biochemistry and Biophysics*, **70** (2), 1427-1432.

Full Text: [2014\Cel Bio Bio70, 1427.pdf](2014/Cel%20Bio%20Bio70,%201427.pdf)

Abstract: Acute mountain sickness (AMS) is the most common high altitude illnesses experienced during rapid ascent to a higher altitude without prior acclimation. It is mainly characterized by a headache which may be accompanied with nausea, vomiting, anorexia, dizziness, lethargy, fatigue, and sleep disturbance. If not diagnosed and treated in a timely manner, AMS can develop into deadly high altitude pulmonary edema or high altitude cerebral edema. In the previous studies of individual variation in susceptibility to AMS, arterial oxygen saturation (S-O2) was identified as being associated with AMS. However, other studies have reported no association between AMS and arterial oxygen saturation. In this study, the association between S-O2 and AMS was assessed through a meta-analysis of published data. The literature databases PubMed, Web of Science, LWW, Science Direct, and Embase were queried for papers published before 15 April 2014. A fixed-effects model and a random-effects model were applied (Revman 5.0) on the basis of heterogeneity, and the study quality was assessed in duplicate. Twelve studies with 614 AMS patients and 1,025 control subjects were analyzed. There was a significant association with differences in S-O2 and the risk of developing AMS. S-O2 values are associated with AMS incidence.

Keywords: Acclimation, Altitude, Am, Ams, Anorexia, Arterial Oxygen Saturation, Association, Cerebral, Control, Data, Databases, Developing, Disturbance, Fatigue, Fixed Effects Model, Headache, Heart-Rate-Variability, Heterogeneity, High Altitude, High-Altitude, Hypoxia, Incidence, Jade Mountain, Literature, Meta Analysis, Meta-Analysis, Metaanalysis, Model, Nausea, Nov, Oximetry, Oxygen, Oxygen Saturation, Papers, Pathophysiology, Patients, Prediction, Pressure, Pubmed, Quality, Random Effects Model, Rapid Ascent, Risk, Saturation, Science, Sea-Level, Sickness, Sleep, Sleep Disturbance, So2, Susceptibility, Vomiting, Web Of Science

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Full Text: [2014\Cel Bio Bio70, 1671.pdf](2014/Cel%20Bio%20Bio70,%201671.pdf)

Abstract: To investigate the effects of the HDMX polymorphism on sarcoma risk. Relevant studies were identified by searching the PubMed, Embase, and Web of Science databases. Data were extracted by two independent investigators. Odds ratios (ORs) and 95 % confidence intervals (CIs) were calculated using a fixed-effects model to assess the association between the HDMX polymorphism and sarcoma risk. We also conducted heterogeneity test, sensitivity analysis, and publication bias test. A meta-analysis of four published case-control studies involving 1,115 subjects (379 cases and 736 controls) showed no statistical association between the HDMX polymorphism and sarcoma risk (ORTT vs. GG 0.88, 95 % CI 0.68-1.14, P (heterogeneity) 0.819; ORTT + TG vs. GG 0.95, 95 % CI 0.79-1.15, P (heterogeneity) 0.937; ORTT vs. TG + GG 0.82, 95 % CI 0.65-1.04, P (heterogeneity) 0.589; ORT allele vs. G allele 0.91, 95 % CI 0.79-1.05, P (heterogeneity) 0.727; ORTG vs. GG 0.95, 95 % CI 0.74-1.22, P (heterogeneity) = 0.869). This null result did not alter when data were stratified according to ethnicity. Our meta-analysis indicates that the HDMX polymorphism is unlikely to contribute to individual susceptibility to sarcoma.

Keywords: Analysis, Assessment, Association, Bias, Cancer-Risk, Case-Control, Case-Control Studies, Confidence, Confidence Intervals, Data, Databases, Effects, Ethnicity, Ewings-Sarcoma, Fixed Effects Model, Gene, Gg, Hdmx, Heterogeneity, Intervals, Kaposis-Sarcoma, Mdm2 Promoter Polymorphism, Meta Analysis, Meta-Analysis, Metaanalysis, Model, P, Polymorphism, Publication, Publication Bias, Pubmed, Risk, Sarcoma, Science, Sensitivity, Sensitivity Analysis, Single Nucleotide Polymorphism, SNP309, Squamous-Cell Carcinoma, Susceptibility, Web, Web Of Science, Web Of Science Databases

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Full Text: [2015\Cel Bio Bio71, 85.pdf](2015/Cel%20Bio%20Bio71,%2085.pdf)

Abstract: Methylenetetrahydrofolate reductase (MTHFR) is an important enzyme involved in folate metabolism, which is essential for DNA synthesis and methylation. Genetic variations in the MTHFR gene seem to contribute to a decreased activity of MTHFR, ultimately confer increased susceptibility to stroke. To assess the association between this polymorphism and stroke risk, we conducted a comprehensive meta-analysis based on 73 eligible studies. A total of 73 studies, including 10,225 cases and 13,800 controls identified between 1999 and 2012, were selected through researching the PubMed, MEDLINE, EMBASE, Cochrane Library, Web of Science, and Chinese Biomedical Chinese National Knowledge Infrastructure and Literature database databases. Odds ratios (ORs) with corresponding 95 % confidence intervals (CIs) were used to assess the association. Overall, a significant elevated risk of stroke risk was associated with the rs1801133 polymorphism in all genetic models (homozygote model: OR 1.296, 95 % CI 1.109-1.514; dominant model: OR 1.179, 95 % CI 1.058-1.315; recessive model: OR 1.209, 95 % CI 1.063-1.375; allele comparison model: OR 1.154, 95 % CI 1.061-1.256). In the stratified analyses, significantly increased stroke risks were indicated among Asians in all genetic models (homozygote model: OR 1.726, 95 % CI 1.314-2.267; dominant model: OR 1.535, 95 % CI 1.282-1.838; recessive model: OR 1.452, 95 % CI 1.160-1.818; allele comparison model: OR 1.403, 95 % CI 1.211-1.626).The present meta-analysis suggests that rs1801133 polymorphism contributes to the risk of stroke, of note, in Asian populations.

Keywords: 5,10-Methylenetetrahydrofolate Reductase, Activity, Analyses, Asian, Asians, Assessment, Association, Biomedical, Chinese, Comparison, Confidence, Confidence Intervals, Database, Databases, Dna, Elevated Plasma Homocysteine, Embase, Factor-V-Leiden, Gene, Genetic, Intervals, Ischemic Cerebrovascular-Disease, Knowledge, Literature, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolism, Methionine Synthase, Methylation, Methylenetetrahydrofolate Reductase, Methylenetetrahydrofolate-Reductase Gene, Mild Hyperhomocysteinemia, Model, Models, Mthfr, Mthfr C677t Polymorphism, Polymorphism, Populations, Pubmed, Risk, Risk-Factor, Risks, Rs1801133, Science, Stroke, Susceptibility, Synthesis, Thermolabile Variant, Web, Web Of Science

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Full Text: [2015\Cel Bio Bio71, 983.pdf](2015/Cel%20Bio%20Bio71,%20983.pdf)

Abstract: Published data on the association between CYP17 rs743572 polymorphism and risk of PC showed inconclusive results. The aim of this study was to further estimate the pooled effect size of rs743572 polymorphism and PC progression via large-scale meta-analysis. We searched the case-control studies of rs743572 polymorphism and PC risk in PubMed, Embase, and Web of Science databases up to February 2014. Odds ratios (ORs) along with 95 % confidence intervals (CIs) were pooled by means of both fixed effects model and random effects model. A total of 38 publications consisting of 42 studies with 15,735 cases and 17,825 controls were included in this meta-analysis. Overall, no significant association was found between rs743572 polymorphism and PC risk. Stratified analyses by control source and sample size did not provide significant results. However, there was a borderline association in African population under A2A2 versus A1A2 + A1A1 genetic model (OR = 1.39, 95 % CI: 1.01-1.92, P = 0.975, I (2) = 0.0 %). Results from the current meta-analysis suggested that CYP17 rs743572 polymorphism might modify the risk of PC in the subjects of African decent.

Keywords: Analyses, Androgen Biosynthesis, Assessment, Association, Borderline, Cancer, Case-Control, Case-Control Studies, Confidence, Confidence Intervals, Control, Cyp17, Data, Databases, Effect Size, Effects, Fixed Effects Model, From, Gene Polymorphisms, Genetic, Intervals, Japanese Population, Mar, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolism, Model, North Indian Population, P, Polymorphism, Population, Progression, Promoter, Prostate Cancer, Psa Levels, Publications, Pubmed, Quantitative, Random Effects Model, Results, Risk, Rs743572, Sample Size, Science, Single-Nucleotide Polymorphisms, Size, Source, Srd5a2, Web, Web Of Science, Web Of Science Databases

# Title: Cell Biophysics

Full Journal Title: Cell Biophysics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

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# Title: Cell Cycle

Full Journal Title: Cell Cycle

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

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Full Text: Cell Cycle9, 2063.pdf

Keywords: Anticancer Barrier, ATM, Cancer, Checkpoint, DNA-Damage Response, Oncogene-Induced Senescence, Tumorigenesis

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# Title: Cell Death and Differentiation

Full Journal Title: Cell Death and Differentiation

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

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Full Text: [1997\Cel Dea Dif4, 352.pdf](1997\Cel%20Dea%20Dif4,%20352.pdf)

Keywords: Activation, AIDS, Analysis, Antigen, Apoptosis, Caenorhabditis-Elegans, Citation, Death, Endonuclease, Field, Growth, Index, Induction, ISI, Lineages, Nematode, Thymocytes

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Full Text: [1998\Cel Dea Dif5, 127.pdf](1998\Cel%20Dea%20Dif5,%20127.pdf)

Keywords: Analysis, Citation, Death, Field, Growth, ISI, Science Citation Index

# Title: Cell Journal

Full Journal Title: [Cell Journal](http://celljournal.org/index.php)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lin, C.L. and Ho, Y.S. (2015), A bibliometric analysis of publications on pluripotent stem cell research. *Cell Journal*, **17** (1), 59-70.

Full Text: [2015\Cel J17, 59.pdf](2015/Cel%20J17,%2059.pdf); [2015\Cel J17-Lin.pdf](file:///D:\Bibliometric%20References\2015\Cel%20J17-Lin.pdf); [2015\Cel J17-Lin1.pdf](2015/Cel%20J17-Lin1.pdf)

Abstract: Objective: Human pluripotent stem cells are self renewing cells with the ability to differentiate into a variety of cells and are viewed as a great potential for the field of regenerative medicine. Research in pluripotent stem cells holds great promise for patient specific therapy in various diseases. In this study, pluripotent stem cell articles published from 1991 to 2012 were screened and retrieved from Science Citation Index Expanded (SCI-Expanded).

Materials & Methods: The publication trend, citation trends for top articles, distributions of journals and Web of Science categories were analyzed. Five bibliometric indicators such as total articles, independent articles, collaborative articles, first author articles, and corresponding author articles were applied to compare publications of countries and institutions.

Result: Results showed that impact of top articles changed from year to year. Top cited articles in previous publication years were not the same as recent years. “Induced pluripotent stem cell(s)” and “embryonic stem cell(s)” were the most used author keywords in pluripotent stem cell research. In addition, the winner of the Nobel Prize in physiology or medicine in 2012, Prof. Shinya Yamanaka, published four of top ten most frequently cited articles.

Conclusion: The comprehensive analysis of highly cited articles in stem cell field could figure out the milestones and important contributors, giving a historic perspective on the scientific progress.

Keywords: Scientometrics, Web of Science, Pluripotent Stem Cells, Article Life

# Title: Cell Stem Cell

Full Journal Title: Cell Stem Cell

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

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Full Text: [2008\Cel Ste Cel2, 521.pdf](2008\Cel%20Ste%20Cel2,%20521.pdf)

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Full Text: [2010\Cel Ste Cel7, 25.pdf](2010\Cel%20Ste%20Cel7,%2025.pdf)

Abstract: Advances in bibliometrics present new methods for analyzing emerging collaborative innovation models. These methods are illustrated by the Canadian Stem Cell Network, which fosters high-profile multidisciplinary, collaborative, international research. However, patenting negatively impacts collaboration patterns in published research. Policies directed at collaboration and commercialization may be in conflict, depending on the degree to which one activity is emphasized over the other.

Keywords: Bibliometrics, Patents, Research

# Title: Cell Transplantation

Full Journal Title: Cell Transplantation

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Agrawal, A., GurUSAmy, K., Powis, S., Gray, D.W., Fuller, B. and Davidson, B.R. (2008), A meta-analysis of the impact of the two-layer method of preservation on human pancreatic islet transplantation. *Cell Transplantation*, **17** (12), 1315-1322.

Full Text: 2008\Cel Tra17, 1315.pdf

Abstract: There are conflicting reports about the effectiveness of perfluorocarbons used in the two-layer method (TLM) of pancreas preservation for human islet transplantation. The mechanism of action is unclear and the optimal role of this method uncertain. The study design was a meta-analysis of the evidence that TLM improves islet isolation outcomes. PUBMED, CENTRAL, EMBASE, Science Citation Index. and BIOSIS were searched electronically in January 2008. After selecting the relevant human trials for meta-analysis data relating to donor variables, study design, primary and secondary islet isolation Outcomes were extracted. Electronic searches identified eight unique citations, describing I I human Studies that were eligible for the meta-analysis. When comparing TLM with preservation in University of Wisconsin (UW) Solution, there was a statistically significant higher islet yield [WMD 711.55, 95% confidence interval (CI) 140.03-1283.07] in the TLM group. The proportion of transplantable preparations obtained was not significantly different (OR 1.30, 95% CI 0.89-1.88) between the two groups. The rate of successful islet isolations for marginal organs was higher in the TLM group (OR 6.69, 95% CI 1.80-24.87). Improved oxygenation and preservation of cellular bioengertics is thought to be the main underlying mechanism, although no single mechanism has yet been confirmed. There is currently no clear evidence that the TLM is beneficial in human islet transplantation. It may improve the preservation of marginal organs.

Keywords: Apoptosis, Canine Pancreas, Citation, Citations, Clinical-Trials, Cold-Storage Method, Injury, Islet Transplantation, Meta-Analysis, Mitochondrial Pathway, of-Wisconsin Solution, Organ Preservation, Outcomes, Oxygenation, Pancreas, Perfluorocarbon, Perfluorocarbon, Transplantation, Two-Layer Method

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Full Text: [2014\Cel Tra23, 921.pdf](2014\Cel%20Tra23,%20921.pdf)

Abstract: Different factors have been reported to influence islet isolation outcome, but their importance varies between studies and are hampered by the small sample sizes in most studies. The purpose of this study was to perform a systematic review to assess the impact of donor-, pancreas-, and isolation-related variables on successful human islet isolation outcome. PubMed, Embase, and Web of Science were searched electronically in April 2009. All studies reporting on donor-, pancreas-, and isolation-related factors relating to prepurification and postpurification islet isolation yield and proportion of successful islet isolations were selected. Seventy-four retrospective studies had sufficient data and were included in the analyses. Higher pre- and postpurification islet yields and a higher proportion of successful islet isolations were obtained when pancreata were preserved with the two-layer method rather than University of Wisconsin solution in donors with shorter cold ischemia times (CITs) [1 h longer CIT resulted in an average decline of prepurification and postpurification yields and proportion of successful isolations of 59 islet equivalents (IEQs)/g, 54 IEQs/g, and 21%, respectively]. Higher prepurification yields and higher percentage of successful islet isolations were found in younger donors with higher body mass index. Lower yields were found in donation after brain death donors compared to donation after cardiac death donors. Higher postpurification yields were found for isolation with Serva collagenase. This review identified donor-, pancreas-, and isolation-related factors that influence islet isolation yield. Standardized reports of these factors in all future studies may improve the power and identify additional factors and thereby contribute to improving islet isolation yield.

Keywords: 2-Layer Method, Analyses, Body Mass Index, Brain, Brain Death, Cold-Storage, Data, Death, Donor, Heart-Beating-Donors, Human, Impact, Index, Influence, Ischemia, Islet Isolation, Isolation Protocol, Isolation Success, Of-Wisconsin Solution, Outcome, Pancreas, Power, Preservation Solution, Protease Inhibitor, Pubmed, Purpose, Reporting, Retrospective Studies, Review, Science, Single-Donor, Small, Solution, Systematic, Systematic Review, Type-1 Diabetes-Mellitus, University, Web Of Science, Wisconsin

# Title: Cellular Physiology and Biochemistry

Full Journal Title: Cellular Physiology and Biochemistry

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Wang, P.P., He, X.Y., Wang, R.B., Wang, Z.F. and Wang, Y.G. (2014), High leptin level is an independent risk factor of endometrial cancer: A meta-analysis. *Cellular Physiology and Biochemistry*, **34** (5), 1477-1484.

Full Text: 2014\Cel Phy Bio34, 1477.pdf

Abstract: Background/Aims: Previous studies suggested that high leptin level might increase risk of endometrial cancer, but available data were conflicting and whether high leptin level was an independent risk factor of endometrial cancer was still unclear. Therefore, a meta-analysis was performed to assess whether high leptin level was an independent risk factor of endometrial cancer. Methods: PubMed, Web of Science, and Embase databases were searched for epidemiological studies published up to June 26, 2014. The pooled risk ratio (RR) with 95% confidence interval (95%CI) was used to assess the association between leptin level and risk of endometrial cancer. Results: Six studies with a total of 3136 individuals were finally included into the meta-analysis. Meta-analysis of total 6 studies showed that high leptin level was associated with increased risk of endometrial cancer (RR = 2.55, 95%CI 1.91-3.41, P < 0.001). After adjusting for confounding factors, high leptin level was also associated with increased risk of endometrial cancer (RR = 1.59, 95%CI 1.27-1.98, P < 0.001). Sensitivity analysis proved the stability of the pooled estimates. The RR of endometrial cancer was 1.10 (95%CI, 1.03-1.18, P = 0.005) per 5 ng/mL increment in leptin levels. There was no obvious risk of publication bias (P Egger = 0.54). Conclusion: Our findings suggest that high leptin level is an independent risk factor of endometrial cancer. More prospective studies are needed to further confirm the association in the future. Copyright (C) 2014 S. Karger AG, Basel.

Keywords: Adiponectin, Ag, Analysis, Association, Bias, Cancer, Cells, Confidence, Confounding, Cyclin D1, Data, Databases, Endometrial Cancer, Estimates, Expression, Factors, Insulin-Resistance, Interval, Leptin, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Obesity, P, Pathways, Postmenopausal Women, Promotes, Prospective, Prospective Studies, Publication, Publication Bias, Pubmed, Results, Risk, Risk Factor, S, Science, Sensitivity, Sensitivity Analysis, Serum Leptin, Stability, Web, Web of Science

? Wang, W., Li, G.Y., He, X.Y., Gao, J., Wang, R.B., Wang, Y.G. and Zhao, W.J. (2015), Serum 25-hydroxyvitamin D levels and prognosis in hematological malignancies: A systematic review and meta-analysis. *Cellular Physiology and Biochemistry*, **35** (5), 1999-2005.

Full Text: 2015\Cel Phy Bio35, 1999.pdf

Abstract: Background/Aims: Serum 25-hydroxyvitamin D [25(OH) D] levels proved to be associated with prognosis of patients with colorectal cancer or breast cancer, but its prognostic role in hematological malignancies was still unclear. A systematic review and meta-analysis was performed to comprehensively evaluate the association between serum 25(OH) D levels and prognosis of patients with hematological malignancies. Methods: We searched Pubmed, Embase, Web of Science, and Google Scholar for studies evaluating the association between serum 25(OH) D levels and prognosis of patients with hematological malignancies. The hazard ratios (HR) with 95% confidence intervals (95% CI) for overall survival (OS) or relapse-free survival (RFS) were pooled using meta-analysis. Results: Seven studies with a total of 2,643 patients with hematological cancer were finally included into the meta-analysis. Overall, compared with normal serum 25(OH) D levels, low serum 25(OH) D levels were significantly associated with both poorer OS (HR = 1.85, 95% CI 1.54-2.23, P < 0.001) and poorer RFS (HR = 1.45, 95% CI 1.25 to 1.70, P < 0.001) in hematological malignancies. Subgroup analysis further showed that low serum 25(OH) D levels were significantly associated with poorer OS and RFS in both lymphoma and leukemia. Conclusion: Low serum 25(OH) D levels are significantly associated with poorer prognosis in patients with hematological malignancies including lymphoma and leukemia. Copyright (C) 2015 S. Karger AG, Basel.

Keywords: 25-Hydroxyvitamin D, Ag, Analysis, Association, Breast Cancer, Cancer, Cancer-Patients, Colorectal Cancer, Confidence, Confidence Intervals, Copyright, D Deficiency, D Supplementation, D-Receptor, Google Scholar, Hazard, Intervals, Leukemia, Leukemia, Lymphoma, Lymphoma, Meta-Analysis, Metaanalysis, Multiple-Myeloma, Normal, P, Patients, Prognosis, Prognostic, Review, Role, Science, Serum, Survival, Survival, Systematic Review, Trial Sequential Metaanalysis, Vitamin-D Insufficiency, Web Of Science

# Title: Central Asiatic Journal

Full Journal Title: Central Asiatic Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hahn, R.F. (1993), Garments from top to toe: Eastern turkic texts relating to articles of clothing - edited with translation, notes and glossary - Jarring, G. *Central Asiatic Journal*, **37** (3-4), 335-337

Keywords: Articles

# Title: Central European Journal of Biology

Full Journal Title: Central European Journal of Biology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hochman, B., Tucci-Viegas, V.M., Monteiro, P.K.P., Franca, J.P., Gaiba, S. and Ferreira, L.M. (2014), The action of CGRP and SP on cultured skin fibroblasts. *Central European Journal of Biology*, **9** (7), 717-726.

Full Text: [2014\Cen Eur J Bio9, 717.pdf](2014\Cen%20Eur%20J%20Bio9,%20717.pdf)

Abstract: Calcitonin gene-related peptide (CGRP) is the most abundant neuropeptide in the skin, followed by substance P (SP), vasoactive intestinal peptide (VIP), and other neuropeptides in smaller amounts. The proliferative effect of neuropeptides on fibroblasts may affect wound healing and may be associated with hyperproliferative skin and mesenchymal disorders. Understanding the neuropeptidergic action on fibroblasts may provide relevant information to a deeper comprehension of the healing process. This study reviews the action of the main neuropeptides, CGRP and SP, on cultured human skin fibroblasts. A systematic literature search was conducted on Medline and Web of Science databases on December 21, 2013. A total of 74 articles were retrieved using the proposed search strategies and 3 were found in the references section of the selected articles. Thirteen of the retrieved articles studied the action of CGRP and SP on cultured human skin fibroblasts, 12 of which related to SP and 1 related to both CGRP and SP. Only one study was retrieved about the action of both CGRP and SP on cultured human skin fibroblasts. Further studies are necessary to investigate CGRP on skin fibroblasts and its role in the fibroplasia phase of wound healing.

Keywords: Adrenomedullin Binding, Articles, Calcitonin Gene-Related Peptide, Calcitonin-Gene, Cgrp, Databases, Fibroblasts, Gene-Related Peptide, Healing, Human, Information, Keratinocyte Cell-Line, Literature, Literature Search, Medline, Messenger-Rnas, Modifying Proteins Ramps, Nerve Growth-Factor, Neurogenic Inflammation, P, Receptor-Like Receptor, References, Reviews, Role, Science, Search Strategies, Skin, Substance P, Substance-P Receptor, Systematic, Systematic Literature Search, Web Of Science, Web Of Science Databases, Wound, Wound Healing

# Title: Central European Journal of Medicine

Full Journal Title: Central European Journal of Medicine

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Elahi, B., Nikfar, S., Derakhshani, S., Vafaie, M. and Abdollahi, M. (2009), Benefit of antibiotic therapy on pouchitis after ileal pouch anal anastomosis: A systematic review and meta-analysis of clinical trials. *Central European Journal of Medicine*, **4** (2), 164-170.

Abstract: the aim of the study was to evaluate and collect current evidence on the effect of antibiotics in pretreatment of pouchitis after restorative ileal pouch anal anastomosis (IPAA). PUBMED, EMBASE, Web of Science, Scopus, and Cochrane Library databases were searched between 1966 and July 2008; and relevant clinical trials extracted, reviewed, and validated according to the study protocol. The outcome of interest was clinical improvement after treatment. Nine randomized, placebo-controlled clinical trials were found relevant and studied but 3 of them with 70 patients were entered into meta-analysis. Pooling of the results from these trials yielded an odds ratio of 15.96 with a 95% CI of 4.20-60.70, indicating a significant OR (p < 0.0001) in treatment group in comparison to the placebo group. In conclusion, the meta-analysis confirms benefit of antibiotics in management of pouchitis after IPAA operation.

Keywords: Antibiotic, Antibiotics, Ciprofloxacin, Clinical Trials, Cochrane, Combination Therapy, Crohns-Disease, Databases, Double-Blind, Ileal Pouch Anal Anastomosis, Inflammatory-Bowel-Disease, Interest, Management, Meta-Analysis, Metronidazole, Outcome, Pouchitis, Probiotics, Protocol, Ratio, Restorative Proctocolectomy, Review, Science, Scopus, Systematic, Systematic Review, Therapy, Treat Refractory Pouchitis, Treatment, Ulcerative-Colitis, Web of Science

# Title: Central European Neurosurgery

Full Journal Title: Central European Neurosurgery

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Zieger, M., Schwarz, R., Konig, H.H., Harter, M. and Riedel-Heller, S.G. (2010), Depression and anxiety in patients undergoing herniated disc surgery: Relevant but underresearched: A systematic review. *Central European Neurosurgery*, **71** (1), 26-34.

Abstract: Background: An association between depression and anxiety and musculoskeletal disorders has been consistently reported in the past years. This article provides a systematic overview of the literature on the prevalence rates of depression and anxiety in patients undergoing surgery for a herniated disc. Methods: A systematic literature search was conducted in the following electronic databases: PUBMED, PsycINFO, Web of Science, Cochrane Library and PSYNDEXplus. The identified articles were evaluated for prevalence rates of depression and anxiety, methodological issues, change of depression and anxiety over time, and major findings on the impact of depression and anxiety on patients undergoing disc surgery. Results: Fourteen studies were identified. Prevalence rates for depression and anxiety in patients undergoing disc surgery varied between 21.5% and 49.3% before and between 4.1% and 79.6% after disc surgery. The study designs, the use of assessment instruments and cut-off values varied greatly. Depression and anxiety decreased within the population of disc surgery patients over time. Depression and anxiety were found to have a great impact on the postoperative outcome of surgery, return to work, analgesia abuse, pain experience, and abnormal illness behaviour. Conclusions: Little research has been done to investigate depression and anxiety in patients undergoing surgery for a herniated disc. Evidently disc surgery patients are at higher risk of suffering from depression and anxiety than the general population. The review outlines the importance for clinicians to be more sensitive to psychological concerns in patients undergoing disc surgery. Psychological assessment and assistance from mental health professionals should be considered during the hospital stay and rehabilitation period, depending on local feasibility. Further investigations are necessary to examine whether the implementation of a multidisciplinary in-patient treatment program will improve postoperative outcome in patients undergoing intervertebral disc surgery.

Keywords: Analgesia, Anxiety, Assessment, Cervical Diskectomy, Cochrane, Databases, Depression, Depression and Anxiety, Disc Surgery, Feasibility, Follow-Up, Hospital, Impact, Literature, Low-Back-Pain, Lumbar Diskectomy, Mental Health, Methods, Musculoskeletal, Outcome, Overview, Pain, Prevalence, Psychiatric-Disorders, Psychological, PUBMED, Rehabilitation, Rehabilitation Patients, Research, Return to Work, Review, Risk, Risk-Factors, Scale, Science, Spine, Surgery, Systematic, Systematic Review, Treatment, Web of Science

# Title: Cephalalgia

Full Journal Title: [Cephalalgia](http://www.blackwell-synergy.com/servlet/useragent?func=showIssues&code=cha)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0333-1024

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Moseley, I. (2000), How to write and publish a scientific paper, 5th edn. *Cephalalgia*, **20** (2), 141-142.

Full Text: [2000\Cephalalgia17, 141.pdf](2000\Cephalalgia17,%20141.pdf)

# Title: Cerebrovascular Diseases

Full Journal Title: Cerebrovascular Diseases

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Zhang, M.J., Hu, Z.C., Yin, Y.W., Li, B.H., Liu, Y., Liao, S.Q., Gao, C.Y., Li, J.C. and Zhang, L.L. (2014), A meta-analysis of the relationship between MTHFR gene A1298C polymorphism and the risk of adult stroke. *Cerebrovascular Diseases*, **38** (6), 425-432.

Full Text: 2014\Cer Dis38, 425.pdf

Abstract: Background: The association between methylenetetrahydrofolate reductase (MTHFR) gene A1298C polymorphism and adult stroke remains controversial. The present article was designed to clarify this relationship through pooled analysis of the numerous epidemiological studies focusing on this association. Methods: We comprehensively searched all published papers in electronic database including PubMed, Embase, Web of Science, Chinese Biomedical Literature on disc (CBMdisc) and China National Knowledge Infrastructure (CNKI) up to 2013. The pooled odds ratios (ORs) with 95% confidence intervals (CIs) for allelic (C allele vs. A allele), additive (CC vs. AA), dominant (CC+AC vs. AA), and recessive (CC vs. AA+AC) models were calculated. Subgroup and sensitivity analyses were performed to detect the heterogeneity and examine the reliability of results, respectively. Begg’s funnel plots and Egger’s regression test were used to assess the potential publication bias. Results: A total of fifteen studies containing 2,361 cases and 2,653 controls were included in the final meta-analysis. The combined re-sults of overall analysis showed that there was significant association between MTHFR gene A1298C polymorphism and adult stroke (allelic model: OR =1.36, 95% CI =1.11-1.67; additive model: OR =1.88, 95% CI =1.12-3.18; dominant model: OR =1.33, 95% CI =1.08-1.65 and recessive model: OR =1.77, 95% CI =1.07-2.94, respectively). On subgroup analysis by ethnicity of study population, significant association was shown in meta-analysis based on Asian population (allelic model: OR =1.40, 95% CI =1.19-1.65; additive model: OR =2.58, 95% CI =1.34-4.96; dominant model: OR =1.44, 95% CI =1.20-1.73 and recessive model: OR =2.12, 95% CI = 1.20-3.76, respectively), but not in Caucasian population (allelic model: OR =1.30, 95% CI =0.93-1.82; additive model: OR =1.65, 95% CI =0.81-3.33; dominant model: OR =1.17, 95% CI =0.86-1.61 and recessive model: OR =1.70, 95% CI = 0.83-3.50, respectively). In addition, the heterogeneity was effectively removed or decreased by limiting the included studies with population of Asian ethnicity. Furthermore, the corresponding pooled ORs were not materially changed in all genetic models of meta-analysis after limiting the included studies with population-based controls. However, except the recessive model, publication bias presented in the allelic, additive, dominant models identified by the Begg’s funnel plots and Egger’s regression test. Conclusions: In conclusion, the overall analysis suggests that MTHFR gene A1298C polymorphism plays an important role in the development of adult stroke. Genotype CC of MTHFR-1298A/C could increase the risk of stroke and may act as a predictor for clinical evaluation, especially in the Asian population. More studies with large-scale and different ethnicities are required to further confirm our findings. (c) 2014 S. Karger AG, Basel.

Keywords: A1298c, Adult, Ag, Analyses, Analysis, Article, Asian, Association, Bias, Biomedical, C677t, Caucasian, China, Chinese, Clinical, Confidence, Confidence Intervals, Database, Development, Ethnicity, Evaluation, Gene, Gene Polymorphism, Genetic, Genotype, Heart-Disease, Heterogeneity, Homocysteine Levels, Hyperhomocysteinemia, Intervals, Ischemic-Stroke, Knowledge, Literature, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolism, Methods, Methylenetetrahydrofolate Reductase, Methylenetetrahydrofolate Reductase MTHFR, Model, Models, MTHFR, Papers, Polymorphism, Pooled Analysis, Population, Population Based, Population-Based, Potential, Predictor, Publication, Publication Bias, Pubmed, Regression, Reliability, Results, Risk, Role, S, Science, Sensitivity, Stroke, Vascular-Disease, Web, Web Of Science

# Title: Ceskoslovenska Psychologie

Full Journal Title: Ceskoslovenska Psychologie

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Solcova, I. (2013), Looking back at the contents of *Ceskoslovenska Psychologie*. *Ceskoslovenska Psychologie*, **57** (4), 379-386.

Full Text: 2013\Ces Psy57, 379.pdf

Abstract: The paper presents the bibliometric analysis of production of the journal Ceskoslovenska psychologie as it is available in the citation data-basis Web of Science. The analyses apply to three overlapping periods of the development of the journal, namely to (1) general production of the journal as it is registered in the data-basis Web of Science, i.e. since 1966 till the end of 2012; (2) period after commencement of democracy and the new editorial board, i.e. period since 1991 till the end of 2012; (3) the complete decade of the new millennium, i.e. The period since 2001 till 2010.

Keywords: Analyses, Analysis, Article, Bibliometric, Bibliometric Analysis, Citation, Citing Journals, Citing Languages, Complete, Cr, Czech Republic, Democracy, Development, General, House, Journal, Most Cited Articles, Overlapping, Psychology, SCI, Science, Till, Web of Science

# Title: Ceskoslovensky Casopis Pro Fysiku Sekce A

Full Journal Title: Ceskoslovensky Casopis Pro Fysiku Sekce A

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Silverio, M. (1973), Do you know Science Citation Index. *Ceskoslovensky Casopis Pro Fysiku Sekce A*, **23** (2), 209-??.

Keywords: Citation, Science Citation Index

# Title: Chaos Solitons & Fractals

Full Journal Title: Chaos Solitons & Fractals

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Çavuşoğlu, A. and Türker, İ. (2013), Scientific collaboration network of Turkey. *Chaos Solitons & Fractals*, **57**, 9-18.

Full Text: [2013\Cha Sol Fra57, 9.pdf](2013\Cha%20Sol%20Fra57,%209.pdf)

Abstract: Networking via co-authorship is an important area of research and used in many fields such as ranking of the universities/departments. Studying on the data supplied by the Web of Science, we constructed a structural database that defines the scientific collaboration network of the authors from Turkey, based on the publications between 1980 and 2010. To uncover the evolution and structure of this complex network by scientific means, we executed some empirical measurements. The Turkish scientific collaboration network is in an accelerating phase in growth, highly governed by the national policies aiming to develop a competitive higher education system in Turkey. As our results suggest the authors tend to make more number of collaborations in their studies over the years. The results also showed that, node separation of the network slightly converges about 4, consistent with the small world phenomenon. Together with this key indicator, the high clustering coefficient, (which is about 0.75) reveals that our network is strongly interconnected. Another quantity of major interest about such networks is, “the degree distribution”. It has a power-law tail that defines the network as scale-free. Along with the final values, the time evolutions of the above-mentioned parameters are presented in detail with this work. In a good agreement with the recent studies, our network yields some significant differences especially in growing rate, clustering properties and node separation. In contrast with the recent studies, we also showed that preferring to attach popular nodes result with being a more popular node in the future. (C) 2013 Elsevier Ltd. All rights reserved.

Keywords: Authors, Clustering, Co-Authorship, Coauthorship, Collaboration, Collaborations, Competitive, Constructed, Data, Database, Education, Evolution, Growth, Higher Education, Indicator, Network, Networks, Policies, Power Law, Properties, Publications, Ranking, Recent, Research, Rights, Science, Scientific Collaboration, Scientific Collaboration Network, Separation, Small, Small-World Networks, Structure, Turkey, Web of Science, Work, World

# Title: Chemical Communications

Full Journal Title: [Journal of the Chemical Society](http://www.rsc.org/Publishing/Journals/C3/Article.asp?Type=CurrentIssue)

Full Journal Title: [Chemical Communications](http://www.rsc.org/Publishing/Journals/C3/Article.asp?Type=CurrentIssue)

ISO Abbreviated Title: Chem. Commun.

JCR Abbreviated Title: Chem Commun

ISSN: 1359-7345

Issues/Year: 24

Journal Country/Territory: England

Language: English

Publisher: Royal Soc Chemistry

Publisher Address: Thomas Graham House, Science Park, Milton Rd, Cambridge CB4 0WF, Cambs, Eng

Subject Categories:

Chemistry: Impact Factor 3.477, 9/121

? Liz-Marzán, L.M. (2013), Gold nanoparticle research before and after the Brust-Schiffrin method. *Chemical Communications*, **49** (1), 16-18.

Full Text: [2013\Che Com49, 16.pdf](2013\Che%20Com49,%2016.pdf)

Abstract: In this viewpoint we discuss the early contribution from Brust et al., which is not only the most cited paper ever published in Chem. Commun., but also a landmark in gold nanoparticle research and in nanotechnology. We provide here an overview of its major contributions and how the field has evolved since its publication in 1994.

Keywords: Field, Gold, Gold Nanoparticle, Nanoparticle, Nanotechnology, Publication, Research

# Title: Chemical Engineering Journal

(Formerly known as [The Chemical Engineering Journal](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6672&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=373a902012de36b612ccf42fafae7068))

(Now published as [Biochemical Engineering Journal](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=5791&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=70e413a1db08fe6b2d2d9c81258b884c) and [Chemical Engineering Journal](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=5228&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=54c625845732bf7d6bb76b6a6e77ba6b))

Full Journal Title: [Chemical Engineering Journal](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6672&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=373a902012de36b612ccf42fafae7068) [Chemical Engineering Journal](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=5228&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=54c625845732bf7d6bb76b6a6e77ba6b)

ISO Abbreviated Title: Chem. Eng. J.

JCR Abbreviated Title: Chem Eng J

ISSN: 1385-8947

Issues/Year: 11

Journal Country/Territory: Switzerland

Language: Multi-language

Publisher: Elsevier Science SA

Publisher Address: Po Box 564, 1001 LaUSAnne, Switzerland

Subject Categories:

Engineering, Chemical: Impact Factor: 0.637 41/110 (1999); Impact Factor: 0.677, 33/117 (2000); Impact Factor: 0.847, 36/123 (2001); Impact Factor 0.671, 52/126 (2002); Impact Factor: 0.992, 30/119 (2003); Impact Factor: 1.383, 19/116 (2004); Impact Factor: 2.034, 11/116 (2005); Impact Factor: 1.707, 22/114 (2007); Impact Factor: 2.816, 13/128 (2009)

Notes: JJournal

Schubert, A. (1998), The profile of the *Chemical Engineering Journal* and *Biochemical Engineering Journal* as reflected in its publications, references and citations, 1983-1996. *Chemical Engineering Journal*, **69** (3), 151-156.

Full Text: [1998\Che Eng J69, 151.pdf](1998\Che%20Eng%20J69,%20151.pdf)

Abstract: Scientometric techniques have been used to help outline the profile of the Chemical Engineering Journal and Biochemical Engineering Journal during the 1983-1996 period. (C) 1998 Elsevier Science S.A. All rights reserved.

Keywords: Chemical Engineering Journal, Biochemical Engineering Journal, Scientometric Techniques, Science

# Title: Chemical & Engineering News

Full Journal Title: [Chemical & Engineering News](http://pubs.acs.org.ludwig.lub.lu.se/cen/archive/)

ISO Abbreviated Title: Chem. Eng. News

JCR Abbreviated Title: Chem Eng News

ISSN: 0009-2347

Issues/Year: 51

Journal Country/Territory: United States

Language: English

Publisher: Amer Chemical Soc

Publisher Address: 1155 16th St, NW, Washington, DC 20036

Subject Categories:

Engineering, Chemical: Impact Factor 0.518, 54/110 (1999); Impact Factor 0.564, 57/123 (2001)

? Stinson, S.C. (1981), Chemists a 4th of most-cited scientists. *Chemical & Engineering News*, **59** (42), 30-33.

Keywords: Scientists

? Alvarez, S.G. (1997), Citation accuracy. *Chemical & Engineering News*, **75** (1), 75.

? (2011), FDA cited for lax seafood monitoring. *Chemical & Engineering News*, **89** (21), 28.

Full Text: [2011\Che Eng New89, 28.pdf](2011/Che%20Eng%20New89,%2028.pdf)

# Title: Chemical Reviews

Full Journal Title: [Chemical Reviews](http://pubs.acs.org/journals/chreay/index.html)

ISO Abbreviated Title: Chem. Rev.

JCR Abbreviated Title: Chem Rev

ISSN: 0009-2665

Issues/Year: 8

Journal Country/Territory: United States

Language: English

Publisher: Amer Chemical Soc

Publisher Address: 1155 16th St, NW, Washington, DC 20036

Subject Categories:

Chemistry: Impact Factor 21.244, 1/121

Notes: JJournal

Braun, T., Schubert, A.P. and Kostoff, R.N. (2000), Growth and trends of fullerene research as reflected in its journal literature. *Chemical Reviews*, **100** (1), 23-38.

Full Text: [2000\Che Rev100, 23.pdf](2000\Che%20Rev100,%2023.pdf)

# Title: Chemicke Listy

Full Journal Title: [Chemické Listy](http://www.chemicke-listy.cz/common/articles.html)

ISO Abbreviated Title: Chem. Listy

JCR Abbreviated Title: Chem Listy

ISSN: 0009-2770

Issues/Year: 12

Journal Country/Territory: Czech Republic

Language: Multi-Language

Publisher: Chemicke Listy

Publisher Address: Novotneho Lavka 5, Prague 6 116 68, Czech Republic

Subject Categories:

Chemistry, Multidisciplinary: Impact Factor 0.278, /(2000)

? Skubalova, M. (1976), Science Citation Index and its use in search in reference literature. *Chemické Listy*, **70** (2), 175-186.

Keywords: Citation, Science Citation Index

? Stehlicek, J. (1998), More discussion of the Science Citation Index. *Chemické Listy*, **92** (11), 930.

Full Text: Che Lis92, 930.pdf

Keywords: Citation, Science Citation Index

Vymĕtal, J. (1999), Contemporary information media in chemistry. *Chemické Listy*, **93** (6), 382-390.

Full Text: [1999\Che Lis93, 382.pdf](1999\Che%20Lis93,%20382.pdf)

Abstract: In the present society information is the key source of its further development. The goal of such a society is ensuring a universal access to information, the criterion is the scope, content, quality, usefulness and accessibility of information services. Chemistry represents a top area dealt with in informatics. The article reflects the publication explosion, including its consequence, it deals with scientometric assessment of selected chemical journals and citations, distribution of chemical information as regards the principal areas, geographical sources and geographical distribution of chemical production.

Keywords: Citation Analysis, Impact Factor

? Exner, O. (2001), What is further fate of a published scientific paper? *Chemické Listy*, **95** (8), 498-503.

Full Text: [2001\Che Lis95, 498.pdf](2001/Che%20Lis95,%20498.pdf)

Abstract: Acceptance of a published paper may be different as shown on examples from the author’s work. A wrong finding was rebutted (acyl derivatives of oximes, configuration of hydroximoyl chlorides), a method was accepted but not always followed (isokinetic relationship), a long-term discussion started which has not been resolved (resonance in nitrobenzene), a work was repeated without knowledge of the predecessor (acylation of a hydroxylamine derivative) or the paper was accepted but not cited (polyvalent iodine derivatives). The consequences are discussed from the philosophic, ethical, psychological and scientometric viewpoints.

Keywords: Compensation, Configuration, Field, Ions, Knowledge, Nitro-Group, Resonance, Substituent

? Kizek, R. and Adam, V. (2008), Impact factors of the journals published in the Czech Republic in 2007. *Chemické Listy*, **102** (10), 926-928.

Full Text: 2008\Che Lis102, 926.pdf

Abstract: Thomson Reuters Corporation presents new impact factors (IF) of the ISI-indexed journals in 2007. The Czech Republic is represented by twenty-three scientific journals from various branches of science in the Web of Science database. The article reports on trends in IFs of the journals. Great attention is paid to Chemicke Listy. Its impact factor was 0.683 in 2007, which is by almost 60% higher than in the preceding year. 202 articles and reviews have been published in Chemicke Listy in 2005/2006 and approximately the same number of papers as in 2004/2005. The papers have been cited 138 times, which represents an increase of more than 38% compared with the preceding biennium.

Keywords: Attention, Chemistry, Extraction, Impact, Impact Factor, Impact Factors, Journals, Papers, Science, Trends, Web of Science

? Šilhánek, J. (2015), Current alternatives of patent searches in chemistry. *Chemické Listy*, **109** (1), 65-70.

Full Text: [2015\Che Lis109, 65.pdf](2015/Che%20Lis109,%2065.pdf)

Abstract: The aim of this review is to compare alternative patent searches in available chemistry databases. There are cumulative database of world patents operated by European Patent Office under the name Espacenet, a couple of similar databases of other patent offices, then Google Patent Search service and recently also Derwent Innovation Index which is a simplified version of patent database Derwent World Patents Index (DWPI) of Derwent Company. This company and their products are well known for providing exceptionally reliable and carefully elaborated patent documents but until recently accessible only through a database centre, such as STN International. After merging with the Thompson Ltd. an access to simplified DWPI version will be provided as a part of the database system Web of Science (Elsevier). This situation will open the way for comparing patent searches in Elsevier databases with those of patent offices and chemistry databases SciFinder and Reaxys.

Keywords: Access, Alternative, Chemistry, Chemistry Databases, Couple, Cumulative, Database, Databases, Derwent Innovation Index, Documents, Espacenet, Google, Google Patent Search, Innovation, International, Merging, Open, Patent, Patent Searches, Patents, Reaxys, Review, Science, Scifinder, Search, Service, Stn International, Version, Web, Web Of Science, World

# Title: Chemie Ingenieur Technik

Full Journal Title: [Chemie Ingenieur Technik](http://www3.interscience.wiley.com/cgi-bin/jhome/107561433); [Chemie Ingenieur Technik](http://www3.interscience.wiley.com/cgi-bin/jhome/60500203?CRETRY=1&SRETRY=0)

ISO Abbreviated Title: Chem. Ing. Tech.

JCR Abbreviated Title: Chem-Ing-Tech

ISSN: 0009-286X

Issues/Year: 1

Journal Country/Territory: Germany

Language: English

Publisher: Wiley-V C H Verlag Gmbh

Publisher Address: PO box 10 11 61, D-69451 Berlin, Germany

Subject Categories:

Engineering, Chemical: Impact Factor 0.386, / (2000)

? Meisenzahl, S., Sittig, P.P. and Hock, M. (2014), Lithium batteries as technology of the future: Technology roadmap for lithium device batteries. *Chemie Ingenieur Technik*, **86** (8), 1180-1186.

Full Text: [2014\Che Ing Tec86, 1180.pdf](2014\Che%20Ing%20Tec86,%201180.pdf)

Abstract: In the presented paper, the future trends and developments of lithium device batteries were investigated by bibliometric analysis of the battery development together with an expert consultation. The resulting technology roadmap presents typical chemical compositions of lithium-containing primary and secondary batteries, the influence of different substances on various battery features and expected changes in weight of batteries in three surveyed time periods.

Keywords: Analysis, Battery System, Battery Trend, Bibliometric, Bibliometric Analysis, Changes, Chemical, Consultation, Development, Influence, Lithium, Lithium Device Battery, Primary, Reverse Logistics, Roadmap, Take-Back System For Batteries, Technology, Trends

# Title: Chemistry Central Journal

Full Journal Title: Chemistry Central Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ciriminna, R. and Pagliaro, M. (2013), On the use of the h-Index in evaluating chemical research. *Chemistry Central Journal*, **7**, Article Number: 132.

Full Text: [2013\Che Cen J7, 132.pdf](2013\Che%20Cen%20J7,%20132.pdf)

Abstract: Background: The h Index bibliometric indicator for evaluating scientists and scientific institutions plays an increasingly important role in evaluating contemporary scientific research, including chemistry. Results: Citations are meaningful. The best way of measuring performance is to use the informed peer review, where peers judge on the base of a bibliometric report, once the limits and advantages of bibliometric indicators have been thoroughly understood. Conclusions: Expanded and improved use of bibliometric indicators such as the h Index in a useful and wise manner is suggested.

Keywords: Bibliometric, Bibliometric Indicator, Bibliometric Indicators, Chemical, Chemistry, Citations, h Index, h-Index, Index, Indicator, Indicators, Institutions, Peer Review, Peer-Review, Performance, Research, Results, Review, Role, Scientific Institutions, Scientific Research, Scientists

# Title: Chemistry Education Research and Practice

Full Journal Title: Chemistry Education Research and Practice

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Verdan, A.M., Ingallinera, J.T. and Bhattacharyya, G. (2010), Scientific norms and ethical misconduct: Research towards the design of a course in scientific ethics. *Chemistry Education Research and Practice*, **11** (2), 118-123.

Full Text: [2010\Che Edu Res Pra11, 118.pdf](2010\Che%20Edu%20Res%20Pra11,%20118.pdf)

Abstract: We report our study of chemistry graduate students’ beliefs regarding the normative values of their disciplines and their perceptions of the ethical challenges they face as students, teachers, and scientific researchers. Using a phenomenographical lens, we interviewed seven graduate students who had achieved Ph.D. candidacy and at least 3 full years of experience in the program. Inductive, grounded-theory analysis of the data indicated that the students focused on plagiarism and data falsification when speaking of scientific misconduct, and tended to view normative values as the opposite of misconduct. None of the students appeared to understand clearly the process of establishing claims in science. Instead, they believed that it was the advisors’ roles to make final judgments regarding the validity of their data. Overall, the data indicate that the participants’ impoverished conceptions of scientific ethics resulted from naive personal epistemologies of science, which, in turn, was partly due to their under-developed professional identities. We recommend that training in scientific norms and the nature of science should precede instruction involving case study analysis of misconduct or ambiguous scenarios.

Keywords: Chemistry Instruction, Chemists, Epistemic Development, Ethics, Graduate Education, Personal Epistemology, Plagiarism, Professional Identity, Research, Science, Scientific Misconduct, Scientific Norms, Students

# Title: Chemistry & Industry

Full Journal Title: [Chemistry & Industry](http://www.chemind.org/CI/index.jsp); [Chemistry & Industry](http://ehis.ebscohost.com.ludwig.lub.lu.se/ehost/detail?hid=23&sid=754e5b51-5959-408f-8c75-37a843345253%40sessionmgr10&vid=1&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=bth&jid=1BG)

ISO Abbreviated Title: Chem. Ind.

JCR Abbreviated Title: Chem Ind-London

ISSN: 0009-3068

Issues/Year: 24

Journal Country/Territory: England

Language: English

Publisher: Soc Chemical Industry

Publisher Address: 14 Belgrave Square, London SW1X 8PS, England

Subject Categories:

Chemistry, Applied: Impact Factor 0.719, / (2000)

? Stonehil, H.I. (1965), Science Citation Index - Information retrieval by propinquity. *Chemistry & Industry*, **10**, 416-417.

Keywords: Citation, Science Citation Index

# Title: Chemometrics and Intelligent Laboratory Systems

Full Journal Title: [Chemometrics and Intelligent Laboratory Systems](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=5232&_auth=y&_acct=C000024058&_version=1&_urlVersion=0&_userid=4191814&md5=84efc7735ec9987dd5719e788bd8ff9a)

ISO Abbreviated Title: Chemometrics Intell. Lab. Syst.

JCR Abbreviated Title: Chemometr Intell Lab

ISSN: 0169-7439

Issues/Year: 8

Journal Country/Territory: Netherlands

Language: English

Publisher: Elsevier Science BV

Publisher Address: PO Box 211, 1000 AE Amsterdam, Netherlands

Subject Categories:

Robotics & Automatic Control:

Chemistry, Analytical: Impact Factor

Computer Science, Artificial Intelligence Instruments & Instrumentation

Notes: highly cited

? Wold, S., Sjöström, M. and Eriksson, L. (2001), PLS-regression: A basic tool of chemometrics. *Chemometrics and Intelligent Laboratory Systems*, **58** (2), 109-130.

Full Text: [2001\Che Int Lab Sys58, 109.pdf](2001\Che%20Int%20Lab%20Sys58,%20109.pdf)

Abstract: PLS-regression (PLSR) is the PLS approach in its simplest, and in chemistry and technology, most used form (two-block predictive PLS). PLSR is a method for relating two data matrices, X and Y, by a linear multivariate model, but goes beyond traditional regression in that it models also the structure of X and Y. PLSR derives its usefulness from its ability to analyze data with many, noisy, collinear, and even incomplete variables in both X and Y. PLSR has the desirable property that the precision of the model parameters improves with the increasing number of relevant variables and observations.

This article reviews PLSR as it has developed to become a standard tool in chemometrics and used in chemistry and engineering. The underlying model and its assumptions are discussed, and commonly used diagnostics are reviewed together with the interpretation of resulting parameters.

Two examples are used as illustrations: First, a Quantitative Structure-Activity Relationship (QSAR)/Quantitative Structure-Property Relationship (QSPR) data set of peptides is used to outline how to develop, interpret and refine a PLSR model. Second, a data set from the manufacturing of recycled paper is analyzed to illustrate time series modelling of process data by means of PLSR and time-lagged X-variables. (C) 2001 Elsevier Science B.V. All rights reserved.

Keywords: PLS, PLSR, Two-Block Predictive PLS, Latent Variables, Multivariate Analysis, Partial Least-Squares, Cross-Validation, Kernel Algorithm, Amino-Acids, Prediction, Jackknife, Design

? Hemmateenejad, B. (2006), Chemometrics in Iran. *Chemometrics and Intelligent Laboratory Systems*, **81** (2), 202-208.

Full Text: [2006\Che Int Lab Sys81, 202.pdf](2006\Che%20Int%20Lab%20Sys81,%20202.pdf)

Abstract: To represent the activity of the Iranian chemometrics community, a list of the publication of the Iranian scientists in the chemometrics was collected from the ISI Web of Science database. This article will review these publications to increase the awareness about the studies of chemometrics in Iran. A rapid growth is observed in the chemometrics publication in Iran and up to June 2005, some 200 scientific papers have been published in this context, in all fields of chemometrics. (c) 2005 Elsevier B.V. All rights reserved.

Keywords: Artificial Intelligence, Artificial Neural-Networks, Awareness, Calcium-Channel Blockers, Chemometrics, Chromogenic Mixed Reagents, Iran, ISI, Multiple Linear-Regression, Multivariate Methods, Papers, Partial Least-Squares, Point Standard Addition, Principal Component Analysis, Principal Component Analysis, Publication, Publications, QSAR, QSPR, Review, Science, Simultaneous Kinetic Determination, Simultaneous Spectrophotometric Determination, Structure-Property Relationship, Web of Science

? Acar, E., Dunlavy, D.M., Kolda, T.G. and Morup, M. (2011), Scalable tensor factorizations for incomplete data. *Chemometrics and Intelligent Laboratory Systems*, **106** (1), 41-56.

Full Text: [2011\Che Int Lab Sys106, 41.pdf](2011\Che%20Int%20Lab%20Sys106,%2041.pdf)

Abstract: the problem of incomplete data - i.e., data with missing or unknown values - in multi-way arrays is ubiquitous in biomedical signal processing, network traffic analysis, bibliometrics, social network analysis, chemometrics, computer vision, communication networks, etc. We consider the problem of how to factorize data sets with missing values with the goal of capturing the underlying latent structure of the data and possibly reconstructing missing values (i.e., tensor completion). We focus on one of the most well-known tensor factorizations that captures multi-linear structure, CANDECOMP/PARAFAC (CP). In the presence of missing data, CP can be formulated as a weighted least squares problem that models only the known entries. We develop an algorithm called CP-WOPT (CP Weighted OPTimization) that uses a first-order optimization approach to solve the weighted least squares problem. Based on extensive numerical experiments, our algorithm is shown to successfully factorize tensors with noise and up to 99% missing data. A unique aspect of our approach is that it scales to sparse large-scale data, e.g., 1000 x 1000 x 1000 with five million known entries (0.5% dense). We further demonstrate the usefulness of CP-WOPT on two real-world applications: a novel EEG (electroencephalogram) application where missing data is frequently encountered due to disconnections of electrodes and the problem of modeling computer network traffic where data may be absent due to the expense of the data collection process. (C) 2010 Elsevier B.V. All rights reserved.

Keywords: Algorithm, Analysis, Application, Approach, Bibliometrics, Biomedical, Candecomp, Chemometrics, Collection, Communication, Data, Data Collection, Decompositions, Eeg, Experiments, First Order, Incomplete Data, Least-Squares, Mar, Matlab, Matrices, Missing Data, Modeling, Models, Multiway Analysis, Network, Network Analysis, Networks, Noise, Optimization, Parafac, Rank, Rights, Scales, SI, Social, Social Network Analysis, Structure, Tensor Factorization, Toolbox, Traffic

? Amigo, J.M., Gredilla, A., de Vallejuelo, S.F.O., de Diego, A. and Madariaga, J.M. (2012), Study of parameters affecting the behaviour of trace elements in a polluted estuary. Canonical correlation analysis as a tool in environmental impact assessment. *Chemometrics and Intelligent Laboratory Systems*, **119** (1), 1-10.

Full Text: [2012\Che Int Lab Sys119, 1.pdf](2012\Che%20Int%20Lab%20Sys119,%201.pdf)

Abstract: Understanding metal behaviour in estuaries is a difficult task. It involves highly dynamic systems continuously subjected to fast changes in environmental conditions governed by alternating physico-chemical parameters and human activity. In order to distinguish the most important environmental factors that determine the behaviour of trace elements in a polluted estuary, water (superficial and deep, at low and high tides) and sediment samples were collected along the Nerbioi-Ibaizabal River estuary (Basque Country, Spain) every three months for six years. The environmental dataset consisted on the concentration of trace elements (Al, As, Cd, Co, Cu, Cr, Fe, Mg, Mn, Ni, Pb, Sn, V and Zn in sediment samples and eight of them in water samples) and physico-chemical properties (temperature, redox potential, dissolved oxygen percentage, conductivity, pH for water samples and also the content of carbonates, total organic carbon (TOC), humic acids (HA) and fulvic acids (FA) in sediment samples). The study of these datasets with canonical correlation analysis revealed the existence of a strong link between different physico-chemical properties and the concentration of certain metals in the estuary. In sediments, for example, strong correlations were found between the carbonate content and some of the studied trace elements. In the water, on the other hand, evident relationships were found between the salinity and the pollutants. (C) 2012 Elsevier B.V. All rights reserved.

Keywords: Canonical Correlations, Environmental Pollution, Estuary, Metals, Sediments, Nerbioi-Ibaizabal River, Water-Quality, Basque Country, Bilbao Estuary, Pattern-Recognition, Scheldt Estuary, Organic-Matter, Northern Spain, Heavy-Metals, Sediments

# Title: Chemphyschem

Full Journal Title: [Chemphyschem](http://www3.interscience.wiley.com/cgi-bin/jhome/72514732)

ISO Abbreviated Title: Chemphyschem

JCR Abbreviated Title: Chemphyschem

ISSN: 1439-4235

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Stock, W.G. (2009), The inflation of impact factors of scientific journals. *Chemphyschem*, **10** (13), 2193-2196.

Full Text: [2009\Chemphyschem10, 2193.pdf](2009\Chemphyschem10,%202193.pdf)

Keywords: Citation Analysis, Citations, Economics Journals, History, Impact Factor, Journal Impact, LIS Journals, Rank, Relative Impacts, Relevance, Scientific Journal, Scientometrics

# Title: Chest

Full Journal Title: [Chest](http://www.chestjournal.org/)

ISO Abbreviated Title: Chest

JCR Abbreviated Title: Chest

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: FField

Michalopoulos, A. and Falagas, M.E. (2005), A bibliometric analysis of global research production in respiratory medicine. *Chest*, **128** (6), 3993-3998.

Full Text: [2005\Chest128, 3993.pdf](2005\Chest128,%203993.pdf)

Abstract: Study objectives: To evaluate the contribution of different world regions in respiratory research productivity. Methods: the world was divided into nine regions based on a combination of geographic, economic, and scientific criteria. Using the PUBMED database, we retrieved information about the origin of articles from 30 journals included in the Respiratory System category of the journal Citation Reports database for a 9-year period (1995 to 2003). We estimated the total number of publications, their mean impact factor, the product of these two parameters, and the research productivity per million of population of the world area divided by, the gross national income per capita (GNIPC), for every year and the whole period of the study, for all defined world regions. Measurements and results: Data on the country of origin of the publications was available for 48,614 of 49,382 retrieved articles (98.5%). The majority of articles published between 1995 and 2003 originated from Western Europe (40.4%) and the United States (35.4%). The research productivity compared to population and the GNIPC was found to be higher for Canada and Oceania compared to the United States and Western Europe. The rate of increase of the total published research product (number of published articles multiplied by the impact factor) was higher in the United States and Europe. The total research contribution of Asia, Eastern Europe, Central and Latin America, and Africa regarding the number of published articles was notably very low (approximately 8%). Conclusions: the data suggest that there was a significant research activity in the field of respiratory medicine during the studied period. Although leaders of production of respiratory medicine research were from Western Europe and the United States, Canada, and Oceania hail the best performance after adjustment for population and GNIPC.

Keywords: Africa, Analysis, Asia, Bibliometric, Bibliometric Analysis, Canada, Country, Country of Origin, Criteria, Data, Database, Eastern Europe, Economic, Europe, Field, Gross National Income, Impact, Impact Factor, Information, Journal, Journals, Latin America, Medicine, Origin, Performance, Population, Productivity, Publications, PUBMED, Research, Research Productivity, United States, World

? Kaw, R., Hernandez, A.V., Walker, E., Aboussouan, L. and Mokhlesi, B. (2009), Determinants of hypercapnia in obese patients with obstructive sleep apnea a systematic review and metaanalysis of cohort studies. *Chest*, **136** (3), 787-796.

Full Text: 2009\Chest136, 787.pdf

Abstract: Background: Inconsistent information exists about factors associated with daytime hypercapnia in obese patients with obstructive sleep apnea (OSA). We systematically, evaluated these factors in this population. Methods: We included studies evaluating the association between clinical and physiologic variables and daytime hypercapnia (Paco(2), >= 45 mm Hg) in obese patients (body mass index [BMI], >= 30 kg/m(2)) With OSA (apnea-hypopnea index [AHI], >= 5) and with a < 15% prevalence of COPD. Two investigators conducted independent literature searches using MEDLINE, Web of Science, and Scopus until July 31, 2008. The association between individual factors and hypercapnia was expressed as the mean difference (MD). Random effects models were used to account for heterogeneity. Results: Fifteen studies (n = 4,250) fulfilled the selection criteria. Daytime hypercapnia was present in 788 patients (19%). Age and gender were not associated with hypercapnia. Patients with hypercapnia had higher BMI (MD, 3.1 kg/m(2); 95% confidence interval [CI], 1.9 to 4.4) and AHI (MD, 12.5; 95% CI, 6.6 to 18.4) than eucapnic patients. Patients with hypercapnia had lower percent predicted FEV(1) (MD, -11.2; 95% CI, -15.7 to -6.8), lower percent predicted vital capacity (MD, -8.1; 95% CI, -11.3 to -4.9), and lower percent predicted total lung capacity (MD, -6.4; 95% CI, -10.0 to -2.7). FEV(1)/FVC percent predicted was not different between hypercapnic and eucapnic patients (MD, -1.7; 95% CI, -4.1 to 0.8), but mean overnight pulse oximetric saturation was significantly lower in hyercapnic patients (MD, -4.9; 95% CI, -7.0 to -2.7). Conclusions: In obese patients with OSA and mostly without COPD, daytime hypercapnia was associated with severity of OSA, higher BMI levels, and degree of restrictive chest wall mechanics. A high Index of suspicion should be maintained in patients with these factors, as early recognition and appropriate treatment can improve outcomes. (CHEST 2009; 136:787-796).

Keywords: Age, Bmi, Body Mass Index, Cohort Studies, Copd, Cpap, Daytime Hypercapnia, Determinants, Diurnal Hypercapnia, Drive, Gender, Hypopnea Syndrome, Hypoventilation-Syndrome, Information, Literature, Methods, Outcomes, Positive Airway Pressure, Prevalence, Pulmonary-Hypertension, Review, Science, Scopus, Systematic, Systematic Review, Treatment, Ventilatory Response, Web of Science

? Young, L.B., Chan, P.S. and Cram, P. (2011), Staff acceptance of tele-ICU coverage: A systematic review. *Chest*, **139** (2), 279-288.

Full Text: 2011\Chest139, 279.pdf

Abstract: Background: Remote coverage of ICUs is increasing, but staff acceptance of this new technology is incompletely characterized. We conducted a systematic review to summarize existing research on acceptance of tele-ICU coverage among ICU staff. Methods: We searched for published articles pertaining to critical care telemedicine systems (aka, tele-ICU) between January 1950 and March 2010 using PUBMED, Cumulative Index to Nursing and Allied Health Literature, Global Health, Web of Science, and the Cochrane Library and abstracts and presentations delivered at national conferences. Studies were included if they provided original qualitative or quantitative data on staff perceptions of tele-ICU coverage. Studies were imported into content analysis software and coded by tele-ICU configuration, methodology, participants, and findings (eg, positive and negative staff evaluations). Results: Review of 3,086 citations yielded 23 eligible studies. Findings were grouped into four categories of staff evaluation: overall acceptance level of tele-ICU coverage (measured in 70% of studies), impact on patient care (measured in 96%), impact on staff (measured in 100%), and organizational impact (measured in 48%). Overall acceptance was high, despite initial ambivalence. Favorable impact on patient care was perceived by >82% of participants. Staff impact referenced enhanced collaboration, autonomy, and training, although scrutiny, malfunctions, and contradictory advice were cited as potential barriers. Staff perceived the organizational impact to vary. An important limitation of available studies was a lack of rigorous methodology and validated survey instruments in many studies. Conclusions: Initial reports suggest high levels of staff acceptance of tele-ICU coverage, but more rigorous methodologic study is required. CHEST 2011;139(2):279-288.

Keywords: Acceptance, Analysis, Barriers, Citations, Cochrane, Collaboration, Content Analysis, Coverage, Critical Care, EICU, Evaluation, Health, Hospitals, ICU, Ill Patients, Impact, Intensive-Care-Unit, Length-of-Stay, Methodology, Methods, Mortality, Nursing, Outcomes, Perceptions, PUBMED, Quantitative, Research, Review, Science, Software, Survey, Systematic, Systematic Review, Telemedicine Program, Training, Web of Science

? Fava, C., Dorigoni, S., Vedove, F.D., Danese, E., Montagnana, M., Guidi, G.C., Narkiewicz, K. and Minuz, P. (2014), Effect of CPAP on blood pressure in patients with OSA/hypopnea: A systematic review and meta-analysis. *Chest*, **145** (4), 762-771.

Full Text: [2014\Chest145, 762.pdf](2014\Chest145,%20762.pdf)

Abstract: Background: CPAP is considered the therapy of choice for OSA, but the extent to which it can reduce BP is still under debate. We undertook a systematic review and meta-analysis of randomized controlled trials (RCTs) to quantify the effect size of the reduction of BP by CPAP therapy compared with other passive (sham CPAP, tablets of placebo drug, conservative measures) or active (oral appliance, antihypertensive drugs) treatments. Methods: We searched four different databases (MEDLINE, EMBASE, Web of Science, and the Cochrane Library) with specific search terms and selection criteria. Results: From 1,599 articles, we included 31 RCTs that compared CPAP with either passive or active treatment. In a random-effects meta-analysis vs passive treatment (29 RCTs, 1,820 subjects), we observed a mean +/- SEM net difference in systolic BP of 2.6 +/- 0.6 mm Hg and in diastolic BP of 2.0 +/- 0.4 mm Hg, favoring treatment with CPAP (P <.001). Among studies using 24-h ambulatory BP monitoring that presented data on daytime and nighttime periods, the mean difference in systolic and diastolic BP was, respectively, 2.2 +/- 0.7 and 1.9 +/- 0.6 mm Hg during daytime and 3.8 +/- 0.8 and 1.8 +/- 0.6 mm Hg during nighttime. In meta-regression analysis, a higher baseline apnea/hypopnea index was associated with a greater mean net decrease in systolic BP (beta +/- SE, 0.08 +/- 0.04). There was no evidence of publication bias, and heterogeneity was mild (I 2, 34%-36%). Conclusions: Therapy with CPAP significantly reduces BP in patients with OSA but with a low effect size. Patients with frequent apneic episodes may benefit the most from CPAP.

Keywords: Ambulatory, Analysis, Baroreflex Sensitivity, Bias, Blood Pressure, Cardiovascular Events, Choice, Clinical-Trials, Conservative, Cpap, Criteria, Data, Databases, Drug, Drugs, Effect, Effect Size, Embase, Evidence, Heart-Failure Patients, Heterogeneity, Hypertensive Patients, Hypopnea Syndrome, Index, Measures, Medline, Meta Analysis, Meta-Analysis, Meta-Regression, Metaanalysis, Methods, Monitoring, Obstructive Sleep-Apnea, Oral, P, Patients, Placebo, Placebo-Controlled Trial, Positive Airway Pressure, Publication, Publication Bias, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Reduction, Results, Review, Science, Se, Selection, Selection Criteria, Sem, Size, Systematic Review, Tablets, Therapy, Treatment, Web Of Science

? Cao, C., Tian, D.H., Wolak, K., Oparka, J., He, J.X., Dunning, J., Walker, W.S. and Yan, T.D. (2014), Cross-sectional survey on lobectomy approach (X-SOLA). *Chest*, **146** (2), 292-298.

Full Text: 2014\Chest146, 292.pdf

Abstract: BACKGROUND: Lobectomy for non-small cell lung cancer (NSCLC) can be performed either through open thoracotomy or video-assisted thoracoscopic surgery (VATS). To improve the understanding of current attitudes of the thoracic community toward VATS lobectomy, the Collaborative Research Group conducted the Cross-sectional Survey on Lobectomy Approach (X-SOLA) study. We surveyed a large cohort of lobectomy-performing thoracic surgeons to examine their adoption of VATS lobectomy and their opinions of this technique vs conventional open thoracotomy. METHODS: Participants included thoracic surgeons identified through an international index search from the Web of Science and the cardiothoracic surgery network. A confidential questionnaire was e-mailed in June 2012. Nonresponders were given two reminder e-mails at monthly intervals. RESULTS: The questionnaire, completed by 838 thoracic surgeons within a 3-month period, identified 416 surgeons who only performed lobectomy through open thoracotomy and 422 surgeons who performed VATS or robotic VATS. Of those who performed VATS, 95% agreed with the definition of “true” VATS lobectomy according to the Cancer and Leukemia Group B trial. Ninety-two percent of surgeons who did not perform VATS lobectomy responded that they were willing to learn this technique, but were hindered by limited resources, exposure, and mentoring. Both groups agreed there was a need for VATS lobectomy training in thoracic residency programs and in standardized workshops. CONCLUSIONS: X-SOLA represents the largest cross-sectional report within the thoracic community to date, demonstrating the penetration of VATS lobectomy for NSCLC internationally. From our study, we were able to identify a number of obstacles to broaden the adoption of this minimally invasive technique.

Keywords: Adoption, Approach, Assisted Thoracic-Surgery, Attitudes, Background, Cancer, Cell, Cell Lung-Cancer, Cohort, Community, Conclusions, Confidential, Conventional, Cross-Sectional, Definition, Exposure, Groups, Index, International, Intervals, Invasive, Leukemia, Lung, Lung Cancer, Metaanalysis, Methods, Network, NSCLC, Open, Opinions, Questionnaire, Research, Resection, Residency, Resources, Science, Surgery, Survey, Thoracoscopic Lobectomy, Training, Trial, Understanding, Web Of Science, Workshops

? Miller, A.C., Ziad-Miller, A. and Elamin, E.M. (2014), Brain death and islam the interface of religion, culture, history, law, and modern medicine. *Chest*, **146** (4), 1092-1101.

Full Text: 2014\Chest146, 1092.pdf

Abstract: How one defines death may vary. It is important for clinicians to recognize those aspects of a patient’s religious beliefs that may directly influence medical care and how such practices may interface with local laws governing the determination of death. Debate continues about the validity and certainty of brain death criteria within Islamic traditions. A search of PubMed, Scopus, EMBASE, Web of Science, PsycNet, Sociological Abstracts, DIALOGUE ProQuest, Lexus Nexus, Google, and applicable religious texts was conducted to address the question of whether brain death is accepted as true death among Islamic scholars and clinicians and to discuss how divergent opinions may affect clinical care. The results of the literature review inform this discussion. Brain death has been acknowledged as representing true death by many Muslim scholars and medical organizations, including the Islamic Fiqh Academies of the Organization of the Islamic Conference and the Muslim World League, the Islamic Medical Association of North America, and other faith-based medical organizations as well as legal rulings by multiple Islamic nations. However, consensus in the Muslim world is not unanimous, and a sizable minority accepts death by cardiopulmonary criteria only.

Keywords: 10-Year Experience, Affect, Association, Beliefs, Bioethics, Brain, Brain Death, Cardiopulmonary, Care, Clinical, Conference, Consensus, Criteria, Culture, Death, Dialogue, Embase, End-Of-Life, Ethics, Google, History, Influence, Interface, Islam, Law, Laws, Legal, Literature, Literature Review, Local, Medical, Medical Care, Medicine, Muslim, Nations, North, North America, Opinions, Organ Donation, Practices, Pubmed, Religion, Review, Saudi-Arabia, Science, Scopus, Transplantation, Validity, Web Of Science, World

# Title: CHI2009: Proceedings of the 27th Annual CHI Conference on Human Factors in Computing Systems

Full Journal Title: CHI2009: Proceedings of the 27th Annual CHI Conference on Human Factors in Computing Systems

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bartneck, C. and Hu, J. (2009), Scientometric analysis of the CHI Proceedings. *CHI2009: Proceedings of the 27th Annual CHI Conference on Human Factors in Computing Systems*, **1-4**, 699-708.

Abstract: the CHI conference has grown rapidly over the last 26 years. We present a quantitative analysis on the countries and organizations that contribute to its success. Only 7.8 percent of the countries are responsible for 80 percent of the papers in the CHI proceedings, and the USA is clearly the country with most papers. But the success of a country or organization does not depend only on the number of accepted papers, but also on their quality. We present a ranking of countries and organizations based on the h-Index, an indicator that tries to balance the quantity and quality of scientific output based on a. bibliometric analysis. The bibliometric analysis also allowed us to demonstrate the difficulty of judging quality. The papers acknowledged by the best paper award committee were not cited more often than a random sample of papers from the same years. The merit of the award is therefore unclear, and it might be worthwhile to allow the visitor to the conference to vote for the best paper.

Keywords: Analysis, Balance, Bibliometric, Bibliometric Analysis, Bibliometrics, CHI, Citation Analysis, Committee, Country, Counts, g-Index, Google-Scholar, H Index, h-Index, History, Impact, Index, Indicator, Organization, Organizations, Papers, Quality, Quality, Quality of, Quantitative Analysis, Random Sample, Ranking, Science, Scientific Output, Scopus, Success, USA, Web

# Title: Child Abuse & Neglect

Full Journal Title: Child Abuse & Neglect

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: TTopic, RReview

? Lalor, K. (2004), Child sexual abuse in sub-Saharan Africa: A literature review. *Child Abuse & Neglect*, **28** (4), 439-460.

Full Text: [2004\Chi Abu Neg28, 439.pdf](2004\Chi%20Abu%20Neg28,%20439.pdf)

Abstract: Objective: This article reviews the English-language literature on child sexual abuse in sub-Saharan Africa (SSA). The focus is on the sexual abuse of children in the home/community, as opposed to the commercial sexual exploitation of children. Methods: English language, peer-reviewed papers cited in the Social Sciences Citation Index (SSCI) are examined. Reports from international and local NGOs and UN agencies are also examined. Results: Few published studies on the sexual abuse of children have been conducted in the region, with the exception of South Africa. Samples are predominantly clinical or University based. A number of studies report that approximately 5% of the sample reported penetrative sexual abuse during their childhood. No national survey of the general population has been conducted. The most frequent explanations for the sexual abuse of children in SSA include rapid social change, AIDS/HIV avoidance strategies and the patriarchal nature of society. Child sexual abuse is most frequently perpetrated by family members, relatives, neighbors or others known to the child. Conclusions: There is nothing to support the widely held view that child sexual abuse is very rare in SSA-prevalence levels are comparable with studies reported from other regions. The high prevalence levels of AIDS/HIV in the region expose sexually abused children to high risks of infection. It is estimated that, approximately .6-1.8% of all children in high HIV-incidence countries in Southern Africa will experience penetrative sexual abuse by an AIDS/HIV infected perpetrator before 18 years of age. (C) 2004 Elsevier Ltd. All rights reserved.

Keywords: Abuse, Africa, Age, Child, Childhood, Children, Clinical, Experience, Family, Family Members, General, Infected, Infection, International, Literature, Literature Review, Local, National Survey, NGOS, Papers, Peer-Reviewed, Population, Prevalence, Review, Reviews, Rights, Risks, Sexual Abuse, Social, Social Change, Society, South Africa, SSCI, Sub-Saharan Africa, Support, Survey

# Title: Child Care Health and Development

Full Journal Title: [Child Care Health and Development](http://webbackup.epnet.com/HJAFdetail.asp?tb=1&_ug=dbs+3+ln+en%2Dus+sid+C6318672%2DE49D%2D43AC%2DAA21%2DCDC437E1BF92%40sessionmgr3%2Dsessionmgr4+146B&_uh=btn+N+idb+pbhish+jdb+pbhjnh+op+phrase+ss+ID++6NX+8A4F&_us=db+3+sm+ES+8673&); [Child Care Health and Development](http://www.blackwell-synergy.com/servlet/useragent?func=showIssues&code=cch)

ISO Abbreviated Title: Child Care Health Dev.

JCR Abbreviated Title: Child Care Hlth Dev

ISSN: 0305-1862

Issues/Year: 6

Journal Country/Territory: England

Language: English

Publisher: Blackwell Science Ltd

Publisher Address: PO Box 88, Osney Mead, Oxford OX2 0NE, Oxon, England

Subject Categories:

Pediatrics: Impact Factor

? Whittingham, K., Wee, D. and Boyd, R. (2011), Systematic review of the efficacy of parenting interventions for children with cerebral palsy. *Child Care Health and Development*, **37** (4), 475-483.

Full Text: 2011\Chi Car Hea Dev37, 475.pdf

Abstract: This systematic review aims to evaluate the efficacy of parenting interventions (i.e. behavioural family intervention and parent training) with parents of children with cerebral palsy (CP) on child behavioural outcomes and parenting style/skill outcomes. The following databases were searched: MEDLINE (1950-April 2010), PUBMED (1951-April 2010), PsycINFO (1840-April 2010), CINAHL (1982-April 2010) and Web of Science (1900-April 2010). No randomized clinical trials of parenting interventions with parents of children with CP were identified. Three studies were identified that involved the examination of a targeted parenting intervention via a pre-post design. Interventions utilized included the implementation of parenting interventions in conjunction with behavioural intervention and oral motor exercises for children with CP and feeding difficulties, the Hanen It Takes Two to Talk programme and a Functional Communication Training programme for parents. All studies found changes in relevant child behavioural outcomes. The studies reviewed suggest that parenting interventions may be an effective intervention for parents of children with CP. However, the current research is limited to pre-post designs of targeted parenting interventions (e. g. parenting interventions focused upon communication). A randomized controlled trial of parenting interventions for families of children with CP is urgently needed to address this paucity in the literature and provide families of children with CP with an evidence-based intervention to address child behavioural and emotional problems as well as parenting challenges.

Keywords: Behavior, Behavioural Family Intervention, Cerebral Palsy, Child, Children, Clinical Trials, Communication, Databases, Disabilities, Efficacy, Families, Intervention, Interventions, Literature, Outcomes, Parent, Parenting, Parenting Interventions, Parents, PUBMED, Randomized Clinical Trials, Randomized Controlled Trial, Research, Review, Science, Systematic, Systematic Review, Training, Web of Science

# Title: Child Development Perspectives

Full Journal Title: Child Development Perspectives

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Shiner, R.L., Buss, K.A., McClowry, S.G., Putnam, S.P., Saudino, K.J. and Zentner, M. (2012), What is temperament *now*? Assessing progress in temperament research on the twenty-fifth anniversary of Goldsmith et al. (1987). *Child Development Perspectives*, **6** (4), 436-444.

Full Text: [2012\Chi Dev Per6, 436.pdf](2012\Chi%20Dev%20Per6,%20436.pdf)

Abstract: The now-classic article What Is Temperament? Four Approaches by H. H. Goldsmith et al. (1987) brought together originators of four prominent temperament theoriesRothbart, Thomas and Chess, Buss and Plomin, and Goldsmithto address foundational questions about the nature of temperament. This article reviews what has been learned about the nature of temperament in the intervening 25 years, It begins with an updating of the 1987 consensus definition of temperament that integrates more complex current findings. Next, 4 progeny trained in the original temperament traditions assess contributions of their respective approaches. The article then poses essential questions for the next generation of research on the fundamentals of temperament, including its structure, links with personality traits, interaction with context, and change and continuity over time.

Keywords: Behavior, Childhood, Childhood Development, Consensus, Context, Environmental Effects, Generation, Genes, Interaction, Intervention, Personality, Personality Traits, Plasticity, Preschool, Psychopathology, Research, Resilience, Reviews, Self-Regulation, Structure, Temperament Change

# Title: Child & Family Social Work

Full Journal Title: Child & Family Social Work

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Geens, N. and Vandenbroeck, M. (2014), The (ab)sense of a concept of social support in parenting research: A social work perspective. *Child & Family Social Work*, **19** (4), 491-500.

Full Text: [2014\Chi Fam Soc Wor19, 491.pdf](2014/Chi%20Fam%20Soc%20Wor19,%20491.pdf)

Abstract: Social support, as a complex, dynamic and multidimensional concept, has been studied extensively. However, a review of research publications on social support and parenting reveals that social work perspectives on social support are underdeveloped in the Social Sciences Citation Index. Social support is predominantly studied in relation to parental health, considering social support as a buffer against potential negative outcomes for children. This, in turn, legitimates extensive research on parents 'at risk'. Specific target groups have been questioned abundantly using social support measures, mainly consisting of self-reports. We conclude that social support is studied as a predefined concept, lacking conceptualizations that encompass the actual enacted support in relation to the perspectives of both givers and receivers of support. Moreover, the focus on targeted groups ignores the experience of social support in more diverse populations in general services and in everyday life. Issues of reciprocity, diversity and multivocality are central to our appeal for social work perspectives truly encompassing the relational aspect of social support. The question whether, and to what extent, social workers (including practitioners, policy-makers and researchers) should give attention to this relational aspect is discussed.

Keywords: Attention, Buffer, Care, Children, Citation, Concept, Disability, Diversity, Dynamic, Experience, Fathers, General, Groups, Health, Involvement, Life, Low-Income Mothers, Measures, Mental-Health, Multidimensional, Networks, Nov, Outcomes, Parenting, Parenthood, Parents, Populations, Potential, Publications, Research, Researchers, Review, Risk, Sciences, Services, Social, Social Networks, Social Sciences, Social Sciences Citation Index, Social Support, Social Work, Stress, Support, Work, Young-Children

# Title: Child Language Teaching & Therapy

Full Journal Title: Child Language Teaching & Therapy

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? te Kaat-van den Os, D., Jongmans, M.J., Volman, M.J.M. and Lauteslager, P.E.M. (2015), Do gestures pave the way?: A systematic review of the transitional role of gesture during the acquisition of early lexical and syntactic milestones in young children with Down syndrome. *Child Language Teaching & Therapy*, **31** (1), 71-84.

Full Text: [2015\Chi Lan Tea The31, 71.pdf](2015/Chi%20Lan%20Tea%20The31,%2071.pdf)

Abstract: Expressive language problems are common among children with Down syndrome (DS). In typically developing (TD) children, gestures play an important role in supporting the transition from one-word utterances to two-word utterances. As far as we know, an overview on the role of gestures to support expressive language development in children with DS is lacking. This systematic review aims to synthesize the current state of empirical evidence on the role of gestures during the acquisition of early lexical and syntactic milestones in young children with DS. A systematic literature search was performed using Pubmed, Scopus, PsycINFO and Web of Science databases. A total of 12 studies met the inclusion criteria. Results show that children with DS produce the same gestures and go through the same early expressive language stages of development as TD children. For children with DS, however, developmental stages are significantly delayed and, most importantly, the stage of supplementary gesture-plus-word combinations is rarely observed. Incorporating both verbal communication and gestures in daily communication between the child with DS and his/her parent might facilitate the child’s transition from one-word utterances to two-word utterances. Such activities should be incorporated into early language intervention programs.

Keywords: Child, Children, Communication, Criteria, Databases, Developing, Development, Down Syndrome, Early Language Development, Evidence, From, Gestures, Intervention, Language, Language-Development, Literature, Literature Search, Overview, Parent, Psycinfo, Results, Review, Role, S, Science, Scopus, Spanish Children, Speech, State, Support, Syndrome, Syntax, Systematic, Systematic Literature Search, Systematic Review, Vocabulary, Vocabulary, Web, Web Of Science, Web Of Science Databases, Words, Young

# Title: Childhood Obesity

Full Journal Title: Childhood Obesity

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? van Hoek, E., Feskens, E.J.M., Bouwman, L.I. and Janse, A.J. (2014), Effective interventions in overweight or obese young children: Systematic review and meta-analysis. *Childhood Obesity*, **10** (6), 448-460.

Full Text: 2014\Chi Obe10, 448.pdf

Abstract: Background: Treatment programs for overweight and obese young children are of variable effectiveness, and the characteristics of effective programs are unknown. In this systematic review with meta-analysis, the effectiveness of treatment programs for these children is summarized. Methods: PubMed, Embase, Web of Science, and PsycINFO databases were searched up to April 2012. Articles reporting the effect of treatment on the body weight of overweight or obese children with a mean age in the range of 3-z-score with standard error were included in a meta-analysis. For this purpose, a random-effects model was used. Results: The search identified 11,250 articles, of which 27 were included in this review. Eleven studies, including 20 treatment programs with 1015 participants, were eligible for the meta-analysis. The pooled intervention effect showed high heterogeneity; therefore, subgroup analysis was performed. Subgroup analysis showed that program intensity and used components partly explained the heterogeneity. The subgroup with two studies using multicomponent treatment programs (combining dietary and physical activity education and behavioral therapy) of moderate or high intensity showed the largest pooled change in BMI z-score (-0.46; I-2, 0%). Conclusion: Although the subgroup multicomponent treatment programs of moderate to high intensity contained only two studies, these treatment programs appeared to be most effective in treating overweight young children.

Keywords: Activity, Adolescent Overweight, Age, Age-Children, Analysis, Articles, Bmi, Body Weight, Body-Mass Index, Characteristics, Childhood Obesity, Children, Combining, Databases, Education, Effectiveness, Error, Heterogeneity, Intensity, Intervention, Interventions, Life-Style Intervention, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Obese, Overweight, Pediatric Obesity, Physical, Physical Activity, Primary-Care, Program, Psycinfo, Pubmed, Purpose, Random Effects Model, Randomized Controlled-Trial, Reporting, Results, Review, Science, Standard, Systematic, Systematic Review, Therapy, Treatment, Web, Web Of Science, Weight Management Interventions, Young, Z-Score

# Title: Childs Nervous System

Full Journal Title: Childs Nervous System

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Wilcox, M.A., Khan, N.R., McAbee, J.H., Boop, F.A. and Klimo, P. (2013), Highly cited publications in pediatric neurosurgery. *Childs Nervous System*, **29** (12), 2201-2213.

Full Text: [2013\Chi Ner Sys29, 2201.pdf](2013/Chi%20Ner%20Sys29,%202201.pdf)

Abstract: The number of citations a publication receives can be used as a surrogate for the impact that article has made on its discipline. This study identifies and characterizes the most cited articles in pediatric neurosurgical journals as of April 2013.

We examined four clinical pediatric neurosurgery journals. The 100 most cited articles in the overall literature and the top 50 articles from 2002 to 2012 were examined. The following information was recorded for each article: number of authors, country of origin, citation-count adjusted for number of years in print, topic, and level of evidence.

The 100 most cited articles appeared in three of the four journals: Child’s Brain, Pediatric Neurosurgery and Child’s Nervous System. Publication dates ranged from 1975 to 2006; 21 were prospective studies, 64 were retrospective, and 81 were either class 4 evidence (case series, n = 70) or review articles (n = 11). Citations ranged from 65 to 193 (mean of 90); average adjusted citation count per year was 4.5. The 50 most cited articles from 2002 to 2012 appeared in Child’s Nervous System, Pediatric Neurosurgery, and JNS: Pediatrics. Four were prospective studies, 25 were retrospective, and 38 of the total (76 %) were either class 4 evidence (n = 24) or review articles (n = 14). Citations ranged from 41 to 125 (mean of 54); average adjusted citation count per year was 6.3.

An original paper in pediatric neurosurgery having a total citation count of 50 or more, and an average citation count of 5 per year or more can be considered a high impact publication.

Keywords: Citation, Analysis, Articles, Pediatric, Neurosurgery, Citation-Classics, Orthopedic-Surgery, Articles, Journals, Science, Impact, Medicine, Urology, History, Authors

? Venable, G.T., Shepherd, B.A., Roberts, M.L., Taylor, D.R., Khan, N.R. and Klimo, P. (2014), An application of Bradford’s law: Identification of the core journals of pediatric neurosurgery and a regional comparison of citation density. *Childs Nervous System*, **30** (10), 1717-1727.

Full Text: [2014\Chi Ner Sys30, 1717.pdf](2014/Chi%20Ner%20Sys30,%201717.pdf)

Abstract: Bradford’s law describes the number of core journals in a given field or subject and has recently been applied to neurosurgery. The objective of this study was to use currently accepted formulations of Bradford’s law to identify core journals of pediatric neurosurgery. An additional analysis was completed to compare regional dependence on citation density among North American and European neurosurgeons. All original research publications from 2009 to 2013 were analyzed for the 25 top publishing pediatric neurosurgeons in North America and Europe, which were sampled to construct regional citation databases of all journal references. Regional differences were compared with each database. Egghe’s formulation and the verbal formulation of Bradford’s law were applied to create specific citation density zones and identify the core journals. Regional comparison demonstrated a preference for the Journal of Neurosurgery and Child’s Nervous System, respectively, but four of the top five journals were common to both groups. Applying the verbal formulation of Bradford’s law to the North American citation database, a pattern of citation density was identified across the first three zones. Journals residing in the most highly cited first zone are presented as the core journals. Bradford’s law can be applied to identify the core journals of neurosurgical subspecialties. While regional differences exist between the most highly cited and most frequently published in journals among North American and European pediatric neurosurgeons, there is commonality between the top five core journals in both groups.

Keywords: Analysis, Application, Bibliometrics, Bradford’S Law, Citation, Citation Analysis, Citation Databases, Comparison, Core Journals, Database, Databases, Europe, Field, First, Formulation, From, Groups, H Index, H-Index, Highly Cited, Highly-Cited, Identification, Journal, Journals, Law, Neurosurgery, North, North America, Pattern, Pediatric, Pediatric Neurosurgery, Preference, Publications, Publishing, References, Regional, Research, Scopus

# Title: Chilean Journal of Agricultural Research

Full Journal Title: [Chilean Journal of Agricultural Research](http://www.scielo.cl/scielo.php?script=sci_issues&pid=0718-5839&lng=en&nrm=iso)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Krauskopf, E. (2012), Short term impact of the *Chilean Journal of Agricultural Research*: A bibliometric analysis. *Chilean Journal of Agricultural Research*, **72** (1), 161-164.

Full Text: 2012\Chi J Agr Res72, 161.pdf

Abstract: In January 2007, the Chilean Journal of Agricultural Research was indexed by the Institute of Scientific Information (ISI). This paper reviews the research that has been published since 2007 by using records extracted from the Web of Science database. The papers published were mostly affiliated to researchers from Chile, and six out of the ten most-contributing countries were from Latin America. The analysis by institutions showed Universidad de Concepcion as the most prolific, although this result is not valid. A lack of standardization in the manner the Instituto de Investigaciones Agropecuarias (INIA) subscribed its address on each paper caused a disaggregation of the information. This was proven by the manual curation of each record that was affiliated to any of the centers belonging to INIA. The journal has a self-citation rate of 19.3%, value that is relatively high if compared to other journals from the same subject category listed on the Journal Citation Reports 2010. Finally, this work should be considered a bibliometric snapshot of the current situation of the journal that will serve as a benchmark when new evaluations are made in a few-years time.

Keywords: Analysis, Bibliometric, Chile, Citation, Countries, Database, Epistemometry, Impact, Information, Institutions, ISI, Journal, Journal Citation Reports, Journals, Latin America, Papers, Record, Records, Research, Reviews, Science, Scientific Productivity, Self-Citation, Standardization, Value, Web of Science, Work

# Title: Chimia

Full Journal Title: [Chimia](http://www.ingentaconnect.com/content/scs/chimia;jsessionid=1jkvbh04lfaiu.alice)

ISO Abbreviated Title: Chimia

JCR Abbreviated Title: Chimia

ISSN: 0009-4293

Issues/Year: 10

Journal Country/Territory: Switzerland

Language: Multi-Language

Publisher: New Swiss Chemical Soc

Publisher Address: C/O Novartis AG, K-25 1 45, CH-4002 Basel, Switzerland

Subject Categories:

Chemistry: Impact Factor 1.253, 32/121

? Molinie, A. and Bodenhausen, G. (2008), America, America! *Chimia*, **62** (4), 291-299.

Full Text: Chimia62, 291.pdf

Abstract: This account was written during a four-month stay in Berkeley from May to August 2007. It was partly inspired by a diary published by Simone de Beauvoir after her four-month lecture tour to the US in 1947.([1]) We could not resist the temptation of writing a few pages about our impressions. This text is not intended as an essay about anthropological or chemical sciences. We merely tried to understand the conditions of the bubbling creativity that we have so often witnessed in Berkeley. Some of our comments are more or less voluntarily naive, as if Voltaire’s Candide had made a trip to America. Our impressions may appear a bit franchouillardes, and perhaps a trifle rude to our American hosts, whose kindness does not deserve such a harsh treatment.

Keywords: Bibliometrics, Creativity, Cultural Misunderstandings, Funding of Scientific Research, Impact, Sciences, Treatment, US

? Meyer, V.R. (2009), The h Index - Help or hype? *Chimia*, **63** (1-2), 66-68.

Full Text: Chimia63, 66.pdf

Abstract: Three years ago a bibliometric index for the qualification of a person’s scientific output was proposed by Hirsch, the so-called h Index. This is an integer number which combines the number of papers of an author and the number of citations they gathered. Thus the h Index is an indicator for both the productivity and the impact of a scientist. This paper presents the properties of the h Index and the great attention it attracted within a short time. Numerous other indices, claimed to be better than the original, were proposed in the meantime. These developments are discussed critically.

Keywords: Attention, Bibliometric, Bibliometry, Citations, h Index, h-Index, Hirsch, Hirsch Index, Hirsch Index, Impact, Index, Index Inflation, Indicator, Indices, Papers, Productivity, Scientific Output, Time

? Molinie, A. and Bodenhausen, G. (2010), Bibliometrics as weapons of mass citation. *Chimia*, **64** (1-2), 78-89.

Full Text: 2010\Chimia64, 78.pdf

Abstract: the allocation of resources for research is increasingly based on so-called ‘bibliometrics’. Scientists are now deemed to be successful on the sole condition that their work be abundantly cited. This world-wide trend appears to enjoy support not only by granting agencies (whose task is obviously simplified by extensive recourse to bibliometrics), but also by the scientists themselves (who seem to enjoy their status of celebrities). This trend appears to be fraught with dangers, particularly in the area of social sciences, where bibliometrics are less developed, and where monographs (which are not taken into account in citation indexes) are often more important than articles published in journals. We argue in favour of a return to the values of ‘real science’, in analogy to the much-promised return to a ‘real economy’. While economists may strive towards a more objective evaluation of the prospects of a company, a market, or an industrial sector, we scientists can only base our appraisal on a responsible practice of peer review. Since we fear that decision-takers of granting agencies such as the FNRS, CTI, EPFL, ETHZ, ANR, CNRS, NIH, NSF, DOE,([1]) etc. will be too busy to read our humble paper in Chimia, we appeal to scientists of all countries and disciplines to unite against the tyranny of bibliometrics.

Keywords: Articles, Bibliometrics, Citation, Citation Indexes, Citation Indices, Eigenfactors, Enhancement, Evaluation, Extensive, Fun Factors, h-Factors, Impact Factors, Journals, Magnetic-Resonance, Multiple-Quantum Coherence, Networks, Nmr-Spectroscopy, Peer Review, Peer-Review, Proteins, Research, Resolution, Review, Science, Science Policy, Shifts, Social Sciences, Spectra, Support, Task, Teaching Factors, Trend

? Molinie, A. and Bodenhausen, G. (2011), The kinship or k-Index as an antidote against the toxic effects of h-Indices. *Chimia*, **65** (6), 433-436.

Full Text: 2011\Chimia65, 433.pdf

Abstract: In a bilingual paper entitled ‘Bibliometrics as weapons of mass citation - La bibliometrie comme arme de citation massive’,([1]) recently translated into English,([2]) we have argued that the current fashion of ranking people, papers and journals is anything but harmless. The point was forcefully supported by Richard Ernst in a post-face entitled ‘The Follies of Citation Indices and Academic Ranking Lists.([3,4]) We received a surprising number of passionate responses, such as ‘It’s written out of my heart’ (TH); ‘Je soutiens cette entreprise courageuse de tout coeur’ (VT); ‘Impact Faktoren sind ein Marktinstrument gewisser Verlage (FS); ‘II y a un combat a mener’ (SB). Some thoughtful responses have been incorporated into this Essay, albeit in attenuated form. We suggest that the ‘fertility’ of individual scientists be appreciated in terms of kinship rather than through personalized indices.

Keywords: Bibliometrics, Citation, h-Indices, Journals, K-Indices, Papers, Ranking

# Title: Chimica Oggi-Chemistry Today

Full Journal Title: Chimica Oggi-Chemistry Today

ISO Abbreviated Title: Chim. Oggi-Chem. Today

JCR Abbreviated Title: Chim Oggi

ISSN: 0392-839X

Issues/Year: 9

Journal Country/Territory: Italy

Language: English

Publisher: Teknoscienze Publ

Publisher Address: Via Aurelio Saffi 23, 20123 Milan, Italy

Subject Categories:

Biotechnology & Applied Microbiology Chemistry: Impact Factor

Notes: CCountry

? Zhou, P. and Leydesdorff, L. (2009), Chemistry in China - a bibliometric view. *Chimica Oggi-Chemistry Today*, **27** (6), 19-22.

Full Text: [2009\Chi Ogg-Che Tod27, 19.pdf](2009\Chi%20Ogg-Che%20Tod27,%2019.pdf)

Abstract: Based on bibliometric analysis, this paper explores China’s publication activity in chemistry. China develops fast in chemical research and has taken a leading position in publishing journal papers. International collaboration plays a role in the Chinese chemical community, but this role varies among subfields.

Keywords: Science, Korea

Notes: CCountry

? Álvarez, E.C. and Anegon, F.D. (2009), Chemistry in Spain bibliometric analysis through Scopus. *Chimica Oggi-Chemistry Today*, **27** (6), 61-64.

Full Text: [2009\Chi Ogg-Che Tod27, 61.pdf](2009\Chi%20Ogg-Che%20Tod27,%2061.pdf)

Abstract: A bibliometric analysis of data from the Scopus database was performed to assess Chemistry publishing activity in Spain. Results show a slight decrease in Chemistry publication output with respect to total output in Spain, similar to that observed in other regions in the world, and a slight increase in the number of citations.

# Title: China Basic Science

Full Journal Title: [China Basic Science](http://c.wanfangdata.com.cn/periodical-zgjckx.aspx)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Chen, J. (2009), Statistics on original research papers published in *Pain* by Chinese Mainland during 1975-2008. *China Basic Science*, **11** (2), 40-45.

Full Text: [2009\Chi Bas Sci11, 40.pdf](2009\Chi%20Bas%20Sci11,%2040.pdf)

Abstract: Based upon the search results through PUBMED Web with the aid of Note Express and the data published by Mogil et al. (Pain, 2009, 142: 48—58) which examined every one of the 4525 original Research Papers published in the journal, Pain, from 1975 (the first issue) to the end of 2007, each of the 44 original Research Papers contributed to the journal Pain by Chinese researchers till March 1, 2009 were reanalyzed. In this report, only those papers coming from institutions in the mainland of People’s Republic of China were considered. The present data provided with a basic frame outlining how important our country was to the development of pain research, what was the regional difference in research interests across the mainland, and who were highly cited institutions and authors in terms of contribution to the journal, Pain. This report suggested that Chinese pain researchers had been and would be playing an important role in the development of pain research although their influence was still limited to some specific aspects.

Keywords: Pain Research, Chinese Pain Researchers, Chinese Mainland

# Title: China Economic Review

Full Journal Title: [China Economic Review](http://www.sciencedirect.com/science/journal/1043951X)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Prasad, E.S. (2009), Is the Chinese growth miracle built to last? *China Economic Review*, **20** (1), 103-123.

Full Text: [2009\Chi Wor Eco20, 103.pdf](2009\Chi%20Wor%20Eco20,%20103.pdf)

Abstract: Is the Chinese growth miracle-a remarkably high growth rate sustained for over two decades likely to persist or are the seeds of its eventual demise contained in the policies that have boosted growth? For all its presumed flaws, the particular approach to macroeconomic and structural policies that has been adopted by the Chinese government has helped to deliver high productivity and output growth, along with a reasonable degree of macroeconomic stability. There comes a point, however, when the policy distortions needed to maintain this approach could generate imbalances, impose potentially large welfare costs, and themselves become a source of instability.

The traditional risks faced by emerging market economies, especially those related to having an open capital account, do not loom large in the case of China. In the process of securing protection against external risks, however, Chinese policymakers may have increased the risks of internal instability. There are a number of factors that could trigger unfavorable economic dynamics that, even if they don’t rise to the level of a crisis, could have serious adverse repercussions on growth and welfare. The flexibility and potency of macroeconomic tools to deal with such negative shocks is constrained by the panoply of policies that has supported growth so far. (C) 2008 Elsevier Inc. All rights reserved.

Keywords: Exchange Rate Flexibility, Capital Account Liberalization, Growth Model, Macroeconomic Policies, Financial Sector Reforms

Notes: CCountry

? Du, Y.X. and Teixeira, A.A.C. (2012), A bibliometric account of Chinese economics research through the lens of the *China Economic Review*. *China Economic Review*, **23** (4), 743-762.

Full Text: [2012\Chi Wor Eco23, 743.pdf](2012\Chi%20Wor%20Eco23,%20743.pdf)

Abstract: Very few studies on the assessment and evolution of Chinese economics research draw on quantitative methods, namely bibliometrics. Bibliometrics is a powerful tool that helps to explore, organize and analyze large amounts of information in a quantitative manner. Selecting the most important economic journal focusing on the Chinese economy - the China Economic Review (CER) - we classified and assessed all the (512) articles that have been published in CER from its founding (1989) to December 2010. Based on these articles, and undertaking an exploratory statistical analysis on three databases - a ‘bibliographic’ database (512 articles), a ‘roots’ database (over 10 thoUSAnd citations), and an ‘influence’ database (over 3 thoUSAnd citations), we concluded that: 1) ‘Economic Development, Technological Change, and Growth’: ‘Economic Systems’, and ‘International economics’ are the most important topics for Chinese economics literature; 2) there is a trend in Chinese economics research for growing ‘rigor’, associated to a noticeable rise in the weight of formal/mathematical-based articles; 3) the ‘International economics’ topic does not influence nor is it influenced by Chinese economics literature; and 4) Chinese economics literature is characterized by a certain level of endogamy, given that its range of influence is rather concentrated (geographically) in China and the USA. (C) 2012 Elsevier Inc. All rights reserved.

Keywords: Analysis, Assessment, Bibliographic, Bibliometric, Bibliometrics, China, China Economic Review, Chinese, Citations, Cocitation Analysis, Database, Databases, Ecological Economics, Economic, Economics, Economy, Evolution, Evolution of Research, Foreign Direct-Investment, Information, International-Business, Journal, Literature, Marketing Journals, Methods, Quantitative Methods, Reforms, Regional Inequality, Relative Impacts, Research, Review, Rights, Statistical Analysis, Trend, USA, WTO Accession

# Title: China Medical Education Technology

Full Journal Title: [China Medical Education Technology](http://e29.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=ZYXJ&NaviLink=%e4%b8%ad%e5%9b%bd%e5%8c%bb%e5%ad%a6%e6%95%99%e8%82%b2%e6%8a%80%e6%9c%af)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1004-5287

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Zhao, J.P., Wang, H. and Feng, B. (2004), Quantitative analysis of the establishment and development of shared resources of library information. *China Medical Education Technology*, **18** (4), 203-206.

Full Text: [2004\Chi Med Edu Tec18, 203.pdf](2004\Chi%20Med%20Edu%20Tec18,%20203.pdf)

Abstract: After retrieving the articles published during years 1987～2002 concerning the establishment of network of shared library resources, we made a quantitative analysis of the process of its advancement, formation and promotion. We then assessed the development of the network, summarized experience and discussed our realistic problems. We suggested that efforts should be made to standardize the network of shared literature resources through systemic and unified regulation and coordination so as to promote the development of shared literature resources in China.

Keywords: Bibliometric Statistical Analysis, Library Information, Shared Resources, Internet Environment

# Title: China Science & Technology Resources Review

Full Journal Title: China Science & Technology Resources Review

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1674-1544

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Yang, S.L. and Han, R.Z. (2011), Distributions, hotspots and fronts of research on citation analysis. *China Science & Technology Resources Review*, **43** (4), 47-56.

Full Text: [2011\Chi Sci Tec Res Rev43, 47.pdf](2011\Chi%20Sci%20Tec%20Res%20Rev43,%2047.pdf)

Abstract: Using knowledge visualization software CiteSpace II, 2863 papers on citation analysis collected during 1975-2010 by Web of Science (SCI-E, SSCI) are studied. The distributions of citation analysis research categoried by time, region, institution, journal and discipline, as well as the representatives of each discipline and their typical research works are analyzed to intuitively reveal the current status of the citation analysis research. Research hotspots are identified by analyzing the appearance frequency and co-appearance of the keywords. Research fronts are depicted on the basis of the developing trend of the subject words.

Keywords: Citation Analysis, CiteSpace, Knowledge Visualization, Research Hotspot, Research Front

# Title: Chinese Agricultural Science Bulletin

Full Journal Title: [Chinese Agricultural Science Bulletin](http://e45.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=ZNTB&NaviLink=%e4%b8%ad%e5%9b%bd%e5%86%9c%e5%ad%a6%e9%80%9a%e6%8a%a5)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Zhang, Y., Sun, Y.G. (2007), Bibliometric analysis of pear literatures published during the period of 1994—2004. *Chinese Agricultural Science Bulletin*, **23** (3), 448-453.

Full Text: [2007\Chi Agr Sci Bul23, 448.pdf](2007\Chi%20Agr%20Sci%20Bul23,%20448.pdf)

Abstract: 13 Pyrus species are native to China, the main commercial cultivations attribute to P. pyrifolia (Chinese sand pear), P. ussuriensis (Ussurian pear), P. bretschneideri (Chinese white pear), P. sikiangensis (Xinjiang pear) and P. communis. P. pashia has fewness cultivations. Pear are planted in 30 provinces of China, and its production is next to apple. Bibliometric analysis of Pear literatures published in professional journals during the period from 1994 to 2002 showed the the gross volume of literat

Keywords: Pear, Literature, Bibiometric Analysis, Core Author, Core Journal

? Zhang, Y., Qin Z.H. and Shen, G.N. (2007), Bibliometric analysis of gingkgo literatures published during the period of 1994-2004. *Chinese Agricultural Science Bulletin*, **23** (4), 419-425.

Full Text: [2007\Chi Agr Sci Bul23, 419.pdf](2007\Chi%20Agr%20Sci%20Bul23,%20419.pdf)

Abstract: Gingkgo is native to China, has 1 family, 1 genus and 1 species, but has some mutations, e. g. G. biloba var. pendula Carr., G. biloba var. lacinia Carr., G. biloba var. aurea Beiss., G. biloba var varie Carr., G. biloba var. epiphylla Mak. and G. biloba var. heterophylla T. B. Chao et Z. X. Chen. Commercial cultivation began in the seventies of the 20th century, but cultivation and research has been developed rapidly. Bibliometric analysis of gingkgo literatures published in professional journals during the perio

Keywords: Gingkgo, Literature, Bibiometric Analysis, Core Author, Core Journal

# Title: Chinese Geographical Science

Full Journal Title: Chinese Geographical Science

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lu, L.C. and Huang, R. (2012), Urban hierarchy of innovation capability and inter-city linkages of knowledge in post-reform China. *Chinese Geographical Science*, **22** (5), 602-616.

Full Text: [2012\Chi Geo Sci22, 602.pdf](2012\Chi%20Geo%20Sci22,%20602.pdf)

Abstract: the 2000s has witnessed increasing interests in cities’ role of innovation in the era of knowledge-based economy. Compared with substantial empirical analysis on the world city hierarchy of innovation, this paper attempts to examine the national urban hierarchy of innovation capability in China, in terms of ranking systems, spatial pattern and inter-city linkages of knowledge during the post-reform period since the late 1970s. Based on quantitative analysis such as principal component factor analysis and clustering analysis, this paper identifies the five-tier hierarchy of innovation, which is headed by Beijing and Shanghai, followed by the capital cities of each province and regional centre cities. The development of China’s urban hierarchy of innovation capability has been driven by such factors as the scale of innovation, scientific scale, innovation potential and innovation environment. The paper further investigates the inter-city linkages of knowledge measured by the number of co-authored papers among the cities. Beijing is positioned in the central position of the knowledge diffusion and knowledge cooperation innovation. More knowledge diffusion among high level cities has occurred than that among the low level cities as well as between the low level cities and high level cities, and provincial capital cities and the regional central cities.

Keywords: Analysis, Bibliometric Indicators, China, Chinese Cities, Cities, Clustering, Cooperation, Development, Diffusion, Economy, Environment, Factor Analysis, Globalization, Innovation, Innovation Capability, Inter-City Linkages of Knowledge, Knowledge, Knowledge-Based, Networks, Papers, Pattern, Potential, Quantitative Analysis, Ranking, Regional, Role, Scale, Systems, Urban, Urban Hierarchy, World

? Zeng, C., Liu, Y.L., Liu, Y.F. and Qiu, L.Q. (2014), Urban sprawl and related problems: Bibliometric analysis and refined analysis from 1991 to 2011. *Chinese Geographical Science*, **24** (2), 245-257.

Full Text: [2014\Chi Geo Sci24, 245.pdf](2014\Chi%20Geo%20Sci24,%20245.pdf)

Abstract: To shed light on the general patterns and trends in urban sprawl research, and to provide reference for future study, bibliometric analysis and refined analysis are conducted for publications in this area from 1991 to 2011. The general publication output, the global geographical distribution of the authors, the funding and institutions involved, the research areas, and the source titles are analyzed and discussed. Scholars in the United States and China have produced most of the documents in urban sprawl and these two countries are also the largest contributors in terms of funding and institutions. ‘Environmental Sciences & Ecology’, ‘Urban Studies’, and ‘Geography’ are the most common research areas, and the journal titled Urban Studies has contributed the most articles. Furthermore, the refined analyses on the 500 top-cited and most relevant publications have revealed that research on urban sprawl is closely associated with the categories of ‘Urban form and development’, ‘Land use/land development’ and ‘environment/ecology/biology’. Conclusions are made with respect to the basic paradigm of research on urban sprawl. The multi-disciplinary research into urban sprawl are expected to be more diversified and integrated.

Keywords: Air-Quality, Analyses, Analysis, Authors, Bibliometric, Bibliometric Analysis, Bibliometrics, Built Environment, China, Cities, Climate-Change, Development, Distribution, Ecology, Environmental, Expansion, Funding, General, Geography, Global, Institutions, Journal, Land-Use Change, Multi-Discipline, Multidisciplinary, Paradigm, Physical-Activity, Publication, Publications, Reference, Research, Sciences, Scientific Output, Source, Top-Cited, Trends, United States, United-States, Urban, Urban Sprawl, Zhujiang Delta

# Title: Chinese Hospital Management

Full Journal Title: [Chinese Hospital Management](http://e48.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=YYGL&NaviLink=%e4%b8%ad%e5%9b%bd%e5%8c%bb%e9%99%a2%e7%ae%a1%e7%90%86)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? He, W. and Qi, Y. (2006), A bibliometric analysis of correlative subject headings on the studies of hospital administration. *Chinese Hospital Management*, **26** (12), 32-35.

Full Text: [2007\Chi Hos Man26, 32.pdf](2007\Chi%20Hos%20Man26,%2032.pdf)

Abstract: Objective To investigate the status and trends of hospital administration. Method A new dedical biblione tric analysis method, correlative subject headings (CoSH) assay, is used to ananlyze all relevant publications of subject HOSPITAL ADMINISTRATION on their CoSH in major MeSH fields of document database from MEDLINE CD-ROM 2000-2005. Results the hot topics of studies focuses on the subject such as hospital emergency service, hospital information systems quality of health care and the art of hospital administra...

Keywords: Hospital Administration, Correlative Subject Analyze, Information

# Title: Chinese Journal of Cancer

Full Journal Title: Chinese Journal of Cancer

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Zeng, Y.X., Zhang, W., Qian, C.N., Xu, R.H. and Ruan, J. (2014), The *Chinese Journal of Cancer* is indexed in Science Citation Index (SCI) Expanded. *Chinese Journal of Cancer*, **33** (8), 367-368.

Full Text: [2014\Chi J Can33, 367.pdf](2014\Chi%20J%20Can33,%20367.pdf)

Keywords: Cancer, Chinese, Citation, Journal, SCI, Science, Science Citation Index

# Title: Chinese Journal of Cancer Research

Full Journal Title: Chinese Journal of Cancer Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Shen, W.D., Chen, H.L. and Liu, P.F. (2011), XRCC1 polymorphisms and pancreatic cancer: A meta-analysis. *Chinese Journal of Cancer Research*, **23** (3), 165-170.

Full Text: [2011\Chi J Can Res23, 165.pdf](2011\Chi%20J%20Can%20Res23,%20165.pdf)

Abstract: Objective: To assess the association between X-ray repair cross-complementating group 1 (XRCC1) polymorphisms and pancreatic cancer. Methods: We searched MEDLINE, Web of Science and HuGE Navigator at June 2010, and then quantitatively summarized associations of the XRCC1 polymorphisms with pancreatic cancer risk using meta-analysis. Results: Four studies with 1343 cases and 2302 controls were included. Our analysis found: at codon 194, the Trp allele did not decrease pancreatic cancer risk (Arg/Arg versus Trp/Trp: OR=0.97; 95% CI: 0.48-1.96; P=0.97; Arg/Arg versus Arg/Trp: OR=0.89; 95% CI: 0.70-1.13; P=0.55; Arg/Trp versus Trp/Trp: OR=1.06; 95% CI: 0.52-2.16; P=0.90); at codon 280, only a study showed a nonsignificant association between single nucleotide polymorphism with pancreatic cancer risk; at codon 399, the Gln allele also showed no significant effect on pancreatic cancer compared to Arg allele (Arg/Arg versus Gln/Gln: OR=0.94; 95% CI: 0.74-1.18; Arg/Arg versus Arg/Gln: OR=0.97; 95% CI: 0.83-1.13; Arg/Gln versus Gln/Gln: OR=0.97; 95% CI: 0.77-1.22). The shape of the funnel plot and the Egger’s test did not detect any publication bias. Conclusion: There is no evidence that XRCC1 polymorphisms (Arg194Trp, Arg280His, and Arg399Gln) are associated with pancreatic cancer risk.

Keywords: Adducts, Adenocarcinoma, Analysis, Arg399Gln, Association, Bias, Cancer, Damage, DNA-Repair Genes, Epidemiology, Frequency, Gene Polymorphism, Medline, Meta Analysis, Meta-Analysis, Methods, Molecular Epidemiology, Pancreatic Cancer, Polymorphism, Polymorphisms, Publication, Publication Bias, Risk, Science, Single Nucleotide, Smoking, Web of Science, X-Ray Repair Cross-Complementating Group 1, XRCC1

? Zeng, R., Duan, L., Kong, Y.K., Liang, Y.J., Wu, X.L., Wei, X.Q. and Yang, K.H. (2013), Clinicopathological and prognostic role of MMP-9 in esophageal squamous cell carcinoma: A meta-analysis. *Chinese Journal of Cancer Research*, **25** (6), 637-645.

Full Text: [2013\Chi J Can Res25, 637.pdf](2013\Chi%20J%20Can%20Res25,%20637.pdf)

Abstract: Objective: Many studies reported that matrix metalloproteinase-9 (MMP-9) participated in the development of esophageal squamous cell carcinoma (ESCC) and resulted in poor prognosis, however, they all included few patients and had inconsistent results. So we conducted a meta-analysis to explore the correlation between overexpression of MMP-9 and the clinicopathological characteristics and overall survival (OS) of ESCC. Methods: PubMed, EMBASE, Web of Science, Chinese Biomedical Literature Database, Google Scholar and other databases were searched for relevant studies. The Newcastle-Ottawa quality assessment scale was used to assess the methodological quality of included study and RevMan 5.2 software was used to conduct meta-analysis. Results: A total of 35 studies were included, and the results of meta-analysis showed that overexpression of MMP-9 was associated with grade of differentiation [well/moderate vs. poor: odds ratio (OR): 0.39, 95% confidence interval (Cl): 0.29-0.52; P<0.00001], lymph node metastasis (negative vs. positive: OR: 0.24, 95% CI: 0.16-0.34; P<0.00001), TNM stage (T1/T2 vs. T3/T4: OR: 0.28, 95% CI: 0.14-0.54; P=0.0002), The depth of invasion (T1/T2 vs. T3/T4: OR: 0.29, 95% CI: 0.17-0.49; P<0.00001), and vascular invasion of ESCC (negative vs. positive: OR: 0.35, 95% CI: 0.21-0.58; P<0.0001), and also associated with poor overall survival of ESCC (HR: 2.17, 95% CI: 1.32-3.57; P=0.002). Subgroup analysis showed that more than 10% of carcinoma cell staining was associated with significant increase of mortality risk (HR: 2.44, 95% CI: 1.16-5.15; P=0.02), and sensitive analysis suggested that MNIP-9 was an independent prognostic factor in ESCC (FIR: 1.49, 95% CI: 1.16-1.91; P=0.002). Conclusions: On the basis of limited evidence, overexpression of MMP-9 may be a potential independent prognosis factor of ESCC patients in Asia, and high-quality studies assessing the prognostic significance of MNIP-9 for ESCC patients are still needed.

Keywords: Analysis, Asia, Assessing, Assessment, Biomedical, Cancer, Characteristics, Chinese, Confidence, Correlation, Database, Databases, Development, Differentiation, Embase, Esophageal Squamous Cell Carcinoma (Escc), Evidence, Google, Google Scholar, Growth, Interval, Literature, Matrix, Matrix Metalloproteinase 9, Matrix Metalloproteinase-7, Matrix Metalloproteinase-9, Matrix Metalloproteinase-9 (Mmp-9), Matrix-Metalloproteinase-9 Expression, Meta Analysis, Meta-Analysis, Metaanalysis, Metastasis, Methods, Mmp-9, Mortality, Odds Ratio, Overall Survival (Os), Patients, Potential, Prognosis, Prognostic, Prognostic Factor, Pubmed, Quality, Quality Of, Results, Risk, Role, Scale, Science, Significance, Software, Squamous Cell Carcinoma, Survival, Web of Science

? Deng, Z.T., Zhang, S., Yi, L. and Chen, S.L. (2013), Can statins reduce risk of lung cancer, especially among elderly people? A meta-analysis. *Chinese Journal of Cancer Research*, **25** (6), 679-688.

Full Text: [2013\Chi J Can Res25, 679.pdf](2013\Chi%20J%20Can%20Res25,%20679.pdf)

Abstract: Objective: As the most common cause of cancer mortality throughout the world, lung cancer has drawn people’s attention on how to reduce the risk with chemopreventive ways. Many epidemiological studies have shown inconsistent effects of statins on lung cancer, but some observational studies have showed that statins had protective effect on lung cancer among elderly people. So we preformed this meta-analysis to find whether statins were chemopreventive. Methods: We searched MEDLINE, EMBASE and Web of Science databases from inception to September, 2013. A total of 23 studies were selected, including 15 observational studies and 8 randomized controlled trials (RCTs). Both fixed and random-effects models were used to calculate pooled estimates in primary and sensitivity analyses. We used Q and 12 statistics to assess statistical heterogeneity, and evaluated publication bias by B egg’s test and Egger’s test. Results: No association between statins and lung cancer risk was identified either in the meta-analysis among RCTs [relative risk (RR): 0.95, 95% confidence interval (95% Cl): 0.85-1.06] or observational studies (RR: 0.89, 95% CI: 0.77-1.04). We also selected 6 observational studies that all researched on elderly people. The result of meta-analysis showed that there was still no protective effect between statins and lung cancer among elderly people (RR: 1.03, 95% CI: 0.96-1.11). Conclusions: Our results did not support a protective effect of stadns on the overall lung cancer risk and the lung cancer risk among elderly people. More well-designed RCTs are needed to enhance our understanding of the chemopreventive effect of statins on lung cancer.

Keywords: Analyses, Association, Attention, Bias, Cancer, Clinical-Trials, Coenzyme-A Reductase, Colorectal-Cancer, Confidence, Databases, Effects, Elderly, Elderly People, Embase, Estimates, Follow-Up, Heterogeneity, Interval, Lovastatin, Lung, Lung Cancer, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Mortality, Observational, Observational Studies, Population-Based Cohort, Pravastatin, Prevention, Primary, Publication, Publication Bias, Randomized, Randomized Controlled Trial, Randomized Controlled Trials, Results, Risk, Science, Sensitivity, Simvastatin, Statins, Statistics, Support, Understanding, Web of Science, Web of Science Databases, World

? Zhu, H.C., Yang, X., Qin, Q., Bian, K.Q., Zhang, C., Liu, J., Cheng, H.Y. and Sun, X.C. (2014), Report of China’s innovation increase and research growth in radiation oncology. *Chinese Journal of Cancer Research*, **26** (3), 293-298.

Full Text: [2014\Chi J Can Res26, 293.pdf](2014\Chi%20J%20Can%20Res26,%20293.pdf)

Abstract: Aims: To investigate the research status of radiation oncology in China through survey of literature in international radiation oncology journals and retrospectively compare the outputs of radiation oncology articles of the three major regions of China-Mainland (ML), Taiwan (TW) and Hong Kong (HK). Methods: Radiation oncology journals were selected from “oncology” and “radiology, nuclear & medical image” category from Science Citation Index Expand (SCIE). Articles from the ML, TW and HK were retrieved from MEDLINE. The number of total articles, clinical trials, case reports, impact factors (IF), institutions and articles published in each journals were conducted for quantity and quality comparisons. Results: A total 818 articles from 13 radiation oncology journals were searched, of which 427 are from ML, 259 from TW, and 132 from HK. Ninety-seven clinical trials and 5 case reports are reported in China. Accumulated IF of articles from ML (1,417.11) was much higher than that of TW (1,003.093) and HK (544.711), while the average IF of articles from ML is the lowest. Conclusions: The total number of articles from China especially ML increased significantly in the last decade. The number of articles published from the ML has exceeded those from TW and HK. However, the quality of articles from TW and HK is better than that from ML.

Keywords: Articles, Case Reports, China, Chinese Authors, Citation, Clinical, Clinical Trials, Growth, Hong Kong, Impact, Impact Factors, Innovation, Institutions, International, Journals, Literature, Medical, Medline, Methods, Oncology, Quality, Quality Of, Radiation, Radiation Oncology, Research, Results, Scie, Science, Science Citation Index, Survey, Taiwan

? Tao, T., Chen, S.Q., Xu, B., Liu, C.H., Wang, Y.D., Huang, Y.Q. and Chen, M. (2014), Association between hsa-miR-34b/c rs4938723 T > C promoter polymorphism and cancer risk: A meta-analysis based on 6,036 cases and 6,204 controls. *Chinese Journal of Cancer Research*, **26** (3), 315-322.

Full Text: [2014\Chi J Can Res26, 315.pdf](2014\Chi%20J%20Can%20Res26,%20315.pdf)

Abstract: Objective: Emerging evidence shows that microRNAs (miRNAs) function as tumor suppressors or oncogenes in human carcinogenesis. A single nucleotide polymorphism (SNP) located in the pri-miRNA promoter may affect the processing and expression of mature miRNA. However, previous studies showed conflicting results regarding the association of hsa-miR-34b/c rs4938723 T > C promoter polymorphism with cancer. Therefore, we conducted a meta-analysis to determine the association of polymorphism with cancer risk. Methods: A computerized search of PubMed, Web of Science, and Chinese National Knowledge Infrastructure (CNKI) for publications on hsa-miR-34b/c rs4938723 T > C promoter polymorphism and cancer risk was performed and the genotype data were analyzed in a meta-analysis. Odds ratios (ORs) with 95% confidence intervals (CIs) were estimated to assess the association. Test of heterogeneity, cumulative meta-analysis, sensitivity analysis and assessment of bias were performed in our meta-analysis by STATA software 12.0. Results: There was no significant association between hsa-miR-34b/c rs4938723 polymorphism and overall cancer risk in the comparison models. Moreover, subgroup analysis revealed that the variant CT (OR = 1.19, 95% CI: 1.03-1.37) and CC/CT (OR = 1.18, 95% CI: 1.03-2.35) genotypes were associated with an increased risk of hepatocellular carcinoma (HCC) compared with wild-type TT genotype. However, a decreased risk of colorectal cancer (CRC) was found in the genetic model of CC/TT (OR =0.66, 95% CI: 0.47-0.92) and CC/CTTT (OR =0.67, 95% CI: 0.49-0.93). Conclusions: The results suggest that hsa-miR-34b/c rs4938723 polymorphism may play an opposite role in different types of cancer based on current studies, which is the main origin of heterogeneity in this meta-analysis. Further large-scale studies and functional studies between this polymorphism and cancer risk are warranted.

Keywords: Analysis, Assessment, Association, Bias, Cancer, Cancer Risk, Carcinoma, Chinese, Colorectal Cancer, Colorectal-Cancer, Comparison, Confidence, Confidence Intervals, Ct, Cumulative, Data, Evidence, Expression, Function, Genetic, Hcc, Hepatocellular Carcinoma, Hepatocellular-Carcinoma, Heterogeneity, Hsa-Mir-34b, C, Human, Intervals, Knowledge, Mechanism, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolism, Methods, Microrna-Related Genes, Mir-34b, C, Mirna, Model, Models, Oncogenes, Origin, Polymorphism, Potentially Functional Polymorphism, Pri-Mir-34b, C, Publications, Pubmed, Region, Results, Risk, Role, Science, Sensitivity, Sensitivity Analysis, Snp, Software, Test, Tumor, Variants, Web Of Science

# Title: Chinese Journal of Chemical Engineering

Full Journal Title: [Chinese Journal of Chemical Engineering](http://www.sciencedirect.com/science/journal/10049541)

ISO Abbrev. Title: Chin. J. Chem. Eng.

JCR Abbrev. Title: Chinese J Chem Eng

ISSN: 1004-9541

Issues/Year: 6

Language: English

Journal Country/Territory: Peoples R China

Publisher: Chemical Industry Press

Publisher Address: NO. 3 Huixinli Chaoyangqu, Beijing 100029, Peoples R China

Subject Categories:

Engineering, Chemical: Impact Factor 0.261, 82/110 (1999); Impact Factor 0.223, 90/123 (2001); Impact Factor 0.826, 78/133 (2011)

? Ho, Y.S. (2012), Top-cited articles in chemical engineering in Science Citation Index Expanded: A bibliometric analysis. *Chinese Journal of Chemical Engineering*, **20** (3), 478-488.

Full Text: [2012\Chi J Che Eng20, 478.pdf](2012\Chi%20J%20Che%20Eng20,%20478.pdf); [2012\Chi J Che Eng20-Ho.pdf](2012\Chi%20J%20Che%20Eng20-Ho.pdf)

Abstract: This study aimed to identify and to analyze characteristics of top-cited articles published in the Web of Science chemical engineering subject category from 1899 to 2011. Articles that have been cited more than 100 times were assessed regarding publication outputs, and distribution of outputs in journals. Five bibliometric indicators were used to evaluate source countries, institution and authors. A new indicator, Y-index, was created to assess quantity and quality of contribution to articles. Results showed that 3828 articles, published between 1931 and 2010, had been cited at least 100 times. Among them 54% published before 1991, and 49% top-cited articles originated from US. The top eight productive institutions were all located in US. The top journals were Journal of Catalysis, AIChE Journal, Chemical Engineering Science and Journal of Membrane Science. Y-index was successfully applied to evaluate publication character of authors, institutions, and countries/regions.

Keywords: Articles, Authors, Authorship, Bibliometric, Bibliometric Indicators, Catalysis, Characteristics, Chemical, Chemical Engineering, Citation, Coefficients, Distribution, Engineering, Gold, Highly Cited, Indicator, Indicators, Institutions, Journal, Journals, Liquid-Mixtures, Low-Temperature Oxidation, Membrane, Order, Performance, Porous Solids Diffusion, Publication, Publication Character, Publications, Quality, Quality of, Science, Science Citation Index, Science Citation Index Expanded, Source, US, Web of Science, Y-Index

# Title: Chinese Journal of Evidence-Based Medicine

Full Journal Title: [Chinese Journal of Evidence-Based Medicine](http://e45.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=ZZXZ&NaviLink=%e4%b8%ad%e5%9b%bd%e5%be%aa%e8%af%81%e5%8c%bb%e5%ad%a6%e6%9d%82%e5%bf%97)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1672-2531

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Chen, Y.L., Ai, C.L., and Li, Y.P. (2007), Comparative studies on *Evidence-Based Medical Journals*. *Chinese Journal of Evidence-Based Medicine*, **7** (4), 289-295.

Full Text: [2007\Chi J Evi-Bas Med7, 289.pdf](2007\Chi%20J%20Evi-Bas%20Med7,%20289.pdf)

Abstract: Objective To compare and review worldwide journals titled’evidence-based’in order to provide an overview of these healthcare journals and suggestions for improving the quality of this type of journal in China and to introduce a quick way for healthcare professionals and patients to obtain high quality clinical evidence. Methods We searched PUBMED, EMBASE, Ulrich’s Periodicals Directory, Wanfang and some relevant websites to identify journals titled’evidence-based’. The last issues in 2006 of these kind of journ

Keywords: Evidence-Based Medicine, Periodical, Bibliometrics

# Title: Chinese Journal of Disease Control & Prevention

Full Journal Title: [Chinese Journal of Disease Control & Prevention](http://e28.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=JBKZ&NaviLink=%e7%96%be%e7%97%85%e6%8e%a7%e5%88%b6%e6%9d%82%e5%bf%97)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1008-6013

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Jie, Y.L. and Tang, X.X. (2007), Bibliometric analysis on mental disorders in China and abroad, 1996～2005. *Chinese Journal of Disease Control & Prevention*, **11** (1), 72-74.

Full Text: [2007\Chi J Dis Con Pre11, 72.pdf](2007\Chi%20J%20Dis%20Con%20Pre11,%2072.pdf)

Abstract: Objective To investigate the status and development trend of the research on mental disorders in China and abroad. Methods the method of subject-word retrieval was used to select the articles on mental disorders from PUBMED and CBMWeb. The bibliometrics analysis was performed. Results the number of the literatures about mental disorders in China and abroad increased year by year. The research structure of mental disorders in China was similar to that abroad. There were no significant differences in the numb...

Keywords: Mental Disorders, Bibliometrics, Subject Headings

# Title: Chinese Journal of Health Laboratory Technology

Full Journal Title: [Chinese Journal of Health Laboratory Technology](http://e37.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=ZWJZ&NaviLink=%e4%b8%ad%e5%9b%bd%e5%8d%ab%e7%94%9f%e6%a3%80%e9%aa%8c%e6%9d%82%e5%bf%97)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Liu, D.J., Hu, M., Wang, S., Lu, F.Y. and Zhang, T. (2006), Statistical analysis of citations of papers in *Chinese Journal of Health Laboratory Technology* published during 2003~2005. *Chinese Journal of Health Laboratory Technology*, **16** (7), 894-896.

Full Text: [2006\Chi J Hea Lab Tec16, 894.pdf](2006\Chi%20J%20Hea%20Lab%20Tec16,%20894.pdf)

Abstract: Objective:To statistically analyze the citations of papers in Chinese Journal of Health Laboratory Technology(CJHLT) published during 2003~2005.Methods:The bibliometric method was employed to determine the number of citations, citation rate, number of citations per paper, types of citations, language-based citation number, Price index and self-citation rate.Results:During 2003~2005, the average citation rate was 86.72% and number of citations per paper 4.36.The number of citations in Chinese was significant...

Keywords: Chinese Journal of Health Laboratory Technology, Citation Analysis

# Title: Chinese Journal of Hospital Administration

Full Journal Title: [Chinese Journal of Hospital Administration](http://e29.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=ZHYG&NaviLink=%e4%b8%ad%e5%8d%8e%e5%8c%bb%e9%99%a2%e7%ae%a1%e7%90%86%e6%9d%82%e5%bf%97)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1000-6672

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Zhang, L.H. (2006), Analysis of the major bibliometric indexes of the *Chinese Journal of Hospital Administration*. *Chinese Journal of Hospital Administration*, **22** (4), 282-284.

Full Text: [2006\Chi J Hos Adm22, 282.pdf](2006\Chi%20J%20Hos%20Adm22,%20282.pdf)

Abstract: Based on data provided by the China Scientific and Technical Papers and Citations Database, an analysis was made of some bibliometric indexes of the Chinese Journal of Hospital Administration over the 2001-2004 period, including total citation frequency, impact factor, citation index, and the proportion of papers based on fund-assisted projects. The result indicates that the journal has high impact factor and total citation frequency in periodicals covered by the China Scientific and Technical Papers and Ci...

Keywords: Citation Frequency, Impact Factor, Bibliometric Index

# Title: Chinese Journal of Integrative Medicine

Full Journal Title: Chinese Journal of Integrative Medicine

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? (2008), *Chinese Journal of Integrative Medicine* is included in Science Citation Index expanded journal list from 2008. *Chinese Journal of Integrative Medicine*, **14** (2), 110.

Full Text: [2008\Chi J Int Med14, 110.pdf](2008\Chi%20J%20Int%20Med14,%20110.pdf)

Keywords: Chinese, Citation, Jun, Science Citation Index

? Kim, B.Y., Kang, J.S., Han, J.S. and Jeon, W.K. (2014), Mapping the dementia research area at the micro-level using co-terms analysis and positioning for traditional herbal medicine. *Chinese Journal of Integrative Medicine*, **20** (9), 706-711.

Full Text: [2014\Chi J Int Med20, 706.pdf](2014\Chi%20J%20Int%20Med20,%20706.pdf)

Abstract: To identify the position of traditional herbal medicine in dementia research field using mapping technology. Keywords for dementia and traditional herbal medicine for treating dementia were used to extract scientific articles from the Web of Science database from January 2000 to July 2010. A co-occurrence matrix was created based on the concurrent set of author’s keywords occurring in each scientific article, and technology network maps were created from similarity index matrices. Twenty specialized research areas were identified in the dementia field, and the relationship strength was 0.2-0.6. Many research fields were associated with diagnosis and risk factors for dementia. Additionally, the mechanism or cause of dementia is an actively studied field. Traditional herbal medicine for treating dementia was located on a map near the cortical dementia diagnosis and therapy, and frontotemporal dementia research field with a relationship strength of 0.53 and 0.31-0.33 respectively, which demonstrates that traditional herbal medicine for dementia occupies an independent research area with a relationship to existing scientific research fields. Traditional herbal medicine can provide an alternative and complementary approach for treating dementia as evidenced by a scientific mapping analysis.

Keywords: Alternative, Alzheimers-Disease, Analysis, Approach, Article, Articles, Complementary, Database, Dementia, Diagnosis, Field, Herbal Medicine, Index, Keywords, Mapping, Matrix, Mechanism, Medicine, Network, Positioning, Prevalence, Psychological Symptoms, Research, Research Areas, Risk, Risk Factors, Science, Scientific Research, Similarity, Strength, Technology, Therapy, Traditional, Traditional Herbal Medicine, Web Of Science

# Title: Chinese Journal of Medical Library and Information Science

Full Journal Title: [Chinese Journal of Medical Library and Information Science](http://e24.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=YXTS&NaviLink=%e4%b8%ad%e5%8d%8e%e5%8c%bb%e5%ad%a6%e5%9b%be%e4%b9%a6%e6%83%85%e6%8a%a5%e6%9d%82%e5%bf%97)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1617-3982

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: UUniversity, TTopic

? Huang, R.M., Zhao, W.Z. and Lin, X.H. (2006), Scientific papers in China’s TCM colleges and universities from 1997 to 2005: A bibliometric analysis. *Chinese Journal of Medical Library and Information Science*, **15** (6), 74-76.

Full Text: [2006\Chi J Med Lib Inf Sci15, 74.pdf](2006\Chi%20J%20Med%20Lib%20Inf%20Sci15,%2074.pdf)

Abstract: the scientific papers in 23 colleges and universities of TCM in China from 1997 to 2005 are statistically analyzed based on the data on CBMdisc. The aim of this article is to reveal the current status and distribution of scientific papers in China’s TCM colleges and universities, the scientific research level and position in the same kind of colleges and universities in China so as to offer a valuable reference to managers and scientific personnel.

Keywords: TCM Papers, TCM Colleges and Universities, Bibliometrics

? Chen, J.Q., Du, Y.X., Zhang, Y., Liu J.Y. Wang, G.Q., Zhang, X.M., Lei, C.B. and Yan, S.G. (2007), Area distribution of highly influential medical articles in China. *Chinese Journal of Medical Library and Information Science*, **16** (1), 63-67.

Full Text: [2007\Chi J Med Lib Inf Sci16, 63.pdf](2007\Chi%20J%20Med%20Lib%20Inf%20Sci16,%2063.pdf)

Abstract: A bibliometric analysis of 3548 highly influential medical articles with 30 citations searched on CMCI is conducted. The results show more articles scattered in the Southeast Area and Middle East Area of China than that in the West Area.

Keywords: Highly Influential Medical Articles, Bibliometric Analysis, Area Distribution, Medical Articles, China, CMCI, Citation Databases

? Su, X.M., Li, H.Y. and Wan, M. (2007), Papers released by Chinese Center for Disease Prevention & Control cited by SCI-E from 2003-2005: A bibliometric analysis. *Chinese Journal of Medical Library and Information Science*, **16** (1), 67-70.

Full Text: [2007\Chi J Med Lib Inf Sci16, 67.pdf](2007\Chi%20J%20Med%20Lib%20Inf%20Sci16,%2067.pdf)

Abstract: A bibliometric analysis of the papers released by Chinese Center for Disease Prevention & Control cited by SCIE from 2003 to 2005 is conducted in order to understand the status quo and level of scientific papers released by the Center. and some suggestions are put forward based on the analysis.

Keywords: Chinese Center for Disease Prevention & Control, SCI, Bibliometrics, Impact factors

? Wu, L.P. (2007), Medical papers of Xiamen municipality from 1995 to 2004: A bibliometric analysis. *Chinese Journal of Medical Library and Information Science*, **16** (1), 73-77.

Full Text: [2007\Chi J Med Lib Inf Sci16, 73.pdf](2007\Chi%20J%20Med%20Lib%20Inf%20Sci16,%2073.pdf)

Abstract: Bibliometrically analyzed are the medical papers of Xiamen Municipality from 1995 to 2004 on CBMdisc. The results show that the scientific and technological level of medical and health sciences in Xiaman has been raising gradually, and the scientific research of Xiamen University and the hospitals at Grade III is more powerful and plays a leading role in the medical and health development in Xiaman, but the cooperation and information awareness of the medical personnel needs to be improved.

Keywords: Bibliometrics, Medical papers, Xiamen

? Lu, Z.H., Hu, W., Qin, Y.M., Wang, N. and Wang, M. (2007), Literature on the drugs for breast cancer from 2001 to 2005: A bibliometric analysis. *Chinese Journal of Medical Library and Information Science*, **16** (2), 75-76.

Full Text: [2007\Chi J Med Lib Inf Sci16, 75.pdf](2007\Chi%20J%20Med%20Lib%20Inf%20Sci16,%2075.pdf)

Abstract: Based on the literature on drugs for breast cancer on MEDLINE (CD-ROM, 2001-2005), The major subject headings and correlative subject headings of the drugs for breast cancer are analyzed bibliometrically so as to explore the main types of the drugs for breast cancer in the foreign literature in the last five years and their development.

Keywords: Breast Neoplasms, Drug Therapy, Bibliometrics

? Li, F., Wang, F., Hou, Y.F. and Zhao, Y.H. (2007), Literature on medical records: A bibliometric analysis. *Chinese Journal of Medical Library and Information Science*, **16** (3), 70-72.

Full Text: [2007\Chi J Med Lib Inf Sci16, 70.pdf](2007\Chi%20J%20Med%20Lib%20Inf%20Sci16,%2070.pdf)

Abstract: An analysis of the literature on medical records from 2001 to 2005 on PUBMED is conducted with bibliometric methods. and the 6 indices including annual number, type, language and author of the articles and author units are calculated. The results show that the number of the articles has been generally increased year by year, and the authors are mainly from the advanced countries such as USA, Germany, and UK.

Keywords: Medical Record Literature, Bibliometrics

# Title: Chinese Journal of Medical Science Research Management

Full Journal Title: [Chinese Journal of Medical Science Research Management](Chinese%20Journal%20of%20Medical%20Science%20Research%20Management)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Li, X.R. (2001), Ranking analysis of publications from China hospitals in 2005. *Chinese Journal of Medical Science Research Management*, **20** (2), 107-111.

Full Text: [2007\Chi J Med Sci Res Man20, 107.pdf](2007\Chi%20J%20Med%20Sci%20Res%20Man20,%20107.pdf)

Abstract: Objectives To provide reference for the Research & Development depart merit of hospi- tals by analyzing the quantity of publications and their citation data of the top 20 hospitals in SCI and MED- LINE, and top 100 hospitals in domesti c publications during 2005. Methods the number of publications and their citati on counts of the first 20 hospitals in SCI and MEDLINE, and the top 100 hospital s in domes- tic publications in 2005 were analyzed with bibliometric methods. Results In 2005, the average increas...

Keywords: Hospital Management, Scientific Publications, Scientific Evaluation

# Title: Chinese Journal of Neuroimmunology and Neurology

Full Journal Title: [Chinese Journal of Neuroimmunology and Neurology](http://e45.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=ZSMB&NaviLink=%e4%b8%ad%e5%9b%bd%e7%a5%9e%e7%bb%8f%e5%85%8d%e7%96%ab%e5%ad%a6%e5%92%8c%e7%a5%9e%e7%bb%8f%e7%97%85%e5%ad%a6%e6%9d%82%e5%bf%97)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1006-2963

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Shi, Q.K. (2007), Analysis of citations and articles published in *Chinese Journal of Neuroimmunology and Neurology* from 2003 to 2005. *Chinese Journal of Neuroimmunology and Neurology*, **12** (2), 111-114.

Full Text: [2007\Chi J Neu Neu12, 111.pdf](2007\Chi%20J%20Neu%20Neu12,%20111.pdf)

Abstract: Objective To investigate the characteristics of citations and articles in Chinese Journal of Neuroimmunology and Neurology. Methods the data about citations and articles of Chinese Journal of Neuroimmunology and Neurology form 2003 to 2005 were collected and analyzed in terms of bibliometric parameters. Results There were 332 papers published in Chinese Journal of Neuroimmunology and Neurology during 3 years and papers with funed projects accounted for 34. 0%. The average citation rate was 91. 3%, and 8. 66 ...

Keywords: Neuroimmunology and Neurology, Bibliometrics, Citation Analysis

# Title: Chinese Journal of Nosocomiology

Full Journal Title: [Chinese Journal of Nosocomiology](http://e42.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=ZHYY&NaviLink=%e4%b8%ad%e5%8d%8e%e5%8c%bb%e9%99%a2%e6%84%9f%e6%9f%93%e5%ad%a6%e6%9d%82%e5%bf%97)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Du, Y. and Chen J.K. (2007), *Chinese Journal of Nosocomiology*: A citation analysis. *Chinese Journal of Nosocomiology*, 1**7** (3), 285-289.

Full Text: [2007\Chi J Nos17, 285.pdf](2007\Chi%20J%20Nos17,%20285.pdf)

Abstract: OBJECTIVE the bibliometric index of papers published in Chinese Journal of Nosocomiology in sequential 11 years was analyzed by the citation method in order to get comprehensive understanding of the articles in academic quality and level. METHODS the cited articles in the journal were analyzed and evaluated using quantitative approach on the basis of the data searched from Chinese Medical Citation Index(CMCI) database developed by Medical Library of Chinese PLA. RESULTS the total cites, immediacy index a...

Keywords: Medical Journals, Bibliometry, Citation Analysis, Chinese Journal of Nosocomiology

# Title: Chinese Journal of Nursing

Full Journal Title: [Chinese Journal of Nursing](http://e50.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=ZHHL&NaviLink=%e4%b8%ad%e5%8d%8e%e6%8a%a4%e7%90%86%e6%9d%82%e5%bf%97)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0254-1769

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Ma, X.Q., Ding, L.S. and Ma, W.J. (2001), A bibliometric analysis of the correlative subject headings of health education studies. *Chinese Journal of Nursing*, **36** (6), 405-408.

Full Text: [2001\Chi J Nur36, 405.pdf](2001\Chi%20J%20Nur36,%20405.pdf)

Abstract: Bibliometrics can give various detailed information on medical studies, such as research contents, methods and trends in a specialty. In this study, the authors used a new medical bibliometric analysis method, correlative subject headings (COSH) analysis to analyse all relevant publications on the subject HEALTH and EDUCATION on their COSH in major MESH(MJME) fields of the document database from the MEDLINE CD-ROM (silver platter) 1990～1998. According to the computer statistical results of document retrieval, the authors presented and discuss the new trends and directions in health education studies. It provides theoretical grounds for the management and establishment of health education study and practice.

Keywords: Health Education Correlative Subject Headings Bibliometric

# Title: Chinese Journal of Orthopaedic Trauma

Full Journal Title: [Chinese Journal of Orthopaedic Trauma](http://e45.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=ZCGK&NaviLink=%e4%b8%ad%e5%8d%8e%e5%88%9b%e4%bc%a4%e9%aa%a8%e7%a7%91%e6%9d%82%e5%bf%97)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1671-7600

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Li, G.Y.,Zhang, N.and J.,D. (2007), An analysis of articles published from 1999 to 2006 in Chinese Journal of Orthopaedic Trauma. *Chinese Journal of Orthopaedic Trauma*, **9** (1), 74-76.

Full Text: [2007\Chi J Ort Tra9, 74.pdf](2007\Chi%20J%20Ort%20Tra9,%2074.pdf)

Abstract: Objective To analyze papers published in Chinese Journal of Orthopaedic Trauma (CJOT)so as to evaluate its current academic status. Methods A bibliometric survey was done to analyze the quantity, types, foundation support, intervals between receiving and publication of all the articles published from 1999 to 2006 in CJOT. Results From 1999 to 2006, 1807 articles were published, with 225. 9 ones every year. 14. 61% of the total papers got foundation support, with the support rates for each year being 0. 12 (1999).

Keywords: Periodical Research, Analysis of Published Articles, Bibiometrics, Evaluation

# Title: Chinese Journal of Ultrasound in Medicine

Full Journal Title: [Chinese Journal of Ultrasound in Medicine](http://e41.cnki.net/KNS50/Navi/item.aspx?NaviID=1&BaseID=ZGCY&NaviLink=%e4%b8%ad%e5%9b%bd%e8%b6%85%e5%a3%b0%e5%8c%bb%e5%ad%a6%e6%9d%82%e5%bf%97)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1002-0101

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Fan, C.M. (2007), Bibliometric analysis of *Chinese Journal of Ultrasound in Medicine*. *Chinese Journal of Ultrasound in Medicine*, **23** (1), 1-2.

Full Text: [2007\Chi J Ult Med23, 1.pdf](2007\Chi%20J%20Ult%20Med23,%201.pdf)

Abstract: Objective To evaluate the quality of the publications and effects of Chinese Journal of Ultrasound in Medicine(CJUM). Methods Based on the database of Chinese Science & Technology Journal Citation Reports 2002-2005, the six indicators, including impact factor (IF), total cited numbers, immediate index, ratio of cited numbers by other journals to total cited numbers, number of citing journals and cited half-life, were evaluated and compared with other Chinese periodicals in the field of ultrasound medicine. Results F...

Keywords: Bibliometrics, Chinese Journal of Ultrasound in Medicine.

# Title: Chinese Journal of Zoology

Full Journal Title: Chinese Journal of Zoology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Jiang, W. (1997), Twenty important zoological science journals covered by the Science Citation Index. *Chinese Journal of Zoology*, **32** (4), 43-46.

Keywords: Citation, Journals, Science, Science Citation Index, Science Journals

# Title: Chinese Medical Equipment Journal

Full Journal Title: [Chinese Medical Equipment Journal](http://c.wanfangdata.com.cn/periodical-ylwszb.aspx)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Zheng, Y.L., Liu, Y.Q., Liu, G.Z., Ma, B.J. and Huang T. (2006), Reinforcement on construction and management of software and hardware in laboratory for better utilization of large-scale instruments. *Chinese Medical Equipment Journal*, **27** (7), 43-44.

Full Text: [2006\Chi Med Equ J27, 43.pdf](2006\Chi%20Med%20Equ%20J27,%2043.pdf)

Abstract: Besides good teaching and researching personnel and research basis, such factors as large- scale instruments and good lab software and hardware construction are very important for colleges and universities to cultivate advanced person with ability as well as take high- level scientific achievements.

Keywords: Laboratory, Large- Scale Instrument, Software Construction

# Title: Chinese Medical Journal

Full Journal Title: [Chinese Medical Journal](http://hk.wanfangdata.com.cn/wf/%7Ekjqk/zhcmj/index.html)

ISO Abbreviated Title: Chin. Med. J.

JCR Abbreviated Title: Chinese Med J-Peking

ISSN: 0366-6999

Issues/Year: 12

Journal Country/Territory: Peoples R China

Language: English

Publisher: Chinese Medical Association

Publisher Address: 42 Dongsi Xidajie, Beijing 100710, Peoples R China

Subject Categories:

Medicine, General & Internal: Impact Factor

Notes: TTopic

? Yang, K.H., Guo, Y.S. and Xing, Z.L. (1998), Bibliometric analysis on asthma literature. *Chinese Medical Journal*, **111** (3), 227-228.

Full Text: [1998\Chi Med J111, 227.pdf](1998\Chi%20Med%20J111,%20227.pdf)

Abstract: Objective To provide scientific information for comprehending the progress of asthma research, speculating asthma research trends and selecting the reserach topics and promoting thorough asthma research by studying the speciality distribution of asthma papers. Data and Methods MEDLINE search was conducted to retrieve the papers published between the years 1983-1996 under the main headings of asthma. Nationalities, languages, journals, authors and headings frequency of 24 276 papers were analysed with bibliometrics. Results 24 276 papers on asthma research between the years 1983-1996 were found in MEDLINE. They came from 74 nations and regions, in 27 languages and 451 journals. 91. 36% came from America and 14 other nations, while 59 other nations made up less than 9%. Six nations publishing papers more than others were America 8778 (36.4%), England 4143 (17. 07%), Denmark 1465 (6.03%), Japan 1288 (5. 31%), Germany 1079 (4.44%) and Switzerland 1075 (4.43%). 74.21% were in English and 26other languages were only 25.8%. The source journals of papers showed the distribution of the Bradford’s law. Less than 1% journals carried more than 20% of all papers. 5 journals that carried more papers than others were Am J Respir Crit Cam Med 1212 (5%), J Allergy Clin Immunol 1124 (4. 63%), Chest 960 (3.96%), Eur Respir J 825 (3.40%), and Ann Allergy Asthma Immunol 800 (3.30%). There were 15 authors who each presented more than 30 papers in first position, among whom, Barnes PJ (English) produced 70 papers, Tanizaki Y (Japanese) 53 papers, Mole JL (Canadian) 48 papers, Sears MR (New Zealander) 47 papers, and Holgate ST (English) 43 papers. The variety of subject heading frequency reflected the hot topics and the developing direction of the research. Heading frequency on asthma research focused on therapeutics 27. 20% (including drug therapy 20.07%, comprehensive therapy 7. 01%, diet therapy 0.09%, and radiotherapy 0.03%); physiopathology 18. 10%; immunology 8.03%; diagnosis 7.88%and etiology 7.82% . It is worth noticing that little has been done before on epidemiology, economics, microbiology and virology of asthma, but literature on these aspects has increased obviously in recent years. Conclusion Asthma literature mainly came from America and 5 other nations. English was the major language. The source journals of the papers showed the distribution of the Bradford’s law. Am J Respir Crit Care Med and 4 other journals were core journals of asthma research. Barnes PJ and 14 other authors were the most active and the most important researchers in this field. Treatment, physiopathology, immunology, diagnosis and etiology were the emphasis and hot topics on asthma research. Great attention has been paid to the research on epidemiology, economics, microbiology and virology of asthma year after year.

Keywords: Analysis, Asthma, Bibliometric Analysis, Literature

? Wu, H., Xu, M.J., Zou, D.J., Han, Q.J. and Hu, X. (2010), Intensive glycemic control and macrovascular events in type 2 diabetes mellitus: A meta-analysis of randomized controlled trials. *Chinese Medical Journal*, **123** (20), 2908-2913.

Full Text: [2010\Chi Med J123, 2908.pdf](2010\Chi%20Med%20J123,%202908.pdf)

Abstract: Background There is no agreement as to whether intensive glucose control in type 2 diabetes can reduce the incidence of macrovascular events in these patients. We performed a meta-analysis comparing intensive glucose control or conventional glucose control in randomized controlled trials. Methods Databases including MEDLINE, EMBASE, and Cochrane controlled trials register, the Cochrane Library, and Science Citation Index were searched to find relevant trials. Outcome measures were the incidence of major macrovascular events. Results Six trials involving 28 065 patients were included. Analysis suggested that there was an obviously decreased incidence of major macrovascular events in patients having intensive glucose treatment vs. controls (RR 0.92; 95% CI 0.87, 0.98; P=0.005). However, intensive glycemia control strategies in type 2 diabetes showed no significant impact on the incidence of death from any cause compared with conventional glycemia control strategies, intensive 14.7%, controls 12.0% (RR 0.95; 95% CI 0.80, 1.12; P=0.55), as well as on the incidence of cardiovascular death, intensive 3.7%, controls 3.6% (RR 1.10, 95% CL 0.79, 1.53; P=0.57). Conclusions Control of glycemia to normal (or near normal levels) in type 2 diabetes appears to be effective in reducing the incidence of major macrovascular events, but there were no significant differences of either the mortality from any cause or from cardiovascular death between the two glycemia-control strategies. Chin Med J 2010;123(20):2908-2913.

Keywords: Cardiovascular-Disease, Citation, Complications, Control, Databases, Death, Diabetes Mellitus, Glucose Control, Intervention, MEDLINE, Meta-Analysis, Pioglitazone, Quality, Randomized Controlled Trial, Risk, Science Citation Index, Treatment, Type 2 Diabetes, Type 2 Diabetes Mellitus, Veterans

? Liao, X.M. and Chen, P.Y. (2011), Citation analysis of meta-analysis articles on posttraumatic stress disorder. *Chinese Medical Journal*, **124** (7), 1088-1093.

Full Text: [2011\Chi Med J124, 1088.pdf](2011\Chi%20Med%20J124,%201088.pdf)

Abstract: Background In the past two decades enormously scientific researches on posttraumatic stress disorder (PTSD) have been undertaken and many related meta-analyses have been published. Citation analysis was used to get comprehensive perspectives of meta-analysis articles (MA articles) on PTSD for the purpose of facilitating the researchers, physicians and policy-makers to understand the PTSD. Methods MA articles on PTSD in any languages from January 1980 to March 2009 were included if they presented meta-analytical methods and received at least one citation recorded in the Web of Science (WoS). Whereas studies, in which any effect sizes of PTSD were not distinguished from other psychological disorders, were excluded. Citations to and by identified MA articles were documented basing on records in WoS. Citation analysis was used to examine distribution patterns of characteristics and citation impact of MA articles on PTSD. Canonical analysis was used to explore the relationship between the characteristics of MA articles and citation impact. Results Thirty-four MA articles published during 1998 and 2008 were identified and revealed multiple study topics on PTSD: 10 (29.4%) were about epidemiology, 13 (38.2%) about treatment or intervention, 6 (17.6%) about pathophysiology or neurophysiology or neuroendocrine, 3 (8.8%) about childhood and 2 (5.9%) about psychosocial adversity. Two articles cited most frequently with 456 and 145 counts were published in Journal of Consulting and Clinical Psychology by Brewin (2000) and Psychological Bulletin by Ozer (2003), respectively. Mean cited count was 7.48 +/- 10.56 and mean age (year 2009 minus article publication year) was (4.24 +/- 2.91) years. They had been cited approximately by 67 disciplines and by authors from 42 countries or territories. Characteristics of meta-analysis highly correlated with citation impact and reflected by canonical correlation of 0.899 (P<0.000 01). Conclusions the age of MA articles predicted their citation impact. Citation analysis would serve to capture the global perspectives and topics of MA articles on PTSD. Chin Med J 2011;124(7):1088-1093.

Keywords: Authors, Bibliometric Analysis, Citation, Citation Analysis, Controlled Clinical-Trials, Effect-Sizes, Epidemiology, Hippocampal Volume, Intervention, Journals, Meta-Analysis, Pharmacotherapy, Posttraumatic Stress Disorder, Psychology, PTSD, Publication, Publications, Survivors, Trauma-Exposed Adults, Web of Science

? Liu, X.Y., Wan, X.H. and Li, Z.W. (2011), Ten-year survey on oncology publications from China and other top-ranking countries. *Chinese Medical Journal*, **124** (20), 3314-3319.

Full Text: [2011\Chi Med J124, 3314.pdf](2011\Chi%20Med%20J124,%203314.pdf)

Abstract: Background Cancer is a global disease that knows no borders. Over the past decade, oncology research had developed rapidly worldwide. The aim of this study was to evaluate the publication characteristics in oncology journals from China and other top-ranking countries. Methods the present study was designed to study publication characteristics in oncology journals from China and other top-ranking countries, the United States (USA), Japan, Germany, the United Kingdom (UK) and France, from 2001 to 2010. We also examined the research output from the three different regions of China: the mainland of China, Hong Kong and Taiwan. Results Articles published in 163 journals related to oncology were retrieved from the PubMed database. The number of articles showed significantly positive trends for the six countries. The percentage of articles in the world output showed a significantly positive increase in contributions from China, especially the mainland of China. China contributed 4.5% of the total 163 journals, and 2.5% of the journals with the top 10% impact factor (IF) scores. USA contributed 31.4% of the total world output, 40.5% of the top 10% IF score journals and ranked the first. Conclusions This analysis described the research output from each country and region of China, and revealed the positive trend in China during 2001 and 2010. Also, by contrast with other top-ranking countries, these results imply that China falls behind the others in conducting high-quality oncology research. Chin Med J 2011;124(20):3314-3319.

Keywords: 2 Systems, Analysis, Articles, Cancer, China, Disease, Falls, France, Germany, Health-Care, Hong Kong, Hong-Kong, Impact, Impact Factor, Japan, Journal Citation Reports, Journal Impact Factor, Journals, Methods, Oncology, Projections, Publication, Publications, Pubmed, Research, Research Output, Science Citation Index Expanded, Survey, Taiwan, Trend, Trends, UK, United Kingdom, USA

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Full Text: [2012\Chi Med J125, 338.pdf](2012\Chi%20Med%20J125,%20338.pdf)

Abstract: Background the growing enthusiasm for coronary artery bypass grafting (CABG) without cardiopulmonary bypass (CPB) is emerging, but the role of off-pump coronary artery bypass (OPCAB) in clinical practice remains controversial. The purpose of this study was to assess differences in the incidences of stroke, atrial fibrillation (AF), and myocardial infarction (MI) between OPCAB and conventional coronary artery bypass grafting (CCABG) by meta-analyses of randomized clinical trials. Methods A literature search for the period before March 2010 supplemented with manual bibliographic review was performed for all Chinese or English publications in MEDLINE, the Science Citation Index Expanded, the Cochrane Central Register of Controlled Trials (CENTRAL) and CBMdisc. A systematic overview (meta-analyses) of randomized clinical trials was conducted to evaluate the differences between OPCAB and CCABG in the incidences of stroke, AF, and MI. The meta-analysis was performed using RevMan 5 software. Results Forty-three randomized clinical trials were selected for meta-analysis after screening a total of 356 references, with 8104 patients in the OPCAB group and 8724 cases in the CCABG group. The meta-analyses of these trials showed no significant difference between OPCAB and CCABG in the incidences of stroke (odds ratio (OR)=0.80, 95% confidence interval (CI)=0.52-1.22, P=0.30) and MI (OR=0.73, 95%CI=0.52-1.02, P=0.06). However, we found a significantly reduced risk of AF (OR=0.65, 95%CI = 0.52-0.82, P=0.0002) in off-pump patients. Conclusions Our meta-analyses suggest that OPCAB reduces the risk of postoperative AF compared with CCABG, but there is no significant difference in the incidences of stroke and MI between OPCAB and CCABG. Chin Med J 2012;125(2):338-344.

Keywords: Artery, Atrial Fibrillation, Atrial-Fibrillation, Beating-Heart, Cardiac-Surgery, Cardiopulmonary, Cardiopulmonary Bypass, Chinese, Citation, Clinical, Clinical Practice, Clinical Trials, Confidence, Conventional, Coronary Artery, Coronary Artery Bypass Grafting, Effectiveness, Graft-Surgery, Grafting, Infarction, Interval, Life Outcomes, Literature, Low-Risk Patients, MEDLINE, Meta-Analysis, Metaanalysis, Myocardial Infarction, Myocardial Revascularization, Odds Ratio, Off Pump, Patients, Postoperative, Practice, Publications, Purpose, Quality, Randomized, Randomized Clinical Trials, References, Resource Utilization, Review, Risk, Role, Science, Science Citation Index, Science Citation Index Expanded, Screening, Software, Stroke

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Full Text: [2012\Chi Med J125, 367.pdf](2012\Chi%20Med%20J125,%20367.pdf)

Abstract: Objective To assess the experimental and clinical data regarding the effects of electromagnetic fields (EMFs) on fracture non-union. Data sources the English language literature regarding EMFs on fracture non-union were searched using MEDLINE, Web of Science and Embase, for the period January 2006 to June 2011. The search terms were electromagnetic fields and non-union/ bone marrow stem cells (BMSCs)/bone. Study selection Articles were included in the review if they were related to the use of EMFs on BMSCs or bone tissue. Papers without full manuscripts available were excluded. Results the basic and clinical research in this field, while somewhat limited, supports the insightful application of EMFs to ameliorate disability due to fracture non-union. Conclusions Further basic and clinical research to validate the use of EMFs in facilitating function and bone reparative processes in fracture non-union is required. Chin Med J 2012;125(2):367-372.

Keywords: Application, Articles, Bone, Bone Marrow, Bone Marrow Stem Cells, Clinical, Clinical Research, Clinical Studies, Data, Disability, Effects, Electromagnetic Fields, Experimental, Extremely-Low-Frequency, Field, Fracture, Function, Gene-Expression, In-Vivo, Literature, Magnetic-Field, MEDLINE, Mesenchymal Stem-Cells, Non-Union, Proliferation, Rats, Regeneration, Research, Review, SAOS-2 Cells, Science, Sources, Staphylococcus-Aureus, Stem Cells, Stimulation, Web of Science

? Xu, Y., Zhou, H.M., Li, J., Ke, B.L. and Xu, X. (2012), Efficacy of treatment for pterygium by autologous conjunctival transplantation and mitomycin C. *Chinese Medical Journal*, **125** (20), 3730-3734.

Full Text: [2012\Chi Med J125, 3730.pdf](2012\Chi%20Med%20J125,%203730.pdf)

Abstract: Background The recurrence of pterygium after surgery is high. A variety of adjunctive treatment approaches have been developed to improve the clinical efficacy and many related articles have been published. This study aimed to determine the risk for postoperative pterygium recurrence comparing autologous conjunctival transplantation (ACT) versus mitomycin C (MMC). Methods Relevant literature published until December 2010 in MEDLINE, Embase, Cochrane, Cochrane library, Science Citation Index, and Google Scholar were searched. Qualified random clinical trial (RCT) studies on the comparison of recurrence rate of pterygium after ACT and MMC treatment were included in this study. Results Eight RCTs with 663 eyes entered the final analysis. The recurrent rate of pterygium was 8.7% (30/343) for ACT and 18.75% (60/320) for MMC. Using fixed-effect meta analysis, we found that the recurrence was significantly lower after ACT than MMC treatment (odds ratio (OR)=0.40, 95% confidence index (Cl), 0.25-0.63, P<0.0001). In sensitivity analyses, we employed random-effects model and excluded studies of low quality or studies in which MMC was administrated after the operation. All the sensitivity analyses confirmed that ACT led to lower recurrence rates than MMC. Sub-group analysis revealed that the recurrence rate was 20.2% (20/99) and 27.65% (26/94) for conjunctival autograft (CA) and MMC respectively, and no significant difference in the recurrence rate was detected (OR=0.65, 95% Cl 0.33-1.28, P=0.22). However, we found that conjunctival limbal autograft (CLA) had lower recurrence rate than MMC (OR=0.26, 95% Cl 0.14-0.48, P=0.0001). Conclusion CLA has better therapy efficacy against the recurrence of pterygium than MMC. Chin Med J 2012;125(20):3730-3734.

Keywords: Act, Analyses, Analysis, Autograft-Transplantation, Autologous Conjunctival Transplantation, Citation, Clinical, Clinical Trial, Comparison, Confidence, Conjunctival Limbal Autograft, Efficacy, Excision, Eye Drops, Google, Google Scholar, Index, Intraoperative Mitomycin, Limbal, Literature, MEDLINE, Meta Analysis, Meta-Analysis, Mitomycin, Mitomycin C, Model, Odds Ratio, Operation, Postoperative, Prevention, Pterygium, Quality, Random Effects Model, Randomized-Trial, Rates, RCT, Recurrence, Recurrent, Recurrent Pterygium, Risk, Science, Science Citation Index, Sensitivity, Surgery, Therapy, Transplantation, Treatment, Trial

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Full Text: 2013\Chi Med J126, 3356.pdf

Abstract: Background Vitamin D status in relation to pancreatic cancer risks is still inconsistent. This study was performed to evaluate the association between vitamin D status and risk of pancreatic cancer using a meta-analysis approach. Methods A systemic review of all relevant literature in English was performed by searching Pubmed, Web of Science and Embase to identify eligible studies from the earliest available date to April 1, 2012. The search terms “vitamin D”, “25-hydroxyvitamin D”, “pancreatic cancer” or “pancreatic neoplasms” were used to retrieve relevant papers. Inclusion criteria were: (1) the exposure of interest was intake of vitamin D or blood levels of vitamin D; (2) the outcome of interest was pancreatic cancer; (3) data on high and low intake or blood vitamin D in cases and controls were available; (4) odds ratio (OR) estimates with 95% confidence interval (CI) were provided; (5) primary epidemiological data were provided reporting pancreatic cancer incidence. The combined OR values and their 95% CIs were calculated via a meta-analysis. The potential presence of publication bias was estimated using Egger’s regression asymmetry test. Results Nine studies with a total of 1 206 011 participants met the inclusion criteria. The test for heterogeneity showed there were significant differences among the included studies (I-2=70.9%, P=0.001), so a randomized-effects model was used in the meta-analysis. The pooled OR of pancreatic cancer for the highest versus the lowest categories of vitamin D level was 1.14 (95% CI 0.896-1.451), and the Z-score for the overall effect was 1.06 (P=0.288), showing that there was no significant association between vitamin D levels and the risk of pancreatic cancer. Egger’s test indicated there was a low possibility of publication bias in this study (P=0.348). Conclusion Dietary vitamin D or circulating concentrations of 25-hydroxyvitamin D are not associated with the risk of pancreatic cancer based on evidence from currently published studies.

Keywords: Approach, Article, Association, Asymmetry, Bias, Blood, Cancer, China, Chinese, Circulating 25-Hydroxyvitamin D, Cohort, Confidence, Criteria, Data, Estimates, Evidence, Exposure, Heterogeneity, Incidence, Interval, Irradiance, Literature, Medicine, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Odds Ratio, Outcome, Pancreatic Cancer, Papers, People, Potential, Prevention, Primary, Prostate, Publication, Publication Bias, R, Rates, Regression, Reporting, Results, Review, Risk, Risks, Science, Vitamin, Vitamin D, Web of Science

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Full Text: 2014\Chi Med J127, 765.pdf

Abstract: Background Numerous studies have investigated the association between adiponectin concentrations and diabetic retinopathy (DR) caused by type 2 diabetic mellitus. However, the results remain conflicting. We performed a meta-analysis to explore the relationship between adiponectin concentrations and risk of DR caused by type 2 diabetic mellitus from published articles. Methods A published literature search was performed through the PubMed, Cochrane Library, EMBASE, Science Citation Index Expanded database, Chinese CNKI, and Chinese Wan Fang databases for articles published in English and Chinese. Pooled standardized mean differences (SMDs) and 95% confidence intervals (95% CIs) were calculated using random or fixed effects model. Heterogeneity between studies was assessed using the Cochrane Q test and 2 statistics. Results Nineteen studies with a total of 1 545 cases and 1 502 controls were retrieved. The original meta-analysis found a significant difference in the adiponectin concentrations between the DR and non-DR (NDR) groups. After excluding the high heterogeneity studies, the second meta-analysis also demonstrated the significant association (SMD (95% CI)=-0.62 (-0.80 to 0.44), P=0.0001). According to the available data, there was statistical significance in the adiponectin concentrations considering non-proliferative DR (NPDR) versus NDR, PDR versus NPDR in Chinese populations with high heterogeneity. Conclusion Adiponectin concentrations are correlated with DR; however, the relationship between adiponectin concentrations and DR needs more in-depth investigations with larger sample sizes.

Keywords: Adipocytes, Adiponectin, Adiponectin Concentrations, Adipose-Specific Protein, Analysis, Association, Chinese, Citation, Confidence, Confidence Intervals, Data, Database, Databases, Diabetes, Diabetic Retinopathy, Disease, Effects, Embase, Endothelial-Cells, English, Expression, Fixed Effects Model, Groups, Heterogeneity, Hypoadiponectinemia, Intervals, Investigations, Literature, Literature Search, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Needs, Nitric-Oxide, Patients, Plasma, Population, Populations, Published Articles, Pubmed, Results, Risk, Science, Science Citation Index, Science Citation Index Expanded, Serum-Levels, Significance, Statistics, Type 2 Diabetes, Type 2 Diabetic Mellitus

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Full Text: 2014\Chi Med J127, 1768.pdf

Abstract: Background The specificity for early interventions of prostate-specific antigen (PSA) in prostate cancer (PCa) is not satisfactory. It is likely that prostate cancer antigen 3 (PCA3) can be used to predict biopsy outcomes more accurately than PSA for the early detection of PCa. We systematically reviewed literatures and subsequently performed a meta-analysis. Methods A bibliographic search in the database of Embase, Medline, Web of Science, NCBI, PubMed, CNKI, and those of health technology assessment agencies published before April 2013 was conducted. The key words used were “prostatic neoplasms”, “prostate”, “‘prostate,’ ‘carcinoma’ or ‘cancer’ or ‘tumor’, or ‘PCa,” and free terms of “upm3”, “pca3”, “dd3”, “aptinnapca 3”, and “prostate cancer antigen 3”. All patients were adults. The intervention was detecting PCA3 in urine samples for PCa diagnosis. We checked the quality based on the QUADAS criteria, collected data, and developed a meta-analysis to synthesize results. Twenty-four studies of diagnostic tests with moderate to high quality were selected. Results The sensitivity was between 46.9% and 82.3%; specificity was from 55% to 92%; positive predictive value had a range of 39.0%-86.0%; and the negative predictive value was 61.0%-89.7%. The meta-analysis has heterogeneity between studies. The global sensitivity value was 0.82 (95% CI 0.72-0.90); specificity was 0.962 (95% CI 0.73-0.99); positive likelihood ratio was 2.39 (95% CI 2.10-2.71); negative likelihood ratio was 0.51 (95% CI 0.46-0.86); diagnostic odds ratio was 4.89 (95% CI 3.94-6.06); and AUC in SROC curve was 0.744 1. Conclusion PCA3 can be used for early diagnosis of PCa and to avoid unnecessary biopsies.

Keywords: 4.0 Ng, Ml, Analysis, Assessment, Auc, Bibliographic, Biopsy, Cancer, Carcinoma, Clinical Utility, Criteria, Data, Database, Decision, Diagnosis, Diagnostic, Diagnostic Performance, Diagnostic Tests, Early Detection, Early Diagnosis, Gene, Global, Health, Health Technology Assessment, Heterogeneity, Intervention, Interventions, Japanese Men, Likelihood Ratio, Medline, Messenger-Rna, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Molecular Urine Assay, Odds Ratio, Outcomes, Patients, Pca, Pca3, Predictive, Predictive Value, Prostate Cancer, Prostate Cancer Antigen 3, PubMed, Quality, Repeat Biopsy, Results, Review, Science, Sensitivity, Specificity, Systematic, Systematic Review, Technology, Technology Assessment, Tumor, Urine, Validation, Value, Web of Science

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Full Text: 2014\Chi Med J127, 2497.pdf

Abstract: Background Over the past two decades, the clinical presentation of renal masses has evolved, where the rising incidence of small renal masses (SRMs) and concomitant minimal invasive treatments have led to noteworthy changes in paradigm of kidney cancer. This study was to perform a proportional meta-analysis of observational studies on perioperative complications and oncological outcomes of partial nephrectomy (PN) and radiofrequency ablation (RFA). Methods The US National Library of Medicine’s life science database (Medline) and the Web of Science were exhaustly searched before August 1, 2013. Clinical stage 1 SRMs that were treated with PN or RFA were included, and perioperative complications and oncological outcomes of a total of 9 565 patients were analyzed. Results Patients who underwent RFA were significantly older (P <0.001). In the subanalysis of stage T1 tumors, the major complication rate of PN was greater than that of RFA (laparoscopic partial nephrectomy (LPN)/robotic partial nephrectomy (RPN): 7.2%, open partial nephrectomy (OPN): 7.9%, RFA: 3.1%, both P <0.001). Minor complications occurred more frequently after RFA (RFA: 13.8%, LPN/RPN: 7.5%, OPN: 9.5%, both P <0.001). By multivariate analysis, the relative risks for minor complications of RFA, compared with LPN and OPN, were 1.7-fold and 1.5-fold greater (both P <0.01), respectively. Patients treated with RFA had a greater local progression rate than those treated by PN (RFA: 4.6%, LPN/RPN: 1.2%, OPN: 1.9%, both P <0.001). By multivariate analysis, the local tumor progression for RFA versus LPN/RPN and OPN were 4.5-fold and 3.1-fold greater, respectively (both P<0.001). Conclusions The current data illustrate that both PN and RFA are viable strategies for the treatment of SRMs. Compared with PN, RFA showed a greater risk of local tumor progression but a lower major complication rate, which is considered better for poor candidates. PN is with no doubt the golden treatment for SRMs, and LPN has been widely accepted as the first option for nephron-sparing surgery by experienced urologists. RFA may be the best option for select patients with significant comorbidity.

Keywords: Ablation, Analysis, Cancer, Changes, Clinical, Comorbidity, Complication, Complications, Concomitant, Data, Database, First, Incidence, Invasive, Kidney, Laparoscopic, Life, Local, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Minor, Multivariate, Multivariate Analysis, Nephrectomy, Observational, Observational Studies, Oncological Outcomes, Open, Outcomes, P, Paradigm, Partial Nephrectomy, Patients, Perioperative Complications, Presentation, Progression, Radiofrequency Ablation, Renal, Results, Review, Risk, Risks, Science, Small, Surgery, Systematic, Systematic Review, T1, Treatment, Tumor, Us, Web Of Science

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Full Text: 2014\Chi Med J127, 2518.pdf

Abstract: Background The objective of this study was to analyze the trend in the publication of systematic reviews on hip fractures through a bibliometric approach. Methods Literature including systematic reviews or meta-analyses on hip fractures was searched from the ISI Web of Science citation database. The search results were analyzed in terms of geographical authorship and frequency of citation by country, institution, author, and periodical distribution. Results A total of 654 published systematic reviews from 1995 to 2013 in 48 countries or regions were retrieved. The United States (171) was the predominant country in terms of the number of total publications, followed by the United Kingdom (149), Canada (120), Australia (76), and China (54). The number of systematic reviews significantly increased during the last 6 years, especially in China. The production ranking changed in 2012, at which time the United States and China were the leaders in the yearly production of systematic reviews on hip fractures. The amount of literature (27 publications) from China contributed almost one-quarter of the total literature (109 publications) in 2012. However, the average number of citations of each article from China was still low (6.70), while the highest number of citations of each article was from Sweden (193.36). The references were published in 239 different journals, with 15 journals contributing to 41.3% of the systematic reviews on hip fractures. The two journals that contributed the most were Osteoporosis International (10.6%) and the Cochrane Database of Systematic Reviews (7.6%). The predominant institution in terms of the number of publications was McMaster University (36) in Canada. Conclusions The best evidence in the field of hip fractures has attracted increasing attention. Systematic reviews on hip fractures from China have been increasingly more frequent during the past 6 years, particularly in 2012.

Keywords: Activity, Analysis, Approach, Article, Attention, Australia, Authorship, Bibliometric, Bibliometric Analysis, Canada, China, Citation, Citations, Country, Database, Distribution, Evidence, Field, Hip Fractures, International, Isi, Isi Web Of Science, Journals, Literature, Methods, Osteoporosis, Periodical, Publication, Publication Activity, Publications, Ranking, References, Results, Reviews, Science, Sweden, Systematic, Systematic Reviews, Trend, United Kingdom, United States, University, Web Of Science

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Full Text: 2014\Chi Med J127, 2824.pdf

Abstract: Background Several small sample-size observational studies evaluated the association of plasma brain natriuretic peptide (BNP) or N-terminal pro-brain natriuretic peptide (NT-proBNP) with atrial fibrillation (AF), but the results were contradictory. We aimed to perform a meta-analysis of relevant studies to evaluate the availability of this association. Methods We performed an extensive literature search on PubMed, Web of Science (WOS) and the Cochrane Library databases. Pooled standardized mean difference (SMD) and 95% confidence interval (C/) were calculated to assess the strength of association using random effects models. We performed sensitivity and subgroup analyses to explore the potential sources of heterogeneity. We also estimated publication biases. Statistical analyses were performed using the STATA 12.0 software. Results A total of 11 studies including 777 cases and 870 controls were finally analyzed. Overall, the brain natriuretic peptide/N-terminal pro-brain natriuretic peptide levels were higher in atrial fibrillation patients than controls without atrial fibrillation. Results showed that the SMD in the natriuretic peptide levels between cases and controls was 2.68 units (95% Cl 1.76 to 3.60); test for overall effect z-score=5.7 (P<0.001). There was significant heterogeneity between individual studies (12=97.8%; P<0.001). Further analysis revealed that differences in the assay of natriuretic peptide possibly account for this heterogeneity. Conclusions Increased BNP/NT-proBNP levels were associated with the presence of atrial fibrillation. This finding indicates that BNP/NT-proBNP may prove to be a biomarker of an underlying predisposition to AF.

Keywords: Af, Analyses, Analysis, Association, Atrial Fibrillation, Availability, Bias, Biomarker, BNP, Brain, Brain Natriuretic Peptide, Confidence, Databases, Determinants, Diagnosis, Effects, Ejection Fraction, Evidence, Heart-Failure, Heterogeneity, Interval, Literature, Literature Search, Marker, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, N-Terminal Pro-Brain Natriuretic Peptide, Nt-Probnp, Observational, Observational Studies, Patients, Plasma, Potential, Prevalence, Publication, Pubmed, Results, Sample Size, Science, Sensitivity, Small, Software, Sources, Strength, Web Of Science, Wos

? Xia, J.Y., Shi, L.Y., Zhao, L.F. and Xu, F. (2014), Impact of vitamin D supplementation on the outcome of tuberculosis treatment: A systematic review and meta-analysis of randomized controlled trials. *Chinese Medical Journal*, **127** (17), 3127-3134.

Full Text: 2014\Chi Med J127, 3127.pdf

Abstract: Background Vitamin D supplementation is believed to be beneficial in the treatment of patients with tuberculosis (TB), however, results from clinical trials have been inconclusive. Methods We performed a systematic literature search across MEDLINE, EMBASE, the Cochrane Central Register of Controlled Trials, Springer, EBSCO, Pro Quest, High Wire Press, and Web of Science, published as of December 2013. We individually inspected citations and extracted data independently. We estimated pooled risk ratios (RR) and 95% confidence intervals (CI) using random-effect models. We also assessed risk of bias using the Jadad scale and the quality of the evidence using GRADE. We included all randomized controlled trials comparing vitamin D with or without standard TB therapy or placebo. Results A total of five studies were analyzed in our meta analysis covering 841 newly-diagnosed TB cases. Patients receiving vitamin D supplementation had a 39% reduced risk of sputum smear or culture positive after six weeks of anti-TB treatment than those in the control group, although this is not statistically significant (pooled RR 0.61, 95% CI 0.24 to 1.56, P=0.30). Apart from an increased serum vitamin D level in the supplement group after eight weeks of treatment there was no evidence of any additional adverse effects related to vitamin D. Conclusions The meta analysis results indicate that vitamin D supplementation does not seem to have any beneficial effect in the treatment of TB. Future rigorous randomized controlled trials are needed to explore whether the supplementation of vitamin D could shorten treatment duration and to confirm whether the polymorphisms of vitamin D receptor have any potentially beneficial effect.

Keywords: Adverse Effects, Analysis, Bias, Citations, Clinical, Clinical Trials, Confidence, Confidence Intervals, Control, Culture, Data, Double-Blind, Duration, Effects, Embase, Evidence, From, Grade, Impact, Intervals, Literature, Literature Search, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Mycobacterium-Tuberculosis, Outcome, Patients, Placebo, Polymorphisms, Pulmonary Tuberculosis, Quality, Quality Of, Randomized, Randomized Controlled Trials, Results, Review, Risk, Scale, Science, Seasonality, Serum, Springer, Sputum, Standard, Systematic, Systematic Literature Search, Systematic Review, Tb, Therapy, Treatment, Tuberculosis, Vitamin, Vitamin D, Vitamin D Supplementation, Web Of Science

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Full Text: 2014\Chi Med J127, 3156.pdf

Abstract: Objective To review the current crosslinking strategies for acelluar matrix scaffold, laying the foundation for subsequent experiment. Data sources Data were mainly obtained from recent papers published in PubMed or indexed by Web of Science, with keyword like crosslinking. Results Various crosslinking strategies, including chemical, physical and biological methods, have been introduced to facilitate the performance of fresh acellular matrix. Chemical crosslinking reagents, involved in synthetic and naturally derived agents, need to be eliminated before implantation in case of their potential biotoxicity, although several crosslinking agents with less toxicity and specific characteristics have been developed. Physical crosslinking methods present to be safe, additive-free and relatively controllable for rapid surface functionalization with no consideration of remaining radioactivity. Biological crosslinking strategies have attracted great interest, and have been demonstrated to enhance collagen-based crosslinking since their preparations do not need toxic or potentially biologically contaminated substances and can be carried out under physiological conditions. Conclusions Kinds of crosslinking methods with its potential advantages have been developed to modify raw acelluar matrix, of which the performance are promising after being crosslinked by several crosslinking treatments. Further preclinical and clinical evaluations should be taken to vertify their safety and efficacy for the tissues and organs substitutes in tissue and regenerative medicine.

Keywords: Acellular Dermis, Alginate Dialdehyde, Biocompatible Materials, Biological, Biological Tissue, Biomedical Applications, Bovine Pericardium, Characteristics, Chemical, Clinical, Cross-Linking Reagents, Crosslinking, Data, Dermal Matrix, Efficacy, Electron-Beam Irradiation, Experiment, From, Implantation, In-Vitro Evaluation, Linked Collagen, Matrix, Medicine, Mesenchymal Stem-Cells, Methods, Modification, Papers, Performance, Physical, Potential, Pubmed, Radioactivity, Recent, Regenerative Medicine, Results, Review, Safety, Scaffold, Science, Sources, Surface, Tissue Engineering, Tissue Engineering Scaffold, Toxic, Toxicity, Web Of Science

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Full Text: 2014\Chi Med J127, 3296.pdf

Abstract: Background Difficulties persist in differentiating pancreatic ductal adenocarcinomas (PDAC) from pancreatic inflammatory masses (PIM). Auxiliary diagnostic techniques which enhance the endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA) diagnostic yield have been attempted, for example, K-ras mutation analysis. We aimed to evaluate the accuracy of K-ras mutation analysis combined with EUS-FNA for the differential diagnosis of PDAC and PIM by pooling data of existing trials. Methods We systematically searched the Medline, PubMed, Web of Science, Embase, and Cochrane Central Trials databases for relevant published studies. Meta-analysis was performed. Pooling was conducted in fixed-effect model or random-effect model. Results In total eight studies, with 696 cases of PDAC and 138 cases of PIM, met our inclusion criteria. The pooled sensitivity, specificity, positive likely ratio and negative likely ratio of K-ras mutation analysis combined with cytopathology for diagnosis of PDAC versus PIM were 90%, 95%, 13.45, and 0.13, respectively. Especially, among total 123 patients whose EUS-FNA results were in conclusive or negative, fifty-nine had K-ras mutations and were finally diagnosed with PDAC (48%, 59/123). Publication bias was not present. Conclusions Combining K-ras mutation analysis with routine cytology moderately improves the ability of EUS-FNA to differentially diagnose between PDAC and PIM, especially for patients with suspected PDAC yet inconclusive EUS-FNA findings, and may prove to be a valuable supplemental method to EUS-FNA.

Keywords: Accuracy, Adenocarcinoma, Analysis, Aspiration, Attempted, Bias, Biopsy, Cancer, Carcinoma, Clinical Utility, Criteria, Cytology, Data, Databases, Diagnosis, Diagnostic, Differential Diagnosis, Endoscopic Ultrasonography, Eus-Fna, Fna, From, Gene Mutation, Guidance, Heterogeneity, K-Ras Mutation Analysis, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Mutation, Mutations, Pancreatic Ductal Adenocarcinoma, Patients, Performance, Publication, Publication Bias, Pubmed, Results, Roc Curve, Science, Sensitivity, Specificity, Techniques, Web Of Science

? Wei, J.B., Chen, L. and Zhu, X.D. (2014), Tea drinking and risk of pancreatic cancer. *Chinese Medical Journal*, **127** (20), 3638-3644.

Full Text: 2014\Chi Med J127, 3638.pdf

Abstract: Background Epidemiologic studies have reported inconsistent results regarding tea consumption and the risk of pancreatic cancer. This study aimed to investigate whether tea consumption is related to the risk of pancreatic cancer. Methods We searched Medline, EMBASE, ISI Web of Science, and the Cochrane library for studies published up to November 2013. We used a meta-analytic approach to estimate overall odds ratio (OR) and 95% confidence interval (CI) for the highest versus the lowest tea consumption categories. Results The summary OR for high versus no/almost never tea drinkers was 1.04 (95% CI: 0.91-1.20), with no significant heterogeneity across studies (P=0.751; I-2=0.0%). The OR was 0.99 (95% CI: 0.77-1.28) in males and 1.01(95% CI: 0.79-1.29) in females. The OR was 1.07 (95% CI: 0.85-1.34) in Asian studies, 1.05 (95% CI: 0.84-1.31) in European studies, and 0.98 (95% CI: 0.72-1.34) in the US studies. The OR was 0.87 (95% CI: 0.69-1.10) without adjustment for a history of diabetes and 1.16 (95% CI: 0.97-0.39) after adjustment for a history of diabetes. The OR was 0.90 (95% CI: 0.72-1.12) without adjustment for alcohol drinking and 1.16 (95% CI: 0.96-1.39) after adjustment for alcohol drinking. The OR was 0.97 (95% CI: 0.76-1.25) without adjustment for BMI and 1.07 (95% CI: 0.87-1.31) after adjustment for BMI. Conclusion This systematic meta-analysis of cohort studies dose not provide quantitative evidence that tea consumption is appreciably related to the risk of pancreatic cancer, even at high doses.

Keywords: Alcohol, Alcohol Drinking, Alcohol-Consumption, Approach, Asian, Bmi, Cancer, Coffee, Cohort, Confidence, Consumption, Diabetes, Diabetes-Mellitus, Embase, Epidemiologic, Evidence, Green Tea, Heterogeneity, History, Interval, ISI, ISI Web Of Science, Male Smokers, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Odds Ratio, Pancreatic Cancer, Pooled Analysis, Primary Liver-Cancer, Prospective Cohort, Results, Risk, Science, Systematic, Tea, US, Web, Web Of Science, Womens Health

? Liao, Y., Lu, X.L., Yang, S.T. and Yang, R.Y. (2014), A bibliometric analysis of *Chinese Medical Journal* from 1999 to 2013: Progress of a journal. *Chinese Medical Journal*, **127** (23), 4145-4146

Full Text: 2014\Chi Med J127, 4145.pdf

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Chinese, Chinese Medical Journal, From, Journal, Medical, Progress

# Title: Chinese Science Bulletin

Full Journal Title: [Chinese Science Bulletin](http://www.scienceinchina.com/csb_en.htm); [Chinese Science Bulletin](http://www.springerlink.com/(tu2awtnfz5hzrir1aggrmwfh)/app/home/journal.asp?referrer=parent&backto=subject,9,30;)

ISO Abbreviated Title: Chin. Sci. Bull.

JCR Abbreviated Title: Chinese Sci Bull

ISSN: 1001-6538

Issues/Year: 24

Journal Country/Territory: Peoples R China

Language: English

Publisher: Science Press

Publisher Address: 16 Donghuangchenggen North St, Beijing 100717, Peoples R China

Subject Categories:

Multidisciplinary Sciences: Impact Factor 0.593 18/46 (2003)

Ingwersen, P., Larsen, B., Rousseau, R. and Russell, J. (2001), The publication-citation matrix and its derived quantities. *Chinese Science Bulletin*, **46** (6), 524-528.

Full Text: [2001\Chi Sci Bul46, 524.pdf](C:/Users/YSHo/AppData/Roaming/Microsoft/Word/2001/Chi Sci Bul46, 524.pdf)

Abstract: We give an overview of the main data of a publication-citation matrix. We show how impact factors are defined, and, in particular, point out the difference between the synchronous and the diachronous impact factor. The advantages and disadvantages of using both as tools in research evaluation are discussed.

Keywords: Research Evaluation, Publication-Citation Matrix, Diachronous Impact Factor, Synchronous Impact Factor, Science, Impact

Notes: highly cited

? Jin, B.H., Liang, L.M., Rousseau, R. and Egghe, L. (2007), The R- and AR-indices: Complementing the h-Index. *Chinese Science Bulletin*, **52** (6), 855-863.

Full Text: [2007\Chi Sci Bul52, 855.pdf](2007\Chi%20Sci%20Bul52,%20855.pdf)

Abstract: Based on the foundation laid by the h-Index we introduce and study the R- and AR-indices. These new indices eliminate some of the disadvantages of the h-Index, especially when they are used in combination with the h-Index. The R-index measures the h-core’s citation intensity, while AR goes one step further and takes the age of publications into account. This allows for an index that can actually increase and decrease over time. We propose the pair (h, AR) as a meaningful indicator for research evaluation. We further prove a relation characterizing the h-Index in the power law model.

Keywords: A-Index, Age, AR-Index, Citation, Evaluation, G Index, h Index, h-Index, Hirsch-Index, Indicator, Law, Model, Performance Evaluation, Power Law, Publications, R-Index, Ranking, Research, Research Evaluation, Scientists

Notes: CCountry

? Kostoff, R.N., Barth, R.B. and Lau, C.G.Y. (2008), Quality vs. quantity of publications in nanotechnology field from the People’s Republic of China. *Chinese Science Bulletin*, **53** (8), 1272-1280.

Full Text: [2008\Chi Sci Bul53, 1272.pdf](2008\Chi%20Sci%20Bul53,%201272.pdf)

Abstract: This study evaluates trends in quality of nanotechnology and nanoscience papers produced by authors from the People’s Republic of China (PRC). The metric used to gauge quality is ratio of highly cited nanotechnology papers to total nanotechnology papers produced in sequential time frames. The USA is both the most prolific nanotechnology publishing country and most represented country on highly cited nanotechnology papers (both in absolute numbers of highly cited papers and highly cited papers relative to total publications) over the 1998-2003 time frame, based on the SCI/SSCI databases. Some of the smaller hi-tech countries have relatively high ratios (similar to 2) of highly cited papers to total publications (e.g. Denmark, Netherlands, Switzerland). Countries that have exhibited rapid growth in SCI/SSCI nanotechnology paper production in recent years (e.g. PRC, South Korea) had ratios an order of magnitude less than that of the USA for 1998, but by 2003 had increased to about 20% that of the USA (similar to 2.5). PRC and South Korea have climbed in the publications rankings from 6th and 9th in 1998, respectively, to 2nd and 6th in 2005, respectively. PRC’s ratio monotonically increased from 0.16 to 0.45 over the 1998-2003 period, and South Korea’s ratio increased from 0.11 to about 0.6 over that same period, indicating their papers are getting more and more citations proportionately. Thus, under rapid growth conditions, PRC and South Korea have been able to increase their share of participation in highly cited papers. As of 2003, PRC and South Korea have ratios comparable to nations like Japan, France, Italy, and Australia but not yet approaching those of the highly cited countries. None of the top ten publications producing institutions are from the USA, while all of the top ten highly cited publications producers are from the USA. Over the 1998-2003 time period, the top six total publications producing institutions (globally) remained the same, with Chinese Academy of Sciences (which consists of many research institutes) wresting the lead from Russian Academy of Sciences in 1999, and thereafter increasing the gap. Over this same time period, the USA institutions constituted about 90% of the top ten most cited papers list. For Chinese institutions specifically in the period 1998-2003, the nanotechnology publication leading Chinese Academy of Sciences has maintained an average of about 30% of nanotechnology publications over that time frame. The second tier (in terms of quantity) for the last few years has consisted of Tsinghua University, Nanjing University, University of Science and Technology of China, Peking University, Jilin University, Zhejiang University, Shandong University, and Fudan University. Hong Kong institutions have, on average, been strong in ratio, especially City University Hong Kong, and Hong Kong University of Science and Technology, indicating significant citations.

Keywords: Australia, China, Chinese, Citations, Country, Databases, Denmark, Field, France, Growth, Hong Kong, Institutions, Italy, Japan, Korea, Lead, Nanoscience, Nanotechnology, Nanotechnology Publication, Nations, Papers, Participation, People’s Republic of China, Publication, Publications, Publishing, Quality, Quality of, Rankings, Research, Switzerland, Trends, USA

? Feng, Z.Z., Kobayashi, K., Wang, X.K. and Feng, Z.W. (2009), A meta-analysis of responses of wheat yield formation to elevated ozone concentration. *Chinese Science Bulletin*, **54** (2), 249-255.

Full Text: [2009\Chi Sci Bul54, 249.pdf](2009\Chi%20Sci%20Bul54,%20249.pdf)

Abstract: the meta-analysis method was applied to quantitatively investigate effects of the elevated ozone concentration ([O(3)]) on chlorophyll concentration, gas exchange and yield components of wheat. There were 39 effective references through Web of Science (ISI, USA) and Chinese journal full-text database (CNKI, China). The results of meta-analysis indicated that elevated [O(3)] decreased grain yield, grain weight, grain number per ear, ear number per plant and harvest index by 26%, 18%, 11%, 5% and 11%, respectively, relative to ambient air. The decrease in leaf physiological characters was much greater than that in yield when wheat was expose to elevated [O(3)], while light-saturated photosynthetic rate (Asat), stomatal conductance (Gs) and chlorophyll content (Chl) decreased by 40%, 31%, and 46%, respectively. The responses to elevated [O(3)] between spring wheat and winter wheat were similar. Most of the variables showed a linear decrease trend with an increase of [O(3)]. The most significant decrease for Asat, Gs and Chl was found in grain filling stage. Elevated [CO(2)] could significantly ameliorated or offset the detrimental effects caused by elevated [O(3)].

Keywords: Meta-Analysis, Elevated [CO2], Wheat, Ozone, Gas Exchange, Yield, Triticum-Aestivum l., Ambient Ozone, Stomatal Conductance, Air-Pollution, Spring Wheat, Photosynthesis, CO2, Impact, Growth, Crops

# Title: Chirurg

Full Journal Title: Chirurg

ISO Abbreviated Title: Chirurg

JCR Abbreviated Title: Chirurg

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Haller, U., Hepp, H. and Reinold, E. (1999), Does the “impact factor” kill the German language? *Chirurg*, **70** (2), S39-S41.

Full Text: 1999\Chirurg70, S39.pdf

? Hasse, W. and Fischer, R.J. (2010), Citation characteristics of German authors in “*Der Chirurg*” - Hegemony of the impact factor. *Chirurg*, **81** (4), 361-364.

Full Text: [2010\Chirurg81, 361.pdf](2010\Chirurg81,%20361.pdf)

Abstract: Characteristics of citation and language in publications of German authors from the journal aEuroDer Chirurg” (vol 78, 2007) were analysed. Out of a total of 3,342 citations, 756 (22.62%) were from German authors with 248 (32.8) self-citations. The hegemony of the impact factor in science, research and education is critically discussed. The imbalance between the number of surgeons in the US and United Kingdom (66,032) and surgeons in the German speaking countries in Europe (25,300) is compared with respect to the counting methods used to create the impact factor of a journal. The creation of an independent impact factor in Europe and the development of an EU-based citation data bank which allows unselected access to national language scientific literature are strongly needed.

Keywords: Citation, Citations, European Citations Databank, Impact Factor, Journals, Language, Medicine, Publications, Research, Science, Self-Citation, Self-Citations, US

# Title: Chronobiology International

Full Journal Title: Chronobiology International

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Schlarb, A.A., Sopp, R., Ambiel, D. and Grunwald, J. (2014), Chronotype-related differences in childhood and adolescent aggression and antisocial behavior: A review of the literature. *Chronobiology International*, **31** (1), 1-16.

Full Text: [2014\Chr Int31, 1.pdf](2014\Chr%20Int31,%201.pdf)

Abstract: Eveningness has been found to negatively affect adolescents’ sleep and daytime functioning. Furthermore, eveningness is associated with greater impulsivity than morningness. Externalizing behavior could be chronotype-related, implying that the alteration of the circadian rhythm itself is connected to aspects of emotion and emotion regulation. The present study investigated chronotype-related differences in emotional and behavioral problems, especially aggression and antisocial behavior in children and adolescents. We conducted a comprehensive search via web of knowledge (MEDLINE, web of science), EBSCO, Ovid, PubMed, Google Scholar and PsycINDEX using the keywords: chronotype, chronobiology, morningness, eveningness, owls and larks as well as diurnal preference to fully capture every aspect of chronotype. For aggression we used the search terms: aggression, anger, hostility, violence, anti-social behavior, conduct disorder, oppositional defiant disorder, delinquency, social adjustment and externalizing behavior. N = 13 studies were included concerning chronotype, childhood, adolescence and antisocial behavior. Results showed that children and adolescents being E-types were more affected by daytime impairments. Additionally, behavioral and emotional problems as aggression or antisocial behavior were more pronounced in E-than in M-types. Our findings support an association of eveningness and the impact of aggression on children and adolescents. Longitudinal investigations should be conducted in order to insure causality of the effects in question. in addition, the elevated vulnerability toward aggression in evening types demonstrates the need for prevention and intervention programs that educate youths in proper sleep hygiene and evoke an awareness of the consequences of a habitually diminished sleep quality.

Keywords: Adolescence, Adolescent, Adolescents, Aggression, Association, Behavior, Causality, Cem, Childhood, Children, Chronobiology, Circadian Rhythm, Circadian-Rhythm, Conduct Disorder, Cortisol, Delayed Phase, Difficulties Questionnaire, Diurnal Preference, Effects, Emotional Behavior, Google, Google Scholar, Hygiene, Impact, Intervention, Investigations, Knowledge, Literature, Medline, Morningness-Eveningness, Morningness-Eveningness, N, Preference, Prevention, Pubmed, Quality, Regulation, Results, Review, Science, Serotonin, Sleep, Sleep-Deprivation, Social, Support, Violence, Vulnerability, Web, Web of Science, Young-Adults

# Title: Chronic Respiratory Disease

Full Journal Title: Chronic Respiratory Disease

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Raoof, S.A., Agaku, I.T. and Vardavas, C.I. (2015), A systematic review of secondhand smoke exposure in a car: Attributable changes in atmospheric and biological markers. *Chronic Respiratory Disease*, **12** (2), 120-131.

Full Text: [2015\Chr Res Dis12, 120.pdf](2015/Chr%20Res%20Dis12,%20120.pdf)

Abstract: Exposure to secondhand smoke (SHS) has been linked to disease, disability, and premature death. While several countries have enacted smoke-free legislations, exposure to SHS may still occur in unregulated private environments, such as in the family car. We performed a systematic review of peer-reviewed literature in PubMed and Web of Science up to May 2013. Articles were selected if they provided a quantitative measure of SHS exposure (biological or atmospheric markers); the study was conducted inside a car; and the assessed exposure was attributable to cigarette combustion. From 202 articles identified, 12 met the inclusion criteria. Among all studies that assessed smoking in cars with at least one window partially open, the particulate matter 2.5 m or less in diameter (PM2.5) concentrations ranged from 47 g/m(3) to 12,150 g/m(3). For studies with all windows closed, PM2.5 ranged from 203.6 g/m(3) to 13,150 g/m(3). SHS concentration in a car was mediated by air-conditioning status, extent of airflow, and driving speed. Smoking in cars leads to extremely high exposure to SHS and increased concentration of atmospheric markers of exposureeven in the presence of air-conditioning or increased airflow from open windows. This clearly shows that the only way to protect nonsmokers, especially children, from SHS within cars is by eliminating tobacco smoking.

Keywords: 2nd-Hand Smoke, Articles, Bar, Biological, Biomarkers, Car, Changes, Children, Cigarettes, Combustion, Concentration, Criteria, Death, Disability, Disease, Driving, Environmental Tobacco-Smoke, Exposure, Family, Free Legislation, Literature, Measure, Motor-Vehicles, Open, Particulate, Particulate Matter, Peer-Reviewed, Pm2.5, Premature, Pubmed, Review, Science, Secondhand Smoke, Smoking, Systematic Review, Tobacco, Ventilation, Web Of Science, Workers

# Title: Ciencia da Informacao Ciencia da Informacao

Full Journal Title: Ciencia da Informacao Ciencia da Informacao

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? guiar Poblacin, D. and Pires Noronha, D. (2002), “White” and “grey” literature produced in information science by doctors/lectures from the Brazilian graduate programs. *Ciencia da Informacao Ciencia da Informacao*, **31**, (2), 98-106.

Abstract: A scientometric study of the doctor/lecturer scientific production of information science graduate programs in Brazil was undertaken with the purpose of finding the doctors’ profiles and the trends of “white” and grey” literature produced by them. The data were obtained directly from doctors using the Delfos Conference technique. It was found that 66 doctors were developing their studies in 22 research fields; 54.5% of them graduated in information science. 1108 documents were produced between 1990 to 1999, 59.8% being “white” literature, with articles published in scientific journals predominating. Among the “grey” literature, congress communications were more frequent. Individual works are more common. Doctors’ scientific production, linked to research fields, has influenced the establishment of research groups.

Keywords: Brazil, Communications, Data, Developing, Doctors, Graduate, Information, Information Science, Journals, Literature, Profiles, Purpose, Research, Science, Scientific Journals, Scientific Production, Scientometric, Trends

# Title: Ciencia e Investigacion Agraria

Full Journal Title: Ciencia e Investigacion Agraria

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Aleixandre, J.L., Bordeu, E., Aleixandre-Tudo, J.L., Bolanos, M. and Aleixandre-Benavent, R. (2013), Scientific productivity and collaboration in viticulture and enology in Latin American countries. *Ciencia e Investigacion Agraria*, **40** (2), 429-443.

Full Text: 2013\Cie Inv Agr40, 429.pdf

Abstract: The aim of this study was to analyze the scientific activity of Latin American researchers in viticulture and oenology through bibliometric analyses of articles included in the Science Citation Index Expanded database for the period of 2006 to 2010. A total of 917 research articles were published in 364 domestic and international journals. We highlight the important growth in the number of research papers published during the period, especially in Brazil, Argentina and Chile, as well as an increasing number of international collaborations, mainly with non-American grape- and-wine producing countries. A social network analysis of collaborations between institutions and countries was also performed. The combined analysis of productivity, collaboration and scientific impact provides a global and integrated vision of the research conducted in this area in Latin America.

Keywords: Activity, Analyses, Analysis, Argentina, Bibliometric, Bibliometric Analyses, Bibliometric Analysis, Brazil, Chile, Citation, Coauthorship Networks, Collaboration, Collaborations, Database, Global, Growth, Impact, Impact Factor, Institutional Collaboration, Institutions, International, Journals, Latin America, Latin American Countries, Network, Network Analysis, Papers, Patterns, Productivity, Publications, Research, Science, Science Citation Index, Science Citation Index Expanded, Scientific Collaboration, Scientific Impact, Scientific Productivity, Social, Social Network Analysis, Viticulture and Enology, Wines

# Title: Ciencia Rural

Full Journal Title: Ciência Rural

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Vargas, R.D. and Vanz, S.A.D. (2014), The scientific production of Rio Grande do Sul in the Agricultural Sciences represented in the database Web of Science. *Ciência Rural*, **44** (5), 950-956.

Full Text: [2014\Cie Rur44, 950.pdf](2014\Cie%20Rur44,%20950.pdf)

Abstract: This paper characterizes the scientific output of the state of Rio Grande do Sul in agricultural sciences as represented in the database Web of Science between 2000-2010. Based on the analysis of 6,617 indexed documents, using Bibexcel, we identified types of documents, languages and journals most frequently used by authors to disseminate their research. The annual production growth and a list of the most productive institutions are also presented. The results reveal that agricultural research in Rio Grande do Sul, indexed in the Web of Science, showed a strong growth, increasing from 179 articles in 2000 to 1,107 documents in 2010. Scientific papers accounted for 92% of the publications. English and Portuguese were the most used languages by the authors. As to the journals, 18 out of the 20 titles most used by researchers are published in Brazil. The journal Ciencia Rural led the ranking of the most used journals, accounting 10% of total output during 2000-2010.

Keywords: 2000-2010, Agricultural, Agricultural Sciences, Analysis, Articles, Authors, Bibexcel, Bibliometrics, Brazil, Database, Documents, English, Growth, Institutions, Journal, Journals, Languages, Papers, Publications, Ranking, Research, Rio Grande, Science, Sciences, Scientific Indicators, Scientific Output, Scientific Papers, Scientific Production, State, Web Of Science

# Title: Ciencia & Saude Coletiva

Full Journal Title: Ciência & Saúde Coletiva

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Edwards, T.M. and Myers, J.P. (2008), Environmental exposures and gene regulation in disease etiology (Reprinted from Environmental Health Perpectives, vol 115, pg 1264-1270, 2007). *Ciência & Saúde Coletiva*, **13** (1), 269-281.

Full Text: [2008\Cie Sau Col13, 269.pdf](2008\Cie%20Sau%20Col13,%20269.pdf)

Abstract: Health or disease is shaped for all individuals by interactions between their genes and environment. Exactly how the environment changes gene expression and how this can lead to disease are being explored in a fruitful new approach to environmental health research, representative studies of which are reviewed here. We searched Web of Science and references of relevant publications to understand the diversity of gene regulatory mechanisms affected by environmental exposures with disease implications. Pharmaceuticals, pesticides, air pollutants, industrial chemicals, heavy metals, hormones, nutrition, and behavior can change gene expression through a broad array of gene regulatory mechanisms. Furthermore, chemically induced changes in gene regulation are associated with serious and complex human diseases, including cancer, diabetes and obesity, infertility, respiratory diseases, allergies, and neurodegenerative disorders such as Parkinson and Alzheimer diseases. The reviewed studies indicate that genetic predisposition for disease is best predicted in the context of environmental exposures. and the genetic mechanisms investigated in these studies offer new avenues for risk assessment research. Finally, we are likely to witness dramatic improvements in human health, and reductions in medical costs, if environmental pollution is decreased.

Keywords: 2,3,7,8-Tetrachlorodibenzo-P-Dioxin Tcdd, Activator Messenger-Rna, Airway Epithelial-Cells, Alpha-Synuclein, Alzheimer, Assessment, Cancer, Chemicals, Costs, Diabetes, Diesel Exhaust Particles, Disease, DNA Methylation, Drug Resistance, Endocrine Disruption, Environment, Environmental, Environmental Health, Environmental Health Research, Etiology, Gene Expression, Gene Regulation, Genetic, Health, Heavy Metals, Human, IGF-II Genes, Induced, Lead, Medical, Nutrition, Obesity, Parkinsons-Disease, Pollutants, Primordial Germ-Cells, Prostate-Cancer, Publications, Research, Risk, Risk Assessment, Science, Smooth-Muscle-Cells, Web of Science

? Engel-Cox, J., Van Houten, B., Phelps, J. and Rose, S. (2009), Conceptual model of comprehensive research metrics for improved human health and environment. *Ciência & Saúde Coletiva*, **14** (2), 519-531.

Full Text: [2009\Cie Sau Col14, 519.pdf](2009\Cie%20Sau%20Col14,%20519.pdf)

Abstract: Performance measurement predominantly consisted of near-term outputs measured through bibliometrics, but the recent focus is on accountability for investment based on long-term outcomes. Our objective is to build a logic model and associated metrics through which to measure the contribution of environmental health research programs to improvements in human health, the environment, and the economy. We developed a logic model that defines the components and linkages between extramural environmental health research grant programs and the outputs and outcomes related to health and social welfare, environmental quality and sustainability, economics, and quality of life, focusing on the environmental health research portfolio of the National Institute of Environmental Health Sciences (NIEHS) Division of Extramural Research and Training and delineates pathways for contributions by five types of institutional partners in the research process. The model is being applied to specific NIEHS research applications and the broader research community. We briefly discuss two examples and discuss the strengths and limits of outcome- based evaluation of research programs.

Keywords: Accountability, and Sustainability, Bibliometrics, Children, Community, Conceptual Model Development, Contribution, Developed, Economics, Economy, Environment, Environmental, Environmental Health, Environmental Health Research, Environmental Quality, Epidemiologic Evidence, Evaluation, Health, Health Research, Human, Human Health, Institutional, Investment, Lead, Life, Logic, Long Term, Long-Term, Long-Term Outcomes, Measure, Measurement, Metrics, Metrics Development, Model, Mortality, Objective, Outcome, Outcomes, Particulate Air-Pollution, Pathways, Performance, Performance Measurement, Portfolio, Process, Quality, Quality of, Quality of Life, Research, Research Impact Evaluation, Social, Social Welfare, Sustainability, Welfare

? Karn, B., Kuiken, T. and Otto, M. (2011), Nanotechnology and *in situ* remediation: A review of the benefits and potential risks. *Ciência & Saúde Coletiva*, **16** (1), 165-178.

Full Text: [2011\Cie Sau Col16, 165.pdf](2011\Cie%20Sau%20Col16,%20165.pdf)

Abstract: In this review, we focus on environmental cleanup and provide a background and overview of current practice; research findings; societal issues; potential environment, health, and safety implications; and future directions for nanoremediation. We also discuss nanoscale zero-valent iron in detail. We searched the Web of Science for research studies and accessed recent publicly available reports from the U.S. Environmental Protection Agency and other agencies and organizations that addressed the applications and implications associated with nanoremediation techniques. We also conducted personal interviews with practitioners about specific site remediations. We aggregated information from 45 sites, a representative portion of the total projects under way, to show nanomaterials used, types of pollutants addressed, and organizations responsible for each site. Nanoremediation has the potential not only to reduce the overall costs of cleaning up large-scale contaminated sites but also to reduce cleanup time, eliminate the need for treatment and disposal of contaminated soil, and reduce some contaminant concentrations to near zero -all in situ.

Keywords: C-60, Costs, Ecotoxicology, Engineered Nanoparticles, Environment, Environmental, Environmental Implications, Environmental Technology, Field, Hazardous Wastes, Information, Iron, Nanoremediation, Nanoscale Iron Particles, Nanotechnology, Overview, Pollutants, Practice, Remediation, Research, Review, Safety, Science, Suspensions, Toxicity, Transport, Treatment, Waste Sites, Water, Web of Science, Zero-Valent Iron, Zero-Valent Iron, Zerovalent Iron

? Costa, E.A.M. and Costa, E.A. (2011), The reprocessing of medical products: From regulatory polices to operational practices. *Ciência & Saúde Coletiva*, **16** (12), 4787-4794.

Full Text: [2011\Cie Sau Col16, 4787.pdf](2011\Cie%20Sau%20Col16,%204787.pdf)

Abstract: the number of technological resources used in health care interventions is growing and continually expanding with the introduction of new products and articles. Problems associated with the reutilization of medical products, both reUSAble and of single use, affect policies and related technical-operational, economic, political, ethical, legal, and environmental matters. This study aims to contextualize the regulatory systems of medical products, and analyze the subsequent operational implications for Brazilian hospital practices. The article consists of a bibliographic review, carried out without time and language restriction, utilizing the Web of Science, Bireme, Scielo and Lilacs databases, with the support of specific descriptors. This study uses the contextualization of regulatory plans for medical products across the world and in Brazil and the existing condition of standardization of the reprocessing of these products as the assessment sources with which to analyze the operational implications for these practices in Brazilian hospitals.

Keywords: Assessment, Bibliographic, Brazil, Care, Databases, Devices, Environmental, FDA Regulation, Health Care, Hospital, Hospitals, Interventions, Medical, Medical Devices, Operational Pratices, Policies, Questions, Regulation, Reprocessing, Review, Sanitary Surveillance, Science, Web of Science

? de Souza, M.K.B. and Teixeira, C.F. (2012), Scientific output on health systems management: A study carried out in web space (1987-2009). *Ciência & Saúde Coletiva*, **17** (4), 935-944.

Full Text: [2012\Cie Sau Col17, 935.pdf](2012\Cie%20Sau%20Col17,%20935.pdf)

Abstract: the objective of this study is to characterize Brazilian/Latin American scientific output in the “field” of health and on health systems management specifically, based on work registered on the Lilacs database in the period from 1987 to 2009. The terms “health management” and “health systems”, identified in the BVS/Bireme “Health Science Descriptors” were used and 1,544 works were identified, of which 298 were selected (19.3%). The reading and analysis of these abstracts enabled the identification of a set of variables processed with the use of Epi-Info software, such as: year of publication of the work; type of document; object of the study; type of study; theoretical bases and methodological approach/nature. The results point to an irregular, albeit increasing trend, in the volume of the output in the area from the year 1988 onwards, with the emergence of studies and research in sub-areas that reveal the influence of the process of construction of the Brazilian Unified Health System in the 1990s and thereafter. The fact that very few abstracts made reference to the theoretical bases used is noticeable. From a methodological point of view it is seen that when they are declared in abstracts, descriptive studies with a qualitative approach are predominant.

Keywords: Analysis, Approach, Bibliometrics, Construction, Database, Health, Health Systems, Identification, Internet, Management, Public Administration, Publication, Qualitative, Reading, Reference, Research, Science, Scientific Output, Software, Space, Systems, Trend, Volume, Web, Work

? Luchs, A. (2012), Profile of Brazilian scientific production on A/H1N1 pandemic influenza. *Ciência & Saúde Coletiva*, **17** (6), 1629-1634.

Full Text: [2012\Cie Sau Col17, 1629.pdf](2012\Cie%20Sau%20Col17,%201629.pdf)

Abstract: In the last few years, bibliometric studies have proliferated, seeking to provide data on world research. This study analyzes the profile of the Brazilian scientific production in the A (H1N1) influenza field between 2009 and 2011. The research was conducted in MEDLINE, SciELO and LILACS databases, selecting papers in which the term “H1N1” and “Brazil” were defined as the main topics. The data were analyzed taking into consideration the Brazilian state and institution in which the articles were produced, the impact factor of the journal and the language. The research revealed 40 documents (27 from MEDLINE, 16 from SciELO and 24 from LILACS). The journal impact factor ranged from 0.0977 to 8.1230. A similar amount of articles were written in English and Portuguese and Sao Paulo was the most productive state in the country, with 95% of the Brazilian production originating from the Southern and Southeastern regions. Linguistic data indicate that previous efforts made in order to improve the scientific production of Brazilian researchers making their observations attain a broader scientific audience produced results. It is necessary to assess the scientific studies, especially those conducted with public funds, in order to ensure that the results will benefit society.

Keywords: A (H1N1) Influenza, A H1N1 Virus, Articles, Bibliometric, Bibliometric Studies, Brazil, Country, Data, Databases, Field, Health, Humans, Impact, Impact Factor, Influenza, Journal, Journal Impact, Journal Impact Factor, MEDLINE, Papers, Public, Research, Scielo, Scientific Production, Sciento-Metrics, Society, State, Term, Topics, World

? Barbosa, V.C., de Campos, W. and Lopes, A.D. (2014), Epidemiology of physical inactivity, sedentary behaviors, and unhealthy eating habits among Brazilian adolescents: A systematic review. *Ciência & Saúde Coletiva*, **19** (1), 173-193.

Full Text: [2014\Cie Sau Col19, 173.pdf](2014\Cie%20Sau%20Col19,%20173.pdf)

Abstract: This systematic review analyzed the prevalence of physical inactivity, sedentary behaviors and unhealthy eating habits among Brazilian adolescents. Searches were conducted in five databases (Lilacs, SciELO, Medline, Web of Science, and Google Scholar) and in the references cited in the articles retrieved. The literature search yielded 5,872 potentially relevant titles and a total of 69 studies met all the inclusion criteria. The risk behavior most often evaluated was physical inactivity (48/69; 69.6%), and its prevalence rate ranged from 2.3% to 93.5%. Twenty-eight studies estimated the prevalence of physical inactivity at over 50%. Most studies observed the prevalence of greater physical inactivity among girls. The prevalence of sedentary behaviors (lengthy screen time or TV use) was also frequently over 50%. Several variables were used to identify unhealthy eating habits, and some criteria/studies have indicated unhealthy eating habit estimates at close to 100% among adolescents. In conclusion, the estimates of these risk behaviors among Brazilians adolescents were very close to or even greater than those found in developed countries in several studies analyzed in this review.

Keywords: Adolescent, Adolescents, Behavior, Birth Cohort, Body-Mass Index, Cardiovascular Risk-Factors, Criteria, Databases, Eating Behavior, Epidemiology, Estimates, Follow-Up, Food-Habits, Google, Google Scholar, High-School-Students, Literature, Literature Search, Medline, Minas-Gerais State, Physical, Prevalence, Public-Schools, References, Review, Risk, Risk Behaviors, Risk Factors, Sao-Paulo, Scielo, Science, Sedentary Lifestyle, Southern Brazil, Systematic Review, Web of Science

? de Paiva, F.S., Van Stralen, C.J. and da Costa, P.H.A. (2014), Social participation and health in Brazil: A systematic review on the topic. *Ciência & Saúde Coletiva*, **19** (2), 487-498.

Full Text: [2014\Cie Sau Col19, 487.pdf](2014\Cie%20Sau%20Col19,%20487.pdf)

Abstract: The process of democratization of Brazil contributed to the emergence of management councils and thematic conferences in the context of public health policies. The scope of this article was to conduct a systematic review of the literature in order to establish the factors associated with the process of institutionalization of these democratic areas. The following databases were researched: LILACS, IBECS, MEDLINE, SciELO, PAHO, PsycINFO, Web of Science, Social Science and EBSCO. For the composition of the sample of 25 articles, the following key words were used: Social Control, Social Participation, Consumer Participation, Community Participation, Public Participation, Citizen Participation, Political Participation, Participative Management, Participative Democracy, Deliberative Democracy with Health Councils and Health Conferences. The results found synthesize a set of categories that has impacted the participatory public spaces: political representation and qualification, relationships among the social actors, institutional design, political culture, discourses about health/disease and the debate about democracy. The findings help to move forward in the understanding of such institutions, fostering the construction of alternatives committed to the strengthening of democracy in Brazil.

Keywords: Alternatives, Article, Articles, Brazil, Composition, Conferences, Construction, Context, Control, Councils, Culture, Databases, Democracy, Democracy, Design, Health, Health Counseling, Institutions, Literature, Management, Medline, Participation, Participatory, Policies, Psycinfo, Public, Public Health, Representation, Review, Scielo, Science, Scope, Social, Social Participation, Systematic, Systematic Review, Topic, Understanding, Web Of Science

? Celeste, R.K. and Warmling, C.M. (2014), Brazilian bibliographical output on public oral health in public health and dentistry journals. *Ciencia & Saude Coletiva*, **19** (6), 1921-1932.

Full Text: [2014\Cie Sau Col19, 1921.pdf](2014\Cie%20Sau%20Col19,%201921.pdf)

Abstract: The scope of this paper is to describe characteristics of the scientific output in the area of public oral health in journals on public health and dentistry nationwide. The Scopus database of abstracts and quotations was used and eight journals in public health, as well as ten in dentistry, dating from 1947 to 2011 were selected. A research strategy using key words regarding oral health in public health and key words about public health in dentistry was used to locate articles. The themes selected were based on the frequency of key words. Of the total number of articles, 4.7% (n = 642) were found in oral health journals and 6.8% (n = 245) in public health journals. Among the authors who published most, only 12% published in both fields. There was a percentile growth of public oral health publications in dentistry journals, though not in public health journals. In dentistry, only studies indexed as being on the topic of epidemiology showed an increase. In the area of public health, planning was predominant in all the phases studied. Research to evaluate the impact of research and postgraduate policies in scientific production is required.

Keywords: Articles, Authors, Bibliometrics, Characteristics, Database, De-Saude-Publica, Dental Research, Dentistry, Epidemiology, Growth, Health, Impact, Journals, Oral, Oral Health, Percentile, Planning, Policies, Public, Public Health, Publications, Research, Science, Scientific Output, Scientific Production, Scope, Scopus, Scopus Database, Strategy, Topic, Trends, World

# Title: Circulation

Full Journal Title: [Circulation](http://circ.ahajournals.org/contents-by-date.0.shtml)

ISO Abbreviated Title: Circulation

JCR Abbreviated Title: Circulation

ISSN: 0009-7322

Issues/Year: 52

Journal Country/Territory: United States

Language: English

Publisher: Lippincott Williams & Wilkins

Publisher Address: 530 Walnut St, Philadelphia, PA 19106-3621

Subject Categories:

Cardiac & Cardiovascular Systems Hematology Peripheral Vascular Disease: Impact Factor

? Wang, T.J., Ausiello, J.C. and Stafford, R.S. (1999), Trends in antihypertensive drug advertising, 1985-1996. *Circulation*, **99** (15), 2055-2057.

Full Text: [1999\Circulation99, 2055.pdf](1999\Circulation99,%202055.pdf)

Abstract: Background-Over the past decade, calcium channel blockers (CCBs) and ACE inhibitors have been used increasingly in the treatment of hypertension. In contrast, beta-blocker and diuretic use has decreased. It has been suggested that pharmaceutical marketing has influenced these prescribing patterns. No objective analysis of advertising for antihypertensive therapies exists, however. Methods and Results-We reviewed the January, April, July, and October issues of the New England Journal of Medicine from 1985 to 1996 (210 issues). The intensity of drug promotion was measured as the proportion of advertising pages used to promote a given medication. Statistical analyses used the chi(2) test for trend. Advertising for CCBs increased from 4.6% of advertising pages in 1985 to 26.9% in 1996, while advertising for beta-blockers (12.4% in 1985 to 0% in 1996) and diuretics (4.2% to 0%) decreased (all P<0.0001). A nonsignificant increase was observed in advertising for ACE inhibitors (3.5% to 4.3%, P=0.17). Although the total number of drug advertising pages per issue decreased from 60 pages in 1985 to 42 pages in 1996 (P<0.001), The number of pages devoted to calcium channel blocker advertisements nearly quadrupled. Conclusions-Increasing promotion of CCBs has mirrored trends in physician prescribing. An association between advertising and prescribing patterns could explain why CCBs have supplanted better-substantiated therapies for hypertension.

Keywords: Advertising, Analyses, Analysis, Association, Calcium, Drug, England, Hypertension, Marketing, Physician, Prescribing, Promotion, Treatment, Trend, Trends

? Conen, D., Torres, J. and Ridker, P.M. (2008), Differential citation rates of major cardiovascular clinical trials according to source of funding: A survey from 2000 to 2005. *Circulation*, **118** (13), 1321-1327.

Full Text: [2008\Circulation118, 1321.pdf](2008\Circulation118,%201321.pdf)

Abstract: Background - Prior work indicates that therapeutic trials funded by for-profit organizations are more likely to report positive findings than trials funded by not-for-profit organizations. What impact, if any, funding source has on subsequent dissemination of trial data is uncertain. To address this issue, we used the number of citations per publication per year to assess differences in trial dissemination according to funding source. Methods and Results - We assessed 303 consecutive superiority trials of cardiovascular medicine published between January 1, 2000, and July 30, 2005, in the Journal of the American Medical Association, the Lancet, and the New England Journal of Medicine. The primary outcome measure was the number of citations per publication per year up to December 31, 2006. Overall, the median number of citations per publication per year was 46 for trials funded exclusively by for-profit organizations, 37 for trials jointly funded, and 29 for trials funded by not-for-profit organizations (P = 0.0007). Higher citation rates for trials funded by for-profit organizations were consistently observed in analyses stratified by journal and various trial design features and were most striking when the new intervention was favored over the standard of care; in this subgroup, the median number of citations per publication per year was 52 for trials funded by for-profit organizations compared with 25 for trials funded by not-for-profit organizations (P = 0.0006). In marked contrast, in analyses limited to trials in which the new intervention was significantly worse than the standard of care, an inverse pattern was observed with fewer citations per publication per year for trials funded by for-profit organizations compared with not-for-profit organizations (33 versus 41; P = 0.048). Higher citation rates were observed for industry-funded trials than for federally funded trials even when the trials dealt with similar issues and were published back-to-back in the same journal. Conclusions - Dissemination of clinical trial results is important for clinical practice but appears to be biased in favor of for-profit entities. Consideration should be given to more extensive promotion of clinical trial results that are funded by not-for-profit organizations.

Keywords: Access, Articles, Bibliometrics, Cardiovascular Diseases, Chronic Heart-Failure, Citation, Citations, Clinical Trials, Financial Support, Impact, Journals, Organizations,Nonprofit, Publication, Radiation Therapy, Randomized Controlled Trials as Topic, Registration, Restenosis

? Young, G., Albisetti, M., Bonduel, M., Brandao, L., Chan, A., Friedrichs, F., Goldenberg, N.A., Grabowski, E., Heller, C., Journeycake, J., Kenet, G., Krumpel, A., Kurnik, K., Lubetsky, A., Male, C., Manco-Johnson, M., Mathew, P., Monagle, P., van Ommen, H., Simioni, P., Svirin, P., Tormene, D. and Nowak-Gottl, U. (2008), Impact of inherited thrombophilia on venous thromboembolism in children: A systematic review and meta-analysis of observational studies. *Circulation*, **118** (13), 1373-1382.

Full Text: [2008\Circulation118, 1373.pdf](2008\Circulation118,%201373.pdf)

Abstract: Background - the aim of the present study was to estimate the impact of inherited thrombophilia (IT) on the risk of venous thromboembolism (VTE) onset and recurrence in children by a meta-analysis of published observational studies. Methods and Results - A systematic search of electronic databases (MEDLINE, EMBASE, OVID, Web of Science, the Cochrane Library) for studies published from 1970 to 2007 was conducted using key words in combination as both MeSH terms and text words. Citations were independently screened by 2 authors, and those meeting the inclusion criteria defined a priori were retained. Data on year of publication, study design, country of origin, number of patients/controls, ethnicity, VTE type, and frequency of recurrence were abstracted. Heterogeneity across studies was evaluated, and summary odds ratios and 95% CIs were calculated with both fixed-effects and random-effects models. Thirty-five of 50 studies met inclusion criteria. No significant heterogeneity was discerned across studies. Although > 70% of patients had at least 1 clinical risk factor for VTE, a statistically significant association with VTE onset was demonstrated for each IT trait evaluated (and for combined IT traits), with summary odds ratios ranging from 2.63 (95% CI, 1.61 to 4.29) for the factor II variant to 9.44 (95% CI, 3.34 to 26.66) for antithrombin deficiency. Furthermore, a significant association with recurrent VTE was found for all IT traits except the factor V variant and elevated lipoprotein(a). Conclusions - the present meta-analysis indicates that detection of IT is clinically meaningful in children with, or at risk for, VTE and underscores the importance of pediatric thrombophilia screening programs.

Keywords: Activated Protein-C, Acute Lymphoblastic-Leukemia, Arterial Ischemic-Stroke, Authors, Cerebral Sinovenous Thrombosis, Children, Citations, Cochrane, Databases, EMBASE, Ethnicity, Factor-V-Leiden, Frequency, G-A Mutation, Gene G20210a Mutation, Impact, Meta-Analysis, Methods, Observational Studies, Pediatric, Pediatrics, Portal-Vein Thrombosis, Prothrombotic Risk-Factors, Publication, Recurrence, Review, Risk, Science, Screening, Single-Center, Systematic, Systematic Review, Thrombophilia, Thrombosis, Web of Science

? Taylor, J. and Adam, O. (2009), “On all the papers, I’m the first author, and the Goal is to be the last one”. *Circulation*, **119** (10), F55-F57.

Full Text: [2009\Circulation119, F55.pdf](2009\Circulation119,%20F55.pdf)

Keywords: Atrial-Fibrillation, Gtpase

? Kenet, G., Lutkhoff, L.K., Albisetti, M., Bernard, T., Bonduel, M., Brandao, L., Chabrier, S., Chan, A., deVeber, G., Fiedler, B., Fullerton, H.J., Goldenberg, N.A., Grabowski, E., Gunther, G., Heller, C., Holzhauer, S., Iorio, A., Journeycake, J., Junker, R., Kirkham, F.J., Kurnik, K., Lynch, J.K., Male, C., Manco-Johnson, M., Mesters, R., Monagle, P., van Ommen, C.H., Raffini, L., Rostasy, K., Simioni, P., Strater, R.D., Young, G. and Nowak-Gottl, U. (2010), Impact of thrombophilia on risk of arterial ischemic stroke or cerebral sinovenous thrombosis in neonates and children a systematic review and meta-analysis of observational studies. *Circulation*, **121** (16), 1838-U92.

Full Text: [2010\Circulation121, 1838.pdf](2010\Circulation121,%201838.pdf)

Abstract: Background-The aim of this study was to estimate the impact of thrombophilia on risk of first childhood stroke through a meta-analysis of published observational studies. Methods and Results-A systematic search of electronic databases (MEDLINE via PUBMED, EMBASE, OVID, Web of Science, the Cochrane Library) for studies published from 1970 to 2009 was conducted. Data on year of publication, study design, country of origin, number of patients/control subjects, ethnicity, stroke type (arterial ischemic stroke [AIS], cerebral venous sinus thrombosis [CSVT]) were abstracted. Publication bias indicator and heterogeneity across studies were evaluated, and summary odds ratios (ORs) and 95% confidence intervals (CIs) were calculated with fixed-effects or random-effects models. Twenty-two of 185 references met inclusion criteria. Thus, 1764 patients (arterial ischemic stroke [AIS], 1526; cerebral sinus venous thrombosis [CSVT], 238) and 2799 control subjects (neonate to 18 years of age) were enrolled. No significant heterogeneity was discerned across studies, and no publication bias was detected. A statistically significant association with first stroke was demonstrated for each thrombophilia trait evaluated, with no difference found between AIS and CSVT. Summary ORs (fixed-effects model) were as follows: antithrombin deficiency, 7.06 (95% CI, 2.44 to 22.42); protein C deficiency, 8.76 (95% CI, 4.53 to 16.96); protein S deficiency, 3.20 (95% CI, 1.22 to 8.40), factor V G1691A, 3.26 (95% CI, 2.59 to 4.10); factor II G20210A, 2.43 (95% CI, 1.67 to 3.51); MTHFR C677T (AIS), 1.58 (95% CI, 1.20 to 2.08); antiphospholipid antibodies (AIS), 6.95 (95% CI, 3.67 to 13.14); elevated lipoprotein(a), 6.27 (95% CI, 4.52 to 8.69), and combined thrombophilias, 11.86 (95% CI, 5.93 to 23.73). In the 6 exclusively perinatal AIS studies, summary ORs were as follows: factor V, 3.56 (95% CI, 2.29 to 5.53); and factor II, 2.02 (95% CI, 1.02 to 3.99). Conclusions-The present meta-analysis indicates that thrombophilias serve as risk factors for incident stroke. However, the impact of thrombophilias on outcome and recurrence risk needs to be further investigated. (Circulation. 2010; 121: 1838-1847).

Keywords: Antiphospholipid Antibodies, Bias, Cerebrovascular Disorders, Childhood Stroke, Cochrane, Confidence Intervals, Control, Databases, EMBASE, Ethnicity, Factor-V-Leiden, Gene G20210a Mutation, Homocysteine Metabolism, Impact, Meta-Analysis, Methods, Methylenetetrahydrofolate Reductase, Model, Mthfr, Observational Studies, Outcome, Pediatric Stroke, Pediatrics, Perinatal, Protein-C, Prothrombin 20210 G, Publication, Publication Bias, PUBMED, Recurrence, Review, Risk, Risk Factors, Science, Stroke, Systematic, Systematic Review, Thrombophilia, Thrombosis, Venous Sinus Thrombosis, Venous Thrombosis, Web of Science

Notes: CCountry

? Huffman, M.D., Bloomfield, G.S., Colantonio, L., Ajay, V.S., Prabhakaran, P., Lewison, G. and Prabhakaran, D. (2012), Cardiovascular research output and actual citation impact of Argentina, India, and South Africa: A bibliometric approach. *Circulation*, **125** (19), E890.

Full Text: [2012\Circulation125, E890.pdf](2012\Circulation125,%20E890.pdf)

Keywords: Africa, Approach, Argentina, Bibliometric, Citation, Impact, India, Research, South Africa

? Tan, C.E. and Glantz, S.A. (2012), Association between smoke-free legislation and hospitalizations for cardiac, cerebrovascular, and respiratory diseases: A meta-analysis. *Circulation*, **126** (18), 2177-2183.

Full Text: [2012\Circulation126, 2177.pdf](2012\Circulation126,%202177.pdf)

Abstract: Background-Secondhand smoke causes cardiovascular and respiratory disease. Smoke-free legislation is associated with a lower risk of hospitalization and death from these diseases. Methods and Results-Random-effects meta-analysis was conducted by law comprehensiveness to determine the relationship between smoke-free legislation and hospital admission or death from cardiac, cerebrovascular, and respiratory diseases. Studies were identified by using a systematic search for studies published before November 30, 2011 with the use of the Science Citation Index, Google Scholar, PubMed, and Embase and references in identified articles. Change in hospital admissions (or deaths) in the presence of a smoke-free law, duration of follow-up, and law comprehensiveness (workplaces only; workplaces and restaurants; or workplaces, restaurants, and bars) were recorded. Forty-five studies of 33 smoke-free laws with median follow-up of 24 months (range, 2-57 months) were included. Comprehensive smoke-free legislation was associated with significantly lower rates of hospital admissions (or deaths) for all 4 diagnostic groups: coronary events (relative risk, 0.848; 95% confidence interval 0.816-0.881), other heart disease (relative risk, 0.610; 95% confidence interval, 0.440-0.847), cerebrovascular accidents (relative risk, 0.840; 95% confidence interval, 0.753-0.936), and respiratory disease (relative risk, 0.760; 95% confidence interval, 0.682-0.846). The difference in risk following comprehensive smoke-free laws does not change with longer follow-up. More comprehensive laws were associated with larger changes in risk. Conclusions-Smoke-free legislation was associated with a lower risk of smoking-related cardiac, cerebrovascular, and respiratory diseases, with more comprehensive laws associated with greater changes in risk. (Circulation. 2012;126:2177-2183.).

Keywords: Accidents, Acute Coronary Syndrome, Acute Myocardial-Infarction, Admissions, Asthma, Ban, Cardiovascular, Changes, Citation, Confidence, Death, Disease, Diseases, Duration, Events, Follow-Up, Google, Google Scholar, Health Care Policy, Heart, Hospital, Hospitalization, Impact, Implementation, Interval, Law, Laws, Legislation, Lung, Meta-Analysis, Metaanalysis, Myocardial Infarction, Public Places, Pubmed, Rates, Reduced Incidence, References, Relative Risk, Respiratory Disease, Risk, Science, Science Citation Index, Secondhand Smoke, Stroke, Tobacco, Tobacco Smoke Pollution

? Ridker, P.M. and Rifai, N. (2013), Expanding options for scientific publication: Is more always better? *Circulation*, **127** (??), 155-156.

Full Text: [2013\Circulation127, 155.pdf](2013\Circulation127,%20155.pdf)

? Huffman, M.D., Baldridge, A., Bloomfield, G.S., Colantonio, L.D., Prabhakaran, P., Ajay, V.S., Suh, S., Lewison, G. and Prabhakaran, D. (2013), Global cardiovascular research output, citations, and collaborations: An ecologic, time-trend, bibliometric analysis (1999-2008). *Circulation*, **128** (22S), MeetingAbstract: 16150.

Full Text: 2013\Circulation128, 16150.pdf

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Citations, Collaborations, Epidemiology, Equity, Health Policy, Nov, Reearch, Research

# Title: Circulation-Cardiovascular Imaging

Full Journal Title: Circulation-Cardiovascular Imaging

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Takx, R.A.P., Blomberg, B.A., El Aidi, H., Habets, J., de Jong, P.A., Nagel, E., Hoffmann, U. and Leiner, T. (2015), Diagnostic accuracy of stress myocardial perfusion imaging compared to invasive coronary angiography with fractional flow reserve meta-analysis. *Circulation-Cardiovascular Imaging*, **8** (1), Article Number: UNSP e002666.

Full Text: 2015\Cir-Car Ima8, UNSP e002666.pdf

Abstract: Background-Hemodynamically significant coronary artery disease is an important indication for revascularization. Stress myocardial perfusion imaging is a noninvasive alternative to invasive fractional flow reserve for evaluating hemodynamically significant coronary artery disease. The aim was to determine the diagnostic accuracy of myocardial perfusion imaging by single-photon emission computed tomography, echocardiography, MRI, positron emission tomography, and computed tomography compared with invasive coronary angiography with fractional flow reserve for the diagnosis of hemodynamically significant coronary artery disease. Methods and Results-The meta-analysis adhered to the Preferred Reporting Items for Systematic Reviews and Meta-analyses statement. PubMed, EMBASE, and Web of Science were searched until May 2014. Thirty-seven studies, reporting on 4721 vessels and 2048 patients, were included. Meta-analysis yielded pooled sensitivity, pooled specificity, pooled likelihood ratios (LR), pooled diagnostic odds ratio, and summary area under the receiver operating characteristic curve. The negative LR (NLR) was chosen as the primary outcome. At the vessel level, MRI (pooled NLR, 0.16; 95% confidence interval [CI], 0.13-0.21) was performed similar to computed tomography (pooled NLR, 0.22; 95% CI, 0.12-0.39) and positron emission tomography (pooled NLR, 0.15; 95% CI, 0.05-0.44), and better than single-photon emission computed tomography (pooled NLR, 0.47; 95% CI, 0.37-0.59). At the patient level, MRI (pooled NLR, 0.14; 95% CI, 0.10-0.18) performed similar to computed tomography (pooled NLR, 0.12; 95% CI, 0.04-0.33) and positron emission tomography (pooled NLR, 0.14; 95% CI, 0.02-0.87), and better than single-photon emission computed tomography (pooled NLR, 0.39; 95% CI, 0.27-0.55) and echocardiography (pooled NLR, 0.42; 95% CI, 0.30-0.59). Conclusions-Stress myocardial perfusion imaging with MRI, computed tomography, or positron emission tomography can accurately rule out hemodynamically significant coronary artery disease and can act as a gatekeeper for invasive revascularization. Single-photon emission computed tomography and echocardiography are less suited for this purpose.

Keywords: Accuracy, Alternative, Angiography, Artery, Artery-Disease, Association, Cardiac Magnetic-Resonance, Catheterization, Clinical-Outcomes, Computed Tomography, Confidence, Coronary Artery, Coronary Artery Disease, Diagnosis, Diagnostic, Diagnostic Accuracy, Disease, Echocardiography, Embase, Emission, Flow, Fractional Flow Reserve,Myocardial, Imaging, Indication, Interval, Intervention, Invasive, Lr, Meta Analysis, Meta-Analyses, Meta-Analysis, Metaanalysis, Methods, Mri, Myocardial Perfusion Imaging, Negative, Odds Ratio, Outcome, Patient, Patients, Positron Emission Tomography, Primary, Pubmed, Purpose, Quantification, Receiver Operating Characteristic Curve, Reporting, Revascularization, Science, Sensitivity, Severity, Specificity, Statement, Stress, Systematic, Systematic Reviews, Web, Web Of Science

# Title: Circulation: Cardiovascular Quality and Outcomes

Full Journal Title: Circulation: Cardiovascular Quality and Outcomes

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Sasson, C., Rogers, M.A.M., Dahl, J. and Kellermann, A.L. (2010), Predictors of survival from out-of-hospital cardiac arrest: A systematic review and meta-analysis. *Circulation: Cardiovascular Quality and Outcomes*, **3** (1), 63-81.

Full Text: [2010\Cir-Car Qua Out3, 63.pdf](2010\Cir-Car%20Qua%20Out3,%2063.pdf)

Abstract: Background-Prior studies have identified key predictors of out-of-hospital cardiac arrest (OHCA), but differences exist in the magnitude of these findings. In this meta-analysis, we evaluated the strength of associations between OHCA and key factors (event witnessed by a bystander or emergency medical services [EMS], provision of bystander cardiopulmonary resuscitation [CPR], initial cardiac rhythm, or the return of spontaneous circulation). We also examined trends in OHCA survival over time. Methods and Results-An electronic search of PUBMED, EMBASE, Web of Science, CINAHL, Cochrane DSR, DARE, ACP Journal Club, and CCTR was conducted (January 1, 1950 to August 21, 2008) for studies reporting OHCA of presumed cardiac etiology in adults. Data were extracted from 79 studies involving 142 740 patients. The pooled survival rate to hospital admission was 23.8% (95% CI, 21.1 to 26.6) and to hospital discharge was 7.6% (95% CI, 6.7 to 8.4). Stratified by baseline rates, survival to hospital discharge was more likely among those: witnessed by a bystander (6.4% to 13.5%), witnessed by EMS (4.9% to 18.2%), who received bystander CPR (3.9% to 16.1%), were found in ventricular fibrillation/ventricular tachycardia (14.8% to 23.0%), or achieved return of spontaneous circulation (15.5% to 33.6%). Although 53% (95% CI, 45.0% to 59.9%) of events were witnessed by a bystander, only 32% (95% CI, 26.7% to 37.8%) received bystander CPR. The number needed to treat to save 1 life ranged from 16 to 23 for EMS-witnessed arrests, 17 to 71 for bystander-witnessed, and 24 to 36 for those receiving bystander CPR, depending on baseline survival rates. The aggregate survival rate of OHCA (7.6%) has not significantly changed in almost 3 decades. Conclusions-Overall survival from OHCA has been stable for almost 30 years, as have the strong associations between key predictors and survival. Because most OHCA events are witnessed, efforts to improve survival should focus on prompt delivery of interventions of known effectiveness by those who witness the event. (Circ Cardiovasc Qual Outcomes. 2010; 3: 63-81.).

Keywords: Adults, Advanced Life-Support, American-Heart-Association, Automated External Defibrillators, Cardiac Arrest, Cardiopulmonary-Resuscitation, Cochrane, Death, Sudden, Effectiveness, EMBASE, Emergency Medical Services, Emergency Medical-Services, EMS, Etiology, European-Resuscitation-Council, Health-Care Professionals, Heart Arrest, Hospital, Hospital Admission, International Liaison Committee, Interventions, Journal, Medical, Meta-Analysis, Methods, Outcomes, PUBMED, Review, Rhythm, Science, Survival, Systematic, Systematic Review, Trends, Utstein Style, Ventricular-Fibrillation, Web of Science

? Xu, S., Avorn, J. and Kesselheim, A.S. (2012), Origins of medical innovation: The case of coronary artery stents. *Circulation: Cardiovascular Quality and Outcomes*, **5** (6), 743-749.

Full Text: [2012\Cir-Car Qua Out5, 743.pdf](2012\Cir-Car%20Qua%20Out5,%20743.pdf)

Abstract: Background-Innovative medical devices make major contributions to patient welfare, and coronary stents have been among the most important device developments of recent decades. However, the origins of such breakthrough medical technologies remain poorly understood. Methods and Results-Using a comprehensive database of patents, we identified all individuals and institutions that developed intellectual property related to stent technology early in its development process. The patents were categorized and described using a predetermined qualitative coding strategy. We found 245 granted patents related to bare metal coronary artery stents from 1984 (when the first patent issued in this field) to 1994 (after the first stents were approved). Each year showed an increase in the number of patent filings: from 1 in 1984 to 97 in 1994. The largest fraction of patents was issued to private entities (44.9% of the total). Public companies, individual inventors, and nonprofit institutions represented 31.4%, 18.0%, and 5.7%, respectively. The top 10 most-cited patents in the field were dominated by 2 private entities, Expandable Grafts Partnership and Cook Inc, organizations created by or dependent on the work of independent academic physician-inventors. Conclusions-Coronary artery stent technology first arose from individual physician-inventors within academic medical centers and their associated private companies. After these initial innovations were in place, the field became dominated by large public companies. This history suggests that policies aimed at encouraging transformative medical device development would have their greatest effect if focused on individual inventors and scientists performing the early stages of technology development. (Circ Cardiovasc Qual Outcomes. 2012;5:743-749.).

Keywords: Artery, Balloon Angioplasty, Breakthrough, Coding, Coronary Artery, Database, Development, Device Innovation, Disease, Field, First, History, Innovation, Institutions, Intellectual Property, Medical, Medical Device, Medical Devices, Metal, Nov, Partnership, Patent, Patent Citations, Patents, Policies, Property, Public, Qualitative, Recent, Stents, Strategy, Technologies, Technology, Welfare, Work

# Title: Circulation Research

Full Journal Title: [Circulation Research](http://circres.ahajournals.org/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Marbán, E., Bolli, R., Breitwieser, G., Busse, R., Dietz, H., Endoh, M., Finkel, T., Kass, D., Lowenstein, C., Rabinovitch, M. and Tomaselli, G. (2000), Circulation research editors’ yearly report: 1999–2000. *Circulation Research*, **87** (4), 261-263.

Full Text: [2000\Cir Res87, 261.pdf](2000\Cir%20Res87,%20261.pdf)

Marbán, E., Bolli, R., Breitwieser, G., Busse, R., Dietz, H., Endoh, M., Finkel, T., Kass, D., Lowenstein, C., Rabinovitch, M. and Tomaselli, G. (2002), Circulation research editors’ yearly report: 2001. *Circulation Research*, **90** (2), 115-117.

Full Text: [2002\Cir Res90, 115.pdf](2002\Cir%20Res90,%20115.pdf)

Marbán, E., Bolli, R., Breitwieser, G., Busse, R., Dietz, H., Endoh, M., Finkel, T., Kass, D., Lowenstein, C., Rabinovitch, M., Tomaselli, G. and Keehan, K.H. (2003), Circulation Research Editors’ Yearly Report: 2002. *Circulation Research*, **92** (2), 121-123.

Full Text: [2003\Cir Res92, 121.pdf](2003\Cir%20Res92,%20121.pdf)

Vatner, S.F. (2003), A three-decade dialectic with Circulation Research. *Circulation Research*, **92** (9), 939-940.

Full Text: [2003\Cir Res92, 939.pdf](2003\Cir%20Res92,%20939.pdf)

Keywords: Scientific Publishing, Cardiovascular Research, Impact Factor, Molecular Biology, Vascular Biology

? Danthi, N., Wu, C.O., Shi, P.B. and Lauer, M. (2014), Percentile ranking and citation impact of a large cohort of national heart, lung, and blood institute-funded cardiovascular R01 grants. *Circulation Research*, **114** (4), 600-606.

Full Text: [2014\Cir Res114, 600.pdf](2014\Cir%20Res114,%20600.pdf)

Abstract: Rationale: Funding decisions for cardiovascular R01 grant applications at the National Heart, Lung, and Blood Institute (NHLBI) largely hinge on percentile rankings. It is not known whether this approach enables the highest impact science. Objective: Our aim was to conduct an observational analysis of percentile rankings and bibliometric outcomes for a contemporary set of funded NHLBI cardiovascular R01 grants. Methods and Results: We identified 1492 investigator-initiated de novo R01 grant applications that were funded between 2001 and 2008 and followed their progress for linked publications and citations to those publications. Our coprimary end points were citations received per million dollars of funding, citations obtained <2 years of publication, and 2-year citations for each grant’s maximally cited paper. In 7654 grant-years of funding that generated $3004 million of total National Institutes of Health awards, the portfolio yielded 16 793 publications that appeared between 2001 and 2012 (median per grant, 8; 25th and 75th percentiles, 4 and 14; range, 0-123), which received 2 224 255 citations (median per grant, 1048; 25th and 75th percentiles, 492 and 1932; range, 0-16 295). We found no association between percentile rankings and citation metrics; the absence of association persisted even after accounting for calendar time, grant duration, number of grants acknowledged per paper, number of authors per paper, early investigator status, human versus nonhuman focus, and institutional funding. An exploratory machine learning analysis suggested that grants with the best percentile rankings did yield more maximally cited papers. Conclusions: In a large cohort of NHLBI-funded cardiovascular R01 grants, we were unable to find a monotonic association between better percentile ranking and higher scientific impact as assessed by citation metrics.

Keywords: Analysis, And Blood Institute U, Approach, Association, Authors, Bibliometric, Bibliometrics, Cardiovascular, Citation, Citation Metrics, Citations, Cohort, Duration, Funding, Health, Human, Impact, Learning, Lung, Machine, Machine Learning, Methods, Metrics, National Heart, National Institutes Of Health, Observational, Outcomes, Papers, Percentile, Percentiles, Progress, Publication, Publications, Ranking, Rankings, Results, S, Science, Scientific Impact, Scientific Productivity

? Kaltman, J.R., Evans, F.J., Danthi, N.S., Wu, C.O., DiMichele, D.M. and Lauer, M.S. (2014), Prior publication productivity, grant percentile ranking, and topic-normalized citation impact of NHLBI cardiovascular R01 grants. *Circulation Research*, **115** (7), 617-624.

Full Text: [2014\Cir Res115, 617.pdf](2014/Cir%20Res115,%20617.pdf)

Abstract: Rationale: We previously demonstrated absence of association between peer-review-derived percentile ranking and raw citation impact in a large cohort of National Heart, Lung, and Blood Institute cardiovascular R01 grants, but we did not consider pregrant investigator publication productivity. We also did not normalize citation counts for scientific field, type of article, and year of publication. Objective: To determine whether measures of investigator prior productivity predict a grant’s subsequent scientific impact as measured by normalized citation metrics. Methods and Results: We identified 1492 investigator-initiated de novo National Heart, Lung, and Blood Institute R01 grant applications funded between 2001 and 2008 and linked the publications from these grants to their InCites (Thompson Reuters) citation record. InCites provides a normalized citation count for each publication stratifying by year of publication, type of publication, and field of science. The coprimary end points for this analysis were the normalized citation impact per million dollars allocated and the number of publications per grant that has normalized citation rate in the top decile per million dollars allocated (top 10% articles). Prior productivity measures included the number of National Heart, Lung, and Blood Institute-supported publications each principal investigator published in the 5 years before grant review and the corresponding prior normalized citation impact score. After accounting for potential confounders, there was no association between peer-review percentile ranking and bibliometric end points (all adjusted P>0.5). However, prior productivity was predictive (P<0.0001). Conclusions: Even after normalizing citation counts, we confirmed a lack of association between peer-review grant percentile ranking and grant citation impact. However, prior investigator publication productivity was predictive of grant-specific citation impact.

Keywords: Analysis, Article, Articles, Association, Bibliometric, Bibliometrics, Cardiovascular, Citation, Citation Counts, Citation Impact, Citation Metrics, Citation Record, Cohort, Field, From, Impact, Incites, Lung, Measures, Methods, Metrics, National Heart, National Heart,Lung,And Blood Institute (Us), Peer Review, Peer-Review, Percentile, Potential, Predictive, Productivity, Publication, Publication Productivity, Publications, Ranking, Record, Results, Review, Science, Scientific Impact

? Danthi, N.S., Wu, C.O., DiMichele, D.M., Hoots, W.K. and Lauer, M.S. (2015), Citation impact of NHLBI R01 grants funded through the American Recovery and Reinvestment Act as compared to R01 grants funded through a standard payline. *Circulation Research*, **116** (5), 784-788.

Full Text: 2015\Cir Res116, 784.pdf

Abstract: Rationale: The American Recovery and Reinvestment Act (ARRA) allowed National Heart, Lung, and Blood Institute to fund R01 grants that fared less well on peer review than those funded by meeting a payline threshold. It is not clear whether the sudden availability of additional funding enabled research of similar or lesser citation impact than already funded work. Objective: To compare the citation impact of ARRA-funded de novo National Heart, Lung, and Blood Institute R01 grants with concurrent de novo National Heart, Lung, and Blood Institute R01 grants funded by standard payline mechanisms. Methods and Results: We identified de novo (type 1) R01 grants funded by National Heart, Lung, and Blood Institute in fiscal year 2009: these included 458 funded by meeting Institute’s published payline and 165 funded only because of ARRA funding. Compared with payline grants, ARRA grants received fewer total funds (median values, $1.03 versus $1.87 million; P<0.001) for a shorter duration (median values including no-cost extensions, 3.0 versus 4.9 years; P<0.001). Through May 2014, the payline R01 grants generated 3895 publications, whereas the ARRA R01 grants generated 996. Using the InCites database from Thomson-Reuters, we calculated a normalized citation impact for each grant by weighting each article for the number of citations it received normalizing for subject, article type, and year of publication. The ARRA R01 grants had a similar normalized citation impact per $1 million spent as the payline grants (median values [interquartile range], 2.15 [0.73-4.68] versus 2.03 [0.75-4.10]; P=0.61). The similar impact of the ARRA grants persisted even after accounting for potential confounders. Conclusions: Despite shorter durations and lower budgets, ARRA R01 grants had comparable citation outcomes per $million spent to that of contemporaneously funded payline R01 grants.

Keywords: Act, Article, Availability, Bibliometrics, Biomedical-Research, Blood, Citation, Citation Impact, Citations, Database, Duration, Economics, From, Funding, Impact, Incites, Lung, Mechanisms, Methods, National Heart, Outcomes, Peer Review, Peer-Review, Percentile Ranking, Potential, Publication, Publications, Recovery, Research, Results, Review, Standard, Thomson Reuters, Thomson-Reuters, Threshold, Weighting, Work

# Title: Cirugía Española

Full Journal Title: Cirugia Espanola

ISO Abbreviated Title:

JCR Abbreviated Title: Cir Esp

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

? Manterola, C., Busquets, J., Pascual, M. and Grande, L. (2006), What is the methodological quality of articles on therapeutic procedures published in *Cirugía Española*? *Cirugía Española*, **79** (2), 95-100.

Abstract: INTRODUCTION: the aim of this study was to determine the methodological quality of articles on therapeutic procedures published in Cirugia Espanola and to study its association with the publication year, center, and subject-matter. MATERIAL and METHOD: A bibliometric study that included all articles on therapeutic procedures published in Cirugia Espanola between 2001 and 2004 was performed. All kinds of clinical designs were considered, excluding editorials, review articles, letters to editor, and experimental studies. The variables analyzed were: year of publication, center, design, and methodological quality. Methodological quality was determined by a valid and reliable scale. Descriptive statistics (calculation of means, standard deviation and medians) and analytical statistics (Pearson’s chi2, nonparametric, ANOVA and Bonferroni tests) were used. RESULTS: A total of 244 articles were studied (197 case series [81%], 28 cohort studies [12%], 17 clinical trials [7%], 1 cross sectional study and 1 case-control study [0.8%]). The studies were performed mainly in Catalonia and Murcia (22% and 16%, respectively). The most frequent subject areas were soft tissue and hepatobiliopancreatic surgery (23% and 19%, respectively). The mean and median of the methodological quality score calculated for the entire series was 10.2±3.9 points and 9.5 points, respectively. Methodological quality significantly increased by publication year (p < 0.001). An association between methodological quality and subject area was observed but no association was detected with the center performing the study. CONCLUSIONS: the methodological quality of articles on therapeutic procedures published in Cirugia Espanola between 2001 and 2004 is low. However, a statistically significant trend toward improvement was observed.

Keywords: Anova, Association, Bibliometric, Bibliometric Study, Calculation, Case-Control, Case-Control Study, Clinical, Clinical Trials, Cohort, Design, Experimental, Improvement, Procedures, Publication, Quality, Quality of, Review, Scale, Standard, Statistics, Surgery, Therapeutic, Trend

? Gisbert, J.P. and Panes, J. (2009), The Hirsch’s h-Index: A new tool for measuring scientific production. *Cirugía Española*, **86** (4), 193-195

Keywords: Bibliometric Indicators, h Index, h-Index, Scientific Production

# Title: Cirugia Pediatr

Full Journal Title: Cirugia Pediatr

ISO Abbreviated Title:

JCR Abbreviated Title: Cir Pediatr

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

Notes: TTopic

? Gonzalez de Dios, J. and Martinez Lorente, A. (1998), Model of bibliometric analysis of publications on pediatric surgery: 1984-1996. *Cirugia Pediatr*, **11** (4), 139-146.

Abstract: BACKGROUND: There is no detailed information on the scientific production in Pediatric Surgery (PS) in Spain, and we studied this problem by means of a model of bibliometric analysis. MATERIALS and METHODS: Retrospective study of all the articles published in the main pediatric Spanish journal (Anales Espanoles de Pediadria) over a 13-year period (1984-1996). Quantitative and qualitative bibliometric indicators of the articles over PS were performed, and we studied also the main differences found between the period before (1984-87) and after (1988-96) the foundation of the journal Cirugia Pediatrica. RESULTS: PS is the subject matter in 7.6% (n = 227) of all the articles published in this pediatric journal. The main type of articles in PS were Clinical Notes (56.9%) and Originals (31.7%). The autonomous regions of Madrid, Cataluna, Valencia, Andalucia and Pais Vasco have the 70.4% of the total productivity in PS, and we also emphasize the relative productivity of others autonomous regions (mainly Extremadura). The essential authorship of the scientific activity in PS falls on hospitals, with no authorship on University and Health Care Centers. The two different bibliometric indicators in PS in relation to the other pediatric subspecialties are: the low statistical accessibility and the excessive use of English references, with a very low insularity index. After the foundation the journal Cirugia Pediaatrica, a reduction in the number of articles over PS (mainly Originals) published in Anales Espanoles de Pediatria is noted. CONCLUSIONS: PS have a significant quantitative importance in pediatric journals, with two negative differences in relation to the other pediatric subspecialties: low statistical accessibility and low insularity index. We think is important to increase the citation of Spanish publications and, specifically, articles at the journal Cirugia Pediatrica.

# Title: Cities

Full Journal Title: [Cities](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=5909&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=78f20bf0e8051a2f2aa7040b7be7767d)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Naude, W.A. and Krugell, W.F. (2003), Are South Africa’s cities too small? *Cities*, **20** (3), 175-180.

Full Text: [2003\Cities20, 175.pdf](C:/Users/YSHo/AppData/Roaming/Microsoft/Word/2003/Cities20, 175.pdf)

Abstract: Are South African cities to small? Given the history of South Africa’s spatial development, one might expect that South African cities might be under-sized, and not over-sized as in many other developing countries. It is found that the rank-size distribution explains the sizes of South Africa’s cities but that Zipf’s Law does not hold for the country’s cities. The so-called q-coefficient was found to be equal to -0.75 for the 123 places with population in excess of 100 000. It was also found that urbanisation in South Africa over the past decade seems to have taken the form of the parallel (slow, 1.04%) growth of five large cities. Finally, calculating the ‘*H*-measure’ for 19 metropolitan areas in South Africa yields an inverse *H*-measure of 11.3. This suggests a reasonable degree of dispersal, which would only be consistent with optimal city size if transport costs were low and manufacturing not in need of scale economies; two conditions unlikely to apply to South Africa. Finally, the primacy ratio for South Africa’s largest urban agglomeration was found to be 38%. This suggests that the size of the Johannesburg-East Rand urban agglomeration (the primate city) may be relatively too large, whereas more efficient growth may come from larger harbour cities.

Keywords: Spatial Development, Transportation, Scale Economies, Developing Nations

? Kirby, A. (2012), *Current Research* on *Cities* and its contribution to urban studies. *Cities*, **29**, S3-S8.

Full Text: [2012\Cities29, S3.pdf](2012\Cities29,%20S3.pdf)

Abstract: This paper discusses the potential of bibliometrics the analysis of digital information transfer especially as it is relevant to an understanding of urban studies. It provides some examples and illustrates how the journal Current Research on Cities operates to provide meta-analysis of the field. (C) 2011 Elsevier Ltd. All rights reserved.

Keywords: Analysis, Bibliometrics, Cities, Digital Information Transfer, Editorial Processes, Field, Information, Journal, Mar, Meta-Analysis, Metaanalysis, Potential, Research, Rights, SI, Understanding, Urban, Urban Studies

? Zannin, P.H.T., Engel, M.S., Fiedler, P.E.K. and Bunn, F. (2013), Characterization of environmental noise based on noise measurements, noise mapping and interviews: A case study at a university campus in Brazil. *Cities*, **31**, 317-327.

Full Text: [2013\Cities31, 317.pdf](2013\Cities31,%20317.pdf)

Abstract: The purpose of this research was to characterize the environmental noise on the campus of the Polytechnic Center of the Federal University of Parana, Brazil. This research was divided into two parts: (1) Objective - in situ measurements of the equivalent continuous sound pressure level L-Aeq followed by noise mapping of the whole campus area, using B&K Predictor 7810 software; (2) Subjective - involving the preparation and application of a questionnaire to a sample of 389 people from the campus population to gather information about their reactions to noise. The L-Aeq data were compared with the noise immission limits for outdoor environments in educational areas recommended by WHO - L-Aeq, = 55 dB(A). The results indicated that 89.65% of the 58 evaluated points exceeded the 55 dB(A) limit. Concentration difficulties and irritation were the most cited effects in all educational sectors evaluated. Together, these two effects were cited by 61% of the interviewed people in the Biological Science Sector, 81% in the Exact Science Sector, 69% in the Earth Science Sector and 74% in the Technological Sector. Further, there were strong positive correlations between measured noise levels and reports of annoyance from noise levels perceived by the interviewed campus population. (c) 2012 Elsevier Ltd. All rights reserved.

Keywords: Application, Brazil, Case Study, Characterization, Classrooms, Correlations, Data, Effects, Environmental, Environmental Noise, In Situ, Information, Interviews, Mapping, Noise, Noise Mapping, Noise Pollution, Pollution, Population, Preparation, Pressure, Purpose, Questionnaire, Research, Rights, School, Science, Software, Sound, Sound Perception, Traffic Noise, University, University Campus, Urban Traffic Noise, WHO

# Title: Classical Philology

Full Journal Title: Classical Philology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Tyrrell, W.B. (2009), A meaning for (SIC) not cited in LSJ. *Classical Philology*, **104** (1), 82-84.

# Title: Classical Review

Full Journal Title: Classical Review

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ohrman, M. (2009), The game with own texts. Repetition and self citation during Ovid. *Classical Review*, **59** (1), 298-299

Keywords: ‘Epistulae-ex-Ponto’ 3.1, Citation, Self-Citation

# Title: Climacteric

Full Journal Title: Climacteric

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Woods, N.F., Mitchell, E.S., Schnall, J.G., Cray, L., Ismail, R., Taylor-Swanson, L. and Thomas, A. (2014), Effects of mind-body therapies on symptom clusters during the menopausal transition. *Climacteric*, **17** (1), 10-22.

Full Text: [2014\Climacteric17, 10.pdf](2014\Climacteric17,%2010.pdf)

Abstract: Aims Although most women experience symptom clusters during the menopausal transition and early postmenopause, investigators reporting clinical trial effects for hot flushes often omit co-occurring symptoms. Our aim was to review controlled clinical trials of mind-body therapies for hot flushes and at least one other co-occurring symptom from these groups: sleep, cognitive function, mood, and pain. Methods An experienced reference librarian performed an extensive search of PubMed/Medline, CINAHL Plus, PsycInfo, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, Web of Science, EMBASE, AMED, and Alt-Health Watch for randomized controlled trials reported in English between 2004 and July 2011. of 1193 abstracts identified, 58 trials examining effectiveness of therapies for hot flushes and at least one additional co-occurring symptom of interest were identified. Results Eight trials (ten publications) examined relaxation, yoga, or exercise. Physical activity/exercise trials (six) yielded mixed results; only one significantly reduced hot flushes and mood symptoms. of two relaxation therapy trials, only mindfulness-based stress reduction training reduced sleep and mood symptoms and had within-group treatment effects on hot flushes. Yoga (one trial) significantly reduced hot flushes and improved cognitive symptoms more than exercise, and also had within-group effects on sleep and pain symptoms. Conclusions Studies of mind-body therapies for hot flushes increasingly measure multiple symptom outcomes, but few report treatment effects in ways that allow clinicians to consider symptom clusters when prescribing therapies. Future studies need to measure and report results for individual symptoms or group like symptoms together into subscales rather than use subscales with mixed dimensions. Trials with larger numbers of participants are essential to allow evaluation of these therapies on multiple co-occurring symptoms.

Keywords: Clinical, Clinical Trial, Clinical Trials, Cognitive Function, Database, Effectiveness, Effects, Embase, Evaluation, Exercise, Experience, Function, Groups, Measure, Methods, Outcomes, Pain, Prescribing, Publications, Randomized, Randomized Controlled Trials, Reduction, Reference, Relaxation, Reporting, Results, Review, Science, Sleep, Stress, Symptoms, Systematic Reviews, Therapy, Training, Treatment, Trial, Web of Science, Women

? Shen, H., Xie, J. and Lu, H. (2014), Vitamin D receptor gene and risk of fracture in postmenopausal women: A meta-analysis. *Climacteric*, **17** (4), 319-324.

Full Text: [2014\Climacteric17, 319.pdf](2014\Climacteric17,%20319.pdf)

Abstract: Objective Fracture is the major clinical outcome of osteoporosis. The vitamin D receptor (VDR) gene is thought to be a candidate gene for osteoporosis. Many genetic studies have suggested an association of VDR polymorphisms and fracture risk, but evidence remains conflicting. The aim of this study was to evaluate the genetic effect of the BsmI, TaqI, ApaI and FokI polymorphisms in the VDR gene on fracture risk in postmenopausal women. Methods Relevant studies were identified from the following electronic databases: PubMed, Embase, and Web of Science before September 2013. Statistical analysis was performed by using the software STATA 12.0. A total 1975 fracture cases and 4565 controls in 14 studies with a total of 16 eligible comparisons were identified for data analysis. Results No evidence of relationship between the VDR BsmI, TaqI, ApaI or FokI polymorphisms and fracture risk was observed with any genetic model in postmenopausal women (BsmI: b vs. B: odds ratio (OR) 1.07, 95% confidence interval (CI) 0.90-1.29; TaqI: T vs. t: OR 0.89, 95% CI 0.68-1.15; ApaI: A vs. a: OR 0.91, 95% CI 0.76-1.08; FokI: F vs. f: OR 1.20, 95% CI 0.76-1.90). Conclusion This meta-analysis suggests that ApaI, BsmI, TaqI and FokI polymorphisms may be not associated with the risk of fracture in postmenopausal women. Further studies in a larger sample population are required to confirm this finding.

Keywords: Analysis, Association, Clinical, Confidence, Data, Data Analysis, Databases, Evidence, Foki, Fracture, Gene, Genetic, Interval, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Odds Ratio, Osteoporosis, Outcome, Polymorphisms, Population, Postmenopausal, Postmenopausal Women, Pubmed, Results, Risk, Science, Software, Statistical Analysis, T, Taqi, Vdr, Vitamin, Vitamin D, Vitamin D Receptor, Web Of Science, Women

? Liu, Y.R., Jiang, Y.L., Huang, R.Q., Yang, J.Y., Xiao, B.K. and Dong, J.X. (2014), *Hypericum perforatum L*. preparations for menopause: A meta-analysis of efficacy and safety. *Climacteric*, **17** (4), 325-335.

Full Text: [2014\Climacteric17, 325.pdf](2014\Climacteric17,%20325.pdf)

Abstract: Objective To compare by meta-analysis the efficacy and adverse events of Hypericum perforatum L. (St. John’s Wort), or its combinations, and placebo for menopausal women. Design A systematic review and meta-analysis were carried out by searching in Pubmed, Cochrane Library, Embase and the Web of Science database. Results Extracts of Hypericum perforatum L. and its combination with herbs were significantly superior to placebo (standard mean difference = -1.08; 95% confidence interval -1.38 to -0.77); extracts of Hypericum perforatum L. proved to be more effective than placebo in the treatment of menopause. Adverse events occurred in 53 (17.4%) patients on Hypericum perforatum L. preparations and 45 (15.4%) patients on placebo (relative risk = 1.16; 95% confidence interval 0.81-1.66). Conclusion Extracts of Hypericum perforatum L. have possibly fewer side-effects than placebo for the treatment of menopausal women.

Keywords: Adverse Events, Confidence, Database, Design, Efficacy, Events, Interval, Menopause, Meta Analysis, Meta-Analysis, Metaanalysis, Patients, Placebo, Relative Risk, Results, Review, Risk, Safety, Science, Side Effects, Standard, Systematic, Systematic Review, Treatment, Web Of Science, Women

? Ismail, R., Taylor-Swanson, L., Thomas, A., Schnall, J.G., Cray, L., Mitchell, E.S. and Woods, N.F. (2015), Effects of herbal preparations on symptom clusters during the menopausal transition. *Climacteric*, **18** (1), 11-28.

Full Text: [2015\Climacteric18, 11.pdf](2015/Climacteric18,%2011.pdf)

Abstract: Aims To determine the effects of herbal therapies on hot flushes and at least one other symptom including, sleep, mood, cognition, and pain that women experience during the menopausal transition and early postmenopause. Methods An extensive search of PubMed/Medline, CINAHL Plus, PsycInfo, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, Web of Science, EMBASE, AMED, and Alt-Health Watch for randomized, controlled trials reported in English between January 2004 and July was conducted by an experienced reference librarian. There were 1193 abstracts identified but only 58 trials examined effectiveness of therapies for hot flushes and at least one additional co-occurring symptom. Results Seventeen studies used herbal preparation including seven studies of black cohosh, two studies of black cohosh mixed with other herbals, and eight studies of other herbals. Of these, one study of black cohosh, two studies of black cohosh mixed with other herbals, and four other herbal studies had significant effects on hot flushes and at least one additional co-occurring symptom. The adverse events of herbal therapies were various, ranging from mild to moderate and women were generally tolerant of the preparations. Conclusions Black cohosh mixed with other herbals, Rheum rhaponticum, and French maritime pine bark had significant effects on hot flushes and at least one other symptom. These herbal therapies may be a promising alternative treatment to hormonal treatment. Future studies should classify women based on their menopausal stages, report each symptom separately, have adequate sample size, focus on multiple co-occurring symptoms, and target symptom management of menopausal symptoms.

Keywords: Abstracts, Adverse Events, Alternative, Black Cohosh Extract, Cimicifuga-Racemosa, Cognition, Cognitive, Database, Double-Blind, Early Postmenopause Observations, Effectiveness, Effects, Embase, English, Events, Experience, From, Herbal Therapies, Hormonal, Hot Flushes, Major Depressive Disorder, Management, Menopause, Methods, Midlife Womens Health, Mild, Mood, Pain, Pine Bark, Placebo-Controlled Trial, Preparation, Quality-Of-Life, Randomized, Randomized Controlled-Trial, Reference, Results, Sample Size, Science, Size, Sleep, St-Johns-Wort, Symptom Management, Symptoms, Systematic, Systematic Reviews, Treatment, Web, Web Of Science, Women

? Taylor-Swanson, L., Thomas, A., Ismail, R., Schnall, J.G., Cray, L., Mitchell, E.S. and Woods, N.F. (2015), Effects of traditional Chinese medicine on symptom clusters during the menopausal transition. *Climacteric*, **18** (2), 142-156.

Full Text: [2015\Climacteric18, 142.pdf](2015/Climacteric18,%20142.pdf)

Abstract: Aims To review controlled clinical trials of traditional Chinese medicine (TCM) therapies for hot flushes and at least one other co-occurring symptom among sleep, cognitive function, mood, and pain. Methods An experienced reference librarian performed an extensive search of PubMed/Medline, CINAHL Plus, PsycInfo, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, Web of Science, EMBASE, AMED, and Alt-Health Watch for randomized, controlled trials reported in English between 2004 and July 2011. Of 1193 abstracts identified, 58 trials examined effectiveness of therapies for hot flushes and at least one additional co-occurring symptom. Results Eleven trials (13 publications) examined TCM therapeutics of acupuncture, Chinese herbal medicine (CHM) or moxibustion. Acupuncture trials (eight) yielded mixed results; five trials significantly reduced hot flushes. Of those five trials, one also showed benefit for sleep and pain and two trials found benefit for mood symptoms. Of three CHM trials, three trials had significant findings: one for hot flushes and mood, one for hot flushes and pain, and one for hot flushes, sleep, mood symptoms and pain. Moxibustion and counseling (one trial) significantly reduced hot flushes, mood symptoms and pain. None of the trials reported any serious adverse events. Conclusions TCM therapeutics of acupuncture, CHM and moxibustion show promising results for the treatment of mood and pain symptoms co-occurring with hot flushes. Although the controlled clinical trials of TCM therapeutics reviewed here measured multiple symptom outcomes, few report treatment effects in ways that allow clinicians to consider symptom clusters when prescribing therapies. Future studies need to measure and report results for individual symptoms or group like symptoms together into subscales. Controlled clinical trials with larger numbers of participants are essential to allow evaluation of these therapies on hot flushes and multiple co-occurring symptoms.

Keywords: Abstracts, Acupuncture, Adverse Events, Blind, Chinese, Chinese Herbal Medicine, Chinese Medicine, Clinical, Clinical Trials, Cognitive, Cognitive Function, Database, Decoction, Effectiveness, Effects, Embase, English, Evaluation, Events, Flushes, Function, Herbal Medicine, Hot Flushes, Measure, Medicine, Menopausal Transition, Menopause, Methods, Mood, Moxibustion, Outcomes, Pain, Placebo, Postmenopausal Hot Flashes, Prescribing, Publications, Randomized, Randomized Clinical-Trial, Reference, Results, Review, Science, Sleep, Symptom Cluster, Symptoms, Systematic, Systematic Review, Systematic Reviews, Therapy, Traditional Chinese Medicine, Treatment, Trial, Vasomotor Symptoms, Web, Web Of Science, Women

# Title: Climate Research

Full Journal Title: Climate Research

ISO Abbreviated Title: Clim. Res.

JCR Abbreviated Title: Clim Res

ISSN: 0936-577X

Issues/Year: 9

Language: English

Journal Country/Territory: Germany

Publisher: Inter-Research

Publisher Address: Nordbunte 23, D-21385 Oldendorf Luhe, Germany

Subject Categories:

Environmental Sciences: Impact Factor 2.250, 57/181 (2009)

Meteorology & Atmospheric Sciences: Impact Factor 2.250, 19/63 (2009)

# Title: Climatic Change

Full Journal Title: [Climatic Change](http://www.swetswise.com/eAccess/viewTitleIssues.do?titleID=42773)

ISO Abbreviated Title: Clim. Change

JCR Abbreviated Title: Climatic Change

ISSN: 0165-0009

Issues/Year: 12

Journal Country/Territory: Netherlands

Language: English

Publisher: Kluwer Academic Publ

Publisher Address: Van Godewijckstraat 30, 3311 GZ Dordrecht, Netherlands

Subject Categories:

Environmental Sciences: Impact Factor 1.870, / (2001)

Meteorology & Atmospheric Sciences: Impact Factor 1.870, / (2001)

Notes: TTopic

Stanhill, G. (1996), The growth of climate change science: A scientometric study. *Climatic Change*, **48** (2-3), 515-524.

Full Text: [1996\Cli Cha48, 515.pdf](1996\Cli%20Cha48,%20515.pdf)

Abstract: A quantitative description of the growth of climate change science is presented based on the increase in the number of abstracts of scientific publications dealing with the many aspects of this broad subject. This number now totals 7000 and is doubling every 11 years. The annual rate of publication per author and number of authors per paper in climate change science, 1.75 and 2.5 respectively, were similar to those for scientific publications in general but, based on the U.S. data, the cost per publishing scientist is very high largely because of the sums allocated to satellite programs related to climate change research. The total global cost of current climate change research is estimated at three billion U.S. dollars annually. Two plausible but very different interpretations of the growth curve of climate change research are presented and used to discuss its future. The importance of extra-scientific factors in controlling the growth of climate change studies is emphasized, limiting the predictive value of the scientometric analysis presented.

? Bjurstrom, A. and Polk, M. (2011), Physical and economic bias in climate change research: A scientometric study of IPCC Third Assessment Report. *Climatic Change*, **108** (1-2), 1-22.

Full Text: [2011\Cli Cha108, 1.pdf](2011\Cli%20Cha108,%201.pdf)

Abstract: This study demonstrates that IPCC Third Assessment Report is strongly dominated by Natural sciences, especially the Earth sciences. The Social sciences are dominated by Economics. The IPCC assessment also results in the separation of the Earth, Biological and Social sciences. The integration that occurs is mainly between closely related scientific fields. The research community consequently imposes a physical and economic bias and a separation of scientific fields that the IPCC reproduces in the policy sphere. It is argued that this physical and economic bias distorts a comprehensive understanding of climate change and that the weak integration of scientific fields hinders climate change from being fully addressed as an integral environmental and social problem. If climate change is to be understood, evaluated and responded to in its fullness, the IPCC must broaden its knowledge base and challenge the anthropocentric worldview that places humans outside of nature.

Keywords: Assessment, Bias, Change Science, Climate Change, Construction, Domains, Economics, Environmental, Global Environmental-Change, Humans, Intergovernmental Panel, IPCC, Knowledge, Policy, Protection Policy, Research, Sciences, Scientific Advice, Social, Social Sciences, Society, Sociology, Uncertainty

# Title: Clinica Chimica Acta

Full Journal Title: Clinica Chimica Acta

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0009-8981

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Panteghini, M., Linsinger, T., Wu, A.H.B., Dati, F., Apple, F.S., Christenson, R.H., Mair, J. and Schimmel, H. (2004), Standardization of immunoassays for measurement of myoglobin in serum. Phase 1: Evaluation of candidate secondary reference materials. *Clinica Chimica Acta*, **341** (1-2), 65-72.

Full Text: [2004\Cli Chi Act341, 65.pdf](2004\Cli%20Chi%20Act341,%2065.pdf)

Abstract: Background: Myoglobin is a low-molecular weight protein present in the cytosol of striated muscles. Its concentrations in serum can be measured by immunoassays and are used as an early indicator of myocardial necrosis. Since variability among commercial myoglobin assays exists, standardization of myoglobin assays is needed. Methods: An international collaborative study was organized with the involvement of seven companies using 12 different automated platforms for measuring myoglobin. Five candidate secondary, i.e., matrixed, reference materials were assayed in relation to linearity, imprecision, recovery rate and commutability to demonstrate a possible identity between the materials and the usual routine serum samples. Results: One Iyophilized candidate material (human heart myoglobin in human serum) was selected as the most suitable secondary reference material, based on the criteria examined. Used as a calibrator a posteriori, the bias between the various myoglobin assays for a frozen human serum pool was reduced from 32% to 13%. Conclusion: This study provides the basis for the selection of an internationally recognized secondary reference material. (C) 2004 Elsevier B.V. All rights reserved.

Keywords: Myoglobin, Standardization, Commutability, Reference Materials, Acute Myocardial-Infarction, Cardiac Markers, Troponin-I, Assays, MB

? Csako, G. (2007), Analysis of the most highly cited articles from the 50-year history of *CCA*. *Clinica Chimica Acta*, **375** (1-2), 43-48.

Full Text: [2007\Cli Chi Act375, 43.pdf](2007\Cli%20Chi%20Act375,%2043.pdf)

Abstract: Background: the 50th anniversary of CCA in 2006 prompted analysis of the most highly cited articles from the Journal’s history. Methods: Lists of most highly cited CCA articles were obtained from Current Contents (1974, 1991) and CCA (2006); all based on the ISI/Thomson Scientific database. PubMed search identified country of origin.

Results: Distribution of the most highly cited CCA articles was skewed towards those with high total citations. From the beginning, these articles originated from a diverse group of countries. This diversity increased with time to include countries from 4 continents. The most highly cited articles emerged at least 8-16 years following their publication. During the first 35 years of the Journal, there was a significant positive correlation between the total number of citations and the publication date of cited articles. Initially, virtually all most highly cited articles were methods papers, whereas during the past 25 years less than half of them reported methods; clinical research papers and reviews making up the rest.

Conclusions: Results of this analysis may help in editorial policy-making and marketing of the Journal and in assessing the impact of individual countries on the field, and may guide authors’ decision in submitting articles to the Journal. (c) 2006 Elsevier B.V. All rights reserved.

Keywords: Citation Analysis, Current Contents, Geographic Distribution, Impact Factor, Journalology, Science Citation Index, Citation Indexes, Impact, Science

? Lippi, G. and Mattiuzzi, C. (2013), The challenges of evaluating scientists by h-Index and citations in different biomedical research platforms. *Clinica Chimica Acta*, **421**, 57-58.

Full Text: [2013\Cli Chi Act421, 57.pdf](2013\Cli%20Chi%20Act421,%2057.pdf)

Keywords: Biomedical, Biomedical Research, Citations, Evaluation, h Index, h-Index, Impact Factor, Publications, Research, Scientists

? Wang, W., He, Y.F., Sun, Q.K., Wang, Y., Han, X.H., Peng, D.F., Yao, Y.W., Ji, C.S. and Hu, B. (2014), Hypoxia-inducible factor 1 α in breast cancer prognosis. *Clinica Chimica Acta*, **428**, 32-37.

Full Text: [2014\Cli Chi Act428, 32.pdf](2014\Cli%20Chi%20Act428,%2032.pdf)

Abstract: Background: Recent studies have assessed the relationship between hypoxia-inducible factor 1 alpha (HIF-1 alpha) expression and prognosis in breast cancer patients with inconsistent conclusions. To comprehensively and quantitatively summarize the evidence on the survival of patients with breast cancer, a meta-analysis was performed. Methods: Systematic literature searching was applied to the databases of PubMed, Embase and Web of science until April 1, 2013. Pooled HR with 95% CI was used to evaluate the association between HIF-1 alpha expression and survival in breast cancer patients. Results: Fourteen papers including 2933 patients were subjected to the final analysis. of these, 7 provided data on overall survival (OS), 8 on disease-free survival (DES), 3 on distant metastasis-free survival (DMFS) and 3 on relapse-free survival (RFS). We observed that high expression of HIF-1 alpha in breast cancer patients was an indicator of poor prognosis on OS (HR = 1.46, 95% CI: 1.12-1.92, P = 0.006), DFS (HR = 1.91, 95% CI: 1.43-257, P<0.001), DMFS (HR = 2.17 95% CI: 1.16-4.05, P=0.015) and RFS (HR = 1.33 95% CI: 1.09-1.61, P=0.005). Significant heterogeneity was observed in the analyses of OS and DFS. Subgroup analyses by the cut-off value and antibody for IHC were conducted. Conclusion: High expression of HIF-1 alpha indicated a poor prognosis for patients with breast cancer. Published by Elsevier B.V.

Keywords: Analyses, Analysis, Antibody, Association, Breast Cancer, Cancer, Cell Lung-Cancer, Data, Databases, Evidence, Expression, Factor-1-Alpha, Factor-I, Heterogeneity, Hif-1-Alpha Expression, Hif-Alpha, Hypoxia-Inducible Factor, Indicator, Literature, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Overexpression, P, Papers, Patients, Poor-Prognosis, Prognosis, Publication Bias, Pubmed, Recent, Results, Science, Survival, Tumors, Value, Web of Science

# Title: Clinica Terapeutica

Full Journal Title: [Clinica Terapeutica](http://www.seu-roma.it/clinica_terapeutica/apps/autos.php)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Tambone, V. and Pennacchini, M. (2009), From a case of plagiarism to rethinking the use of impact factor. *Clinica Terapeutica*, **160** (4), 295-297.

Full Text: 2009\Cli Ter160, 295.pdf

Abstract: In Italy the impact factor (IF) is used to evaluate individual or collective scientific research (Universities, Departments and Research groups); such Universities’ evaluation is also used to assign funds by Government. The IF is an indicator of a journal’s prestige. It varies a lot according to: 1. type of discipline and thematic area which the journal cover; 2. authors’ number; 3. weight given to citations: 4. self-citations. On these data it seems to us that IF, normalized also, is little profit to evaluate scientific quality of a work and/or researchers’ activity. Additionally, such use of the IF: 1. hits made it difficult to use the same Science Citation Index, since unjustified citations and self-citations are augmented; 2. can compromise the research and increase the cases of scientific misconduct, since researchers are inclined to publish also in absence of meaningful scientific results, only to augment own IF. Quality of a research depends on intrinsic factors (i.e. originality, methodology, etc.), that are perceivable only by experts (peer-reviewers), and it doesn’t depend on external factors as the place of publication or the citation success. Conclusions: scientific literature hits to reacquire its role: to introduce best evidence for scientific research avoiding contaminations caused by economic affairs and competition consequent IF. To such end the evaluation from peer-reviewers is a more reliable way, even though not perfect. Clin Ter 2009; 160(4):295-297.

Keywords: Citation, Citations, Evaluation, Impact Factor, Journals, Peer-Review, Quality, Research, Scientific Research, Universities

? Petraccia, L., Mennuni, G., Fontana, M., Nocchi, S., Libri, F., Conte, S., Alhadeff, A., Romano, B., Messini, F., Grassi, M. and Fraioli, A. (2013), The possible uses of balneotherapy in treating chronic venous insufficiency of lower limbs. *Clinica Terapeutica*, **164** (3), 233-238.

Full Text: 2013\Cli Ter164, 233.pdf

Abstract: The Chronic Venous Insufficiency (CVI) of inferior limbs is a widespread disease, with an increasing incidence as a consequence of longer life expectance, life-style, obesity, smoking, use of drugs as oestrogens and progestins and working conditions. Medical therapy is still lacking for evidence of efficacy, and compression therapy is useful only in preventing a worsening of this condition. Surgical treatment is the only radical therapy effective for the advanced phases of the disease. in this context spa balneotherapy can be considered as a possible chance to improve some subjective and objective symptoms of CVI of inferior limbs, and to prevent worsening of this condition. The authors performed a review of the relevant scientific literature concerning the treatment of CVI of inferior limbs with mineral water balneotherapy, in order to evaluate its effects on objective and subjective symptoms and its effectiveness to prevent further worsening. We searched the PubMed/Medline, Cochrane Library, Embase, Web of Science databases for articles published between 1990 and 2011 on this topic. To this end, the authors selected few clinical-controlled and case-controlled studies; patients affected from CVI of inferior limbs were treated with balneotherapy at health spas with sulphureous, sulphate, salsojodic or salsobromojodic mineral waters. Baths in mineral waters were often associated with idromassotherapy and vascular pathway. Effects of spa balneotherapy are related to some aspecific properties, like hydrostatic pressure, osmotic pressure and water temperature, partly related with specific chemico-physical properties of the adopted mineral water. The controlled clinical studies on spa therapy showed significant improvement of subjective (such as itch, paresthesias, pain, heaviness) and objective symptoms (namely edema and skin discromias). These studies suggest that spa balneotherapy may give a good chance of secondary prevention and effective therapy of CVI of inferior limbs, but also that it needs of other clinical controlled trials.

Keywords: Authors, Balneotherapy, Chronic, Chronic Venous Insufficiency, Clinical, Clinical Studies, Compression, Consensus Statement, Context, Databases, Disease, Disorders, Drugs, Edinburgh Vein, Effectiveness, Effects, Efficacy, Epidemiology, Evidence, Health, Improvement, Incidence, Life, Life Style, Literature, Management, Medical, Mineral Waters, Needs, Obesity, Pain, Patients, Population, Pressure, Prevalence, Prevent, Prevention, Properties, Review, Risk-Factors, Science, Scientific Literature, Skin, Smoking, Spa Therapy, Surgical, Symptoms, Temperature, Therapy, Topic, Treatment, Varicose-Veins, Water, Water Temperature, Waters, Web of Science, Web of Science Databases, Working Conditions

# Title: Clinical Anatomy

Full Journal Title: [Clinical Anatomy](http://portalt.wok.mimas.ac.uk/portal.cgi?DestApp=WOS&Func=Frame)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Lukić, I.K., Lukić, A., Glunčić, V., Katavić, V., Vučenik, V. and Marušić, A. (2004), Citation and quotation accuracy in three anatomy journals. *Clinical Anatomy*, **17** (7), 534-539.

Full Text: [2004\Cli Ana17, 534.pdf](2004\Cli%20Ana17,%20534.pdf)

Abstract: Citation and quotation errors are common in medical journals. We assessed the prevalence of those errors in gross anatomy journals, where articles often cite old anatomical studies. The study included 199 randomly selected references from articles published in the first 2001 issue of three major gross anatomy journals: Annals of Anatomy, Clinical Anatomy, and Surgical and Radiologic Anatomy. The selected references were checked for accuracy against the original articles. Citation errors were classified as major, intermediate, and minor. Quotation errors were classified as major and minor. Citations errors were found in 27% (54/199) of the references and 38% of them were major errors. Errors occurred in 19% (52/272) of quotations and nearly all (94%) were major. Furthermore, 24% of the quotations were indirect references to a secondary, instead of original, source. There was no statistically significant difference in the rates of citation or quotation errors between the references published before or after the introduction of MEDLINE (chi(2) test, P > 0.05) in 1963, and the prevalence of these errors in gross anatomy journals was similar to that found in other medical fields. A high proportion of major citation errors, a very high proportion of major quotation errors, and the substantial number of indirect quotations call for serious editorial action in anatomy journals. (C) 2004 Wiley-Liss, Inc.

Keywords: Accuracy, Anatomy, Anesthesia, Bibliography, Citation, Citation Errors, Citations, Dissection, Documentation, Errors, First, Journals, Literature, Medical, Medical Journals, MEDLINE, Minor, P, Paper, Periodicals, Prevalence, Publishing, Quotation, Quotation Accuracy, Quotation Errors, Rates, References, Source

? Turp, J.C., Arma, T. and Minagi, S. (2005), Is the posterior belly of the digastric muscle palpable? A qualitative systematic review of the literature. *Clinical Anatomy*, **18** (5), 318-322.

Full Text: 2005\Cli Ana18, 318.pdf

Abstract: Palpation of the posterior belly of the digastric muscle in the postmandibular region is included in many study protocols and examination schemes of the masticatory system. The aim of the present investigation was to systematically search the dental/medical literature to find evidence for the palpability of this muscle. In August 2004, a systematic search was carried out using different electronic databases (PUBMED, Cochrane Library, Web of Science, Japana Centra Revuo Medicina, MedPilot, Latin American and Caribbean Health Sciences, and three on-line databases of dental journals not listed currently in MEDLINE), supplemented by manual search in the Austrian journal Stoniatologie. Additional manual searches were carried out in the Journal of Orofacial Pain and Journal of Dental Research to identify pertinent abstracts of scientific congresses. One relevant hit was found in the Japanese database. The manual search showed one pertinent congress abstract. In both publications, the authors concluded that due to anatomical reasons the posterior belly of the digastric muscle was not palpable. Hence, evidence is lacking that the posterior digastric muscle is accessible to palpation. Because the postmandibular region is usually tender upon palpation, a high incidence of positive findings can be expected even among healthy subjects. This may lead to wrong clinical judgments, possibly provoking unnecessary diagnostic and therapeutic measures. (c) 2005 Wiley-Liss, Inc.

Keywords: Authors, Clinical Examination, Cochrane, Databases, Diagnosis, Health, Japanese, Journal, Journals, Latin American, Lead, Literature, Mandibular Dysfunction, Palpation, Palpation, Prevalence, Publications, PUBMED, Research, Review, Science, Systematic, Systematic Review, Temporomandibular Disorders, Temporomandibular Joint Disorders, Validity, Web of Science

? Loukas, M., Akiyama, M., Shoja, M.M., Yalçin, B., Tubbs, R.S. and Cohen-Gadol, A.A. (2010), John Browne (1642-1702): Anatomist and plagiarist. *Clinical Anatomy*, **23** (1), 1-7.

Full Text: [2010\Cli Ana23, 1.pdf](2010\Cli%20Ana23,%201.pdf)

Abstract: In contrast to many other physicians of his age, John Browne (1642-1702), an English anatomist and surgeon, managed to strike a balance in his career that spanned relative obscurity, prestige, and notoriety. Among his more prestigious credits, Browne was Surgeon in Ordinary to King Charles II and William III. He also had numerous publications to his name, some of which are credited as great innovations. His career, however, was tempered by his most important book, which has been critiqued by his contemporaries as well as modern historians as plagiarism. Although Browne undeniably copied the works of others and published them under his name, he was not alone in this practice. Various forms of intellectual thievery were common in Browne’s day, and there were many perpetrators. The life of this overlooked figure in the history of anatomy and the stigma attached to him will be examined. Clin. Anat. 23:1-7, 2010. (C) 2009 Wiley-Liss, Inc.

Keywords: Anatomy, England, History, Plagiarism, Publications

? Castorina, S., Luca, T., Privitera, G. and El-Bernawi, H. (2012), An evidence-based approach for laparoscopic inguinal hernia repair: Lessons learned from over 1,000 repairs. *Clinical Anatomy*, **25** (6), 687-696.

Full Text: [2012\Cli Ana25, 687.pdf](2012\Cli%20Ana25,%20687.pdf)

Abstract: In this educational article, we aim to provide a literature review on laparoscopic anatomy of the inguinal region. We share the lessons learnt from the 1,194 laparoscopic hernia operations we have performed in 16 years of experience, trying to provide an anatomical and physiological basis for surgeons. The current study reports a personal experience with a transabdominal preperitoneal (TAPP) hernioplasty procedure. A literature review using the keywords hernia, laparoscopic approach, and hernia repair was performed using the electronic biomedical database PubMed, MEDLINE Extra, Embase, Biosis, Science Citation Index, Ovid and text books. Between January 1994 and December 2010, a total of 1,194 patients, males and females (average age, 56.7 years), underwent laparoscopic TAPP inguinal hernia repair. Following reduction of the hernia sac and creation of the preperitoneal flap, a polypropylene mesh (10 x 16) and four spiral tacks were placed. TAPP is easy to learn and perform. Through this approach, a much better view from the inguinal anatomy is achieved, and the procedure also offers a brief learning curve. Our patients reported minimal postoperative pain and returned to work after 510 days, which is in accordance with the general anesthesia series. During the follow-up period, 10% of seromas, 3% of scrotal hematomas, 1% of hemorrhages, and 3% of recurrent hernias were observed. It should be emphasized that we have not observed abscess formation or acute infection related to the presence of mesh. Clin. Anat. 25:687696, 2012. (C) 2012 Wiley Periodicals, Inc.

Keywords: Abdominal-Wall, Age, Anatomy, Anesthesia, Approach, Biomedical, Citation, Database, Evidence Based, Evidence-Based, Experience, Follow-Up, General, General Anesthesia, Groin Hernia, Hernioplasty, Herniorrhaphy, Infection, Inguinal Hernia, Laparoscopic, Laparoscopic Surgery, Learning, Literature, Literature Review, Marlex-Mesh, Pain, Patients, Periodicals, Polypropylene, Postoperative, Postoperative Pain, Pre-Peritoneal Tapp, Procedure, Pubmed, Randomized Clinical-Trial, Recurrent, Reduction, Region, Review, Risk-Factors, Science, Science Citation Index, Shouldice Repair, TAPP, Work

? Wing, L. and Massoud, T.F. (2015), Trends in performance indicators of neuroimaging anatomy research publications: A bibliometric study of major neuroradiology journal output over four decades based on Web of Science database. *Clinical Anatomy*, **28** (1), 16-26.

Full Text: [2015\Cli Ana28, 16.pdf](2015/Cli%20Ana28,%2016.pdf)

Abstract: Quantitative, qualitative, and innovative application of bibliometric research performance indicators to anatomy and radiology research and education can enhance cross-fertilization between the two disciplines. We aim to use these indicators to identify long-term trends in dissemination of publications in neuroimaging anatomy (including both productivity and citation rates), which has subjectively waned in prestige during recent years. We examined publications over the last 40 years in two neuroradiological journals, AJNR and Neuroradiology, and selected and categorized all neuroimaging anatomy research articles according to theme and type. We studied trends in their citation activity over time, and mathematically analyzed these trends for 1977, 1987, and 1997 publications. We created a novel metric, citation half-life at 10 years postpublication (CHL-10), and used this to examine trends in the skew of citation numbers for anatomy articles each year. We identified 367 anatomy articles amongst a total of 18,110 in these journals: 74.2% were original articles, with study of normal anatomy being the commonest theme (46.7%). We recorded a mean of 18.03 citations for each anatomy article, 35% higher than for general neuroradiology articles. Graphs summarizing the rise (upslope) in citation rates after publication revealed similar trends spanning two decades. CHL-10 trends demonstrated that more recently published anatomy articles were likely to take longer to reach peak citation rate. Bibliometric analysis suggests that anatomical research in neuroradiology is not languishing. This novel analytical approach can be applied to other aspects of neuroimaging research, and within other subspecialties in radiology and anatomy, and also to foster anatomical education. Clin. Anat. 28:16-26, 2015. (c) 2014 Wiley Periodicals, Inc.

Keywords: Activity, Analysis, Anatomy, Application, Approach, Artery, Article, Articles, Bibliometric, Bibliometric Analysis, Bibliometric Research, Bibliometric Study, Bibliometrics, Citation, Citation Rates, Citations, Citations, Database, Disciplines, Education, Facet Joints, General, Graphs, Half-Life, Impact Factor, Indicators, Journal, Journals, Knowledge, Long Term, Long-Term, Medical-Students, Mr, Neuroanatomy, Neuroimaging, Neuroradiology, Normal, Performance, Performance Indicators, Periodicals, Productivity, Publication, Publications, Qualitative, Quality, Radiology, Rates, Recent, Research, Research Performance, Science, Si, Sinus, Trends, Vein, Web, Web of Science

# Title: Clinical and Applied Thrombosis-Hemostasis

Full Journal Title: Clinical and Applied Thrombosis-Hemostasis

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Eroglu, A., Sertkaya, D. and Akar, N. (2012), The role of factor v leiden in adult patients with venous thromboembolism: A meta-analysis of published studies from Turkey. *Clinical and Applied Thrombosis-Hemostasis*, **18** (1), 40-44.

Full Text: [2012\Cli App Thr-Hem18, 40.pdf](2012\Cli%20App%20Thr-Hem18,%2040.pdf)

Abstract: Factor V Leiden (FVL) is the most common inherited risk factor for venous thromboembolism (VTE). The frequency of FVL in patients with VTE has been reported from different parts of Turkey. A meta-analysis was performed to estimate the risk of VTE associated with FVL in Turkish population. Published studies were retrieved from Pubmed and Science Citation Index/Expanded. We selected studies comparing the prevalence of FVL in patients with VTE with controls. The analysis was performed by the software comprehensive meta-analysis. The analysis consisted of 10 studies including 1202 patients with VTE and 1283 controls. The pooled frequency of FVL was significantly higher in patients with VTE (22.8%) than controls (7.6%). The pooled odds ratio (OR) was 3.4 (95% confidence interval [CI], 2.6-4.5). The study showed homogeneity (Q value, 9.955). No publication bias was observed in any comparison model. Our meta-analysis showed an association of FVL with VTE in Turkey.

Keywords: Activated Protein-C, Analysis, Association, Bias, Citation, Common, Comparison, Confidence, Factor V Leiden, Gene, Interval, Meta-Analysis, Metaanalysis, Model, Mutation, Odds Ratio, Patients, Population, Prevalence, Prothrombin G20210A, Publication, Publication Bias, Resistance, Risk, Risk Factor, Risk-Factors, Science, Selection, Software, Thromboembolism, Thrombosis Patients, Turkey, Turkish Population, Value, Venous Thromboembolism

# Title: Clinical Biochemistry

Full Journal Title: Clinical Biochemistry

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Montagnana, M., Danese, E. and Lippi, G. (2014), Calprotectin and cardiovascular events. A narrative review. *Clinical Biochemistry*, **47** (12), 996-1001.

Full Text: [2014\Cli Bio47, 996.pdf](2014\Cli%20Bio47,%20996.pdf)

Abstract: Objectives: Calprotectin, also known as S100A8/A9 complex, is currently considered as a valid biomarker for diagnosis, follow-up and therapeutic monitoring of inflammatory bowel diseases. The attractive evidence that this protein may be actively produced and released by leukocytes (especially neutrophils) and by nonmyeloid cardiovascular cell types has paved the way to a series of studies that have assessed its biology in the setting of cardiovascular disease. The aim of this review was thus to investigate the diagnostic and prognostic utility of this biomarker in cardiovascular disease and in particular in myocardial infarction. Design and methods: We performed a systematic, electronic search on Medline, Scosus and Web of Science, using the keywords “calprotectin” or “S100A8/A9” or “MRP-8/14” and “myocardial infarction” or “acute coronary syndrome” or “cardiovascular disease”, from inception to June 2013. The bibliographic references of articles published in English, French and Italian were reviewed for additional relevant studies. Results: The data of the current scientific literature seems to confirm that calprotectin is actively secreted in the setting of cardiac ischemia and its concentration is significantly associated with the prognosis. Nevertheless, the evidence provided by recent articles that have assessed its performance for diagnosing acute myocardial infarction, either alone or in combination with troponin, supports the hypothesis that this biomarker may be of limited value for enabling a better or faster diagnosis of cardiac ischemia. Even its putative role as an independent prognostic biomarker of cardiovascular morbidity and death is still largely uncertain. Conclusions: It can hence be concluded that calprotectin does not currently meet the requirements for efficient diagnosis and prognostication of patients with cardiovascular disease. (C) 2014 The Canadian Society of Clinical Chemists. Published by Elsevier Inc.

Keywords: Acute Coronary Syndrome, Acute Myocardial Infarction, Acute Myocardial-Infarction, Articles, Bibliographic, Biology, Biomarker, Bowel, Calcium-Binding, Calprotectin, Cardiovascular, Cardiovascular Disease, Cell, Chest-Pain, Clinical Validation, Concentration, Data, Death, Design, Diagnosis, Diagnostic, Disease, Diseases, Early-Diagnosis, English, Events, Evidence, Follow-Up, Infarction, Inflammatory Bowel Diseases, Ischemia, Leukocytes, Literature, Medline, Methods, Monitoring, Morbidity, Myeloid-Related Protein-14, Myocardial Infarction, Neutrophils, Patients, Percutaneous Coronary Intervention, Performance, Plaque Instability, Plasma Calprotectin, Prognosis, Prognostic, Prognostication, Protein, Recent, References, Results, Review, Risk Stratification, Role, S100a8, A9, S100a8, A9 Complex, Science, Scientific Literature, Systematic, Therapeutic, Therapeutic Monitoring, Utility, Value, Web Of Science

? Zhao, Y.Y., Cheng, X.L., Vaziri, N.D., Liu, S.M. and Lin, R.C. (2014), UPLC-based metabonomic applications for discovering biomarkers of diseases in clinical chemistry. *Clinical Biochemistry*, **47** (15), 16-26.

Full Text: [2014\Cli Bio47, 16.pdf](2014/Cli%20Bio47,%2016.pdf)

Abstract: Objectives: Metabonomics is a powerful and promising analytic tool that allows assessment of global low-molecular-weight metabolites in biological systems. It has a great potential for identifying useful biomarkers for early diagnosis, prognosis and assessment of therapeutic interventions in clinical practice. The aim of this review is to provide a brief summary of the recent advances in UPLC-based metabonomic approach for biomarker discovery in a variety of diseases, and to discuss their significance in clinical chemistry. Design and methods: All the available information on UPLC-based metabonomic applications for discovering biomarkers of diseases were collected via a library and electronic search (using Web of Science, Pubmed, ScienceDirect, Springer, Google Scholar, etc.). Results: Metabonomics has been used in clinical chemistry to identify and evaluate potential biomarkers and therapeutic targets in various diseases affecting the liver (hepatocarcinoma and liver cirrhosis), lung (lung cancer and pneumonia), gastrointestinal tract (colorectal cancer) and urogenital tract (prostate cancer, ovarian cancer and chronic kidney disease), as well as metabolic diseases (diabetes) and neuropsychiatric disorders (Alzheimer’s disease and schizophrenia), etc. Conclusions: The information provided highlights the potential value of determination of endogenous low-molecular-weight metabolites and the advantages and potential drawbacks of the application of UPLC-based metabonomics in clinical setting. (C) 2014 The Canadian Society of Clinical Chemists. Published by Elsevier Inc. All rights reserved.

Keywords: Advances, Alzheimer’s, Alzheimer’s Disease, Alzheimers-Disease, Application, Approach, Assessment, Biochemical-Changes, Biological, Biomarker, Biomarkers, Cancer, Chemistry, Chromatography-Mass-Spectrometry, Chronic, Chronic Kidney Disease, Chronic Kidney-Disease, Chronic-Renal-Failure, Cirrhosis, Clinical, Clinical Chemistry, Clinical Practice, Colorectal Cancer, Data-Collection Technique, Design, Diabetes, Diagnosis, Discovery, Disease, Disease Biomarkers, Diseases, Early Diagnosis, Global, Google, Google Scholar, Hepatocellular-Carcinoma, I Diabetic-Patients, Information, Interventions, Kidney, Kidney Disease, Liver, Liver Cirrhosis, Lung, Lung Cancer, Lung-Cancer, Mass Spectrometry, Metabolites, Metabonomics, Methods, Ovarian Cancer, Pneumonia, Potential, Potential Biomarkers, Practice, Prognosis, Prostate Cancer, Recent, Results, Review, Rights, Schizophrenia, Science, Significance, Springer, Systems, Therapeutic, Ultra Performance Liquid Chromatography, Urogenital, Value, Web Of Science

# Title: Clinical Biomechanics

Full Journal Title: Clinical Biomechanics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Gholizadeh, H., Abu Osman, N.A., Eshraghi, A., Ali, S. and Razak, N.A. (2014), Transtibial prosthesis suspension systems: Systematic review of literature. *Clinical Biomechanics*, **29** (1), 87-97.

Full Text: [2014\Cli Bio29, 87.pdf](2014\Cli%20Bio29,%2087.pdf)

Abstract: Background: Today a number of prosthetic suspension systems are available for transtibial amputees. Consideration of an appropriate suspension system can ensure that amputee’s functional needs are satisfied. The higher the insight to suspension systems, the easier would be the selection for prosthetists. This review attempted to find scientific evidence pertaining to various transtibial suspension systems to provide selection criteria for clinicians. Methods: Databases of PubMed, Web of Science, and ScienceDirect were explored to find related articles. Search terms were as follows: “Transtibial prosthesis (32), prosthetic suspension (48), lower limb prosthesis (54), below-knee prosthesis (58), prosthetic liner (20), transtibial (193), and prosthetic socket (111)”. Two reviewers separately examined the papers. Study design (case series of five or more subjects, retrospective or prospective), research instrument, sampling method, outcome measures and protocols were reviewed.. Findings: Based on the selection criteria, 22 articles (15 prospective studies, and 7 surveys) remained. Sweat control was found to be a major concern with the available suspension liners. Donning and doffing procedures for soft liners are also problematic for some users, particularly those with upper limb weakness. Moreover, the total surface bearing (TSB) socket with pin/lock system is favored by the majority of amputees. Interpretation: In summary, no clinical evidence is available to suggest what kind of suspension system could have an influential effect as a “standard” system for all transtibial amputees. However, among various suspension systems for transtibial amputees, the Iceross system was favored by the majority of users in terms of function and comfort. (C) 2013 Elsevier Ltd. All rights reserved.

Keywords: Amputees, Attempted, Below-Knee Prosthesis, Clinical, Control, Criteria, Databases, Design, Evidence, Function, Instrument, Interface Pressures, Interpretation, Knee Amputees, Literature, Lower Limb Prosthesis, Lower-Limb Amputees, Measures, Methods, Motion-Analysis, Needs, Outcome, Outcome Measures, Papers, Patellar Tendon-Bearing, Patient Satisfaction, Perceived Problems, Pin Suspension, Procedures, Prospective, Prospective Studies, Prosthetic Liner, Prosthetic Socket, Prosthetic Suspension, Protocols, Pubmed, Research, Residual-Limb, Review, Review of Literature, Rights, Sampling, Science, Scientific Evidence, Search, Selection, Selection Criteria, Surface, Surveys, Suspension, Systematic Review, Systems, Trans-Tibial Amputees, Transtibial Prostheses, Web of Science

? Silva, A., Manso, A., Andrade, R., Domingues, V., Brandao, M.P. and Silva, A.G. (2014), Quantitative in vivo longitudinal nerve excursion and strain in response to joint movement: A systematic literature review. *Clinical Biomechanics*, **29** (8), 839-847.

Full Text: 2014\Cli Bio29, 839.pdf

Abstract: Background: Neural system mobilization is widely used in the treatment of several painful conditions. Data on nerve biomechanics is crucial to inform the design of mobilization exercises. Therefore, the aim of this review is to characterize normal nervous system biomechanics in terms of excursion and strain. Methods: Studies were sought from Pubmed, Physiotherapy Evidence Database, Cochrane Library, Web of Science and Scielo. Two reviewers’ screened titles and abstracts, assessed full reports for potentially eligible studies, extracted information on studies’ characteristics and assessed its methodological quality. Findings: Twelve studies were included in this review that assessed the median nerve (n = 8), the ulnar nerve (n = 1), the tibial nerve (n = 1), the sciatic nerve (n = 1) and both the tibial and the sciatic nerves (n = 1). All included studies assessed longitudinal nerve excursion and one assessed nerve strain. Absolute values varied between 0.1 mm and 12.5 mm for median nerve excursion, between 0.1 mm and 4.0 mm for ulnar nerve excursion, between 0.7 mm and 52 mm for tibial nerve excursion and between 0.1 mm and 3.5 mm for sciatic nerve excursion. Maximum reported median nerve strain was 2.0%. Interpretation: Range of motion for the moving joint, distance from the moving joint to the site of the lesion, position of adjacent joints, number of moving joints and whether joint movement stretches or shortens the nerve bed need to be considered when designing neural mobilization exercises as all of these factors seem to have an impact on nerve excursion. (C) 2014 Elsevier Ltd. All rights reserved.

Keywords: Absolute, Biomechanics, Carpal-Tunnel-Syndrome, Characteristics, Data, Database, Design, Evidence, Excursion, Exercises, Factors, From, Gliding Exercises, Impact, In Vivo, Information, Interpretation, Literature, Literature Review, Longitudinal, Median Nerve, Methods, Mobilization, Movement, Nerves, Neural Mobilization, Neuropathy, Normal, People, Physiotherapy, Plantar Nerves, Position, Quality, Reliability, Response, Review, Reviewers, Rights, Science, Site, Sonography, Strain, Systematic, Systematic Literature Review, Tibial Nerve, Treatment, Ultrasound, Web, Web Of Science

? Lawson, T., Morrison, A., Blaxland, S., Wenman, M., Schmidt, C.G. and Hunt, M.A. (2015), Laboratory-based measurement of standing balance in individuals with knee osteoarthritis: A systematic review. *Clinical Biomechanics*, **30** (4), 330-342.

Full Text: [2015\Cli Bio30, 330.pdf](2015/Cli%20Bio30,%20330.pdf)

Abstract: Background: Laboratory-based measurement of standing balance is used to assess postural control in people with and without pathology, including knee osteoarthritis. However, no summary of available data has been reported in this patient population. This study aimed to summarize available data and testing methods for individuals with knee osteoarthritis. Methods: Medline (OvidSP and PubMed), Embase, CINAHL, and Web of Science were searched from 1994 to October 25, 2014 to identify studies containing a quantifiable measure of standing balance. Methodological quality was assessed using a modified 17-item Downs & Black quality index. Studies scoring <50% were eliminated. Findings: The search strategy initially yielded 1523 unique papers; 21 met all inclusion and quality assessment criteria. The variables measured in three or more of the 21 papers were anteroposterior centre of pressure (COP) velocity, mediolateral COP velocity, mean COP velocity, anteroposterior range of COP, mediolateral range of COP, anteroposterior COP standard deviation, mediolateral COP standard deviation, COP path length, COP area, Biodex anteroposterior score, Biodex mediolateral score, and overall Biodex score. In general, people with knee osteoarthritis exhibited worse standing balance compared to healthy controls. However, there remained much discrepancy in testing procedures across studies. Interpretation: These findings indicate that people with knee osteoarthritis exhibit altered postural control. However, no conclusions could be made on the differences between radiographic seventies. That said, these findings provide an opportunity for future researchers and clinicians to compare their findings with the currently published data. (C) 2015 Elsevier Ltd. All rights reserved.

Keywords: Arthroplasty, Assessment, Balance, Control, Criteria, Data, Feasibility, General, Index, Knee Osteoarthritis, Length, Measure, Measurement, Methods, Modified, Pain, Papers, Pathology, Physical-Activity, Population, Postural Control, Postural Stability, Predictors, Pressure, Pressure Measures, Procedures, Pubmed, Quality, Quality Assessment, Reliability, Review, Rights, Science, Search Strategy, Standard, Strategy, Sway, Systematic Review, Testing, Web Of Science, Women

# Title: Clinical Cancer Research

Full Journal Title: Clinical Cancer Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Nagorsen, D. and Thiel, E. (2006), Clinical and immunologic responses to active specific cancer vaccines in human colorectal cancer. *Clinical Cancer Research*, **12** (10), 3064-3069.

Abstract: Colorectal cancer is a common malignant disease, which, despite some progress, still requires improved therapeutic options. Several clinical studies have used active specific immunotherapy (i.e., vaccination) in colorectal cancer. However, the literature still lacks a comprehensive meta-analysis of this approach in advanced colorectal cancer. We did a systematic review with a meta-analysis of clinical studies to evaluate the objective clinical and immunologic response to active specific immunotherapy in patients with colorectal cancer. We conducted a search of MEDLINE and the Web of Science, manually reviewed the literature, and consulted with experts. Criteria for including studies were colorectal cancer patients, active specific immunotherapy to induce a response directed against cancer or cancer antigens, an evaluable tumor burden (i.e., advanced or metastatic colorectal cancer), and precise classification of the patient, disease, and response. Response rates were assessed according to WHO criteria. Primary end points were the objective clinical response rate and the rate of immunologic responses. The secondary end point was the distribution of immune and clinical responses in relation to the route of vaccination and the type of vaccine. Thirty-two phase I/II studies reporting on 527 patients with advanced or metastatic colorectal cancer met all inclusion criteria. Pooled analysis showed an overall response rate (complete response + partial response) of 0.9% for advanced/metastatic colorectal cancer patients who underwent active specific immunization with a broad variety of substances (e.g., autologous tumor cells, peptide vaccine, dendritic cells, idiotypic antibody, and virus-based vaccine). Humoral immune responses were reported in 59%, and cellular ones were reported in 44% of the cases. Mixed or minor responses and disease stabilization are described in 1.9% and 8.3% of colorectal cancer patients, respectively. Pooled results of clinical trials reveal a very weak clinical response rate of 0% for active specific immunization procedures currently available for advanced colorectal cancer. Immune response induction is described in approximately half the patients.

Keywords: Analysis, Antibody Vaccine, Burden, Cancer, Carcinoma Patients, Clinical Trials, Colony-Stimulating Factor, Colorectal Cancer, Dendritic Cells, Disease, Encoding Carcinoembryonic Antigen, Gastrointestinal Malignancies, Human, I, Ii, Immune-Responses, Immunization, Immunotherapy, Literature, Meta-Analysis, Peptide Vaccine, Phase-I Trial, Points, Pooled Analysis, Primary, Review, Science, Systematic, Systematic Review, Tumor-Cell Vaccine, Vaccination, Vaccine, Vaccines, Web of Science, Who

? Maitland, M.L., Hudoba, C., Snider, K.L. and Ratain, M.J. (2010), Analysis of the yield of phase II combination therapy trials in medical oncology. *Clinical Cancer Research*, **16** (21), 5296-5302.

Abstract: Purpose: Phase II clinical studies screen for treatment regimens that improve patient care, but screening combination regimens is especially challenging. We hypothesized that recognized flaws of single-arm trials could be magnified in combination treatment studies, leading to many reported positive phase II trials but with a low fraction resulting in practice-changing phase III trials. Experimental Design: We searched MEDLINE and identified 363 combination chemotherapy clinical trials published in 2001 and 2002. Studies were rated as positive, negative, or inconclusive based on a standardized review of abstract and text. The Web of Science Index (Thomson Reuters, NY, NY) was searched for all articles published between January 2003 and October 2007 that cited at least one of these 363 published trials. Results: of 363 published phase II combination chemotherapy trials, 262 (72%) were declared to be positive. Among 3,760 unique subsequent citing papers, 20 reported randomized phase III trials of the same combination in the same disease as the source paper, and 10 of these resulted in improved standards of care. Estimating from these data, the likelihood that a published, positive phase II combination chemotherapy trial will result in a subsequent trial showing an improvement in standard of care within five years was 0.038 (95% confidence interval, 0.016-0.064). Conclusions: the contributory value of combination chemotherapy phase II trials done by 2001-2002 standards is low despite the participation of more than 16,000 subjects. Future phase II studies of combination regimens require better methods to screen for treatments most likely to improve standards of care. Clin Cancer Res; 16(21); 5296-302. (C)2010 AACR.

Keywords: Cancer, Carboplatin, Cell Lung-Cancer, Chemotherapy, Clinical Trials, Clinical-Trials, Design, Disease, MEDLINE, Oncology, Outcomes, Paclitaxel, Papers, Predictors, Rates, Review, Science, Screening, Standards, Success, Targeted Agents, Treatment, Web of Science

# Title: Clinical Cardiology

Full Journal Title: Clinical Cardiology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Chatterjee, S., Kim, J., Dahhan, A., Choudhary, G., Sharma, S. and Wu, W.C. (2013), Use of high-sensitivity Troponin assays predicts mortality in patients with normal conventional Troponin assays on admission-insights from a meta-analysis. *Clinical Cardiology*, **36** (11), 649-653.

Full Text: [2013\Cli Car36, 649.pdf](2013\Cli%20Car36,%20649.pdf)

Abstract: BackgroundUse of high-sensitivity troponin (hs-Tn) assays can detect small levels of myocardial damage previously undetectable with conventional troponin (c-Tn) assays. However, prognostic utility of these hs-Tn assays in prediction of mortality remains unclear in the presence of nonelevated c-Tn levels on admission. A systematic review and meta-analysis was performed to assess mortality risk of patients with hs-Tn elevations in the setting of normal c-Tn levels. HypothesisPatients with hs-Tn elevations with normal c-Tn levels on admission blood samples, drawn to rule out acute coronary syndrome (ACS), have a higher mortality risk than those without hs-Tn or c-Tn elevations. MethodsA search was made of the PubMed, CENTRAL, EMBASE, CINAHL, EBSCO, and Web of Science databases. Studies evaluating patients with suspected ACS that reported mortality rates for those with elevated hs-Tn levels but normal c-Tn levels on admission were included. A random-effects model was used to pool event rates, and data were reported in odds ratios (95% confidence interval). ResultsFour studies (N = 2033, mean age 64-75 years, 49%-70% male) revealed that nearly 32% of suspected ACS patients with normal c-Tn levels on admission had elevated hs-Tn levels. Elevated hs-Tn levels conferred a significantly higher risk of all-cause mortality vs normal hs-Tn levels (odds ratio: 4.35, 95% confidence interval: 2.81-6.73, P < 0.01), with negligible heterogeneity (I-2 = 0%). ConclusionsElevation of hs-Tn levels predicted a higher risk of mortality in patients with suspected ACS and may aid in the early identification of higher-risk patients in this setting. Future studies are needed to investigate further optimal management strategies.

Keywords: Acute Coronary Syndrome, Acute Coronary Syndromes, Acute Myocardial-Infarction, Age, Artery-Disease, Blood, Cardiac Troponin, Confidence, Conventional, Damage, Data, Databases, Decision-Making, Early-Diagnosis, Embase, Heterogeneity, I Assay, Identification, Interval, Male, Management, Meta Analysis, Meta-Analysis, Metaanalysis, Model, Mortality, N, Normal, Nov, Odds Ratio, P, Patients, Prediction, Prognostic, Prognostic Value, Pubmed, Random Effects Model, Rates, Review, Risk, Science, Small, Syndrome, Systematic Review, T Assay, Unstable Angina, Utility, Web of Science, Web of Science Databases

# Title: Clinical Chemistry

Full Journal Title: [Clinical Chemistry](http://www.clinchem.org/); [Clinical Chemistry](http://www.clinchem.org/)

ISO Abbreviated Title: Clin. Chem.

JCR Abbreviated Title: Clin Chem

ISSN: 0009-9147

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Amer Assoc Clinical Chemistry

Publisher Address: 2101 L Street NW, Suite 202, Washington, DC 20037-1526

Subject Categories:

Medical Laboratory Technology: Impact Factor 4.261, / (2000)

Notes: JJournal

Rice, E.W. (1983), Bibliometric evaluations of modern *Clinical Chemistry* are needed. *Clinical Chemistry*, **29** (10), 1858-1859.

Full Text: [1983\Cli Che29, 1858.pdf](1983\Cli%20Che29,%201858.pdf)

Notes: JJournal

Campos, C. and Redondo, F.L. (1991), Bibliometrics and *Clinical Chemistry*. *Clinical Chemistry*, **37** (2), 303-304.

Full Text: [1991\Cli Che37, 303.pdf](1991\Cli%20Che37,%20303.pdf)

Notes: JJournal

? Bruns, D.E. (1995), Notes on journal citation analyses. *Clinical Chemistry*, **41** (9), 1325.

Full Text: [1995\Cli Che41, 1325.pdf](1995\Cli%20Che41,%201325.pdf)

Notes: TTopic

Peters, Jr., T. (1998), Citation classics in intermediary metabolism. *Clinical Chemistry*, **44** (7), 1371-1375.

Full Text: [1998\Cli Che44, 1371.pdf](1998\Cli%20Che44,%201371.pdf)

Notes: TTopic

Gotto, A.M. and Cooper, G.R. (1998), Citation classics in lipid measurement and applications. *Clinical Chemistry*, **44** (11), 2234-2237.

Full Text: [1998\Cli Che44, 2234.pdf](1998\Cli%20Che44,%202234.pdf)

Keywords: Density-Lipoprotein Cholesterol, Education-Program Recommendations, Definitive Method, Serum, Triglycerides, Plasma, A-1

Rice, E.W. (1999), ‘Citation classics in Clinical Chemistry’: Contributions by AACC members duly noted. *Clinical Chemistry*, **45** (2), 311.

Full Text: [1999\Cli Che45, 311.pdf](1999\Cli%20Che45,%20311.pdf)

Notes: TTopic

Arndt, T. (2001), Carbohydrate-deficient transferrin as a marker of chronic alcohol abuse: A critical review of preanalysis, analysis, and interpretation. *Clinical Chemistry*, **47** (1), 13-27.

Full Text: [2001\Cli Che47, 13.pdf](2001\Cli%20Che47,%2013.pdf)

Abstract: Background: Carbohydrate-deficient transferrin (CDT) is’ used for diagnosis of chronic alcohol abuse. Some 200-300 reports on CDT have been published in impact factor-listed journals. The aims of this review were to condense the current knowledge and to resolve remaining issues on CDT.

Approach: the literature (1976-2000) was searched using MEDLINE and Knowledge Server with ‘alcohol and CDT’-as the search items. The data were reviewed systematically, checked for redundancy, and organized in sequence based on the steps involved in CDT analysis.

Content: the review is divided into sections based on microheterogeneity of human serum transferrin (Tf), definition of CDT, structure of human serum CDT, pathomechanisms of ethanol induced CDT increase, preanalysis, analysis, and medical interpretation (postanalysis). Test-specific cutoff values for serum CDT and causes of false positives and negatives for chronic alcohol abuse are discussed and summarized. Summary: Asialo-and disialo-Fe-2-Tf, which lack one or. two complete N-glycans, and monosialo-Fe-2-Tf (structure-remains unclear) are collectively referred to as CDT. Diminished mRNA concentration and glycoprotein glycosyltransferase activities involved in Tf N-glycan synthesis and increased sialidase activity most likely account for alcohol-induced increases in CDT. Knowledge about in vivo and in vitro effects on serum CDT is poor. Reliable CDT and non-CDT fractionation is heeded for CDT- measurement. Analysis methods with different analytical, specificities and recoveries decreased the : comparability of values and statistical parameters of the diagnosis efficiency of CDT. CDT is the most specific marker of chronic alcohol abuse to date. Efforts should concentrate on the pathomechanisms (in vivo), preanalysis, and standardization of CDT analysis. (C) 2001 American Association for Clinical Chemistry.

Keywords: Gamma-Glutamyl-Transferase, Capillary-Zone-Electrophoresis, Mean Corpuscular Volume, Human-Serum Transferrin, Liver-Disease, Exchange Chromatography, Differential-Diagnosis, Clinical-Significance, Glycoprotein Syndrome, Sialo-Transferrins

Siebers, R. (2001), How accurate are references in clinical chemistry? *Clinical Chemistry*, **47** (3), 606-607.

Full Text: [2001\Cli Che47, 606.pdf](2001\Cli%20Che47,%20606.pdf)

? Yazdanyar, S., Weischer, M. and Nordestgaard, B.G. (2009), Genotyping for NOD2 genetic variants and crohn disease: A metaanalysis. *Clinical Chemistry*, **55** (11), 1950-1957.

Full Text: [2009\Cli Che55, 1950.pdf](2009\Cli%20Che55,%201950.pdf)

Abstract: BACKGROUND: Arg7702Trp, Gly908Arg, and Leu1007fisinsC variants of the NOD2 gene (nucleotide-binding oligomerization domain containing 2; alias, CARD15) influence the risk of Crohn disease. METHODS: We conducted a systematic review to examine,whether Arg702Trp, Gly908Arg, and Leu1007fsinsC are equally Important risk factors for Crohn disease. In addition, we used studies for which combined information from all genotypes was available to compare risks in simple heterozygotes, compound heterozygotes, and homozygotes. PUBMED, EM BASE, and Web of Science were searched. Seventy-five articles (18 727 cases and 17 102 controls) met the inclusion criteria and contributed data to the metaanalyses. RESULTS: the odds ratios per allele for Crohn disease were 2.2 (95% CI, 2.0-2.5) for Arg702Trp, 2.6 (2.2-2.9) for Gly908Arg, and 3.8 (3.4-4.3) for Leu1007fsinsC (z-test results: Arg702Trp vs Gly908Arg, P = 0.03; Arg702Trp vs Leu1007fsinsC, P < 0.001; Gly908Arg vs Leu1007fisinsC, P < 0.001). When all 3 genotypes were combined, odds ratios for Crohn disease were 2.4 (95% CI, 2.0-2.8) for simple heterozygotes, 9.0 (6.0-13.5) for Compound heterozygotes, and 6.7 (4.1-10.9) for homozygotes, compared with noncarriers (z-test results: simple heterozygotes vs compound heterozygotes, P < 0.001; simple heterozygotes vs homozygotes, P < 0.001; compound heterozygotes vs homozygotes, P = 0.18). CONCLUSIONS: the per-allele risk of Crohn disease was markedly higher for Leu1007fsinsC than for Arg702Trp and Gly908Arg. Combining all genotypes revealed the risks of Crohn disease for compound heterozygotes and homozygotes to be similar and markedly higher than for simple heterozygotes. (C) 2009 American Association for Clinical Chemistry.

Keywords: Association, Card15, Inflammatory-Bowel-Disease, Mutations, NOD2, Card15, Phenotype Relationship, Polymorphisms, Population, Prevalence, Risk Factors, Susceptibility

? Korevaar, D.A., Ochodo, E.A., Bossuyt, P.M.M. and Hooft, L. (2014), Publication and reporting of test accuracy studies registered in ClinicalTrials.gov. *Clinical Chemistry*, **60** (4), 651-659.

Full Text: 2014\Cli Che60, 651.pdf

Abstract: BACKGROUND: Failure to publish and selective reporting are recognized problems in the biomedical literature, but their extent in the field of diagnostic testing is unknown. We aimed to identify nonpublication and discrepancies between registered records and publications among registered test accuracy studies. METHODS: We identified studies evaluating a test’s accuracy against a reference standard that were registered in ClinicalTrials. gov between January 2006 and December 2010. We included studies if their completion date was set before October 2011, allowing at least 18 months until publication. We searched PubMed, EMBASE, and Web of Science and contacted investigators for publications. RESULTS: We included 418 studies, of which 224 (54%) had been published by mid-2013. Among studies that had been completed at least 30 months before our analyses, 45% were published within 30 months after their completion. Publication rates were high in studies registered after study completion (76%) and low for studies with an unknown (rather than completed) study status (36%). After we excluded these 2 categories, study duration was the only characteristic significantly associated with publication, with lower rates in studies lasting up to 1 year (39%) compared to studies of 13-24 months (62%) or longer (67%) (P = 0.01). In the 153 published studies that had been registered before completion, 49 (32%) showed discrepancies between the registry and publication regarding inclusion criteria (n = 19), test/ threshold (n = 9), and outcomes (n = 32). CONCLUSIONS: Failure to publish and selective reporting are prevalent in test accuracy studies. Their registration should be further promoted among researchers and journal editors. (C) 2013 American Association for Clinical Chemistry.

Keywords: Accuracy, Analyses, Association, Background, Bias, Biomedical, Chemistry, Conclusions, Criteria, Diagnostic, Diagnostic Testing, Diagnostic-Accuracy, Duration, Editors, Embase, Field, Journal, Journal Editors, Literature, Methods, Outcomes, P, Publication, Publications, Published Primary Outcomes, Pubmed, Rates, Records, Reference, Registration, Registry, Reporting, Science, Standard, Systematic Reviews, Test, Testing, Threshold, Time, Trials, Web Of Science

# Title: Clinical Chemistry and Laboratory Medicine

Full Journal Title: [Clinical Chemistry and Laboratory Medicine](http://web.ebscohost.com/ehost/detail?vid=1&hid=12&sid=8200edf9-f6b9-461e-a559-d2019b3b8374%40sessionmgr12&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&jid=9EC)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Uysal, S., Tuglu, B., Ozalp, Y. and Onvural, B. (2008), Fate of abstracts presented at the 2002 IFCC meeting. *Clinical Chemistry and Laboratory Medicine*, **46** (11), 1562-1567.

Full Text: [2008\Cli Che Lab Med46, 1562.pdf](2008\Cli%20Che%20Lab%20Med46,%201562.pdf)

Abstract: Background: Poster presentations at major meetings serve to rapidly present and share study results with the scientific community. On the other hand, full-text publication of abstracts in peer-reviewed journals provides dissemination of knowledge. The purpose of this study was to evaluate the publication rate of abstracts presented at the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) Meeting, to assess the factors influencing publication and determine the impact factor of these journals. Methods: All poster abstracts presented at the 2002 IFCC Meeting were included in the study. A MEDLINE search was performed to identify a matching journal article. Topics, country of origin, study type, study center and publication year were tabulated. Journals and impact factors of publication were noted. Results: Out of 900 presented abstracts, 125 (13.9%) were published as full-text articles. Publication rates according to topics of the meeting, country of origin and university affiliation demonstrated significant differences. Abstracts from multi-centered studies had higher publication rates, and the journals they were published in had higher impact factors than single center studies. The median impact factor of the journals was 2.093. According to regression analysis, the major predictors for publication were interventional research and university affiliation (odds ratios 2.916 and 1.782, respectively; p<0.05). Conclusions: the publication rate for abstracts of this clinical chemistry meeting was lower than rates from other fields of medicine. Factors leading to failure require elucidation. Encouraging authors to submit their presentations for full-text publication might improve the rate of publication.

Keywords: Affiliation, Analysis, Association, Authors, Chemistry, Clinical, Clinical Chemistry, Community, Country, Country of Origin, Factors, Failure, Impact, Impact Factor, Impact Factors, Journal, Journal Article, Journals, Knowledge, Matching, Medicine, Meeting, Meetings, NOV, Origin, Peer Reviewed Journals, Peer-Reviewed, Predictors, Publication, Publication Rate, Publish, Purpose, Rates, Regression, Regression Analysis, Research, Search, Society, Subsequent Publication, Trials, University

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Full Text: [2008\Cli Che Lab Med46, 1663.pdf](2008\Cli%20Che%20Lab%20Med46,%201663.pdf)

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Full Text: [2009\Cli Che Lab Med47, 1211.pdf](2009\Cli%20Che%20Lab%20Med47,%201211.pdf)

Abstract: Over the past decade, research in Biochemistry and Molecular Biology has developed rapidly worldwide. The present study was designed to study the characteristics of publications in Biochemistry and Molecular Biology journals between 1999 and 2008 from the six top-ranking countries - the United States (USA), Japan, Germany, United Kingdom (UK), China and France. We also examined the research output from three different regions - Mainland China (ML), Hong Kong (HK) and Taiwan (TW). The USA contributed 34.1% of the world’s total output and ranked first, but its percentage of research articles in this field went down. In total, 26,867 articles were published in journals with an impact factor (IF) < 10.000, and 46.5% of these were from the USA. China contributed 4.2% of the total in 268 journals, 0.5% of which were journals with the top 10 IF. Our analysis describes the output from each country and region, and reveals the positive trend in China during the period of 1999-2008. In contrast to other countries, our results suggest that China is behind in conducting high-quality research. Clin Chem Lab Med 2009;47:1211-6.

Keywords: Biochemistry and Molecular Biology, China, Impact Factor, Journal Citation Reports, Science Citation Index Expanded, Life Sciences, Journals, Biotechnology, Health, Impact

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Full Text: [2011\Cli Che Lab Med49, 941.pdf](2011\Cli%20Che%20Lab%20Med49,%20941.pdf)

? Lippi, G., Mattiuzzi, C. and Cervellin, G. (2014), C-reactive protein and migraine. Facts or speculations? *Clinical Chemistry and Laboratory Medicine*, **52** (9), 1265-1272.

Full Text: [2014\Cli Che Lab Med52, 1265.pdf](2014/Cli%20Che%20Lab%20Med52,%201265.pdf)

Abstract: Migraine is a highly prevalent and frequently disabling disorder. Since the pathogenesis of this condition has a strong inflammatory component and migraine is significantly associated with cardiovascular disease, we assess whether C-reactive protein (CRP) may be epidemiologically or casually linked with migraine. An electronic search on Medline, Scopus and Web of Science produced 17 studies reporting original data about the epidemiological association between CRP and migraine (1 retrospective, 1 interventional, 14 cross-sectional and 1 both interventional and cross-sectional). When all studies reporting sufficient data about CRP values were pooled (n = 12; 6980 cases and 38,975 controls), the concentration of CRP was found to be significantly higher in patients with migraine than in controls (weighted mean difference 1.12 mg/L; 95% CI 1.01-1.25 mg/L; p < 0.001). In further analysis of studies containing separate data for migraine with and without aura (n = 7), CRP values remained significantly higher in both migraineur patients with aura (n = 1939; weighted mean difference 0.88 mg/L; 95% CI 0.63-1.14 mg/L; p < 0.001) or without aura (n = 2483; weighted mean difference 1.04 mg/L; 95% CI 0.78-1.30 mg/L; p < 0.001) when compared with controls (n = 29,354). Despite a large inter-study heterogeneity (99.3%), our analysis provides evidence of a potential epidemiological association between increased concentration of CRP and migraine, thus paving the way for further clinical investigations about therapeutic agents that may contextually decrease the risk of cardiovascular disease and reduce the burden of migraine.

Keywords: Analysis, Association, Biomarkers, Burden, C-Reactive Protein, C-Reactive Protein (CRP), Cardiovascular, Cardiovascular Disease, Cardiovascular-Disease, Children, Clinical, Concentration, CRP, Data, Disease, Endothelial Function, Epidemiology, Evidence, Headache, Headache, Heterogeneity, Inflammation, Insulin-Resistance, Investigations, Mechanisms, Medline, Metaanalyses, Migraine, Pathogenesis, Patients, Potential, Protein, Reporting, Risk, Science, Scopus, Therapeutic, Web Of Science, Women

# Title: Clinical Endocrinology

Full Journal Title: Clinical Endocrinology

ISO Abbreviated Title: Clin. Endocrinol.

JCR Abbreviated Title: Clin Endocrinol

ISSN: 0300-0664

Issues/Year: 12

Journal Country/Territory: England

Language: English

Publisher: Blackwell Science Ltd

Publisher Address: PO Box 88, Osney Mead, Oxford OX2 0NE, Oxon, England

Subject Categories:

Endocrinology & Metabolism: Impact Factor

Norrelund, H. and Moller, N. (2000), Reply. *Clinical Endocrinology*, **53** (4), 541.

Full Text: [2000\Cli End53, 541.pdf](2000\Cli%20End53,%20541.pdf)

? Nielsen, E.H., Lindholm, J. and Laurberg, P. (2007), Excess mortality in women with pituitary disease: A meta-analysis. *Clinical Endocrinology*, **67** (5), 693-697.

Full Text: [2007\Cli End67, 693.pdf](2007\Cli%20End67,%20693.pdf)

Abstract: Background Increased mortality has been reported in patients with pituitary disease, with some studies showing higher standard mortality rates (SMR) in women than in men. Objective To assess overall SMR for men and women with benign pituitary disease without excessive ATCH or GH secretion and to investigate associations between SMR and time period of diagnosis. Design From searches in PUBMED, EMBASE and Web of Science databases, and reference lists of major reviews and original articles, we included original studies providing SMR values and 95% confidence intervals (CI) for men and women separately. Thirty articles were studied in detail. Six studies were eligible for the meta-analysis of sex-specific mortality, and seven for the analysis of association between SMR and diagnosis period. Results Individual studies (total 5412 patients) reported total SMR values (men and women together) ranging from 1.21 to 3.80. SMR varied from 0.98 to 3.36 in men and from 2.11 to 4.54 in women. Weighted SMR values were significantly higher in women (2.80; CI 2.59-3.02) than in men (2.06; CI 1.94-2 20) (P < 0.0001). SMR was negatively correlated with first year of diagnosis in individual studies (partial correlation analysis controlling for sex, P = 0.017), and approached normal in recent studies in men but not in women. Conclusions In our meta-analysis of patients with pituitary disease without ACTH or GH excess, SMR was significantly higher in women than in men. SMR reached normal levels in men treated in recent decades, but remained elevated in women.

Keywords: Analysis, Cardiovascular-Disease, Confidence Intervals, Databases, Diagnosis, Disease, GH-Deficient Adults, Hormone-Therapy, Hypopituitarism, Life Expectancy, Meta-Analysis, Mortality, Normal, Premature Mortality, PUBMED, Science, Web of Science, Women

? Dong, M., Parsaik, A.K., Erwin, P.J., Farnell, M.B., Murad, M.H. and Kudva, Y.C. (2011), Systematic review and meta-analysis: Islet autotransplantation after pancreatectomy for minimizing diabetes. *Clinical Endocrinology*, **75** (6), 771-779.

Full Text: [2011\Cli End75, 771.pdf](2011\Cli%20End75,%20771.pdf)

Abstract: Objective Islet autotransplantation (IAT) may decrease the morbidity and mortality of postpancreatectomy diabetes mellitus. The current systematic review and meta-analysis examined the rate of insulin independence (II) and mortality after IAT post-total (TP) or partial pancreatectomy (PP). Methods Ovid MEDLINE, EMBASE, Web of Science, SCOPUS and reference lists were searched until 31 January 2011. Eligible studies enrolled adult patients with IAT post-TP or PP, regardless of study design, sample size and language. Two investigators identified eligible studies and extracted data independently. From each study, 95% confidence intervals (CIs) were estimated and pooled using random effects meta-analysis. Results Fifteen observational studies were eligible (11 IAT post-TP, two post-PP and two including both). The II rates for IAT post-TP at last follow-up and transiently during the study were 4.62 per 100 person-years (95% CI: 1.53-7.72) and 8.34 per 100 person-years (95% CI: 3.32-13.37), respectively. In the later group, patients achieved transient II lasting 15.57 months (95% CI: 10.35-20.79). The II rate at last follow-up for IAT post-PP was 24 28 per 100 person-years (95% CI: 0.00-48.96). Whereas the 30-day mortality for IAT post-TP and post-PP was 5% (95% CI: 2-10%) and 0, respectively, the long-term mortality was 1 38 per 100 personyears (95% CI: 0.66-2.11) and 0.70 per 100 person-years (95% CI: 0 00-1 80) respectively. Conclusions IAT postpancreatectomy offers some patients a chance for insulin independence. Better data reporting are essential to establish the risks and benefits of IAT after pancreatic surgery.

Keywords: Adult, Auto-Transplantation, Cell Transplantation, Confidence Intervals, Design, Diabetes, Diabetes Mellitus, Embase, Experience, Follow-Up, Humans, Insulin, Liberase, Management, MEDLINE, Meta Analysis, Meta-Analysis, Methods, Morbidity, Mortality, Observational, Observational Studies, Outcomes, Patients, Resection, Review, Science, Scopus, Severe Chronic-Pancreatitis, Surgery, Systematic, Systematic Review, Web of Science

? Hariri, M., Ghiasvand, R., Shiranian, A., Askari, G., Iraj, B. and Salehi-Abargouei, A. (2015), Does omega-3 fatty acids supplementation affect circulating leptin levels? A systematic review and meta-analysis on randomized controlled clinical trials. *Clinical Endocrinology*, **82** (2), 221-228.

Full Text: [2015\Cli End82, 221.pdf](2015/Cli%20End82,%20221.pdf)

Abstract: BackgroundOmega-3 fatty acids have attracted researchers for their effect on circulatory hormone-like peptides affecting weight control. ObjectiveOur objective was to conduct a systematic review and meta-analysis on randomized controlled trials (RCTs) assessed the effects of omega-3 supplementation on serum leptin concentration and to find the possible sources of heterogeneity in their results. MethodsWe searched PubMed/Medline, Google Scholar, Ovid, SCOPUS and ISI web of science up to April 2014. RCTs conducted among human adults, examined the effect of omega-3 fatty acid supplements on serum leptin concentrations as an outcome variable were included. The mean difference and standard deviation (SD) of changes in serum leptin levels were used as effect size for the meta-analysis. Summary mean estimates with their corresponding SDs were derived using random effects model. ResultsTotally 14 RCTs were eligible to be included in the systematic review, and the meta-analysis was performed on 13 articles. Our analysis showed that omega-3 supplementation significantly reduces leptin levels (mean difference (MD)= -171ng/ml 95% confidence interval (CI): -317 to -024, P=0022). Subgroup analysis based on BMI status showed that the omega-3 supplementation reduces leptin when used for nonobese subjects (MD=-360ng/ml; 95% CI -623 to -090; P=0011); however, this was not true for obese participants (MD=-086ng/ml; 95% CI: -263 to -090; P=0296). Subgroup analysis based on omega-3 source also showed that omega-3 from marine sources may significantly reduce leptin levels (MD=-173ng/ml; 95% CI -325 to -02; P=0026), but plant sources do not significantly affect serum leptin levels (MD=-148ng/ml; 95% CI -678 to 323; P=0585). Our results were highly sensitive to one study. ConclusionsOmega-3 supplementation might moderately decrease circulatory leptin levels only among nonobese adults. RCTs with longer follow-up period, using higher doses for obese adults and exploring the effect in different genders, are needed to replicate our results.

Keywords: Adiponectin, Adults, Affect, Analysis, Articles, Bmi, Changes, Clinical, Clinical Trials, Concentration, Confidence, Control, Disease, Effect Size, Effects, Estimates, Fatty Acid, Fatty Acids, Fish-Oil, Follow-Up, From, Google, Google Scholar, Heterogeneity, Human, Insulin-Resistance, Interval, Iran, ISI, ISI Web Of Science, Leptin, Linoleic-Acid, Long-Chain, Meta Analysis, Meta-Analysis, Metaanalysis, Model, Obese, Obesity, Omega-3 Fatty Acid, Outcome, Plant, Polyunsaturated Fatty-Acids, Purified Eicosapentaenoic Acid, Random Effects Model, Randomized, Randomized Controlled Trials, Researchers, Review, Science, Scopus, Serum, Size, Source, Sources, Standard, Systematic, Systematic Review, Web, Web Of Science, Weight-Loss

# Title: Clinical and Experimental Allergy

Full Journal Title: Clinical and Experimental Allergy

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Boyle, R.J., Bath-Hextall, F.J., Leonardi-Bee, J., Murrell, D.F. and Tang, M.L.K. (2009), Probiotics for the treatment of eczema: A systematic review. *Clinical and Experimental Allergy*, **39** (8), 1117-1127.

Full Text: [2009\Cli Exp All39, 1117.pdf](2009\Cli%20Exp%20All39,%201117.pdf)

Abstract: P>Background Probiotics have been proposed as a treatment for eczema, but the results of intervention trials have been mixed. Objective To evaluate the efficacy of probiotics for treating eczema by performing a systematic review of randomized-controlled trials (RCTs). Design We searched the Cochrane Skin Group Specialised Register, Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, PsycINFO, AMED, LILACS, ISI Web of Science, the reference lists of articles, ongoing clinical trial registers and conference proceedings. RCTs of live orally ingested microorganisms for the treatment of eczema were eligible for inclusion. Results Twelve trials (781 participants) were identified. Meta-analysis of data from five of these trials showed that there was no significant reduction in eczema symptoms with probiotic treatment compared with placebo (mean difference -0.90 points on a 20-point visual analogue scale; 95% confidence interval -2.84, 1.04). Meta-analysis of data from seven trials showed no significant difference in investigator rated eczema severity between probiotic and placebo treatments. Subgroup analysis by eczema severity or presence of atopy did not identify a specific population in which probiotic treatment was effective. There was significant heterogeneity between studies; however, the results of three studies that used the same probiotic strain were concordant. The adverse events search identified case reports of sepsis and bowel ischaemia caused by probiotics. Conclusions Currently, probiotics cannot be recommended for treating eczema. The heterogeneity between studies may be attributable to probiotic strain-specific effects, which means that novel probiotic strains may still have a role in eczema management.

Keywords: Analysis, Case Reports, Children, Clinical Trial, Cochrane, Double-Blind, Eczema, Efficacy, EMBASE, Fecal Microbiota, Gastrointestinal Symptoms, Intervention, Intestinal Microflora, Ischaemia, ISI, Lactobacillus-Rhamnosus Gg, Management, MEDLINE, Meta Analysis, Meta-Analysis, Microorganisms, Pediatric Atopic-Dermatitis, Placebo-Controlled Trial, Points, Probiotic, Probiotics, Randomized Controlled Trials, Randomized Controlled-Trial, Review, Saccharomyces-Cerevisiae Fungemia, Science, Symptoms, Systematic, Systematic Review, Treatment, Web of Science

? Umasunthar, T., Leonardi-Bee, J., Hodes, M., Turner, P.J., Gore, C., Habibi, P., Warner, J.O. and Boyle, R.J. (2013), Incidence of fatal food anaphylaxis in people with food allergy: A systematic review and meta-analysis. *Clinical and Experimental Allergy*, **43** (12), 1333-1341.

Full Text: [2013\Cli Exp All43, 1333.pdf](2013\Cli%20Exp%20All43,%201333.pdf)

Abstract: Background Food allergy is a common cause of anaphylaxis, but the incidence of fatal food anaphylaxis is not known. The aim of this study was to estimate the incidence of fatal food anaphylaxis for people with food allergy and relate this to other mortality risks in the general population. Methods We undertook a systematic review and meta-analysis, using the generic inverse variance method. Two authors selected studies by consensus, independently extracted data and assessed the quality of included studies using the Newcastle-Ottawa assessment scale. We searched Medline, Embase, PsychInfo, CINAHL, Web of Science, LILACS or AMED, between January 1946 and September 2012, and recent conference abstracts. We included registries, databases or cohort studies which described the number of fatal food anaphylaxis cases in a defined population and time period and applied an assumed population prevalence rate of food allergy. Results We included data from 13 studies describing 240 fatal food anaphylaxis episodes over an estimated 165 million food-allergic person-years. Study quality was mixed, and there was high heterogeneity between study results, possibly due to variation in food allergy prevalence and data collection methods. In food-allergic people, fatal food anaphylaxis has an incidence rate of 1.81 per million person-years (95%CI 0.94, 3.45; range 0.63, 6.68). In sensitivity analysis with different estimated food allergy prevalence, the incidence varied from 1.35 to 2.71 per million person-years. At age 0-19, the incidence rate is 3.25 (1.73, 6.10; range 0.94, 15.75; sensitivity analysis 1.18-6.13). The incidence of fatal food anaphylaxis in food-allergic people is lower than accidental death in the general European population. Conclusion Fatal food anaphylaxis for a food-allergic person is rarer than accidental death in the general population.

Keywords: Age, Allergy, Analysis, Anaphylaxis, Assessment, Asthma, Authors, Childhood, Children, Cohort, Collection, Consensus, Data, Data Collection, Databases, Death, Food, Food Allergy, General, General Population, Heterogeneity, Hospitalizations, Incidence, Life, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Mortality, Peanut Allergy, Person, Population, Prevalence, Quality, Quality Of, Recent, Registries, Results, Review, Risks, Scale, Science, Sensitivity, Sensitivity Analysis, Severity, Study Quality, Systematic, Systematic Review, Time Period, United-States, Web Of Science

# Title: Clinical and Experimental Dermatology

Full Journal Title: Clinical and Experimental Dermatology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? (2011), Laser resurfacing for facial acne scars: A summarised cochrane review. *Clinical and Experimental Dermatology*, **36** (6), 699-700.

Full Text: [2011\Cli Exp Der36, 699.pdf](2011\Cli%20Exp%20Der36,%20699.pdf)

Abstract: Background Most people have acne at some stage during their life, with about one per cent being left with permanent acne scars. Recent laser techniques are thought to be more effective than chemical peels and dermabrasion. Objectives To assess the effects of laser resurfacing for treating facial acne scars. Search strategy We searched MEDLINE (1966 to April 1999), EMBASE (1980 to April 1999), Science Citation Index (1981 to April 1999), The Cochrane Controlled Trials Register (April 1999), DARE (April 1999), INAHTA (April 1999), NHS HTA Internet site (April 1999). Dermatological Surgery (1995 to March 1999) and the British Journal of Dermatology (1995 to September 1999) were handsearched. We searched the reference lists of relevant articles and contacted experts and commercial laser manufacturers. Selection criteria Randomised controlled trials which compare different laser resurfacing techniques for treating patients with facial acne scars, or compare laser resurfacing with other resurfacing techniques or no treatment. Data collection and analysis Two reviewers independently extracted data and assessed trial quality. Two reviewers independently selected studies, assessed the quality of studies and extracted data. Main results No randomised controlled trials where laser treatment was compared to either placebo or a different type of laser were found. Most of the 27 studies uncovered were poor quality case series with small numbers of acne-scarred patients. Authors’ conclusions the lack of good quality evidence does not enable any conclusions to be drawn about the effectiveness of lasers for treating atrophic or ice-pick acne scars. Well designed randomised controlled comparisons of carbon dioxide versus Erbium: YAG laser are urgently needed.

Keywords: Case Series, Citation, Embase, Journal, MEDLINE, Review, Science, Science Citation Index, Search Strategy

# Title: Clinical & Experimental Metastasis

Full Journal Title: Clinical & Experimental Metastasis

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Matsumoto, K., Hayakawa, N., Nakamura, S. and Oya, M. (2015), Bladder metastasis from renal cell carcinoma: Retrospective analysis of 65 reported cases. *Clinical & Experimental Metastasis*, **32** (2), 135-141.

Full Text: [2015\Cli Exp Met32, 135.pdf](2015/Cli%20Exp%20Met32,%20135.pdf)

Abstract: This study was carried out to clarify the presentation, treatment options, and prognosis of renal cell carcinoma (RCC) metastasis to the bladder in which we do not yet have a comprehensive understanding. A systematic Medline, Web of Science, Embase, Google, and Ichushi Web search was performed to identify articles describing RCC metastasis to the bladder. The final cohort included 65 patients. The majority (75 %) experienced gross hematuria at the point of diagnosis of RCC. RCC metastasis to the bladder occurred both synchronously (23 %) and metachronously (77 %), and the median time for metachronous bladder metastasis following the diagnosis of RCC was 33 months. Of the 58 patients whose metastatic data were available, 36 (62 %) had metastasis to the bladder only, while 22 (38 %) had additional sites of metastasis. On pathology, clear cell carcinoma was the most common histology (92 %) and all bladder tumors were consistent with RCC metastasis; the median tumor size was 2.1 cm, and two-thirds of cases were superficial (non-muscle invasive) disease. The 2-year cancer-specific survival rate in patients with solitary bladder metastasis was 71.1 %, which was significantly higher than in patients with additional distant metastasis (25.8 %, p = 0.007). Regarding the interval after the diagnosis of primary RCC, the 2-year cancer-specific survival rate in patients who experienced bladder metastasis after more than a 1 year follow-up was 58.4 %, compared to 34.6 % in their counterparts (p = 0.063). A curative resection may provide a good possibility of long-term survival, particularly in those with a solitary bladder metastasis and/or a long interval after nephrectomy.

Keywords: Adenocarcinoma, Analysis, Articles, Bladder, Bladder Metastasis, Cancer, Carcinoma, Cell, Cohort, Data, Diagnosis, Disease, Follow-Up, From, Google, Hematuria, Histology, Interval, Invasive, Kidney Cancer, Long Term, Long-Term, Medline, Metastasis, Metastatic, Metastatic Tumor, Nephrectomy, Options, Pathology, Patients, Presentation, Primary, Prognosis, RCC, Renal, Renal Cell Carcinoma, Retrospective, Retrospective Analysis, Science, Size, Surgical-Treatment, Surveillance, Survival, Survival Rate, Systematic, Treatment, Tumor, Understanding, Web, Web Of Science

# Title: Clinical and Experimental Ophthalmology

Full Journal Title: [Clinical and Experimental Ophthalmology](http://www3.interscience.wiley.com/journal/123208572/grouphome/home.html)

ISO Abbreviated Title: Clin. Exp. Ophthalmol.

JCR Abbreviated Title: Clin Exp Ophthalmol

ISSN: 1442-6404

Issues/Year: 6

Language: English

Journal Country/Territory: Australia

Publisher: Blackwell Publishing Asia

Publisher Address: 54 University St, P O Box 378, Carlton, Victoria 3053, Australia

Subject Categories:

Ophthalmology: Impact Factor

? Mcghee, C.N.J. (2003), The future of *Clinical and Experimental Ophthalmology*. *Clinical and Experimental Ophthalmology*, **31** (1), 1-3.

Full Text: [2003\Cli Exp Oph31, 1.pdf](2003\Cli%20Exp%20Oph31,%201.pdf)

Notes: TTopic

Sims, J.L. and McGhee, C.N.J. (2003), Citation analysis and journal impact factors in ophthalmology and vision science journals. *Clinical and Experimental Ophthalmology*, **31** (1), 14-22.

Full Text: [2003\Cli Exp Oph31, 14.pdf](2003\Cli%20Exp%20Oph31,%2014.pdf)

Abstract: Citation analysis has evolved over the last 50 years as one parameter for assessing the quality of research published in scientific, technology and social science journals. This is based on the assumption that influential research is widely cited by other scientists and clinicians. With the advent of the Internet, Journal Citation Reports from the Institute for Scientific Information (ISI-JCR) have become widely available to individuals and institutions. In an increasingly competitive research environ-ment, aspects of citation analysis have been suggested as simple proxy, objective measures to evaluate the research quality of a journal, published articles, research institutions and even individual researchers. This review article provides an overview of citation analysis, including definitions, uses of these reports, and related controversies and potential abuses. As it has become the most commonly used indicator, there is a particular focus on the use of the Journal Impact Factor (JIF). This is a widely quoted measure indicating the frequency with which the average article published in a journal of interest will be quoted within a specified time frame that therefore allows approximate comparisons of journals within a particular field of interest. Given the relative paucity of information in this area, emphasis is placed on citation analysis within ophthalmology, in particular in regard to the 43 ophthal-mology, vision science and optometry journals that are listed in the ISI-JCR 2001 reports.

Keywords: Citation Analysis, Journal Impact Factors, Journal Citation Reports, Ophthalmology, Optometry, Vision Science, Medical Journals

Notes: TTopic

Davis, M. and Wilson, C.S. (2003), Research contributions in ophthalmology: Australia’s productivity. *Clinical and Experimental Ophthalmology*, **31** (4), 286-293.

Full Text: [2003\Cli Exp Oph31, 286.pdf](2003\Cli%20Exp%20Oph31,%20286.pdf)

Abstract: Background: In 2000, the Australian and New Zealand Journal of Ophthalmology (ANZJO) changed title to Clinical and Experimental Ophthalmology. At this time, a review of Australia’s contributions to the literature over the previous 21 years appears timely. Bibliometric indicators are used extensively to assess research performance as they offer views of a field that might not otherwise be apparent. The aim of this study was to explore publication output data to construct a picture of ophthalmology that may be of benefit to researchers and ophthalmologists. Methods: Science Citation Index and Social Sciences Citation Index databases were used to collate data on ophthal-mology research literature from 1980 to 2000. Subsequent analysis particularly focused on Australia’s contribution to this literature, including publication frequency vis-a-vis the world, collaboration, and the journals in which Australian researchers frequently publish. These data were also compared with other countries of similar scientific stature or language. Results: Since 1980, Australia has ranked in the top 10 nations contributing to world ophthalmology research. Its contribution was close to world average in the 1980s, but increasing numbers of researchers and papers show Australia exceeding the world average during the 1990s. Most ophthalmology research collaboration by Australians is within Australia. Although fewer in number, collaborative papers with overseas researchers include 28 other countries. Data on the journals in which Australians publish show that Australian researchers continue to exhibit a preference for publication in their own regional journals. Conclusions: This paper, one of a series on the literature of the vision sciences, provides some initial benchmarks on Australia’s standing and contribution to the field of ophthalmology research.

Keywords: Analysis, Australia, Australian, Collaboration, Data, Databases, Field, Indicators, Journals, Literature, Nations, New Zealand, Papers, Performance, Preference, Productivity, Publication, Regional, Research, Research Collaboration, Research Performance, Review, Science Citation Index, Sciences, World

Notes: CCountry

? Pon, J.A.M.C., Carroll, S.C. and Mcghee, C.N.J. (2004), Analysis of New Zealand’s research productivity in ophthalmology and vision science: 1993-2002. *Clinical and Experimental Ophthalmology*, **32** (6), 607-613.

Full Text: [2004\Cli Exp Oph32, 607.pdf](2004\Cli%20Exp%20Oph32,%20607.pdf)

Abstract: Aim: To assess New Zealand’s research productivity in the area of ophthalmology and vision science over the decade 1993-2002. Methods: New Zealand-based researchers involved in ophthalmology or vision science research, including ophthalmologists, optometrists and vision scientists were identified via professional colleges, universities and electronic databases. Peer-reviewed publications by these authors were identified by both searching electronic databases (MEDLINE/PUBMED) and personal communication with individual researchers. Results: Eighty-five New Zealand-based researchers involved in ophthalmology or vision science research published 446 articles in 84 scientific journals during the 10-year period. The cohort consisted of 59 ophthalmologists and 26 other researchers based in a diverse range of ophthalmology, optometry and university departments. Significant collaboration was observed between groups within New Zealand and with international institutions. Comparing ophthalmologists and ‘other’ researchers, ophthalmologists produced 69% of all ophthalmology and vision science research publications and those classified as ‘active ophthalmologist researchers’ published an average of 11 (range 5-55) papers each during this decade, compared to eight (range 5-25) for the group ‘other active researchers’. This was also reflected in the high productivity rate by ophthalmologists of 277 publications per 1000. Publications were identified in a wide range of journals with the majority in top 20-ranked ophthalmology journals. The trend over the decade highlighted an increase in number of scientific publications, from 43 per annum in 1993, to 68 per annum in 2002. Conclusions: Despite a relatively small and geographically isolated population, New Zealand ophthalmology and vision science research is highly active and collaborative, with significantly increased research productivity during the period 1993-2002. The present study is the first to document these trends and provides strong evidence to justify continued support for ophthalmology and vision science research in New Zealand.

Keywords: Cohort, Collaboration, Communication, Databases, Evidence, First, Highly Active, Institutions, International, Journals, New Zealand, Papers, Population, Productivity, Professional Colleges, Publications, Research, Research Productivity, Science, Science Research, Scientific Journals, Scientific Publications, Small, Support, Trend, Trends, Universities, University

? Fan, J.C. and Mcghee, C.N.J. (2008), Citation analysis of the most influential authors and ophthalmology journals in the field of cataract and corneal refractive surgery 2000-2004. *Clinical and Experimental Ophthalmology*, **36** (1), 54-61.

Full Text: [2008\Cli Exp Oph36, 54.pdf](2008\Cli%20Exp%20Oph36,%2054.pdf)

Abstract: Purpose: To identify the most published authors on the topics of ‘cataract’ and ‘LASIK’, the journals in which they publish, and the citation patterns of the most-cited articles by these authors over a 5-year publication period. Methods: Science Citation Index Expanded (SCI) was used to identify the 30 most-published authors in ‘cataract’ and ‘laser in situ keratomileusis’ (LASIK) (2000-2004 inclusive). SCI was subsequently used to analyse the recorded articles for each author in terms of source journal, the most commonly cited articles and citation source. Results: of the 30 most-published authors in the fields of cataract and LASIK, the USA was the most well-represented source country, accounting for 33%; 20% were from Australia, and 17% from Austria. Germany and Japan each contributed 7%. Eighty per cent of the publications produced by these 30 authors (2000-2004) were in 10 journals, of which the Journal of Cataract and Refractive Surgery (JCRS) published more than one-third. of the three most-cited articles for each author, the greatest number were published in JCRS (35.6%). The citation count of the articles had a weak correlation to the journal impact factor of the source journal; however, the self-citation rate of these articles did not. Conclusions: the USA and Australia together were the source of more than half of the most-published authors on cataract and LASIK and the majority of articles published by the 30 most prolific authors were published in only 10 journals. The impact factors of the publication journals preferred by these authors are influenced by the article citation counts, not vice versa.

Keywords: Articles, Association, Australia, Cataract, Citation, Citation Analysis, Citation Count, Citation Counts, Correlation, Germany, Impact, Impact Factor, Impact Factors, Impact-Factor, Indexes, Intravitreal Triamcinolone, Journal, Journal Impact, Journal Impact Factor, Journals, Lasik, Macular Edema, Microvascular Complications, Most-Cited Articles, Ophthalmology Publication, Productivity, Publication, Publications, Quality, Refractive Surgery, SCI, Science, Science Citation Index, Self-Citation, Surgery, Topics, USA

Notes: JJournal

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Full Text: [2009\Cli Exp Oph37, 868.pdf](2009\Cli%20Exp%20Oph37,%20868.pdf)

Abstract: P>Purpose: To analyse the pattern of change in publication content and citations generated by a mid-ranking ophthalmology journal as it evolved from the Australian and New Zealand Journal of Ophthalmology (ANZJO) to its successor, Clinical 0mp; Experimental Ophthalmology (CEO). Methods: the Science Citation Index was used to analyse the publications of ANZJO and CEO over two 10-year periods (1990-1999 and 2000-2009, respectively). Publication and citation patterns were analysed in terms of source authors, institutions and countries. As a secondary measure, journal impact factors (JIFs) were retrieved from the Journal Citation Reports at the end of each period. Results: Over the specified periods, 859 articles published in ANZJO were cited 1210 times, and 1529 articles published in CEO were cited 5374 times. Australia was the largest contributing country to both journals; however, the proportional contributions from other countries including New Zealand, UK, USA, India and China increased significantly in CEO. Articles were cited by authors from 793 institutions in 60 countries for ANZJO and 2997 institutions in 95 countries for CEO. The contribution by key authors (identified as the top 10 most-published authors) towards total journal publications was 24% in ANZJO, but only 16% in CEO; however, these publications were responsible for 26.6% and 28.8% of the total citations, respectively. With respect to the most recent JIFs, ANZJO was 0.433 in 1999 (ranked 33 of 43 journals) and CEO was 1.35 in 2008 (ranked 27 of 48 journals). Conclusion: CEO has substantially increased the number of publications, citation counts and international sources compared with its well-established predecessor, ANZJO, over the assessed periods. CEO also appears to have a higher international profile with increasing citations counts from more countries. This evolution from a regional, to a more international, journal has been substantial and is reflected by a significant increment in JIF, and a modest increase in overall JIF-ranking, for CEO.

Keywords: Australian and New Zealand Journal of Ophthalmology, China, Citation, Citation Analysis, Citation Counts, Citations, Clinical and Experimental Ophthalmology, Impact, Impact Factor, Impact Factors, Indexes, Journal Citation Reports, Journal Impact Factor, Journals, Publication, Publications, Quality, Science, Science Citation Index, UK

? Fenwick, E., Rees, G., Pesudovs, K., Dirani, M., Kawasaki, R., Franzco, T.Y.W. and Lamoureux, E. (2012), Social and emotional impact of diabetic retinopathy: A review. *Clinical and Experimental Ophthalmology*, **40** (1), 27-38.

Full Text: [2012\Cli Exp Oph40, 27.pdf](2012\Cli%20Exp%20Oph40,%2027.pdf)

Abstract: People with vision-threatening diabetic retinopathy are likely to experience enhanced social and emotional strain. Critically, those with both vision-threatening diabetic retinopathy and psychosocial problems may have significantly reduced levels of functioning compared with psychologically healthy counterparts. This can cause inadequate compliance, increased strain on family functioning, worse diabetes control, increased progression of diabetic retinopathy and, consequently, further psychosocial stress resulting in a number of concerning implications for disease management, clinical outcomes and healthcare costs. However, the emotional and social health consequences of diabetic retinopathy have not yet been systematically explored. This information is crucial as it allows for a targeted approach to treatment and prevention and avoidance of the potentially detrimental implications described above. Therefore, this paper reviews the current qualitative and quantitative evidence regarding the social and emotional impact of diabetic retinopathy and identifies directions for future research. Key search terms were applied to the electronic databases Pubmed, ISI Web of Science and Embase and the bibliographies of relevant papers were systematically reviewed for additional references. Overall, the evidence suggests that diabetic retinopathy and associated vision loss have several debilitating effects, including disruption of family functioning, relationships and roles; increased social isolation and dependence; and deterioration of work prospects resulting in increased financial strain. Adverse emotional responses include fear, anxiety, vulnerability, guilt, loss of confidence, anger, stress and self-perception issues. However, the research to date is largely qualitative in nature, with most quantitative studies being small, cross-sectional and somewhat outdated. Similarly, the outcome measures used in many studies to date are suboptimal in terms of content and validity. Therefore, this review identifies the need for improved outcome measures to provide valid, meaningful measurement of the social and emotional impact of diabetic retinopathy and discusses potential directions for future research such as item banking and computer adaptive testing.

Keywords: Anxiety, Comorbid Depression, Compliance, Computer, Control, Costs, Databases, Debilitating, Diabetes, Diabetic Retinopathy, Disease, Disease Management, Distress, Emotional Well-Being, Eye Disease, Family, Glycemic Control, Health, Impact, Information, ISI, ISI Web of Science, Item Banking, Laser Treatment, Macular Degeneration, Management, Measurement, Outcome, Outcomes, Papers, Prevalence, Prevention, Progression, Psychosocial, Psychosocial Stress, Qualitative, Quality-of-Life, Quantitative, Research, Retinopathy, Review, Science, Social, Social Isolation, Social Well-Being, Stress, Treatment, Validity, Vision, Visual Function Questionnaire, Vulnerability, Web of Science, Web-of-Science

# Title: Clinical and Experimental Rheumatology

Full Journal Title: Clinical and Experimental Rheumatology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ow, M.Y.L., Ho, P.C., Thumboo, J. and Wee, H.L. (2010), Factors associated with health service utilisation in patients with systemic lupus erythematosus: A systematic review. *Clinical and Experimental Rheumatology*, **28** (6), 892-904.

Abstract: Objectives. SLE patients require varying levels of health services since disease severity and activity differ among individuals. Understanding the factors associated with health service utilisation would be useful in improving equitable access. It would also help to identify modifiable factors and current good practices so as to improve quality of care and thus reduce utilisation. Thus, the objective of this review is to identify factors associated with health services utilisation. Methods. Five electronic databases (PUBMED, PsycINFO, EMBASE, International Pharmaceutical Abstract, Web of Science) and bibliographies of short-listed articles were searched. All indicators of health service utilisation (physician and specialist visits, hospitalisations, direct costs) and alternative medicine utilisation were accepted as outcomes in primary studies. Two authors independently selected the studies based on pre-specified inclusion and exclusion criteria. Results. of 1,276 papers retrieved from electronic and hand searches, 25 were finally selected and reviewed in totality, of which 13 were cross-sectional, 5 were prospective, and 7 were retrospective studies. A variety of service types (e.g. outpatient visits, hospitalisations, etc.) and factors (e.g. demographic, socioeconomic, laboratory indices, etc.) were evaluated. Type of health insurance, poorer physical functioning and greater disease severity were found to be associated with higher utilisation across several studies. Conclusion. Modifying the choice or coverage of health insurance plans of SLE patients is a possible option in improving equitable access. Better management of patient reported outcomes such as physical functioning and timely management of SLE to reduce disease severity may reduce health services utilisation in the long term.

Keywords: 3 Ethnic-Groups, Access, Authors, Care Costs, Costs, Coverage, Databases, Disease, EMBASE, Health Economics, Health Services, Health Services Evaluation, Hospitalization, Lumina Cohort, Management, Medicaid, Medicine, Methods, Mortality, Outcomes, Papers, Predictors, Primary, PUBMED, Quality of Care, Review, Rheumatology, Rheumatology, Science, SLE, Systematic, Systematic Review, Systemic Lupus Erythematosus, Utilisation, Web of Science

? Capron, J., Grateau, G. and Steichen, O. (2013), Is recurrent aseptic meningitis a manifestation of familial Mediterranean fever? A systematic review. *Clinical and Experimental Rheumatology*, **31** (3), S127-S132.

Full Text: 2013\Cli Exp Rhe31, S127.pdf

Abstract: Objectives. Familial Mediterranean fever (FMF) causes recurrent episodes of fever and painful serositis. It has been suggested that FMF can cause recurrent aseptic meningitis (RAM). Due to the rarity of both diseases, this claim cannot be assessed with epidemiological methods. We therefore decided to perform a systematic review of the literature to assess the number and validity of published case reports. Methods. MEDLINE, Embase, Pascal, Web of Science and the proceedings of relevant conferences were searched. Two independent investigators selected reports asserting RAM in FMF patients, abstracted data and rated the strength of evidence with a custom tool designed to assess: (a) the diagnosis of FMF; (b) the diagnosis of RAM; and (c) the link between FMF and RAM. A caUSAl link was supported by (i) evidence of inflammation and/or clinical FMF features during episodes of RAM; (ii) effectiveness of colchicine to prevent further bouts of meningitis; and (iii) the exclusion of other causes of RAM. Results. Among 944 retrieved references, 917 were rejected by title and abstract screening and 15 after full text review. The strength of evidence of 12 alleged cases of RAM due to FMF was assessed. FMF was unsupported in 4 cases and RAM in 3 further cases. Four of the 5 remaining cases did not provide adequate evidence to support a. caUSAl relationship between FMF and RAM. Conclusion. The possibility of RAM due to FMF is poorly supported by a single fairly documented case report that does not, however, meet current diagnostic standards.

Keywords: Acute Abdomen, Aseptic, Case Report, Case Reports, Case-Series, CaUSAlity, Children, Clin, Clinical, Colchicine, Conferences, Data, Diagnosis, Disease, Diseases, Effectiveness, Evidence, Familial, Familial Mediterranean Fever, Fever, France, Inflammation, Italy, Literature, Lymphocytic Meningitis, Mediterranean, MEDLINE, Meningitis, Metaraminol, Methods, Mollarets Meningitis, Patients, Periodic Meningitis, Polyserositis, Prevent, Rarity, Recurrent, References, Results, Review, Science, Screening, Standards, Strength, Support, Systematic Review, Validity, Web of Science

# Title: Clinical Gastroenterology and Hepatology

Full Journal Title: Clinical Gastroenterology and Hepatology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Andresen, V., Montori, V.M., Keller, J., West, C.P., Layer, P. and Camilleri, M. (2008), Effects of 5-hydroxytryptamine (serotonin) type 3 antagoniosts on symptom relief and constipation in nonconstipated irritable bowel syndrome: A systematic review and meta-analysis of randomized controlled trials. *Clinical Gastroenterology and Hepatology*, **6** (5), 545-555.

Abstract: Background & Aims: We performed a systematic review and meta-analyses to estimate treatment efficacy and constipation rate of 5-hydroxytryptamine (serotonin) (5-HT3) antagonists in patients with nonconstipated (NC) or diarrhea-predominant (D)-irritable bowel syndrome (IBS). Methods: Two reviewers independently searched MEDLINE, EMBASE, and Web of Science (January 1, 1966 to December 15, 2006) for randomized controlled trials of 5-HT3 antagonists in IBS reporting clinical end points of the IBS symptom complex and safety parameters. Study characteristics, markers of methodologic quality, and outcomes for the intention-to-treat population for each randomized controlled trial were extracted independently. Results: We found 14 eligible randomized controlled trials of alosetron (n = 3024) or cilansetron (n = 1116) versus placebo (n = 3043) or mebeverine (n = 304). Random-effects meta-analyses found 5-HT3 antagonists more effective than the comparators in achieving global improvement in IBS symptoms (pooled relative risk, 1.60; 95% confidence interval [0], 1.49-1.72; I-2 = 0%) and relief of abdominal pain and discomfort (pooled relative risk, 1.30; 95% CI, 1.22-1.39; 12 = 22%). Benefit was apparent for both agents, in patients of either sex. These agents were more likely to cause constipation (pooled relative risk, 4.28; 95% CI, 3.28-5.60, 12 = 65%); there was less constipation with 5-HT3 antagonists in D-IBS patients than in mixed populations (NC-IBS and D-IBS; relative risk ratio, 0.65; 95% CI, 0.41-0.99). Nine patients (0.2%) using 5-HT3 antagonists had possible ischemic colitis versus none in control groups. Conclusions: 5-HT3 antagonists significantly improve symptoms of NC-IBS or D-IBS in men and women. There is an increased risk of constipation with 5-HT3 antagonists, although the risk is lower in those with D-IBS.

Keywords: 5-Ht3 Receptor Antagonist, Abdominal Pain, Alosetron, Clinical-Trials, Colonic Transit, Constipation, Control, Control Groups, Double-Blind, Efficacy, EMBASE, Health-Care, Irritable Bowel Syndrome, Ischemic Colitis, MEDLINE, Meta-Analysis, Methods, Outcomes, Pain, Placebo-Controlled Trial, Points, Predominance Ibs-D, Randomized Controlled Trial, Randomized Controlled Trials, Ratio, Relative Risk, Review, Risk, Safety, Science, Serotonin, Symptoms, Systematic, Systematic Review, Treatment, Web of Science, Women

? Loomba, R., Rowley, A.K., Wesley, R., Smith, K.G., Liang, T.J., Pucino, F. and Csako, G. (2008), Hepatitis B immunoglobulin and lamivudine improve hepatitis B-related outcomes after liver transplantation: Meta-analysis. *Clinical Gastroenterology and Hepatology*, **6** (6), 696-700.

Abstract: Background & Aims: HBV recurrence increases morbidity and mortality in HBsAg+ patients undergoing liver transplantation. We aimed to estimate the relative efficacy of combined therapy with hepatitis B immunoglobulin (HBIG) and lamivudine (LAM) versus HBIG monotherapy for preventing HBV-related morbidity and mortality in this setting. Methods: We performed a meta-analysis of clinical trials that met the prespecified criteria and provided data for risk estimation of HBV recurrence in HBsAg+ liver transplant patients receiving HBIG and LAM versus HBIG alone. Databases searched until May 2007 included MEDLINE (Ovid), PUBMED, EMBASE, Toxnet, Scopus, and Web of Science. Literature search and data extraction were conducted independently by 2 study investigators; then 2 other investigators reviewed and screened eligible studies. Odds ratios (ORs) for the risk reduction with HBIG and LAM versus HBIG alone were calculated by using a random-effects model. Results: Two prospective and 4 retrospective studies were included in the meta-analysis. The OR showing risk reduction in HBV recurrence with HBIG and LAM (n = 193) versus HBIG alone (n = 124) was 0.08 (95% confidence interval [CI], 0.03-0.21). HBV-related death and all-cause mortality could only be assessed in 3 studies each. The ORs showing HBV-related death and all-cause mortality reduction with HBIG and LAM versus HBIG alone were 0.08 (95% CI, 0.02-0.33) and 0.02 (95% CI, 0.06-0.82), respectively. Conclusions: Although this meta-analysis was limited by small studies and varying levels of immunosuppression, it is apparent that adding LAM to HBIG improved HBV-related morbidity and mortality in HBsAg+ recipients of liver transplants.

Keywords: Anti-HBS, Clinical Trials, Combination, Databases, Efficacy, HBIG, HBV, Hepatitis, Immune Globulin, Liver Transplantation, MEDLINE, Meta Analysis, Meta-Analysis, Methods, Model, Monotherapy, Morbidity, Mortality, Outcomes, Prevention, Prophylaxis, PUBMED, Recurrence, Replication, Risk, Risk Reduction, Science, Scopus, Therapy, Virus Recurrence, Web of Science

? Loomba, R., Wesley, R., Bain, A., Csako, G. and Pucino, F. (2009), Role of fluoroquinolones in the primary prophylaxis of spontaneous bacterial peritonitis: Meta-analysis. *Clinical Gastroenterology and Hepatology*, **7** (4), 487-493.

Abstract: Background & Aims: the use of antibiotics in the primary prophylaxis for spontaneous bacterial peritonitis (SBP) in patients with cirrhosis is controversial. Our purpose was to determine the beneficial effect of fluoroquinolones as compared with placebo in primary prophylaxis of SBP in high-risk patients with cirrhosis by using meta-analysis. Methods: MEDLINE, EMBASE, Cochrane, and Web of Science databases were searched in all languages until August 2008 for randomized placebo-controlled studies evaluating the role of fluoroquinolones in primary prevention of SBP in patients with low protein ascites (total ascitic protein, < 1.5 g/dL) and without history of SBP. Two investigators independently performed literature search and data extraction, and then another investigator independently reviewed whether the studies met prespecified criteria and rechecked data extraction. Odds ratios (Peto method) for the risk reduction with fluoroquinolones were calculated for each study and combined by using a random-effects model. Results: Four randomized controlled studies met predefined criteria. The odds ratios for developing first episode of SBP, serious infections, and mortality with fluoroquinolone prophylaxis (n = 194) versus placebo (n = 190) were 0.18 (95% confidence interval [CI], 0.09-0.35), 0.18 (95% Cl, 0.10-0.32), and 0.60 (95% Cl, 0.37-0.97), respectively. All studies were unidirectional in showing the beneficial effect of fluoroquinolone prophylaxis. We were limited by finding few studies with relatively small sample sizes. Conclusions: Daily oral fluoroquinolone prophylaxis reduces the risk of development of first episode of SBP and mortality in cirrhotic patients with low total protein in the ascitic fluid. Fluoroquinolones might be advisable for the primary prophylaxis of SBP in selected high-risk patients with cirrhosis.

Keywords: Antibiotics, Ascitic Fluid, Cirrhosis, Cirrhotic-Patients, Cochrane, Controlled Studies, Databases, Development, High-Risk Patients, History, Literature, Management, Meta-Analysis, Methods, Model, Mortality, Norfloxacin, Peritonitis, Prevention, Primary, Primary Prevention, Risk, Risk Reduction, Science, Trials, Web of Science

? Wang, X.F., Li, J.D., Riaz, D.R., Shi, G., Liu, C.Q. and Dai, Y. (2014), Outcomes of liver transplantation for nonalcoholic steatohepatitis: A systematic review and meta-analysis. *Clinical Gastroenterology and Hepatology*, **12** (3), 394-402.

Full Text: [2014\Cli Gas Hep12, 394.pdf](2014\Cli%20Gas%20Hep12,%20394.pdf)

Abstract: BACKGROUND & AIMS: Little is known about outcomes of patients with nonalcoholic steatohepatitis (NASH) who receive liver transplants. We performed a systematic review and meta-analysis to estimate post-transplant outcomes, survival times, and mortality from cardiovascular complications, sepsis, and graft failure in these patients. METHODS: We searched PubMed and EMBASE, and Cochrane library and Web of Science databases for studies published through September 1, 2012 of patients who underwent liver transplantation for NASH or nonalcoholic fatty liver disease (NAFLD). All original studies from single institutions that reported outcomes of patients with or without NASH after liver transplantation were considered. Odds ratios (ORs) were calculated for patients with NASH, compared with patients without NASH; 95% confidence intervals (CIs) were calculated. RESULTS: Our final analysis included 9 publications, on 717 patients with NASH and 3520 without, all of whom underwent liver transplantation. Similar proportions of patients with and without NASH who received liver transplants survived for 1, 3, and 5 years (OR for survival of patient with NASH 1 year after liver transplantation, 0.77; 95% CI, 0.59-1.00; P [.05; OR 3 years after transplantation, 0.97; 95% CI, 0.67-1.40; P [.86; OR 5 years after transplantation, 1.09; 95% CI, 0.77-1.56; P [.63). Patients with NASH had a greater risk of death from cardiovascular complications after liver transplantation (OR, 1.65; 95% CI, 1.01-2.70; P[. 05) and from sepsis (OR, 1.71; 95% CI, 1.17-2.50; P[. 006). However, patients with NASH were at lower risk of graft failure compared with patients without NASH (OR, 0.21; 95% CI, 0.05-0.89; P [.03). CONCLUSIONS: Similar proportions of patients with and without NASH survive for 1, 3, and 5 years after liver transplantation. However, patients with NASH are more likely to die from cardiovascular complications or sepsis. More attention and careful consideration are therefore required in selecting patients with NASH for liver transplantation, along with aggressive management of cardiovascular complications and sepsis after transplantation.

Keywords: Analysis, Association, Attention, Background, Cardiovascular, Cardiovascular-Disease, Clinical-Trials, Complications, Conclusions, Confidence, Confidence Intervals, Cryptogenic Cirrhosis, Databases, Death, Disease, Embase, Failure, Fatty Liver, Graft, Graft Failure, Institutions, Intervals, Liver, Liver Transplantation, Management, Mar, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Nash, Nonalcoholic Steatohepatitis, Outcomes, P, Patients, Publications, Pubmed, Review, Risk, Science, Sepsis, Survival, Systematic Review, Transplantation, Transplants, United-States, Web of Science, Web of Science Databases

# Title: Clinical Genetics

Full Journal Title: Clinical Genetics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Borry, P., Stultiens, L., Nys, H., Cassiman, J.J. and Dierickx, K. (2006), Statement on genetic diagnosis in children and adolescents. *Clinical Genetics*, **70** (5), 374-381.

Abstract: the objective of this study is to review ethical and clinical guidelines and position papers concerning the presymptomatic and predictive genetic testing of minors. The databases MEDLINE, Philosopher’s Index, Biological Abstracts, Web of Science and Google Scholar were searched using keywords relating to the presymptomatic and predictive testing of children. We also searched the websites of the national bioethics committees indexed on the websites of World Health Organization (WHO) and the German Reference Centre for Ethics in the Life Sciences, the websites of the Human Genetics Societies of various nations indexed on the website of the International Federation of Human Genetics Societies and related links and the national medical associations indexed on the website of the World Medical Association. We retrieved 27 different papers dealing with guidelines or position papers that fulfilled our search criteria. They encompassed the period 1991-2005 and originated from 31 different organizations. The main justification for presymptomatic and predictive genetic testing was the direct benefit to the minor through either medical intervention or preventive measures. If there were no urgent medical reasons, all guidelines recommend postponing testing until the child could consent to testing as a competent adolescent or as an adult. Ambiguity existed for childhood-onset disorders for which preventive or therapeutic measures are not available and for the timing of testing for childhood-onset disorders. Although the guidelines covering presymptomatic and predictive genetic testing of minors agree strongly that medical benefit is the main justification for testing, a lack of consensus remains in the case of childhood-onset disorders for which preventive or therapeutic measures are not available.

Keywords: Adolescent, Adolescents, Adult, Ambiguity, Anyway, Bioethics, Child, Children, Clinical Guidelines, Confidentiality, Databases, Diagnosis, Ethics, Genetic, Genetic Testing, Google Scholar, Guidelines, Health, Human, Information, Intervention, Medical, Minors, Onset, Papers, Predictive Genetic Testing, Predictive Testing, Presymptomatic, Review, Science, Web of Science, Websites, WHO

# Title: Clinical Genitourinary Cancer

Full Journal Title: Clinical Genitourinary Cancer

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Chu, D., Lacouture, M.E., Weiner, E. and Wu, S.H. (2009), Risk of hand-foot skin reaction with the multitargeted kinase inhibitor sunitinib in patients with renal cell and non-renal cell carcinoma: A meta-analysis. *Clinical Genitourinary Cancer*, **7** (1), 11-19.

Full Text: [2009\Cli Gen Can7, 11.pdf](2009\Cli%20Gen%20Can7,%2011.pdf)

Abstract: Hand-foot skin reaction (HFSR) is an emerging issue in cancer treatment with multitargeted tyrosine kinase inhibitors (TKIs), leading to morbidity, suboptimal dosing, and poor compliance. The overall risk of HFSR is not clear for sunitinib, a TKI effective for metastatic renal cell carcinoma (RCC) and gastrointestinal stromal tumor. We therefore conducted a systematic review and a meta-analysis to determine the risk of developing HFSR with sunitinib. Databases from PUBMED and Web of Science for articles from July 1966 until July 2007 and abstracts presented at the American Society of Clinical Oncology conferences were searched to identify relevant studies. Eligible studies were prospective clinical trials that had described events of HFSR for patients who received single-agent sunitinib. Incidence and relative risk (RR) were calculated using a random-effects or fixed-effects model. A total of 5005 patients with RCC and other cancers from 10 clinical trials were included for analysis. Among patients receiving sunitinib, the summary incidences of all-grade and high-grade HFSR were 18.9% (95% Cl, 14.1%-24.8%) and 5.5% (95% Cl, 3.9%-7.9%), respectively. Interestingly, patients with RCC have significantly decreased risk of HFSR compared with patients with non-RCC malignancy (RR, 0.56; 95% Cl, 0.50-0.64; P < .001). In addition, sunitinib was associated with a significantly increased risk of all-grade HFSR (RR, 9.86; 95% Cl, 3.1-31.31; P < .001) in comparison with controls. There is a significant risk of developing HFSR in patients with cancer receiving sunitinib. Adequate monitoring and intervention are recommended for reducing the toxicity.

Keywords: Activation, Advanced Solid Tumors, Analysis, Angiogenesis, C-Kit, Cancer, Carcinoma, Clinical Trials, Compliance, Databases, Gastrointestinal, Gastrointestinal Stromal Tumor, Growth, Human Keratinocytes, Intervention, Kit-Ligand, Malignancy, Meta Analysis, Meta-Analysis, Model, Monitoring, Morbidity, Oncology, PUBMED, Relative Risk, Renal, Review, Risk, Safety, Science, Sorafenib, Su11248, Systematic, Systematic Review, Therapy, Toxicity, Treatment, Tyrosine Kinase Inhibitor, Von Hippel-Lindau, Web of Science

? Petrelli, F., Vavassori, I., Coinu, A., Borgonovo, K., Sarti, E. and Barni, S. (2014), Radical prostatectomy or radiotherapy in high-risk prostate cancer: A systematic review and metaanalysis. *Clinical Genitourinary Cancer*, **12** (4), 215-224.

Full Text: [2014\Cli Gen Can12, 215.pdf](2014\Cli%20Gen%20Can12,%20215.pdf)

Abstract: Background: Radical prostatectomy (RP) is one of the treatment options for localized, high-risk prostate cancer (PC), but it has never been compared with external beam radiotherapy (RI), which is an alternative approach, in a large randomized trial. To compare the outcomes of patients treated with surgery versus RT, we performed a metaanalysis of available studies on this topic. Materials and Methods: We performed a search of MEDLINE, EMBASE, Web of Science, SCOPUS, and The Cochrane Central Register of Controlled Trials (CENTRAL) for randomized or observational studies that investigated overall survival (OS) and PC-specific mortality (PCSM) risks in relation to use of surgery or RT in patients with high-risk PC. Fixed- and random-effect models were fitted to estimate the summary odds ratio (OR). Between-study heterogeneity was tested using chi(2) statistics and measured using the l(2) statistic. Publication bias was evaluated using a funnel plot and Egger regression asymmetry test. Results: Seventeen studies were included (1 randomized and 16 retrospective). RP was associated with improved OS (OR, 0.51; 95% confidence interval [CI], 0.38-0.68; P < .00001), PCSM (OR, 0.56; 95% CI, 0.37-0.85; P = .007), and non-PCSM (OR, 0.53; 95% CI, 0.35-0.8; P = .002) compared with RT. Biochemical relapse-free survival rates were similar to those of RT. Conclusion: Overall and cancer-specific mortality rates appear to be better with RP compared with RT in localized, high-risk PC. Surgery is also associated with a 50% decreased risk of non-PCSM compared with RT. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: Alternative, Androgen-Deprivation, Antigen Era, Approach, Asymmetry, Beam Radiation-Therapy, Bias, Cancer, Cancer Mortality, Carcinoma, Confidence, Embase, External Beam Radiotherapy, Follow-Up, Functional Outcomes, Heterogeneity, Interval, Long-Term Survival, Materials, Medline, Men, Metaanalysis, Methods, Models, Mortality, Mortality Outcomes, Observational, Observational Studies, Odds Ratio, Options, Outcomes, Overall Survival, P, Patients, Prostate Cancer, Prostate Carcinoma, Prostatectomy, Publication, Publication Bias, Quality-Of-Life, Radiation Therapy, Radical Prostatectomy, Radiotherapy, Randomized, Randomized Trial, Rates, Regression, Results, Review, Rights, Risk, Risks, Science, Scopus, Statistics, Surgery, Survival, Survival Rates, Systematic Review, Topic, Treatment, Trial, Web Of Science

# Title: Clinical Hemorheology

Full Journal Title: [Clinical Hemorheology](http://sdos.ejournal.ascc.net/cgi-bin/sciserv.pl?collection=journals&journal=02715198)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: TTopic

Tomov, D., Georgieva, Z.H. and Mileva, V. (1995), International communication patterns in the field of microcirculation and hemorheology. *Clinical Hemorheology*, **15** (3), 587.

Full Text: [1995\Cli Hem15, 587.pdf](1995\Cli%20Hem15,%20587.pdf)

Abstract: the rising interest of the world scientific community in actual issues of clinical and experimental microcirculatory research should be more intensively investigated in order to provide valuable information about trends and priorities in the field.

The purpose of the present scientometric study was to reveal the contribution of single countries involved by their authors and journals in the international system of communications. The *MEDLINE* data-base of the NLM (USA) was screened for the period from 1990 to 1994. The *OVID* software of the CD-PLUS (USA) was used. The following parameters were examined: addresses of the authors of the papers, journal titles and national affiliation of the journals. Several bibliometric distributions were constructed to characterize the rising internationalization of research.

There were a total of 2190 single primary publications during this period. A certain tendency towards augmentation of the number of papers in subsequent years was found out. A total of 248 journals published in 31 countries contained 475 papers by authors from 39 countries in 1990, while a total of 146 journals published in 17 countries contained 266 papers by authors from 32 countries. The most significant research teams and journals were identified.

The results from this analysis could be successfully used for improvement of the communication environment of the scientists in the small European countries and for establishing fruitful international collaboration in the field of microcirculation and hemorheology.

# Title: Clinical Infectious Diseases

Full Journal Title: [Clinical Infectious Diseases](http://www.journals.uchicago.edu/CID/home.html)

ISO Abbreviated Title: Clin. Infect. Dis.

JCR Abbreviated Title: Clin Infect Dis

ISSN: 1058-4838

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Univ Chicago Press, Chicago

Publisher Address: 1427 E 60th St, Chicago, Il 60637-2954

Subject Categories:

Immunology: Impact Factor 2.972, 26/116 (2000); Impact Factor 3.545, 24/114 (2001); Impact Factor 4.750, 17/119 (2002); Impact Factor 5.393, 14/114 (2003); Impact Factor 5.594, 15/111 (2004); Impact Factor 6.510, 11/115 (2005); Impact Factor 8.195, 11/128 (2009)

Infectious Diseases: Impact Factor 2.972, 9/36 (2000); Impact Factor 3.545, 7/37 (2001); Impact Factor 4.750, 5/38 (2002); Impact Factor 5.393, 3/41 (2003); Impact Factor 5.594, 5/41 (2004); Impact Factor 6.510, 2/43 (2005); Impact Factor 8.195, 2/57 (2009)

Microbiology: Impact Factor 2.972, 16/83 (2000); Impact Factor 3.545, 16/81 (2001); Impact Factor 4.750, 10/82 (2002); Impact Factor 5.393, 9/84 (2003); Impact Factor 5.594, 10/84 (2004); Impact Factor 6.510, 9/86 (2005); Impact Factor 8.195, 8/95 (2009)

? McGinigle, K.L., Gourlay, M.L. and Buchanan, I.B. (2008), The use of active surveillance cultures in adult intensive care units to reduce methicillin-resistant *Staphylococcus aureus*-related morbidity, mortality, and costs: A systematic review. *Clinical Infectious Diseases*, **46** (11), 1717-1725.

Full Text: [2008\Cli Inf Dis46, 1717.pdf](2008\Cli%20Inf%20Dis46,%201717.pdf)

Abstract: Active surveillance cultures (ASCs) are universal or targeted microbiological screening cultures for patients admitted to a hospital. ASCs have been proposed to control the increasing numbers of infections due to multidrug-resistant organisms, but their efficacy and cost-effectiveness are unproven. We conducted a systematic review of the literature pertaining to the use of ASCs and control of methicillin-resistant Staphylococcus aureus (MRSA). We searched revelant journals and the PUBMED MEDLINE, Web of Science, CINAHL, and Cochrane Library databases. No randomized, controlled trials were identified. Sixteen observational studies and 4 economic analyses were reviewed. Only 2 of the observational studies had a control group. None of the studies were of good quality. Thus, we identified important gaps in the literature, including a need for a clear definition of ASCs, a clear implementation protocol, and rigorous economic evaluations. Existing evidence may favor the use of ASCs, but the evidence is of poor quality, and definitive recommendations cannot be made.

Keywords: Active Surveillance, Adult, Bacteremia, Carriage, Cochrane, Contact Isolation, Control, Cost-Effectiveness, Costs, Databases, Efficacy, Hospital, Hospital Admission, Impact, Infection, Intensive Care, Journals, Literature, Morbidity, Mortality, Mrsa Carriers, Observational Studies, Precautions, Prevent, Protocol, PUBMED, Review, Science, Screening, Selective Screening-Program, Surveillance, Systematic, Systematic Review, Web of Science

? Sligl, W.I., Milner, D.A., Sundar, S., Mphatswe, W. and Majumdar, S.R. (2009), Safety and efficacy of corticosteroids for the treatment of septic shock: A systematic review and meta-analysis. *Clinical Infectious Diseases*, **49** (1), 93-101.

Full Text: [2009\Cli Inf Dis49, 93.pdf](2009\Cli%20Inf%20Dis49,%2093.pdf)

Abstract: Background. Septic shock is common and results in significant morbidity and mortality. Adjunctive treatment with corticosteroids is common, but definitive data are lacking. We aimed to determine the efficacy and safety of corticosteroid therapy among patients with septic shock. Methods. MEDLINE, EMBASE, Cochrane Library, Web of Science, and Google Scholar were searched for randomized trials and observational studies published from January 1993 through December 2008. Studies were selected if they included adults with septic shock, discussed treatment with intravenous corticosteroids, and reported at least 1 outcome of interest (e. g., mortality, shock reversal, or incidence of superinfection). Two reviewers independently agreed on eligibility, assessed methodologic quality, and abstracted data. Results. Pooled relative risks (RRs) and 95% confidence intervals (CIs) were estimated for 28-day all-cause mortality, shock reversal at 7 days, and incidence of superinfection with use of random-effects models. Analyses, stratified by adrenal responsiveness, were prespecified. Eight studies (6 randomized trials) involving a total of 1876 patients were selected. Overall, corticosteroid therapy did not result in a statistically significant difference in mortality (42.2% [369 of 875 patients] vs. 38.4% [384 of 1001]; RR, 1.00; 95% CI, 0.84-1.18). A statistically significant difference in the incidence of shock reversal at 7 days was observed between patients who received corticosteroids and those who did not (64.9% [314 of 484 patients] vs. 47.5% [228 of 480]; RR, 1.41; 95% CI, 1.22-1.64), with similar point estimates for both corticotropin stimulation test responders and nonresponders. No statistically significant difference was found in the incidence of superinfection between patients treated with corticosteroids and patients not treated with corticosteroids (25.3% [114 of 450 patients] vs. 22.7% [100 of 441]; RR, 1.11; 95% CI, 0.86-1.42). Conclusions. In patients with septic shock, corticosteroid therapy appears to be safe but does not reduce 28-day all-cause mortality rates. It does, however, significantly reduce the incidence of vasopressor-dependent shock, which may be a clinically worthwhile goal.

Keywords: Adults, Antimicrobial Treatment, Care, Cochrane, Confidence Intervals, Corticosteroid, Dose Steroid-Therapy, Efficacy, Epidemiology, Google Scholar, Hydrocortisone, Hypotension, Interest, Management, Methods, Morbidity, Mortality, Observational Studies, Outcome, Review, Safety, Science, Severe Sepsis, Survival, Systematic, Systematic Review, Therapy, Treatment, United-States, Web of Science

? Cooper, R.D., Wiebe, N., Smith, N., Keiser, P., Naicker, S. and Tonelli, M. (2010), Systematic review and meta-analysis: Renal safety of tenofovir disoproxil fumarate in HIV-infected patients. *Clinical Infectious Diseases*, **51** (5), 496-505.

Full Text: [2010\Cli Inf Dis51, 496.pdf](2010\Cli%20Inf%20Dis51,%20496.pdf)

Abstract: Background. The efficacy of tenofovir disoproxil fumarate (TDF) as part of combination antiretroviral treatment (ART) has been demonstrated in several randomized, controlled trials. However, an increasing number of case reports suggest that TDF use may be associated with significant nephrotoxicity. Our objective was to determine the renal safety of TDF-containing ART regimens for HIV-infected individuals. Methods. MEDLINE, EMBASE, Global Health, Scopus, Biosis Previews, Cochrane Library, Web of Science, and existing systematic reviews were searched. Prospective studies comparing TDF-containing with non-TDF containing ART regimens were selected for inclusion. We extracted data on study characteristics, participant characteristics, therapeutic interventions, renal function, bone density, and fracture rates. Results. A total of 17 studies (including 9 randomized, controlled trials) met the selection criteria. Median sample size was 517 participants. Constituent ART regimens were diverse. There was a significantly greater loss of kidney function among the TDF recipients, compared with control subjects (mean difference in calculated creatinine clearance, 3.92 mL/min; 95% confidence interval [CI], 2.13-5.70 mL/min), as well as a greater risk of acute renal failure (risk difference, 0.7%; 95% CI, 0.2-1.2). There was no evidence that TDF use led to increased risk of severe proteinuria, hypophosphatemia, or fractures. Conclusions. Although TDF use was associated with a statistically significant loss of renal function, the clinical magnitude of this effect was modest. Our findings do not support the need to restrict TDF use in jurisdictions where regular monitoring of renal function and serum phosphate levels is impractical.

Keywords: Active Antiretroviral Therapy, Antiretroviral, Art, Bone, Case Reports, Chronic Kidney-Disease, Cochrane, Control, Efficacy, EMBASE, Fanconi-Syndrome, Fracture, Glomerular-Filtration Rates, Health, Health-Care Interventions, Hiv-1-Infected Patients, Interventions, MEDLINE, Meta Analysis, Meta-Analysis, Methodological Quality, Methods, Monitoring, Nephrogenic Diabetes-Insipidus, Nephrotoxicity, Patients Receiving Tenofovir, Prospective Studies, Proteinuria, Renal, Renal Function, Review, Risk, Safety, Science, Scopus, Systematic, Systematic Review, Systematic Reviews, Treatment, Tubular Dysfunction, Web of Science

? Meddings, J., Rogers, M.A.M., Macy, M. and Saint, S. (2010), Systematic review and meta-analysis: Reminder systems to reduce catheter-associated urinary tract infections and urinary catheter use in hospitalized patients. *Clinical Infectious Diseases*, **51** (5), 550-560.

Full Text: [2010\Cli Inf Dis51, 550.pdf](2010\Cli%20Inf%20Dis51,%20550.pdf)

Abstract: Background. Prolonged catheterization is the primary risk factor for catheter-associated urinary tract infection (CAUTI). Reminder systems are interventions used to prompt the removal of unnecessary urinary catheters. To summarize the effect of urinary catheter reminder systems on the rate of CAUTI, urinary catheter use, and the need for recatheterization, we performed a systematic review and meta-analysis. Methods. Studies were identified in MEDLINE, the Cochrane Library, Biosis, the Web of Science, EMBASE, and CINAHL through August 2008. Only interventional studies that used reminders to physicians or nurses that a urinary catheter was in use or stop orders to prompt catheter removal in hospitalized adults were included. A total of 6679 citations were identified; 118 articles were reviewed, and 14 articles met the selection criteria. Results. The rate of CAUTI (episodes per 1000 catheter-days) was reduced by 52% (P < .001) with use of a reminder or stop order. The mean duration of catheterization decreased by 37%, resulting in 2.61 fewer days of catheterization per patient in the intervention versus control groups; the pooled standardized mean difference (SMD) in the duration of catheterization was -1.11 overall (P = .070), including a statistically significant decrease in studies that used a stop order (SMD, -0.30; P = .001) but not in those that used a reminder (SMD, -1.54; P = .071). Recatheterization rates were similar in control and intervention groups. Conclusion. Urinary catheter reminders and stop orders appear to reduce the rate of CAUTI and should be strongly considered to enhance the safety of hospitalized patients.

Keywords: Adults, Catheterization, Citations, Cochrane, Control, Control Groups, Duration, EMBASE, Feedback, Infection, Intervention, Interventions, MEDLINE, Meta-Analysis, Methods, Nurses, Physicians, Primary, Reminder Systems, Reminders, Review, Risk, Safety, Science, Staff, Systematic, Systematic Review, Tract, Web of Science

? Sibanda, E.L., Weller, I.V.D., Hakim, J.G. and Cowan, F.M. (2011), Does trimethoprim-sulfamethoxazole prophylaxis for hiv induce bacterial resistance to other antibiotic classes? Results of a systematic review. *Clinical Infectious Diseases*, **52** (9), 1184-1194.

Full Text: [2011\Cli Inf Dis52, 1184.pdf](2011\Cli%20Inf%20Dis52,%201184.pdf)

Abstract: Background. Trimethoprim-sulfamethoxazole (TMP-SMX) prophylaxis has long been recommended for immunosuppressed HIV-infected adults and children born to HIV-infected women. Despite this, many resource-limited countries have not implemented this recommendation, partly because of fear of widespread antimicrobial resistance not only to TMP-SMX, but also to other antibiotics. We aimed to determine whether TMP-SMX prophylaxis in HIV-infected and/or exposed individuals increases bacterial resistance to antibiotics other than TMP-SMX. Methods. A literature search was conducted in MEDLINE, Global Health, EMBASE, Web of Science, ELDIS, and ID21. Results. A total of 501 studies were identified, and 17 met the inclusion criteria. Only 8 studies were of high quality, of which only 2 had been specifically designed to answer this question. Studies were classified as (1) studies in which all participants were infected and/or colonized and in which rates of bacterial resistance were compared between those taking or not taking TMP-SMX and (2) studies comparing those who had a resistant infection with those who were not infected. Type 1 studies showed weak evidence that TMP-SMX protects against resistance. Type 2 studies provided more convincing evidence that TMP-SMX protects against infection. Conclusion. There was some evidence that TMP-SMX prophylaxis protects against resistance to other antibiotics. However, more carefully designed studies are needed to answer the question conclusively.

Keywords: Adults, Antibiotic, Antibiotics, Antiretroviral Therapy, Children, Cote-Divoire, Cotrimoxazole Prophylaxis, Health, HIV, Human-Immunodeficiency-Virus, Infection, Literature, Methods, Opportunistic Infections, Positive Outpatients, Resistance, Review, Risk-Factors, Science, South-African Children, Staphylococcus-Aureus Mrsa, Streptococcus-Pneumoniae, Systematic, Systematic Review, Type 2, Web of Science, Women

# Title: Clinical Interventions in Aging

Full Journal Title: Clinical Interventions in Aging

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Agmon, M., Belza, B., Nguyen, H.Q., Logsdon, R.G. and Kelly, V.E. (2014), A systematic review of interventions conducted in clinical or community settings to improve dual-task postural control in older adults. *Clinical Interventions in Aging*, **9**, 477-492.

Full Text: [2014\Cli Int Agi9, 477.pdf](2014\Cli%20Int%20Agi9,%20477.pdf)

Abstract: Background: Injury due to falls is a major problem among older adults. Decrements in dual-task postural control performance (simultaneously performing two tasks, at least one of which requires postural control) have been associated with an increased risk of falling. Evidence-based interventions that can be used in clinical or community settings to improve dual-task postural control may help to reduce this risk. Purpose: The aims of this systematic review are: 1) to identify clinical or community-based interventions that improved dual-task postural control among older adults; and 2) to identify the key elements of those interventions. Data sources: Studies were obtained from a search conducted through October 2013 of the following electronic databases: PubMed, CINAHL, PsycINFO, and Web of Science. Study selection: Randomized and nonrandomized controlled studies examining the effects of interventions aimed at improving dual-task postural control among community-dwelling older adults were selected. Data extraction: All studies were evaluated based on methodological quality. Intervention characteristics including study purpose, study design, and sample size were identified, and effects of dual-task interventions on various postural control and cognitive outcomes were noted. Data synthesis: Twenty-two studies fulfilled the selection criteria and were summarized in this review to identify characteristics of successful interventions. Limitations: The ability to synthesize data was limited by the heterogeneity in participant characteristics, study designs, and outcome measures. Conclusion: Dual-task postural control can be modified by specific training. There was little evidence that single-task training transferred to dual-task postural control performance. Further investigation of dual-task training using standardized outcome measurements is needed.

Keywords: Attentional Control, Balance, Balance Performance, Characteristics, Clinical, Community, Community Based, Control, Criteria, Data, Databases, Design, Effects, Elderly-People, Evidence, Executive Function, Extraction, Fall Prevention, Fall Risk-Factors, Gait, Heterogeneity, Intervention, Interventions, Investigation, Measures, Modified, Motor Learning, Outcome, Outcome Measures, Outcomes, Performance, Physical Therapy, Psycinfo, Pubmed, Purpose, Quality, Randomized-Controlled-Trial, Review, Risk, Sample Size, Science, Selection, Selection Criteria, Single-Task, Size, Sources, Stops Walking, Study Design, Synthesis, Systematic Review, Training, Virtual-Reality, Walking, Web of Science

# Title: Clinical Journal of the American Society of Nephrology

Full Journal Title: Clinical Journal of the American Society of Nephrology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lu, J.C.T., Coca, S.G., Patel, U.D., Cantley, L. and Parikh, C.R. (2009), Searching for genes that matter in acute kidney injury: A systematic review. *Clinical Journal of the American Society of Nephrology*, **4** (6), 1020-1031.

Abstract: Background and Objectives: Identifying patients who may develop acute kidney injury (AKI) remains challenging, as clinical determinants explain only a portion of individual risk. Another factor that likely affects risk is intrinsic genetic variability. Therefore, a systematic review of studies was performed that related the development or prognosis of AKI to genetic variation. Design, setting, participants, and measurements: MEDLINE, EMBASE, HuGEnet, SCOPUS, and Web of Science were searched for articles from 1950 to Dec 2007. Two independent researchers screened articles using predetermined criteria. Studies were assessed for methodological quality via an aggregate scoring system. Results: the 16 included studies were of cohort or case-cohort design and investigated 35 polymorphisms in 21 genes in association with AKI. Fifteen gene-gene interactions were also investigated in four separate studies. Study populations were primarily premature infants or adults who were critically ill or postcardiac bypass patients. Among the studies, five different definitions of AKI were used. Only one polymorphism, APO E e2/e3/e4, had greater than one study showing a significant impact (P < 0.05) on AKI incidence. The mean quality score of 5.8/10 (range four to nine), heterogeneity in the studies, and the dearth of studies precluded additional meta-analysis of the results. Conclusions: Current association studies are unable to provide definitive evidence linking genetic variation to AKI. Future success will require a narrow consensus definition of AKI, rigorous epidemiologic techniques, and a shift from a priori hypothesis-driven to genome-wide association studies. Clin J Am Soc Nephrol 4: 1020-1031, 2009. doi: 10.2215/CJN.05411008.

Keywords: Acute-Renal-Failure, Adults, Cardiac-Surgery, Complications, Critically-Ill Patients, Definitions, Determinants, Development, EMBASE, Genetic, Genome-Wide Association, Impact, Infants, Injury, Kidney, MEDLINE, Meta-Analysis, Mortality, Outcomes, Polymorphism, Polymorphisms, Prognosis, Researchers, Review, Risk, Science, Scopus, Sepsis, Success, Systematic, Systematic Review, Variability, Web of Science

? Thomas, G., Sehgal, A.R., Kashyap, S.R., Srinivas, T.R., Kirwan, J.P. and Navaneethan, S.D. (2011), Metabolic syndrome and kidney disease: A systematic review and meta-analysis. *Clinical Journal of the American Society of Nephrology*, **6** (10), 2364-2373.

Full Text: [2011\Cli J Ame Soc Nep6, 2364.pdf](2011\Cli%20J%20Ame%20Soc%20Nep6,%202364.pdf)

Abstract: Background and objectives Observational studies have reported an association between metabolic syndrome (MetS) and microalbuminuria or proteinuria and chronic kidney disease (CKD) with varying risk estimates. We aimed to systematically review the association between MetS, its components, and development of microalbuminuria or proteinuria and CKD. Design, setting, participants and measurements and population We searched MEDLINE (1966 to October 2010), SCOPUS, and the Web of Science for prospective cohort confidence interval (CI) studies that reported the development of microalbuminuria or proteinuria and/or CKD in participants with MetS. Risk estimates for eGFR <60 ml/min per 1.73 m(2) were extracted from individual studies and pooled using a random effects model. The results for proteinuria outcomes were not pooled because of the small number of studies. Results Eleven studies (n = 30,146) were included. MetS was significantly associated with the development of eGFR <60 ml/min per 1.73 m(2) (odds ratio, 1.55; 95% CI, 1.34, 1.80). The strength of this association seemed to increase as the number of components of MetS increased (trend P value = 0.02). In patients with MetS, the odds ratios (95% Cl) for development of eGFR <60 ml/min per 1.73 m(2) for individual components of MetS were: elevated blood pressure 1.61 (1.29, 2.01), elevated triglycerides 1.27 (1.11, 1.46), low HDL cholesterol 1.23 (1.12, 1.36), abdominal obesity 1.19 (1.05, 1.34), and impaired fasting glucose 1.14 (1.03, 1.26). Three studies reported an increased risk for development of microalbuminuria or overt proteinuria with MetS. Conclusions MetS and its components are associated with the development of eGFR <60 ml/min per 1.73 m2 and microalbuminuria or overt proteinuria. J Am Soc Nephrol 6: 2364-2373, 2011. doi: 10.2215/CJN.02180311.

Keywords: Association, Blood, Blood Pressure, Cardiovascular-Disease, Cholesterol, Chronic Kidney Disease, Cohort, Development, Diabetes-Mellitus, Diagnosis, Disease, Fasting, HDL, HDL Cholesterol, Insulin-Resistance, Kidney, Kidney Disease, Low, MEDLINE, Meta Analysis, Meta-Analysis, Model, Obesity, Outcomes, Patients, Pressure, Proteinuria, Ratio, Review, Risk, Science, Scopus, Strength, Systematic, Systematic Review, Trend, Urinary Albumin Excretion, US Adults, Web of Science

# Title: Clinical Journal of Pain

Full Journal Title: Clinical Journal of Pain

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Turk, D.C. (2010), Impact of articles published in the *Clinical Journal of Pain*: Most frequently cited papers published from 2002 to 2009. *Clinical Journal of Pain*, **26** (3), 173-174.

Full Text: [2010\Cli J Pai26, 173.pdf](2010\Cli%20J%20Pai26,%20173.pdf)

Keywords: Diabetic-Neuropathy

? Stevens, B., Johnston, C., Taddio, A., Gibbins, S. and Yamada, J. (2010), The premature infant pain profile: Evaluation 13 years after development. *Clinical Journal of Pain*, **26** (9), 813-830.

Full Text: 2010\Cli J Pai26, 813.pdf

Abstract: Objective: To review the (1) reliability, validation, feasibility, and clinical utility and (2) the use of the Premature Infant Pain Profile (PIPP) from 1996 to 2009 to determine the effectiveness of pain management strategies. Methods: Data sources included MEDLINE, CINAHL, EMBASE, PsycINFO, and the Web of Science. Published studies evaluating the measurement properties of the PIPP and intervention studies using the PIPP as an outcome measure of acute pain were included. One reviewer screened studies for relevance and inclusion. Four reviewers rated intervention studies for methodological quality and extracted data for the evidence tables. Results: of the 62 studies included, 14 focused on the measurement properties of the PIPP. Reliability of the PIPP was supported in 5 studies and construct validation was supported in 13 studies. The feasibility of the PIPP was addressed in 4 studies, whereas clinical utility was discussed in 2 studies. Twenty-seven of the 48 studies that were considered to have high methodological quality used the PIPP as the major outcome to evaluate the effectiveness of pain management interventions in infants. Discussion: the PIPP continues to be a reliable and valid measure of acute pain in infants with numerous positive validation studies. There is substantial support for the use of the PIPP as an effective outcome measure in pain intervention studies in infants. Further research with health professionals is required to better support the feasibility and clinical utility of this measure.

Keywords: Behavioral States, Clinical Utility, Crossover Trial, Effectiveness, EMBASE, Evaluation, Feasibility, Heel Lance, Infants, Intervention, Intervention Studies, Interventions, Kangaroo Mother Care, Management, Measurement, MEDLINE, Methods, Neonatal Pain, Orally-Administered Glucose, Outcome, Pain, Premature Infant Pain Profile, Procedural Pain, Profile, Randomized Controlled-Trial, Reliability, Research, Review, Science, Validation, Ventilatory Support, Vulnerable Infants, Web of Science

? Fuentes, J.P., rmijo-Olivo, S., Magee, D.J. and Gross, D.P. (2011), Effects of exercise therapy on endogenous pain-relieving peptides in musculoskeletal pain a systematic review. *Clinical Journal of Pain*, **27** (4), 365-374.

Full Text: 2011\Cli J Pai27, 365.pdf

Abstract: Objective: To review the literature regarding the effects of exercise in patients with musculoskeletal pain on modifying: (1) the plasma or cerebral spinal fluid concentrations of pain-relieving peptides and (2) changing the cerebral activity of areas linked with pain processing and modulation systematically. Methods: An extensive search of bibliographic databases including MEDLINE, EMBASE, EBM Reviews-Cochrane Central Register of Controlled Trials, ISI Web of Science, Scopus, PeDro, AMED, and CINAHL was made. Two independent investigators screened the titles of publications and completed quality assessment of the selected studies. Results: the search of the literature resulted in a total of 1819 published studies. of these only 1 study of low methodological quality was considered to be relevant. The agreement between reviewers to select the articles was kappa=1. The agreement for the methodological quality evaluation was kappa=0.9. Discussion: Given the small number of studies identified and the low quality of research, no firm conclusions could be reached about the impact of therapeutic exercise on modifying concentrations of pain-relieving peptides or its effect on changing the cerebral activity of areas linked with pain processing in patients with musculoskeletal pain. There is a clear need for well-designed trials examining exercise therapy interventions and their effect on both pain-relieving peptides and cerebral activity in patients with musculoskeletal pain.

Keywords: Aerobic Exercise, Assessment, Bibliographic, Bibliographic Databases, Blood-Pressure, Clinical-Trial, Databases, EMBASE, Evaluation, Evidence-Informed Management, Exercise, Exercise Therapy, Impact, Interventions, ISI, Isometric-Exercise, Literature, Low-Back-Pain, MEDLINE, Methods, Pain, Peptides Opioids, Plasma, Plasma Beta-Endorphin, Pressure Pain, Publications, Randomized Controlled-Trial, Research, Review, Rheumatoid-Arthritis, Science, Scopus, Serotonin, Systematic, Systematic Review, Therapy, Web of Science

? Claydon, L.S., Chesterton, L.S., Barlas, P. and Sim, J. (2011), Dose-specific effects of transcutaneous electrical nerve stimulation (TENS) on experimental pain: A systematic review. *Clinical Journal of Pain*, **27** (7), 635-647.

Full Text: 2011\Cli J Pai27, 635.pdf

Abstract: Objective: To determine the hypoalgesic effects of transcutaneous electrical nerve stimulation (TENS) parameter combinations on experimental models in healthy humans. Methods: Searches were performed using the electronic databases Ovid MEDLINE, CINAHL, AMED, and Web of Science (from inception to December 2009). Manual searches of journals and reference lists of retrieved trials were also performed. Randomized controlled trials (RCTs) were included in the review if they compared the hypoalgesic effect of TENS relative with placebo and control, using an experimental pain model in healthy human participants. Two reviewers independently selected the trials, assessed their methodologic quality and extracted data. Results: Forty-three RCTs were eligible for inclusion. A best evidence synthesis revealed: Overall “conflicting” (inconsistent findings in multiple RCTs) evidence of TENS efficacy on experimental pain irrespective of TENS parameters used. Overall intense TENS has “moderate” evidence of efficacy (1 high-quality and 2 low-quality trials). Conventional TENS has overall conflicting evidence of efficacy, this is derived from “strong” evidence of efficacy (generally consistent findings in multiple high-quality RCTs) on pressure pain but strong evidence of inefficacy on other pain models. “Limited” evidence (positive findings from 1 RCT) of hypoalgesia exists for some novel parameters. Low-intensity, low-frequency, local TENS has strong evidence of inefficacy. Inappropriate TENS (using “barely perceptible” intensities) has moderate evidence of inefficacy. Discussion: the level of hypoalgesic efficacy of TENS is clearly dependent on TENS parameter combination selection (defined in terms of intensity, frequency, and stimulation site) and experimental pain model. Future clinical RCTs may consider these TENS dose responses.

Keywords: Amplitude, Analgesia, Clinical-Trials, Cold-Induced Pain, Control, Databases, Efficacy, Electrical Stimulation, Experimentally Induced Pain, Frequency, Healthy-Human Participants, Heat Pain, High-Frequency, Human, Humans, Induced Ischemic Pain, Interferential Currents, Journals, MEDLINE, Methods, Model, Pain, Parameter Manipulation, Pressure, Pressure Pain, Randomized Controlled Trials, Randomized-Trials, Review, Science, Stimulation Site, Systematic, Systematic Review, Web of Science

? Garrett, B., Taverner, T., Masinde, W., Gromala, D., Shaw, C. and Negraeff, M. (2014), A rapid evidence assessment of immersive virtual reality as an adjunct therapy in acute pain management in clinical practice. *Clinical Journal of Pain*, **30** (12), 1089-1098.

Full Text: 2014\Cli J Pai30, 1089.pdf

Abstract: Objectives: Immersive virtual reality (IVR) therapy has been explored as an adjunct therapy for the management of acute pain among children and adults for several conditions. Therapeutic approaches have traditionally involved medication and physiotherapy but such approaches are limited over time by their cost and side effects. This review seeks to critically evaluate the evidence for and against IVR as an adjunctive therapy for acute clinical pain applications. Methods: A rapid evidence assessment (REA) strategy was used. CINAHL, Medline, Web of Science, IEEE Xplore Digital Library, and the Cochrane Library databases were screened in from December 2012 to March 2013 to identify studies exploring IVR therapies as an intervention to assist in the management of pain. Main outcome measures were for acute pain and functional impairment. Results: Seventeen research studies were included in total including 5 RCTs, 6 randomized crossover studies, 2 case series studies, and 4 single-patient case studies. This included a total of 337 patients. Of these studies only 4 had a low risk of bias. There was strong overall evidence for immediate and short-term pain reduction, whereas moderate evidence was found for short-term effects on physical function. Little evidence exists for longer-term benefits. IVR was not associated with any serious adverse events. Discussion: This review found moderate evidence for the reduction of pain and functional impairment after IVR in patients with acute pain. Further high-quality studies are required for the conclusive judgment of its effectiveness in acute pain, to establish potential benefits for chronic pain, and for safety.

Keywords: Acute Pain, Adverse Events, Analgesia, Anxiety Scale, Assessment, Benefits, Bias, Burn Wound Debridement, Case Series, Case Studies, Children, Chronic, Chronic Pain, Clinical, Cost, Databases, Digital, Distraction Intervention, Effectiveness, Effects, Environment, Events, Evidence, Exposure Therapy, From, Function, Functional Impairment, Hypnosis, Immersive Environments, Impairment, Injury Patients, Intervention, Low Risk, Management, Measures, Medline, Methods, Outcome, Outcome Measures, Pain, Patients, Physical, Physiotherapy, Potential, Practice, Randomized, Reducing Pain, Reduction, Research, Results, Review, Risk, Safety, Science, Side Effects, Strategy, Therapeutic, Therapy, Virtual Reality, Vr, Web, Web Of Science

# Title: Clinical Journal of Sport Medicine

Full Journal Title: Clinical Journal of Sport Medicine

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Warsh, J.M., Constantin, S.A., Howard, A. and Macpherson, A. (2009), A systematic review of the association between body checking and injury in youth ice hockey. *Clinical Journal of Sport Medicine*, **19** (2), 134-144.

Full Text: [2009\Cli J Spo Med19, 134.pdf](2009/Cli%20J%20Spo%20Med19,%20134.pdf)

Abstract: Objective: the objective of this study is to systematically examine the risk of injury associated with body checking in youth ice hockey. Data Sources: A systematic review of the relevant electronic databases was conducted including PUBMED and Web of Science. The main search terms included “hockey, ice hockey, injury., body checking, child, adolescent, and pediatric.” Study Selection: the initial search identified 898 potential articles, and, after verifying inclusion criteria, 260 articles were selected for further assessment. The Downs and Black instrument for non-randomized Studies (Downs 1998.) was used to assess the quality of the articles. Data Extraction: Studies included reported on body checking as a mechanism of injury and compared injury rates in checking to non-checking leagues in children 20 years or Younger. Data Synthesis: Twenty studies met the inclusion criteria and they predominantly found increased injuries associated with body checking. The relative risk of injury associated with body checking in comparative studies ranged from 0.6 to 39.8. Checking was the reported mechanism of injury between 2.9% and 91% of injuries. All but I study that met Our inclusion criteria found an increased risk of injuries when body checking was permitted. Conclusions: Increased injuries attributable to checking were found where checking was allowed. This study supports policies that disallow body checking to reduce injuries in young children.

Keywords: Adolescent, Assessment, Body Checking, Bodychecking, Child, Children, Concussions, Databases, Epidemiology, Extraction, Hockey, Injury, Mechanism, Players, Policies, PUBMED, Rates, Relative Risk, Review, Risk, Science, Season, Sources, Spoils, Systematic, Systematic Review, Web of Science, Youth

? Klugl, M., Shrier, I., McBain, K., Shultz, R., Meeuwisse, W.H., Garza, D. and Matheson, G.O. (2010), The prevention of sport injury: An analysis of 12 000 published manuscripts. *Clinical Journal of Sport Medicine*, **20** (6), 407-412.

Full Text: [2010\Cli J Spo Med20, 407.pdf](2010/Cli%20J%20Spo%20Med20,%20407.pdf)

Abstract: Objective: To identify the nature and extent of research in sport injury prevention with respect to 3 main categories: (1) training, (2) equipment, and (3) rules and regulations. Data Sources: We searched PUBMED, CINAHL, Web of Science, EMBASE, and SPORTDiscus to retrieve all sports injury prevention publications. Articles were categorized according to the translating research into injury prevention practice model. Results: We retrieved 11 859 articles published since 1938. Fifty-six percent (n = 6641) of publications were nonresearch (review articles and editorials). Publications documenting incidence (n = 1354) and etiology (n = 2558) were the most common original research articles (33% of total). Articles reporting preventive measures (n = 708) and efficacy (n = 460) were less common (10% of the total), and those investigating implementation (n = 162) and effectiveness (n = 32) were rare (1% of total). Six hundred seventy-seven studies focused on equipment and devices to protect against injury, whereas 551 investigated various forms of physical training related to injury prevention. Surprisingly, publications studying changes in rules and regulations aimed at increasing safety and reducing injuries were rare (<1%; n = 63) with a peak of only 20 articles over the most recent 5-year period and an average of 10 articles over the preceding 5-year blocks of time. Conclusions: Only 492 of 11 859 publications actually assessed the effectiveness of sports injury prevention interventions or their implementation. Research in the area of regulatory change is underrepresented and might represent one of the greatest opportunities to prevent injury.

Keywords: Articles, Consensus Statement, Critical Appraisal, Data-Collection Procedures, Effectiveness, Efficacy, Etiology, Former Soccer Players, Health, Injury, Injury Prevention, Interventions, Model, Olympic Games, Osteoarthritis, Physical-Activity, Practice, Prevention, Professional Football, Publications, PUBMED, Randomized Controlled-Trial, Research, Review, Rugby Union, Safety, Science, Sources, Sport, Sport Injury, Sports, Training, Web of Science

? Matheson, G.O., Shultz, R., Bido, J., Mitten, M.J., Meeuwisse, W.H. and Shrier, I. (2011), Return-to-play decisions: Are they the team physician’s responsibility? *Clinical Journal of Sport Medicine*, **21** (1), 25-30.

Full Text: [2011\Cli J Spo Med21, 25.pdf](2011/Cli%20J%20Spo%20Med21,%2025.pdf)

Abstract: Objective: Return-to-play (RTP) decisions are a central component of the Team Physician’s clinical work, yet there is little more than anecdotal reference to these in the literature. We recently published a 3-step model for return-to-play medical decision making and, in the current paper, undertook a systematic review of the literature to determine the level of evidence in support of this model. Data Sources: PUBMED, Web of Science, and CINAHL electronic databases. Any article specifically related to concussion, head injuries, neck injuries, illness, medical conditions (including cardiovascular and renal), and preparticipation in sport or that reported RTP as a clinical outcome was excluded. Any article that contained a discussion on one of the components of the 3-step decision-based RTP model was included. Results: We reviewed 148 articles that met the criteria for inclusion and found 98 review articles, 39 original articles, 6 case reports, and 5 editorials. of these, 141 articles mentioned Step 1 of the medical decision-making process for RTP (Medical Factors), 26 mentioned Step 2 (Sport Risk Modifiers), and 20 mentioned Step 3 (Decision Modifiers). of the 148 articles in total, only 13 focused on RTP as the main subject and the remaining 135 mentioned RTP anecdotally. of these 13 articles, 5 were reviews, 4 were editorials, and 4 were original research. Conclusions: Although 148 articles we retrieved mention RTP in relation to a specific injury, medical condition, or specific topic, only 13 articles focused specifically on the RTP decision-making process, and 6 of 13 were restricted to Step 1 of the 3-step model (Medical Factors). Return-to-play is a fertile field for research and thought leadership beginning with a focus on the Team Physician’s appropriate role in RTP decision making, particularly considering the factors identified in Step 3 (Decision Modification).

Keywords: Cardiovascular, Care, Case Reports, Costs, Criteria, Cruciate Ligament Reconstruction, Databases, Decision Making, Decision-Making, Injury, Issues, Knee, Literature, Medical, Medical Decision Making, Model, Outcome, Perspective, PUBMED, Research, Return to Play, Review, Science, Serious Injury, Sources, Sport, Sport Participation, Surgery, Systematic, Systematic Review, Web of Science

? Roddy, G., Curnier, D. and Ellemberg, D. (2014), Reductions in intraocular pressure after acute aerobic exercise: A meta-analysis. *Clinical Journal of Sport Medicine*, **24** (5), 364-372.

Full Text: [2014\Cli J Spo Med24, 364.pdf](2014/Cli%20J%20Spo%20Med24,%20364.pdf)

Abstract: Objective: Aerobic exercise is known to reduce elevated intraocular pressure (IOP), a primary risk factor for a disease of the eye known as primary open-angle glaucoma. Given the disparate nature of experimental protocols across the literature, an analysis of studies on the effect of acute aerobic exercise on IOP is necessary to verify the influence of participant characteristics, exercise intensity, and duration. Data Sources: The electronic databases PubMed, Web of Science, and Embase were searched, producing 35 empirical studies for review. Ten studies producing 14 independent groups were chosen as per the criteria of the analysis. Main Results: Random effects model was used to produce subgroup analyses, and meta-regressions were used to verify the impact of group allocation, intensity, and duration on the interstudy variability of the effect size (ES). The outcome variable of postexercise change in IOP produced a significant effect of exercise, almost 2-fold greater for sedentary populations than for normally active populations (ES = -4.198; confidence interval, -5.151 to -3.245); ES = -2.340; confidence interval, -3.305 to 1.375, respectively). The significant effect of exercise on IOP is potentially mediated by group allocation. Intensity and duration do not contribute to the overall ES nor do they explain the difference between sedentary and normally active populations. Conclusions: There is a robust effect of exercise on IOP for sedentary participants. However, the heterogeneity across study parameters, such as exercise protocol, IOP measurement, and participant selection, prohibited the inclusion of studies in this analysis that may have influenced the results. The current analysis makes clear the need for standardization of protocol across this field of research.

Keywords: Active, Aerobic Exercise, Allocation, Analyses, Analysis, Cardiovascular Risk Variables, Characteristics, Confidence, Criteria, Data, Databases, Disease, Duration, Effect Size, Effects, Empirical Studies, Exercise, Experimental, Field, Fitness, Glaucoma Prevention, Goldmann Applanation Tonometry, Groups, Heterogeneity, Hypertension, Impact, Induced Ocular Hypotension, Influence, Intensity, Interval, Literature, Measurement, Meta-Analysis, Model, Open-Angle Glaucoma, Outcome, Physical Activity, Populations, Pressure, Primary, Progression, Protocol, Protocols, Pubmed, Research, Results, Review, Risk, Risk Factor, Science, Sedentary, Selection, Size, Standardization, Submaximal Exercise, Systemic Blood-Pressure, Variability, Visual-Field Loss, Web Of Science

# Title: Clinical Laboratory

Full Journal Title: Clinical Laboratory

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

? Lippi, G., Favaloro, E.J. and Guidi, G.C. (2009), The impact factor and journals in *Laboratory Medicine*. *Clinical Laboratory*, **55** (1-2), 49-52.

Abstract: the impact factor, originally devised by Eugene Garfield, offsets the advantages of journal size and age, and is a tool often used for the evaluation of journals and scientists, and is considered to provide a reliable trend of basic and clinical research worldwide.

Overall, the median impact factor of all medical laboratory journals increased by 23% from 2001 to 2007, but it was slightly decreased from that of the previous year (-4.1%). Moreover, the aggregate impact factor of all these journals, which takes into account the number of citations for all journals in this category and the number of articles from all journals in the same category, increased from 2.042 in 2003 to 2.153 in 2004, but decreased to 2.060 in 2005 and has remained fairly stable in subsequent years (2.054 in 2006 and 2.080 in 2007), reflecting remarkable increases and substantial reductions observed for individual journals. This trend mirrored that of biochemistry and molecular biology journals, whereas journals listed under the subject categories “pathology”, “surgery” and “Medicine, general and internal” substantially increased their aggregate impact factor from 2003 to 2007.

According to the impact factor trend of laboratory medicine journals, it appears that medical laboratory science has reached a steady state. This might be partially due to the radical changes that have occurred within medical laboratory science since the beginning of the last millennium and raises the question of whether laboratory professionals should consider embracing new areas of research, such as the role of laboratory diagnostics in surgery and internal medicine.

Keywords: Impact Factor, Citation, Science, Clinical Chemistry

# Title: Clinical Nephrology

Full Journal Title: Clinical Nephrology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? van den Beukel, T.O., Jager, K.J., Siegert, C.E.H., Schoones, J.W. and Dekker, F.W. (2010), Racial minority groups on dialysis in Europe a literature review. *Clinical Nephrology*, **74**, S78-S84.

Abstract: Aims To provide an overview of the existing data on non-Caucasian dialysis patients within Europe, and to explore whether these data confirm differences between non-Caucasian and Caucasian dialysis patients that were found in other parts of the world Method A query consisting of the combination “dialysis”, “ethnicity”, and “Europe” was applied in PUBMED, EMBASE, Web of Science, CINAHL, and the Cochrane Library Results Ten papers were included in this study Studies from the United Kingdom (UK) and the Netherlands confirm the higher incidence of end-stage renal disease (ESRD) in non-Caucasians In other European countries these findings were not confirmed In studies from the UK, the Netherlands, and Spain a younger age at initiation of dialysis treatment for non-Caucasians compared to Caucasians was reported, this is also found in non-European studies Regarding comorbid conditions at the start of renal replacement therapy (RRT), vascular disease was less common, while diabetes was more common among non-Caucasians compared to Caucasians Large non-European studies also demonstrated less vascular disease among non-Caucasians initiating RRT than among Caucasians the survival advantage for non-Caucasian compared to Caucasian RRT patients is confirmed in one large study from the UK and in a Dutch study Reasons for the better survival of non-Caucasians are not understood completely Conclusions Only a few studies are available on non-Caucasian dialysis patients in Europe the available data confirm findings of other studies throughout the world on racial differences on dialysis More research is needed to understand the higher incidence and better survival in non-Caucasian patients, and also in countries where there are currently no relevant data.

Keywords: Cochrane, Diabetes, Dialysis, Disease, EMBASE, Erythropoietin, Ethnicity, Europe, Hemodialysis-Patients, Immigrant, Literature, Literature Review, Mortality, Netherlands, Non-Caucasian, Outcomes, Overview, Papers, Practice Patterns, PUBMED, Race, Research, Review, Science, Spain, Survival, Therapy, Treatment, UK, United Kingdom, Web of Science

# Title: Clinical Neurology and Neurosurgery

Full Journal Title: Clinical Neurology and Neurosurgery

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Nieder, C., Astner, S.T. and Grosu, A.L. (2012), Glioblastoma research 2006-2010: Pattern of citation and systematic review of highly cited articles. *Clinical Neurology and Neurosurgery*, **114** (9), 1207-1210.

Full Text: [2012\Cli Neu Neu114, 1207.pdf](2012\Cli%20Neu%20Neu114,%201207.pdf)

Abstract: High and continuously increasing research activity related to different aspects of pathogenesis, epidemiology, diagnosis and treatment of glioblastoma has been performed between 2006 and 2010. Different measures of impact, visibility and quality of published research are available, each with its own pros and cons. For this review, article citation rate was chosen. Articles were identified through systematic search of the abstract database PubMed followed by analyses of total number of citations and proportion of highly cited articles, arbitrarily defined as those with >= 100, 50-99, and 25-49 citations, respectively (citation database Scopus). Overall 5831 scientific articles on the subject were published during this time period. 1.5% of all articles accumulated at least 100 citations, 3.2% were cited between 50 and 99 times, and 7.5% were cited between 25 and 49 times. Among the 10 most cited articles, 7 reported on genomic analyses, molecular subclasses of glioblastoma and/or stem cells. Overall, 18 randomized clinical trials were published between 2006 and 2010, including those with phase II design. Thirty-nine percent of them accumulated at least 50 citations and 72% were cited at least 25 times. In general, annual citation rate appeared to gradually increase during the first 2-3 years after publication before reaching high levels. A large variety of preclinical and clinical topics achieved at least 25 citations. However, areas such as quality of life, side effects, and end-of-life care were underrepresented. Efforts to increase their visibility might be warranted. (c) 2012 Elsevier B.V. All rights reserved.

Keywords: Analyses, Articles, Bevacizumab Plus Irinotecan, Cancer Stem-Cells, Care, Citation, Citations, Clinical, Clinical Trials, Database, Design, Diagnosis, Double-Blind, Effects, End of Life, End-of-Life Care, Epidemiology, First, Gene-Expression, General, Glioblastoma, Grade Iv Glioma, Highly Cited, Highly-Cited, Impact, Impact Factor, Life, Malignant Glioma, Malignant Gliomas, NOV, Pathogenesis, Phase II, Phase-II Trial, Placebo-Controlled Trial, Publication, Pubmed, Quality, Quality Of, Quality of Life, Randomized, Randomized Controlled-Trial, Recurrent Glioblastoma, Research, Research Evaluation, Review, Rights, Scopus, Side Effects, Stem Cells, Systematic Review, Treatment, Visibility

? Piper, R.J., Yoong, M.M., Kandasamy, J. and Chin, R.F. (2014), Application of diffusion tensor imaging and tractography of the optic radiation in anterior temporal lobe resection for epilepsy: A systematic review. *Clinical Neurology and Neurosurgery*, **124**, 59-65.

Full Text: [2014\Cli Neu Neu124, 59.pdf](2014\Cli%20Neu%20Neu124,%2059.pdf)

Abstract: Background: Approximately 50-100% of patients with temporal lobe epilepsy undergoing anterior temporal lobe resection (ATLR) will suffer a postoperative visual field defect (VFD) due to disruption of the optic radiation (OpR). Objective: We conducted a systematic review of the literature to examine the role of DTI and tractography in ATLR and its potential in reducing the incidence of postoperative VFD. Methods: We conducted an electronic literature search using PubMed, Embase, Web of Science and BMJ case report databases. Eligibility for study inclusion was determined on abstract screening using the following criteria: the study must have been (1) an original investigation or case report in humans; (2) investigating the OpR with DTI in cases of ATLR in temporal lobe epilepsy; (3) investigating postoperative VFD. All forms of ATLR and ways of assessing VFD were included to reflect clinical practice. Results: 13 studies (four case reports, eight prospective observational studies, one prospective comparative trial) were included in the review, 179 (mean +/- SD, 13.8 +/- 12.6; range, 1-48) subjects were investigated using DTI. The time of postoperative VFD measurement differed between the detected studies, ranging from two weeks to nine years following ATLR. A modest number of studies and insufficient statistical homogeneity precluded meta-analysis. However, DTI methods were consistently accurate at quantifying and predicting postoperative damage to the OpR. These methods revealed a correlation between the extent of OpR damage and the severity of postoperative VFD. The first and only trial with 15 subjects compared to 23 controls reported that using intraoperative tractography in ATLR significantly reduces the occurrence of postoperative VFD on comparison to conventional surgical planning. Conclusions: DTI shows potential to be an effective method used in planning ATLR. Findings from a single modest sized study suggest that tractography may be employed as part of intraoperative navigation techniques in order to avoid injury to the OpR. Further research needs to be conducted to ensure the applicability and effectiveness of this technology before implementation in routine clinical practice. (C) 2014 Elsevier B.V. All rights reserved.

Keywords: Anterior Temporal Lobectomy, Application, Assessing, Case Report, Case Reports, Clinical, Clinical Practice, Comparison, Conventional, Correlation, Criteria, Damage, Databases, Deficits, Diffusion, Diffusion Tensor Imaging, Effectiveness, Epilepsy, Epilepsy Surgery, Field, First, Forms, Hippocampal Sclerosis, Homogeneity, Humans, Imaging, Implementation, Incidence, Injury, Investigation, Literature, Literature Search, Lobectomy, Measurement, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Meyers Loop, Needs, Observational, Observational Studies, Patients, Planning, Postoperative, Potential, Practice, Prospective, Pubmed, Radiation, Research, Results, Review, Rights, Role, Science, Screening, Selective Amygdalohippocampectomy, Surgery, Systematic, Systematic Review, Techniques, Technology, Temporal, Tractography, Trial, Vision, Visual Field Defects, Visual-Field Defects, Web Of Science

? Zheng, J. and Zhang, J.M. (2015), Neoplastic cerebral aneurysm from metastatic tumor: A systematic review of clinical and treatment characteristics. *Clinical Neurology and Neurosurgery*, **128**, 107-111.

Full Text: [2015\Cli Neu Neu128, 107.pdf](2015/Cli%20Neu%20Neu128,%20107.pdf)

Abstract: Objective: Neoplastic cerebral aneurysm (NCA) is a very rare event. The authors aimed to characterize the clinical and treatment details of this poorly defined entity. Materials and methods: A computerized systematic literature search was performed in PubMed, Medline, Web of Science, Cochrane Library, Embase, Google Scholar, Science Direct and Scopus. Keywords used were as follows: “aneurysm”; “myxoma”; “choriocarcinoma”; “oncotic aneurysm”; “neoplastic aneurysm”. Only reports with cerebral aneurysm resulting from metastatic tumor and contained adequate clinical information pertinent to the analysis were included. Clinical and treatment characteristics were analyzed. Results: Ninety-two studies reporting 96 cases of neoplastic cerebral aneurysm were identified. NCA from cardiac myxoma accounted for 60.4%, while NCA from choriocarcinoma and other tumors accounted for 26.1% and 13.5%, respectively. The rates of intracranial hemorrhages were 19.6% in NCA from myxoma, 100% in NCA from choriocarcinoma, and 84.6% in NCA from other tumors. 75.9% of NCA from myxoma were managed conservatively, 92% of NCA from choriocarcinoma were treated by surgery and/or chemotherapy, and 69.2% of NCA from other tumors were treated by surgery with or without chemotherapy. The mortality rates were 11.4% in NCA from myxoma, 60.9% in NCA from choriocarcinoma, and 92.3% in NCA from other tumors. According to a multiple logistic regression model, “pathology (P=0.002)” is significantly correlated with outcome. Conclusions: Neoplastic cerebral aneurysms are usually complicated with cardiac myxoma, choriocarcinoma and lung carcinoma. NCA from cardiac myxoma were probably multiple and rarely associated with intracranial hemorrhage, while the majority of NCA from choriocarcinoma and other tumors were single and presented with intracranial hemorrhage. The prognosis is quite good in NCA from cardiac myxoma, while NCA from malignant tumors were associated with poor outcome. (C) 2014 Elsevier B.V. All rights reserved.

Keywords: Analysis, Aneurysm, Artery Aneurysm, Authors, Carcinoma, Cardiac Myxoma, Cardiac Myxoma, Cerebral, Cerebral Aneurysm, Characteristics, Chemotherapy, Choriocarcinoma, Clinical, Delayed Complication, From, Fusiform Aneurysms, Gestational Choriocarcinoma, Google, Google Scholar, Hemorrhage, Information, Intracerebral Hemorrhage, Intracranial Hemorrhage, Intracranial Hemorrhages, Keywords, Left Atrial-Myxoma, Literature, Literature Search, Logistic Regression, Lung, Materials, Medline, Metastatic, Metastatic Tumor, Methods, Model, Mortality, Multiple Intracranial Aneurysms, Neoplastic Cerebral Aneurysm, Of-The-Literature, Oncotic Aneurysms, Outcome, Prognosis, Pubmed, Rates, Regression, Regression Model, Reporting, Results, Review, Rights, Science, Scopus, Surgery, Systematic, Systematic Literature Search, Systematic Review, Treatment, Tumor, Web, Web Of Science

# Title: Clinical Neuropsychologist

Full Journal Title: Clinical Neuropsychologist

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Language:

Journal Country/Territory:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Sweet, J.J., King, J.H., Malina, A.C., Bergman, M.A. and Simmons, A. (2002), Documenting the prominence of forensic neuropsychology at national meetings and in relevant professional journals from 1990 to 2000. *Clinical Neuropsychologist*, **16** (4), 481-494.

Abstract: Numerous authors have opined that forensic activities have become more prominent within clinical neuropsychology. To investigate the merits of these claims, the entire contents of Archives of Clinical Neuropsychology (ACN), Journal of Clinical and Experimental Neuropsychology (JCEN), and the Clinical Neuropsychologist (TCN) from 1990 through 2000 were reviewed and cataloged. These three journals were selected because they are the highest-ranking clinical subscription journals according to surveys of neuropsychology practitioners. Prior to rating journal content, various categories of interest were delineated and practice ratings were obtained until the two raters reached 92% agreement. Each of the raters read the journal contents and recorded content ratings for half of the journal issues under review. Results of the 8323 ratings demonstrated increases across time in the absolute numbers of articles related to forensic neuropsychology, although variable and different for each journal. Published articles that were partially or substantially forensic in nature in the three journals combined increased from 4% in 1990 to 14% in 2000. An annual peak in absolute number (n = 32; 16%) of forensic journal articles occurred in 1997. The most common topic of 139 articles published in ACN, JCEN, and TCN from 1990 to 2000 was malingering, which appeared in 86% of the general forensic articles. Forensic presentations at annual NAN meetings ranged from 3.9 to 11.3% (M = 8%) of the convention programs, whereas within Division 40’s programs at the American Psychological Association meeting, the average percentage ranged from 2.3 to 11.7% (M = 6%). Results pertaining to each journal and to specific forensic topics are presented and implications of these and other results are discussed.

Keywords: Clinical, Forensic, General, Journal, Journal Articles, Journals, Malingering, Practice, Review, Surveys

# Title: Clinical Nursing Research

Full Journal Title: Clinical Nursing Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Joseph, L.M., Berry, D. and Jessup, A. (2015), Management of type 2 diabetes in Asian Indians: A review of the literature. *Clinical Nursing Research*, **24** (2), 188-210.

Full Text: [2015\Cli Nur Res24, 188.pdf](2015/Cli%20Nur%20Res24,%20188.pdf)

Abstract: Type 2 diabetes mellitus (T2DM) is increasing in Asian Indians globally. In this article, we review published studies of interventions designed to prevent T2DM or improve self-management in South Asian Indians. A PubMed, CINAHL, Medline, EMBASE, Psycinfo, Family & Society Studies Worldwide, Web of Science, and Consumer Health Complete search was conducted using the following search terms: type 2 diabetes mellitus, Asian Indian continental ancestry group, therapy, treatment, management, care, intervention, self-care, exercise, diet, and lifestyle. The review included pilot or full intervention studies examining the prevention and/or management of T2DM and qualitative studies analyzing the influence of various ethnic factors on the prevention and management of T2DM. Seventeen studies met the inclusion criteria. They examined the influence of culture and religion and the effectiveness of individual and community-based education and lifestyle improvement programs, exercise, and complementary therapies. Few programs led to the improved long-term management of T2DM. Further research is needed to develop ethnic-specific interventions.

Keywords: Article, Asian, Body-Mass Index, Care, Community Based, Complementary, Consumer, Controlled-Trial, Criteria, Culture, Diabetes, Diabetes Mellitus, Diet, Education, Education-Program, Effectiveness, Embase, Exercise, Factors, Family, Health, Improvement, Influence, Intervention, Intervention Studies, Interventions, Life-Style, Literature, Long Term, Long-Term, Management, Medline, Metabolic Syndrome, Pilot, Prevent, Prevention, Primary-Care, Pubmed, Qualitative, Religion, Research, Review, Risk-Factors, Science, Self Care, Self Management, Self-Care, Self-Management, South Asian, South Asian Indians, South Asians, Therapy, Treatment, Type 2 Diabetes, Type 2 Diabetes Management, Type 2 Diabetes Mellitus, Type 2 Diabetes Prevention, Web, Web Of Science

# Title: Clinical Oncology

Full Journal Title: Clinical Oncology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Wang, F., Wang, L.D., Li, B. and Sheng, Z.X. (2012), Gefitinib compared with systemic chemotherapy as first-line treatment for chemotherapy-naive patients with advanced non-small cell lung cancer: A meta-analysis of randomised controlled trials. *Clinical Oncology*, **24** (6), 396-401.

Full Text: [2012\Cli Onc24, 396.pdf](2012\Cli%20Onc24,%20396.pdf)

Abstract: To define the efficacy of gefitinib in chemotherapy-naive patients with advanced non-small cell lung cancer, we carried out a meta-analysis of randomised controlled trials. MEDLINE, Embase, the Cochrane controlled trials register and the Science Citation Index were searched. Seven trials were identified, covering a total of 4656 subjects. As compared with chemotherapy, gefitinib was effective in the selected patients: the corresponding summary hazard ratios (gefitinib versus chemotherapy) for progression-free survival were 0.43 (0.32, 0.58)(P < 0.001) for the subgroup of patients with epidermal growth factor receptor (EGFR) mutant treated with gefitinib monotherapy, 0.71 (0.60, 0.83) (P < 0.001) for the subgroup of patients with lung adenocarcinoma; but was detrimental for the patients without EGFR mutant treated by gefitinib monotherapy [hazard ratio = 2.16 (1.17, 3.99), P = 0.01]. Significantly improved survival was found in the gefitinib group compared with the control in the subgroup of patients with lung adenocarcinoma [hazard ratio = 0.89 (0.81, 0.99); P= 0.03], but not found in the subgroup of patients with EGFR mutant [hazard ratio = 0.87 (0.68, 1.12); P = 0.28]. In conclusion, first-line treatment with gefitinib conferred prolonged progression-free survival than treatment with systemic chemotherapy in a molecularly or histologically defined population of patients with non-small cell lung cancer, and improved survival in the subgroup of patients with lung adenocarcinoma. (C) 2011 the Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.

Keywords: Adenocarcinoma, Cancer, Carboplatin, Chemotherapy, Citation, Combination, Control, Efficacy, Epidermal Growth Factor, First-Line Therapy, Gefitinib, Growth, Growth Factor, Hazard, Lung, Lung Cancer, Meta-Analysis, Metaanalysis, P, Paclitaxel, Patients, Phase-III Trial, Population, Prolonged, Randomised, Randomised Controlled Trials, Rights, Science, Science Citation Index, Survival, Treatment

? Liu, X., Lin, X.J., Wang, C.P., Yan, K.K., Zhao, L.Y., An, W.X. and Liu, X.D. (2014), Association between smoking and p53 mutation in lung cancer: A meta-analysis. *Clinical Oncology*, **26** (1), 18-24.

Full Text: [2014\Cli Onc26, 18.pdf](2014\Cli%20Onc26,%2018.pdf)

Abstract: Aims: To carry out a meta-analysis on the relationship between smoking and p53 gene mutation in lung cancer patients. Materials and methods: PubMed, Web of Science, ProQest and Medline were searched by using the key words: ‘lung cancer or lung neoplasm or lung carcinoma’, ‘p53 mutation’ and ‘smoking’. According to the selection criteria, 15 articles were identified and methodologically analysed by STATA 12.0 software package. Crude odds ratios with 95% confidence intervals calculated using the fixed-effects model were used to assess the strength of association between smoking and p53 mutation in lung cancer. Results: In total, 15 articles with 1770 lung cancer patients were identified; 69.6% of the patients were smokers, 30.4% were non-smokers. Overall, smokers with lung cancer had a 2.70-fold (95% confidence interval 2.04-3.59) higher risk for mutation than the non-smokers with lung cancer. In subgroup analyses, the increased risk of p53 mutation in smokers than in non-smokers was found in the non-small cell lung cancer (NSCLC) group (odds ratio = 2.38, 95% confidence interval = 1.71-3.32) and in the NSCLC and SCLC group (odds ratio 3.82, 95% confidence interval 2.19-6.69). Conclusions: This meta-analysis strongly suggests that p53 mutation is associated with smoking-induced lung cancer. Smokers with lung cancer had a higher risk for p53 mutation than non-smokers. (c) 2013 The Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.

Keywords: Analyses, Association, Breast Cancers, Cancer, Cigarette-Smoking, Clinical-Trials, Confidence, Confidence Intervals, Criteria, Dna-Adducts, Fixed Effects Model, Frequency, Gene, Gene-Mutations, Interval, Intervals, Lung, Lung Cancer, Materials, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Mutation, Neoplasm, Nsclc, Odds Ratio, P53, P53 Mutation, Patients, Plasma Dna, Pubmed, Results, Rights, Risk, Science, Sclc, Selection, Selection Criteria, Smoking, Software, Strength, Tobacco-Smoke, Tp53, Web of Science, Women

? Jadon, R., Pembroke, C.A., Hanna, C.L., Palaniappan, N., Evans, M., Cleves, A.E. and Staffurth, J. (2014), A systematic review of organ motion and image-guided strategies in external beam radiotherapy for cervical cancer. *Clinical Oncology*, **26** (4), 185-196.

Full Text: [2014\Cli Onc26, 185.pdf](2014\Cli%20Onc26,%20185.pdf)

Abstract: Advanced radiotherapy techniques, such as intensity-modulated radiotherapy (IMRT), may significantly benefit cervical cancer patients, in terms of reducing late toxicity and potentiating dose escalation. Given the steep dose gradients around the planning target volume (PTV) with IMRT planning, internal movement of organs during treatment may cause geographical miss of the target and unnecessary organs at risk (OAR) inclusion into high dose regions. It is therefore important to consider the extent and patterns of organ motion and to investigate potential image-guided radiotherapy (IGRT) solutions before implementing IMRT for cervical cancer. A systematic literature search was carried out using Medline, Embase, Cochrane Library, Web of Science, Cinahl and Pubmed. Database-appropriate search strategies were developed based upon terms for uterine neoplasms, IGRT, organ motion and target volume. In total, 448 studies were identified and screened to find 39 relevant studies, 12 of which were abstracts. These studies show that within the target volume for cervical cancer radiotherapy, uterine motion is greater than cervical. Uterine motion is predominantly influenced by bladder filling, cervical motion by rectal filling. Organ motion patterns are patient specific, with some having very little (5 mm) and others having much larger shifts (40 mm) of the target volume. Population-based clinical target volume (CTV)-PTV margins would be large (up to 4 cm around the uterus), resulting in unnecessary OAR inclusion within the PTV, reducing the benefits of IMRT. Potential solutions include anisotropic margins with increased margins in the anteroposterior and superoinferior directions, or greater PTV margins around the uterine fundus than the cervix. As pelvic organ motion seems to be patient specific, individualised PTV margins and adaptive IGRT strategies have also been recommended to ensure target volume coverage while increasing OAR sparing. Although these strategies are promising, they need significant validation before they can be adopted into clinical practice. (C) 2014 Published by Elsevier Ltd on behalf of The Royal College of Radiologists.

Keywords: Anisotropic, Benefits, Bladder, Bowel Displacement System, Cancer, Cervical Cancer, Cervix, Clinical, Clinical Practice, Computed-Tomography, Coverage, Definitive Treatment, Dose Distribution, External Beam Radiotherapy, Gynecologic Malignancies, High Dose, Igrt, Image Guidance, Imrt, Intensity-Modulated Radiotherapy, Interfractional Variation, Late Toxicity, Literature, Literature Search, Medline, Modulated Radiation-Therapy, Movement, Neoplasms, Organ Motion, Patient-Specific, Patients, Pelvic, Planning, Potential, Practice, Radiotherapy, Review, Risk, Science, Search Strategies, Set-Up, Solutions, Systematic Literature Search, Systematic Review, Target Volume, Techniques, Toxicity, Treatment, Uterine, Uterus, Validation, Volume, Web of Science, Whole Pelvic Radiotherapy

? Petrelli, F., Coinu, A., Borgonovo, K., Cabiddu, M., Ghilardi, M., Lonati, V. and Barni, S. (2014), Oxaliplatin-based chemotherapy: A new option in advanced hepatocellular carcinoma. A systematic review and pooled analysis. *Clinical Oncology*, **26** (8), 488-496.

Full Text: [2014\Cli Onc26, 488.pdf](2014\Cli%20Onc26,%20488.pdf)

Abstract: Advanced hepatocellular carcinoma (HCC), for which locoregional treatment is not an option, is a candidate for palliative systemic therapy, but an accepted chemotherapy regimen does not exist. We have conducted a systematic literature review and meta-analyses to quantify the benefits of oxaliplatin (OXA)-based chemotherapy in advanced HCC in patients not exposed to sorafenib. Studies that enrolled advanced HCC patients treated with first-line OXA-based chemotherapy were identified using PubMed, Web of Science, SCOPUS, The Cochrane Register of Controlled Trials and EMBASE. A systematic review was conducted to calculate the pooled response rate and 95% confidence interval. The pooled median progression-free survival (PFS) and overall survival, weighted on the number of patients of each selected trials, were also calculated. We tested for significant heterogeneity by Cochran’s chi-squared test and I-square index. Thirteen studies were included in this review, with a total of 800 patients analysed. The pooled response rate was 16.8%. The median PFS and overall survival were 4.2 and 9.3 months, respectively, with a 1 year overall survival of 37%. The weighted median PFS/overall survival and response rate were 4.5/11 months and 20% in Western patients. Conversely, in Asiatic studies, the median PFS/overall survival and response rate were 2.43/6.47 months and 13.2%, respectively. OXA-based chemotherapy is effective in advanced HCC and represents a viable option in these patients. A head to head comparison with sorafenib or a second-line agent should be verified in prospective trials. (C) 2014 The Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.

Keywords: Advanced HCC, Analysis, Benefits, Capecitabine, Carcinoma, Chemotherapy, Clinical-Trials, Combination, Comparison, Confidence, Doxorubicin, Embase, First Line, Gemcitabine Plus Oxaliplatin, Hcc, Hepatocellular Carcinoma, Heterogeneity, Index, Interval, Literature, Literature Review, Metaanalysis, Multicenter, Oxaliplatin, Patients, Prospective, Publication Bias, Pubmed, Randomized Phase-III, Response, Review, Rights, Science, Scopus, Sorafenib, Sorafenib, Survival, Systematic, Systematic Literature Review, Systematic Review, Therapy, Treatment, Web Of Science

? Schmidt-Hansen, M., Hoskin, P., Kirkbride, P., Hasler, E. and Bromham, N. (2014), Hormone and radiotherapy versus hormone or radiotherapy alone for non-metastatic prostate cancer: A systematic review with meta-analyses. *Clinical Oncology*, **26** (10), E21-E46.

Full Text: [2014\Cli Onc26, E21.pdf](2014/Cli%20Onc26,%20E21.pdf)

Abstract: Aims: Radiotherapy is standard treatment for localised prostate cancer and is often combined with hormone treatment to prevent androgen stimulation of prostate cancer. Hormone therapy carries significant morbidity and can only be justified in the radical treatment of localised disease if it can be balanced against a significant gain in disease control and survival. Materials and methods: We searched Medline, Premedline, Embase, Cochrane Library, Web of Science (SCI & SSCI) and Biomed Central for randomised controlled trials published in English comparing radiotherapy or hormone therapy alone with radiotherapy and hormone therapy in combination as first-line treatment in patients with non-metastatic prostate cancer reporting overall survival, disease-free survival, distant metastases-free survival, biochemical survival, adverse events (including cardiovascular) and/or health-related quality of life. Results: Fourteen trials were included and showed that combination therapy was associated with better or similar survival and disease-free outcomes compared with single-modality treatment, and that this may particularly be the case for patients with higher risk disease. The results also suggested that combination therapy is associated with more and worse adverse events and quality of life, although this was not always the case. Some of the results are at risk of reporting bias. Conclusion: The published data support the use of combined treatment with androgen deprivation and radiotherapy for intermediate-and high-risk localised and locally advanced prostate cancer. Optimal timing, duration, formulation and the management of side-effects remain important questions for further research. (C) 2014 The Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.

Keywords: Adverse Events, Androgen, Androgen Deprivation Therapy, Bias, Cancer, Cardiovascular, Cardiovascular Mortality, Combination Therapy, Combined Orchiectomy, Combined Treatment, Control, Data, Definitive Radiotherapy, Deprivation, Disease, Duration, English, Events, External Radiotherapy, First Line, First-Line Treatment, Formulation, Health-Related Quality Of Life, Hormone Therapy, Life, Locally Advanced, Long-Term, Management, Materials, Medline, Meta-Analyses, Methods, Morbidity, Outcomes, Patients, Prevent, Prostate Cancer, Prostate Neoplasm, Quality, Quality Of, Quality Of Life, Radiation-Therapy, Radiotherapy, Randomised, Randomised Controlled Trials, Randomized Phase-III, Reporting, Research, Results, Review, Rights, Risk, Rtog 85-31, SCI, Science, Side Effects, SSCI, Standard, Support, Suppression Therapy, Survival, Systematic, Systematic Review, Therapy, Timing, Treatment, Web Of Science

# Title: Clinical Oral Implants Research

Full Journal Title: [Clinical Oral Implants Research](http://www3.interscience.wiley.com/journal/117978803/home)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bachle, M. and Kohal, R.J. (2004), A systematic review of the influence of different titanium surfaces on proliferation, differentiation and protein synthesis of osteoblast-like MG63 cells. *Clinical Oral Implants Research*, **15** (6), 683-692.

Full Text: 2004\Cli Ora Imp Res15, 683.pdf

Abstract: Objectives: Titanium is the standard material for dental and orthopaedical implants. The good biocompatibility has been proven in many experimental and clinical investigations. Different titanium topographies were tested in vitro using different cell culture models. The aim of this systematic review was to evaluate and summarize the medical/dental literature to assess on which kind of titanium surface structure the osteoblast-like osteosarcoma cells MG63 show the best proliferation and differentiation rate, and the best protein synthesis. Methods: A systematic search was carried out using different on-line databases (PUBMED, Web of Science, Cochrane Library, International Poster Journal), supplemented by handsearch in selected journals and by examination of the bibliographies of the identified articles. Inclusion and exclusion criterias were applied when considering relevant articles. Studies which met the inclusion criteria were included and data extraction was undertaken by one reviewer. Results: the search yielded 348 references. Nine articles referring to nine different studies were relevant to our question. Additionally 8 less relevant articles were identified. It was found that regularly textured surfaces of pure titanium with R-a values (average roughness) of around 4 mum are well-accepted by MG63 cells. Conclusions: the surfaces and culture conditions vary widely. Therefore it is still difficult to recommend one particular surface. It seems that there are no differences in cell proliferation and differentiation on surfaces treated by blasting and etching. Standardization in fabrication and size of the different test surfaces as well as homogeneity in culture times and plating densities should be aspects for future research.

Keywords: Behavior, Bone-Formation, Cartilage Cells, Cochrane, Culture, Databases, Differentiation, Extracellular-Matrix, Growth-Factor-Beta, Implants, In-Vitro, In-Vitro Studies, Journal, Journals, Kinase-A, Literature, Methods, Mg-63, Osteoblast-Like Mg63 Cells, Protein Synthesis, PUBMED, Research, Review, Roughness, Science, Standardization, Systematic, Systematic Review, Titania, Hydroxyapatite Composite Coatings, Titanium Surfaces, Web of Science

? Türp, J.C., Motschall, E., Schindler, H.F. and Heydecke, G. (2007), In patients with temporomandibular disorders do particular interventions influence oral health-related quality of life? A qualitative systematic review of the literature. *Clinical Oral Implants Research*, **18** (S3), 127-137.

Full Text: [2007\Cli Ora Imp Res18, 127.pdf](2007\Cli%20Ora%20Imp%20Res18,%20127.pdf)

Abstract: Objectives: the use of patient-based outcomes to measure therapeutic effectiveness is increasing, because a growing number of clinical scientists are attempting to evaluate the impact of therapy on the recipient. There are indications that patients suffering from temporomandibular disorders (TMDs) may also show a reduced oral health-related quality of life (OHQoL). It was the purpose of this paper to answer the question as to whether therapeutic interventions in TMD patients have a positive effect on their OHQoL. Material and methods: A systematic electronic search (Ovid MEDLINE (R) 1966-2006; Science Citation Index 1945-2006) of the literature was carried out to identify pertinent articles of randomized and non-randomized clinical trials. Reports on retrospective and prospective studies that specifically focused on OHQoL changes in TMD patients as a consequence of therapeutic interventions were included. The reference lists of the identified articles were screened to find additional pertinent publications. Results: the investigation yielded seven relevant contributions from MEDLINE (R). A quantitative analysis of the seven identified articles was not possible. There was considerable heterogeneity among the investigations with regard to study design, patient characteristics, and provided therapy. Three of the identified articles reported about prospective controlled studies, of which one was an RCT. Four additional investigations were retrospective. According to the results of the only RCT, a 6-week course of the nonselective cyclooxygenase (COX) inhibitor naproxen may lead to slightly better OHQoL in patients with temporomandibular joint (TMJ) arthralgia than the selective COX-2 inhibitor celecoxib. The two other articles reporting of a controlled study showed that selective serotonine uptake inhibitors accompanied by psychological therapy improved OHQoL in individuals with TMJ arthralgia. In contrast, TMJ surgery did not improve OHQoL. Conclusion: It appears that all therapeutic interventions reported in the identified publications led to at least some improvement of OHQoL. The only exception were patients with multiple TMJ surgeries.

Keywords: Articles, Characteristics, Chronic Pain, Citation, Clinical Trials, Craniomandibular Disorders, Effectiveness, Follow-up, German, Health-Related Quality of Life, Heterogeneity, Impact, Impact Profile Ohip, Lead, Literature, MEDLINE, Methods, Oral Health Impact Profile, Outcomes, Positive, Publications, Quantitative, Quantitative Analysis, Randomized Clinical-Trial, Review, Satisfaction, Science, Science Citation Index, Short-Form, Study Design, Surgery, Survey SF-36, Systematic Review, Therapy, Validation, Version

? Türp, J.C., Jokslad, A., Motschall, E., Schindler, H.J., Windecker-Gétaz, I. and Ettlin, D.A. (2007), Is there a superiority of multimodal as opposed to simple therapy in patients with temporomandibular disorders? A qualitative systematic review of the literature. *Clinical Oral Implants Research*, **18** (S3), 138-150.

Full Text: [2007\Cli Ora Imp Res18, 138.pdf](2007\Cli%20Ora%20Imp%20Res18,%20138.pdf)

Abstract: Background: Pain is the most common motivation for patients with temporomandibular disorders (TMDs) to seek care. Therapeutic options range from patient education to joint surgery. Objectives: To conduct a systematic review of articles reporting on simple and multimodal management strategies in TMD patients. ‘simple therapy’ was defined as care provided by a dentist, without using technical dental interventions, whereas ‘multimodal’ refers to at least two different modalities. We followed the null hypothesis of no difference between these two approaches. Material and methods: A systematic search was carried out in the following databases: Ovid (R) MEDLINE (1966-2006), Cochrane Library (Issue 3/2006), and Science Citation Index (1945-2006). Subsequently, the reference lists of the identified articles were searched to find additional pertinent publications. We divided the study reports according to the main presenting symptom: (1) disc displacement without reduction, with pain; (2) TMD pain, without major psychological symptoms; and (3) TMD pain, with major psychological symptoms. Results: Eleven articles representing nine different clinical studies were identified. (1) In the disc displacement group with pain, multimodal therapy was not superior to explanation and advice. (2) A combination of occlUSAl appliance and biofeedback-assisted relaxation/stress management was not significantly superior to either of these therapies after 6 months. Furthermore, brief information alone or combined with relaxation training or occlUSAl appliance, respectively, were equally efficacious at the 6-month follow-up. There was no superiority of multimodal therapy including splints as compared with simple care. A slightly better outcome was reported for a combination of education and home physical therapy regimen than for patient education alone. (3) In temporomandibular pain patients with major psychological disturbances, patients benefited more from a combined therapeutic approach compared with simple care. Conclusion: Current research suggests that individuals without major psychological symptoms do not require more than simple therapy. In contrast, patients with major psychological involvement need multimodal, interdisciplinary therapeutic strategies. The clinician’s acceptance of the importance of psychological factors in TMD pain forms the platform for convincingly educating patients about the need for multimodal management.

Keywords: Adolescents, Appliance, Articles, Chronic Pain, Citation, Craniomandibular Disorders, Databases, Disc Displacement, Dysfunction, Education, Efficacy, Health-Care, Interdisciplinary, Literature, Management, MEDLINE, Methods, Pain, Publications, Randomized Clinical-Trial, Randomized-Controlled Trial, Reduction, Regression, Research, Review, Science, Science Citation Index, Surgery, Systematic Review, Temporomandibular Pain, Therapy, Training

? Nieri, M., Clauser, C., Franceschi, D., Pagliaro, U., Saletta, D. and Pini-Prato, G. (2007), Randomized clinical trials in implant therapy: Relationships among methodological, statistical, clinical, paratextual features and number of citations. *Clinical Oral Implants Research*, **18** (4), 419-431.

Full Text: [2007\Cli Ora Imp Res18, 419.pdf](2007\Cli%20Ora%20Imp%20Res18,%20419.pdf)

Abstract: Objectives: the aim of the present study was to investigate the relationships among reported methodological, statistical, clinical and paratextual variables of randomized clinical trials (RCTs) in implant therapy, and their influence on subsequent research. Materials and methods: the material consisted of the RCTs in implant therapy published through the end of the year 2000. Methodological, statistical, clinical and paratextual features of the articles were assessed and recorded. The perceived clinical relevance was subjectively evaluated by an experienced clinician on anonymous abstracts. The impact on research was measured by the number of citations found in the Science Citation Index. A new statistical technique (Structural learning of Bayesian Networks) was used to assess the relationships among the considered variables. Results: Descriptive statistics revealed that the reported methodology and statistics of RCTs in implant therapy were defective. Follow-up of the studies was generally short. The perceived clinical relevance appeared to be associated with the objectives of the studies and with the number of published images in the original articles. The impact on research was related to the nationality of the involved institutions and to the number of published images. Conclusions: RCTs in implant therapy (until 2000) show important methodological and statistical flaws and may not be appropriate for guiding clinicians in their practice. The methodological and statistical quality of the studies did not appear to affect their impact on practice and research. Bayesian Networks suggest new and unexpected relationships among the methodological, statistical, clinical and paratextual features of RCTs.

Keywords: 2 Treatment Modalities, Articles, Bayesian Networks, Blade-Vent Implants, Citation, Citations, Clinical Features, Clinical Trials, Cooperative Dental Implant, Dental Implants, Fixed Partial Dentures, Guided Bone Regeneration, Impact, Learning, Methodological Features, Methodology, Methods, Networks, Paratextual Features, Patient Satisfaction, Randomized Clinical Trials, Removable Partial Dentures, Research, Retained Mandibular Overdentures, Science, Science Citation Index, Stage-II Surgery, Statistical Features, Statistics, Structural, Therapy, Within-Subject Comparisons

? Teughels, W., Merheb, J. and Quirynen, M. (2009), Critical horizontal dimensions of interproximal and buccal bone around implants for optimal aesthetic outcomes: A systematic review. *Clinical Oral Implants Research*, **20**, 134-145.

Full Text: 2009\Cli Ora Imp Res20, 134.pdf

Abstract: Objective This systematic review was initiated to explore the critical horizontal interproximal and buccal bone dimensions around implants for an optimal aesthetic outcome. Materials and methods PUBMED, the Cochrane and the ISI Web of Science databases were searched to identify eligible human studies that reflect on the aesthetic outcome of implants in relation to the thickness of the buccal bone after osteotomy preparation, and in relation to the tooth-to-implant or interimplant distance. Vertical bone dimensions were not considered. Results and discussion Articles relating horizontal buccal bone dimensions to aesthetic outcome could not be retrieved. The relation between horizontal buccal bone dimensions and vertical bone resorption could also not be confirmed. In relation to horizontal interproximal bone dimensions, some uniformity was detected among the limited number of articles. Conclusions Interproximally, a 3 mm interelement distance seems to result more frequently in an adequate papillary fill. In the bucco-oral direction, there is insufficient evidence to set a threshold for minimal buccal bone thickness to ensure an optimal aesthetic outcome. Many additional factors appear to be of importance and interact with each other. To cite this article:Teughels W, Merheb J, Quirynen M. Critical horizontal dimensions of interproximal and buccal bone around implants for optimal aesthetic outcomes: a systematic review.Clin. Oral Impl. Res. 20 (Suppl. 4), 2009; 134-145.doi: 10.1111/j.1600-0501.2009.01782.x.

Keywords: Adjacent Implants, Anterior Maxilla, Articles, Bone, Buccal Bone, Cochrane, Critical, Databases, Fresh Extraction Sockets, Human, Immediate Restoration, Implant Position, Implants, Interimplant Distance, Interimplant Distance, Interproximal Bone, ISI, Life-Table Analysis, Outcome, Outcomes, Patient Satisfaction, Preparation, Prospective Multicenter, Review, Science, Single-Tooth Implants, Soft-Tissue, Systematic, Systematic Review, Tooth-Implant Distance

? Strietzel, F.P., Neumann, K. and Hertel, M. (2015), Impact of platform switching on marginal peri-implant bone-level changes. A systematic review and meta-analysis. *Clinical Oral Implants Research*, **26** (3), 342-358.

Full Text: 2015\Cli Ora Imp Res26, 342.pdf

Abstract: ObjectiveTo address the focused question, is there an impact of platform switching (PS) on marginal bone level (MBL) changes around endosseous implants compared to implants with platform matching (PM) implant-abutment configurations? Material and methodsA systematic literature search was conducted using electronic databases PubMed, Web of Science, Journals@Ovid Full Text and Embase, manual search for human randomized clinical trials (RCTs) and prospective clinical controlled cohort studies (PCCS) reporting on MBL changes at implants with PS-, compared with PM-implant-abutment connections, published between 2005 and June 2013. ResultsTwenty-two publications were eligible for the systematic review. The qualitative analysis of 15 RCTs and seven PCCS revealed more studies (13 RCTs and three PCCS) showing a significantly less mean marginal bone loss around implants with PS- compared to PM-implant-abutment connections, indicating a clear tendency favoring the PS technique. A meta-analysis including 13 RCTs revealed a significantly less mean MBL change (0.49mm [CI95% 0.38; 0.60]) at PS implants, compared with PM implants (1.01mm [CI95% 0.62; 1.40] (P<0.0001). ConclusionsThe meta-analysis revealed a significantly less mean MBL change at implants with a PS compared to PM-implant-abutment configuration. Studies included herein showed an unclear as well as high risk of bias mostly, and relatively short follow-up periods. The qualitative analysis revealed a tendency favoring the PS technique to prevent or minimize peri-implant marginal bone loss compared with PM technique. Due to heterogeneity of the included studies, their results require cautious interpretation.

Keywords: Abutment Diameters, Analysis, Bias, Bone, Bone Loss, Changes, Clinical, Clinical Trials, Clinical-Trial, Cohort, Databases, Dental Implants, Follow-Up, Heterogeneity, Human, Impact, Literature, Literature Search, Mar, Matching, Meta Analysis, Meta-Analysis, Metaanalysis, Nonmatching Implant, PCC, Peri-Implant Marginal Bone Level, Platform Switching, Prevent, Prospective, Publications, Pubmed, Qualitative, Qualitative Analysis, Radiographic Evaluation, Randomized, Randomized-Controlled-Trial, Reporting, Review, Risk, Science, Smoking, Submerged Titanium Implants, Systematic, Systematic Literature Search, Systematic Review, Treated Periodontitis, Web, Web Of Science

# Title: Clinical Oral Investigations

Full Journal Title: Clinical Oral Investigations

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Pulgar, R., Jimenez-Fernandez, I., Jimenez-Contreras, E., Torres-Salinas, D. and Lucena-Martin, C. (2013), Trends in world dental research: An overview of the last three decades using the Web of Science. *Clinical Oral Investigations*, **17** (7), 1773-1783.

Full Text: [2013\Cli Ora Inv17, 1773.pdf](2013\Cli%20Ora%20Inv17,%201773.pdf)

Abstract: The objective of this paper is to analyse the scientific activity of dental sciences over the last 30 years. Dental-research output was identified by retrieving all citable dental documents in the Web of Science (WoS) database in the periods 1986-1988, 1996-1998, and 2006-2008. For this, a two-phase search strategy was designed: firstly, output in Dentistry, Oral Surgery, and Medicine (DOSM) Journal Citation Reports (JCR) category journals were compiled; secondly, for journal documents of other JCR categories but related to Dentistry (Non-DOSM), an innovative search strategy was designed based on a double criterion, thematic and institutional. The results showed that DOSM production increased in absolute but decreased in relative terms over the last 30 years. The JCR categories where dental researchers publish also varied. Surprisingly, the geographic distribution of the production shows a growing concentration of the steadily fewer countries, a previously undescribed phenomenon, while the thematic analysis reveals that this production continued to form four broad thematic areas encompassing the remaining specialties: Dental Materials Prosthodontics, Orthodontics, and General Dentistry. Scientific production in dentistry has changed in the past three decades both quantitatively and qualitatively, as well as their geographical distribution despite being structured around the same specialties. In this study, along with some key messages about the key shifts in publication trends, in terms of subject, where published and by whom, we propose a new methodology which could be useful to professionals as well as researchers, in which the exhaustivity and precision rates for scientific information retrieval improve.

Keywords: Activity, Analysis, Article, Benchmarking, Bibliometrics, Biomedical Research, Citation, Classification, Clin, Concentration, Database, Dental Research, Dentistry, Distribution, Germany, Information, Information Retrieval, JCR, Journal, Journal Citation Reports, Journal Impact Factor, Journals, Materials, Medicine, MEDLINE, Methodology, Orthodontics, Precision, Publication, Publication Trends, Publications, Rates, Research, Science, Sciences, Scientific Information, Scientific Production, Search Strategy, Spain, Strategy, Surgery, Trends, Web of Science, WOS

? Feijoo, J.F., Limeres, J., Fernandez-Varela, M., Ramos, I. and Diz, P. (2014), The 100 most cited articles in dentistry. *Clinical Oral Investigations*, **18** (3), 699-706.

Full Text: [2014\Cli Ora Inv18, 699.pdf](2014\Cli%20Ora%20Inv18,%20699.pdf)

Abstract: To identify the 100 most cited articles published in dental journals. A search was performed on the Institute for Scientific Information (ISI) Web of Science for the most cited articles in all the journals included in the Journal Citation Report (2010 edition) in the category of “Dentistry, Oral Surgery, and Medicine”. Each one of the 77 journals selected was analyzed using the Cited Reference Search tool of the ISI Web of Science database to identify the most cited articles up to June 2012. The following information was gathered from each article: names and number of authors, journal, year of publication, type of study, methodological design, and area of research. The number of citations of the 100 selected articles varied from 326 to 2050. All articles were published in 21 of the 77 journals in the category. The journals with the largest number of the cited articles were the Journal of Clinical Periodontology (20 articles), the Journal of Periodontology (18 articles), and the Journal of Dental Research (16 articles). There was a predominance of clinical research (66 %) over basic research (34 %). The most frequently named author was Socransky SS, with 9 of the top 100 articles, followed by Lindhe J with 7. The decades with most articles published of the 100 selected were 1980-1989 (26 articles) and 1990-1999 (25 articles). The most common type of article was the case series (22 %), followed by the narrative review/expert opinion (19 %). The most common area of study was periodontology (43 % of articles). To our knowledge, this is the first report of the top-cited articles in Dentistry. There is a predominance of clinical studies, particularly case series and narrative reviews/expert opinions, despite their low-evidence level. The focus of the articles has mainly been on periodontology and implantology, and the majority has been published in the highest impact factor dental journals. The number of citations that an article receives does not necessarily reflect the quality of the research, but the present study gives some clues to the topics and authors contributing to major advances in Dentistry.

Keywords: Advances, Authors, Basic Research, Citation, Citation-Classics, Citations, Clinical, Clinical Research, Clinical Studies, Database, Dentistry, Design, First, Impact, Impact Factor, Impact Factor, Information, Institute For Scientific Information, Isi, Isi Web Of Knowledge, Isi Web Of Science, Journal, Journal Citation Report, Journals, Knowledge, Most Cited Articles, Opinions, Perspective, Publication, Quality, Quality Of, Reference, Research, Science, Search, Ss, Surgery, Top-Cited, Web Of Science, Works

# Title: Clinical Orthopaedics and Related Research

Full Journal Title: Clinical Orthopaedics and Related Research

ISO Abbrev. Title: Clin. Orthop. Rel. Res.

JCR Abbrev. Title: Clin Orthop Relat Res

ISSN: 0009-921X

Issues/Year: 12

Language: English

Journal Country/Territory: United States

Publisher: Springer

Publisher Address: 233 Spring St, New York, NY 10013

Subject Categories:

Orthopedics: Impact Factor 2.116, (2010)

Surgery: Impact Factor 2.116, (2010)

? Tuli, S.M. (2007), Tuberculosis of the spine - A historical review. *Clinical Orthopaedics and Related Research*, **460**, 29-38.

Full Text: 2007\Cli Ort Rel Res460, 29.pdf

Abstract: Almost all ancient civilizations described tuberculous bacilli in their old scripts, and these bacteria have been found in prehistoric skeletal remains. The clinical availability of specific antitubercular drugs was the most important breakthrough in managing spinal tuberculosis. Any attempt at surgical excision of the disease prior to the antitubercular era met with serious complications, dissemination of disease and high mortality (nearly 50%). Antitubercular drugs markedly improved the results of management by operative treatment. Excellent healing of disease was also observed in those patients who were treated nonoperatively. However, it took many years (1950-1970) for clinicians to appreciate the efficacy of antitubercular drugs. Operations for spinal tuberculosis are now indicated less for control of disease (5-10% of all cases) than for complications, including nonresponding neural deficit (nearly 40% of neural complications), prevention or correction of severe kyphotic deformity, and for tissue diagnosis (approximately 5% of all cases). For a classic spondylodiscitis when surgery is required for debridement and decompression, an anterior approach through an extrapleural anterolateral route or through transpleural route is recommended. Healthy posterior elements should not be jeopardized by surgery. The real control of tuberculous disease requires a serious and sustained global effort to eliminate immunocompromised states, poverty, malnutrition, and overcrowding.

Keywords: Potts-Disease, Joint Tuberculosis, Radical Treatment, Follow-Up, Conservative Treatment, Skeletal Tuberculosis, Ambulant Treatment, Vertebral Bodies, Chemotherapy, Fusion

? Mavrogenis, A.F., Ruggieri, P. and Papagelopoulos, P.J. (2010), Editorial: Self-citation in publishing. *Clinical Orthopaedics and Related Research*, **468** (10), 2803-2807.

Full Text: [2010\Cli Ort Rel Res468, 2803.pdf](2010\Cli%20Ort%20Rel%20Res468,%202803.pdf)

Keywords: Eigenfactor(TM) Metrics, Journal Impact Factor, Medical Journals, Orthopedic Journals, Science, Scientific Journals, SCIMAGO, Self-Citation

? Lefaivre, K.A., Shadgan, B. and O’Brien, P.J. (2011), 100 most cited articles in orthopaedic surgery. *Clinical Orthopaedics and Related Research*, **469** (5), 1487-1497.

Full Text: [2011\Cli Ort Rel Res469, 1487.pdf](2011\Cli%20Ort%20Rel%20Res469,%201487.pdf)

Abstract: Citation analysis reflects the recognition a work has received in the scientific community by its peers, and is a common method to determine ‘classic’ works in medical specialties. We determined which published articles in orthopaedic journals have been most cited by other authors by ranking the 100 top-cited works. By analyzing characteristics of these articles, we intended to determine what qualities make an orthopaedic article important to the specialty. Finally, we determined if there was a change in level of evidence of studies on this list with time. Science Citation Index Expanded was searched for citations to articles published in any of the 49 journals in the subject category “ORTHOPEDICS.” Each of the 49 journals was searched separately using the “cited reference search” to determine the 100 most often cited articles. Each article was reviewed for basic information including year of publication, country of origin, source journal of the article, article type, and level of evidence. We categorized the journal article by field of research where possible. The number of citations ranged from 1748 to 353. The 100 most often cited articles in orthopaedic surgery were published in 11 of the 49 journals, spanning from general to more specific subspecialty journals. The majority of the papers (76) were clinical, with the remaining representing some type of basic science research. The most common level of evidence was IV (42 of the 76 studies). of the 76 clinical articles, 27 introduced or tested classification systems or outcome measurement tools. Authors aiming to write a highly cited article in an orthopaedic surgery journal will be favored by language of publication, source journal, country of origin, and introduction of a classification scheme or outcome tool.

Keywords: Analysis, Articles, Authors, Characteristics, Citation, Citation Analysis, Citation-Classics, Citations, Classification, Clinical, Community, Country, Country of Origin, Emergency-Medicine, Evidence, Field, General, Impact, Information, Iv, Journal, Journal Article, Journals, Measurement, Medical, Origin, Outcome, Papers, Publication, Ranking, Reference, Research, Science, Science Citation Index, Science Citation Index Expanded, Science Research, Source, Specialty, Surgery, Systems, Trauma, Work

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Full Text: 2011\Cli Ort Rel Res469, 2160.pdf

Abstract: Progress in the diagnosis and prediction of fragility fractures depends on improvements to the understating of the compositional contributors of bone quality to mechanical competence. Raman spectroscopy has been used to evaluate alterations to bone composition associated with aging, disease, or injury. In this survey we will (1) review the use of Raman-based compositional measures of bone quality, including mineral-to-matrix ratio, carbonate-to-phosphate ratio, collagen quality, and crystallinity; (2) review literature correlating Raman spectra with biomechanical and other physiochemical measurements and with bone health; and (3) discuss prospects for ex vivo and in vivo human subject measurements. ISI Web of Science was searched for references to bone Raman spectroscopy in peer-reviewed journals. Papers from other topics have been excluded from this review, including those on pharmaceutical topics, dental tissue, tissue engineering, stem cells, and implant integration. Raman spectra have been reported for human and animal bone as a function of age, biomechanical status, pathology, and other quality parameters. Current literature supports the use of mineral-to-matrix ratio, carbonate-to-phosphate ratio, and mineral crystallinity as measures of bone quality. Discrepancies between reports arise from the use of band intensity ratios rather than true composition ratios, primarily as a result of differing collagen band selections. Raman spectroscopy shows promise for evaluating the compositional contributors of bone quality in ex vivo specimens, although further validation is still needed. Methodology for noninvasive in vivo assessments is still under development.

Keywords: Age-Related-Changes, Aging, Animal Age, Assessment, Bone, Collagen Cross-Links, Deficient Mice, Development, Diagnosis, Disease, Human, Human Cortical Bone, In Vivo, Injury, ISI, Journals, Literature, Mechanical-Properties, Methodology, Mineralized Tissues, Osteonal Bone, Pathology, Quality, Ratio, Review, Review Literature, Science, Spectroscopic Analysis, Survey, Topics, Trabecular Bone, Validation, Web of Science

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Full Text: [2011\Cli Ort Rel Res469, 2286.pdf](2011\Cli%20Ort%20Rel%20Res469,%202286.pdf)

Abstract: Osteolysis due to wear of UHMWPE limits the longevity of joint arthroplasty. Oxidative degradation of UHMWPE gamma-sterilized in air increases its wear while decreasing mechanical strength. Vitamin E stabilization of UHMWPE was proposed to improve oxidation resistance while maintaining wear resistance and fatigue strength. We reviewed the preclinical research on the development and testing of vitamin E-stabilized UHMWPE with the following questions in mind: (1) What is the rationale behind protecting irradiated UHMWPE against oxidation by vitamin E? (2) What are the effects of vitamin E on the microstructure, tribologic, and mechanical properties of irradiated UHMWPE? (3) Is vitamin E expected to affect the periprosthetic tissue negatively? We performed searches in PUBMED, Scopus, and Science Citation Index to review the development of vitamin E-stabilized UHMWPEs and their feasibility as clinical implants. The rationale for using vitamin E in UHMWPE was twofold: improving oxidation resistance of irradiated UHMWPEs and fatigue strength of irradiated UHMWPEs with an alternative to postirradiation melting. Vitamin E-stabilized UHMWPE showed oxidation resistance superior to that of irradiated UHMWPEs with detectable residual free radicals. It showed equivalent wear and improved mechanical strength compared to irradiated and melted UHMWPE. The biocompatibility was confirmed by simulating elution, if any, of the antioxidant from implants. Vitamin E-stabilized UHMWPE offers a joint arthroplasty technology with good mechanical, wear, and oxidation properties. Vitamin E-stabilized, irradiated UHMWPEs were recently introduced clinically. The rationale behind using vitamin E and in vitro tests comparing its performance to older materials are of great interest for improving longevity of joint arthroplasties.

Keywords: Alpha-Tocopherol, Beam Irradiation Oxidation, Citation, Crack Propagation Resistance, Cross-Linked Polyethylene, Development, Electron-Spin Resonance, Fatigue Resistance, Hap-Paul-Award, Mechanical-Properties, Molecular-Weight Polyethylene, PUBMED, Research, Review, Science Citation Index, Scopus, Total Hip-Arthroplasty

? Little, W.J. (2012), Hospital for the cure of deformities: Course of lectures on the deformities of the human frame (Reprinted from Lancet, vol 41, pg 350-354, 1843). *Clinical Orthopaedics and Related Research*, **470** (5), 1252-1256.

Full Text: [2012\Cli Ort Rel Res470, 1252.pdf](2012\Cli%20Ort%20Rel%20Res470,%201252.pdf)

Abstract: This Classic Article is a reprint of the original work by W.J. Little, Hospital for the Cure of Deformities: Course of Lectures on the Deformities of the Human Frame. An accompanying biographical sketch of W.J. Little is available at DOI 10.1007/s11999-012-2301-z. The Classic Article is (C) 1843 and is reprinted courtesy of Elsevier from Little WJ. Hospital for the Cure of Deformities: course of lectures on the deformities of the human frame. Lancet. 1843;41:350-354. (C) the Association of Bone and Joint Surgeons(R) 2012.

Keywords: Course, Deformities, Human, Work

? Bennett, G.E. (2012), The classic: Shoulder and Elbow Lesions Distinctive of Baseball Players (Reprinted). *Clinical Orthopaedics and Related Research*, **470** (6), 1531-1533.

Full Text: [2012\Cli Ort Rel Res470, 1531.pdf](2012\Cli%20Ort%20Rel%20Res470,%201531.pdf)

Abstract: This Classic Article is a reprint of the original work by G. Bennett, Shoulder and Elbow Lesions Distinctive of Baseball Players. An accompanying biographical sketch of G. Bennett is available at DOI 10.1007/s11999-012-2334-3. The Classic Article is A (c) 1947 and is reprinted with permission from Wolters Kluwer Health from Bennett G. Shoulder and elbow lesions distinctive of baseball players. 1947;126:107-110.

Keywords: Work

? Moore, C.H. (2012), The classic: An account of a case of fracture and distortion of the pelvis, combined with an unusual form of dislocation of the femur (Reprinted from Med Chir Trans, vol 34, pg 107-119, 1851). *Clinical Orthopaedics and Related Research*, **470** (8), 2077-2082.

Full Text: [2012\Cli Ort Rel Res470, 2077.pdf](2012\Cli%20Ort%20Rel%20Res470,%202077.pdf)

Abstract: This Classic Article is a reprint of the origin**找不到索引項目。**al work by C.H. Moore, An account of a Case of Fracture and Distortion of the Pelvis, combined with an unusual form of Dislocation of the Femur. An accompanying biographical sketch of C.H. Moore is available at DOI 10.1007/s11999012-2424-2. The Classic Article is (C) 1851 and is reprinted from Moore CH. An account of a Case of Fracture and Distortion of the Pelvis, combined with an unusual form of Dislocation of the Femur. Med Chir Trans. 1851; 34: 107-119. (C) the Association of Bone and Joint Surgeons (R) 2012.

Keywords: Work

? Holdsworth, F.W. (2012), The classic: Dislocation and fracture-dislocation of the pelvis (Reprinted from J Bone Joint Surg Br, vol 30, pg 461-466, 1948). *Clinical Orthopaedics and Related Research*, **470** (8), 2085-2089.

Full Text: [2012\Cli Ort Rel Res470, 2085.pdf](2012\Cli%20Ort%20Rel%20Res470,%202085.pdf)

Abstract: This Classic Article is a reprint of the original work by F.W. Holdsworth, Dislocation and fracture-dislocation of the pelvis. An accompanying biographical sketch of F.W. Holdsworth is available at DOI 10.1007/s11999-012-2422-4. Reproduced and adapted with permission and copyright (c) of the British Editorial Society of Bone and Joint Surgery. Holdsworth FW. Dislocation and fracture-dislocation of the pelvis. J Bone Joint Surg Br. 1948;30:461-466.

Keywords: Pelvis, Surgery, Work

? Brand, R.A. and Perthes, G. (2012), The classic: On juvenile arthritis deformans (Reprinted from Uber Arthritis deformans juvenilis, vol 107, pg 111-159, 1910). *Clinical Orthopaedics and Related Research*, **470** (9), 2349-2368.

Full Text: [2012\Cli Ort Rel Res470, 2349.pdf](2012\Cli%20Ort%20Rel%20Res470,%202349.pdf)

Abstract: This Classic Article is a reprint of the original work by G. Perthes, On juvenile arthritis deformans. An accompanying biographical sketch of G. Perthes is available at DOI 10.1007/s11999-012-2432-2. The Classic Article is (C) 1910 and is reprinted from U Uber Arthritis deformans juvenilis. Deutsch Zeitschr Chir. 1910; 107:111-159.

Keywords: Arthritis, U, Work

? Huntington, T.W. (2012), The classic: Case of bone transference. Use of a segment of fibula to supply a defect in the tibia. *Clinical Orthopaedics and Related Research*, **470** (10), 2651-2653.

Full Text: [2012\Cli Ort Rel Res470, 2651.pdf](2012\Cli%20Ort%20Rel%20Res470,%202651.pdf)

Abstract: This Classic Article is a reprint of the original work by T.W. Huntington, Case of Bone Transference. Use of a Segment of Fibula to Supply a Defect in the Tibia. An accompanying biographical sketch of T.W. Huntington is available at DOI 10.1007/s11999-012-2495-0”. The Classic Article is A (c) 1905 and is reprinted courtesy of Wolters Kluwer Lippincott Williams & Wilkins from Huntington TW. Case of Bone Transference. Use of a Segment of Fibula to Supply a Defect in the Tibia. Ann Surg. 1905;41:249-251.

Keywords: Work

? Brand, R.A. (2012), Further thoughts on authorship: Gift authorship. *Clinical Orthopaedics and Related Research*, **470** (10), 2926-2929.

Full Text: [2012\Cli Ort Rel Res470, 2926.pdf](2012\Cli%20Ort%20Rel%20Res470,%202926.pdf)

Keywords: Parse Analysis, Contributorship

? Ewens, J. (2013), The classic: Case of osteo-sarcoma of tibia, recurring in stump of thigh, and probably affecting the lung. *Clinical Orthopaedics and Related Research*, **471** (3), 832-833.

Full Text: [2013\Cli Ort Rel Res471, 832.pdf](2013\Cli%20Ort%20Rel%20Res471,%20832.pdf)

Abstract: This Classic article is a reprint of the original work by Mr. John Ewens, “Case of Osteo-Sarcoma of Tibia, Recurring in Stump of Thigh, and Probably Affecting the Lung.” The case is of interest, because the findings contradicted an existing idea, “that large malignant growths, springing from the long bones, do not, after amputation, if the whole of the diseased structures be removed, return in the stump, but at some distant part; and, therefore, it is not necessary to amputate above the knee in the case of the tibia, or at the hip-joint in the case of the femur.” In Mr. Ewen’s case, an osteosarcoma of the tibia was treated with above-the-knee amputation, but, in fact, it recurred in the stump. The mechanism was unclear but could have arisen from the presence of a multifocal lesion in the femur, seeding at the time of amputation (details of the amputation were not provided, although the site of the tumor was apparently not involved), or perhaps subsequent metastasis from elsewhere to the stump. Mr. Ewens was a surgeon at the Hospital for Sick Children in Bristol, England. (No other information on Mr. Ewens could be located, and we have no accompanying biographical sketch.) The Classic Article is A (c) (1878) and is reprinted from Ewens J. Case of Osteo-Sarcoma of Tibia, Recurring in Stump of Thigh, and Probably Affecting the Lung. Brit Med J. 1878; Feb 9;1(893):192-193. (C) The Association of Bone and Joint Surgeons (R) 2012.

Keywords: Article, England, Femur, Information, Mar, Mechanism, Metastasis, R, Site, Tumor, Work

? König, F. (2013), The classic: On loose bodies in the joint. *Clinical Orthopaedics and Related Research*, **471** (4), 1107-1115.

Full Text: [2013\Cli Ort Rel Res471, 1107.pdf](2013\Cli%20Ort%20Rel%20Res471,%201107.pdf)

Abstract: This Classic Article is a translation of the original work by Franz Konig, “Ueber freie Korper in den Gelenken” [On loose bodies in the joint]. Dtsch Z Chir. 1887;27: 90-109. available at DOI 10.1007/s11999-013-2824-y (Translated by Drs. Richard A. Brand and Christian-Dominik Peterlein). An accompanying biographical sketch of F. Konig is available at DOI 10.1007/s11999-013-2823-z. A PDF of the original German is available as supplemental material. (ED Note: An attempt has been made to preserve some of the original wording while placing the material in a contemporary context. In some cases the author’s original intent was obscure.) (C) The Association of Bone and Joint Surgeons (R) 2013.

Keywords: Article, Bodies, Context, R, Translation, Work

? Codman, E.A. (2013), The classic: A study in hospital efficiency: As demonstrated by the case report of first five years of private hospital. *Clinical Orthopaedics and Related Research*, **471** (6), 1778-1783.

Full Text: [2013\Cli Ort Rel Res471, 1778.pdf](2013\Cli%20Ort%20Rel%20Res471,%201778.pdf)

Abstract: This is an abridged version of the Classic Article by E.A. Codman, A Study in Hospital Efficiency: As Demonstrated by the Case Report of the First Five Years of a Private Hospital. The full article is available as supplemental material for the abridged version in the online version of CORR (R). An accompanying biographical sketch of E.A. Codman is available at DOI 10.1007/s11999-012-2750-4. The Classic Article is A (c) 1918 and is reprinted courtesy of Thomas Todd Co. from E.A. Codman. A Study in Hospital Efficiency: As Demonstrated by the Case Report of the First Five Years of a Private Hospital. Boston: Thomas Todd Co.; 1918: 4-10,108,162.

Keywords: Article, Co, Efficiency, Online, R, Version

? Goldstein, C.L., Macwan, K., Sundararajan, K. and Rampersaud, Y.R. (2014), Comparative outcomes of minimally invasive surgery for posterior lumbar fusion: A systematic review. *Clinical Orthopaedics and Related Research*, **472** (6), 1727-1737.

Full Text: [2014\Cli Ort Rel Res472, 1727.pdf](2014\Cli%20Ort%20Rel%20Res472,%201727.pdf)

Abstract: Although minimally invasive surgical (MIS) approaches to the lumbar spine for posterior fusion are increasingly being utilized, the comparative outcomes of MIS and open posterior lumbar fusion remain unclear. In this systematic review, we compared MIS and open transforaminal or posterior lumbar interbody fusion (TLIF/PLIF), specifically with respect to (1) surgical end points (including blood loss, surgical time, and fluoroscopy time), (2) clinical outcomes (Oswestry Disability Index [ODI] and VAS pain scores), and (3) adverse events. We performed a systematic review of MEDLINEA (R), Embase, Web of Science, and Cochrane Library. Reference lists were manually searched. We included studies with 10 or more patients undergoing MIS compared to open TLIF/PLIF for degenerative lumbar disorders and reporting on surgical end points, clinical outcomes, or adverse events. Twenty-six studies of low- or very low-quality (GRADE protocol) met our inclusion criteria. No significant differences in patient demographics were identified between the cohorts (MIS: n = 856; open: n = 806). Equivalent operative times were observed between the cohorts, although patients undergoing MIS fusion tended to lose less blood, be exposed to more fluoroscopy, and leave the hospital sooner than their open counterparts. Patient-reported outcomes, including VAS pain scores and ODI values, were clinically equivalent between the MIS and open cohorts at 12 to 36 months postoperatively. Trends toward lower rates of surgical and medical adverse events were also identified in patients undergoing MIS procedures. However, in the absence of randomization, selection bias may have influenced these results in favor of MIS fusion. Current evidence examining MIS versus open TLIF/PLIF is of low to very low quality and therefore highly biased. Results of this systematic review suggest equipoise in surgical and clinical outcomes with equivalent rates of intraoperative surgical complications and perhaps a slight decrease in perioperative medical complications. However, the quality of the current literature precludes firm conclusions regarding the comparative effectiveness of MIS versus open posterior lumbar fusion from being drawn and further higher-quality studies are critically required.

Keywords: Bias, Blood, Blood Loss, Clinical, Clinical Outcomes, Complications, Criteria, Disability, Effectiveness, Events, Evidence, Fusion, Grade, Health-Care, Hospital, Instrumentation, Interbody Fusion, Invasive, Literature, Medical, Mini-Open, Mis, Older-Adults, Open, Operative, Outcomes, Pain, Patients, Procedures, Protocol, Quality, Quality Of, Quality-Of-Life, R, Randomization, Rates, Reference, Reference Lists, Reporting, Results, Review, Science, Selection, Spinal-Fusion, Spine, Spondylolisthesis, Surgery, Surgical Complications, Systematic, Systematic Review, Traditional Open Approach, Trends, Vas, Web Of Science

? Verstraelen, F.U., den Kleef, N.J.H.M., Jansen, L. and Morrenhof, J.W. (2014), High-energy versus low-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder: Which is superior? A meta-analysis. *Clinical Orthopaedics and Related Research*, **472** (9), 2816-2825.

Full Text: [2014\Cli Ort Rel Res472, 2816.pdf](2014\Cli%20Ort%20Rel%20Res472,%202816.pdf)

Abstract: There are several treatment options for calcifying tendinitis of the shoulder. The next step treatment after conservative treatment fails is still a matter of dispute. Extracorporeal shock wave therapy (ESWT) has been shown to be a good alternative to surgery, but the best treatment intensity remains unknown. High-energy ESWT is much more painful, more expensive, and usually is done in an inpatient setting, whereas low-energy ESWT can be performed in an outpatient setting by a physical therapist. A systematic review and meta-analysis of randomized trials was performed to answer two clear research questions: (1) Is there a greater increase in the Constant-Murley score in patients treated with high-energy ESWT compared with those treated with low-energy ESWT by 3 months and by 6 months? (2) Is there a greater chance of complete resorption of the calcifications in patients treated with high-energy ESWT compared with those treated with low-energy ESWT by 3 months and by 6 months? Five relevant electronic online databases, Medline (through PubMed), EMBASE (through OVID), Cinahl (through EBSCO), Web of Science, and the Cochrane Central Register of Controlled Trials, were systematically searched. We also crosschecked the reference lists of articles and reviews for possible relevant studies. Eligible for inclusion were all randomized controlled trials (RCTs) that compared high-energy ESWT (> 0.28 mJ/mm(2)) with low-energy ESWT (< 0.08 mJ/mm(2)). One author examined titles and abstracts of each identified study to assess study eligibility. Two reviewers independently extracted data and assessed the risk of bias and study quality. The primary outcome measure, the Constant-Murley score, was assessed by comparing mean functional outcome scores between the groups. Secondary outcomes were assessed using odds ratios, when appropriate data were pooled. Based on this process, five RCTs (359 participants) were included. All five RCTs showed greater improvement in functional outcome (Constant-Murley score) in patients treated with high-energy ESWT compared with patients treated with low-energy ESWT at 3 and 6 months. The 3-month mean difference was 9.88 (95% CI, 9.04-10.72, p < 0.001; 6-month data could not be pooled). Furthermore, high-energy ESWT more often resulted in complete resorption of the deposits at 3 months. The corresponding odds ratio was 3.40 (95% CI, 1.35-8.58) and p = 0.009 (6-month data could not be pooled). When shock wave therapy is chosen, high-energy shock wave therapy is more likely to result in improved Constant-Murley score and resorption of the deposits compared with low-energy therapy. Level I, therapeutic study. See the Instructions for Authors for a complete description of levels of evidence.

Keywords: Alternative, Articles, Bias, Calcifications, Complete, Conservative, Conservative Treatment, Constant Score, Data, Databases, Embase, Eswt, Evidence, Groups, Guidelines, Improvement, Intensity, Measure, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Odds Ratio, Online, Options, Outcome, Outcome Measure, Outcomes, Outpatient, Outpatient Setting, Patients, Physical, Primary, Pubmed, Quality, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Reference, Reference Lists, Research, Review, Reviewers, Reviews, Risk, Rotator Cuff, Science, Shock, Shock Wave, Surgery, Systematic, Systematic Review, Therapeutic, Therapy, Treatment, Web Of Science

? Schoenfeld, A.J. and Bono, C.M. (2015), Does surgical timing influence functional recovery after lumbar discectomy? A systematic review. *Clinical Orthopaedics and Related Research*, **473** (6), 1963-1970.

Full Text: [2015\Cli Ort Rel Res473, 1963.pdf](2015/Cli%20Ort%20Rel%20Res473,%201963.pdf)

Abstract: The impact of the duration of preoperative symptoms on outcomes after lumbar discectomy has not been sufficiently answered in a single study but is a potentially important clinical variable. A systematic review was performed to answer two questions: (1) Does symptomatic duration before surgery influence functional recovery after lumbar discectomy? (2) What is the time point for intervention beyond which the extent of postoperative recovery might be compromised? The systematic review began with a query of PubMed using a structured algorithm comprised of medical subject heading terms. This was supplemented by a keyword search in PubMed along with queries of Embase, Scopus, and Web of Science and searches of reference lists as well as the tables of contents of relevant journals. Eligible studies were those that evaluated aspects of recovery after elective discectomy and stratified duration of symptoms before surgery. Included papers were abstracted by two authors and determinations regarding the period of symptom duration and its impact on outcome were recorded. Eleven studies met all inclusion criteria. No prospectively randomized trials addressed our study questions. Nine of 11 studies, four of which were prospective, maintained that longer symptom duration adversely impacted postsurgical recovery. There were substantial differences among the critical periods of symptom duration reported by individual studies, which ranged from 2 to 12 months. A preponderance of studies (five of nine) reported that surgical interventions could be performed at periods of 6 months or greater without impacting recovery. Longer symptom duration had an adverse impact on results in most studies after lumbar discectomy. A possible point beyond which outcomes may be compromised is 6 months after symptom onset. Limitations in the literature surveyed, however, prevent firm conclusions.

Keywords: Algorithm, Authors, Clinical, Criteria, Disc Herniation, Duration, Elective, Impact, Influence, Intervention, Interventions, Journals, Literature, Management, Medical, Onset, Outcome, Outcomes, Papers, Postoperative, Preoperative, Prospective, Prospective Cohort, Pubmed, Randomized, Recovery, Reference, Reference Lists, Research Trial Sport, Review, Sciatica, Science, Scopus, Spine, Statement, Surgery, Symptoms, Systematic Review, Web Of Science

# Title: Clinical Otolaryngology

Full Journal Title: Clinical Otolaryngology

ISO Abbreviated Title: Clin. Otolaryngol.

JCR Abbreviated Title: Clin Otolaryngol All

ISSN: 0307-7772

Issues/Year: 6

Journal Country/Territory: England

Language: English

Publisher: Blackwell Publishing Ltd

Publisher Address: 9600 Garsington Rd, Oxford OX4 2DG, Oxon, England

Subject Categories:

Otorhinolaryngology: Impact Factor

Fenton, J.E., Brazier, H., de Souza, A., Hughes, J.P. and McShane, D.P. (2000), The accuracy of citation and quotation in otolaryngology/head and neck surgery journals. *Clinical Otolaryngology*, **25** (1), 40-44.

Full Text: [2000\Cli Oto All Sci25, 40.pdf](2000\Cli%20Oto%20All%20Sci25,%2040.pdf)

Abstract: A high rate of errors of citation and quotation has been reported in the publications of many medical specialties. The aim of this study was to determine the prevalence of citation and quotation errors in otolaryngology/head and neck surgery journals. A retrospective analysis was performed based on the first issue for 1997 of each of four journals: Laryngoscope; Annals of Otology, Rhinology and Laryngology; Clinical Otolaryngology; and Journal of Laryngology and Otology. A sample of 50 references from each journal was randomly selected and each was checked for accuracy against the original referenced paper. Citation errors were categorized as major, intermediate or minor and quotation errors as major or minor. Citation errors occurred in 37.5% of the references, 11.9% of which were considered major errors. Quotation errors occurred in 17%, with 11.1% major errors. This prevalence is similar to the established error rate in medical literature.

Keywords: Accuracy, Analysis, Bibliography (Standards), Citation, Error, Error Rate, Errors, First, Journal, Journals, Literature, Medical, Medical Literature, Minor, Neck, Otolaryngology, Periodicals (Stndards), Prevalence, Publications, Publishing, Quotation, Quotation Errors, References, Retrospective Analysis, Surgery

De, S., Jones, T., Brazier, H., Jones, A.S. and Fenton, J.E. (2001), The accuracy of MEDLINE and Journal contents pages for papers published in *Clinical Otolaryngology*. *Clinical Otolaryngology*, **26** (1), 39-42.

Full Text: [2001\Cli Oto All Sci26, 39.pdf](2001\Cli%20Oto%20All%20Sci26,%2039.pdf)

Abstract: MEDLINE is widely used as a source for identifying and reviewing medical journal literature. Its accuracy is generally taken fur granted, as is that. of the contents pages published by the journals themselves. In this study of citation accuracy we examined the articles published in Clinical Otolaryngology and Allied Sciences from 1976 to 1998. The entries in MEDLINE were compared with the entries in the Journal’s contents pages, and with the actual articles. of 1651 articles published in the journal, one was omitted from MEDLINE and 25 (1.5%) were incorrectly cited, while 88 (5.3%) were incorrectly cited in the contents pages. Twenty-one (84%) of the errors in MEDLINE involved names of authors. Apart from incomplete retrieval of information for practice and research, errors could result in an author not getting credit for publications.

Keywords: MEDLINE, Clinical Otolaryngology, Periodicals, Abstracting and Indexing, Errors, Vocabulary, Medicine, Mesh

? Sandhu, G.S. and Wright, A. (2001), Publishing trends in otorhinolaryngology from January 1997 to December 1999 in the UK. *Clinical Otolaryngology*, **26** (3), 249-252.

Full Text: [2001\Cli Oto All Sci26, 249.pdf](2001\Cli%20Oto%20All%20Sci26,%20249.pdf)

Abstract: In the last 10 years there have been many changes in otorhinolaryngology training and academic resources. The Calman reforms were introduced to our speciality in July 1996 and the last decade has also seen the number of professorial chairs in the UK rise from two to 12. One would therefore expect an increase in academic output, in terms of published works. despite the impediments generated by the Calman Training System. A search of eight leading English language otorhinolaryngology journals was carried out from January 1997 to December 1999 looking for articles with British authors. The results were compared with similar research carried out 10 years ago. There has been no major growth in the output of otorhinolaryngological publications from the UK in the last 10 years.

Keywords: Changes, Growth, Journals, Publications, Published Works, Research, Training, Trends, UK

Notes: JJournal

Motamed, M., Mehta, D., Basavaraj, S. and Fuad, F. (2002), Self citations and impact factors in otolaryngology journals. *Clinical Otolaryngology*, **27** (5), 318-320.

Full Text: [2002\Cli Oto All Sci27, 318.pdf](2002\Cli%20Oto%20All%20Sci27,%20318.pdf)

Abstract: Self citation of a journal may affect its impact factor. Self citations during 1997 and 1998 were investigated in six ‘general’ otolaryngology journals. The citations each journal gave to other journals, including itself, and the citations each journal received from the other journals, differed significantly among the six journals (χ2 = 2794, d.f. = 25, *P* < 0.0001). *Acta Otolaryngologica* and *Laryngoscope* had the highest self-citing rates (11.9% and 10.02%). *Clinical Otolaryngology* had the lowest self-citing rate (4%). There was no significant correlation between self-citing rates and impact factors for the six otolaryngology journals (*r* = -0.3143, *P* = 0.56).

Fenton, J.E. and Jones, A.S. (2002), Integrity in medical research and publication. *Clinical Otolaryngology*, **27** (6), 436-439.

Full Text: [2002\Cli Oto All Sci27, 436.pdf](2002\Cli%20Oto%20All%20Sci27,%20436.pdf)

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Full Text: [2006\Cli Oto All Sci31, 561.pdf](2006\Cli%20Oto%20All%20Sci31,%20561.pdf)

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Full Text: [2007\Cli Oto All Sci32, 397.pdf](2007\Cli%20Oto%20All%20Sci32,%20397.pdf)

Keywords: Grading Systems, Science

? Sacks, P.L., Harvey, R.J., Rimmer, J., Gallagher, R.M. and Sacks, R. (2011), Topical and systemic antifungal therapy for the symptomatic treatment of chronic rhinosinusitis. *Clinical Otolaryngology*, **36** (5), 489-490.

Full Text: [2011\Cli Oto All Sci36, 489.pdf](2011\Cli%20Oto%20All%20Sci36,%20489.pdf)

Abstract: Background Chronic rhinosinusitis (CRS) is an inflammatory disorder of the nose and sinuses. Since fungi were postulated as a potential cause of CRS in the late 1990s, there has been increasing controversy about the use of both topical and systemic antifungal agents in its management. Although interaction between the immune system and fungus has been demonstrated in CRS, this does not necessarily imply that fungi are the cause of CRS or that antifungals will be effective its management. Objectives To assess the effectiveness of topical or systemic antifungal therapy in the treatment of CRS. Search Strategy We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL); PubMed; EMBASE; CINAHL; Web of Science; BIOSIS Previews; Cambridge Scientific Abstracts; ICTRP and additional sources for published and unpublished trials. The date of the most recent search was 8 March 2011. Selection criteria All randomised, placebo-controlled trials considering the use of topical or systemic antifungal therapy in the treatment of CRS and allergic fungal sinusitis (AFS). CRS was defined using either the European Position Paper on Rhinosinusitis and Nasal Polyps (EPOS) or American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS) criteria. Data collection and analysis We reviewed the titles and abstracts of all studies obtained from the searches and selected trials that met the eligibility criteria. We extracted data using a pre-determined data extraction form. There was significant heterogeneity of outcome data reporting with reports containing both parametric and non-parametric representations of data for the same outcomes. Means and standard deviations for change data were unavailable for a number of trials. Due to the limited reported data, we contacted authors and used original data for data analysis. Main Results Six studies were included (380 participants). Five studies investigated topical antifungals and one study investigated systemic antifungals. The risk of bias in all included studies was low, with all trials being double-blinded and randomised. Pooled meta-analysis showed no statistically significant benefit of topical or systemic antifungals over placebo for any outcome. Symptom scores in fact statistically favoured the placebo group. Adverse event reporting was statistically significantly higher in the antifungal group. Authors’ conclusions On the basis of this meta-analysis, there is no evidence to support the use of either topical or systemic antifungal treatment in the management of CRS.

Keywords: Analysis, Authors, Bias, Cochrane, Cr, Disorder, Effectiveness, Embase, Extraction, Fungus, Immune, Low, Management, Meta Analysis, Meta-Analysis, Nonparametric, Outcome, Outcomes, Pubmed, Rhinosinusitis, Risk, Science, Selection, Sinusitis, Surgery, Therapy, Treatment, Web of Science

? Diakos, E.A., Gallos, I.D., El-Shunnar, S., Clarke, M., Kazi, R. and Mehanna, H. (2011), Dexamethasone reduces pain, vomiting and overall complications following tonsillectomy in adults: A systematic review and meta-analysis of randomised controlled trials. *Clinical Otolaryngology*, **36** (6), 531-542.

Full Text: [2011\Cli Oto All Sci36, 531.pdf](2011\Cli%20Oto%20All%20Sci36,%20531.pdf)

Abstract: Background: Tonsillectomy is one of the most common surgical procedures, but there is debate whether systemic steroids should be used to reduce pain and post-operative complications. Objective of review: To determine whether perioperative steroids reduce post-tonsillectomy pain and complications in adults. Type of review: Systematic review and meta-analysis of randomised controlled trials. Search strategy: We searched MEDLINE (1950-2010), EMBASE (1980-2010), CINAHL (1981-2010), Web of Science, ProQuest, metaRegister, Conference Proceedings Citation Index, the Cochrane Library and reference lists of relevant studies. Evaluation method: Two reviewers independently selected trials and extracted data on their quality, characteristics and results. Trials included adults (age > 16 years) undergoing elective tonsillectomy where peri-operative steroids were used, and the results were compared with control or placebo. Results: There were seven randomised controlled trials (580 patients) reporting post-operative pain. Meta-analysis demonstrates that dexamethasone in adults reduces the pain level experienced in the first post-tonsillectomy day [standard mean difference (SMD): -0.63, 95% CI: -1.13 to -0.12] with significant heterogeneity (I(2) = 84%, P < 0.00001). Sub-group analysis to explore heterogeneity demonstrated this reduction in pain was mostly with high total dose steroids (total >10 mg over first 24 h postoperatively; SMD: -1.48, 95% CI: -2.17 to -0.79, P < 0.00001), especially when given both intra-operatively and post-operatively. There was no significant effect with low doses (SMD: -0.12, 95% CI: -0.36 to 0.13, P = 0.35). There were three trials (231 patients) that reported post-operative nausea and vomiting, three other trials (270 patients) reporting on bleeding and three trials (401 patients) reporting other complications (infections and odynophagia). There was a significant reduction in post-operative nausea and vomiting (RR: 0.53, 95% CI: 0.36 to 0.80, P = 0.002, I(2) = 26%) and bleeding (RR: 0.45, 95% CI: 0.25 to 0.80, P = 0.007, I(2) = 0%), but the reduction in the other complications did not reach statistical significance (RR: 0.69, 95% CI: 0.48 to 1.01, P = 0.06, I(2) = 0%). Pooling of these complications (postoperative nausea and vomiting, bleeding, infections and odynophagia) shows that in six trials (501 patients), The use of dexamethasone significantly reduced post-operative complications following tonsillectomy in adults (RR: 0.59, 95% CI: 0.49 to 0.71, P < 0.00001, I(2) = 0%), when compared with placebo or control. Conclusions: Dexamethasone reduces pain, postoperative nausea and vomiting, bleeding and overall postoperative complications in adults undergoing tonsillectomy. However, the effect of the dose of dexamethasone on post-operative pain and whether dexamethasone reduces bleeding require further research.

Keywords: Adults, Analysis, Citation, Cochrane, Complications, Conference, Control, Double-Blind, Embase, Evaluation, Low, MEDLINE, Meta Analysis, Meta-Analysis, Nausea, Pain, Patients, Postoperative Complications, Quality, Reduction, Research, Review, Risk, Science, Search Strategy, Statistical, Steroid-Therapy, Strategy, Surgical, Systematic, Systematic Review, Web of Science, Web-of-Science

# Title: Clinical Physiology

Full Journal Title: [Clinical Physiology](http://www.blackwell-synergy.com/loi/cpf.1)

ISO Abbreviated Title: Clin. Physiol.

JCR Abbreviated Title: Clin Physiol

ISSN: 0144-5979

Issues/Year: 6

Journal Country/Territory: England

Language: English

Publisher: Blackwell Science Ltd

Publisher Address: P O Box 88, Osney Mead, Oxford OX2 0NE, Oxon, England

Subject Categories:

Physiology: Impact Factor 1.104,/(2001)

Notes: TTopic

? Hansen, H.B., Brinch, K. and Henriksen, J.H. (1996), Scientific publications from departments of clinical physiology and nuclear medicine in Denmark. A bibliometric analysis of ‘impact’ in the years 1989-1994. *Clinical Physiology*, **16** (5), 507-519.

Full Text: [1996\Cli Phy16, 507.pdf](1996\Cli%20Phy16,%20507.pdf)

Abstract: This study reports a bibliometric analysis of scientific publications emanating from departments of clinical physiology and nuclear medicine, Denmark, during the years 1989-1994. The total number of publications during this period was 860 (763 scientific journal papers, 71 book/book chapters and 26 theses). Whereas the number of publications per year (188-113) decreased significantly with time (r = -0.94, P < 0.02), The number of authors (mean 4.1) was almost constant over time. University/university-related departments accounted for 96% of the papers. Only 8% of the papers resulted from a collaboration between two or more departments of clinical physiology and nuclear medicine, but the collaboration with other medical specialities and institutions was much greater (85%). The 763 papers were published in 239 different scientific journals, 80% in journals with an official ‘impact factor’, a bibliometric measure of quality (the average number of times a paper is cited in a journal in the publishing year and the subsequent year). Twenty per cent (20%) and 8.4% were printed in journals with an impact factor, respectively, of above 2.1 (the 500 journals most cited) and 3.7 (the 200 most cited), which is significantly above the national average (16.6% and 6.0%, P < 0.001). The ‘cumulated impact’ (i.e. The impact of all papers) showed a borderline significant decrease over time (r = -0.77, P = 0.1), whereas the average impact per paper (1.53) remained almost constant and was significantly above the national average (1.10, P < 0.001). A close relationship was found between the number of papers from a department and its cumulated impact (r = -0.97, P < 0.001).

It is concluded that the total number of scientific papers from Danish departments of clinical physiology and nuclear medicine fell in the period, whereas the volume of quality, as assessed on the cumulated impact, only fell with borderline significance, and the impact per paper was almost constant from 1989 to 1994, and was above the national average.

Keywords: Clinical Physiology, Impact Factor, Nuclear Medicine, Research Evaluation, Science

? Hansen, H.B. and Henriksen, J.H. (1997), How well does journal ‘impact’ work in the assessment of papers on clinical physiology and nuclear medicine. *Clinical Physiology*, **17**, 409-418.

Full Text: [1997\Cli Phy17, 409.pdf](1997\Cli%20Phy17,%20409.pdf)

# Title: Clinical Psychology Review

Full Journal Title: Clinical Psychology Review

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? van Ijzendoorn, M.H. and Schuengel, C. (1996), The measurement of dissociation in normal and clinical populations: Meta-analytic validation of the dissociative experiences scale (DES). *Clinical Psychology Review*, **16** (5), 365-382.

Abstract: the Dissociative Experiences Scale (DES) has now been used in over 100 studies on dissociation. This article reports on a series of meta-analyses to test some of the theoretical assumptions underlying the DES and to examine the instrument’s reliability and validity. Studies with the DES were identified through Psychlit, MEDLINE, Social Sciences Citation Index, and Current Contents. Across studies in similar domains (e.g., studies on multiple Personality disorders) combined effect sizes were computed using the Rosenthal-Mullen approach. The DES showed excellent convergent validity with other dissociative experiences questionnaires and interview schedules (combined effect size: d = 1.82; N = 5,916). The DES also showed impressive predictive validity, in particular concerning dissociative disorders (Multiple Personality Disorder: combined effect size d = 1.05; N = 1,705) and traumatic experiences (post-traumatic stress disorder: combined effect size d = 0.75; N = 1,099; and abuse: combined effect size d = 0.52; N = 2,108). However, the discriminant validity was less well established. The DES is sensitive to response and experimenter biases. It is recommended to average DES-scores over mwe points in time and over more judges. The DES seems to measure the current view on past dissociative experiences. The model of dissociation as a form of autohypnosis failed to receive support from the data. A developmental model to interpret dissociation is proposed.

Keywords: Abuse, Approach, Assumptions, Clinical, Convergent Validity, Data, Discriminant, Effect Size, Measure, Measurement, Model, N, Normal, Populations, Post-Traumatic Stress, Post-Traumatic Stress Disorder, Posttraumatic Stress, Posttraumatic Stress Disorder, Predictive, Questionnaires, Reliability, Scale, Size, Stress, Support, Traumatic, Validation, Validity

? Brooks, S., Prince, A., Stahl, D., Campbell, I.C. and Treasure, J. (2011), A systematic review and meta-analysis of cognitive bias to food stimuli in people with disordered eating behaviour. *Clinical Psychology Review*, **31** (1), 37-51.

Abstract: Aim: Maladaptive cognitions about food, weight and shape bias attention, memory and judgment and may be linked to disordered eating behaviour. This paper reviews information processing of food stimuli (words, pictures) in people with eating disorders (ED). Method: PUBMED, Ovid, ScienceDirect, PsychInfo, Web of Science, Cochrane Library and Google Scholar were searched to December 2009. 63 studies measured attention, memory and judgment bias towards food stimuli in women with ED. Results: Stroop tasks had sufficient sample size for a meta-analyses and effects ranged from small to medium. Other studies of attention bias had variable effects (e.g. The Dot-Probe task, distracter tasks and Startle Eyeblink Modulation). A meta-analysis of memory bias studies in ED and RE yielded insignificant effect. Effect sizes for judgment bias ranged from negligible to large. Conclusions: People with ED have greater attentional bias to food stimuli than healthy controls (HC). Evidence for a memory and judgment bias in ED is limited. (C) 2010 Elsevier Ltd. All rights reserved.

Keywords: Anorexia Nervosa, Anorexia-Nervosa, Attention, Attentional Biases, Bias, Bulimia Nervosa, Bulimia-Nervosa, Cochrane, Cognitive Bias, Dietary Restraint, Google Scholar, Information, Information Processing, Judgment, Memory, Meta-Analysis, PUBMED, Quantitative Measure, Restrained Eaters, Restrained Eaters, Review, Science, Shape-Related Words, Stroop Test, Systematic, Systematic Review, Thought Suppression, Unrestrained Eaters, Web of Science, Women

? Schwalbe, C.S., Gearing, R.E., MacKenzie, M.J., Brewer, K.B. and Ibrahim, R. (2012), A meta-analysis of experimental studies of diversion programs for juvenile offenders. *Clinical Psychology Review*, **32** (1), 26-33.

Full Text: [2012\Cli Psy Rev32, 26.pdf](2012\Cli%20Psy%20Rev32,%2026.pdf)

Abstract: Objective: Research to establish an evidence-base for the treatment of conduct problems and delinquency in adolescence is well established; however, an evidence-base for interventions with offenders who are diverted from the juvenile justice system has yet to be synthesized. The purpose of this study was to conduct a meta-analysis of experimental studies testing juvenile diversion programs and to examine the moderating effect of program type and implementation quality. Method: A literature search using PsycINFO, Web of Science, and the National Criminal Justice Reference Service data-bases and research institute websites yielded 28 eligible studies involving 57 experimental comparisons and 19,301 youths. Results: Recidivism was the most common outcome reported across all studies. Overall, the effect of diversion programs on recidivism was non-significant (k = 45, OR = 0.83, 95%CI = 0.43-1.58). of the five program types identified, including case management (k = 18, OR = 0.78), individual treatment (k = 11, OR 0.83), family treatment (k = 4, OR = 0.57), youth court (k = 6, OR = 0.93), and restorative justice (k = 6, OR = 0.87), only family treatment led to a statistically significant reduction in recidivism. Restorative justice studies that were implemented with active involvement of researchers led to statistically significant reductions in recidivism (k = 3, OR = 0.69). Other outcomes, including frequency of offending, truancy, and psycho-social problems were reported infrequently and were not subjected to meta-analysis. Conclusions: High levels of heterogeneity characterize diversion research. Results of this study recommend against implementation of programs limited to case management and highlight the promise of family interventions and restorative justice. (C) 2011 Elsevier Ltd. All rights reserved.

Keywords: Case-Management, Classification, Court, Databases, Diversion, Experimental, Family, Frequency, Impact, Intervention, Interventions, Involvement, Juvenile Justice, Literature, Management, Meta Analysis, Meta-Analysis, Outcome, Outcomes, Psychosocial, Quality, Recidivism, Reduction, Research, Researchers, Restorative Justice, Science, Services, Treatment, Web of Science, Web-of-Science, Websites, Youth

? Narayan, A.J. (2015), Personal, dyadic, and contextual resilience in parents experiencing homelessness. *Clinical Psychology Review*, **36**, 56-69.

Full Text: [2015\Cli Psy Rev36, 56.pdf](2015/Cli%20Psy%20Rev36,%2056.pdf)

Abstract: Adopting a developmental psychopathology (DP) perspective, the present study systematically reviewed the quantitative literature on positive functioning and outcomes in parents experiencing homelessness. Studies were identified from PubMed, Psyclnfo, and Web of Science using an exhaustive list of key terms. Of 3443 total studies screened, 219 were inspected, 176 were excluded, and 43 were included. Included studies fell into three outcome categories: the ability to function well personally (cope effectively, meet basic family needs, experience reduced psychopathology); dyadically (demonstrate positive parenting practices and promote child adjustment); and contextually (exit episodes of homelessness and avoid shelter re-entry). Results also reflected personal, dyadic, and contextual independent variables associated with each positive outcome category. Many parents experiencing homelessness display positive outcomes, and many factors support positive functioning. Future research should replicate these findings and examine multilevel parental functioning to help bridge the gap between the DP theoretical perspective and the quantitative evidence for parental resilience as a process. (C) 2015 Elsevier Ltd. All rights reserved.

Keywords: Basic, Becoming Homeless, Bridge, Child, Children, Cluster-Analysis, Developmental Psychopathology, Developmental Psychopathology, Evidence, Experience, Factors, Family, Female-Headed Families, From, Function, Homeless, Literature, Mar, Mental-Health, Needs, New-York-City, Outcome, Outcomes, Parental Competence, Parental Resilience, Parenting, Parents, Positive Outcomes, Practices, Protective Factors, Pubmed, Research, Resilience, Results, Rights, Science, Single Mothers, Social Support, Support, Theoretical, Web, Web Of Science

# Title: Clinical Radiology

Full Journal Title: [Clinical Radiology](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6744&_auth=y&_acct=C000024058&_version=1&_urlVersion=0&_userid=4191814&md5=708255847719e858344bfa370c72ece0)

ISO Abbreviated Title: Clin. Radiol.

JCR Abbreviated Title: Clin Radiol

ISSN: 0009-9260

Issues/Year: 12

Journal Country/Territory: England

Language: English

Publisher: W B Saunders Co Ltd

Publisher Address: 24-28 Oval Rd, London NW1 7DX, England

Subject Categories:

Radiology, Nuclear Medicine & Medical Imaging: Impact Factor 1.048, / (2002)

? Gilbert, F.J. and Denison, A.R. (2003), Research misconduct. *Clinical Radiology*, **58** (7), 499-504.

Full Text: [2003\Cli Rad58, 499.pdf](2003\Cli%20Rad58,%20499.pdf)

Abstract: Good research practice is important to the scientific community. An awareness of what constitutes poor practice is important. Various types of research misconduct are defined in this article. The extent of research misconduct in the field of radiology has been assessed by contacting five English language radiology journals. Redundant or duplicate publication has been reported infrequently, Radiology (1), American Journal of Roentgenology (3), Clinical Radiology (3), British Journal of Radiology (2) and European Radiology (1). The issue of how the radiology community might tackle research misconduct is discussed with reference to guidance from the Medical Research Council, the Wellcome Trust and the Committee of Publication Ethics. (C) 2003 the Royal College of Radiologists. Published by Elsevier Science Ltd. All rights reserved.

Keywords: Fraud, Scientific Misconduct, Research Misconduct, Duplicate Publication, Plagiarism, Good Research Practice, Magnetic-Resonance Cholangiopancreatography, Duplicate Publication, Direct Cholangiography, Diagnostic-Accuracy, Medical-Research, Notice, Choledocholithiasis, Plagiarism, Authorship

Notes: CCountry

? Johnson, C.A. and Toms, A.P. (2009), The impact of European research ethics legislation on UK radiology research activity: A bibliometric analysis. *Clinical Radiology*, **64** (10), 983-987.

Full Text: [2009\Cli Rad64, 983.pdf](2009\Cli%20Rad64,%20983.pdf)

Abstract: AIM: To determine whether there is evidence of a reduction in radiology research activity in the UK following the implementation of the European research ethics legislation, which came in to force in 2001 and has been widely criticised as an impediment to research. MATERIALS and METHODS: A bibliometric analysis was performed by searching PUBMED for all first-author publications from UK departments of “radiology” or “medical imaging” between 1995 and 2007. Results were subcategorized into those papers published in the highest cited general radiology journals and by publication type: original research, reviews, and case reports. RESULTS: From 1995 to 2007 the total number of publications rose by 6.5% from 137 to 146 with the increase occurring in non-general radiology journals. Original articles fell from 18 in 1995 to 12 in 2003, but then rose to 24 by 2007 (33% rise). This dip was paralleled by a fall and then recovery in case report publications. The most dramatic change has been in the number of review articles, which has increased more than eightfold from seven in 1995 to 65 in 2007 to become the most common form of publication. CONCLUSION: the overall number of original scientific articles, published by first-author UK radiologists, has increased slightly over the last 12 years despite a temporary fall associated with the introduction of new research ethics legislation. (C) 2009 the Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.

Keywords: Bibliometric Analysis, Corec, Research Governance

# Title: Clinical Rehabilitation

Full Journal Title: Clinical Rehabilitation

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? McKeown, L.P., Porter-Armstrong, A.P. and Baxter, G.D. (2003), The needs and experiences of caregivers of individuals with multiple sclerosis: A systematic review. *Clinical Rehabilitation*, **17** (3), 234-248.

Full Text: [2003\Cli Reh17, 234.pdf](2003\Cli%20Reh17,%20234.pdf)

Abstract: Primary objective: To appraise recent studies regarding the needs and experiences of caregivers of individuals with multiple sclerosis (MS). Design: the following computerized databases were searched: CINAHL, BIDS IBSS, ASSIA, MEDLINE, PSYCHINFO, British Nursing Index, ISI Web of Science, Zetoc, AMED (1990-April 2002). The computer-based search was supplemented by manual searches of the reference lists of all retrieved studies and review articles. Inclusion and exclusion criteria were formulated. Results: Twenty-four studies from across the world that met the inclusion criteria were reviewed. The majority of studies were descriptive in nature. The studies covered a variety of topics, including how carers assist people with MS, the effect of providing care on a carer’s physical and psychological wellbeing, social life, financial situation and overall quality of life, and how carers cope with the stresses of providing care. Conclusions: Providing care for a person with MS has a major impact on all areas of the caregiver’s life. Perceived social support has been shown to have a beneficial impact on the caregiver. Limitations in design and variation in methodology of studies limits the generalizability of findings. There is a need for further research, in particular the development of reliable and valid disease-specific caregiver assessment instruments.

Keywords: Adjustment, Assessment, Carers, Databases, Development, Disability, Financial Situation, Impact, ISI, Life, MEDLINE, Methodology, Nursing, Primary, Psychometric Characteristics, Quality, Quality of Life, Questionnaire, Research, Resources, Review, Scale, Science, Services, Social, Symptoms, Systematic, Systematic Review, Topics, Web of Science

? Smith, J., Forster, A. and Young, J. (2009), Cochrane review: Information provision for stroke patients and their caregivers. *Clinical Rehabilitation*, **23** (3), 195-206.

Full Text: [2009\Cli Reh23, 195.pdf](2009\Cli%20Reh23,%20195.pdf)

Abstract: Objective: To assess the effectiveness of information provision strategies in improving the outcome for stroke patients and/or their identified caregivers. Data sources: We searched: the Cochrane Stroke Group Trials Register; the Cochrane Central Register of Controlled Trials; electronic databases MEDLINE; EMBASE; CINAHL; PsycINFO; Science Citation Index and Social Science Citation Index; Assia; Index to UK theses; Dissertation Abstracts; ongoing trials and research registers; bibliographies of retrieved papers, relevant articles, and books; the Journal of Advanced Nursing. We also contacted researchers for additional information. Review methods: Two review authors independently assessed trial eligibility, extracted data and assessed methodological quality. Primary outcomes were knowledge about stroke and impact on mood. Meta-analyses were undertaken for the domains of knowledge, mood, satisfaction, and mortality. Results: Seventeen trials were identified and 11 contributed data to the meta-analyses. There were significant effects in favour of the intervention on patient knowledge (standardized mean difference (SMD) 0.29, 95% confidence interval (CI) 0.12 to 0.46), caregiver knowledge (SMD 0.74 95% Cl 0.06 to 1.43), patient depression scores (weighted mean difference (WMD) -0.52, 95% Cl -0.93 to -0.10), and one aspect of patient satisfaction (odds ratio (OR) 2.07, 95% Cl 1.33 to 3.23). Post-hoc subgroup analyses showed that strategies which actively involved patient and caregivers had a significantly greater effect on patient anxiety (P<0.05) and depression (P<0.02) than passive strategies. Conclusion: There is some evidence to support the routine provision of information to stroke patients and their families. Although the best way to provide information is still not clear, the results of this review suggest that strategies which actively involve patients and caregivers should be used in routine practice.

Keywords: Carers, Citation, Depression, Education-Program, Impact, Intervention, Knowledge, MEDLINE, Mortality, Nursing, Outcomes, Quality, Randomized Controlled-Trial, Research, Satisfaction, Support, UK

? Babyar, S.R., Peterson, M.G.E., Bohannon, R., Perennou, D. and Reding, M. (2009), Clinical examination tools for lateropulsion or pusher syndrome following stroke: A systematic review of the literature. *Clinical Rehabilitation*, **23** (7), 639-650.

Full Text: [2009\Cli Reh23, 639.pdf](2009\Cli%20Reh23,%20639.pdf)

Abstract: Objective: To examine the clinimetric properties and clinical applicability of published tools for ‘quantifying’ the degree of lateropulsion or pusher syndrome following stroke. Data sources: Search through electronic databases (MEDLINE, EMBASE, CINAHL, Science Citation Index) with the terms lateropulsion, pushing, pusher syndrome, validity, reliability, internal consistency, responsiveness, sensitivity, specificity, posture and stroke. Databases were searched from their inception to October 2008. Review methods: Abstracts were selected by one author. A panel of experts then determined which should be included in this review. Five abstracts were reviewed and the panel agreed to omit one abstract because those authors did not write a full manuscript. The panel critiqued manuscripts according to predetermined criteria about clinical and clinimetric properties. Results: Four manuscripts referencing three tools for examining lateropulsion were found. Validity and reliability data support the clinical use of the Scale for Contraversive Pushing, the Modified Scale for Contraversive Pushing and the Burke Lateropulsion Scale. The Scale for Contraversive Pushing has the most extensive testing of clinimetric properties. The other tools show promising preliminary evidence of clinical and research utility. More testing is needed with larger, more diverse samples. Reviewers’ conclusions: the Scale for Contraversive Pushing, the Modified Scale for Contraversive Pushing and the Burke Lateropulsion Scale are reliable and valid measures with good clinical applicability. Larger, more varied samples should be used to better delineate responsiveness and other clinimetric properties of these examination tools.

Keywords: Behavior, Citation, Manuscripts, MEDLINE, Orientation, Research, Scale, Systematic Review, Validity

? Malhotra, S., Pandyan, A.D., Day, C.R., Jones, P.W. and Hermens, H. (2009), Spasticity, an impairment that is poorly defined and poorly measured. *Clinical Rehabilitation*, **23** (7), 651-658.

Full Text: [2009\Cli Reh23, 651.pdf](2009\Cli%20Reh23,%20651.pdf)

Abstract: Objective: To explore, following a literature review, whether there is a consistent definition and a unified assessment framework for the term ‘spasticity’. The congruence between the definitions of spasticity and the corresponding methods of measurement were also explored. Data sources: the search was performed on the electronic databases Web of Science, Science Direct and MEDLINE. Review methods: A systematic literature search of publications written in English between the years 1980 and 2006 was performed with the following keywords: spasticity and tone. The search was limited to the following keywords: stroke, hemiplegia, upper, hand and arm. Results: Two hundred and fifty references contributed to this review (190 clinical trials, 46 literature reviews, and 14 case reports). Seventy-eight used the Lance definition; 88 equated spasticity with increased muscle tone; 78 provided no definition; and six others used their own definitions for spasticity. Most papers used a single measure and some used more than one. Forty-seven papers used neurophysiological methods of testing, 228 used biomechanical methods of measurement or assessment, 25 used miscellaneous clinical measures (e.g. spasm frequency scales) and 19 did not explicitly describe a measure. Conclusion: the term spasticity is inconsistently defined and this inconsistency will need to be resolved. Often, the measures used did not correspond to the clinical features of spasticity that were defined within a paper (i.e. internal validity was compromised). There is need to ensure that this lack of congruence is addressed in future research.

Keywords: Assessment, Case Reports, Clinical Trials, Databases, Definitions, Frequency, Literature, Literature Review, Measurement, MEDLINE, Of-The-Literature, Papers, Publications, Research, Review, Scales, Science, Stroke, Systematic, Validity, Web of Science

? Borisova, Y. and Bohannon, R.W. (2009), Positioning to prevent or reduce shoulder range of motion impairments after stroke: A meta-analysis. *Clinical Rehabilitation*, **23** (8), 681-686.

Full Text: [2009\Cli Reh23, 681.pdf](2009\Cli%20Reh23,%20681.pdf)

Abstract: Objective: To assess the effectiveness of positioning on range of motion of the paretic shoulder following stroke. Data sources: We searched PUBMED, CINAHL, EMBASE, Science Citation Index, PEDro, Cochrane Controlled Trails Register and article reference lists. Review methods: Randomized controlled trials reporting range of motion outcomes of shoulder positioning programmes for patients with stroke were examined independently by the two authors. Studies reporting external rotation range of motion outcomes were abstracted and their quality was rated. Results: Five studies, all published in 2000 or later, were included. Shoulder external rotation range of motion was lost by control groups (mean 11.0-18.4 degrees) and experimental (positioning) groups (mean 6.1 degrees to 19.2 degrees) in every study. The standardized mean difference between groups was -0.216 (95% confidence interval -0.573 to 0.141). These findings and the demonstration of homogeneity between and within groups do not support positioning (as practised) as an effective intervention for preventing or slowing the development of range-of-motion impairments of the paretic shoulder after stroke. Conclusion: This meta-analysis failed to support the benefit of positioning the paretic upper extremity to prevent or reduce shoulder external rotation range of motion impairments after stroke.

Keywords: Arm, Citation, Contracture, Hemiplegic Shoulders, Muscle, Outcomes, Pain, Patient, Quality, Randomized Controlled-Trial, Stretch, Therapy

? Unver, B., Senduran, M., Kocak, F.U., Gunal, I. and Karatosun, V. (2009), Reference accuracy in four rehabilitation journals. *Clinical Rehabilitation*, **23** (8), 741-745.

Full Text: [2009\Cli Reh23, 741.pdf](2009\Cli%20Reh23,%20741.pdf)

Abstract: Objective: To investigate the incidence of reference errors in major peer-reviewed general physical therapy and rehabilitation journals (American Journal of Physical Medicine and Rehabilitation (AJPMR), Archives of Physical Medicine and Rehabilitation (APMR), Clinical Rehabilitation (CR) and Physical Therapy (PT)). Design: Descriptive, comparative. Main outcome measures: All issues of the AJPMR, APMR, CR and PT between 2003 and 2007 were studied. For each journal, references from articles were consecutively numbered, and using a random number generator, 100 references were selected from each journal. For each reference, ease of retrieval on MEDLINE and the presence of citation errors were noted. If discrepancies were identified, the reference was compared with the original publication. Two observers independently evaluated each reference for citation errors. Results: the total number of citations with errors among all published journals was 123 (30.7%). The reference error rates by journal ranged from 23% to 44%. Most errors (48.0%) occurred in the author element, followed by the title (31.7%), journal (8.9%), page (5.7%), year (4.1%), and volume (1.6%). Only 8 (2%) were likely to make retrieval of the reference difficult. Conclusions: Errors in references still appear in current physical therapy and rehabilitation literature, but most are not severe.

Keywords: Accuracy, Citation, Citation Errors, Citations, Cr, Error, Errors, General, Incidence, Journal, Journals, Literature, Medical Journals, Medicine, MEDLINE, Observers, Outcome, Outcome Measures, Peer-Reviewed, Physical, Physical Therapy, Publication, Rates, Reference, Reference Errors, References, Rehabilitation, Therapy, Volume

? Bogosian, A., Moss-Morris, R. and Hadwin, J. (2010), Psychosocial adjustment in children and adolescents with a parent with multiple sclerosis: A systematic review. *Clinical Rehabilitation*, **24** (9), 789-801.

Full Text: [2010\Cli Reh24, 789.pdf](2010\Cli%20Reh24,%20789.pdf)

Abstract: Objective: This systematic review explored the potential impact of parental multiple sclerosis on their offspring. It considered adjustment to parental multiple sclerosis at different developmental stages and the factors associated with good versus poor adjustment. Data sources: MEDLINE, EMBASE, PsycINFO, CINAHL and Web of Science were searched for studies on children with a parent with multiple sclerosis. Inclusion and exclusion criteria were formulated. Hand-searching journals and reference lists, contacting authors and multiple sclerosis societies for additional unpublished papers complemented the searches. Review methods: Twenty studies that satisfied the inclusion criteria were included. The research articles were ranked according to a quality assessment checklist and were categorized as good, medium or poor quality. Results: the review found good evidence to suggest that parental multiple sclerosis has a negative impact on children’s social and family relationships and their psychological well-being. The review also identified potential factors associated with poor adjustment. These factors included parental negative emotions, increased illness severity, family dysfunction, children’s lack of knowledge about the illness and lack of social support. Adolescent children also seemed to be more at risk for psychosocial problems than school-age children. Conclusions: There is good evidence that parental multiple sclerosis has a negative psychosocial impact on children, especially on adolescents.

Keywords: Adolescent, Adolescents, Anxiety, Assessment, Authors, Cancer, Children, Depression, Disability, EMBASE, Families, Ill Parent, Impact, Journals, Knowledge, MEDLINE, Mothers, Papers, Parent, Psychological Distress, Psychosocial, Research, Review, Risk, Science, Social, Support, Systematic, Systematic Review, Web of Science

? Fliess-Douer, O., Vanlandewijck, Y.C., Manor, G.L. and Van Der Woude, L.H.V. (2010), A systematic review of wheelchair skills tests for manual wheelchair users with a spinal cord injury: Towards a standardized outcome measure. *Clinical Rehabilitation*, **24** (10), 867-886.

Full Text: [2010\Cli Reh24, 867.pdf](2010\Cli%20Reh24,%20867.pdf)

Abstract: Objective: To review, analyse, evaluate and critically appraise available wheelchair skill tests in the international literature and to determine the need for a standardized measurement tool of manual wheeled mobility in those with spinal cord injury. Data sources: A systematic review of literature (databases PUBMED, Web of Science and Cochrane Library (1970-December 2009). Subjects: Hand rim wheelchair users, mainly those with spinal cord injury. Review methods: Studies’ content and methodology were analysed qualitatively. Study quality was assessed using the scale of Gardner and Altman. Results: Thirteen studies fell within the inclusion criteria and were critically reviewed. The 13 studies covered 11 tests, which involved 14 different skills. These 14 skills were categorized into: wheelchair manoeuvring and basic daily living skills; obstacle-negotiating skills; wheelie tasks; and transfers. The Wheelchair Skills Test version 2.4 (WST-2.4) and Wheelchair Circuit tests scored best on the Gardner and Altman scale, the Obstacle Course Assessment of Wheelchair User Performances (OCAWUP) test was found to be the most relevant for daily needs in a wheelchair. The different tests used different measurement scales, varying from binary to ordinal and continuous. Comparison of outcomes between tests was not possible because of differences in skills assessed, measurement scales, environment and equipment selected for each test. A lack of information regarding protocols as well as differences in terminology was also detected. Conclusion: This systematic review revealed large inconsistencies among the current available wheelchair skill tests. This makes it difficult to compare study results and to create norms and standards for wheelchair skill performance.

Keywords: Assessment, Circuit, Cochrane, Construct-Validity, Databases, Environment, Inconsistencies, Information, Injury, Instrument, Literature, Measurement, Methodology, Mobility, Outcome, Outcomes, Participation, Performance, PUBMED, Reliability, Responsiveness, Review, Science, Standards, Systematic, Systematic Review, Validation, Web of Science

? Klingels, K., Jaspers, E., Van de Winckel, A., De Cock, P., Molenaers, G. and Feys, H. (2010), A systematic review of arm activity measures for children with hemiplegic cerebral palsy. *Clinical Rehabilitation*, **24** (10), 887-900.

Full Text: [2010\Cli Reh24, 887.pdf](2010\Cli%20Reh24,%20887.pdf)

Abstract: Objective: To identify psychometrically sound and clinically feasible assessments of arm activities in children with hemiplegic cerebral palsy for implementation in research and clinical practice. Data sources: PUBMED, CINAHL, Cochrane Library, Web of Science and reference lists of relevant articles were searched. Review methods: A systematic search was performed based on the following inclusion criteria: (1) evaluative tools at the activity level according to the International Classification of Functioning, Disability and Health; (2) previously used in studies including children with hemiplegic cerebral palsy aged 2-18 years; (3) at least one aspect of reliability and validity in children with cerebral palsy should be established. Descriptive information, psychometric properties and clinical utility were reviewed. Results: Eighteen assessments were identified of which 11 met the inclusion criteria: eight functional tests and three questionnaires. Five functional tests were condition-specific, three were generic. All functional tests measure different aspects of activity, including unimanual capacity and performance during bimanual tasks. The questionnaires obtain information about the child’s abilities at home or school. The reliability and validity have been established, though further use in clinical trials is necessary to determine the responsiveness. Conclusions: To obtain a complete view of what the child can do and what the child actually does, we advise a capacity-based test (Melbourne Assessment of Unilateral Upper Limb Function), a performance-based test (Assisting Hand Assessment) and a questionnaire (Abilhand-Kids). This will allow outcome differentiation and treatment guidance for the arm in children with cerebral palsy.

Keywords: Activities, Aged, Assessment, Botulinum-Toxin-A, Cerebral Palsy, Child, Children, Classification, Clinical Trials, Clinical Utility, Cochrane, Differentiation, Disability Inventory, Extremity Skills Test, Functional, Health, Induced Movement Therapy, Information, Intensive Therapy, Melbourne Assessment, Outcome, Pediatric Evaluation, Practice, PUBMED, Questionnaire, Questionnaires, Randomized Control Trial, Reliability, Research, Review, Science, Systematic, Systematic Review, Treatment, Upper-Limb Function, Validity, Web of Science

? Evering, R.M.H., van Weering, M.G.H., Groothuis-Oudshoorn, K.C.G.M. and Vollenbroek-Hutten, M.M.R. (2011), Daily physical activity of patients with the chronic fatigue syndrome: A systematic review. *Clinical Rehabilitation*, **25** (2), 112-133.

Full Text: [2011\Cli Reh25, 112.pdf](2011\Cli%20Reh25,%20112.pdf)

Abstract: Objective: To give an overview of the physical activity level of patients with chronic fatigue syndrome in comparison with asymptomatic controls. Data sources: MEDLINE, Web of Science, EMBASE, PsycINFO, Picarta, the Cochrane Controlled Trial Register that is included in the Cochrane Library and reference tracking. Review methods: A systematic literature search was conducted focusing on studies concerning physical activity levels of patients with chronic fatigue syndrome compared to controls. A meta-analysis was performed to pool data of the studies. Results: Seventeen studies were included with 22 different comparisons between patients with chronic fatigue syndrome and controls. Fourteen studies, including 18 comparisons, showed lower physical activity levels in patients with chronic fatigue syndrome as compared to controls. Four studies, including four comparisons, showed no differences between both groups. The meta-analysis included seven studies and showed a daily physical activity level in patients with chronic fatigue syndrome of only 68% of the physical activity level observed in control subjects. The pooled mean coefficient of variation in patients with chronic fatigue syndrome was higher as compared to control subjects (34.3% versus 31.5%), but this difference did not reach significance. Conclusion: Patients with chronic fatigue syndrome appear to be less physically active compared with asymptomatic controls. There is no difference in variation of physical activity levels between patients with chronic fatigue syndrome and healthy control subjects, but the validity and reliability of some methods of measuring physical activity is questionable or unknown.

Keywords: Accelerometer, Actigraphic Assessment, Activity Patterns, Children, Chronic Pain, Cochrane, Computer-Science, Control, EMBASE, Exercise, Fatigue, Literature, MEDLINE, Meta-Analysis, Overview, Physical Activity, Prevalence, Primary-Care, Reliability, Review, Science, Systematic, Systematic Review, Validation, Validity, Web of Science

? Fok, P., Farrell, M., McMeeken, J. and Kuo, Y.L. (2011), The effects of verbal instructions on gait in people with Parkinson’s disease: A systematic review of randomized and non-randomized trials. *Clinical Rehabilitation*, **25** (5), 396-407.

Full Text: [2011\Cli Reh25, 396.pdf](2011\Cli%20Reh25,%20396.pdf)

Abstract: Objective: To collate and appraise empirical evidence relating to the effects of verbal instructions (verbal commands given by another person) on stride length, gait velocity and stride variability in people with Parkinson’s disease. Data sources: Cinahl, Cochrane, EMBASE, MEDLINE, PEDro, PsycINFO and Web of Science. Review methods: Independent reviewers extracted data from eligible studies and assessed methodological quality. The level of evidence was determined by best evidence synthesis based upon the experimental design, methodological quality and statistical findings of individual studies. Results: One randomized controlled study and 12 non-controlled studies fulfilled the selection criteria and involved 149 participants. Five types of verbal instructions were examined which included ‘take big steps’, ‘walk fast’, ‘swing arms when walking’, ‘count rhythm when walking’ and ‘walk fast with big steps’. Best evidence synthesis found indicative evidence in support of the use of the instruction to take big steps in walking training for stride length improvement in people with mild to moderate Parkinson’s disease who are without cognitive impairment. There was insufficient evidence in support of effects on gait velocity and stride variability. There was also insufficient evidence in support of effects of other instructions on any of the gait variables. Conclusion: the empirical evidence in support of the benefits from verbal instructions is weak. The evidence is limited to short-term stride length improvement from the use of the instruction to take big steps in walking training.

Keywords: Cochrane, Cues, Disease, Disorders, Gait, Parkinson’s Disease, Review, Rhythm, Science, Statistical, Strategies, Systematic, Systematic Review, Task, Training, Variability, Walking, Web of Science

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Full Text: [2011\Cli Reh25, 975.pdf](2011\Cli%20Reh25,%20975.pdf)

Abstract: Objective: A systematic review and meta-analysis of randomized controlled trials was undertaken to determine whether whole body vibration improves bone mineral density and leg muscle strength in older adults. Data sources: Sources included MEDLINE, CINAHL, EMBASE, PEDro, PubMed, Science Citation Index and the reference list of each eligible article. Review methods: Article search and selection was performed independently by two researchers. The methodological quality of each selected article was rated by the PEDro scale. Results: Thirteen randomized trials (18 articles) totalling 896 subjects fulfilled the selection criteria. Four were considered to have good or excellent methodological quality and the rest were rated as fair. Meta-analyses revealed that whole body vibration has no significant effect on hip or lumbar spine bone mineral density in older women when compared with no intervention or active exercise (P > 0.05). Whole body vibration, however, had a significant treatment effect on knee extension dynamic strength (standardized mean difference = 0.63, P=0.006), leg extension isometric strength (standardized mean difference = 0.57, P = 0.003), and functional measures of leg muscle strength such as jumping height (standardized mean difference 0.51, P = 0.010) and performance in sit-to-stand (standardized mean difference = 0.72, P < 0.001) among older adults compared with no intervention. Conclusion: Whole body vibration is beneficial for enhancing leg muscle strength among older adults. However, the review suggests that whole body vibration has no overall treatment effect on bone mineral density in older women. No randomized trial has examined the effects of whole body vibration on bone mineral density in older men.

Keywords: Adults, Aging, Back-Pain, Bed Rest, Bone, Bone Mineral Density, Chronic Stroke, Citation, Clinical-Trial, Embase, Exercise, Exercise, Frequency, Functional, Geriatrics, Intervention, Knee, MEDLINE, Men, Meta Analysis, Meta-Analysis, Older Adults, Older Men, Osteoporosis, PostmenopaUSAl Women, Postural Control, Pubmed, Randomized Controlled Trials, Randomized-Controlled-Trial, Rehabilitation, Researchers, Review, Risk, Science, Science Citation Index, Sources, Spine, Strength, Systematic, Systematic Review, Therapy, Treatment, Vibration, Women

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Full Text: [2012\Cli Reh26, 10.pdf](2012\Cli%20Reh26,%2010.pdf)

Abstract: Objective: To perform a systematic review with meta-analyses that evaluates the effectiveness of the Pilates method on the pain and functionality outcome in adults with non-specific chronic low back pain. Data sources: the search was performed in the following databases: MEDLINE, Embase, AMED, Cinahl, Lilacs, Scielo, SportDiscus, ProQuest, Web of Science, PEDro, Academic Search Premier and the Cochrane Central Register of Controlled Trials from 1950 to 2011; the following keywords were used: ‘Pilates’, ‘Pilates-based’, ‘back exercises’, ‘exercise therapy’, ‘low back pain’, ‘back pain’ and ‘backache.’ Review methods: the inclusion criteria were studies that assessed the effects of the Pilates method on patients with chronic low back pain. Results: Five studies met the inclusion criteria. The total number of patients was 71 in the Pilates group and 68 in the control group. Pilates exercise did not improve functionality (standardized mean difference (SMD = -1.34; 95% confidence interval (CI) -2.80, 0.11; P = 0.07) or pain between Pilates and control groups (SMD - -1.99; 95% CI -4.35, 0.37; P - 0.10). Pilates and lumbar stabilization exercises presented no significant difference in functionality (mean difference (MD) - -0.31; 95% CI-1.02, 0.40; P - 0.39) or pain (MD = -0.31; 95% CI -1.02, 0.40; P = 0.39). Conclusion: the Pilates method did not improve functionality and pain in patients who have low back pain when compared with control and lumbar stabilization exercise groups.

Keywords: Adults, Author, Brazil, Cochrane, Control, Control Groups, Databases, Disability, Effectiveness, Exercise, Exercise Therapy, Exercises, Guidelines, Low, MEDLINE, Meta Analysis, Meta-Analysis, Outcome, Pain, Patients, Persistent, Physiotherapy, Randomized Controlled-Trial, Rehabilitation Interventions, Review, Science, Strategies, Systematic, Systematic Review, Therapy, Web of Science, Web-of-Science

? Beck, A.M., Holst, M. and Rasmussen, H.H. (2013), Oral nutritional support of older (65 years+) medical and surgical patients after discharge from hospital: Systematic review and meta-analysis of randomized controlled trials. *Clinical Rehabilitation*, **27** (1), 19-27.

Full Text: [2013\Cli Reh27, 19.pdf](2013\Cli%20Reh27,%2019.pdf)

Abstract: Objective: To estimate the effectiveness of oral nutritional support compared to placebo or usual care in improving clinical outcome in older (65 years+) medical and surgical patients after discharge from hospital. Outcome goals were: re-admissions, survival, nutritional and functional status, quality of life and morbidity. Data sources: Three recent Cochrane reviews and an update of their literature search using MEDLINE, EMBASE, Web of Science. Search terms included randomized controlled trials; humans; age 65+ years; subset: dietary supplements. Review methods: One reviewer assessed trials for inclusion, extracted data and assessed trial quality. Results: Six trials were included (N = 716 randomly assigned participants). All trials used oral nutritional supplements. A positive effect on nutritional intake (energy) and/or nutritional status (weight) (in compliant participants) were observed in all trials. Two pooled analysis was based on a fixed-effects model. No significant effect were found on mortality (four randomized controlled trials with 532 participants, odds ratio 0.80 (95% confidence (CI) interval 0.46 to 1.39)) or re-admissions (four randomized controlled trials with 478 participants, odds ratio 1.07 (95% CI 0.71 to 1.61)). Conclusion: Although the evidence is limited, we suggest that oral nutritional support may be considered for older malnourished medical and surgical patients after discharge from hospital.

Keywords: Age, Analysis, Care, Clinical, Confidence, Data, Dietary Supplements, Discharge, Double-Blind, Effectiveness, Elderly, Embase, Energy, Evidence, Fixed Effects Model, Functional Status, Hip Fracture, Hospital, Humans, Improve Outcomes, Interval, Intervention, Intervention, Life, Literature, Literature Search, Malnutrition, Medical, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Morbidity, Mortality, N, Nutrition, Nutritional Status, Odds Ratio, Oral, Outcome, Patients, People, Placebo, Placebo-Controlled Trial, Quality, Quality Of, Quality of Life, Randomized, Randomized Controlled Trials, Readmissions, Recent, Rehabilitation, Results, Review, Reviews, Risk, Science, Search, Sources, Supplementation, Support, Survival, Systematic Review, Trial, Web of Science

? Cullinane, F.L., Boocock, M.G. and Trevelyan, F.C. (2014), Is eccentric exercise an effective treatment for lateral epicondylitis? A systematic review. *Clinical Rehabilitation*, **28** (1), 3-19.

Full Text: [2014\Cli Reh28, 3.pdf](2014\Cli%20Reh28,%203.pdf)

Abstract: Objective: To establish the effectiveness of eccentric exercise as a treatment intervention for lateral epicondylitis. Data sources: ProQuest, Medline via EBSCO, AMED, Scopus, Web of Science, CINAHL. Review methods: A systematic review was undertaken to identify randomized and controlled clinical trials incorporating eccentric exercise as a treatment for patients diagnosed with lateral epicondylitis. Studies were included if: they incorporated eccentric exercise, either in isolation or as part of a multimodal treatment protocol; they assessed at least one functional or disability outcome measure; and the patients had undergone diagnostic testing. The methodological quality of each study was assessed using the Modified Cochrane Musculoskeletal Injuries Group score sheet. Results: Twelve studies met the inclusion criteria. Three were deemed high’ quality, seven were medium’ quality, and two were low’ quality. Eight of the studies were randomized trials investigating a total of 334 subjects. Following treatment, all groups inclusive of eccentric exercise reported decreased pain and improved function and grip strength from baseline. Seven studies reported improvements in pain, function, and/or grip strength for therapy treatments inclusive of eccentric exercise when compared with those excluding eccentric exercise. Only one low-quality study investigated the isolated effects of eccentric exercise for treating lateral epicondylitis and found no significant improvements in pain when compared with other treatments. Conclusion: The majority of consistent findings support the inclusion of eccentric exercise as part of a multimodal therapy programme for improved outcomes in patients with lateral epicondylitis.

Keywords: Clinical, Clinical Trials, Criteria, Data, Diagnostic Testing, Disability, Eccentric Exercise, Effectiveness, Effects, Elbow Tendinopathy, Exercise, Exercise Programme, Function, Groups, Intervention, Lateral Epicondylitis, Management, Measure, Medline, Methods, Modified, Outcome, Outcome Measure, Outcomes, Pain, Patients, Program, Protocol, Quality, Quality Of, Randomized, Rehabilitation, Results, Review, Science, Scopus, Sources, Strength, Support, Systematic Review, Tennis Elbow, Testing, Therapy, Treatment, Trial, Web of Science, Work

? Hayward, K.S., Barker, R.N., Carson, R.G. and Brauer, S.G. (2014), The effect of altering a single component of a rehabilitation programme on the functional recovery of stroke patients: A systematic review and meta-analysis. *Clinical Rehabilitation*, **28** (2), 107-117.

Full Text: [2014\Cli Reh28, 107.pdf](2014\Cli%20Reh28,%20107.pdf)

Abstract: Objective: To evaluate the effect of altering a single component of a rehabilitation programme (e.g. adding bilateral practice alone) on functional recovery after stroke, defined using a measure of activity. Data sources: A search was conducted of Medline/Pubmed, CINAHL and Web of Science. Review methods: Two reviewers independently assessed eligibility. Randomized controlled trials were included if all participants received the same base intervention, and the experimental group experienced alteration of a single component of the training programme. This could be manipulation of an intrinsic component of training (e.g. intensity) or the addition of a discretionary component (e.g. augmented feedback). One reviewer extracted the data and another independently checked a subsample (20%). Quality was appraised according to the PEDro scale. Results: Thirty-six studies (n = 1724 participants) were included. These evaluated nine training components: mechanical degrees of freedom, intensity of practice, load, practice schedule, augmented feedback, bilateral movements, constraint of the unimpaired limb, mental practice and mirrored-visual feedback. Manipulation of the mechanical degrees of freedom of the trunk during reaching and the addition of mental practice during upper limb training were the only single components found to independently enhance recovery of function after stroke. Conclusion: This review provides limited evidence to support the supposition that altering a single component of a rehabilitation programme realises greater functional recovery for stroke survivors. Further investigations are required to determine the most effective single components of rehabilitation programmes, and the combinations that may enhance functional recovery.

Keywords: Activity, Constraint-Induced Movement, Data, Electromyographic Biofeedback, Evidence, Experimental, Freedom, Function, Intensity, Intervention, Intrinsic, Investigations, Load, Manipulation, Measure, Mental Practice, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mirror Therapy, Motor Recovery, Neuromuscular Stimulation, Patients, Placebo-Controlled Trial, Practice, Programmes, Quality, Randomized Controlled Trials, Randomized Controlled-Trial, Recovery, Recovery of Function, Rehabilitation, Rehabilitation Programme, Results, Review, Scale, Science, Sources, Stroke, Subacute Stroke, Support, Systematic Review, Training, Trunk, Upper-Extremity Function, Web of Science

? Chen, Y.P., Pope, S., Tyler, D. and Warren, G.L. (2014), Effectiveness of constraint-induced movement therapy on upper-extremity function in children with cerebral palsy: A systematic review and meta-analysis of randomized controlled trials. *Clinical Rehabilitation*, **28** (10), 939-953.

Full Text: [2014\Cli Reh28, 939.pdf](2014/Cli%20Reh28,%20939.pdf)

Abstract: Objective: To systematically examine the research literature on the effectiveness of constraint-induced movement therapy on improving arm function in children with cerebral palsy, and to assess the association between the study effect size and the characteristics of the patients and intervention protocol. Data sources: A systematic literature search was conducted in PubMed, PsycINFO, Cochrane, CINAHL, Web of Science, and TRIP Database up to May 2014. Review methods: Studies employing randomized controlled trial design, children with cerebral palsy, comparing constraint-induced movement therapy with another intervention with a focus on arm function, and upper-extremity measures were included in this review. Methodological quality was evaluated using the Physiotherapy Evidence-based Database (PEDro) scale. Results: The literature search resulted in 27 randomized controlled trial studies with good methodological quality that compared constraint-induced movement therapy with other intervention therapy. Overall, constraint-induced movement therapy provided a medium beneficial effect (d = 0.546; p < 0.001) when compared with conventional therapy. For the subgroup analyses, presence of a dose-equivalent comparison group, intervention location, and time of follow-up were significant factors. Studies examining constraint-induced movement therapy effect without a dose-equivalent comparison group showed a large effect in children with cerebral palsy, but studies with a dose-equivalent group only showed a small effect. Children who received home-based constraint-induced movement therapy had a better improvement in arm function than those who received constraint-induced movement therapy elsewhere. Conclusion: The research literature supports constraint-induced movement therapy as an effective intervention to improve arm function in children with cerebral palsy.

Keywords: 6-Month Follow-Up, Analyses, Association, Bimanual Therapy, Cerebral, Cerebral Palsy, Characteristics, Childhood Hemiparesis, Children, Comparison, Congenital Hemiplegia, Constraint-Induced Movement Therapy, Controlled Trial, Conventional, Data, Database, Design, Effect Size, Effectiveness, Efficacy, Follow-Up, Function, Hand Function, Improvement, Intervention, Literature, Literature Search, Location, Measures, Meta Analysis, Meta-Analysis, Metaanalysis, Methodological Quality, Methods, Movement, Outcomes, Patients, Physiotherapy, Protocol, Psycinfo, Pubmed, Quality, Quality-Of-Life, Randomized, Randomized Controlled Trial, Randomized Controlled Trials, Research, Results, Review, Scale, Science, Size, Small, Sources, Systematic, Systematic Literature Search, Systematic Review, Therapy, Trial, Upper Extremity, Upper Extremity (ARM), Upper-Limb Rehabilitation, Web Of Science, Young-Children

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Full Text: [2015\Cli Reh29, 69.pdf](2015/Cli%20Reh29,%2069.pdf)

Abstract: Objective: To review systematically the psychometric properties of balance measures for use in people with cerebellar ataxia. Data sources: Medline, AMED, CINAHL, Web of Science and EMBASE were searched between 1946 and April 2014. Review methods: Two reviewers independently searched data sources. Cerebellar-specific and generic measures of balance were considered. Included studies tested psychometric properties of balance measures in people with cerebellar ataxia of any cause. Quality of reported studies was rated using the Consensus Based Standards for the selection of health status Measurement INstruments (COSMIN) checklist. Results: Twenty-one articles across which 16 measures had been tested were included for review. Using the COSMIN, quality of methodology in studies investigating psychometric properties of generic balance measures (n=10) was rated predominantly as poor’. Furthermore, responsiveness has not been tested for any generic measures in this population. The quality of studies investigating psychometric properties of balance sub-components of the cerebellar-specific measures (n=6) ranged from poor’ to excellent’; however, Minimally Clinically Important Difference has not been determined for these cerebellar-specific measures. Conclusion: The Posture and Gait (PG) sub-component of the International Cooperative Ataxia Rating Scale (ICARS) demonstrates the most robust psychometric properties with acceptable clinical utility.

Keywords: Articles, Ataxia, Balance, Clinical, Consensus, Data, Disease, Dynamic Gait Index, Embase, Friedreich Ataxia, From, Gait, Health, Health Status, International, Interrater Reliability, Measurement, Measures, Medline, Methodology, Methods, Multiple-Sclerosis, Older-People, Outcome Assessment (Health Care), Performance-Measures, Population, Posture, Properties, Quality, Quality Of, Rating-Scale ICARS, Reliability, Responsiveness, Results, Review, Reviewers, Scale, Science, Selection, Sources, Spinocerebellar-Ataxia, Standards, Systematic, Systematic Review, Utility, Validity, Validity, Web, Web Of Science

? Chiu, C.C., Chuang, T.Y., Chang, K.H., Wu, C.H., Lin, P.W. and Hsu, W.Y. (2015), The probability of spontaneous regression of lumbar herniated disc: A systematic review. *Clinical Rehabilitation*, **29** (2), 184-195.

Full Text: [2015\Cli Reh29, 184.pdf](2015/Cli%20Reh29,%20184.pdf)

Abstract: Objective: To determine the probability of spontaneous disc regression among each type of lumbar herniated disc, using a systematic review. Data sources: Medline, Cochrane Library, CINAHL, and Web of Science were searched using key words for relevant original articles published before March 2014. Articles were limited to those published in English and human studies. Review methods: Articles had to: (1) include patients with lumbar disc herniation treated conservatively; (2) have at least two imaging evaluations of the lumbar spine; and (3) exclude patients with prior lumbar surgery, spinal infections, tumors, spondylolisthesis, or spinal stenosis. Two reviewers independently extracted study details and findings. Thirty-one studies met the inclusion criteria. Furthermore, if the classification of herniation matched the recommended classification of the combined Task Forces, the data were used for combined analysis of the probability of disc regression of each type. Nine studies were applicable for probability calculation. Results: The rate of spontaneous regression was found to be 96% for disc sequestration, 70% for disc extrusion, 41% for disc protrusion, and 13% for disc bulging. The rate of complete resolution of disc herniation was 43% for sequestrated discs and 15% for extruded discs. Conclusions: Spontaneous regression of herniated disc tissue can occur, and can completely resolve after conservative treatment. Patients with disc extrusion and sequestration had a significantly higher possibility of having spontaneous regression than did those with bulging or protruding discs. Disc sequestration had a significantly higher rate of complete regression than did disc extrusion.

Keywords: Analysis, Articles, Calculation, Classification, Complete, Conservative, Conservative Treatment, Criteria, Data, Disc Herniation, English, Extrusion, Follow-Up, Human, Imaging, Infections, Intervertebral Disc, Low Back Pain, Matrix Metalloproteinases, Medline, Methods, Natural-History, Nucleus Pulposus, Patients, Probability, Radiculopathy, Regression, Regression Of Hernation, Resonance-Imaging Findings, Results, Review, Reviewers, Science, Sequestration, Sources, Spinal, Spine, Spontaneous, Spontaneous Resolution, Spontaneous Resorption, Stenosis, Surgery, Systematic, Systematic Review, Treatment, Web, Web Of Science

? Meeus, M., Nijs, J., Vanderheiden, T., Baert, I., Descheemaeker, F. and Struyf, F. (2015), The effect of relaxation therapy on autonomic functioning, symptoms and daily functioning, in patients with chronic fatigue syndrome or fibromyalgia: A systematic review. *Clinical Rehabilitation*, **29** (3), 221-233.

Full Text: [2015\Cli Reh29, 221.pdf](2015/Cli%20Reh29,%20221.pdf)

Abstract: Objective: To establish the effects of relaxation therapy on autonomic function, pain, fatigue and daily functioning in patients with chronic fatigue syndrome or fibromyalgia. Method: A systematic literature study was performed. Using specific keywords related to fibromyalgia or chronic fatigue syndrome and relaxation therapy, the electronic databases PubMed and Web of Science were searched. Included articles were assessed for their risk of bias and relevant information regarding relaxation was extracted. The review was conducted and reported according to the PRISMA-statement. Results: Thirteen randomized clinical trials of sufficient quality were included, resulting in a total of 650 fibromyalgia patients (11 studies) and 88 chronic fatigue syndrome patients (3 studies). None of the studies reported effects on autonomic function. Six studies reported the effect of guided imagery on pain and daily functioning in fibromyalgia. The acute effect of a single session of guided imagery was studied in two studies and seems beneficial for pain relief. For other relaxation techniques (eg. muscle relaxation, autogenic training) no conclusive evidence was found for the effect on pain and functioning in fibromyalgia patients comparison to multimodal treatment programs. For fatigue a multimodal approach seemed better than relaxation, as shown in the sole three studies on chronic fatigue syndrome patients. Conclusion: There is moderate evidence for the acute effect of guided imagery on pain, although the content of the visualization is a matter of debate. Other relaxation formats and the effects on functionality and autonomic function require further study.

Keywords: Approach, Articles, Autogenic Training, Autonomic Functioning, Bias, Chronic, Chronic Fatigue, Chronic Fatigue Syndrome, Clinical, Clinical Trials, Cognitive-Behavior Therapy, Comparison, Content, Daily Functioning, Databases, Effects, Evidence, Fatigue, Fibromyalgia, Function, Functionality, Graded-Exercise, Guided Imagery, Imagery, Information, Literature, Literature Study, Mar, Muscle, Nervous-System, Pain, Pain, Pain Relief, Patients, People, Pubmed, Quality, Randomized, Randomized Controlled-Trial, Rehabilitation, Relaxation, Results, Review, Risk, Science, Self-Efficacy, Stress-Disorder, Symptoms, Syndrome, Systematic, Systematic Review, Techniques, Therapy, Training, Treatment, Visualization, Web, Web Of Science

# Title: Clinical Respiratory Journal

Full Journal Title: Clinical Respiratory Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

Impact Factor

? Nie, W.C., Liu, Y.R., Ye, J., Shi, L.H., Shao, F.C., Ying, K.J. and Zhang, R.F. (2014), Efficacy of intrapleural instillation of fibrinolytics for treating pleural empyema and parapneumonic effusion: A meta-analysis of randomized control trials. *Clinical Respiratory Journal*, **8** (3), 281-291.

Full Text: [2014\Cli Res J8, 281.pdf](2014\Cli%20Res%20J8,%20281.pdf)

Abstract: Introduction: The effects of intrapleural fibrinolysis for treating pleural empyema and parapneumonic effusion remain uncertain. Objectives: We conducted a meta-analysis of published randomized controlled trials (RCTs) to evaluate the efficacy of intrapleural instillation of fibrinolytics for treating pleural empyema and parapneumonic effusion. Methods: Medline, Web of Science, Ovid and regulatory documents up to June 10, 2012 were searched. We selected RCTs on intrapleural fibrinolysis vs placebo control treatment for pleural empyema and parapneumonic effusion. The meta-analysis was used to determine the odds ratios (OR) for death, surgical intervention and severe side effects, and weighted mean differences were used to estimate lengths of hospital stays. Results: Ten trials with a total of 977 patients were included. Compared with a placebo, intrapleural fibrinolytic therapy decreased the OR for surgical intervention [OR = 0.24; 95% confidence interval (CI): 0.10-0.60] and the length of hospital stays (weighted mean difference = -6.47; 95% CI: -8.87, -4.08). Intrapleural fibrinolysis was associated with a non-significant reduction in mortality rate (OR = 1.16; 95% CI: 0.71-1.89) and a non-significant increase in severe side effects (OR = 1.92; 95% CI: 0.87-4.21). Subgroup analyses indicated that urokinase agents had marked positive effects on reducing surgical intervention (OR = 0.33; 95% CI: 0.14-0.78), but neither streptokinase nor tissue plasminogen activator did. Conclusions: The present results show that intrapleural fibrinolysis with urokinase may be potentially effective for reducing the need for surgery. Intrapleural fibrinolytic therapy is effective for shortening the lengths of hospital stays without increasing the incidence of severe side effects.

Keywords: Activator, Alteplase, Analyses, Childhood Empyema, Children, Confidence, Control, Death, Decortication, Documents, Effects, Efficacy, Fibrinolysis, Fibrinolytic, Hospital, Incidence, Infection, Interval, Intervention, Intrapleural, Length, Management, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Mortality Rate, Parapneumonic Effusion, Patients, Placebo, Plasminogen-Activator, Pleural Empyema, Randomized, Randomized Controlled Trials, Reduction, Results, Science, Side Effects, Streptokinase, Surgery, Therapy, Treatment, Urokinase Treatment, Web Of Science

# Title: Clinical Rheumatology

Full Journal Title: [Clinical Rheumatology](http://www.sciencedirect.com/science/journal/00099260)

ISO Abbreviated Title: Clin. Rheumatol.

JCR Abbreviated Title: Clin Rheumatol

ISSN: 0770-3198

Issues/Year: 6

Journal Country/Territory: United States

Language: English

Publisher: Springer-Verlag

Publisher Address: 175 Fifth Ave, New York, NY 10010

Subject Categories:

Rheumatology: Impact Factor 0.724, 17/23 (2000)

? Li, B., Wang, P. and Li, H. (2010), The association between TNF-alpha promoter polymorphisms and ankylosing spondylitis: A meta-analysis. *Clinical Rheumatology*, **29** (9), 983-990.

Full Text: 2010\Cli Rhe29, 983.pdf

Abstract: the relationship of TNF-alpha promoter polymorphisms and ankylosing spondylitis (AS) has been reported with conflicting results. We perform this meta-analysis to collect all the relevant studies up to date to further clarify the association of TNF-alpha promoter polymorphisms with AS. A review was conducted of studies reporting on the association between TNF-alpha promoter polymorphisms and AS susceptibility in MEDLINE, PUBMED, EMBASE, and Web of Science. The numbers of individuals with various genotypes and alleles in both the case and control groups were extracted from relevant studies. Odds ratios (ORs) with 95% confidence interval (CI) were used to estimate the association. Fourteen eligible studies, contributing data on 3,880 subjects (1,766 patients; 2,114 controls), were included in this meta-analysis. The ORs of various comparisons indicated that there was no association between TNF-alpha 238, 308 polymorphisms, and AS susceptibility in the overall population. For HLA-B27+ population, although the frequency of 308 A allele decreased in AS patients (OR = 0.721; 95%CI = 0.522-0.995), The result was no longer statistically significant after excluding the Hardy-Weinberg equilibrium violation studies (OR = 1.150; 95%CI = 0.568-2.310). No relationship was found between TNF-alpha promoter 238 polymorphisms and AS in HLA-b27+ population. No association was found between TNF-alpha promoter 238/308 polymorphisms and ankylosing spondylitis susceptibility in both the overall and HLA-B27+ population.

Keywords: Ankylosing Spondylitis, Contributes, Control, Control Groups, Disease, Equilibrium, Frequency, Gene Polymorphisms, Haplotypes, HLA-B27 Positive Individuals, Meta-Analysis, Polymorphisms, Region, Review, Rheumatoid-Arthritis, Science, Spondyloarthritis, Susceptibility, TNF-Alpha Promoter, Tumor-Necrosis-Factor, Web of Science

# Title: Clinical Therapeutics

Full Journal Title: [Clinical Therapeutics](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6242&_auth=y&_acct=C000024058&_version=1&_urlVersion=0&_userid=4191814&md5=2e7570b630109ca5ac2aeefb8d76d2f4)

ISO Abbreviated Title: Clin. Ther.

JCR Abbreviated Title: Clin Ther

ISSN: 0149-2918

Issues/Year: 12

Journal Country/Territory: United States

Language: English

Publisher: Excerpta Medica Inc

Publisher Address: 650 Avenue of the Americas, New York, NY 10011

Subject Categories:

Pharmacology & Pharmacy: Impact Factor 2.069, 51/181 (2000)

Shahidi, N.T. (2001), A review of the chemistry, biological action, and clinical applications of anabolic-androgenic steroids. *Clinical Therapeutics*, **23** (9), 1355-1390.

Full Text: [2001\Cli The23, 1355.pdf](2001\Cli%20The23,%201355.pdf)

Abstract: *Background:* Since its discovery in 1935, numerous derivatives of testosterone have been synthesized, with the goals of prolonging its biological activity in vivo, producing orally active androgens, and developing products, commonly referred to as anabolic-androgenic steroids (AAS), that are more anabolic and less androgenic than the parent molecule.

*Objective:* This article reviews the structure, biotransformation, and mechanism of action of testosterone and some of the most commonly used AAS. Clinical applications of the AAS are discussed, and guidelines and therapeutic maneuvers for minimizing their side effects are outlined.

*Methods:* Literature for inclusion in this review was identified using the libraries of the University of Wisconsin Medical School and School of Pharmacy, the author’s files, and searches of MEDLINE, Science Citation Index, Biological Abstracts, and Chemical Abstracts.

*Results: the* myotrophic action of testosterone and its derivatives and their stimulatory effects on the brain have led to widespread use of AAS by athletes and ‘recreational’ drug users. Consequently, all AAS were classified as class III controlled substances in 1991. Nonetheless, AAS have shown benefit in a variety of human disorders, including HIV-related muscle wasting and other catabolic conditions such as chronic obstructive pulmonary disease, severe burn injuries, and alcoholic hepatitis. Because of their diverse biological actions, AAS have been used to treat a variety of other conditions, including bone marrow failure syndromes, constitutional growth retardation in children, and hereditary angioedema. AAS therapy is associated with various side effects that are generally dose related; therefore, illicit use of megadoses of AAS for the purpose of bodybuilding and enhancement of athletic performances can lead to serious and irreversible organ damage. The most common side effects of AAS are some degree of masculinization in women and children, behavioral changes (eg, aggression), hepatotoxicity, and alteration of blood lipid levels and coagulation factors.

*Conclusions:* To minimize or avoid serious toxicities with AAS therapy, close medical supervision and periodic monitoring are important, with dose adjustment as appropriate to achieve the minimum effective dose. Given the biological effects and potential adverse effects of AAS, administration of these agents should be avoided in pregnant women, women with breast cancer or hypercalcemia, men with carcinoma of the prostate or breast, and patients with nephrotic syndromes or significant liver dysfunction.

Keywords: Testosterone, Anabolic-Androgenic Steroids, Anabolic Steroids

Chilcott, J., Tappenden, P., Jones, M.L. and Wight, J.P. (2001), A systematic review of the clinical effectiveness of pioglitazone in the treatment of type 2 diabetes mellitus. *Clinical Therapeutics*, **23** (11), 1792-1823.

Full Text: [2001\Cli The23, 1792.pdf](2001\Cli%20The23,%201792.pdf)

Abstract: Background: Pioglitazone is a member of a recently developed class of glucose-lowering agents, the thiazolidinediones. used in the treatment of type 2 diabetes mellitus. In the United States, it is approved for use both as monotherapy and in combination with metformin. a sulfonylurea, or insulin: in Europe, it is approved for use in combination with metformin or a sulfonylurea but not insulin.

Objective: This article presents a systematic review of the published literature on the effectiveness of pioglitazone in the treatment of type 2 diabetes, both as monotherapy and in combination with other antidiabetic agents.

Methods: the peer-reviewed English- and foreign-language literature was searched using MEDLINE. PUBMED, EMBASE, Science Citation Index, the Cochrane Database of Systematic Reviews. The Cochrane Controlled Trials Register, the UK National Health Service Centre for Reviews and Dissemination databases, and the Office of Health Economics Health Economic Evaluations Database. Searches were not limited to specific publication types, study designs, dates, or languages. The latest search was performed in March 2001. For a trial to be included in the review, at least 1 outcome measure had to involve the effects of pioglitazone on glycemic control or cardiovascular risk factors, or its side effects. Because of the heterogeneity of studies, no formal meta-analysis was performed.

Results: Eleven studies met the inclusion criteria. 6 involving pioglitazone monotherapy and 5 involving combination therapy. Full reports were available for only 6 of the 11 studies. No studies directly compared pioglitazone with other antidiabetic drugs. Both as monotherapy and in combination therapy, pioglitazone produced decreases in blood glucose levels (up to 95 mg/dL) and glycosylated hemoglobin (up to 2.6%). At doses of greater than or equal to 30 mg/d. pioglitazone was associated with reductions in triglyceride levels (similar to 30-70 mg/dL) and increases in high-density lipoprotein cholesterol (HDL-C) levels (similar to4-5 mg/dL). Pioglitazone treatment was associated with significant weight gain (up to 4 kg over 16 weeks). Adverse effects included mild edema (in up to 11.7% of patients) and a clinically nonsignificant decrease in hemoglobin concentrations. Abnormal results on liver function testing were no more common in treated patients than in control groups.

Conclusions: Pioglitazone has been shown to reduce blood glucose levels in patients with type 2 diabetes. Although the observed decreases in triglyceride levels and increases in HDL-C levels could be expected to lead to a reduction in cardiovascular risk, the effects of weight gain may counteract this benefit. The evidence suggests that the preferred role for pioglitazone may be as an adjunct to metformin or a sulfonylurea in patients whose condition is not well controlled with monotherapy and for whom a metformin-sulfonylurea combination is contraindicated. There is a need for large-scale, long-term studies comparing the effectiveness of combination therapy that includes pioglitazone with that of other combinations of antidiabetic drugs.

Keywords: Pioglitazone, Systematic Review, Diabetes, Thiazolidinediones, Oral Hypoglycemic Agents, Trials

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Full Text: [2001\Cli The23, 1938.pdf](2001\Cli%20The23,%201938.pdf)

Abstract: Background: In diabetes mellitus, the clinical goal of intensive glycemic control (lowering blood glucose concentrations to normal or near-normal levels) has been hindered by the lack of insulin regimens that duplicate the basal-bolus secretion of insulin by the healthy pancreas. In particular, intensive therapy has been associated with a risk of hypoglycemia. Objective: This article reviews the pharmacology, pharmacokinetics, dosing guidelines, adverse effects, and potential drug interactions of insulin glargine, a new long-acting recombinant human insulin analogue, Results of clinical trials of its efficacy and tolerability as a basal insulin in the treatment of type 1 and type 2 diabetes are summarized. Methods: Primary research and review articles on insulin glargine were identified through a search of MEDLINE from 1966 to July 2001. Abstracts were identified through a search of the Institute for Scientific Information Web of Science from 1995 to July 2001 and proceedings of American Diabetes Association scientific meetings. Additional information was obtained from the product information for insulin glargine, All identified articles and abstracts were evaluated for relevance, and all relevant information was included in the review. Priority was given to data from the primary medical literature. Results: Insulin glargine has a slower onset of action than human neutral protamine Hagedorn (NPH) insulin, a longer duration of action (up to 24 hours ), and no pronounced peak. It has similar tolerability and produces similar glycemic control to once- or twice-daily human NPH insulin, with a similar glucose-lowering effect on a molar basis. A decreased incidence of hypoglycemia, particularly at night, has been reported with insulin glargine compared with human NPH insulin. Insulin glargine appears’ to be comparable to human NPH insulin in terms of toxicity, adverse effects, immunogenicity, and potential for drug interactions. Results of clinical trials of insulin glargine in both type 1 and type 2 diabetes support its use in combination with a short-acting insulin, insulin lispro, or oral antidiabetic medications. Although insulin glargine cannot be mixed with other insulin preparations, it has the potential convenience of providing basal insulin with once-daily bedtime dosing. Conclusions: Based on the as yet small amount or data from full clinical study reports in peer-reviewed publications, insulin glargine appears to be a well-tolerated and effective basal insulin preparation for patients with type 1 or type 2 diabetes (including pediatric patients). Its delayed onset of action and prolonged, flat time-action profile mimic the action of endogenous basal insulin (or an insulin pump), decreasing the risk of hypoglycemic episodes. Insulin glargine may be a useful new option for meeting overnight insulin requirements, although most patients will require a rapid-acting insulin such as insulin lispro with or before meals for optimal management of blood glucose levels.

Keywords: Adverse Effects, Analogs, Blood, Clinical Trials, Control, Diabetes, Diabetes Mellitus, Diabetes-Mellitus, Drug, Drug Interactions, Efficacy, Glucose Control, Glycemic Control, Guidelines, Hoe-901, Human, Hypoglycemia, Information, Insulin, Insulin Analogue, Insulin Glargine, Less Nocturnal Hypoglycemia, Literature, Management, Medical, MEDLINE, Methods, Normal, Nph Insulin, Pediatric, Peer-Reviewed Publications, Pharmacokinetics, Preparation, Primary, Profile, Publications, Research, Review, Risk, Science, Scientific Information, Subcutaneous Injection, Therapy, Toxicity, Treatment, Type 1, Type 2, Type 2 Diabetes, Web of Science

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Full Text: [2003\Cli The25, 2991.pdf](2003\Cli%20The25,%202991.pdf)

Abstract: Background: Type 2 diabetes mellitus typically involves abnormal beta-cell function that results in relative insulin deficiency, insulin resistance accompanied by decreased glucose transport into muscle and fat cells, and increased hepatic glucose output, all of which contribute to hyperglycemia. Objective: This review examines the pharmacology, pharmacokinetics, drug-interaction potential, adverse effects, and dosing guidelines for metformin hydrochloride, a biguanide agent for the treatment of type 2 diabetes. Clinical trial data are reviewed, including efficacy and tolerability information, with a focus on studies of dual metformin therapy (metformin plus another oral agent or insulin) published from 1998 to the present. Pharmacoeconomic considerations are also discussed. Methods: Primary research and review articles were identified through a search of MEDLINE (1966-May 2003) and International Pharmaceutical Abstracts (1970-May 2003) using the terms metformin and/or Glucophage. Web of Science (1995-May 2003) was used to search for additional abstracts. The package inserts for metformin and metformin combination products were consulted. All identified articles and abstracts were assessed for relevance, and all relevant information was included. Priority was given to the primary medical literature and clinical trial reports. Results: Metformin is the only currently available oral antidiabetic/hypoglycemic agent that acts predominantly by inhibiting hepatic glucose release. Because patients with type 2 diabetes often have excess hepatic glucose output, use of metformin is effective in lowering glycosylated hemoglobin (HbA(1c)) by 1 to 2 percentage points when used as monotherapy or in combination with other blood glucose-lowering agents or insulin. Other metabolic variables (eg, dyslipidemia, fibrinolysis) may be improved with the use of metformin. Body weight is often maintained or slightly reduced from baseline. Metformin is well tolerated and is associated with few clinically deleterious adverse events. The most important and potentially life-threatening adverse event associated with its use is lactic acidosis, which occurs very rarely. Conclusions: Metformin has multiple benefits in patients with type 2 diabetes. It can effectively lower HbA(1c) values, positively affect lipid profiles, and improve vascular and hemodynamic indices. Adverse effects are generally tolerable and self-limiting. The availability of products combining metformin with a sulfonylurea or rosiglitazone has expanded the array of therapies for the management of type 2 diabetes. Copyright (C) 2003 Excerpta Medica, Inc.

Keywords: Adverse Effects, Blood, Blood-Glucose Control, Clinical Trial, Combination Therapy, Combination Therapy, Copyright, Diabetes, Diabetes Mellitus, Dyslipidemia, Efficacy, Guidelines, Hyperglycemia, Hypoglycemia, Improved Glycemic Control, Information, Insulin, Insulin Sensitivity, Lactic-Acidosis, Lipid, Literature, Management, Medical, MEDLINE, Metformin, Methods, Monotherapy, Niddm Patients, Oral Hypoglycemic Agents, Pharmacological-Treatment, Plus Metformin, Points, Primary, Randomized Controlled-Trial, Research, Resistance, Review, Science, Therapy, Treatment, Type 2, Type 2 Diabetes, Type 2 Diabetes Mellitus, Web of Science

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Full Text: [2005\Cli The27, 1725.pdf](2005\Cli%20The27,%201725.pdf)

Abstract: Background: Uncontrolled hyperpara thyroid ism (HPT), particularly HPT resulting from chronic kidney disease (CKD), is associated with significant morbidity and cardiovascular mortality. Traditional medical therapy (eg, vitamin D sterols, calcium, phosphate binders) has been inadequate for the management of HPT and its vascular and skeletal complications. Objective: the goal of this article was to review the efficacy and safety profile of cinacalcet, a second-generation calcimimetic, in the management of HPT secondary to CKD, primary HPT, and parathyrold carcinoma. Methods: MEDLINE, Web of Science, and International Pharmaceutical Abstracts were searched from 1995 to July 2005 using the terms cinacalcet, AMG 073, KRN 1493, calcimimetics, hypercalcemia, and hyperparathyroidism. Results: Compared with placebo, cinacalcet significantly reduced parathyroid hormone levels within 2 to 4 hours after administration (P < 0.05). In Phase III trials involving 1136 patients with secondary HPT, 56% of those who received cinacalcet achieved the National Kidney Foundation Kidney Disease Outcomes Quality Initiative target of a reduction in parathyroid hormone to <300 pg/mL, 65% achieved a calcium-phosphorus product <55 mg(2)/dL(2), and a respective 49% and 46% achieved normalized serum calcium and phosphorus levels (P < 0.001). Cinacalcet’s effects were similar regardless of patients’ demographic characteristics, duration or mode of dialysis, severity of HPT, or use of concomitant medical therapy. Preliminary evidence suggests that cinacalcet may reverse cortical bone loss. Cinacalcet was well tolerated, with nausea (31%) and vomiting (27%) being the most commonly reported adverse effects. Hypocalcemia was transient in 5% of patients, was usually asymptomatic, and was corrected by dose reduction. Conclusions: Based on the available evidence, cinacalcet is effective and well tolerated in the treatment of secondary HPT and refractory parathyroid carcinoma. Its use in primary HPT appears promising. Further investigations are needed to determine if cinacalcet can prevent the long-term complications of HPT and reduce mortality.

Keywords: Adverse Effects, Bone, Bone Loss, Calcimimetic, Calcium, Calcium-Sensing Receptor, Carcinoma, Cardiovascular, Chronic Kidney Disease, Cinacalcet, Dialysis, Disease, Efficacy, Hci Amg-073, Hemodialysis-Patients, Kidney, Kidney Disease, Management, Medical, MEDLINE, Methods, Morbidity, Mortality, Mortality Risk, Normalizes Serum-Calcium, Outcomes, Parathyroid Carcinoma, Persistent Hyperparathyroidism, Plasma Parathyroid-Hormone, Primary, Primary Hyperparathyroidism, Profile, Quality, Receiving Dialysis, Review, Safety, Science, Secondary Hyperparathyroidism, Secondary Hyperparathyroidism, Stage Renal-Disease, Therapy, Treatment, Vitamin D, Web of Science

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Full Text: [2006\Cli The28, 652.pdf](2006\Cli%20The28,%20652.pdf)

Abstract: Background: Exenatide is a subcutaneously injected incretin mimetic. It is indicated as adjunctive therapy to improve glycemic control in patients with type 2 diabetes mellitus (T2DM) who are already receiving therapy with metformin, a sulfonylurea, or both but continue to have suboptimal glycemic control. Objective: This article reviews available information on the clinical pharmacology, comparative efficacy, tolerability, drug interactions, contraindications and precautions, dosage and administration, availability and storage, and cost of exenatide. Methods: MEDLINE (1966-April 2006) and Web of Science (1995-April 2006) were searched for original research and review articles published in the English language. The search terms used were exenatide, exendin-4, glucagon-like peptide-1, GLP-1, and incretin mimetic. The reference lists of identified articles were also consulted, as was selected information from the package insert for exenatide. All relevant comparative efficacy studies that were available in published form were included in the review. Results: Naturally occurring incretins, such as glucagon-like peptide-1 (GLP-1), exhibit insulinotropic properties after release into the circulation from the gut. As a GLP-1 agonist, exenatide improves glucose homeostasis by mimicking the actions of naturally occurring GLP-1. It improves glycemic control by reducing fasting and postprandial glucose concentrations through a combination of known mechanisms, including glucose-dependent insulin secretion, restoration of first-phase insulin response, regulation of glucagon secretion, delaying gastric emptying, and decreasing food intake. Three Phase III comparative efficacy trials were identified that enrolled a total of 1446 patients who received exenatide 5 mu g SC BID, exenatide 10 mu g SC BID, or placebo for 30 weeks in addition to their existing therapy with metformin, sulfonylurea, or both. In these trials, the addition of exenatide was associated with significant reductions in glycosylated hemoglobin (HbA(1c)) values (P < 0.001- P < 0.002), greater proportions of patients achieving an HbA(1c) <= 7%, significant decreases in fasting plasma glucose concentrations (P < 0.001-P < 0.005), and a dose-dependent progressive weight loss compared with placebo. Nausea (43.5%) was the most commonly reported adverse event in the combined exenatide groups. Other adverse events occurring in > 10% of patients receiving exenatide were hypoglycemia (19.6%), diarrhea (12.8%), and vomiting (12.8%). Conclusions: During clinical trials, exenatide added to existing metformin and/or sulfonylurea therapy in patients with T2DM reduced fasting and postprandial glucose concentrations, with improvements in HbA(1c) and modest weight loss. The main adverse effect associated with exenatide therapy was nausea.

Keywords: Clinical Trials, Control, Diabetes, Diabetes Mellitus, Drug, Drug Interactions, Efficacy, Exenatide, Exendin-4, Fasting, Glp-1, Glucagon-Like Peptide-1, Glucose, Glycemic Control, Hypoglycemia, Incretin Mimetic, Information, Insulin, Insulin-Secretion, MEDLINE, Metformin, Methods, Pharmacokinetics, Plasma, Research, Restoration, Review, Science, Sulfonylurea, Synthetic Exendin-4, Therapy, Treated Patients, Treatment, Type 2, Type 2 Diabetes, Type 2 Diabetes Mellitus, Web of Science, Weight, Zucker Rats

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Full Text: [2007\Cli The29, 795.pdf](2007\Cli%20The29,%20795.pdf)

Abstract: Background: Inhaled dry powder insulin (IDPI) is the first inhaled insulin approved for the treatment of type I and type 2 diabetes mellitus (DM). Objective: This article reviews available information on IDPI, focusing on Its clinical pharmacokinetics, comparative efficacy, tolerability, adverse events, dosage and administration, and cost. Methods: MEDLINE (1966-July 2006) and Web of Science (1995-July 2006) were searched for original research and review articles published in English. The search terms used were inhaled insulin, inhaled human insulin, rDNA origin inhalation powder, inhaled dry powder insulin, and IDPI All published comparative efficacy studies were included in the review, as well as selected information from the package insert for IDPI. Results: IDPI is an inhaled dry powder form of regular human insulin (RHI) that is used as a premeal insulin to improve glycemic control by reducing postprandial glucose excursions. The literature search identified 5 efficacy trials comparing reductions in glycosylated hemoglobin (HbA(1c)) in a total of 582 patients with type 1 DM who received either premeal IDPI plus neutral protamine Hagedorn (NPH) or Ultralente insulin or injectable RHI plus NPH or Ultralente insulin. The search identified 5 comparative efficacy studies of IDPI monotherapy or the addition of IDPI to the current regimen in a total of 1413 patients with type 2 DM that was uncontrolled with diet and exercise, metformin, a sulfonylurea, metformin and a sulfonylurea, or a secretagogue plus an insulin sensitizer. The use of IDPI as a mealtime insulin in these studies was associated with absolute changes in HbA(1c) ranging from -0.6% to +0.1% in patients with type I DM and from -1.4% to -2.9% in patients with type 2 DM. HbA(1c) values < 7% were achieved in 16.9% to 28.2% of patients with type 1 DM and 16.7% to 44.0% of patients with type 2 DM. The most common nonrespiratory adverse event noted during clinical trials of IDPI was hypoglycemia (type 1 DM: 8.6-9.3 episodes/subject-month; type 2 DM: 0.3-1.4 episodes/subject-month), and the most common adverse event involving the pulmonary system was cough (21.9%-29.5%). Conclusions: IDPI is the first available inhaled insulin. It provides an additional option for the achievement of HbA(1c) goals with a premeal insulin.

Keywords: 2-Year Period, Adjunctive Therapy, Clinical Trials, Comparative Trial, Control, Diabetes, Diabetes Mellitus, Efficacy, Exercise, Exubera, Human, Hypoglycemia, Idpi, Improves Glycemic Control, Information, Inhaled Dry Powder Insulin, Inhaled Insulin, Insulin, Literature, Long-Term, MEDLINE, Metformin, Methods, Monotherapy, Oral-Agents, Pulmonary Safety, Research, Review, Science, Shows Sustained Efficacy, Time-Action Profile, Treatment, Treatment Satisfaction, Type 1, Type 1 Diabetes, Type 2, Type 2 Diabetes, Type 2 Diabetes Mellitus, Web of Science

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Full Text: [2007\Cli The29, 2406.pdf](2007\Cli%20The29,%202406.pdf)

Abstract: Background: Clinical studies suggest that granulocyte colony-stimulating factor (G-CSF) -mobilized stem cells are recruited to ischemic myocardium and differentiate into specialized cells such as cardiomyocytes, endothelial cells, and smooth muscle cells, and may improve left ventricular function. Objectives: The aim of this study was to investigate the effectiveness and tolerability of G-CSF treatment with regard to global left ventricular function in patients with myocardial infarction (MI). Methods: A literature search was conducted of MEDLINE, Cochrane Controlled Trials Register, EMBASE, Science Citation Index, and PubMed (all from their inception to March 2007). Reference lists of papers and reviews on the topic were also searched. We selected the following criteria for trials included in this study: (1) randomized controlled trial (RCT) design of MI routine therapy comparing G-CSF with placebo or blank control in patients with MI; (2) 3 to <=:12 months’ follow-up after G-CSF treatment; (3) diagnosis of acute MI (AMI) (! 14 days from onset of new ST-segment elevation infarction) or old MI (OMI) (>14 days from onset); (4) complete left ventricular election fraction (LVEF) data and major adverse cardiovascular event (MACE) reports; and (5) the availability of demographic characteristics of patients and the duration and dose of G-CSF treatment. This information was independently extracted by 2 of the investigators using a standardized protocol. Results: of the 14 RCTs meeting the inclusion criteria, 7 RCTs were deemed eligible for further analysis. The remaining studies included 364 patients (G-CSF groups, 179; control groups, 185; mean age range, 49.8-63.0 years). A significant increase in follow-up LVEF (LVEFfollow-up) was observed in the G-CSF 2406 groups compared with the control groups (2.96%; 95% Cl, 0.98-4.94; P = 0.003), and the LVEF change from baseline to follow-up (LVEF,,) also significantly increased (3.46%; 95% CI, 0.60-6.32; P 0.018). The heterogeneity was significant across the studies with regard to LVEFfollow-up (P = 0.068) and the LVEF A (P = 0.001). The relative risk (RR) for the prevalence of MACEs, including ventricular arrhythmia (RR, 0.65; 95% CI, 0.29-1.49), rehospitalization for heart failure (RR, 2.00; 95% C1, 0.36-11.17), and the composite of other cardiovascular events (ie, cardiac death, recurrent MI, infarct-vessel revascularization procedure, and stroke) (RR, 1.07; 95% Cl, 0.71-1.60), was not significantly different in the G-CSF treatment groups compared with the control groups. The overall risk for MACE was also not significantly different between the 2 groups (RR, 0.93; 95% CI, 0.57-1.28). Conclusion: Based on the studies included in this meta-analysis, G-CSF treatment improved the LVEF in AMI (but not OMI) at 3 to 12 months follow-up. Treatment with G-CSF was generally well tolerated. (Clin Ther. 2007;29:2406-2418) Copyright (c) 2007 Excerpta Medica, Inc.

Keywords: Administration, Age, Analysis, Arrhythmia, Availability, Bone-Marrow-Cells, C1, Cardiovascular, Characteristics, Citation, Composite, Control, Control Groups, Controlled Trial, Coronary-Artery-Disease, Criteria, Csf, Data, Death, Design, Diagnosis, Duration, Effectiveness, Embase, Endothelial Cells, Events, Failure, Follow-Up, Function, G-Csf, Global, Granulocyte, Granulocyte Colony-Stimulating Factor, Groups, Heart, Heart Failure, Heterogeneity, Infarction, Information, Intracoronary Infusion, Left Ventricular Ejection Fraction, Literature, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Muscle, Myocardial Infarction, Normal Donors, Nov, Onset, P, Papers, Patients, Peripheral-Blood, Placebo, Prevalence, Procedure, Progenitor Cells, Pubmed, Randomized, Randomized Controlled Trial, Randomized Controlled Trials, Rct, Recurrent, Reference Lists, Rehospitalization, Relative Risk, Results, Revascularization, Reviews, Risk, Safety, Science, Science Citation Index, Smooth Muscle, Stem Cells, Stem-Cell Mobilization, Stroke, Therapy, Topic, Treatment, Trial

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Full Text: [2008\Cli The30, 443.pdf](2008\Cli%20The30,%20443.pdf)

Abstract: Background: Oral bisphosphonates are routinely prescribed or the treatment of postmenopaUSAl osteoporosis. In clinical trials, oral bisphosphonates have been found to increase bone mineral density (BMD) and decrease fracture risk in the majority of the treated population. However, in both clinical trials and clinical practice, not all patients experience significant increases in BMD. In clinical trials, nonresponse is often defined as a BMD change of <= 0 %. In clinical practice, a decrease in BMD greater than the calculated least significant change (LSC) is considered nonresponse to therapy. It is important to discern whether patients with a decline in BMD may still benefit from oral bisphosphonate therapy, that is, have a reduced risk for fracture, despite having a suboptimal BMD response. Objectives: the objectives of this review were to determine whether meaningful BMD nonresponder rates exist with all oral bisphosphonates and to examine the relationship between BMD nonresponder status and fracture risk. Finally, we discuss the potential implications of BMD nonresponse for patients in clinical practice. Methods: Publications on BMD response and bone loss during treatment with bisphosphonates were identified by searches of MEDLINE (1990-October 2007) and ISI Web of Science (1997-October 2007). Search terms included nonresponse, responder, osteoporosis, bone mineral density, bisphospbonate, alendronate, risedronate, ibandronate, bone loss, and fracture. Results: In clinical trials of alendronate, risedronate, and ibandronate, the percentages of patients with a change in BMD <= 0% at the lumbar spine after 2 years of treatment ranged from 8% to 25%. Results from post hoc analyses of clinical trial data from studies of alendronate and risedronate that have examined fracture risk among BMD responders, BMD non-responders, and patients receiving placebo suggest that patients who experienced an increase in BMD have reduced vertebral fracture risk relative to those with a decline in BMD (range, 38%-50%). Additional analyses suggest that patients who experience a decline in BMD while receiving oral bisphosphonate therapy still appear to receive some benefit (fracture risk reduction, 38%-60%) from treatment compared with patients receiving placebo. Conclusions: Results from post hoc analyses of clinical trial data suggest that patients receiving oral bisphosphonate therapy who experience a decline in BMD have a higher risk for fracture compared with patients whose BMD increases, but may have a reduced fracture risk compared with patients receiving placebo. Further investigation is needed to determine how these results impact patients in clinical practice whose BMD loss exceeds the LSC.

Keywords: Alendronate, Antifracture Efficacy, Antiresorptive Therapies, Bisphosphonates, Bone, Bone Loss, Bone Mineral Density, Clinical Trial, Clinical Trials, Fracture, Fracture Intervention Trial, Impact, ISI, MEDLINE, Methods, Nonresponder, Nonvertebral Fractures, Osteoporosis, PostmenopaUSAl Osteoporosis, Practice, Publications, Randomized-Trial, Review, Risedronate, Risk, Risk Reduction, Science, Spine, Therapy, Treatment, Vertebral Fractures, Web of Science, Women

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Full Text: [2008\Cli The30, 1565.pdf](2008\Cli%20The30,%201565.pdf)

Abstract: Objective: the aim of this review was to discuss data from double-blind, randomized controlled trials (RCTs) that have investigated the effects of oral and long-acting Injectable risperidone on cognitive and psychomotor functioning in patients with schizophrenia or schizoaffective disorder. Methods: PUBMED/MEDLINE and the Institute of Scientific Information Web of Science database were searched for relevant English-language double-blind RCTs published between March 2000 and July 2008, using the terms schizophrenia, schizoaffective disorder, cognition, risperidone, psychomotor, processing speed, attention, vigilance, working memory, verbal learning, visual learning, reasoning, problem solving, social cognition, MATRICS, and long-acting. Relevant studies included patients with schizophrenia or schizoaffective disorder. Cognitive domains were delineated at the Consensus Conferences of the National Institute of Mental Health-Measurement and Treatment Research to Improve Cognition in Schizophrenia (NIMH-MATRICS). The tests employed to assess each domain and psychomotor functioning, and the within-group and between-group comparisons of risperidone with haloperidol and other atypical antipsychotics, are presented. The results of individual tests were included when they were individually presented and interpretable for either drug; outcomes that were presented as cluster scores or factor structures were excluded. Results: A total of 12 articles were included in this review. Results suggested that the use of oral risperidone appeared to be associated with within-group improvements on the cognitive domains of processing speed, attention/vigilance, verbal and visual learning and memory, and reasoning and problem solving in patients with schizophrenia or schizoaffective disorder. Risperidone and haloperidol seemed to generate similar beneficial effects (on the domains of processing speed, attention/vigilance, [verbal and nonverbal] working memory, and visual learning and memory, as well as psychomotor functioning), although the results for verbal fluency, verbal learning and memory, and reasoning and problem solving were not unanimous, and no comparative data on social cognition were available. Similar cognitive effects were found with risperidone, olanzapine, and quetiapine on the domains of verbal working memory and reasoning and problem solving, as well as verbal fluency. More research is needed on the domains in which study results were contradictory. For olanzapine versus risperidone, these were verbal and visual learning and memory and psychomotor functioning. No comparative data for olanzapine and risperidone were available for the social cognition domain. For quetiapine versus risperidone, the domains in which no unanimity was found were processing speed, attention/vigilance, nonverbal working memory, and verbal learning and memory. The limited available reports on risperidone versus clozapine suggest that: risperidone was associated with improved, and clozapine with worsened, performance on the nonverbal working memory domain; risperidone improved and clozapine did not improve reasoning and problem-solving performance; clozapine improved, and risperidone did not improve, social cognition performance. Use of long-acting injectable risperidone seemed to be associated with improved performance in the domains of attention/vigilance, verbal learning and memory, and reasoning and problem solving, as well as psychomotor functioning. The results for the nonverbal working memory domain were indeterminate, and no clear improvement was seen in the social cognition domain. The domains of processing speed, verbal working memory, and visual learning and memory, as well as verbal fluency, were not assessed. Conclusions: the results of this review of within-group comparisons of oral risperidone suggest that the agent appeared to be associated with improved functioning in the cognitive domains of processing speed, attention/vigilance, verbal and visual learning and memory, and reasoning and problem solving in patients with schizophrenia or schizoaffective disorder. Long-acting injectable risperidone seemed to be associated with improved functioning in the domains of attention/vigilance, verbal learning and memory, and reasoning and problem solving, as well as psychomotor functioning, in patients with schizophrenia or schizoaffective disorder. (Clin Ther. 2008;30:15651589) (C) 2008 Excerpta Medica Inc.

Keywords: Antipsychotic Treatment, Antipsychotics, Attention, Clinical-Trials, Cognition, Complex Figure Test, Continuous Performance-Test, Disorder, Double-Blind, Drug, Learning, Matrics, Memory, Methods, Neuropsychological Change, Normative Data, Outcomes, Psychomotor, Randomized Controlled Trials, Research, Review, Risperidone, Schizoaffective Disorder, Schizophrenia, Science, Scientific Information, Social, Social Competence, Spatial Working-Memory, Verbal-Learning Test, Web of Science

? Sonnett, T.E., Levien, T.L., Neumiller, J.J., Gates, B.J. and Setter, S.M. (2009), Colesevelam hydrochloride for the treatment of type 2 diabetes mellitus. *Clinical Therapeutics*, **31** (2), 245-259.

Full Text: [2009\Cli The31, 245.pdf](2009\Cli%20The31,%20245.pdf)

Abstract: Background: Colesevelam hydrochloride is a bile acid sequestrant approved in January 2008 by the US Food and Drug Administration (FDA) for the treatment of adult patients with type 2 diabetes mellitus (DM) in combination with a sulfonylurea, metformin, and/or insulin therapy. Objective: the purpose of this article was to review the pharmacology, pharmacokinetics, efficacy, adverse effects and tolerability, drug-drug interactions, contraindications/precautions, dosage and administration, pharmacoeconomics, and the overall role of colesevelam in the management of adult patients with type 2 DM. Methods: A literature Search using MEDLINE (1966-October 27, 2008), PUBMED (1950-October 27, 2008), Science Direct (1994-October 27, 2008), Web of Science (1980-October 27, 2008), American Diabetes Association Scientific Abstracts (2004-2008), and International Pharmaceutical Abstracts (1970-October 27, 2008) was performed using the term colesevelam. English-language, original research and review articles were examined, and citations from these articles were assessed. Manufacturer prescribing information and the FDA review of the new drug application for colesevelam were also examined. Results: Colesevelam is a hydrophilic, water-Insoluble polymer, with negligible absorption and systemic distribution, that is excreted primarily In the feces. Through a mechanism still under investigation, colesevelam effectively lowers glycosylated hemoglobin (HbA(1c)) when used in combination with a sulfonylurea, metformin, and/or insulin therapy. Three completed, published Phase III clinical trials investigating colesevelam for the treatment of type 2 DM were evaluated for information, data, and Conclusions. At dosing of 1.875 g BID or 3.75 g once daily in combination with one of the aforementioned agents versus placebo, reductions in HbA(1c) in all 3 Phase III clinical trials of colesevelam ranged from 0.5% to 0.7% (P < 0.02). In clinical trials, colesevelam was well tolerated, with hypoglycemia occurring in similar to 3% of studied patients. Conclusions: When used in combination with a sulfonylurea, metformin, and/or insulin therapy, colesevelam has been reported to significantly reduce HbA(1c) in adult patients with type 2 DM. Colesevelam’s role in the management of type 2 DM remains undefined, however; further investigation into its mechanism of action and long-term efficacy and safety Should be performed. (Clin Ther. 2009;31:245-2.59) (C) 2009 Excerpta Medica Inc.

Keywords: Administration, Adult, Adverse Effects, Bile Acid Sequestrant, Bile-Acid Sequestrants, Blood-Glucose Control, Citations, Clinical Trials, Colesevelam, Cost-Effectiveness, Diabetes, Diabetes Mellitus, Drug, Drug-Interactions, Efficacy, Farnesoid-X-Receptor, Hypoglycemia, Improves Glycemic Control, Information, Insulin, Insulin-Based Therapy, Ldl Cholesterol, Literature, Management, Mechanism, Mechanism of Action, MEDLINE, Metformin, Methods, Nuclear Receptor, Pharmacoeconomics, Primary Hypercholesterolemia, PUBMED, Research, Review, Safety, Science, Therapy, Treatment, Type 2, Type 2 Diabetes, Type 2 Diabetes Mellitus, US, Web of Science

? Cersosimo, R.J. (2009), Romiplostim in chronic immune thrombocytopenic purpura. *Clinical Therapeutics*, **31** (9), 1887-1907.

Full Text: [2009\Cli The31, 1887.pdf](2009\Cli%20The31,%201887.pdf)

Abstract: Background: Immune thrombocytopenic purpura (ITP) is characterized by platelet deficiency due to platelet destruction and/or inadequate production. Initial therapy consists of corticosteroids or intravenous immunoglobulin (IVIg). Patients with chronic refractory disease might undergo splenectomy. Although there is no treatment of choice in those who do not respond to splenectomy, immunosuppressive agents are typically prescribed. Romiplostim is the first available drug in a recently developed class of agents that work through stimulation of the thrombopoietin (TPO) receptor (c-Mpl) to increase platelet production. Objective: the aim of this report was to review the mechanism of action, pharmacology, clinical activity, and adverse events associated with the use of romiplostim for the treatment of thrombocytopenia in patients with chronic ITP. Methods: MEDLINE, Google Scholar, International Pharmaceutical Abstracts, and Web of Science were searched for English-only clinical trials and reviews (publication dates: 2000-June 1, 2009; key terms: romiplostim, Nplate, ITP, and idiopatbic and immune thrombocytopenic purpura). Abstracts from the 2000-2008 meetings of the American Society of Hematology and references from relevant articles were reviewed. Results: A total of 6 studies were included. Romiplostim is the first marketed agent developed to directly stimulate the bone marrow to produce platelets. Produced in Escberichia coli using recombinant DNA technology, it is an Fc-peptide fusion protein. It works intracellularly in a manner similar to that of the naturally occurring TPO to activate the transcriptional pathways, leading to increased platelet production via stimulation of the c-Mpl receptor. Romiplostim was approved by the US Food and Drug Administration for the treatment of chronic ITP primarily based on the findings from 2 multicenter, randomized, placebo- controlled, parallel-group studies in 125 adult patients with chronic ITP and an insufficient response to corticosteroids, IVIg, and/or splenectomy. The most common prior treatments were corticosterolds (94%) and IVIg (80%). Sixty-three patients (50%) were splenectomized a median of 6.6 years earlier. Baseline platelet counts were <30 x 10(9) cells/L. The initial dose of romiplostim was 1 μg/kg/wk SC, with adjustments to maintain platelet counts between 50 and 200 x 109 cells/L. The primary end point was a durable platelet response (>= 50 x 10(9) cells/L for >= 6 of the last 8 weeks of treatment). The proportion of patients in whom a durable platelet response was achieved was significantly greater with romiplostim than with placebo (49% vs 2%, respectively; P < 0.001). Overall platelet responses (durable plus transient) were achieved in 83% (69/83) with romiplostim and 7% (3/42) with placebo (P < 0.001). An interim report of findings from an ongoing extension study found that response was maintained for up to 156 weeks (median, 69 weeks) with romiplostim. The most common adverse events were headache (37%), nasopharyngitis (32%), contusion (30%), epistaxt’s (30%), fatigue (30%), arthralgia (25%), and diarrhea (25%). Conclusions: Based on the findings from this review, romiplostim administration has been associated with a durable platelet response in these patients with refractory chronic ITP. Romiplostim has been found to be generally well tolerated. (Clin Ther. 2009;31: 1887-1907) (C) 2009 Excerpta Medica Inc.

Keywords: Adult Patients, Amg-531, Anti-D Treatment, Children, Chronic ITP, Efficacy, Immune (Idiopathic) Thrombocytopenic Purpura, International, Intravenous Immunoglobulin, ITP, Management, Nplate, Platelet Count, Romiplostim, Thrombopoiesis-Stimulating Peptibody

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Full Text: [2010\Cli The32, 789.pdf](2010\Cli%20The32,%20789.pdf)

Abstract: Objective: the aim of the review was to assess the evidence for the effectiveness of calcium in reducing the recurrence of adenomas and the occurrence of colorectal cancer among populations at high, intermediate, and low risk of the disease. Methods: A systematic review of randomized controlled trials (RCTs) was performed to compare calcium alone, and with other agents, versus placebo. Nine data-bases (Cochrane Library, MEDLINE, PreMEDLINE, CINAHL, EMBASE, Web of Science, Biological Abstracts, the National Research Register, and Current Controlled Trials) were searched for published and unpublished trials. Searches were not restricted by either language or date of publication. All searches were completed in January 2010. Database thesaurus and free text terms for calcium and adenomas or colorectal cancer were used to search for trial reports; additional terms were used to search for other agents of interest, such as NSAIDs and folic acid. Search terms consisted of a combination of terms for colorectal cancer (eg, colon or colorectal and neoplasm or cancer or adenoma) and terms for calcium and RCTs. The initial searches were conducted in June 2008, with update searches in January 2010 to identify more recent studies. The reference lists of relevant studies were also searched for additional papers not identified by the search of electronic databases. Studies had to satisfy the following criteria to be included: RCTs about calcium, with or without other chemopreventive agents, in adults with familial adenomatous polyposis (FAP), hereditary nonpolyposis colorectal cancer, or a history of colorectal adenomas, or with no increased baseline risk of colorectal cancer. Meta-analysis was performed. For discrete and numerical outcomes, relative risks (RRs) and risk differences were reported with 95% CIs. The random-effects model was used to account for clinical and methodologic variations between trials. Results: the original and update searches of electronic databases produced 3835 citations, of which 6 studies (8 papers) met the inclusion criteria. Supplemental calcium had no effect on the number of adenomas in 1 small trial of patients with FAP. Meta-analysis of 3 trials in individuals with a history of adenomas showed a statistically significant reduction in the RR for adenoma recurrence (RR = 0.80 [95% CI, 0.69-0.94], P = 0.006) for those receiving calcium 1 200 to 2000 mg/d, but no effect was seen in advanced adenoma (RR = 0.77 [95% CI, 0.50-1.17], P = NS). Meta-analysis of 2 trials in populations with no increased baseline risk for colorectal cancer suggested that calcium, with or without vitamin D, had no effect on the RR for colorectal cancer (RR = 0.62 [95% CI, 0.11-3.40], P = NS). Conclusion: Published reports indicated that supplemental calcium was effective for the prevention of adenoma recurrence in populations with a history of adenomas, but no similar effect was apparent in populations at higher or lower risk. (Clinicaltrials.gov identifier: NCT00486512. (Clin Ther. 2010;32:789-803) (C) 2010 Excerpta Medica Inc.

Keywords: Adenoma, Adenoma Characteristics, Adenomas, Adults, Antioxidant Supplements, Calcium, Cancer, Carcinoma Sequence, Citations, Cochrane, Colorectal Cancer, Databases, Disease, Effectiveness, EMBASE, Folic Acid, History, Interest, MEDLINE, Meta Analysis, Meta-Analysis, Methods, Model, Outcomes, Papers, Polyps, Prevention, Primary Prevention, Publication, Randomized Controlled Trials, Randomized Controlled-Trials, Recurrence, Recurrence, Research, Review, Risk, Risk, Science, Services-Task-Force, Systematic, Systematic Review, Vitamin D, Vitamin-D Supplementation, Web of Science

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Full Text: [2010\Cli The32, 1437.pdf](2010\Cli%20The32,%201437.pdf)

Abstract: Background: Melioidosis is a serious and often fatal disease that is prevalent in subtropical and tropical climates, primarily in at-risk groups (eg, those with diabetes, alcoholism, or other cause of immunosuppression). Treatment is often unsuccessful, with infection frequently relapsing. Burkholderia pseudomallei, the etiologic agent of melioidosis, is inherently resistant to many antibiotics. Objective: This article reviews available evidence on the development of vaccines against melioidosis, including live attenuated vaccines, inactivated whole cell vaccines, and recombinant subunit vaccines. Methods: Web of Science and PUBMED (1950 February 2010) were searched for relevant reports using the term Burkholderia pseudomallei alone and combined with live attenuated vaccine, inactivated vaccine, animal models, and immunity. The reference lists of identified articles were reviewed for additional relevant publications. Results: Studies in murine models suggest that protective immunity against B pseudomallei may be induced by a range of living and nonliving immunogens. The strongest protective immunity was induced by live attenuated immunogens, although concerns about latency make it unlikely that such vaccines will be appropriate for use in humans. Heat-inactivated immunogens have shown promise, and several candidates for subunit vaccines have been tested. However, in all cases, it has been difficult to achieve induction of sterile immunity and protection against airborne infection. Conclusions: Live attenuated mutants of B pseudomallei have been found to be the most effective immunogens in mice, although it is unlikely that such mutants would be appropriate for a vaccine against melioidosis in humans. The ongoing challenge is to identify nonliving formulations that are able to induce good protective immunity. Both humoral and cell-mediated immunity are likely to be required. In this respect, naked DNA vaccines have the potential to provide high-level protection. (Clin Then 2010;32:1437-1445) (C) 2010 Excerpta Medica Inc.

Keywords: Adaptive Immunity, Alcoholism, Antibiotics, Burkholderia-Pseudomallei Infection, Capsular Polysaccharide, Cell-Mediated-Immunity, Development, Diabetes, Disease, Dna, Gene-Expression, Humans, Inactivated Vaccines, Induced, Infection, Live Vaccines, Melioidosis, Methods, Murine Model, Protective Efficacy, Publications, PUBMED, Review, Science, Septicemic Melioidosis, Signature-Tagged Mutagenesis, Subunit Vaccines, T-Cells, Vaccine, Vaccines, Web of Science

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Full Text: [2010\Cli The32, 1565.pdf](2010\Cli%20The32,%201565.pdf)

Abstract: Background: the standard treatments for chronic infection with the hepatitis C virus (HCV) are peginterferon alpha-2a or alpha-2b plus ribavirin, but it remains unclear if one has a better efficacy and safety profile. Objective: the aim of this study was to perform a meta-analysis of randomized controlled trials (RCTs) comparing peginterferon alpha-2a and alpha-2b (in combination with ribavirin) treatments for chronic HCV. Methods: the Cochrane Central Register of Controlled Trials, MEDLINE, Science Citation Index, and EMBASE were searched (1966 April 2010) to identify RCTs that evaluated the sustained virologic response (SVR) to peginterferon alpha-2a and peginterferon alpha-2b in patients with chronic HCV. The inclusion criteria were: RCT studies designed to compare the therapeutic effects of peginterferon alpha-2a (180 mu g/wk) and peginterferon alpha-2b (1.5 mu g/kg/wk) for treatment-naive patients with chronic HCV; patients treated for >= 24 weeks if infected with HCV genotypes 2 or 3 and for >= 48 weeks if infected with genotypes 1 or 4, with 24-week follow-ups; and publications written in any language. Reports of duplicated studies were excluded by examining the author list, parent institution, sample size, and results. The primary outcome was the SVR, and the other measures included the liver-related morbidity, all-cause mortality, and adverse events leading to treatment discontinuation. Results: the literature search yielded 5580 studies, and 7 RCTs comprising 3212 patients matched the inclusion/exclusion criteria. Overall, the SVR rate was significantly higher in patients treated with peginterferon alpha-2a than in patients treated with peginterferon alpha-2b (50% vs 46%, respectively; relative risk [RR] = 1.11; 95% CI, 1.02-1.20; P < 0.05) and varying levels of ribavirin treatment. The subgroup analysis found that, in patients with genotypes 1 or 4, the difference between SVR rate in patients treated with peginterferon alpha-2a and patients treated with peginterferon alpha-2b was not statistically significant (43% vs 39%; RR = 1.25; 95% CI, 0.99-1.57). A significantly higher SVR rate was achieved in the HCV patients with genotypes 2 or 3 treated with peginterferon alpha-2a compared with the patients treated with peginterferon alpha-2b (86% vs 77%; RR = 1.11; 95% CI, 1.02-1.22; P = 0.02). The meta-analysis of adverse events leading to treatment discontinuation revealed no significant differences between the 2 treatments. Conclusions: the evidence reviewed in this meta-analysis suggests that peginterferon alpha-2a treatment was associated with a higher SVR rate than peginterferon alpha-2b treatment in patients with chronic HCV also treated with ribavirin. However, the available evidence on adverse events was insufficient to make recommendations. (Clin Ther. 2010;32:1565-1577) (C) 2010 Excerpta Medica Inc.

Keywords: Author, Chinese Patients, Chronic Hepatitis C, Citation, Efficacy, Infection, Interferon-Alpha-2B Plus Ribavirin, Open-Label, Peg-Interferon, Peginterferon Alpha-2A, Peginterferon Alpha-2B, Pegylated Interferon-Alpha-2B, Pharmacokinetics, Publications, Quality, Science Citation Index, Virological Response

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Full Text: [2010\Cli The32, 2304.pdf](2010\Cli%20The32,%202304.pdf)

Abstract: Background: Findings from clinical studies of the efficacy and tolerability of nicotine preparations in maintaining remission of ulcerative colitis (UC) have been inconsistent. Objectives: This systematic review and meta-analysis aimed to assess the efficacy and tolerability of nicotine preparations in inducing remission in UC. Methods: A literature search (1966August 2010) of Scopus (EMBASE), PUBMED, Web of Science, and the Cochrane Central Register of Controlled Trials was conducted for clinical trials that investigated the efficacy and/or tolerability (any adverse events [AEs] and withdrawals due to AEs) of any nicotine preparation for the induction of remission in UC. Results: the electronic searches yielded 788 items. of these, 3 placebo-controlled trials representing 233 patients with UC and 2 randomized controlled trials that compared nicotine to corticosteroids in 81 patients with UC were included in meta-analysis. The summary relative risks (RRs) (95% CI) in comparing nicotine to placebo were 1.40 (0.63-3.12) (P = NS) for clinical remission, 1.95 (1.38-2.78) (P < 0.001) for AEs, and 3.44 (0.71-16.71) (P = NS) for withdrawal due to AEs. The summary RRs in comparing nicotine to corticosteroids (prednisolone/prednisone) were 0.74 (0.5-1.09) (P = NS) for clinical remission in 2 trials and 2.28 (0.76-6.83) (P = NS) for withdrawal due to AEs. Conclusion: the findings from this meta-analysis do not support the efficacy or tolerability of nicotine preparations in inducing remission in UC. (Clin Ther. 2010;32:2304-2315) (C) 2010 Elsevier HS Journals, Inc.

Keywords: Clinical Trials, Cochrane, Crohns-Disease, Efficacy, EMBASE, Inflammatory-Bowel-Disease, Literature, Maintenance, Management, Meta-Analysis, Methods, Nicotine, Nicotine Preparations, Nitric-Oxide, Pathogenesis, Preparation, PUBMED, Randomized Controlled Trials, Remission, Review, Safety, Science, Scopus, Smoking, Systematic, Systematic Review, Therapy, Transdermal Nicotine, Ulcerative Colitis, Web of Science

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Full Text: [2011\Cli The33, 62.pdf](2011\Cli%20The33,%2062.pdf)

Abstract: Background: the therapeutic benefit of self-administered medications for long-term use is limited by an average 50% nonadherence rate. Patient forgetfulness is a common factor in unintentional nonadherence. Unit-of-use packaging that incorporates a simple day or date feature (calendar packaging) is designed to improve adherence by prompting patients to maintain the prescribed dosing schedule. Objective: To review systematically, in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement, randomized controlled trial evidence of the adherence benefits and harms of calendar blister packaging (CBP) and calendar pill organizers (CPO) for self-administered, long-term medication use. Methods: Data sources included the MEDLINE and Web of Science and Cochrane Library databases from their inception to September 2010 and communication with researchers in the field. Key search terms included blister-calendar pack, blister pack, drug packaging, medication adherence, medication compliance, medication compliance devices, medication containers, medication organizers, multicompartment compliance aid, persistence, pill-box organizers, prescription refill, randomized controlled trials, and refill compliance. Selected studies had an English-language title; a randomized controlled design; medication packaged in CBP or CPO; a requirement of solid, oral medication self-administered daily for longer than 1 month in community-dwelling adults; and at least 1 quantitative outcome measure of adherence. Two reviewers extracted data independently on study design, sample size, type of intervention and control, and outcomes. Results: Ten trials with a total of 1045 subjects met the inclusion criteria, and 9 also examined clinical outcomes (seizures, blood pressure, psychiatric symptoms) or health care resource utilization. Substantial heterogeneity among trials precluded meta-analysis. In 3 studies, calendar packaging was part of a multicomponent adherence intervention. Six of 10 trials reported higher adherence, but it was associated with clinically significant improvement in only 1 study: 50% decreased seizure frequency with a CPO-based, multicomponent intervention. No study reported sufficient information to examine conclusively potential harms related to calendar packaging. Limitations: All trials had significant methodological limitations, such as inadequate randomization or blinding, or reported insufficient information regarding enrolled subjects and attrition, which resulted in a moderate-to-high risk of bias and, in 2 studies, unevaluable outcome data. Trials were generally short and sample sizes small, with heterogeneous adherence outcome measures. Conclusions: Calendar packaging, especially in combination with education and other reminder strategies, may improve medication adherence. Methodological limitations preclude definitive conclusions about the effect size of adherence and clinical benefits or harms associated with CBP and CPO. High-quality trials of adequate size and duration are needed to assess the clinical effectiveness of such interventions. (Clin Ther. 2011;33:62-73) (c) 2011 Elsevier HS Journals, Inc. All rights reserved.

Keywords: Adherence, Adults, Bias, Blood, Blood Pressure, Calendar Packaging, Clinical Effectiveness, Clinical-Trials, Cochrane, Communication, Compliance, Control, Databases, Drug, Education, Effectiveness, Frequency, Health Care, Health-Care Expenditures, Hypertension, Information, Intervention, Interventions, Items, Medication, Medication Adherence, Medication Error, MEDLINE, Meta-Analysis, Methods, Outcome, Outcomes, Patient Compliance, Prescription Refill Compliance, Pressure, Quantitative, Randomized Controlled Trial, Randomized Controlled Trials, Randomized Trial, Researchers, Review, Risk, Science, Strategies, Symptoms, Systematic, Systematic Review, Therapy, Utilization, Value-Added Utilities, Web of Science

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Full Text: [2011\Cli The33, 168.pdf](2011\Cli%20The33,%20168.pdf)

Abstract: Background: Treatment of sleep disorders in visually impaired children is complicated by a complex pathophysiology, a high incidence of sleep disorders in this population, and a dearth of management options. The significant impact on the health of these children and distress to their caregivers warrant a systematic assessment of the published literature on therapeutic approaches. Objective: This systematic review aims to assess the current therapeutic options in the management of sleep disorders in visually impaired children to identify knowledge gaps and guide future research. Methods: A search of primary literature was conducted using the bibliographic databases PUBMED (1980 August 2010), EMBASE (1990 August 2010), Science Citation Index Expanded (1990 August 2010), and CINHAL (1992 August 2010) and the Cochrane Central Register of Controlled Trials (CENTRAL). Additional studies were identified through snowballing search techniques (manually by searching retrieved references and electronically by using citation-tracking software). Search terms included behavioral treatment, children, circadian rhythm, hypnosedatives, intellectual disability, light therapy, melatonin, phototherapy, random allocation, randomized controlled trial (RCT), sleep disorder, and visual impairment. Randomized and quasi-randomized clinical trials of therapeutic options (behavioral treatment, light therapy, melatonin, or hypnosedatives) used in participants aged 3 months to 18 years who had both a visual impairment and a sleep disorder were included. Independent extraction of articles was performed by 2 authors using predefined data fields, including quality of the therapeutic options, based on the Strength of Recommendation Taxonomy evidence-rating system. Results: Two RCTs were retrieved for melatonin, with improved effect on sleep latency (P = 0.019 and P < 0.05, respectively). However, separate analysis for visual impairment was not conducted. No RCTs were retrieved for behavioral intervention, light therapy, or hypnosedatives. Three studies using behavioral therapy (2 case reports and 1 case series) anecdotally showed improvement in sleep habit. No improvement in sleep rhythm was observed with a case series applying light therapy as an intervention. Conclusions: Children with visual impairment and sleep disorders are a heterogeneous patient group, making diagnosis and treatment difficult. RCTs on treatment options remain in their infancy, with a lack of evidence for appropriate therapeutic strategies. Trials across a range of selected diagnoses need to be conducted with adequate sample populations to differentiate the efficacy of 4 different treatment modalities (behavioral therapy, light therapy, melatonin, and hypnosedatives) as agents for improving sleep. (Clin Then 2011;33:168-181) (C) 2011 Elsevier HS Journals, Inc. All rights reserved.

Keywords: Adolescents, Assessment, Authors, Bibliographic, Bibliographic Databases, Blind-Children, Bright Light, Case Reports, Case Series, Children, Chronobiology, Circadian Rhythm, Circadian-Rhythms, Citation, Clinical Trials, Databases, Diagnosis, Disturbances, Embase, Literature, Melatonin Treatment, Primary, PUBMED, Rat Suprachiasmatic Nucleus, Recommendation, Research, Review, Science Citation Index, Shifts, Sleep Disorder, Systematic Review, Visual Impairment, Wake Cycle Disorders, Young-Adults

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Full Text: [2011\Cli The33, 1609.pdf](2011\Cli%20The33,%201609.pdf)

Abstract: Background: Oral glucose-lowering agents are used to treat patients with type 2 diabetes mellitus (T2DM). Most patients require multiple agents to maintain glycemic targets. Dipeptidyl peptidase-4 (DPP-4) inhibitors are administered as monotherapy and in combination therapy for the treatment of T2DM. Objective: the aim of this article was to provide a thorough review of published tolerability data on 5 DPP-4 inhibitors. Methods: PubMed and Web of Science were searched for English-language clinical trials published from January 2000 to June 2001, using the following key words: dipeptidyl peptidase-4 inhibitor, vildagliptin, alogliptin, sitagliptin, saxagliptin, linagliptin, safety, tolerability, efficacy, effect, AE, and adverse effect. Studies were considered for inclusion if they were randomized, double-blind trials performed in patients >= 18 years of age with T2DM and with a hemoglobin A(1c) of >= 6.5%; included >= 1 arm that received monotherapy with DPP-4; and reported adverse events (AEs). Studies in patients with a history of type 1 or secondary forms of diabetes, significant diabetic complications or cardiovascular disease within the 6 months before the start of the study, hepatic disease or abnormalities, and/or renal abnormalities were excluded. Results: A total of 45 clinical trials, 5 pharmacokinetic studies, and 28 meta-analyses or reviews were included. The duration of studies ranged from 7 days to 104 weeks. The most commonly reported AEs were nasopharyngitis, upper respiratory infections, all-cause infections, headache, gastrointestinal symptoms, and musculoskeletal pain. Based on the findings from the studies, the DPP-4 inhibitors had minimal impact on weight and were not associated with an increased risk for hypoglycemia relative to placebo. Rates of nasopharyngitis were higher with the DDP-4 inhibitors than with placebo. Pancreatitis was reported at lower rates with the DPP-4 inhibitors compared with other oral antihyperglycemic agents. Cardiovascular events were limited, and postmarketing studies are ongoing. Conclusions: the tolerability of DPP-4 inhibitors is supported by published clinical trials. The rates of weight gain, gastrointestinal AEs, and hypoglycemia were minimal with the DPP-4 inhibitors studied. (Clin Ther. 2011;33:1609-1629) (C) 2011 Elsevier HS Journals, Inc. All rights reserved.

Keywords: Adverse Events, Alogliptin, Cardiovascular, Cardiovascular Disease, Cardiovascular Events, Clinical Trials, Combination Therapy, Complications, Diabetes, Diabetes Mellitus, Dipeptidyl Peptidase-4 (Dpp-4) Inhibitor, Disease, Double-Blind, Drug-Naive Patients, Efficacy, Gastrointestinal, History, Hypoglycemia, Impact, Improves Glycemic Control, Incretin-Based Therapies, Inhibitors, Initial Combination Therapy, Japanese Patients, Journals, Linagliptin, Methods, Monotherapy, Once-Daily Sitagliptin, Oral, Pain, Patients, Pubmed, Randomized Controlled-Trial, Renal, Respiratory, Respiratory Infections, Review, Risk, Safety, Saxagliptin, Science, Sitagliptin, Symptoms, Therapy, Treatment, Type 1, Type 2, Type 2 Diabetes, Type 2 Diabetes Mellitus, Type-2 Diabetes-Mellitus, Vildagliptin, Vildagliptin Monotherapy, Web of Science, Weight Gain

? Timko, B.P. and Kohane, D.S. (2012), Materials to clinical devices: Technologies for remotely triggered drug delivery. *Clinical Therapeutics*, **34** (11), S25-S35.

Full Text: [2012\Cli The34, S25.pdf](2012\Cli%20The34,%20S25.pdf)

Abstract: Background: Technologies in which a remote trigger is used to release drug from an implanted or injected device could enable on-demand release profiles that enhance therapeutic effectiveness or reduce systemic toxicity. A number of new materials have been developed that exhibit sensitivity to light, ultrasound, or electrical or magnetic fields. Delivery systems that incorporate these materials might be triggered externally by the patient, parent or physician to provide flexible control of dose magnitude and timing. Objectives: To review injectable or implantable systems that are candidates for translation to the clinic, or ones that have already undergone clinical trials. Also considered are applicability in pediatrics and prospects for the future of drug delivery systems. Methods: We performed literature searches of the PubMed and Science Citation Index databases for articles in English that reported triggerable drug delivery devices, and for articles reporting related materials and concepts. Results: Approaches to remotely-triggered systems that have clinical potential were identified. Ideally, these systems have been engineered to exhibit controlled on-state release kinetics, low baseline leak rates, and reproducible dosing across multiple cycles. Conclusions: Advances in remotely-triggered drug delivery have been brought about by the convergence of numerous scientific and engineering disciplines, and this convergence is likely to play an important part in the current trend to develop systems that provide more than one therapeutic modality. Preclinical systems must be carefully assessed for biocompatibility, and engineered to ensure pharmacokinetics within the therapeutic window. Future drug delivery systems may incorporate additional modalities, such as closed-loop sensing or onboard power generation, enabling more sophisticated drug delivery regimens. (Clin Ther. 2012;34:S25-S35) (C) 2012 Elsevier HS Journals, Inc. All rights reserved.

Keywords: Biocompatibility, Biomaterial, Citation, Clinic, Clinical, Clinical Devices, Clinical Trials, Control, Controlled-Release, Databases, Delivery, Drug, Drug Delivery, Drug Delivery Devices, Drug Delivery Systems, Effectiveness, Engineering, Generation, High-Frequency, Journals, Kinetics, Literature, Liver-Cancer, Local-Anesthesia, Magnetic, Magnetic-Field, Magnitude, Materials, Modalities, Nanomaterial, Nanoparticles, Nanowire Transistor Arrays, Nov, On-Demand, Pediatrics, Pharmacokinetics, Physician, Potential, Power, Profiles, Pubmed, Rates, Release, Reporting, Review, Rights, Science, Science Citation Index, Sensitivity, Superparamagnetic Iron-Oxide, Systems, Therapeutic, Therapeutic Applications, Thermosensitive Liposomal Doxorubicin, Timing, Toxicity, Translation, Trend, Ultrasound

? Kang, S., Liu, Y. and Liu, X.B. (2013), Effects of aggressive Statin therapy on patients with coronary Saphenous vein bypass grafts: A systematic review and meta-analysis of randomized, controlled trials. *Clinical Therapeutics*, **35** (8), 1125-1136.

Full Text: [2013\Cli The35, 1125.pdf](2013\Cli%20The35,%201125.pdf)

Abstract: Objectives: The aim of this study was to investigate the effectiveness and safety of aggressive statin versus moderate statin therapy on patients with saphenous vein grafts (SVGs) in randomized, controlled trials (RCTs). Methods: We searched MEDLINE (1980 June 2012), the Cochrane Controlled Trials Register, EMBASE, Science Citation Index, and PubMed (to June 2012), and found 10 relevant RCTs, including 7 substudy analyses from a Post-CABG trial, and 1 pooled analysis of the PROVE-IT TIMI 22 trial (Pravastatin or Atorvastatin Evaluation and Infection Therapy-Thrombolysis in Myocardial Infarction 22 Investigators) and A to Z trial. Early intensive vs a delayed conservative simvastatin strategy in patients with acute coronary syndromes; phase Z of the A to Z trial. Results: A total of 6645 of participants, ages ranging from 21 to 75 years old, were treated with coronary artery bypass graft (CABG) and were followed for 2 to 5 years. Eight studies showed that aggressive statin therapy had lower LDL-C levels and a decrease of 39% in graft atherosclerotic progression, 12% in new occlusions, and 19% in new lesions more than moderate statin therapy. Three reports indicated that aggressive statin therapy lowered the risk of repeated myocardial infarction more than moderate statin therapy for coronary revascularization (95% CI, 0.66-0.95; risk ratio [RR] = 0.80; and 95% CI, 0.66-0.85; RR = 0.75) and lowered the risk of cardiac death as well (95% CI, 0.64-1.08; RR = 0.83). Aggressive statin therapy had safety similar to that of moderate statin therapy except for a slight increase in myopathic events and aminotransferase levels. Seventy percent to 90% of patients took statin treatment as prescribed in long-term. Conclusions: Compared with moderate statin therapy, long-term aggressive statin lowered the LDL-C level significantly, further decreased the atherosclerotic progression of SVG, reduced the risks of repeated myocardial infarction and coronary revascularization after CABG, and revealed similar patient compliance and statin-related adverse effects but slightly increased myopathy events and aminotransferase levels. (C) 2013 Published by Elsevier HS Journals, Inc.

Keywords: Adverse Effects, Analyses, Analysis, Artery, Atherosclerosis, Cholesterol, Citation, Compliance, Conservative, Controlled Trial, Coronary Artery, Coronary Artery Bypass Graft, Death, Disease, Effectiveness, Effects, Embase, Evaluation, Events, Graft, Infarction, Journals, Long Term, Long-Term, Low-Dose Anticoagulation, MEDLINE, Methods, Myocardial Infarction, Patient Compliance, Patients, Preoperative Lipid-Control, Progression, Pubmed, Randomized, Results, Revascularization, Review, Risk, Risk-Factors, Risks, Safety, Saphenous Vein Grafts, Science, Science Citation Index, Secondary Prevention, Simvastatin, Statin, Strategy, Surgery, Therapy, Treatment, Trial

? Huang, Z.B., Zhao, S.S., Huang, Y., Dai, X.H., Zhou, R.R., Yi, P.P., Chen, R.C., Li, W.T., Zhang, B.X., Li, N. and Fan, X.G. (2013), Comparison of the efficacy of lamivudine plus adefovir versus entecavir in the treatment of lamivudine-resistant chronic hepatitis B: A systematic review and meta-analysis. *Clinical Therapeutics*, **35** (12), 1997-2006.

Full Text: [2013\Cli The35, 1997.pdf](2013\Cli%20The35,%201997.pdf)

Abstract: Background: Hepatitis B virus infection remains 1 of the major health threats worldwide. Currently, lamivudine plus adefovir combination therapy or entecavir monotherapy is usually used for the treatment of patients with lamivudine-resistant chronic hepatitis B (CHB). However, there are few systematic comparisons between the efficacy of lamivudine plus adefovir and the efficacy of entecavir in the treatment of these patients. Objective: The goal of this systematic study and meta-analysis was to assess the efficacy of lamivudine plus adefovir compared with entecavir for the treatment of patients with lamivudine-resistant CHB. Methods: A comprehensive literature search of PUBMED, Web of Science, WANFANG database, the Cochrane Central Register of Controlled Trials, and the Cochrane Database of Systematic Review, were screened to obtain citations from January 1990 to January 2012 in this study. Data analysis was done by using the Review Manager Software 5.1. Results: Eight studies were suitable for analysis. A total of 696 patients with lamivudine-resistant CHB were studied and grouped according to treatment: 341 patients in the entecavir group and 355 patients in the lamivudine plus adefovir group. The results found that the rates of undetectable hepatitis B virus DNA levels, alanine aminotransferase normalization, hepatitis B e antigen loss, and hepatitis B e antigen seroconversion were not significantly different between the lamivudine plus adefovir group and the entecavir group. Moreover, the rate of adverse reactions was also not significantly different between the 2 groups. However, virologic breakthrough for the patients with lamivudine resistance was higher in the entecavir group than in the lamivudine plus adefovir group. Conclusions: For these CHB patients with lamivudine resistance, lamivudine plus adefovir was a better treatment option than entecavir alone. (C) 2013 Elsevier HS Journals, Inc. All rights reserved.

Keywords: Add-On, Adefovir, Alanine Aminotransferase, Analysis, Breakthrough, Chinese Patients, Chronic, Chronic Hepatitis, Chronic Hepatitis B, Citations, Clinical-Trials, Combination Therapy, Comparison, Data Analysis, Database, DNA, Efficacy, Entecavir, Genotypic Resistance, Groups, Health, Hepatitis, Hepatitis B, Hepatitis B Virus, Infection, Journals, Lamivudine, Lamivudine Plus Adefovir, Lamivudine Resistance, Literature, Literature Search, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Normalization, Patients, Rates, Rescue Therapy, Resistance, Results, Review, Rights, Science, Therapy, Treatment, Treatment Algorithm, Treatment Option, United-States, Update, Virus Infection, Web of Science

? Qin, B., Zhang, Y.Q., Zhou, X.Y., Cheng, P.F., Liu, Y.Y., Chen, J., Fu, Y.Y., Luo, Q.H. and Xie, P. (2014), Selective serotonin reuptake inhibitors versus tricyclic antidepressants in young patients: A meta-analysis of efficacy and acceptability. *Clinical Therapeutics*, **36** (7), 1087-1095.

Full Text: [2014\Cli The36, 1087.pdf](2014\Cli%20The36,%201087.pdf)

Abstract: Purpose: A meta-analysis comparing the efficacy and acceptability of selective serotonin reuptake inhibitors (SSRIs) versus tricyclic antidepressants (TCAs) in depressed children, adolescents, and young adults was performed. Methods: A comprehensive literature search of the Pub Med, Cochrane, Embase, Web of Science, and PsycINFO databases was conducted from 1970 to December 2013. Only clinical trials that randomly assigned one SSRI or TCA to patients aged 7 to 25 years who met the diagnostic criteria for unipolar depressive disorder were included. Primary efficacy was determined by the pooling of standardized mean differences (SMDs) calculated from the difference in the reduction in mean depression rating scale scores for the 2 antidepressants. Acceptability was determined by pooling the risk ratios (RRs) of dropouts for all reasons and for adverse effects as well as the suicide-risk outcome. Findings: Five trials with a total of 422 patients were considered to be eligible for inclusion. SSRIs were significantly more effective than TCAs in primary efficacy (SMD = -0.52; 95% CI, -0.81 to -0.24; P = 0.0003). Patients taking SSRIs had a significantly greater response to depressive symptoms than patients taking TCAs (RR = 1.55; 95% CI, 1.04 to 2.29; P = 0.03). On an individual SSRI basis, fluoxetine had a significantly greater efficacy than TCAs (SMD = 0.82; 95% CI, -1.34 to -0.29; P = 0.003). On an individual TCA basis, only imipramine was not significantly worse than SSRIs (SMD = -0.27; 95% CI, -0.56 to 0.02; P = 0.06). Significantly more patients taking TCAs discontinued treatment than patients taking SSRIs (35.8% vs 25.1%; RR = 0.70; 95% CI, 0.52 to 0.93; P = 0.02). Implications: SSRI therapy has a superior efficacy and is better tolerated compared with TCA therapy in young patients. (C) 2014 Elsevier HS Journals, Inc. All rights reserved.

Keywords: Acceptability, Adolescent, Adolescent Depression, Adolescents, Adverse Effects, Aged, Antidepressants, Child, Children, Clinical, Clinical Trials, Clinical-Trials, Cognitive-Behavioral Therapy, Criteria, Databases, Depression, Depressive Symptoms, Diagnostic, Diagnostic Criteria, Effects, Efficacy, Fluoxetine, Inhibitors, Journals, Literature, Literature Search, Major Depression, Medication Use, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Outcome, P, Patients, Primary, Psycinfo, Pub Med, Randomized Controlled-Trial, Reduction, Response, Rights, Risk, Scale, Science, Selective, Selective Serotonin Reuptake Inhibitor, Serotonin, Small Sample-Size, SSRI, Suicidal-Behavior, Symptoms, Therapy, Treatment, Tricyclic Antidepressant Young Adult, Tricyclic Antidepressants, Web Of Science, Young Adults

? Gurley, B.J., Steelman, S.C. and Thomas, S.L. (2015), Multi-ingredient, caffeine-containing dietary supplements: History, safety, and efficacy. *Clinical Therapeutics*, **37** (2), 275-301.

Full Text: [2015\Cli The37, 275.pdf](2015/Cli%20The37,%20275.pdf)

Abstract: Purpose: Our objective was to review the history, safety, and efficacy of caffeine-containing dietary supplements in the United States and Canada. Methods: PubMed and Web of Science databases (1980-2014) were searched for articles related to the pharmacology, toxicology, and efficacy of caffeine-containing dietary supplements with an emphasis on Ephedra-containing supplements, Ephedra-free supplements, and energy drinks or shots. Findings: Among the first and most successful dietary supplements to be marketed in the United States were those containing Ephedra-combinations of ephedrine alkaloids, caffeine, and other phytochemicals. A decade after their inception, serious tolerability concerns prompted removal of Ephedra supplements from the US and Canadian markets. Ephedra-free products, however, quickly filled this void. Ephedra-free supplements typically contain multiple caffeine sources in conjunction with other botanical extracts whose purposes can often be puzzling and their pharmacologic properties difficult to predict. Ingestion of these products in the form of tablets, capsules, or other solid dosage forms as weight loss aids, exercise performance enhancers, or energy boosters have once again brought their tolerability and efficacy into question. In addition to Ephedra-free solid dosage forms, caffeine-containing energy drinks have gained a foothold in the world market along with concerns about their tolerability. (C) 2015 Elsevier HS Journals, Inc. All rights reserved.

Keywords: Adverse Cardiovascular Events, Aids, Articles, Caffeine, Canada, Canadian, Capsules, Catechol-O-Methyltransferase, Central-Nervous-System, Controlled Clinical-Trial, Databases, Dietary Supplements, Efficacy, Emergency-Department Patients, Energy, Energy Drink Consumption, Energy Drinks, Ephedra, Ephedra-Free, Ephedra-Free Xenadrine, Ephedrine, Exercise, First, Forms, From, High-Intensity Exercise, History, Journals, Market, Markets, Methods, Performance, Pharmacology, Properties, Pubmed, Randomized Controlled-Trial, Removal, Review, Rights, Safety, Science, Sources, Tablets, Toxicology, United States, Us, Web, Web Of Science, Web Of Science Databases, Weight Loss, Weight-Loss Supplement, World

? Wren, M.E., Shirtcliff, E.A. and Drury, S.S. (2015), Not all biofluids are created equal: Chewing over salivary diagnostics and the Epigenome. *Clinical Therapeutics*, **37** (3), 529-539.

Full Text: [2015\Cli The37, 529.pdf](2015/Cli%20The37,%20529.pdf)

Abstract: Purpose: This article describes progress to date in the characterization of the salivary epigenome and considers the importance of previous work in the salivary microbiome, proteome, endocrine analytes, genome, and transcriptome. Methods: PubMed and Web of Science were used to extensively search the existing literature (original research and reviews) related to salivary diagnostics and biomarker development, of which 125 studies were examined. This article was derived from the most relevant 74 sources highlighting the recent state of the evolving field of salivary epigenomics and contributing significantly to the foundational work in saliva-based research. Findings: Validation of any new saliva-based diagnostic or analyte will require comparison to previously accepted standards established in blood. Careful attention to the collection, processing, and analysis of salivary analytes is critical for the development and implementation of newer applications that include genomic, transcriptomic, and epigenomic markers. All these factors must be integrated into initial study design. Implications: This commentary highlights the appeal of the salivary epigenome for translational applications and its utility in future studies of development and the interface among environment, disease, and health. (C) 2015 Elsevier HS Journals, Inc. All rights reserved.

Keywords: Analysis, Biomarker, Biomarker Development, Bipolar Disorder, Blood, Characterization, Child-Abuse, Collection, Comparison, Design, Development, Diagnostics, Disease, Dna, Dna Methylation, Environment, Epigenetic Mechanisms, Epigenome, Field, Health, Implementation, Interface, Literature, Mar, Methylation, Plasma Proteomes, Progress, Pubmed, Recent, Research, Reviews, Rights, Rna, Salivary Diagnostics, Salivary Transcriptome, Science, Sources, Standards, State, Study Design, Telomere Length, Utility, Web Of Science, Work

# Title: Clinical Toxicology

Full Journal Title: Clinical Toxicology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Schep, L.J., Slaughter, R.J., Temple, W.A. and Beasley, D.M.G. (2009), Diethylene glycol poisoning. *Clinical Toxicology*, **47** (6), 525-535.

Abstract: Introduction. Diethylene glycol (DEG) is a clear, colorless, practically odorless, viscous, hygroscopic liquid with a sweetish taste. In addition to its use in a wide range of industrial products, it has also been involved in a number of prominent mass poisonings spanning back to 1937. Despite DEG’s toxicity and associated epidemics of fatal poisonings, a comprehensive review has not been published. Methods. A summary of the literature on DEG was compiled by systematically searching OVID MEDLINE and ISI Web of Science. Further information was obtained from book chapters, relevant news reports, and web material. Aim. The aim of this review is to summarize all main aspects of DEG poisoning including epidemiology, toxicokinetics, mechanisms of toxicity, clinical features, toxicity of DEG, diagnosis, and management. Epidemiology. Most of the documented cases of DEG poisoning have been epidemics (numbering over a dozen) where DEG was substituted in pharmaceutical preparations. More often, these epidemics have occurred in developing and impoverished nations where there is limited access to intensive medical care and quality control procedures are substandard. Toxico kin e tics. Following ingestion, DEG is rapidly absorbed and distributed within the body, predominantly to regions that are well perfused. Metabolism occurs principally in the liver and both the parent and the metabolite, 2-hydroxyethoxyacetic acid (HEAA), are renally eliminated rapidly. Mechanisms of toxicity. Although the mechanism of toxicity is not clearly elucidated, research suggests that the DEG metabolite, HEAA, is the major contributor to renal and neurological toxicities. Clinical features. The clinical effects of DEG poisoning can be divided into three stages: the first phase consists of gastrointestinal symptoms with evidence of inebriation and developing metabolic acidosis. If poisoning is pronounced, patients can progress to a second phase with more severe metabolic acidosis and evidence of emerging renal injury, which, in the absence of appropriate supportive care, can lead to death. If patients are stabilized, they may then enter the final phase with various delayed neuropathies and other neurological effects, sometimes fatal. Toxicity of DEG. Doses of DEG necessary to cause human morbidity and mortality are not well established. They are based predominantly on reports following some epidemics of mass poisonings, which may underestimate toxicity. The mean estimated fatal dose in an adult has been defined as similar to 1 mL/kg of pure DEG. Management. Initial treatment consists of appropriate airway management and attention to acid-base abnormalities. Prompt use of fomepizole or ethanol is important in preventing the formation of the toxic metabolite HEAA; hemodialysis can also be critical, and assisted ventilation may be required. Conclusions. DEG ingestion can lead to serious complications that may prove fatal. Prognosis may be improved, however, with prompt supportive care and timely use of fomepizole or ethanol.

Keywords: 2-Hydroxyethoxyacetic Acid, Adult, Airway, Alcohol-Dehydrogenase, Attention, Control, Delayed Neuropathies, Diagnosis, Diethylene Glycol, Epidemic, Epidemiology, Ethanol, Ethylene-Glycol, Fomepizole, Fomepizole, Gastrointestinal, Hemodialysis, Human, Information, Ingestion, Injury, Intoxication, ISI, Lead, Literature, Male-Rats, Management, Mechanism, Medical, MEDLINE, Metabolic Acidosis, Methanol, Methods, Morbidity, Mortality, Parent, Position Paper, Prognosis, Quality Control, Renal Toxicity, Research, Review, Science, Symptoms, Toxicity, Treatment, Web of Science

? Schep, L.J., Slaughter, R.J. and Beasley, D.M.G. (2009), Nicotinic plant poisoning. *Clinical Toxicology*, **47** (8), 771-781.

Abstract: Introduction. A wide range of plants contain nicotinic and nicotinic-like alkaloids. of this diverse group, those that have been reported to cause human poisoning appear to have similar mechanisms of toxicity and presenting patients therefore have comparable toxidromes. This review describes the taxonomy and principal alkaloids of plants that contain nicotinic and nicotinic-like alkaloids, with particular focus on those that are toxic to humans. The toxicokinetics and mechanisms of toxicity of these alkaloids are reviewed and the clinical features and management of poisoning due to these plants are described. Methods. This review was compiled by systematically searching OVID MEDLINE and ISI Web of Science. This identified 9,456 papers, excluding duplicates, all of which were screened. Reviewed plants and their principal alkaloids. Plants containing nicotine and nicotine-like alkaloids that have been reported to be poisonous to humans include Conium maculatum, Nicotiana glauca and Nicotiana tabacum, Laburnum anagyroides, and Caulophyllum thalictroides. They contain the toxic alkaloids nicotine, anabasine, cytisine, n-methylcytisine, coniine, n-methylconiine, and gamma-coniceine. Mechanisms of toxicity. These alkaloids act agonistically at nicotinic-type acetylcholine (cholinergic) receptors (nAChRs). The nicotinic-type acetylcholine receptor can vary both in its subunit composition and in its distribution within the body (the central and autonomic nervous systems, the neuromuscular junctions, and the adrenal medulla). Agonistic interaction at these variable sites may explain why the alkaloids have diverse effects depending on the administered dose and duration of exposure. Toxicokinetics. Nicotine and nicotine-like alkaloids are absorbed readily across all routes of exposure and are rapidly and widely distributed, readily traversing the blood-brain barrier and the placenta, and are freely distributed in breast milk. Metabolism occurs predominantly in the liver followed by rapid renal elimination. Clinical features. Following acute exposure, symptoms typically follow a biphasic pattern. The early phase consists of nicotinic cholinergic stimulation resulting in symptoms such as abdominal pain, hypertension, tachycardia, and tremors. The second inhibitory phase is delayed and often heralded by hypotension, bradycardia, and dyspnea, finally leading to coma and respiratory failure. Management. Supportive care is the mainstay of management with primary emphasis on cardiovascular and respiratory support to ensure recovery. Conclusions. Exposure to plants containing nicotine and nicotine-like alkaloids can lead to severe poisoning but, with prompt supportive care, patients should make a full recovery.

Keywords: Abdominal Pain, Acetylcholine-Receptors, Anabasine, Blue Cohosh, Cardiovascular, Caulophyllum-Thalictroides, Central-Nervous-System, Clinical-Pharmacology, Coniine, Conium, Cytisine, Disposition Kinetics, Green-Tobacco Sickness, Hemlock Conium-Maculatum, Human, Humans, Hypertension, ISI, Laburnum, Lead, Management, MEDLINE, Methods, Nicotiana, Nicotine, Pain, Papers, Plant, Plant Poisoning, Plants, Primary, Quinolizidine Alkaloids, Review, Science, Smoking-Cessation, Symptoms, Toxicity, Web of Science

? Jamaty, C., Bailey, B., Larocque, A., Notebaert, E., Sanogo, K. and Chauny, J.M. (2010), Lipid emulsions in the treatment of acute poisoning: A systematic review of human and animal studies. *Clinical Toxicology*, **48** (1), 1-27.

Abstract: Objective. To assess the evidence regarding the efficacy and safety of intravenous fat emulsion (IFE) in the management of poisoned patients. Methods. We performed a systematic review of the literature with no time or language restriction. The electronic databases were searched from their inception until June 1, 2009 (MEDLINE, EMBASE, ISI Web of Science, Biological abstract, LILACS, ChemIndex, Toxnet, and Proquest). We also examined the references of identified articles and the gray literature. The target interventions eligible for inclusion were administration of any IFE before, during, or after poisoning in human or animals. All types of studies were reviewed. Eligibility for inclusion and study quality scores, based on criteria by Jadad and the STROBE statement, were evaluated by independent investigators. The primary outcome was mortality. Secondary outcomes included neurologic, hemodynamic, and electrocardiographic variables, as well as adverse effects. Results. of the 938 publications identified by the search strategies, 74 met the inclusion criteria. We identified 23 animal trials, 50 human, and 1 animal case reports. Overall, the quality of evidence was weak and significant heterogeneity prevented data pooling. Available data suggest some benefits of IFE in bupivacaine, verapamil, chlorpromazine, and some tricyclic antidepressants and beta-blockers toxicity. No trial assessed the safety of IFE in the treatment of acute poisoning. Conclusion. The evidence for the efficacy of IFE in reducing mortality and improving hemodynamic, electrocardiographic, and neurological parameters in the poisoned patients is solely based on animal studies and human case reports. The safety of IFE has not been established.

Keywords: Adverse Effects, Antidepressants, Brachial-Plexus Block, Cardiovascular Collapse, Case Reports, Central-Nervous-System, Clinical-Trials, Databases, Efficacy, EMBASE, Fat Emulsion, Human, Induced Asystole, Induced Cardiac-Arrest, Interventions, Intoxication, Intralipids, Intravenous Fat Emulsion, ISI, Literature, Management, Methods, Mortality, Outcome, Outcomes, Overdose, Poisoning, Primary, Publications, Rat Model, Review, Safety, Science, Search Strategies, Successful Resuscitation, Systematic, Systematic Review, Toxicity, Treatment, Verapamil Toxicity, Web of Science

? Schep, L.J., Slaughter, R.J. and Beasley, D.M.G. (2010), The clinical toxicology of metamfetamine. *Clinical Toxicology*, **48** (7), 675-694.

Abstract: Introduction. Metamfetamine is a highly addictive amfetamine analog that acts primarily as a central nervous system (CNS) stimulant. The escalating abuse of this drug in recent years has lead to an increasing burden upon health care providers. An understanding of the drug’s toxic effects and their medical treatment is therefore essential for the successful management of patients suffering this form of intoxication. Aim. The aim of this review is to summarize all main aspects of metamfetamine poisoning including epidemiology, mechanisms of toxicity, toxicokinetics, clinical features, diagnosis, and management. Methods. A summary of the literature on metamfetamine was compiled by systematically searching OVID MEDLINE and ISI Web of Science. Further information was obtained from book chapters, relevant news reports, and web material. Epidemiology. Following its use in the Second World War, metamfetamine gained popularity as an illicit drug in Japan and later the United States. Its manufacture and use has now spread to include East and South-East Asia, North America, Mexico, and Australasia, and its world-wide USAge, when combined with amfetamine, exceeds that of all other drugs of abuse except cannabis. Mechanisms of toxicity. Metamfetamine acts principally by stimulating the enhanced release of catecholamines from sympathetic nerve terminals, particularly of dopamine in the mesolimbic, mesocortical, and nigrostriatal pathways. The consequent elevation of intra-synaptic monoamines results in an increased activation of central and peripheral alpha- and beta-adrenergic postsynaptic receptors. This can cause detrimental neuropsychological, cardiovascular, and other systemic effects, and, following long-term abuse, neuronal apoptosis and nerve terminal degeneration. Toxicokinetics. Metamfetamine is rapidly absorbed and well distributed throughout the body, with extensive distribution across high lipid content tissues such as the blood-brain barrier. In humans the major metabolic pathways are aromatic hydroxylation producing 4-hydroxymetamfetamine and N-demethylation to form amfetamine. Metamfetamine is excreted predominantly in the urine and to a lesser extent by sweating and fecal excretion, with reported terminal half-lives ranging from similar to 5 to 30 h. Clinical features. The clinical effects of metamfetamine poisoning can vary widely, depending on dose, route, duration, and frequency of use. They are predominantly characteristic of an acute sympathomimetic toxidrome. Common features reported include tachycardia, hypertension, chest pain, various cardiac dysrhythmias, vasculitis, headache, cerebral hemorrhage, hyperthermia, tachypnea, and violent and aggressive behaviour. Management. Emergency stabilization of vital functions and supportive care is essential. Benzodiazepines alone may adequately relieve agitation, hypertension, tachycardia, psychosis, and seizure, though other specific therapies can also be required for sympathomimetic effects and their associated complications. Conclusion. Metamfetamine may cause severe sympathomimetic effects in the intoxicated patient. However, with appropriate, symptom-directed supportive care, patients can be expected to make a full recovery.

Keywords: 4-Hydroxymetamfetamine, Amfetamine, Amphetamine, Amphetamine Abuse, Apoptosis, Asia, Burden, Cardiovascular, Diagnosis, Drug, Drug Abuse, Emergency-Department, Epidemiology, Frequency, Health Care, Humans, Hypertension, Induced Ischemic Colitis, Information, Intracerebral Hemorrhage, Intranasal Methamphetamine, Intravenous Methamphetamine, ISI, Japan, Lead, Lipid, Literature, Management, Medical, MEDLINE, Metamfetamine, Methamphetamine, Methods, Mexico, Monoamines, Myocardial-Infarction, Necrotizing Vasculitis, Oral Methamphetamine, Pain, Prenatal Methamphetamine Exposure, Psychosis, Review, Science, Serotonin Syndrome, Sympathomimetic Toxidrome, Tachycardia, Toxicity, Treatment, Urine, Web of Science

? Schep, L.J., Slaughter, R.J., Vale, J.A., Beasley, D.M.G. and Gee, P. (2011), The clinical toxicology of the designer “party pills” benzylpiperazine and trifluoromethylphenylpiperazine. *Clinical Toxicology*, **49** (3), 131-141.

Abstract: Introduction. Benzylpiperazine (BZP) and trifluoromethylphenylpiperazine (TFMPP) are synthetic phenylpiperazine analogues. BZP was investigated as a potential antidepressant in the early 1970s but was found unsuitable for this purpose. More recently, BZP and TFMPP have been used as substitutes for amfetamine-derived designer drugs. They were legally available in a number of countries, particularly in New Zealand, and were marketed as party pills, but are now more heavily regulated. This article will review the mechanisms of toxicity, toxicokinetics, clinical features, diagnosis, and management of poisoning due to BZP and TFMPP. Methods. OVID MEDLINE and ISI Web of Science were searched systematically for studies on BZP and TFMPP and the bibliographies of identified articles were screened for additional relevant studies including nonindexed reports. Nonpeer-reviewed sources were also accessed. In all, 179 papers excluding duplicates were identified and 74 were considered relevant. Mechanisms of action. BZP and TFMPP have stimulant and amfetamine-like properties. They enhance the release of catecholamines, particularly of dopamine, from sympathetic nerve terminals, increasing intra-synaptic concentrations. The resulting elevated intra-synaptic monoamine concentrations cause increased activation of both central and peripheral alpha- and beta-adrenergic postsynaptic receptors. BZP has primarily dopaminergic and noradrenergic action while TFMPP has a more direct serotonin agonist activity. Toxicokinetics. There is limited information on the kinetics of these drugs. Following ingestion, peak plasma concentrations are reached after 60 to 90 min. Both drugs would be expected to cross the blood brain barrier and they are metabolized mainly by hydroxylation and N-dealkylation catalyzed by cytochrome P450 and catechol-o-methyl transferase enzymes. In humans, only small amounts of both BZP and TFMPP are excreted in the urine, suggesting a low bioavailability. The serum half-lives of BZP and TFMPP are relatively short with elimination being essentially complete in 44 h for BZP and 24 h for TFMPP. Clinical features. These compounds can cause harmful effects when taken recreationally. Commonly reported features include palpitations, agitation, anxiety, confusion, dizziness, headache, tremor, mydriasis, insomnia, urine retention, and vomiting. Seizures are induced in some patients even at low doses. Severe multiorgan toxicity has been reported, though fatalities have not been recorded conclusively. Management. Supportive care including the termination of seizures is paramount, with relief of symptoms usually being provided by benzodiazepines alone. Conclusions. BZP and TFMP can cause sympathomimetic effects in the intoxicated patient. Appropriate, symptom-directed supportive care should ensure a good recovery.

Keywords: 1-(3-Trifluoromethylphenyl)Piperazine Tfmpp, 3,4-Methylenedioxymethamphetamine Mdma, Antidepressant Agent, Anxiety, Benzylpiperazine, Blood, Brain, BZP, Cytochrome P450, Diagnosis, Dizziness, Dopamine, Drug Abuse, Drug N-Benzylpiperazine, Emergency-Department, Gas Chromatography, Mass Spectrometry, H-3 Noradrenaline Release, Herbal Highs, Humans, Induced, Information, Insomnia, ISI, Kinetics, Management, MEDLINE, Methods, New Zealand, P450, Papers, Party Pills, Plasma, Rat-Brain, Review, Science, Seizures, Serotonin, Serotonin Syndrome, Stimulant, Stimulus Properties, Sympathomimetic Toxidrome, Symptoms, TFMPP, Toxicity, Trifluoromethylphenylpiperazine, Urine, Web of Science

? Schep, L.J., Slaughter, R.J., Vale, J.A. and Wheatley, P. (2014), Was the death of Alexander the Great due to poisoning? Was it Veratrum album? *Clinical Toxicology*, **52** (1), 72-77.

Full Text: [2014\Cli Tox52, 72.pdf](2014\Cli%20Tox52,%2072.pdf)

Abstract: Objective. To investigate the death of Alexander the Great to determine if he died from natural causes or was poisoned and, if the latter, what was the most likely poison. Methods. OVID MEDLINE (January 1950-May 2013) and ISI Web of Science (1900-May 2013) databases were searched and bibliographies of identified articles were screened for additional relevant studies. These searches identified 53 relevant citations. Classical literature associated with Alexander’s death. There are two divergent accounts of Alexander’s death. The first has its origins in the Royal Diary, allegedly kept in Alexander’s court. The second account survives in various versions of the Alexander Romance. Nature of the terminal illness. The Royal Diary describes a gradual onset of fever, with a progressive inability to walk, leading to Alexander’s death, without offering a cause of his demise. in contrast, the Romance implies that members of Alexander’s inner circle conspired to poison him. The various medical hypotheses include cumulative debilitation from his previous wounds, the complications of alcohol imbibing (resulting in alcohol hepatitis, acute pancreatitis, or perforated peptic ulcer), grief, a congenital abnormality, and an unhealthy environment in Babylon possibly exacerbated by malaria, typhoid fever, or some other parasitic or viral illness. Was it poisoning? of all the chemical and botanical poisons reviewed, we believe the alkaloids present in the various Veratrum species, notably Veratrum album, were capable of killing Alexander with comparable symptoms to those Alexander reportedly experienced over the 12 days of his illness. Veratrum poisoning is heralded by the sudden onset of epigastric and substernal pain, which may also be accompanied by nausea and vomiting, followed by bradycardia and hypotension with severe muscular weakness. Alexander suffered similar features for the duration of his illness. Conclusion. If Alexander the Great was poisoned, Veratrum album offers a more plausible cause than arsenic, strychnine, and other botanical poisons.

Keywords: Acute Pancreatitis, Acute-Pancreatitis, Alcohol, Alexander The Great, Arsenic, Bibliographies, Chemical, Citations, Complications, Congenital, Cumulative, Databases, Death, Duration, Environment, Fever, First, Hepatitis, Hypotension, ISI, ISI Web of Science, Literature, Malaria, Medical, Medline, Methods, Mysterious Death, Natural, Nausea, Nausea and Vomiting, Neurological Manifestations, Onset, Pain, Pancreatitis, Poisoning, Porphyrias, Science, Species, Symptoms, Veratrum Album, Viral, Vomiting, Web of Science, White Hellebore

? Paustenbach, D.J., Galbraith, D.A. and Finley, B.L. (2014), Interpreting cobalt blood concentrations in hip implant patients. *Clinical Toxicology*, **52** (2), 98-112.

Full Text: [2014\Cli Tox52, 98.pdf](2014\Cli%20Tox52,%2098.pdf)

Abstract: Introduction. There has been some recent concern regarding possible systemic health effects resulting from elevated blood cobalt concentrations in patients with cobalt containing hip implants. To date there are no blood cobalt criteria to help guide physicians when evaluating an individual hip implant patient’s risk of developing systemic health effects because historically there was little or no concern about systemic cobalt toxicity in implant patients. Objective. Our purpose is to describe recently completed research regarding the relationship between blood cobalt concentrations and clinical health effects. We discuss the possibility of systemic health effects in patients with metal containing implants and propose various blood cobalt concentrations that are not associated with an increased risk of developing certain adverse effects. Methodology. The primary literature search was conducted using PubMed and Web of Science using the following search terms: cobalt AND (toxicity OR health effects OR cardiotoxicity OR hematological OR endocrine OR immunological OR reproductive OR testicular effects OR neurological OR case report OR cohort OR Roncovite). The searches identified 6786 papers of which 122 were considered relevant. The Agency for Toxic Substances and Disease Registry toxicological profile for cobalt and the U. S. Environmental Protection Agency Office of Research and Development’s National Center for Environmental Assessment’s documentation on the provisional peer-reviewed toxicity value for cobalt were also utilized to identify secondary literature sources. Results. Our review of the toxicology and medical literature indicates that highly elevated blood cobalt concentrations can result in certain endocrine, hematological, cardiovascular, and neurological effects in animals and/or humans. These studies, in addition to historical clinical findings involving the therapeutic use of cobalt, indicate that significant systemic effects of cobalt will not occur below blood cobalt concentrations of 300 mu g/L in most persons. Some individuals with specific risk factors for increased susceptibility (e. g., severe and sustained hypoalbuminemia) may exhibit systemic effects at lower cobalt blood concentrations. This review also describes several cobalt dosing studies performed with human volunteers that consumed cobalt for 15, 30, or 90 days. Overall, the results of these dosing studies indicate that sustained blood cobalt concentrations averaging 10-70 mu g/L for up to 90 days cause no significant clinical effects (maximum concentrations approached 120 mu g/L). Some proposed blood criteria for assessing implant wear and local tissue damage have been suggested by several medical groups. For example, the UK Medicines and Healthcare Products Regulatory Agency has proposed a blood cobalt guidance value of 7 mu g/L, and the Mayo Clinic has suggested serum cobalt concentrations greater than 10 mu g/L, but both of these values are primarily intended to address implant wear and to alert physicians to the possibility of an increased incidence of local effects. There is a clear lack of consensus regarding how to identify a specific numerical blood concentration of concern and whether whole blood or serum is a better matrix to assess total cobalt concentration. Conclusions. Based on currently available data, only under very unusual circumstances should a clinician expect that biologically important systemic adverse effects might occur in implant patients with blood cobalt concentrations less than 300 mu g/L. Patients with metal-containing hip implants who exhibit signs or symptoms potentially related to polycythemia, hypothyroidism, neurological, or cardiac dysfunction should be clinically evaluated for these conditions. Polycythemia appears to be the most sensitive endpoint.

Keywords: Adverse Effects, Agency, Animals, Arthroplasty, Arthroprosthetic Cobaltism, Assessing, Averaging, Blood, Cancer-Risk, Cardiotoxicity, Cardiovascular, Case Report, Chromium, Clinical, Clinical Findings, Clinician, Cobalt, Cohort, Concentration, Consensus, Criteria, Damage, Data, Developing, Disease, DNA-Damage, Documentation, Effects, Environmental, Groups, Guidance, Health, Hip Implant, Human, Human Serum, Humans, In-Vitro, Incidence, Literature, Literature Search, Local, Long-Term, Matrix, Medical, Medical Literature, Metal, Metal On Metal, Metal-Ion Levels, Methodology, Neurological, Papers, Patients, Peer-Reviewed, Physicians, Polycythemia, Primary, Pubmed, Purpose, Recent, Replacement Patients, Research, Results, Review, Risk, Risk Factors, Science, Serum, Single-Cell Gel, Sources, Symptoms, Systemic Toxicity, Therapeutic, Toxicity, Toxicology, U, UK, Value, Wear Particles, Web of Science

? Slaughter, R.J., Mason, R.W., Beasley, D.M.G., Vale, J.A. and Schep, L.J. (2014), Isopropanol poisoning. *Clinical Toxicology*, **52** (5), 470-478.

Full Text: [2014\Cli Tox52, 470.pdf](2014\Cli%20Tox52,%20470.pdf)

Abstract: Introduction. Isopropanol is a clear, colorless liquid with a fruity odor and a mild bitter taste. Most commonly found domestically as rubbing alcohol, isopropanol is also found in numerous household and commercial products including cleaners, disinfectants, antifreezes, cosmetics, solvents, inks, and pharmaceuticals. Aim. The aim of this review is to critically review the epidemiology, toxicokinetics, mechanisms of toxicity, clinical features, diagnosis, and management of isopropanol poisoning. Methods. OVID MEDLINE and ISI Web of Science were searched to November 2013 using the words “isopropanol”, “isopropyl alcohol”, “2-propanol”, “propan-2-ol”, and “rubbing alcohol” combined with the keywords “poisoning”, “poison”, “toxicity”, “ingestion”, “adverse effects”, “overdose”, or “intoxication”. These searches identified 232 citations, which were then screened via their abstract to identify relevant articles referring specifically to the epidemiology, toxicokinetics, mechanisms of toxicity, clinical features, diagnosis, and management of isopropanol poisoning; 102 were relevant. Further information was obtained from book chapters, relevant news reports, and internet resources. These additional searches produced eight non-duplicate relevant citations. Epidemiology. The majority of isopropanol exposures are unintentional and occur in children less than 6 years of age. Although isopropanol poisoning appears to be a reasonably common occurrence, deaths are rare. Toxicokinetics. Isopropanol is rapidly absorbed following ingestion with peak plasma concentrations occurring within 30 min. It can also be absorbed following inhalation or dermal exposure. Isopropanol is widely distributed with a volume of distribution of 0.45-0.55 L/kg. Isopropanol is metabolized by alcohol dehydrogenase to acetone, acetol and methylglyoxal, propylene glycol, acetate, and formate with conversion of these metabolites to glucose and other products of intermediary metabolism. The elimination of isopropanol is predominantly renal, though some pulmonary excretion of isopropanol and acetone occurs. In one case 20% of the absorbed dose was eliminated unchanged in urine, with the remainder excreted as acetone and metabolites of acetone. The elimination half-life of isopropanol is between 2.5 and 8.0 h, whereas elimination of acetone is slower with a half-life following isopropanol ingestion of between 7.7 and 27 h. Mechanisms of toxicity. While the exact mechanism of action of isopropanol has not been fully elucidated, brain stem depression is thought to be the predominant mechanism. While the clinical effects are thought to be mostly due to isopropanol, acetone may also contribute. Clinical features. The major features of severe poisoning are due to CNS and respiratory depression, shock, and circulatory collapse. The most common metabolic effects are an increased osmol (osmolal) gap, ketonemia, and ketonuria. Diagnosis. Poisoning can be diagnosed using the measurement of isopropanol serum concentrations, though these may not be readily available. Diagnosis is therefore more typically made on the basis of the patient’ s history and clinical presentation. An osmol gap, ketonemia, and/or ketonuria without metabolic acidosis, along with a fruity or sweet odor on the breath and CNS depression support the diagnosis. Management. Supportive care is the mainstay of management with primary emphasis on respiratory and cardiovascular support. Hemodialysis enhances elimination of isopropanol and acetone and should be considered in very severe poisoning. Conclusions. Severe isopropanol poisoning results in CNS and respiratory depression and circulatory collapse. Treatment primarily consists of symptom-directed supportive care. Although hemodialysis increases the elimination of isopropanol and acetone substantially, it should only be considered in severe life-threatening poisonings. Patients usually make a full recovery provided they receive prompt supportive care.

Keywords: 2-Propanol, Acetate, Acetone, Acidosis, Age, Alcohol, Alcohol Dehydrogenase, Alcohol Intoxication, American Association, Articles, Brain, Brain Stem, Cardiovascular, Care, Children, Citations, Clinical, Clinical Features, Cns, Cns Depression, Coma, Conversion, Cosmetics, Depression, Dermal Absorption, Diagnosis, Disinfectants, Distributed, Distribution, Effects, Epidemiology, Exposure, Exposures, Glucose, Half-Life, Hemodialysis, History, Hypotension, Information, Ingestion, Inhalation, IPA, ISI, ISI Web Of Science, Isopropanol, Isopropyl Alcohol, Liquid, Management, Measurement, Mechanism, Mechanism Of Action, Mechanisms, Medline, Metabolic Acidosis, Metabolism, Metabolites, Methods, Peritoneal-Dialysis, Pharmaceuticals, Pharmacokinetic Analysis, Plasma, Poisoning, Poisonings, Presentation, Primary, Propan-2-Ol, Propylene Glycol, Recovery, Renal, Renal-Failure, Resources, Respiratory Depression, Review, Rubbing Alcohol, Rubbing Alcohol, Science, Serum, Serum Concentrations, Serum Isopropanol, Shock, Support, Supportive Care, Toxicity, Toxicokinetics, Treatment, Urine, Volume, Web Of Science

# Title: CTS-Clinical and Translational Science

Full Journal Title: CTS-Clinical and Translational Science

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Zhang, Y., Wang, L. and Diao, T.X. (2013), The quantitative evaluation of the clinical and translational science awards (CTSA) program based on science mapping and scientometric analysis. *CTS-Clinical and Translational Science*, **6** (6), 452-457.

Full Text: [2013\CTS-Cli Tra Sci6, 452.pdf](2013\CTS-Cli%20Tra%20Sci6,%20452.pdf)

Abstract: The Clinical and Translational Science Awards (CTSA) program is one of the most important initiatives in translational medical funding. The quantitative evaluation of the efficiency and performance of the CTSA program has a significant referential meaning for the decision making of global translational medical funding. Using science mapping and scientometric analytic tools, this study quantitatively analyzed the scientific articles funded by the CTSA program. The results of the study showed that the quantitative productivities of the CTSA program had a stable increase since 2008. In addition, the emerging trends of the research funded by the CTSA program covered clinical and basic medical research fields. The academic benefits from the CTSA program were assisting its members to build a robust academic home for the Clinical and Translational Science and to attract other financial support. This study provided a quantitative evaluation of the CTSA program based on science mapping and scientometric analysis. Further research is required to compare and optimize other quantitative methods and to integrate various research results.

Keywords: Analysis, Article, Bedside, Bench, Benefits, Centers, China, Clinical, Ctsa, Decision, Decision Making, Decision-Making, Efficiency, Evaluation, Financial Support, Funding, Global, Mapping, Medical, Medical Research, Medicine, Methods, Performance, Quantitative Evaluation, Quantitative Methods, R, Research, Research Results, River, SCI, Science, Science Mapping, Scientometric, Scientometric Analysis, Support, Topics, Trends, USA, Word Cluster-Analysis

? Zhang, Y., Diao, T.X. and Wang, L. (2014), Quantitative evaluation of translational medicine based on scientometric analysis and information extraction. *CTS-Clinical and Translational Science*, **7** (6), 465-469.

Full Text: [2014\CTS-Cli Tra Sci7, 465.pdf](2014/CTS-Cli%20Tra%20Sci7,%20465.pdf)

Abstract: Designed to advance the two-way translational process between basic research and clinical practice, translational medicine has become one of the most important areas in biomedicine. The quantitative evaluation of translational medicine is valuable for the decision making of global translational medical research and funding. Using the scientometric analysis and information extraction techniques, this study quantitatively analyzed the scientific articles on translational medicine. The results showed that translational medicine had significant scientific output and impact, specific core field and institute, and outstanding academic status and benefit. While it is not considered in this study, the patent data are another important indicators that should be integrated in the relevant research in the future.

Keywords: Academic Status, Advance, Analysis, Articles, Basic, Basic Research, Bedside, Bench, Biomedicine, Clinical, Clinical Practice, Data, Decision, Decision Making, Decision-Making, Evaluation, Extraction, Field, Funding, Global, Impact, Indicators, Information, Information Extraction, Integrated, Medical, Medical Research, Medicine, Patent, Practice, Quantitative Evaluation, Research, Science, Scientific Output, Scientometric, Scientometric Analysis, Strategies, Techniques, Translational Medicine

? Luke, D.A., Carothers, B.J., Dhand, A., Bell, R.A., Moreland-Russell, S., Sarli, C.C. and Evanoff, B.A. (2015), Breaking down silos: Mapping growth of cross-disciplinary collaboration in a translational science initiative. *CTS-Clinical and Translational Science*, **8** (2), 143-149.

Full Text: [2015\CTS-Cli Tra Sci8, 143.pdf](2015/CTS-Cli%20Tra%20Sci8,%20143.pdf)

Abstract: The importance of transdisciplinary collaboration is growing, though not much is known about how to measure collaboration patterns. The purpose of this paper is to present multiple ways of mapping and evaluating the growth of cross-disciplinary partnerships over time. Social network analysis was used to examine the impact of a Clinical and Translational Science Award (CTSA) on collaboration patterns. Grant submissions from 2007 through 2010 and publications from 2007 through 2011 of Institute of Clinical and Translational Sciences (ICTS) members were examined. A Cohort Model examining the first-year ICTS members demonstrated an overall increase in collaborations on grants and publications, as well as an increase in cross-discipline collaboration as compared to within-discipline. A Growth Model that included additional members over time demonstrated the same pattern for grant submissions, but a decrease in cross-discipline collaboration as compared to within-discipline collaboration for publications. ICTS members generally became more cross-disciplinary in their collaborations during the CTSA. The exception of publications for the Growth Model may be due to the time lag between funding and publication, as well as pressure for younger scientists to publish in their own fields. Network analysis serves as a valuable tool for evaluating changes in scientific collaboration.

Keywords: Analysis, Bibliometrics, Centers, Changes, Collaboration, Collaborations, Funding, Growth, Impact, Interdisciplinary Science, Mapping, Measure, Model, Network, Network Analysis, Network Analysis, Partnerships, Pattern, Pressure, Public-Health, Publication, Publications, Purpose, Science, Science Of Team Science, Scientific Collaboration, Social Network, Social Network Analysis, Systems, Team Science

# Title: Clinics

Full Journal Title: [Clinics](http://www.scielo.br/scielo.php?script=sci_issues&pid=1807-5932&lng=en&nrm=iso)

ISO Abbreviated Title: Clinics

JCR Abbreviated Title: Clinics

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Tess, B.H., Furuie, S.S., Castro, R.C.F., Barreto, M.D.C. and Nobre, M.R.C. (2009), Assessing the scientific research productivity of a Brazilian healthcare institution: A case study at the heart institute of São Paulo, Brazil. *Clinics*, **64** (6), 571-576.

Full Text: [2009\Clinics64, 571.pdf](2009\Clinics64,%20571.pdf)

Abstract: INTRODUCTION: the present study was motivated by the need to systematically assess the research productivity of the Heart Institute (InCor), Medical School of the University of Sao Paulo, Brazil. OBJECTIVE: To explore methodology for the assessment of institutional scientific research productivity. MATERIALS and METHODS: Bibliometric indicators based on searches for author affiliation of original scientific articles or reviews published in journals indexed in the databases Web of Science, MEDLINE, EMBASE, LILACS and SciELO from January 2000 to December 2003 were used in this study. The retrieved records were analyzed according to the index parameters of the journals and modes of access. The number of citations was used to calculate the institutional impact factor. RESULTS: Out of 1253 records retrieved from the five databases, 604 original articles and reviews were analyzed; of these, 246 (41%) articles were published in national journals and 221 (90%) of those were in journals with free online access through SciELO or their own websites. of the 358 articles published in international journals, 333 (93%) had controlled online access and 223 (67%) were available through the Capes Portal of Journals. The average impact of each article for InCor was 2.224 in the period studied. CONCLUSION: A simple and practical methodology to evaluate the scientific production of health research institutions includes searches in the LILACS database for national journals and in MEDLINE and the Web of Science for international journals. The institutional impact factor of articles indexed in the Web of Science may serve as a measure by which to assess and review the scientific productivity of a research institution.

Keywords: Assessment, Bibliometric Indicators, Bibliometrics, Brazil, Cardiology, Citations, Impact Factor, Indicators, Medical Research, MEDLINE, Output, Research, Research Productivity, Sciences, Scientific Production Indicators, Scientific Research, University, Web of Science

? Cardoso, S.C. and Gattas, G.J.F. (2009), The scientific production of full professors of the Faculdade de Medicina da Universidade de São Paulo: A view of the period of 2001-2006. *Clinics*, **64** (9), 903-909.

Full Text: [2009\Clinics64, 903.pdf](2009\Clinics64,%20903.pdf)

Abstract: INTRODUCTION: the scientific production of institutions of higher education, as well as the dissemination and use of this published work by peer institutions, can be assessed by means of quantitative and qualitative measurements. This type of analysis can also serve as the basis of further academic actions. Variables such as the type of evaluation, the number of faculty members and the decision to include or exclude researchers who are not professors are difficult to measure when comparing different schools and institutions. OBJECTIVES: the purpose of this study was to assess the scientific production of tenured faculty from the Universidade de Sao Paulo, Faculdade de Medicina performed from 2001 to 2006. METHODS: MEDLINE/PUBMED database was considered and the Impact factors (IFs-Journal Citation Report, 2006) and the number of generated citations (Web of Science/ISI Thomson) were also evaluated. RESULTS: the analysis of the scientific production of 66 full professors (level MS-6) revealed 1,960 scientific articles published in 630 scientific journals, of which 31.3% were Brazilian and 68.7% were from international sources. Among these, 47% of the articles were published in 62.9% of the journals with IFs above 10, although 16.4% of the journals did not have assigned IF values. We verified that 45% of the published articles received 9,335 citations (average of 11 + 17), with the majority of these (8,968 citations) appearing in international scientific journals. CONCLUSIONS: Our results indicate that it is possible to analyze the scientific production of a learning institution by the number of papers published by full professors, taking into account not only their academic position and influence, but also the fact that publication is an opportunity to stimulate joint projects with other members of the same institution.

Keywords: Bibliometric Indicators, Citation, Citations, Evaluation, Impact, Impact Factor, MEDLINE, Utilization, Research Personnel, Statistics and Numerical Data, Scielo, Scientific Publication Indicators

? Rocha-e-Silva, M. (2009), Recent trends in Brazilian medical research. An overview. *Clinics*, **64** (10), 1007-1013.

Full Text: [2009\Clinics64, 1007.pdf](2009\Clinics64,%201007.pdf)

Abstract: This article reviews 69 original research articles published in 6 Brazilian Medical Journals recently incorporated into the Institute for Scientific Information Journal of Citation Reports, with a view of making them comprehensively available to the readership of CLINICS within a subject category division. We expect this review to increase the visibility of a wide specter of original Brazilian research which may otherwise remain relatively unseen by the interested readership.

Keywords: Brazil, Cancer, Citation, Clinics, Coronary-Artery-Disease, Exercise, Heart-Failure, Journal, Metabolic Syndrome, Myocardial Revascularization, Nutritional-Status, Quality-of-Life, Randomized Clinical-Trial, Research, Review, Sao-Paulo, Scientific Information, Trends, Visibility

? Heldwein, F.L., Hartmann, A.A., Kalil, A.N., Neves, B.V.D., Ratti, G.S.B., Beber, M.C., Souza, R.M. and d’Acampora, A.J. (2010), Cited Brazilian papers in general surgery between 1970 and 2009. *Clinics*, **65** (5), 521-529.

Full Text: [2010\Clinics65, 521.pdf](2010\Clinics65,%20521.pdf)

Abstract: OBJECTIVES: To identify the most cited articles in general surgery published by Brazilian authors. INTRODUCTION: There are several ways for the international community to recognize the quality of a scientific article. Although controversial, the most widely used and reliable methodology to identify the importance of an article is citation analysis. METHODS: A search using the Institute for Scientific Information citation database (Science Citation Index Expanded) was performed to identify highly cited Brazilian papers published in twenty-six highly cited general surgery journals, selected based on their elevated impact factors, from 1970 to 2009. Further analysis was done on the 65 most-cited papers. RESULTS: We identified 1,713 Brazilian articles, from which nine papers emerged as classics (more than 100 citations received). For the Brazilian contributions, a total increase of about 21-fold was evident between 1970 and 2009. Although several topics were covered, articles covering trauma, oncology and organ transplantation were the most cited. The majority of classic studies were done with international cooperation. CONCLUSIONS: This study identified the most influential Brazilian articles published in internationally renowned general surgery journals.

Keywords: 100 Citation-Classics, Cancer, Classical Article, Journals, Peer Review, Surgery, History, Surgery, Statistics and Numerical Data, Transplantation

? Rocha-e-Silva, M. (2011), Continuously variable rating: A new, simple and logical procedure to evaluate original scientific publications. *Clinics*, **66** (12), 2099-2014.

Full Text: [2011\Clinics66, 2099.pdf](2011\Clinics66,%202099.pdf)

Abstract: OBJECTIVE: Impact Factors (IF) are widely used surrogates to evaluate single articles, in spite of known shortcomings imposed by cite distribution skewness. We quantify this asymmetry and propose a simple computer-based procedure for evaluating individual articles.

METHOD: (a) Analysis of symmetry. Journals clustered around nine Impact Factor points were selected from the medical ‘‘Subject Categories’’ in Journal Citation Reports 2010. Citable items published in 2008 were retrieved and ranked by granted citations over the Jan/2008 - Jun/2011 period. Frequency distribution of cites, normalized cumulative cites and absolute cites/decile were determined for each journal cluster. (b) Positive Predictive Value. Three arbitrarily established evaluation classes were generated: LOW (1.3#IF,2.6); MID: (2.6#IF,3.9); HIGH: (IF$3.9). Positive Predictive Value for journal clusters within each class range was estimated. (c) Continuously

Variable Rating. An alternative evaluation procedure is proposed to allow the rating of individually published articles in comparison to all articles published in the same journal within the same year of publication. The general guiding lines for the construction of a totally dedicated software program are delineated.

RESULTS and CONCLUSIONS: Skewness followed the Pareto Distribution for (1,K,2). Observed Positive Predictive Values ranged from 24 - 43% for over 98% of the selected journals in the ISI database. Continuously Variable Rating is shown to be a simple computer based procedure capable of accurately providing a valid rating for each article within the journal and time frame in which it was published.

Keywords: Scientometrics, Scientific Article Evaluation, Impact Factors, Citations

? Paiva, C.E., Lima, J.P.D.N. and Paiva, B.S.R. (2012), Articles with short titles describing the results are cited more often. *Clinics*, **67** (5), 509-513.

Full Text: [2012\Clinics67, 509.pdf](2012\Clinics67,%20509.pdf)

Abstract: OBJECTIVE: the aim of this study was to evaluate some features of article titles from open access journals and to assess the possible impact of these titles on predicting the number of article views and citations.

METHODS: Research articles (n = 423, published in October 2008) from all Public Library of Science (PLoS) journals and from 12 Biomed Central (BMC) journals were evaluated. Publication metrics (views and citations) were analyzed in December 2011. The titles were classified according to their contents, namely methods-describing titles and results-describing titles. The number of title characters, title typology, the use of a question mark, reference to a specific geographical region, and the use of a colon or a hyphen separating different ideas within a sentence were analyzed to identify predictors of views and citations. A logistic regression model was used to identify independent title characteristics that could predict citation rates.

RESULTS: Short-titled articles had higher viewing and citation rates than those with longer titles. Titles containing a question mark, containing a reference to a specific geographical region, and that used a colon or a hyphen were associated with a lower number of citations. Articles with results-describing titles were cited more often than those with methods-describing titles. After multivariate analysis, only a low number of characters and title typology remained as predictors of the number of citations.

CONCLUSIONS: Some features of article titles can help predict the number of article views and citation counts. Short titles presenting results or conclusions were independently associated with higher citation counts. The findings presented here could be used by authors, reviewers, and editors to maximize the impact of articles in the scientific community.

? Nascimento, E.R., Maia, A.C.O., Pereira, V., Soares, G., Nardi, A.E. and Silva, A.C. (2013), Sexual dysfunction and cardiovascular diseases: A systematic review of prevalence. *Clinics*, **68** (11), 1462-1468.

Full Text: [2013\Clinics68, 1462.pdf](2013\Clinics68,%201462.pdf)

Abstract: The aim of this study was to conduct a systematic review of the literature regarding the prevalence of sexual dysfunction in patients with cardiovascular diseases. An article search of the ISI Web of Science and PubMed databases using the search terms “sexual dysfunction”, “cardiovascular diseases”, “coronary artery disease”, “myocardial infarct” and “prevalence” was performed. In total, 893 references were found. Non-English-language and repeated references were excluded. After an abstract analysis, 91 references were included for full-text reading, and 24 articles that evaluated sexual function using validated instruments were selected for this review. This research was conducted in October 2012, and no time restrictions were placed on any of the database searches. Reviews and theoretical articles were excluded; only clinical trials and epidemiological studies were selected for this review. The studies were mostly cross-sectional, observational and case-control in nature; other studies used prospective cohort or randomized clinical designs. In women, all domains of sexual function (desire, arousal, vaginal lubrication, orgasm, sexual dissatisfaction and pain) were affected. The domains prevalent in men included erectile dysfunction and premature ejaculation and orgasm. Sexual dysfunction was related to the severity of cardiovascular disease. When they resumed sexual activity, patients with heart disease reported significant difficulty, including a lack of interest in sex, sexual dissatisfaction and a decrease in the frequency of sexual activity.

Keywords: Activity, Analysis, Artery, Cardiovascular, Cardiovascular Disease, Case-Control, Clinical, Clinical Trials, Cohort, Database, Databases, Disease, Diseases, Erectile Dysfunction, Function, Heart, Instruments, Isi, Isi Web of Science, Literature, Men, Observational, Pain, Patients, Premature, Prevalence, Prospective, Pubmed, Randomized, Reading, References, Research, Restrictions, Review, Science, Sex, Sexual Dysfunction, Sexual Function, Systematic Review, Theoretical, Vaginal, Web of Science, Women

# Title: Clinics and Research in Hepatology and Gastroenterology

Full Journal Title: [Clinics and Research in Hepatology and Gastroenterology](http://www.sciencedirect.com/science/journal/22107401)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Devos, P. (2011), Research and bibliometrics: A long history... *Clinics and Research in Hepatology and Gastroenterology*, **35** (5), 336-337.

Full Text: [2011\Cli Res Hep Gas35, 336.pdf](2011\Cli%20Res%20Hep%20Gas35,%20336.pdf)

Keywords: Bibliometrics, History, Research

? Poynard, T., Thabut, D., Jabre, P., Munteanu, M., Ratziu, V., Benhamou, Y. and Deckmyn, O. (2011), Ranking hepatologists: Which Hirsch’s h-Index to prevent the “e-crise de foi-e”? *Clinics and Research in Hepatology and Gastroenterology*, **35** (5), 375-386.

Full Text: [2011\Cli Res Hep Gas35, 375.pdf](2011\Cli%20Res%20Hep%20Gas35,%20375.pdf)

Abstract: Background: Hirsch’s h-Index (h-I) quantifies and predicts an individual’s scientific output. The h-I can be estimated from several sources, but no “gold-standard” approach has yet been established. The aim was to analyze the discordance rates in Hepatology between five h-I assessments from five databases: Scholar, Scopus, Web of Science (WoS), ScholarL restricted to “liver”, and a specialty h-I HepaTop. Methods: the reference for the main endpoint was “h-I 50”, the median of included authors. Applicability and accuracy were assessed among 158 authors identified in the top 100 of the most cited “clinical” Hepatologists by two independent sources. The accuracy assessment used the area under the receiver operating characteristics curves (AUROCs) standardized or not according to spectrum effect, and the Pearson (PCC), and intraclass (ICC) coefficients of correlation. Results: Performances varied significantly according to h-I (P < 0.001). Applicability was 80% for h-HepaTop and 100% for other h-I. AUROCs ranged from 0.55 (h-Scholar) to 0.88 (h-HepaTop). The h-I were highly inter-correlated but without perfect concordance: ICCs ranged from 0.01 (h-WoS versus h-Scholar) to 0.53 (h-WoS versus h-Scopus; P < 0.0001). There were no differences between the AUROCs for h-Scopus, h-WoS and h-HepaTop, with lower accuracy for h-Scholar. The h-WoS AUROC adjusted for risk factors, scientific age and homonymy, increased in combination with h-HepaTop from 0.83 to 0.94 P = 0.005. Conclusions: the h-I should be carefully checked before any hepatologist’s evaluation. Three factors were associated with applicability and accuracy: the data source, the risk of homonyms, and scientific age. A unique “global” identification number is warranted. (C) 2011 Elsevier Masson SAS. All rights reserved.

Keywords: Accuracy, Assessment, Authors, Bibliometric Indicators, Databases, Evaluation, Google Scholar, h Index, h-Index, Impact, Output, Pathology, Ranking, Researchers, Science, Scopus, Web, Web of Science

? Cui, D.J., Huang, G.M., Yang, D.P., Huang, B. and An, B.Q. (2013), Efficacy and safety of interferon-gamma-targeted therapy in Crohn’s disease: A systematic review and meta-analysis of randomized controlled trials. *Clinics and Research in Hepatology and Gastroenterology*, **37** (5), 507-513.

Full Text: [2013\Cli Res Hep Gas37, 507.pdf](2013\Cli%20Res%20Hep%20Gas37,%20507.pdf)

Abstract: Aims: To evaluate the efficacy and safety of interferon-gamma-targeted therapy in Crohn’s disease (CD). Methods: Keyword and MeSH searches of MEDLINE/PubMed, EMBASE, the Cochrane Database, Science Citation Index and the Chinese Biomedical Database, from the inception of each database to March 2012, were used to identify all available randomized controlled trials. Summary estimates of treatment effects and safety were produced with Review Manager, using relative risks (RR) of clinical response, clinical remission and adverse events rates. Results: Only three randomized controlled trials comparing anti-interferon-gamma therapy with placebo were qualified for the meta-analysis according to inclusion criteria. There were significant differences in clinical remission rates between groups (at week 6: RR = 2.01, 95% confidence interval [CI]: 1.18-3.45; at week 8: RR = 1.98, 95% CI: 1.17-3.33). There was also a significant difference in clinical response rates at week 8 (RR = 1.60, 95% CI: 1.12-2.27). However, there was no statistically significant difference between anti-interferon-gamma therapy and placebo on adverse events rates (RR = 0.98, 95% CI: 0.79-1.20). Conclusions: Anti-interferon-gamma therapy is safe and effective for treating active CD despite slow onset of action. (C) 2012 Elsevier Masson SAS. All rights reserved.

Keywords: Biological Therapies, Cd, China, Chinese, Citation, Clin, Clinical, Clinical Activity, Confidence, Criteria, Crohn’s Disease, Database, Disease, Double-Blind, Effects, Efficacy, Embase, Estimates, Events, Fontolizumab, Gas, GM, Groups, IFN-Gamma, Inflammatory-Bowel-Disease, Interval, Intestinal-Mucosa, Italy, Keyword, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Moderate, Necrosis Factor Therapy, Nov, Onset, Placebo, R, Randomized, Randomized Controlled Trials, Rates, RE, Results, Review, Rights, Risks, Safety, Science, Science Citation Index, Systematic Review, T-Cells, Therapy, Treatment

? Chen, C., Wang, L.Y., Huang, Y., Zhang, C., Ye, H.D., Xu, X.T., Xu, L.T., Ye, M. and Duan, S.W. (2014), Association between *TLR2*, *MTR*, *MTRR*, *XPC*, *TP73*, *TP53* genetic polymorphisms and gastric cancer: A meta-analysis. *Clinics and Research in Hepatology and Gastroenterology*, **38** (3), 346-359.

Full Text: [2014\Cli Res Hep Gas38, 346.pdf](2014/Cli%20Res%20Hep%20Gas38,%20346.pdf)

Abstract: Objective: The aim of our meta-analyses is to test the association between six genetic polymorphisms and gastric cancer. Methods: A systematic search was performed for all the available candidate genes and gastric cancer among several online databases including PubMed, Embase, Web of Science, the Cochrane Library, CNKI and Wanfang online libraries. After a comprehensive screening, a total of six genes were harvested for the current meta-analyses. These genes include TLR2 (-196 to -174 ins>del), MTR (rs1805087), MTRR (rs1801394), XPC (rs2228001), TP73 (G4C14-A4T14), and TP53 (rs1042522). Results: Altogether 49 comparative studies among 11 776 cases and 18 633 controls were involved in our meta-analyses. TP53 rs1042522 polymorphism was shown to be associated with gastric cancer risk under the dominant model (P=0.02, OR = 1.03, 95% CI = 1.00-1.05). A subgroup meta-analysis indicated a significant association under dominant model between TP53 rs1042522 and gastric cancer in the Eastern Asians (P=0.03, OR=1.17, 95% = 1.02-1.34). Conclusions: These results suggest that TP53 rs1042522 polymorphism might contribute to the susceptibility of gastric cancer under the dominant model, especially in Eastern Asians. (C) 2014 Elsevier Masson SAS. All rights reserved.

Keywords: Asians, Association, Cancer, Cancer Risk, Chinese Han Population, Codon 72 Polymorphism, Colorectal-Cancer, Databases, Dna-Repair, Epithelial-Cells, Gastric, Gastric Cancer, Genes, Genetic, Genetic Polymorphisms, Helicobacter-Pylori Infection, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Online, P53 Arg72pro Polymorphisms, Polymorphism, Polymorphisms, Pubmed, Receptor 2, Results, Rights, Risk, Science, Screening, Single-Nucleotide Polymorphisms, Stomach-Cancer, Susceptibility, Systematic, Tp53, Web Of Science, Xpc

? Wang, J., Shi, D.P., Guo, X.F., Zhang, J.X., Yu, S.J., Song, J., Cao, Z., Wang, J., Ji, M.Y. and Dong, W.G. (2014), Thymidylate synthase genetic polymorphisms and colorectal cancer risk: A meta-analysis. *Clinics and Research in Hepatology and Gastroenterology*, **38** (4), 481-490.

Full Text: [2014\Cli Res Hep Gas38, 481.pdf](2014/Cli%20Res%20Hep%20Gas38,%20481.pdf)

Abstract: Aim: The effects of thymidylate synthase (TS) polymorphisms on susceptibility to colorectal cancer (CRC) have been investigated in many studies, but the results remain conflicting rather than conclusive. To resolve these conflicts, we performed a quantitative synthesis of the evidence on the association between these two polymorphisms and CRC risk. Methods: All eligible case-control studies published up to September 2013 were identified by searching PubMed, Web of Science and CNKI. Effect sizes of odds ratio (OR) and 95% confidence interval (95% CI) were calculated by using a fixed-or random-effect model. Results: A total of 11 case-control studies were included, including 10 studies (3324 cases and 4622 controls) for TSER polymorphism and 9 studies (3223 cases and 3886 controls) for TS1494del6 polymorphism. Overall, no significant association between the TS polymorphisms and CRC risk was found. In the subgroup analysis by ethnicity, a significantly association were found among Caucasian populations for TSER polymorphism; but for TS1494del6 polymorphism, no significantly association was observed in both Asian and Caucasian populations. When stratifying by source of controls, we found there was a statistically significant association between TSER polymorphism and risk of CRC in the population-based population; however, we detected no association in both population-based and hospital-based populations for TS1494del6 polymorphism. Conclusions: This meta-analysis suggests that the TSER polymorphism in TS gene but not TS1494del6 polymorphism might be a protective factor for CRC among Caucasian populations. (C) 2014 Elsevier Masson SAS. All rights reserved.

Keywords: Adenocarcinoma, Analysis, Asian, Association, Bias, Cancer, Cancer Risk, Case-Control, Case-Control Studies, Caucasian, Colorectal Cancer, Confidence, Deficiency, Dihydropyrimidine-Dehydrogenase, Effect, Effects, Enhancer Region Polymorphism, Ethnicity, Evidence, Folate, Gene, Genetic, Genetic Polymorphisms, Instability, Interval, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolism, Methods, Model, Odds Ratio, Polymorphism, Polymorphisms, Population, Population Based, Population-Based, Populations, Pubmed, Results, Rights, Risk, Science, Source, Susceptibility, Synthesis, Toxicity, TS, Web Of Science

? Sun, H.L., Hou, J.J., Shi, W.B. and Zhang, L. (2015), Estrogen Receptor 1 (ESR1) genetic variations in cancer risk: A systematic review and meta-analysis. *Clinics and Research in Hepatology and Gastroenterology*, **39** (1), 127-135.

Full Text: [2015\Cli Res Hep Gas39, 127.pdf](2015/Cli%20Res%20Hep%20Gas39,%20127.pdf)

Abstract: Background: Emerging published data on the association between single nucleotide polymorphisms (SNPs) in the estrogen receptor 1 (ESR1) gene and cancer susceptibility are inconsistent. This review and meta-analysis is performed to derive a more precise evaluation of this relationship. Methods: The literature search of PubMed, Embase, Web of Science and CNKI databases was conducted from their inception through June 2014. Crude odds ratios (ORs) with 95% confidence intervals (Os) were calculated to assess the association. Results: Twenty-two literatures were enrolled in this meta-analysis. The results indicated that ESR1 rs1801132 (C > G) was associated with cancer risk in Caucasian populations. However, the results of stratified analysis by cancer type and source of controls indicated that no significant association was found. Furthermore, rs2077647 (A > G) was only associated with an increased risk of hepatocellular carcinoma, but was an adverse effect on cancer risk in Caucasian populations. Conclusions: This present meta-analysis indicated that rs1801132 (C > G) and rs2077647 (A > G) may be protective factors in Caucasian populations. Meanwhile, rs2077647 (A > G) may be closely related with hepatocellular carcinoma. (C) 2014 Elsevier Masson SAS. All rights reserved.

Keywords: Alpha Polymorphisms, Analysis, Association, Beta, Breast-Cancer, Cancer, Cancer Risk, Cancer Susceptibility, Carcinoma, Caucasian, Confidence, Confidence Intervals, Data, Databases, Estrogen, Evaluation, Factors, From, Gene, Genetic, Hepatocellular Carcinoma, Intervals, Literature, Literature Search, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolism, Methods, Polymorphisms, Population, Populations, Progression, Prostate-Cancer, Pubmed, Results, Review, Rights, Risk, Science, Source, Susceptibility, Systematic, Systematic Review, Web, Web Of Science, Women

# Title: Cliometrica

Full Journal Title: [Cliometrica](http://www.springerlink.com/content/120412/?p=28a2649a15aa4e58968aadf08550b736&pi=0)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Di Vaio, G. and Weisdorf, J.L. (2010), Ranking economic history journals: A citation-based impact-adjusted analysis. *Cliometrica*, **4** (1), 1-17.

Full Text: [2010\Cliometrica4, 1.pdf](2010\Cliometrica4,%201.pdf)

Abstract: This study ranks-for the first time-12 international academic journals that have economic history as their main topic. The ranking is based on data collected for the year 2007. Journals are ranked using standard citation analysis where we adjust for age, size and self-citation of journals. We also compare the leading economic history journals with the leading journals in economics in order to measure the influence on economics of economic history, and vice versa. With a few exceptions, our results confirm the general idea about what economic history journals are the most influential for economic history, and that, although economic history is quite independent from economics as a whole, knowledge exchange between the two fields is indeed going on.

Keywords: Citation Analysis, Economic History, Impact Factor, Journal Ranking, Relative Impacts, Scientometrics

# Title: Cluster Computing-the Journal of Networks Software Tools and Applications

Full Journal Title: Cluster Computing-the Journal of Networks Software Tools and Applications

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Cho, I. and Park, M. (2015), Technological-level evaluation using patent statistics: Model and application in mobile communications. *Cluster Computing-the Journal of Networks Software Tools and Applications*, **18** (1), 259-268.

Full Text: [2015\Clu Com J Net Sof Too App18, 259.pdf](2015/Clu%20Com%20J%20Net%20Sof%20Too%20App18,%20259.pdf)

Abstract: Information and communication technology (ICT) has been a driving force of development for knowledge-based economies. In particular, as competition in mobile communications technological innovation among nations becomes more intense, there are growing demands for improved evaluation, judgment, and prediction of mobile communications technological capability in order to improve national ICT competitiveness. Technological capability refers to conceptual-level elements that capture technological competitiveness in operation. A technological level can be defined for making comparisons of one technological capability with another. Patent statistics have been used by economists and researchers in the field of innovation to analyze current and forecast technological directions. This paper evaluates relative technological capability in terms of patent statistics for some technology domains. We propose a patent statistic model for relative technological capability based on patent activity, intensity, market-power, and citation index for mobile communications technologies at a national level. In particular, it gives a technological-level evaluation of 3G, 3G transitional, and 4G mobile communications for the US, EU, Japan, China, and Korea.

Keywords: Activity, Application, Bibliometric Indicators, Capabilities, China, Citation, Citation Analysis, Citation Index, Communication, Communications, Competition, Competitiveness, Development, Driving, EU, Evaluation, Field, Force, Forecast, ICT, Index, Information, Innovation, Intensity, Japan, Knowledge-Based, Korea, Mar, Mobile, Mobile Communications, Model, Nations, Networks, Operation, Patent, Patent Statistics, Performance Evaluation, Prediction, Researchers, Science, Statistics, Technological Capability, Technological Innovation, Technologies, Technology, TLE, US

# Title: CMAJ

Full Journal Title: [CMAJ](http://www.cmaj.ca/contents-by-date.0.shtml)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Kherani, R.B. and Fung, M. (2004), To self-cite or not to self-cite. *CMAJ*, **171** (9), 1024.

Full Text: [2004\CMAJ171, 1024.pdf](2004\CMAJ171,%201024.pdf)

# Title: CNS Drugs

Full Journal Title: CNS Drugs

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher: W B Saunders Co, Philadelphia

Publisher Address:

Subject Categories:

: Impact Factor

? Hilty, D.M., Luo, J.S., Morache, C., Marcelo, D.A. and Nesbitt, T.S. (2002), Telepsychiatry - An overview for psychiatrists. *CNS Drugs*, **16** (8), 527-548.

Abstract: Telepsychiatry, in the form of videoconferencing and other modalities, brings enormous opportunities for clinical care, education, research and administration to the field of medicine. A comprehensive review of the literature related to telepsychiatry - specifically videoconferencing - was conducted using the MEDLINE, Embase, Science Citation Index, Social Sciences Citation Index and Telemedicine Information Exchange databases (1965 to June 200 1). The keywords used were telepsychiatry, telemedicine, videoconferencing, Internet, primary care, education, personal digital assistant and handheld computers. Studies were selected for review if they discussed videoconferencing for patient care, satisfaction, outcomes, education and costs, and provided models of facilitating clinical service delivery. Literature on other technologies was also assessed and compared with telepsychiatry to provide an idea of future applications of technology. Published data indicate that telepsychiatry is successfully used for a variety of clinical services and educational initiatives. Telepsychiatry is generally feasible, offers a number of models of care and consultation, in general satisfies patients and providers, and has positive and negative effects on interpersonal behaviour. More quantitative and qualitative research is warranted with regard to the use of telepsychiatry in clinical and educational programmes and interventions.

Keywords: Administration, Behaviour, Care, Clinical, Computers, Consultation, Costs, Data, Databases, Delivery, Education, Field, General, Internet, Interventions, Literature, Medicine, MEDLINE, Modalities, Models, Outcomes, Patient Care, Patients, Primary, Primary Care, Programmes, Providers, Qualitative, Qualitative Research, Research, Review, Satisfaction, Science Citation Index, Service, Services, Technologies, Technology, Telemedicine

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Full Text: 2013\CNS Dru27, 921.pdf

Abstract: Nicotine dependence is difficult to treat, and the biological mechanisms that are involved are not entirely clear. There is an urgent need to develop better drugs and more effective treatments for clinical practice. A critical step towards accelerating progress in medication development is to understand the neurobehavioral effects of pharmacotherapies on clinical characteristics associated with nicotine dependence. This review sought to summarize the functional magnetic resonance imaging (fMRI) literature on smoking cessation with the aim to better understand the neural processes underlying the effects of nicotinic and non-nicotinic pharmacological smoking cessation treatments on specific symptoms of nicotine dependence and withdrawal. We conducted a search in Pubmed, Web of Science and PsycINFO databases with the keywords ‘fMRI’ or ‘functional magnetic resonance imaging’ and ‘tobacco’ or ‘nicotine’ or ‘smok\*’. The date of the most recent search was May 2012. The original studies that were included were those of smokers or nicotine-dependent individuals, published in the English language, with pharmacological treatment for nicotine dependence and use of fMRI with blood oxygen level-dependent (BOLD) imaging or continuous arterial spin labelling (CASL). No date limit was applied. Two of the authors read the abstracts of all studies found in the search (n = 1,260). The inclusion and exclusion criteria were applied, and 1,224 articles were excluded. In a second step, the same authors read the remaining 36 studies. Nineteen of the 36 articles were excluded. The results were tabulated by the number of individuals and their mean age, the main sample characteristics, smoking status, study type and methodology, and the main fMRI findings. Seventeen original fMRI studies involving pharmacological treatment of smokers were selected. The anterior and posterior cingulate cortex, medial and lateral orbitofrontal cortex, ventral striatum, amygdala, thalamus and insula are heavily involved in the maintenance of smoking and nicotine withdrawal. The effects of varenicline and bupropion in alleviating withdrawal symptoms and decreasing smoking correlated with modulation of the activities of these areas. Nicotine replacement therapy seems to improve cognitive symptoms related to withdrawal especially by modulating activities of the default-network regions; however, nicotine replacement does not necessarily alter the activities of neural circuits, such as the cingulate cortices, that are associated with nicotine addiction. The risk of bias in individual studies, and across studies, was not assessed, and no method of handling data and combining results of studies was carried out. Most importantly, positron emission tomography (PET) studies were not included in this review. fMRI studies delineate brain systems that contribute to cognitive deficits and reactivity to stimuli that generate the desire to smoke. Nicotinic and non-nicotinic pharmacotherapy may reduce smoking via distinct neural mechanisms of action. These findings should contribute to the development of new medications and discovery of early markers of the therapeutic response of cigarette smokers.

Keywords: Addiction, Age, Authors, Bias, Biological, Blood, Brain, Characteristics, Clinical, Clinical Practice, Combining, Criteria, Data, Databases, Development, Discovery, Drugs, Effects, Emission, Fmri, Imaging, Language, Literature, Magnetic, Magnetic Resonance, Magnetic Resonance Imaging, Mechanisms, Methodology, Nov, Oxygen, PET, Pharmacotherapy, Positron Emission Tomography, Practice, Progress, Psycinfo, Recent, Replacement Therapy, Review, Risk, Science, Smoking, Striatum, Symptoms, Systems, Therapeutic, Therapy, Tobacco, Treatment, Web of Science

# Title: CNS & Neurological Disorders-Drug Targets

Full Journal Title: CNS & Neurological Disorders-Drug Targets

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lattari, E., Portugal, E., Moraes, H., Machado, S., Santos, T.M. and Deslandes, A.C. (2014), Acute effects of exercise on mood and EEG activity in healthy young subjects: A systematic review. *CNS & Neurological Disorders-Drug Targets*, **13** (6), 972-980.

Full Text: 2014\CNS Neu Dis-Dru Tar13, 972.pdf

Abstract: Electroencephalography has been used to establish the relationship among cortical activity, exercise and mood, such as asymmetry, absolute and relative power. The purpose of this study was to systematically review the influence of cortical activity on mood state induced by exercise. The Preferred Reporting Items in Systematic reviews and Meta-Analyses was followed in this study. The studies were retrieved from MEDLINE/PubMed, ISI Web of Knowledge and SciELO. Search was conducted in all databases using the following terms: EEG asymmetry, sLORETA, exercise, with affect, mood and emotions. Based on the defined criteria, a total of 727 articles were found in the search conducted in the literature (666 in Pubmed, 54 in ISI Web of Science, 2 in SciELO and 5 in other data sources). Total of 11 studies were selected which properly met the criteria for this review. Nine out of 11 studies used the frontal asymmetry, four used absolute and relative power and one used sLORETA. With regard to changes in cortical activity and mood induced by exercise, six studies attributed this result to different intensities, one to duration, one to type of exercise and one to fitness level. In general, EEG measures showed contradictory evidence of its ability to predict or modulate psychological mood states through exercise intervention.

Keywords: Absolute And Relative Power, Activation, Activity, Acute Aerobic Exercise, Aerobic Exercise, Affect, Articles, Asymmetry, Brain, Brain Cortical Activity, Changes, Criteria, Data, Databases, Duration, Eeg, Electromagnetic Tomography, Evidence, Exercise, Fitness, Frontal Asymmetry, General, Induced, Influence, Insular Cortex, Intensity, Intervention, ISI, ISI Web Of Science, Knowledge, Literature, Measures, Mood, Postexercise Hypotension, Power, Predicting Affective Responses, Psychological, Purpose, Resistance Exercise, Review, Reviews, Scielo, Science, Search, Sources, State, Systematic, Systematic Review, Systematic Reviews, Web Of Knowledge, Web Of Science

# Title: Cochrane Database of Systematic Reviews

Full Journal Title: [Cochrane Database of Systematic Reviews](http://www.thecochranelibrary.com/view/0/index.html)

ISO Abbrev. Title: Cochrane Database Syst Rev.

JCR Abbrev. Title: Cochrane Db Syst Rev

ISSN: 1469-493X

Issues/Year: 0

Language: English

Journal Country/Territory: England

Publisher: John Wiley & Sons Ltd

Publisher Address: the Atrium, Southern Gate, Chichester PO19 8SQ, W Sussex, England

Subject Categories:

Medicine, General & Internal: Impact Factor 5.653, 11/132 (2009)

? Sailas, E. and Fenton, M. (2000), Seclusion and restraint for people with serious mental illnesses. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD001163.

Full Text: [2000\Coc Dat Sys Rev2000, CD001163.pdf](2000\Coc%20Dat%20Sys%20Rev2000,%20CD001163.pdf)

Abstract: BACKGROUND: Seclusion and restraint are interventions used in the treatment and management of disruptive and violent behaviours in psychiatry. The use of seclusion varies widely across institutions. The literature does offer numerous suggestions for interventions to reduce or prevent aggression. OBJECTIVES: 1. To estimate the effects of seclusion and restraint compared to the alternatives for those with serious mental illnesses. 2. To estimate the effects of strategies to prevent seclusion and restraint in those with serious mental illnesses. SEARCH STRATEGY: Electronic searches of The Cochrane Controlled Trials Register (Issue 1, 1999) and The Cochrane Schizophrenia Group’s Register (January 1999) were supplemented with additional searches of Biological Abstracts (1989-1999), CINAHL (1982-1999), EMbase (1980-1999), MEDLINE (1966-1999), MEDIC (1979-1999), PsycLIT (1974-1999), Sociofile (1974-1999), SPRI & SWEMED (1982-1999), Social Sciences Citation Index (1996-1999), and WILP (1983-1999). In addition, trials were sought by hand searching the reference lists of all identified studies and conference abstracts and contacting the first author of each relevant study. SELECTION CRITERIA: Randomised controlled trials were included if they focused on the use (i) of restraint or seclusion; or (II) of strategies designed to reduce the need for restraint or seclusion in the treatment of serious mental illness. DATA COLLECTION and ANALYSIS: Studies were reliably selected, quality rated and data extracted. For dichotomous data relative risks (RR) with 95% confidence intervals (CI) were estimated. Normal continuous data were summated using the weighted mean difference (WMD). MAIN RESULTS: 1. Effect of seclusion and restraint The search strategy yielded 2155 citations. of these, the full articles for 35 studies were obtained. No studies met minimum inclusion criteria and no data were synthesised. Most of the 24 excluded studies focused upon the restraint of elderly, confused people and preventing them from wandering or falling. 2. Prevention of seclusion and restraint Work ongoing. REVIEWER’S CONCLUSIONS: No controlled studies exist that evaluate the value of seclusion or restraint in those with serious mental illness. There are reports of serious adverse effects for these techniques in qualitative reviews. Alternative ways of dealing with unwanted or harmful behaviours need to be developed. Continuing use of seclusion or restraint must therefore be questioned from within well-designed and reported randomised trials that are generalisable to routine practice.

Keywords: Adverse Effects, Aggression, Alternatives, Background, Citations, Collection, Confidence, Confidence Intervals, Criteria, Data, Data-Collection, Elderly, First, Institutions, Intervals, Interventions, Literature, Management, MEDLINE, Mental Illness, Minimum, Objectives, Practice, Psychiatry, Qualitative, Quality, Randomised, Reviews, Risks, Search, Search Strategy, Selection, Selection Criteria, Serious Mental Illness, Strategies, Strategy, Techniques, Treatment, Value, Violent

? Thompson, R.L., Summerbell, C.D., Hooper, L., Higgins, J.P., Little, P.S., Talbot, D. and Ebrahim, S. (2001), Dietary advice given by a dietitian versus other health professional or self-help resources to reduce blood cholesterol. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD001366.

Full Text: [2001\Coc Dat Sys Rev2001, CD001366.pdf](2001\Coc%20Dat%20Sys%20Rev2001,%20CD001366.pdf)

Abstract: BACKGROUND: The average level of blood cholesterol is an important determinant of the risk of coronary heart disease. Blood cholesterol can be reduced by dietary means. Although dietitians are trained to provide dietary advice, for practical reasons it is also given by other health professionals and occasionally through the use of self-help resources. OBJECTIVES: To assess the effects of dietary advice given by a dietitian compared with another health professional, or the use of self-help resources, in reducing blood cholesterol in adults. SEARCH STRATEGY: We searched The Cochrane Library (to Issue 2 1999), MEDLINE (1966 to January 1999), EMBASE (1980 to December 1998), Cinahl (1982 to December 1998), Human Nutrition (1991 to 1998), Science Citation Index, Social Sciences Citation Index, hand searched conference proceedings on nutrition and heart disease, and contacted experts in the field. SELECTION CRITERIA: Randomised trials of dietary advice given by a dietitian compared with another health professional or self-help resources. The main outcome was difference in blood cholesterol between dietitian groups compared with other intervention groups. DATA COLLECTION and ANALYSIS: Two reviewers independently extracted data and assessed study quality. MAIN RESULTS: Eleven studies with 12 comparisons were included, involving 704 people receiving advice from dietitians, 486 from other health professionals and 551 people using self-help leaflets. Four studies compared dietitian with doctor, seven with self-help resources, and one compared dietitian with nurse. Participants receiving advice from dietitians experienced a greater reduction in blood cholesterol than those receiving advice only from doctors (-0.25 mmol/L (95% CI -0.37, -0.12 mmol/L)). There was no statistically significant difference in change in blood cholesterol between dietitians and self-help resources (-0.10 mmol/L (95% CI -0.22, 0.03 mmol/L)). No statistically significant differences were detected for secondary outcome measures between any of the comparisons with the exception of dietitian versus nurse for HDLc, where the dietitian groups showed a greater reduction (-0.06 mmol/L (95% CI -0.11, -0.01)). No significant heterogeneity between the studies was detected. REVIEWER’S CONCLUSIONS: Dietitians were better than doctors at lowering blood cholesterol in the short to medium term, but there was no evidence that they were better than self-help resources. The results should be interpreted with caution as the studies were not of good quality and the analysis was based on a limited number of trials. More evidence is required to assess whether change can be maintained in the longer term. There was no evidence that dietitians provided better outcomes than nurses.

Keywords: Analysis, Background, Blood, Cholesterol, Collection, Criteria, Data, Data-Collection, Dietary Advice, Disease, Doctors, Evidence, Experts, Field, Health, Health Professionals, Heart, Heterogeneity, Intervention, MEDLINE, Nurses, Nutrition, Objectives, Outcome, Outcome Measures, Outcomes, Quality, Reduction, Risk, Science Citation Index, Search, Selection, Selection Criteria, Strategies, Strategy, Term

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Full Text: [2002\Coc Dat Sys Rev2002, CD000009.pdf](2002\Coc%20Dat%20Sys%20Rev2002,%20CD000009.pdf)

Abstract: BACKGROUND: Acupuncture and related techniques are promoted as a treatment for smoking cessation in the belief that they may reduce nicotine withdrawal symptoms. OBJECTIVES: The objective of this review is to determine the effectiveness of acupuncture and the allied therapies of acupressure, laser therapy and electrostimulation, in smoking cessation in comparison with: a) sham treatment, b) other interventions, or c) no intervention. SEARCH STRATEGY: We searched the Cochrane Tobacco Addiction Group trials register, Cochrane Controlled Trials Register, MEDLINE, Embase, BIOSIS Previews, PsycINFO, Science and Social Sciences Citation Index, AMED and CISCOM. Date of last search January 2002. SELECTION CRITERIA: Randomised trials comparing a form of acupuncture, acupressure, laser therapy or electrostimulation with either sham treatment, another intervention or no intervention for smoking cessation. DATA COLLECTION and ANALYSIS: We extracted data in duplicate on the type of smokers recruited, the nature of the acupuncture and control procedures, the outcome measures, method of randomisation, and completeness of follow-up. We assessed abstinence from smoking at the earliest time-point (before 6 weeks), at six months and at one year or more follow-up in patients smoking at baseline. We used the most rigorous definition of abstinence for each trial, and biochemically validated rates if available. Those lost to follow-up were counted as continuing to smoke. Where appropriate, we performed meta-analysis using a fixed effects model. MAIN RESULTS: We identified 22 studies. Acupuncture was not superior to sham acupuncture in smoking cessation at any time point. The odds ratio (OR) for early outcomes was 1.22 (95% confidence interval 0.99 to 1.49); the OR after 6 months was 1.50 (95% confidence interval 0.99 to 2.27) and after 12 months 1.08 (95% confidence interval 0.77 to 1.52). Similarly, when acupuncture was compared with other anti-smoking interventions, there were no differences in outcome at any time point. Acupuncture appeared to be superior to no intervention in the early results, but this difference was not sustained. The results with different acupuncture techniques do not show any one particular method (i.e. auricular acupuncture or non-auricular acupuncture) to be superior to control intervention. Based on the results of single studies, acupressure was found to be superior to advice; laser therapy and electrostimulation were not superior to sham forms of these therapies. REVIEWER’S CONCLUSIONS: There is no clear evidence that acupuncture, acupressure, laser therapy or electrostimulation are effective for smoking cessation.

Keywords: Acupuncture, Background, Collection, Comparison, Confidence, Control, Criteria, Data, Data-Collection, Effectiveness, Evidence, Fixed Effects Model, Follow-Up, Interval, Intervention, Interventions, Laser, Meta-Analysis, Metaanalysis, Model, Objectives, Odds Ratio, Outcome, Outcome Measures, Outcomes, Patients, Procedures, Psycinfo, Randomisation, Rates, Review, Search, Selection, Selection Criteria, Sham Acupuncture, Smoking, Strategies, Strategy, Symptoms, Techniques, Therapy, Treatment, Trial

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Full Text: [2003\Coc Dat Sys Rev2003, CD003968.pdf](2003\Coc%20Dat%20Sys%20Rev2003,%20CD003968.pdf)

Abstract: BACKGROUND: An increasing number of children suffer with pain that lasts for six months or longer. Traditional treatment for such pain has been pharmacological and/or physical. Increasingly, following developments in the field of adult chronic pain management, psychological therapies are being employed to treat children with chronic or recurrent pain. OBJECTIVES: To assess the effectiveness of psychological therapies in treating chronic or recurrent pain in children and adolescents, and to test the null hypothesis that psychological therapies are no more effective than placebo, waiting list control or standard medical care. SEARCH STRATEGY: Electronic searches of the Cochrane Register of Randomised Controlled Trials, MEDLINE (1966-1999), Social Sciences Citation Index (1981-1999) and PsycLit (1974-1999) were made. RCTs were also sought in references of all identified studies, meta-analyses and reviews, and first authors and experts within the field were contacted. Date of the most recent search: December 1999. SELECTION CRITERIA: RCTs with at least five participants in each study arm which compared psychological therapies with placebo, waiting list or standard medical care for children or adolescents with chronic or recurrent pain were eligible for inclusion. DATA COLLECTION and ANALYSIS: Data were inspected for heterogeneity. For homogeneous dichotomous data the odds ratio with 95% confidence interval were calculated on an intention to treat basis. MAIN RESULTS: Thirty papers were recovered, representing 28 RCTs. of these, 18 were analysable and included a total of 808 patients, 438 of whom entered treatment conditions. Fifteen were trials of chronic or recurrent headache; two for recurrent abdominal pain; and one for sickle cell pain. Only pain experience data from 13 trials were meta-analysable. Two meta-analyses were conducted. The first analysis of single treatments versus controls gave a pooled odds ratio of 8.83 (95% CI 4.33 to 18.03; z=5.98, P < 0.00001, df = 12). The second analysis (combined treatment versus control) produced a similar estimate: pooled odds ratio = 8.64 (95% CI = 4.13 to 18.07; z-5.73, P < 0.00001, df = 9). Both analyses indicate that psychological treatment is effective when compared with a pooled group of control conditions. From the pooled data set the NNT was 2.32 (95%CI 1.96 to 2.88). REVIEWER’S CONCLUSIONS: There is very good evidence that psychological treatments, principally relaxation and cognitive behavioural therapy, are effective in reducing the severity and frequency of chronic headache in children and adolescents. There is at present no evidence for the effectiveness of psychological therapies in attenuating pain in conditions other than headache, and little evidence for the effectiveness of psychological therapies in improving non-pain outcomes.

Keywords: Abdominal, Adolescents, Adult, Analyses, Analysis, Background, Care, Children, Chronic, Chronic Pain, Collection, Confidence, Control, Criteria, Data, Data-Collection, Effectiveness, Evidence, Experience, Experts, Field, First, Heterogeneity, Interval, Management, Medical, Medical Care, MEDLINE, Objectives, Odds Ratio, Outcomes, P, Pain, Pain Management, Papers, Patients, Physical, Placebo, Psychological Treatment, Recurrent, Relaxation, Reviews, Search, Selection, Selection Criteria, Standard, Strategies, Strategy, Therapy, Treatment

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Full Text: [2003\Coc Dat Sys Rev2003, CD003641.pdf](2003\Coc%20Dat%20Sys%20Rev2003,%20CD003641.pdf)

Abstract: BACKGROUND: Obesity is associated with increased morbidity and mortality. Surgery for morbid obesity may be considered when other conventional measures have failed, and a number of procedures are available. However, the effects of these surgical procedures compared with medical management and with each other are uncertain. OBJECTIVES: To assess the effects of surgery for morbid obesity on weight, comorbidities and quality of life. SEARCH STRATEGY: We searched the Cochrane Controlled Trials Register (issue 4, 2001), MEDLINE (SilverPlatter) up to 2001, PUBMED (Internet) 01/01/01-19/10/01, Embase (SilverPlatter) up to 09/2001, PsychINFO up to 10/2001, CINAHL (SilverPlatter) up to 07/2001, Science and Social Sciences Citation Index up to 10/12001, British Nursing Index up to 07/2001, Web of Science Proceedings up to 06/2001, BIOSIS up to10/2001, AMED up to 07/2001, National Research Register (issue 2, 2001), reference lists of relevant articles, and handsearched relevant journals. We also contacted experts in the field. Date of the most recent searches: October 2001. SELECTION CRITERIA: Randomised controlled trials comparing different surgical procedures, and randomised controlled trials and non-randomised controlled trials comparing surgery with non-surgical management for morbid obesity. DATA COLLECTION and ANALYSIS: Data were extracted by one reviewer and checked independently by two reviewers. Two reviewers independently assessed trial quality. MAIN RESULTS: 18 trials involving 1891 people were included. One randomised controlled trial and one non-randomised controlled trial compared surgery with non-surgical management, and 11 randomised controlled trials compared different surgical procedures. The overall quality of the trials was variable, with just one trial having adequate allocation concealment. A meta-analysis was not possible due to differences in the surgical procedures performed, measures of weight change and length of follow-up. Compared with conventional management, surgery resulted in greater weight loss (23-28 kg more weight loss at two years), with improvements in quality of life and comorbidities. Some complications of surgery occurred, such as wound infection. Gastric bypass was associated with greater weight loss and fewer revisions, reoperations and/or conversions than gastroplasty, but had more side-effects. Greater weight loss and fewer side-effects and reoperations occurred with adjustable gastric banding than vertical banded gastroplasty, while vertical banded gastroplasty was associated with greater weight loss but more vomiting than horizontal gastroplasty. Some postoperative deaths occurred in the studies. Weight loss was similar between open and laparoscopic procedures. Fewer serious complications occurred with laparoscopic surgery. Laparoscopic surgery had a longer operative time, but resulted in reduced blood loss, reduced proportion of patients requiring intensive care unit stay, reduced length of hospital stay, reduced days to return to activities of daily living and reduced days to return to work. REVIEWER’S CONCLUSIONS: The limited evidence suggests that surgery is more effective than conventional management for weight loss in morbid obesity. The comparative safety and effectiveness of different surgical procedures is unclear.

Keywords: Allocation, Background, Blood, Blood Loss, Care, Collection, Complications, Controlled Trial, Conventional, Criteria, Data-Collection, Effectiveness, Evidence, Experts, Field, Follow-Up, Hospital, Hospital Stay, Infection, Intensive Care, Intensive Care Unit, Internet, Journals, Laparoscopic, Laparoscopic Surgery, Length, Life, Living, Management, Medical, Meta-Analysis, Metaanalysis, Morbid Obesity, Morbidity, Mortality, Obesity, Objectives, Open, Operative, Patients, Postoperative, Procedures, PUBMED, Quality, Quality of, Quality of Life, Randomised, Randomised Controlled Trial, Randomised Controlled Trials, Safety, Search, Selection, Selection Criteria, Side Effects, Strategies, Strategy, Surgery, Surgical Procedures, Trial, Vertical, Vomiting, Web of Science, Work, Wound, Wound Infection

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Full Text: [2003\Coc Dat Sys Rev2003, CD001366.pdf](2003\Coc%20Dat%20Sys%20Rev2003,%20CD001366.pdf)

Abstract: BACKGROUND: The average level of blood cholesterol is an important determinant of the risk of coronary heart disease. Blood cholesterol can be reduced by dietary means. Although dietitians are trained to provide dietary advice, for practical reasons it is also given by other health professionals and occasionally through the use of self-help resources. OBJECTIVES: To assess the effects of dietary advice given by a dietitian compared with another health professional, or the use of self-help resources, in reducing blood cholesterol in adults. SEARCH STRATEGY: We searched The Cochrane Library (to Issue 3 2002), the EPOC trial register (October 2002), MEDLINE (1966 to September 2002), EMBASE (1980 to September 2002), Cinahl (1982 to August 2002), Human Nutrition (1991 to 1998), Science Citation Index, Social Sciences Citation Index, hand searched conference proceedings on nutrition and heart disease, and contacted experts in the field. SELECTION CRITERIA: Randomised trials of dietary advice given by a dietitian compared with another health professional or self-help resources. The main outcome was difference in blood cholesterol between dietitian groups compared with other intervention groups. DATA COLLECTION and ANALYSIS: Two reviewers independently extracted data and assessed study quality. MAIN RESULTS: Twelve studies with 13 comparisons were included, involving 727 people receiving advice from dietitians, 515 from other health professionals and 551 people using self-help resources. Four studies compared dietitian with doctor, seven with self-help resources, and only one study was found for each of the dietitian versus nurse and dietitian versus counsellor comparisons. Participants receiving advice from dietitians experienced a greater reduction in blood cholesterol than those receiving advice only from doctors (-0.25 mmol/L (95% CI -0.37, -0.12 mmol/L)). There was no statistically significant difference in change in blood cholesterol between dietitians and self-help resources (-0.10 mmol/L (95% CI -0.22, 0.03 mmol/L)). No statistically significant differences were detected for secondary outcome measures between any of the comparisons with the exception of dietitian versus nurse for HDLc, where the dietitian group showed a greater reduction (-0.06 mmol/L (95% CI -0.11, -0.01)) and dietitian versus counsellor for body weight, where the dietitian group showed a greater reduction (-5.80 kg (95% CI -8.91, -2.69 kg)). No significant heterogeneity between the studies was detected. REVIEWER’S CONCLUSIONS: Dietitians were better than doctors at lowering blood cholesterol in the short to medium term, but there was no evidence that they were better than self-help resources. The results should be interpreted with caution as the studies were not of good quality and the analysis was based on a limited number of trials. More evidence is required to assess whether change can be maintained in the longer term. There was no evidence that dietitians provided better outcomes than nurses.

Keywords: Analysis, Background, Blood, Body Weight, Cholesterol, Collection, Criteria, Data, Data-Collection, Dietary Advice, Disease, Doctors, Evidence, Experts, Field, Health, Health Professionals, Heart, Heterogeneity, Intervention, MEDLINE, Nurses, Nutrition, Objectives, Outcome, Outcome Measures, Outcomes, Quality, Reduction, Risk, Science Citation Index, Search, Selection, Selection Criteria, Strategies, Strategy, Term, Trial

Anderson, C.S., Hackett, M.L. and House, A.O. (2004), Interventions for preventing depression after stroke. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD003689.

Full Text: [2004\Coc Dat Sys Rev2004, CD003689.pdf](2004\Coc%20Dat%20Sys%20Rev2004,%20CD003689.pdf)

Abstract: BACKGROUND: Abnormal mood is an important consequence of stroke and may affect recovery and outcome. However, depression and anxiety are often not detected or inadequately treated. This may in part be due to doubts about whether anti-depressant treatments commenced early after the onset of stroke will prevent depression and improve outcome. OBJECTIVES: To determine if pharmaceutical or psychological interventions can prevent the onset of depression, including depressive illness and abnormal mood, and improve physical and psychological outcomes, in patients with stroke. SEARCH STRATEGY: We searched the Cochrane Stroke Group trials register (June 2003). In addition we searched the following electronic databases: Cochrane Central Register of Controlled Trials (The Cochrane Library, Issue 3, 2002), MEDLINE (1966 to September 2002), EMBASE (1980 to September 2002), CINAHL (1982 to September 2002), PsychINFO (1967 to September 2002), Applied Science and Technology Plus (1986 to September 2002), Arts and Humanities Index (1991 to September 2002), Biological Abstracts (1969 to September 2002), General Science Plus (1994 to September 2002), Science Citation Index (1992 to September 2002), Social Sciences Citation Index (1991 to September 2002), and Sociofile (1974 to September 2002). Reference lists from relevant articles and textbooks were searched, and authors of known studies and pharmaceutical companies who manufacture psychotropic medications were contacted. SELECTION CRITERIA: Randomised and quasi-randomised controlled trials comparing different types of pharmaceutical agents (eg selective serotonin reuptake inhibitors) with placebo, or various forms of psychotherapy against standard care (or attention control), in patients with a recent clinical diagnosis of stroke, where the treatment was undertaken with the explicit intention of preventing depression. DATA COLLECTION and ANALYSIS: The primary analyses focussed on the proportion of patients who met the standard diagnostic criteria for depression applied in the trials at the end of follow-up. Secondary outcomes included depression or mood scores on standard scales, disability or physical function, death, recurrent stroke, and adverse effects. MAIN RESULTS: Twelve trials involving 1245 participants were included in the review. Data were available for nine trials (11 comparisons) involving different pharmaceutical agents, and three trials of psychotherapy. The time from stroke onset to entry ranged from a few hours to six months, but most patients were recruited within one month of acute stroke. The duration of treatments ranged from two weeks to one year. There was no clear effect of pharmacological therapy on the prevention of depression or on other measures. A significant improvement in mood was evident for psychotherapy, but this treatment effect was small and from a single trial. There was no effect on diagnosed depression. REVIEWERS’ CONCLUSIONS: This review identified a small but significant effect of psychotherapy on improving mood, but no effect of either pharmacotherapy or psychotherapy on the prevention of depressive illness, disability, or other outcomes. More evidence is therefore required before any recommendations can be made about the routine use of such treatments to improve recovery after stroke.

Keywords: Adverse Effects, Analyses, Antidepressant, Anxiety, Background, Care, Clinical, Collection, Control, Criteria, Data-Collection, Databases, Death, Depression, Diagnosis, Diagnostic Criteria, Disability, Duration, Evidence, Follow-Up, Function, Improvement, Interventions, MEDLINE, Objectives, Onset, Outcome, Outcomes, Patients, Pharmaceutical Agents, Pharmacotherapy, Physical, Placebo, Prevention, Primary, Psychotherapy, Recommendations, Recovery, Recurrent, Review, Reviewers, Scales, Science Citation Index, Search, Selection, Selection Criteria, Serotonin, Small, Standard, Strategies, Strategy, Stroke, Textbooks, Therapy, Treatment, Trial

? House, A.O., Hackett, M.L., Anderson, C.S. and Horrocks, J.A. (2004), Pharmaceutical interventions for emotionalism after stroke. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD003690.

Full Text: [2004\Coc Dat Sys Rev2004, CD003690.pdf](2004\Coc%20Dat%20Sys%20Rev2004,%20CD003690.pdf)

Abstract: BACKGROUND: Antidepressants may be useful in the treatment of abnormal crying associated with stroke. OBJECTIVES: To determine whether pharmaceutical treatment reduces the frequency of emotional displays in people who suffer from emotionalism after stroke. SEARCH STRATEGY: We searched the Cochrane Stroke Group Trials Register (last searched June 2003). In addition we searched the following electronic databases: Cochrane Central Register of Controlled Trials (The Cochrane Library, Issue 3 2002), MEDLINE (1966 to September 2002), EMBASE (1980 to September 2002), CINAHL (1982 to September 2002), PsychINFO (1967 to September 2002), Applied Science and Technology Plus (1986 to September 2002), Arts and Humanities Index (1991 to September 2002), Biological Abstracts (1969 to September 2002), General Science Plus (1994 to September 2002), Science Citation Index (1992 to September 2002), Social Sciences Citation Index (1991 to September 2002), and Sociofile (1974 to September 2002). We searched reference lists from relevant articles and textbooks, and contacted authors of known studies and pharmaceutical companies who manufacture psychotropic medications. SELECTION CRITERIA: Randomised and quasi-randomised controlled trials, comparing psychotropic medication to placebo, in people with stroke and emotionalism (also known as emotional lability or pathological crying and laughing). DATA COLLECTION and ANALYSIS: Data were obtained on people who no longer met criteria for emotionalism, as defined in studies, and on reduction in frequency of crying at the end of treatment. Data were not pooled because of the multiplicity of definitions and outcome measures. MAIN RESULTS: Five trials involving 103 participants were included. Four trials showed large effects of treatment: 50% reduction in emotionalism, improvements (reduction) in the frequency of compulsive laughter, and lower (better) scores on the Pathological Laughter and Crying scale. The confidence intervals were wide, however, indicating that treatment may have had only a small positive effect, or even a small negative effect (in one trial). Subgroup analysis was not performed due to the multiple methods of assessment of emotionalism within and between trials. Only one study systematically recorded and reported adverse events; no discernible difference was seen between groups. Participants allocated active treatment were more likely to leave early from trials. REVIEWERS’ CONCLUSIONS: Antidepressants can reduce the frequency and severity of crying or laughing episodes. The effect do not seem specific to one drug or class of drugs. However, our conclusions must be qualified by several methodological deficiencies in the studies. More reliable data are required before recommendations can be made about the treatment of post-stroke emotionalism.

Keywords: Analysis, Assessment, Background, Collection, Confidence, Confidence Intervals, Criteria, Data, Data-Collection, Databases, Drug, Drugs, Events, Intervals, Interventions, MEDLINE, Methods, Objectives, Outcome, Outcome Measures, Placebo, Recommendations, Reduction, Reviewers, Scale, Science Citation Index, Search, Selection, Selection Criteria, Small, Strategies, Strategy, Stroke, Textbooks, Treatment, Trial

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Full Text: [2004\Coc Dat Sys Rev2004, CD003437.pdf](2004\Coc%20Dat%20Sys%20Rev2004,%20CD003437.pdf)

Abstract: BACKGROUND: Depressive and anxiety disorders following stroke are often undiagnosed or inadequately treated. This may reflect difficulties with the diagnosis of abnormal mood among older people with stroke-related disability, but may also reflect uncertainty about the effectiveness of such therapies in this setting. OBJECTIVES: To determine whether pharmacological, psychological, or electroconvulsive treatment (ECT) of depression in patients with stroke can improve outcome. SEARCH STRATEGY: The Cochrane Stroke Group Trials Register (last searched June 2003). The Cochrane Central Register of Controlled Trials (The Cochrane Library, Issue 3, 2002), MEDLINE (1966 to September 2002), EMBASE (1980 to September 2002), CINAHL (1982 to September 2002), PsychINFO (1967 to September 2002), Applied Science and Technology Plus (1986 to September 2002), Arts and Humanities Index (1991 to September 2002), Biological Abstracts (1969 to September 2002), General Science Plus (1994 to September 2002), Science Citation Index (1992 to September 2002), Social Sciences Citation Index (1991 to September 2002), and Sociofile (1974 to September 2002). Reference lists from relevant articles and textbooks were searched, and authors of known studies and pharmaceutical companies who manufacture psychotropic medications were contacted. SELECTION CRITERIA: Randomised and quasi-randomised controlled trials comparing different types of pharmaceutical agents with placebo, or various forms of psychotherapy with standard care (or attention control), in patients with recent, clinically diagnosed, acute stroke, where treatment was explicitly intended of treat depression. DATA COLLECTION and ANALYSIS: Primary analyses focussed on the prevalence of diagnosable depressive disorder at the end of treatment. Secondary outcomes included depression or mood scores on standard scales, disability or physical function, death, recurrent stroke, and adverse effects. We did not pool the data for summary scores. We performed meta-analysis for only some binary endpoints and data on adverse events. MAIN RESULTS: Nine trials, with 780 participants, were included in the review. Data were available for seven trials of pharmaceutical agents, and two trials of psychotherapy. There were no trials of ECT. The analyses were complicated by the lack of standardised diagnostic and outcome criteria, and differing analytic methods. There was no strong evidence of benefit of either pharmacotherapy or psychotherapy in terms of a complete remission of depression following stroke. There was evidence of a reduction (improvement) in scores on depression rating scales, and an increase in the proportion of participants with anxiety at the end of follow up. REVIEWERS’ CONCLUSIONS: This review found no evidence to support the routine use of pharmacotherapeutic or psychotherapeutic treatment for depression after stroke. More research is required before recommendations can be made about the most appropriate management of depression following stroke.

Keywords: Adverse Effects, Analyses, Anxiety, Anxiety Disorders, Background, Care, Collection, Control, Criteria, Data, Data-Collection, Death, Depression, Diagnosis, Disability, ECT, Effectiveness, Events, Evidence, Follow-Up, Function, Improvement, Management, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Objectives, Older People, Outcome, Outcomes, Patients, Pharmaceutical Agents, Pharmacotherapy, Physical, Placebo, Prevalence, Psychotherapy, Recommendations, Recurrent, Reduction, Research, Review, Reviewers, Scales, Science Citation Index, Search, Selection, Selection Criteria, Standard, Strategies, Strategy, Stroke, Support, Textbooks, Treatment, Uncertainty

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Abstract: Background The treatment of brain metastasis is generally palliative, with whole brain radiation therapy (WBRT), since the majority have uncontrollable systemic cancer. In certain circumstances, such as single brain metastases, death may be more likely from brain involvement than systemic disease. In this group, surgical resection has been proposed to relieve symptoms and prolong survival. Objectives To assess the clinical effectiveness of surgical resection plus WBRT versus WBRT alone in the treatment of single brain metastasis. Search strategy The Cochrane Cancer Network Specialised trials register (July 2003), Cochrane Central Register of Controlled Trials (CENTRAL) (Issue 1 2003), MEDLINE (1966 to July 2003), EMBASE (1980 to July 2003), CANCERLIT (1980 to July 2003), BIOSIS (1985 to July 2003) and SCIENCE CITATION INDEX (1981 to July 2003) were searched. References of identi fi ed studies were hand searched, as was the Journal of Neuro-Oncology over the previous 10 years and Neuro-Oncology over the past 2 years, including all conference abstracts. Specialists in neuro-oncology were also contacted. Selection criteria Randomized controlled trials (RCTs) comparing surgery and WBRT with WBRT alone, in patients with single brain metastasis. Data collection and analysis Two reviewers independently assessed trial quality and extracted data. Main results Three RCTs were identified, with 195 patients in total. No significant difference in survival was noted hazard ratio (HR) 0.74 (95% confidence interval (CI) 0.39 to 1.40, p = 0.35), although there was a high degree of heterogeneity between trials. One trial has shown surgery and WBRT to increase the duration of functionally independent survival (FIS)HR 0.42 (95% CI 0.22 to 0.80, p < 0.008). There is a trend for surgery and WBRT to reduce the number of deaths due to neurological cause odds ratio (OR) 0.57 (95% CI 0.29 to 1.10, p = 0.09). Adverse effects were not found to be statistically more common in any group. Authors’ conclusions Surgery and WBRT may improve FIS but not overall survival. There is a trend that it may reduce the proportion of deaths due to neurological cause. All these results were in a highly selected group of patients. Operating on metastases does not confer significantly more adverse effects.

Keywords: Authors, Brain, Cancer, Citation, Citation Indexes, Citation-Index, Criteria, Effectiveness, Heterogeneity, Index, Indexes, MEDLINE, Neurological, Radiotherapy, Randomized Controlled Trials, Randomized-Trial, Science, Science Citation, Science Citation Index, Science-Citation-Index, Stereotaxic Radiosurgery, Surgery, Therapy, Treatment

? Wake, B.L., McCormack, K., Fraser, C., Vale, L., Perez, J. and Grant, A.M. (2005), Transabdominal pre-peritoneal (TAPP) vs totally extraperitoneal (TEP) laparoscopic techniques for inguinal hernia repair. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD004703.

Full Text: [2005\Coc Dat Sys Rev2005, CD004703.pdf](2005\Coc%20Dat%20Sys%20Rev2005,%20CD004703.pdf)

Abstract: Background The choice of approach to the laparoscopic repair of inguinal hernia is controversial. There is a scarcity of data comparing the laparoscopic transabdominal preperitoneal (TAPP) approach with the laparoscopic totally extraperitoneal (TEP) approach and questions remain about their relative merits and risks. Objectives To compare the clinical effectiveness and relative efficiency of laparoscopic TAPP and laparoscopic TEP for inguinal hernia repair. Search strategy We searched MEDLINE Extra, Embase, Biosis, Science Citation Index, Cochrane Central Register of Controlled Trials (CENTRAL), Journals@Ovid Full Text and the electronic version of the journal, Surgical Endscopy. Recent conference proceedings by the following organisations were hand searched: Association of Endoscopic Surgeons of Great Britain & Ireland; International Congress of the European Association for Endoscopic Surgery; Scientific Session of the Society of American Gastrointestinal & Endoscopic Surgeons (SAGES); and the Italian Society of Endoscopic Surgery. In addition, specialists involved in research on the repair of inguinal hernia were contacted to ask for information about any further completed and ongoing trials, relevant websites were searched and reference lists of the all included studies were checked for additional reports. Selection criteria All published and unpublished randomised controlled trials and quasi-randomised controlled trials comparing laparoscopic TAPP with laparoscopic TEP for inguinal hernia repair were eligible for inclusion. Non-randomised prospective studies were also eligible for inclusion to provide further comparative evidence of complications and adverse events. Data collection and analysis Statistical analyses were performed using the fixed effects model and the results expressed as relative risk (RR) for dichotomous outcomes and weighted mean difference (WMD) for continuous outcomes with 95% confidence intervals (CI). Main results The search identified one RCT which reported no statistical difference between TAPP and TEP when considering duration of operation, haemotoma, length of stay, time to return to usual activity and recurrence. The eight non-randomised studies suggest that TAPP is associated with higher rates of port-site hernias and visceral injuries whilst there appear to be more conversions with TEP. Vascular injuries and deep/mesh infections were rare and there was no obvious difference between the groups. No studies reporting economic evidence were identified. Very limited data were available on learning effects but these data suggest that operators become experienced at between 30 and 100 procedures. Authors’ conclusions There is insufficient data to allow conclusions to be drawn about the relative effectiveness of TEP compared with TAPP. Efforts should be made to start and complete adequately powered RCTs, which compare the different methods of laparoscopic repair.

Keywords: Authors, Citation, Complications, Criteria, Economic, Effectiveness, Groups, Hernioplasty, Herniorrhaphy, International, Journal, Learning, Learning-Curve, MEDLINE, Methods, Model, Multicenter, Outcomes, Preperitoneal, Research, Risk, Science, Science Citation Index, Surgery, Techniques, Transperitoneal, Trial

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Full Text: [2005\Coc Dat Sys Rev2005, CD000519.pdf](2005\Coc%20Dat%20Sys%20Rev2005,%20CD000519.pdf)

Abstract: Background Surgery for vertebral artery stenosis is technically difficult, potentially hazardous and is not considered in most centres. There is growing evidence from case series that vertebral artery stenosis may be treated endovascularly by percutaneous transluminal angioplasty and stenting. This may be a feasible alternative to surgery to relieve symptoms caused by significant stenosis. Objectives The objective of this review was to assess the safety and efficacy of vertebral artery percutaneous transluminal angioplasty, with or without stenting, combined with medical care, compared to medical care alone, in patients with vertebral artery stenosis. Search strategy We searched the Cochrane Stroke Group’s trials register (last searched 28 July 2004). In addition we searched the following bibliographic databases: Cochrane Central Register of Controlled Trials (The Cochrane Library, Issue 3, 2002), MEDLINE (1966 to July 2004), EMBASE (1980 to July 2004), and Science Citation Index (1981 to July 2004). We also contacted researchers in the field, and balloon catheter and stent manufacturers. Selection criteria We selected randomised trials of endovascular treatment of vertebral artery stenosis combined with best medical therapy, compared with best medical therapy alone, in patients with symptomatic or asymptomatic vertebral artery stenosis. Data collection and analysis Two reviewers independently applied the inclusion criteria, extracted data and assessed trial quality. Main results One completed randomised trial was found. In one subgroup of this trial, 16 patients with symptomatic severe vertebral artery stenosis were randomised to endovascular treatment (n = 8) or medical treatment alone (n = 8). There were no strokes in any arterial territory or deaths from any cause in either group within 30 days of treatment (endovascular group) or 30 days of randomisation (medical group). In the endovascular group, two patients had a posterior circulation TIA at the time of the procedure. In the endovascular group, the mean vessel stenosis at follow up was 47% (range 0% to 80%). Patients were followed up for a mean of 4.5 years in the endovascular group and 4.9 years in the medical group. There were no further vertebrobasilar territory strokes in either group for the duration of follow up. Morbidity and mortality was related to carotid and coronary artery disease in this study. Authors’ conclusions There is currently insufficient evidence to assess the effects of percutaneous transluminal angioplasty with or without stenting or primary stenting for vertebral artery stenosis.

Keywords: Assisted Angioplasty, Authors, Case Series, Circulation, Citation, Consecutive Patients, Criteria, Databases, Endarterectomy, Experience, Follow-up, Management, Medical, MEDLINE, Prevention, Primary, Randomized-Trial, Researchers, Review, Science, Science Citation Index, Surgery, Symptomatic Carotid Stenosis, Therapy, Treatment

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Full Text: [2005\Coc Dat Sys Rev2005, CD001860.pdf](2005\Coc%20Dat%20Sys%20Rev2005,%20CD001860.pdf)

Abstract: Background Trachoma is the world’s leading cause of preventable blindness. In 1997 the World Health Organization launched an initiative on trachoma control based on the ‘SAFE’ strategy (surgery, antibiotics, facial cleanliness and environmental improvement). Objectives To assess the evidence supporting the antibiotic arm of the SAFE strategy by assessing the effects of antibiotics on both active trachoma (primary objective) and on Chlamydia trachomatis infection of the conjunctiva (secondary objective). Search strategy We searched the Cochrane Central Register of Controlled Trials-CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library Issue 1, 2005), MEDLINE (1966 to February 2005), and EMBASE (1980 to February 2005). We used the Science Citation Index to look for articles that cited the included studies. We searched the reference lists of identified articles and we contacted authors and experts for details of further relevant studies. Selection criteria We included only randomised trials that satisfied either of two criteria: (a) trials in which topical or oral administration of an antibiotic was compared to placebo or no treatment in people with trachoma, (b) trials in which a topical antibiotic was compared with an oral antibiotic in people with trachoma. A subdivision of particular interest was of trials in which topical tetracycline/chlortetracycline was compared with oral azithromycin, as these are the two World Health Organization recommended treatments. Data collection and analysis Two authors independently assessed trial quality and extracted data. We contacted investigators for missing data. Main results We found 15 studies that randomised a total of 8678 participants. For both outcomes (active trachoma and laboratory evidence of infection) the results of the chi squared tests suggested that there was significant statistical heterogeneity among the trials. There was also marked clinical heterogeneity. No summary statistics were calculated and we therefore present a narrative summary of the results. For the comparisons of oral or topical antibiotic against placebo/no treatment, the data are consistent with there being no effect of antibiotics but are suggestive of a lowering of the point prevalence of relative risk of both active disease and laboratory evidence of infection at three and 12 months after treatment. For the comparison of oral against topical antibiotics the results suggest that oral treatment is neither more nor less effective than topical treatment. Authors’ conclusions There is some evidence that antibiotics reduce active trachoma but results are not consistent and cannot be pooled.

Keywords: Antibiotics, Articles, Authors, Citation, Cluster Randomization, Comparison, Controlled Trial, Criteria, Heterogeneity, Hyper-Endemic Trachoma, Mass Treatment, MEDLINE, Narrative, Oral Azithromycin, Outcomes, Oxytetracycline, Placebo, Prevalence, Primary, Risk, Science, Science Citation Index, Single-Dose Azithromycin, Statistics, Statistics Notes, Surgery, Therapy, Topical Tetracycline, Treatment

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Full Text: Coc Dat Sys Rev2005, CD003292.pdf

Abstract: Background Trachoma is the second or third major cause of blindness. It is responsible for about six million blind people worldwide, mostly in the poor communities of developing countries. One of the major strategies advocated for the control of the disease is the application of various environmental sanitary measures to such communities.

Objectives To assess the evidence for the effectiveness of environmental sanitary measures on the prevalence of active trachoma in endemic areas.

Search strategy. We searched the Cochrane Central Register of Controlled Trials-CENTRAL(which contains the Cochrane eyes and Vision Group Trials Register) on The Cochrane Library (Issue 4, 2004), MEDLINE (1996 to January 2005), EMBASE (1980 to January 2005), LILACS (April 2004), the reference list of trials and the Science Citation Index. We also contacted agencies, experts and researchers in trachoma control.

Selection criteria The review included randomised and quasi-randomised controlled trials comparing any form of environmental hygiene measures with no measure. These hygienic measures included fly control, provision of water and health education. Participants in the trials were people normally resident in the trachoma endemic areas.

Data collection and analysis Two authors independently extracted data and assessed the quality of trials. Study authors were contacted for additional information. Three trials met the inclusion criteria but meta-analysis were not conducted due to heterogeneity of the studies.

Main results Two studies that assessed insecticide spray as a fly control measure found that trachoma is reduced by at least 55% to 61% with this measure compared to no intervention; this was, however, not statistically significantly different. Another study revealed that health education on personal and household hygiene reduced the incidence of trachoma such that the odds of reducing trachoma in the health education village was about twice that of the no intervention village. However, all the studies have some methodological concerns relating to concealment of allocation and non-consideration of clustering effect in data analysis.

Authors’ conclusions There is evidence that insecticide spray as a fly control measure reduces trachoma significantly. Latrine provision as a fly control measure has not demonstrated significant trachoma reduction. Health education may be effective in reading trachoma. There is a dearth of data to determine the effectiveness of all aspects of enviornmental sanitation in the control of trachoma.

Keywords: Safe Strategy, Evidence Base, Diarrhea

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Full Text: 2005\Coc Dat Sys Rev2005, CD000356.pdf

Abstract: Background Hospital at home is defined as a service that provides active treatment by health care professionals, in the patient’s home, of a condition that otherwise would require acute hospital in- patient care, always for a limited period. Objectives To assess the effects of hospital at home compared with in- patient hospital care. Search strategy We searched the Cochrane Effective Practice and Organisation of CareGroup (EPOC) specialised register (November 2004), MEDLINE (1966 to 1996), EMBASE (1980 to 1995), Social Science Citation Index (1992 to 1995), Cinahl (1982 to 1996), EconLit (1969 to 1996), PsycLit (1987 to 1996), Sigle (1980 to 1995) and the Medical Care supplement on economic literature (1970 to 1990). Selection criteria Randomised trials of hospital at home care compared with acute hospital in- patient care. The participants were patients aged 18 years and over. Data collection and analysis Two reviewers independently extracted data and assessed study quality. Main results Twenty two trials are included in this update of the review. Among trials evaluating early discharge hospital at home schemes we found an odds ratio (OR) for mortality of 1.79 95% CI 0.85 to 3.76 for elderly medical patients (age 65 years and over) (n = 3 trials); OR 0.58; 95% CI 0.29 to 1.17 for patients with chronic obstructive pulmonary disease (COPD) (n = 5 trials); and OR 0.78; 95% CI 0.52 to 1.19 for patients recovering from a stroke (n = 4 trials). Two trials evaluating the early discharge of patients recovering from surgery reported an OR 0.43 (95% CI 0.02 to 10.89) for patients recovering from a hip replacement and an OR 1.01 (95% CI 0.37 to 2.81) for patients with a mix of conditions at three months follow- up. For readmission to hospital we found an OR 1.76; 95% CI 0.78 to 3.99 at 3 months follow- up for elderly medical patients (n = 2 trials); OR 0.81; 95% CI 0.55 to 1.19 for patients with COPD (n = 5 trials); and OR 0.96; 95% CI 0.63 to 1.45 for patients recovering from a stroke (n = 3 trials). No significant heterogeneity was observed. One trial recruiting patients following surgery for hernia or varicose veins reported 0/ 117 versus 2/ 121 patients were re admitted (Ruckley 1978); another that 2/ 37 (5%) versus 1/49 (2%) (difference 3%, 95% CI - 5% to 12%) of patients recovering from a hip replacement, 4/ 47 (9%) versus 1/39 (3%) (difference 6%, 95% CI - 3% to 15%) of patients recovering from a knee replacment, and 7/114 (6%) versus 13/124 (10%) (difference - 4% 95% CI - 11% to 3%) of patients recovering from a hysterectomy were readmitted. A third trial analysing surgical and medical patients together reported that 42/159 versus 17/81 patients were readmitted at 3 months (OR 1.34 95% CI 0.66 to 2.20). Allocation to hospital at home resulted in a small reduction in hospital length of stay, but hospital at home increased overall length of care. Patients allocated to hospital at home expressed greater satisfaction with care than those in hospital, while the view of carers was mixed. Authors’ conclusions Despite increasing interest in the potential of hospital at home services as a cheaper alternative to in-patient care, this review provides insufficient objective evidence of economic benefit. Early discharge schemes for patients recovering from elective surgery and elderly patients with a medical condition may have a place in reducing the pressure on acute hospital beds, providing the views of the carers are taken into account. For these clinical groups hospital length of stay is reduced, although this is offset by the provision of hospital at home. Future primary research should focus on rigorous evaluations of admission avoidance schemes and standards for original research should aim at assisting future meta-analyses of individual patient data from these and future trials.

Keywords: Authors, Chronic, Citation, Cost Minimization Analysis, Criteria, Discharge, Early Discharge, Economic, Elderly, Follow-Up, Groups, Health, Health Care, Health-Care, Heterogeneity, Literature, Medical, MEDLINE, Myocardial-Infarction, Obstructive Pulmonary-Disease, Primary, Randomized Controlled-Trial, Reduction, Research, Review, Science, Science Citation Index, Social Science Citation Index, Southwest Stockholm, Standards, Stroke, Surgery, Terminally-ILL, Treatment, Varicose-Veins

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Full Text: [2005\Coc Dat Sys Rev2005, CD003873.pdf](2005\Coc%20Dat%20Sys%20Rev2005,%20CD003873.pdf)

Abstract: Background Crohn’s disease in childhood is a chronic relapsing condition. Fifteen to forty per cent of children with Crohn’s disease have growth retardation (Griffiths 1993a). Some treatment modalities including corticosteroids have been implicated in growth failure but it is thought mainly to be secondary to uncontrolled disease activity (Motil 1993; Markowitz 1993). Growth is fundamental to the practice of pediatrics, so by taking growth as the primary outcome measure we address issues important to both patients, their families and pediatricians. Objectives To evaluate the effectiveness of the different modalities available for the treatment of childhood Crohn’s disease with regard to the reversal of growth failure and the promotion of normal growth. Search strategy Searches were made of the following databases using the Collaborative Review Group Search Strategy EMBASE (1984-2004), MEDLINE (1966-2004), The Cochrane Central Register of Controlled Trials, The Cochrane Inflammatory Bowel Disease and Functional Bowel Disorders Group Specialized Trials Register and the Science Citation Index. Abstracts from the major gastrointestinal research meetings and references from published articles were also reviewed. Selection criteria Randomized controlled trials pertaining to children less than 18 years of age with Crohn’s disease were selected. Those with growth as an outcome measure were included in the review. Data collection and analysis Data extraction and assessment of the methodological quality of each trial was independently reviewed by two reviewers. Only one good quality randomized controlled trial was included in the review and therefore no statistical analysis was possible. Main results Three randomized controlled trials were identified. One was of good methodological quality (Markowitz 2000). This study looked at the use of 6-mercaptopurine (6-MP) as a steroid sparing agent. No difference in linear growth was observed between the intervention and placebo groups, although the total steroid dose received over the 18 month follow up period was reduced in the group receiving 6-MP. The two remaining randomized controlled trials (Sanderson 1987; Thomas 1993a) consider the use of enteral feeding versus corticosteroids for induction of remission, with height velocity standard deviation score at 6 months as an outcome measure. Although of less rigorous methodological quality, the results of these studies are discussed in detail in the review. In both studies height velocity standard deviation scores were significantly increased in the enteral feeding group compared with the corticosteroid group. Authors’ conclusions In addition to these randomized controlled trials, a body of lower quality evidence does exist relevant to two other important interventions; the use of supplemental enteral nutrition (Morin 1980; Belli 1988; Israel 1995) and the judicious use of surgical interventions in pre-pubertal children with refractory disease (Alperstein 1985; Lipson 1990; McLain 1990). Newer treatments, such as infliximab, are now becoming more widely used and may offer advantages in promoting growth. These effects are as yet unstudied. This review highlights the need for large, multi centre studies of the different treatment options in paediatric Crohn’s disease and the importance of standardised measurements of growth, such as height velocity standard deviation scores and height standard deviation scores as outcome measures.

Keywords: Articles, Assessment, Authors, Body-Composition, Childhood, Children, Chronic, Citation, Criteria, Databases, Double-Blind, Effectiveness, Elemental Diet, Enteral Nutrition, Factor-I, Groups, Growth, Inflammatory-Bowel-Disease, Intervention, Israel, MEDLINE, Necrosis-Factor-Alpha, Parenteral-Alimentation, Placebo, Primary, Promotion, Randomized Controlled Trial, Randomized Controlled Trials, Randomized Controlled-Trial, Research, Retardation, Review, Science, Science Citation Index, Serum Concentrations, Treatment, Velocity

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Full Text: [2005\Coc Dat Sys Rev2005, CD000386.pdf](2005\Coc%20Dat%20Sys%20Rev2005,%20CD000386.pdf)

Abstract: Background Chloroquine (CQ), amodiaquine (AQ), and sulfadoxine-pyrimethamine (SP) are inexpensive drugs, but treatment failure is a problem. Combination therapy may reduce treatment failure. CQ or AQ plus SP are affordable options of combination treatment, but there is debate about their effectiveness. Objectives To assess the combination of CQ or AQ plus SP compared with SP alone for first-line treatment of uncomplicated falciparum malaria. Search strategy We searched the Cochrane Infectious Diseases Group Specialized Register (April 2005), CENTRAL (The Cochrane Library Issue 2, 2005), MEDLINE (1966 to April 2005), EMBASE (1974 to April 2005), LILACS (1982 to April 2005), Science Citation Index (1981 to April 2005), African Index Medicus (1993 to 1998), and reference lists. We also contacted researchers at relevant organizations and a pharmaceutical company. Selection criteria Randomized controlled trials in adults or children with uncomplicated Plasmodium falciparum malaria were eligible for inclusion. The main outcomes of interest were total and clinical failure at day 28 follow up and serious adverse events. Data collection and analysis Two people independently applied the inclusion criteria. One author extracted data and another checked them independently. We used relative risk (RR) and 95% confidence intervals (CI). Main results Twelve trials (2107 participants) met the inclusion criteria. A meta-analysis of five AQ trials (461 participants) showed a statistically significant reduction in total failure at day 28 with the combination therapy (RR 0.64, 95% CI 0.46 to 0.91), and meta-analysis of three trials (384 participants) showed a significant reduction in clinical failure at day 28 (RR 0.23, 95% CI 0.11 to 0.49). The statistical significance in the total failure analysis was sensitive to losses to follow up. Data from two CQ trials showed no advantage for total failure with combination therapy at day 28. There was no evidence from the included trials of serious adverse events. Authors’ conclusions The evidence base is not strong enough to support firm conclusions. The available evidence suggests that AQ plus SP can achieve less treatment failure than SP, but this might depend on existing levels of parasite resistance to the individual drugs.

Keywords: Children, Citation, Combination Therapy, Confidence Intervals, Consort Statement, Efficacy, Embase, MEDLINE, Meta-Analysis, Outcomes, Plasmodium-Falciparum Malaria, Plus Chloroquine, Randomized-Trials, Science, Science Citation Index, Search Strategy, Statistical, Strategy, Sulfadoxine, Pyrimethamine, Therapeutic Regimens, Western Uganda

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Full Text: [2006\Coc Dat Sys Rev2006, CD000009.pdf](2006\Coc%20Dat%20Sys%20Rev2006,%20CD000009.pdf)

Abstract: Background Acupuncture and related techniques are promoted as a treatment for smoking cessation in the belief that they may reduce nicotine withdrawal symptoms. Objectives The objectives of this review are to determine the effectiveness of acupuncture and the related interventions of acupressure, laser therapy and electrostimulation, in smoking cessation in comparison with no intervention, sham treatment, or other interventions. Search strategy We searched the Cochrane Tobacco Addiction Group specialized register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, BIOSIS Previews, PsycINFO, Science and Social Sciences Citation Index, AMED and CISCOM. Date of last search January 2005. Selection criteria Randomized trials comparing a form of acupuncture, acupressure, laser therapy or electrostimulation with either no intervention, sham treatment or another intervention for smoking cessation. Data collection and analysis We extracted data in duplicate on the type of smokers recruited, the nature of the acupuncture and control procedures, the outcome measures, method of randomization, and completeness of follow up. We assessed abstinence from smoking at the earliest time-point (before six weeks), and at the last measurement point between six months and one year. We used the most rigorous definition of abstinence for each trial, and biochemically validated rates if available. Those lost to follow up were counted as continuing smokers. Where appropriate, we performed meta-analysis using a fixed-effect model. Main results We identified 24 reports of studies. The only comparison for which there were sufficient studies to combine meaningfully was acupuncture compared with sham acupuncture. The fixed-effect odds ratio (OR) for the short-term effect was 1.36 (95% confidence interval 1.07 to 1.72), but the studies are heterogeneous and the result is strongly influenced by one individual positive study. The significant short-term effect was lost with the random-effects model for pooling, or by removing the outlying study that led to heterogeneity. The long-term result shows no effect of acupuncture compared with sham acupuncture. There was no consistent evidence that acupuncture is superior to no treatment, and no evidence that the effect of acupuncture was different from that of other antismoking interventions, or that any particular acupuncture technique is superior to other techniques.

Keywords: Acupuncture, Analysis, Collection, Comparison, Confidence, Control, Criteria, Data, Effectiveness, Evidence, Follow-Up, Heterogeneity, Interval, Intervention, Interventions, Laser, Long Term, Long-Term, Measurement, MEDLINE, Meta-Analysis, Metaanalysis, Model, Odds Ratio, Outcome, Outcome Measures, Procedures, PsycINFO, Random Effects Model, Randomization, Rates, Review, Sham Acupuncture, Smoking, Symptoms, Techniques, Therapy, Treatment, Trial

? Smith, S., Demicheli, V., Di Pietrantonj, C., Harnden, A.R., Jefferson, T., Matheson, N.J. and Rivetti, A. (2006), Vaccines for preventing influenza in healthy children. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD004879.

Full Text: [2006\Coc Dat Sys Rev2006, CD004879.pdf](2006\Coc%20Dat%20Sys%20Rev2006,%20CD004879.pdf)

Abstract: Background In children and adults the consequences of influenza are mainly absences from school and work, however the risk of complications is greatest in children and people over 65 years old. Objectives To appraise all comparative studies evaluating the effects of influenza vaccines in healthy children; assess vaccine efficacy (prevention of confirmed influenza) and effectiveness (prevention of influenza-like illness) and document adverse events associated with receiving influenza vaccines. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue 1, 2005); OLD MEDLINE (1966 to 1969); MEDLINE (1969 to December 2004); EMBASE (1974 to December 2004); Biological Abstracts (1969 to December 2004); and Science Citation Index (1974 to December 2004). We wrote to vaccine manufacturers and a number of corresponding authors of studies in the review. Selection criteria Any randomised controlled trials (RCTs), cohort and case-control studies of any influenza vaccine in healthy children under 16 years old. Data collection and analysis Two authors independently assessed trial quality and extracted data. Main results Fifty-one studies involving 263,987 children were included. Seventeen papers were translated from Russian. Fourteen RCTs and 11 cohort studies were included in the analysis of vaccine efficacy and effectiveness. From RCTs, live vaccines showed an efficacy of 79% (95% confidence interval (CI) 48% to 92%) and an effectiveness of 33% (95% CI 28% to 38%) in children older than two years compared with placebo or no intervention. Inactivated vaccines had a lower efficacy of 59% (95% CI 41% to 71%) than live vaccines but similar effectiveness: 36% (95% CI 24% to 46%). In children under two, the efficacy of inactivated vaccine was similar to placebo. Thirty-four reports containing safety outcomes were included, 22 including live vaccines, 8 inactivated vaccines and 4 both types. The most commonly presented short-term outcomes were temperature and local reactions. The variability in design of studies and presentation of data was such that meta-analysis of safety outcome data was not feasible. Authors’ conclusions Influenza vaccines are efficacious in children older than two years but little evidence is available for children under two. There was a marked difference between vaccine efficacy and effectiveness. That no safety comparisons could be carried out emphasizes the need for standardisation of methods and presentation of vaccine safety data in future studies. It was surprising to find only one study of inactivated vaccine in children under two years, given recent recommendations to vaccinate healthy children from six months old in the USA and Canada. If immunisation in children is to be recommended as public-health policy, large-scale studies assessing important outcomes and directly comparing vaccine types are urgently required.

Keywords: Acute Otitis-Media, Authors, Case-Control, Citation, Cohort, Day-Care, Inactivated Influenza, Live Recombinant, MEDLINE, Meta-Analysis, Neuraminidase-Specific Influenza, Randomized Controlled-Trial, Review, School-Children, Science Citation Index, Temperature, USA, Virus-Vaccine, Whole-Virus, Young-Children

? Aj, S. and Allan, B.D.S. (2006), Photorefractive keratectomy (PRK) versus laser-assisted in-situ keratomileusis (LASIK) for myopia. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD005135.

Full Text: [2006\Coc Dat Sys Rev2006, CD005135.pdf](2006\Coc%20Dat%20Sys%20Rev2006,%20CD005135.pdf)

Abstract: Background Myopia (also known as short-sightedness or near-sightedness) is an ocular condition in which the refractive power of the eye is greater than is required, resulting in light from distant objects being focused in front of the retina instead of directly on it. The two most commonly used surgical techniques to permanently correct myopia are photorefractive keratectomy (PRK) and laser-assisted in-situ keratomileusis (LASIK). Objectives The aim of this review was to compare the effectiveness and safety of PRK and LASIK for correction of myopia. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library (2005, Issue 3), MEDLINE (1966 to September 2005), EMBASE (1980 to September 2005) and LILACs (1982 to 3 November 2005). We also searched the reference lists of the studies and the Science Citation Index. Selection criteria We included randomised controlled trials comparing PRK and LASIK for correction of any degree of myopia. We also included data on adverse events from prospective multicentre consecutive case series in the Food and Drugs Administration (FDA) trials database (http//www.fda.gov/cdrh/LASIK/lasers.htm). Data collection and analysis Two authors independently assessed trial quality and extracted data. Data were summarised using odds ratio and mean difference. Odds ratios were combined using a random-effects model after testing for heterogeneity. Main results This review included six randomised controlled trials involving a total of 417 eyes, of which 201 were treated with PRK and 216 with LASIK. We found that although LASIK gives a faster visual recovery than PRK, the effectiveness of these two procedures is comparable. We found some evidence that LASIK may be less likely than PRK to result in loss of best spectacle-corrected visual acuity. Authors’ conclusions LASIK gives a faster visual recovery than PRK but the effectiveness of these two procedures is comparable. Further trials using contemporary techniques are required to determine whether LASIK and PRK are equally safe.

Keywords: Authors, Case Series, Citation, Corneal Sensitivity, Criteria, Database, Diopters, Effectiveness, Excimer-Laser, Follow-up, Heterogeneity, Insitu Keratomileusis, Intraoperative Flap Complications, Lasik, MEDLINE, Model, Recovery, Refractive Surgery, Review, Risk-Factors, Science, Science Citation Index, Techniques, United-States, Visual-Acuity

? Graves, P. and Gelband, H. (2006), Vaccines for preventing malaria (SPf66). *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD005966.

Full Text: [2006\Coc Dat Sys Rev2006, CD005966.pdf](2006\Coc%20Dat%20Sys%20Rev2006,%20CD005966.pdf)

Abstract: Background A malaria vaccine is badly needed. SPf66 was one of the earliest vaccines developed. It is a synthetic peptide vaccine containing antigens from the blood stages of malaria linked together with an antigen from the sporozoite stage, and is targeted mainly against the blood (asexual) stages. Objectives To assess the effect of SPf66 malaria vaccines against Plasmodium falciparum, P. vivax, P. malariae, and P. ovale in preventing infection, disease, and death. Search strategy We searched the Cochrane Infectious Diseases Group Specialized Register (September 2005), CENTRAL (The Cochrane Library 2005, Issue 3), MEDLINE (1966 to September 2005), EMBASE (1980 to September 2005), LILACS (1982 to September 2005), Science Citation Index (1981 to September 2005), and reference lists of articles. We also contacted organizations and researchers in the field. Selection criteria Randomized and quasi-randomized controlled trials comparing SPf66 vaccine with placebo or routine antimalarial control measures in people of any age receiving an artificial challenge or natural exposure to malaria infection (any species). Data collection and analysis Two people independently assessed trial quality and extracted data, including adverse events. Results were expressed as relative risks (RR) with 95% confidence intervals (CI). Main results Ten efficacy trials of SPf66 involving 9698 participants were included. Results with SPf66 in reducing new episodes of P. falciparum malaria were heterogeneous: it was not effective in four African trials (RR 0.98, 95% CI 0.90 to 1.07; 2371 participants) or in one Asian trial (RR 1.06, 95% CI 0.90 to 1.25; 1221 participants). In four trials in South America the number of first attacks with P. falciparum was reduced by 28% (RR 0.72, 95% CI 0.63 to 0.82; 3807 participants). It did not reduce episodes of P. vivax malaria or admission to hospital with severe malaria. Trials have not indicated any serious adverse events with SPf66 vaccine. Authors’ conclusions There is no evidence for protection by SPf66 vaccines against P. falciparum in Africa. There is a modest reduction in attacks of P. falciparum malaria following vaccination with SPf66 in South America. There is no justification for further trials of SPf66 in its current formulation. Further research with SPf66 vaccines in South America or with new formulations of SPf66 may be justified.

Keywords: Africa, Citation, Confidence Intervals, Control, Efficacy, Efficacy Trial, Embase, Field Trial, Follow-Up, Gambian Infants, Global Distribution, Hospital, Immune-Responses, MEDLINE, Pilot Safety, Plasmodium-Falciparum Malaria, Research, Science, Science Citation Index, Search Strategy, Strategy, Synthetic Vaccine, Tanzanian Children, Vaccination, Vaccine

? Long, V., Chen, S. and Hatt, S. (2006), Surgical interventions for bilateral congenital cataract. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD003171.

Full Text: [2006\Coc Dat Sys Rev2006, CD003171.pdf](2006\Coc%20Dat%20Sys%20Rev2006,%20CD003171.pdf)

Abstract: Background Congenital cataracts are opacities of the lens in one or both eyes of children that cause a reduction in vision severe enough to require surgery. Cataract is the largest treatable cause of visual loss in childhood. Paediatric cataracts provide different challenges to those in adults. Intense inflammation, amblyopia and posterior capsule opacification can affect results of treatment. Two treatments commonly considered for congenital cataract are lensectomy and lens aspiration. Objectives The objective of this review was to assess the effects of surgical treatments for bilateral symmetrical congenital cataracts. Success was measured according to the vision attained and occurrence of adverse events. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) on The Cochane Library, which contains the Cochrane Eyes and Vision Group Trials Register (2005, Issue 2), MEDLINE (1966 to June 2005), EMBASE (1980 to June 2005, week 27), LILACS (6 July 2005), the Science Citation Index and the reference list of the included studies. We also contacted trial investigators and experts in the field for details of further studies. Selection criteria We included all prospective, randomised controlled trials that compared one type of cataract surgery to another, or to no surgery, in children with bilateral congenital cataracts aged 15 years or younger. Data collection and analysis Two authors extracted data. No meta-analysis was performed. Main results Four trials met the inclusion criteria. All trials were concerned with reducing the development of visual axis opacification (VAO). This was achieved with techniques that included an anterior vitrectomy or optic capture. Posterior capsulotomy alone was inadequate except in older children. Authors’ conclusions Evidence exists for the care of children with congenital or developmental bilateral cataracts to reduce the occurrence of visual axis opacification. Further randomised trials are required to inform modern practice about other concerns including the timing of surgery, age for implantation of an intraocular lens and development of long-term complications such as glaucoma and retinal detachment.

Keywords: Anterior Vitrectomy, Aspiration, Authors, Capsulorhexis, Cataract, Childhood, Children, Citation, Clinical-Trial, Criteria, Development, Evidence, Intraocular-Lens Implantation, Lensectomy, MEDLINE, Meta-Analysis, Occurrence, Optic Capture, Posterior Capsule Opacification, Reduction, Review, Science, Science Citation Index, Surgery, Techniques, Treatment

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Full Text: [2006\Coc Dat Sys Rev2006, CD004641.pdf](2006\Coc%20Dat%20Sys%20Rev2006,%20CD004641.pdf)

Abstract: Background Epidemiological evidence on the effects of potassium on blood pressure is inconsistent. Objectives To evaluate the effects of potassium supplementation on health outcomes and blood pressure in people with elevated blood pressure. Search strategy We searched the Cochrane Library, MEDLINE, EMBASE, Science Citation Index, ISI Proceedings, ClinicalTrials.gov, Current Controlled Trials, CAB abstracts, and reference lists of systematic reviews, meta-analyses and randomised controlled trials (RCTs) included in the review. Selection criteria Inclusion criteria were: 1) RCTs of a parallel or crossover design comparing oral potassium supplements with placebo, no treatment, or usual care; 2) treatment and follow-up >= 8 weeks; 3) participants over 18 years, with raised systolic blood pressure (SBP) >= 140 mmHg or diastolic blood pressure (DBP) >=85 mmHg); 4) SBP and DBP reported at end of follow-up. We excluded trials where: participants were pregnant; received antihypertensive medication which changed during the study; or potassium supplementation was combined with other interventions. Data collection and analysis Two reviewers independently extracted data and assessed trial quality. Disagreements were resolved by discussion or a third reviewer. Random effects meta-analyses and sensitivity analyses were conducted. Main results Six RCT’s (n = 483), with eight to 16 weeks follow-up, met our inclusion criteria. Meta-analysis of five trials (n = 425) with adequate data indicated that potassium supplementation compared to control resulted in a large but statistically non-significant reductions in SBP (mean difference: - 11.2, 95% CI: - 25.2 to 2.7) and DBP (mean difference: - 5.0, 95% CI: - 12.5 to 2.4). The substantial heterogeneity between trials was not explained by potassium dose, quality of trials or baseline blood pressure. Excluding one trial in an African population with very high baseline blood pressure resulted in smaller overall reductions in blood pressure (SBP mean difference: -3.9, 95% CI: -8.6 to 0.8; DBP mean difference: - 1.5, 95% CI: - 6.2 to 3.1). Further sensitivity analysis restricted to two high quality trials (n = 138) also found non-significant reductions in blood pressure (SBP mean difference: - 7.1, 95% CI: - 19.9 to 5.7; DBP mean difference: - 5.5, 95% CI: - 14.5 to 3.5). Authors’ conclusions This systematic review found no statistically significant effect of potassium supplementation on blood pressure. Because of the small number of participants in the two high quality trials, the short duration of follow-up, and the unexplained heterogeneity between trials, the evidence about the effect of potassium supplementation on blood pressure is not conclusive. Further high quality RCTs of longer duration are required to clarify whether potassium supplementation can reduce blood pressure and improve health outcomes.

Keywords: Antihypertensive Medication, Arterial-Hypertension, Blood-Pressure Response, Citation, Clinical-Trials, Control, Double-Blind, Embase, Health Outcomes, Interventions, MEDLINE, Meta-Analysis, Mild Essential-Hypertension, Moderate Sodium Restriction, Normotensive Women, Oral Potassium, Outcomes, Placebo-Controlled Trial, Pressure, Primary, Review, Science, Science Citation Index, Search Strategy, Strategy, Systematic Review, Systematic Reviews

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Full Text: 2006\Coc Dat Sys Rev2006, CD005207.pdf

Abstract: Background Colony stimulating factors (CSFs), also called haematopoietic growth factors, regulate bone marrow production of circulating red and white cells, and platelets. They have been shown to be neuroprotective in experimental stroke. Some CSFs also mobilise the release of bone marrow stem cells into the circulation. Objectives We systematically assessed the effects of CSFs on functional outcome and haematology measures in patients with acute or subacute stroke enrolled into randomised controlled trials. Search strategy We searched the Cochrane Stroke Group Trials Register (last searched February 2005), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue 3, 2005), MEDLINE (1985 to March 2006), EMBASE (1985 to November 2005), and Science Citation Index (1985 to November 2005). In an attempt to identify further published, unpublished and ongoing trials we contacted manufacturers and principal investigators of trials (last contacted 2005). We also searched reference lists of relevant articles and reviews. Selection criteria Unconfounded randomised controlled trials recruiting patients with acute or subacute ischaemic or haemorrhagic stroke were included. CSFs included stem cell factor (SCF), erythropoietin (EPO), granulocyte colony stimulating factor (G-CSF), granulocyte-macrophage colony stimulating factor (GM-CSF), macrophage-colony stimulating factor (M-CSF, CSF-1), and thrombopoietin (TPO), or analogues of these. The primary outcome was functional outcome (assessed as combined death or disability and dependency using scales such as the modified Rankin Scale or Barthel Index) at the end of the trial. Secondary outcomes included safety at the end of treatment (death, impairment, deterioration, extension or recurrence), death at the end of follow up, and haematology measures (blood counts at or around day seven after treatment commenced). Data collection and analysis Data on measures by intention to treat (where available) were collected and analysed as dichotomous or continuous outcomes, as relevant, using random-effects models. Heterogeneity was assessed. Main results No large trials were identified. EPO therapy was associated with a non-significant reduction in neurological impairment in one small trial (n = 40 participants) but had no significant effect on haematological measures. Further small trials of EPO and G-CSF are ongoing. Authors’ conclusions No large trials of EPO, G-CSF or other colony stimulating factors have been performed and it is too early to know whether CSFs improve functional outcome.

Keywords: Analysis, Arteriogenesis, Blood, Bone, Bone Marrow, Bone Marrow Stem Cells, Bone-Marrow, Citation, Collection, Criteria, Cytokine, Data Collection, Death, Dependency, Disability, Effects, Embase, Erythropoietin, Experimental, Focal Cerebral-Ischemia, Follow-Up, G-Csf, Granulocyte, Growth, Growth Factors, In-Vivo, MEDLINE, Mobilization, Models, Modified, Neurogenesis, Neurological, Outcome, Outcomes, Patients, Platelets, Primary, Randomised, Randomised Controlled Trials, Recurrence, Reduction, Reference, Reference Lists, Release, Reviews, Safety, Scale, Scales, Science, Science Citation Index, Search, Small, Stem Cell, Stem Cell Factor, Stem Cells, Stem-Cells, Strategy, Stroke, Therapy, Treatment, Trial

? Friedman, D.S. and Vedula, S.S. (2006), Lens extraction for chronic angle-closure glaucoma. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD005555.

Full Text: [2006\Coc Dat Sys Rev2006, CD005555.pdf](2006\Coc%20Dat%20Sys%20Rev2006,%20CD005555.pdf)

Abstract: Background Angle-closure glaucoma is characterized by obstruction to the outflow of aqueous humor and consequent rise in intraocular pressure. The obstruction may result from an anatomical predisposition of the eye or may be due to pathophysiologic processes in any part of the eye. The former is considered the primary form and the latter a secondary form of angle closure. Relative pupillary block obstructing free flow of aqueous from the posterior chamber of the eye to the anterior chamber is considered to be the most common mechanism of angle closure. Crowding of the angle is another mechanism, which of ten coexists with pupillary block. This can result from ananterior placement of the lens due to an increase in the thickness of the lens (as occurs with aging), anterior displacement by a posterior force (for example choroidal effusion), or laxity of the zonules. Objectives The objective of this review was to assess the effectiveness of lens extraction for chronic primary angle-closure glaucoma compared with other interventions for the condition in people without past history of acute-angle closure attacks. Search strategy We searched CENTRAL (2005, Issue 3), MEDLINE (1950 to April 2006), EMBASE (1980 to April 2006), and LILACS (to August 2005). We searched the reference lists of included studies and used the Science Citation Index database. Selection criteria In the absence of any randomized trials we included non-randomized studies comparing lens extraction with other treatment modalities for chronic primary angle-closure glaucoma including, but not limited to, laser iridotomy, medications, and laser iridoplasty. We excluded studies with a case-series design. Data collection and analysis Two authors independently extracted data on methodological quality of the included studies, outcomes for the review, and study characteristics including participant characteristics, interventions, and sources of funding. Differences were resolved through discussion. Main results We found no randomized trials evaluating the effects of lens extraction as a treatment for chronic primary angle-closure glaucoma. Two non-randomized comparative studies included in the review have several methodological flaws including selection bias. While these studies and other non-comparative studies provide information on biological plausibility and treatment effect they do not provide proof of effectiveness. Also, they do not address the question of how primary lens extraction compares with other treatments for chronic primary angle-closure glaucoma. Authors’ conclusions There is no evidence from good quality randomized trials or non-randomized studies of the effectiveness of lens extraction for chronic primary angle-closure glaucoma.

Keywords: Aging, Aqueous, Authors, Bias, Case Series, Characteristics, Chronic, Citation, Configuration, Criteria, Database, Disease, Effectiveness, Extracapsular Cataract-Extraction, Eyes, Funding, History, Implantation, Intraocular-Pressure, Mechanism, MEDLINE, Outcomes, Phacoemulsification, Placement, Population, Primary, Review, Science, Science Citation Index, Selection, Singapore, Surgery, Treatment

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Full Text: [2006\Coc Dat Sys Rev2006, CD001865.pdf](2006\Coc%20Dat%20Sys%20Rev2006,%20CD001865.pdf)

Abstract: Background There is a trend towards greater patient involvement in healthcare decisions. Adequate discussion of the risks and benefits associated with different choices is often required if involvement is to be genuine and effective. Achieving both the adequate involvement of consumers and informed decision making are now seen as important goals for any screening programme. Personalised risk estimates have been shown to be effective methods of risk communication in general, but the effectiveness of different strategies has not previously been examined. Objectives To assess the effects of different types of personalised risk communication for consumers making decisions about taking screening tests. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue 4, 2004), MEDLINE (1985 to December 2005), EMBASE (1985 to December 2005), CINAHL (1985 to December 2005), and PsycINFO (1989 to December 2005). Follow-up searches involved hand searching Preventive Medicine, citation searches on seven authors, and searching reference lists of articles. For the original version of this review (Edwards 2003c) we also searched CancerLit (1985 to 2001) and Science Citation Index Expanded (searched March 2002). Selection criteria Randomised controlled trials addressing the decision by consumers of whether or not to undergo screening, incorporating an intervention with a ‘personalised risk communication element’ and reporting cognitive, affective, or behavioural outcomes. A ‘personalised risk communication element’ is based on the individual’s own risk factors for a condition (such as age or family history). It may be calculated from an individual’s risk factors using formulae derived from epidemiological data, and presented as an absolute or relative risk or as a risk score, or it may be categorised into, for example, high, medium or low risk groups. It may be less detailed still, involving a listing, for example, of a consumer’s risk factors as a focus for discussion and intervention. Data collection and analysis Two authors independently assessed each trial for quality and extracted data. We extracted data about the nature and setting of the intervention, and relevant outcome data, along with items relating to methodological quality. We then used standard statistical methods of the Consumers and Communication Review Group to combine data using MetaView, including analysis according to different levels of detail of personalised risk communication, different condition for screening, and studies based only on high risk participants rather than people at ‘average’ risk. Main results Twenty-two studies were included, nine of which were added in the 2006 update of this review. There was weak evidence, consistent with a small effect, that personalised risk communication (whether written, spoken or visually presented) increases uptake of screening tests (odds ratio (OR) 1.31 (random effects, 95% confidence interval (CI) 0.98 to 1.77). In three studies the interventions showed a trend towards more accurate risk perception (OR 1.65 (95% CI 0.96 to 2.81), and three other trials with heterogenous outcome measures showed improvements in knowledge with personalised risk interventions. There was little other evidence from these studies that the interventions promoted or achieved informed decision making by consumers about participation in screening. More detailed personalised risk communication may be associated with a smaller increase in uptake of tests. That is, for personalised risk communication which used and presented numerical calculations of risk, the OR for test uptake was 0.82 (95% CI 0.65 to 1.03). For risk estimates or calculations which were categorised into high, medium or low strata of risk, the OR was 1.42 (95% CI 1.07 to 1.89). For risk communication that simply listed personal risk factors the OR was 1.42 (95% CI 0.95 to 2.12). Over half of the included studies assessed interventions in the context of mammography. These studies showed similar effects to the overall dataset. The five studies examining risk communication in high risk individuals (individuals at higher risk due to, for example, a family history of breast cancer or other conditions) showed larger odds ratios for uptake of tests than the other studies (random effects OR 1.74; 95% CI 1.05 to 2.88). There were insufficient data from the included studies to report odds ratios on other key outcomes such as: intention to take tests, anxiety, satisfaction with decisions, decisional conflict, knowledge and resource use. Authors’ conclusions Personalised risk communication (as currently implemented in the included studies) may have a small effect on increasing uptake of screening tests, and there is only limited evidence that the interventions have promoted or achieved informed decision making by consumers.

Keywords: African-American Women, Authors, Breast Cancer, Breast-Cancer Risk, Cancer, Cervical-Cancer, Citation, Colorectal-Cancer, Communication, Decision Making, Decision-Making, Embase, Health-Care, History, Intervention, Interventions, Involvement, Low-Income, Mammography Use, MEDLINE, Outcomes, Perception, Public-Health, Randomized-Trial, Review, Risk Factors, Risk Groups, Science, Science Citation Index, Screening, Search Strategy, Statistical, Statistical Methods, Strategy, Tailored Interventions, Trend

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Full Text: [2006\Coc Dat Sys Rev2006, CD003727.pdf](2006\Coc%20Dat%20Sys%20Rev2006,%20CD003727.pdf)

Abstract: Background Neuroleptic-induced akathisia is one of the most common and distressing early-onset adverse effects of first generation ‘typical’ antipsychotic drugs. It is associated with poor compliance with treatment, and thus, ultimately, with an increased risk of relapse. We assessed the role of anticholinergic drugs as an adjunct therapy to standard antipsychotic medication in the pharmacological treatment of this adverse effect. Objectives To review anticholinergic drugs for neuroleptic-induced acute akathisia. Search strategy We searched the Cochrane Schizophrenia Group’s Register (October 1999), Biological Abstracts (1982-1999), CINAHL (1982-1999), Cochrane Library (Issue 4 1999), EMBASE (1980-1999), LILACS (1982-1999), MEDLINE (1966-1999) and PsycLIT (1974-1999). References of all identified studies were inspected for more trials and we contacted first authors. Each included study was sought as a citation on the Science Citation Index database. For this 2005-6 update, we searched the Cochrane Schizophrenia Group’s Register (July 2005). Selection criteria We included all randomised clinical trials of adjunctive anticholinergic drugs in addition to antipsychotic medication compared with placebo, for people with neuroleptic-induced acute akathisia. Data collection and analysis We quality assessed and extracted data independently. We calculated the fixed effects relative risk (RR), the 95% confidence intervals (CI) and, where appropriate, the number needed to treat (NNT) for homogeneous dichotomous data on an intention-to-treat basis. For continuous data, we calculated weighted mean differences (WMD). Main results We identified no relevant randomised controlled trials. Authors’ conclusions At present, there is no reliable evidence to support or refute the use of anticholinergics for people suffering from neuroleptic-induced acute akathisia. Akathisia is a distressing movement disorder that remains highly prevalent in people with schizophrenia, both in the developed and developing world. This review highlights the need for well designed, conducted and reported clinical trials to address the claims of open studies as regards the effects of the anticholinergic group of drugs for akathisia.

Keywords: Authors, Benztropine, Bias, Citation, Database, Disorder, Drugs, MEDLINE, Metaanalysis, Propranolol, Quality, Randomized Trials, Review, Schizophrenia, Science Citation Index, Statistics Notes, Treatment

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Full Text: [2006\Coc Dat Sys Rev2006, CD006019.pdf](2006\Coc%20Dat%20Sys%20Rev2006,%20CD006019.pdf)

Abstract: Background Hormone therapy for early prostate cancer has demonstrated an improvement in clinical and pathological variables, but not always an improvement in overall survival. We performed a systematic review of both adjuvant and neo-adjuvant hormone therapy combined with surgery or radiotherapy in localised or locally advanced prostate cancer. Objectives The objective of this review was to undertake a systematic review and, if possible, a meta-analysis of neo-adjuvant and adjuvant hormone therapy in localised or locally advanced prostate cancer. Search strategy We searched MEDLINE (1966-2006), EMBASE, The Cochrane Library, Science Citation Index, LILACS, and SIGLE for relevant randomised trials. Handsearching of appropriate publications was also undertaken. Selection criteria Randomised or quasi-randomised controlled trials of patients with localised or locally advanced prostate cancer, that is, stages T1-T4, any N, M0, comparing neo-adjuvant or adjuvant hormonal deprivation in combination with primary therapy (radical radiotherapy or radical prostatectomy) versus primary therapy alone were included in this review. Data collection and analysis Data were extracted from eligible studies and assessed for quality, and included information on study design, participants, interventions, and outcomes. Comparable data were pooled together for meta-analysis with intention-to treat principle. Main results Men with prostate cancer have different clinical outcomes based on their risk (T1 - T2, T3 - T4, PSA levels and Gleason score). However, the majority of studies included in this review did not report results by risk groups; therefore, it was not possible to perform sub-group analysis. Neo-adjuvant hormonal therapy prior to prostatectomy did not improve overall survival (OR 1.11, 95% CI 0.67 to 1.85, P = 0.69). However, there was a significant reduction in the positive surgical margin rate (OR 0.34, 95% CI 0.27 to 0.42, P < 0.00001) and a significant improvement in other pathological variables such as lymph node involvement, pathological staging and organ confined rates. There was a borderline significant reduction of disease recurrence rates (OR 0.74, 95% CI 0.55 to 1.0, P = 0.05), in favour of treatment. The use of longer duration of neo-adjuvant hormones, that is either 6 or 8 months prior to prostatectomy, was associated with a significant reduction in positive surgical margins (OR 0.56, 95% CI 0.39 to 0.80, P = 0.002). In one study, neo-adjuvant hormones prior to radiotherapy significantly improved overall survival for Gleason 2 to 6 patients; although, in two studies, there was no improvement in disease-specific survival (OR 0.99, 95% CI 0.75 to 1.32, P = 0.97). However, there was a significant improvement in both clinical disease-free survival (OR 1.86, 95% CI 1.93 to 2.40, P < 0.00001) and biochemical disease-free survival (OR 1.93, 95% CI 1.45 to 2.56, P < 0.00001). Adjuvant androgen deprivation following prostatectomy did not significantly improve overall survival at 5 years (OR 1.50, 95% CI 0.79 to 2.85, P = 0.2); although one study reported a significant disease-specific survival advantage with adjuvant therapy (P = 0.001). In addition, there was a significant improvement in disease-free survival at both 5 years (OR 3.73, 95% CI 2.30 to 6.03, P < 0.00001) and 10 years (OR 2.06, 95% CI 1.34 to 3.15, P = 0.0009). Adjuvant therapy following radiotherapy resulted in a significant overall survival gain apparent at 5 (OR 1.46, 95% CI 1.17 to 1.83, P = 0.0009) and 10 years (OR 1.44, 95% CI 1.13 to 1.84, P = 0.003); although there was significant heterogeneity (P = 0.09 and P = 0.07, respectively). There was also a significant improvement in disease-specific survival (OR 2.10, 95% CI 1.53 to 2.88, P = 0.00001) and disease-free survival (OR 2.53, 95% CI 2.05 to 3.12, P < 0.00001) at 5 years. Authors’ conclusions Hormone therapy combined with either prostatectomy or radiotherapy is associated with significant clinical benefits in patients with local or locally advanced prostate cancer. Significant local control may be achieved when given prior to prostatectomy or radiotherapy, which may improve patient’s quality of life. When given adjuvant to these primary therapies, hormone therapy, not only provides a method for local control, but there is also evidence for a significant survival advantage. However, hormone therapy is associated with significant side effects, such as hot flushes and gynaecomastia, as well as cost implications. The decision to use hormone therapy should, therefore, be taken at a local level, between the patient, clinician and policy maker, taking into account the clinical benefits, toxicity and cost. More research is needed to guide the choice, the duration, and the schedule of hormonal deprivation therapy, and the impact of long-term hormone therapy with regard to toxicity and the patient’s quality of life.

Keywords: Adjuvant, Authors, Beam Radiation-Therapy, Bicalutamide 150 Mg, Cancer, Citation, Combined Androgen Blockade, Comparing Radical Prostatectomy, Criteria, Groups, Heterogeneity, Hormones, Impact, Local, Median Follow-up, MEDLINE, Meta-Analysis, Outcomes, Phase-III Trial, Positive, Primary, Prospective Randomized-Trial, Publications, Reduction, Research, Resection Margin Status, Review, Risk, Science, Science Citation Index, Study Design, Suppression Plus Radiation, Surgery, Systematic Review, Therapy, Toxicity, Treatment, Unfavorable-Prognosis Carcinoma

? Zachos, M., Tondeur, M. and Griffiths, A.M. (2007), Enteral nutritional therapy for induction of remission in Crohn’s disease. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD000542.

Full Text: [2007\Coc Dat Sys Rev2007, CD000542.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD000542.pdf)

Abstract: Background The role of enteral nutrition in Crohn’s disease is controversial. Increasing research on the mechanisms by which nutritional therapy improves the clinical well being of patients with Crohn’s disease has led to novel formula design and trials comparing two different forms of enteral nutrition. This meta-analysis aims to provide an update on the existing effectiveness data for both corticosteroids versus enteral nutrition and for one form of enteral nutrition versus another for inducing remission of active Crohn’s disease.

Objectives To evaluate the effectiveness of exclusive enteral nutrition (EN) as primary therapy to induce remission in Crohn’s disease and to examine the importance of formula composition on effectiveness.

Search strategy Studies were selected using a computer-assisted search of the on-line bibliographic databases MEDLINE (1966-2006) and EMBASE (1984-2006), as well as the Science Citation Index on Web of Science. Additional citations were sought by manual search of references of articles retrieved from the computerized search, abstracts submitted to major gastroenterologic meetings and published in the journals: American Journal of Gastroenterology, Gut, Gastroenterology, Journal of Pediatric Gastroenterology and Nutrition, and Journal of Parenteral and Enteral Nutrition, and from the reviewers’ personal files or contact with leaders in the field.

Selection criteria All randomized and quasi-randomized controlled trials involving patients with active Crohn’s disease defined by a clinical disease activity index were considered for review. Studies evaluating the administration of one type of enteral nutrition to one group of patients and another type of enteral nutrition or conventional corticosteroids to the other group were selected for review.

Data collection and analysis Data were extracted independently by two authors and any discrepancies were resolved by rereading and discussion. For the dichotomous variable, achievement of remission, individual and pooled trial statistics were calculated as odds ratios (OR) with 95% confidence intervals (CI); both fixed and random effect models were used. The results for each analysis were tested for heterogeneity using the chi square statistic. The studies were separated into two groups: A. one form of enteral nutrition compared with another form of enteral nutrition and B. one form of enteral nutrition compared with corticosteroids. Subgroup analyses were conducted on the basis of clinical or disease criteria and formula composition. Sensitivity analyses were conducted on the basis of the inclusion of abstract publications, methodologic quality and by random or fixed effects models.

Main results In part A, of the 15 included eligible trials (one abstract) comparing different formulations of EN for the treatment of active CD, 11 compared one (or more) elemental formula to a non-elemental one, three compared enteral diets of similar protein composition but different fat composition, and one compared non-elemental diets differing only in glutamine enrichment. Meta-analysis of ten trials comprising 334 patients demonstrated no difference in the efficacy of elemental versus non-elemental formulas (OR 1.10; 95% CI 0.69 to 1.75). Subgroup analyses performed to evaluate the different types of elemental and non-elemental diets (elemental, semi-elemental and polymeric) showed no statistically significant differences. Further analysis of seven trials including 209 patients treated with EN formulas of differing fat content (low fat: < 20 g/ 1000 kCal versus high fat: > 20 g/ 1000 kCal) demonstrated no statistically significant difference in efficacy (OR 1.13; 95% CI 0.63 to 2.01). Similarly, the effect of very low fat content (< 3 g/ 1000 kCal) or type of fat (long chain triglycerides) were investigated, but did not demonstrate a difference in efficacy in the treatment of active CD, although a non significant trend was demonstrated favoring very low fat and very low long chain triglyceride content. This result should be interpreted with caution due to statistically significant heterogeneity and small sample size. Sensitivity analyses had no significant effects on the results. The role of specific fatty acids or disease characteristics on response to therapy could not be evaluated. In part B, eight trials (including two abstracts) comparing enteral nutrition to steroid therapy met the inclusion criteria for review. Meta-analysis of six trials that included 192 patients treated with enteral nutrition and 160 treated with steroids yielded a pooled OR of 0.33 favouring steroid therapy (95% CI 0.21 to 0.53). A sensitivity analysis including the abstracts resulted in an increase in the number of participants to 212 in the enteral nutrition group and 179 in the steroid group but the meta-analysis yielded a similar result (OR 0.36; 95% CI 0.23 to 0.56). There were inadequate data from full publications to perform further subgroup analyses by age, disease duration and disease location.

Authors’ conclusions Corticosteroid therapy is more effective than enteral nutrition for inducing remission of active Crohn’s disease as was found in previous systematic reviews. Protein composition does not influence the effectiveness of EN in the treatment of active CD. A non significant trend favouring very low fat and/or very low long chain triglyceride content exists but larger trials are required to explore the significance of this finding.

Keywords: Randomized Controlled-Trial, Inflammatory-Bowel-Disease, Defined-Formula Diet, Elemental Diet, Polymeric Diet, Clinical-Trials, Prednisolone, Children, Corticosteroids, Metaanalysis

? Jeffery, M., Hickey, B.E. and Hider, P.N. (2007), Follow-up strategies for patients treated for non-metastatic colorectal cancer. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD002200.

Full Text: [2007\Coc Dat Sys Rev2007, CD002200.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD002200.pdf)

Abstract: Background It is common clinical practice to follow patients with colorectal cancer (CRC) for several years following their definitive surgery and/or adjuvant therapy. Despite this widespread practice there is considerable controversy about how often patients should be seen, what tests should be performed and whether these varying strategies have any significant impact on patient outcomes. Objectives To review the available evidence concerning the benefits of intensive follow up of colorectal cancer patients with respect to survival. Secondary endpoints include time to diagnosis of recurrence, quality of life and the harms and costs of surveillance and investigations. Search strategy Relevant trials were identified by electronic searches of MEDLINE, EMBASE, CINAHL, CANCERLIT, Cochrane Controlled Trials Register, Science Citation Index, conference proceedings, trial registers, reference lists and contact with experts in the field. Selection criteria Only randomised controlled trials comparing different follow-up strategies for patients with non-metastatic CRC treated with curative intent were included. Data collection and analysis Trial eligibility and methodological quality were assessed independently by the three authors. Main results Eight studies were included in this update of the review. There was evidence that an overall survival benefit at five years exists for patients undergoing more intensive follow up OR was 0.73 (95% CI 0.59 to 0.91); and RD -0.06 (95% CI -0.11 to -0.02). The absolute number of recurrences was similar; OR was 0.91 (95% CI 0.75 to 1.10); and RD -0.02 (95% CI -0.06 to 0.02) and although the weighted mean difference for the time to recurrence was significantly reduced by -6.75 (95% CI -11.06 to -2.44) there was significant heterogeneity between the studies. Analyses demonstrated a mortality benefit for performing more tests versus fewer tests OR was 0.64 (95% CI 0.49 to 0.85), and RD -0.09 (95% CI -0.14 to -0.03) and liver imaging versus no liver imaging OR was 0.64 (95% CI 0.49 to 0.85), and RD -0.09 (95% CI -0.14 to -0.03). There were significantly more curative surgical procedures attempted in the intensively followed arm: OR 2.41(95%CI 1.63 to 3.54), RD 0.06 (95% CI 0.04 to 0.09). No useful data on quality of life, harms or cost-effectiveness were available for further analysis. Authors’ conclusions The results of our review suggest that there is an overall survival benefit for intensifying the follow up of patients after curative surgery for colorectal cancer. Because of the wide variation in the follow-up programmes used in the included studies it is not possible to infer from the data the best combination and frequency of clinic (or family practice) visits, blood tests, endoscopic procedures and radiological investigations to maximise the outcomes for these patients. Nor is it possible to estimate the potential harms or costs of intensifying follow up for these patients in order to adopt a cost-effective approach in this clinical area. Large clinical trials underway or about to commence are likely to contribute valuable further information to clarify these areas of clinical uncertainty.

Keywords: Authors, Cancer, Carcinoembryonic Antigen, Carcinoma, Citation, Clinical Trials, Colon-Cancer, Cost Effectiveness, Costs, Criteria, Curative Resection, Diagnosis, Heterogeneity, Impact, MEDLINE, Outcomes, Quality-of-Life, Radical Surgery, Randomized Controlled-Trial, Rectal-Surgeons, Review, Science, Science Citation Index, Surgery, Surveillance Program, Survival, Therapy, Uncertainty

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Full Text: [2007\Coc Dat Sys Rev2007, CD005164.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD005164.pdf)

Abstract: Backgound Benign liver tumours (haemangioma, focal nodular hyperplasia, and hepatic adenoma) have different prevalence and prognosis. Spontaneous rupture and malignant transformation can complicate hepatic adenoma. Elective surgery is controversial, and indications are represented by uncertain diagnosis, presence of symptoms, and prevention of major complications. Objectives To assess the beneficial and harmful effects of elective surgery of benign liver tumours. We identified 31 cases series. These were small (with less than 60 participants) and the types of tumours mixed. These studies reported no significant mortality, but in the six studies with mortality it ranged from 1% to 17%. Search strategy The Cochrane Hepato-Biliary Group Controlled Trials Register and the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library (searches in Issue 1, 2006), MEDLINE, EMBASE, Cancer Lit, and Science Citation Index Expanded (SCI-EXPANDED) (searched December 2005). A further search included the proceedings of major hepatological and surgical congresses (Annual Meetings of the American Association for the Study of the Liver (AASLD) and European Association for the Study of the Liver (EASL)), and examination of the references of relevant papers and reference lists of the identified studies. Selection criteria Randomised clinical trials in adult patients with benign liver tumours without indications for emergency surgery in which elective surgery (resection) versus no intervention or sham operation are compared. Data collection and analysis All trials identified through searches were evaluated for eligibility for inclusion. We intended to extract relevant data in order to analyse the outcomes as per our published protocol using intention-to-treat analysis. Main results We could not identify any randomised clinical trials. Authors’ conclusions We were unable to find evidence supporting or refuting elective surgery for patients with benign liver tumours. We need large, longterm randomised clinical trials with adequate methodology to assess the bene fi ts and harms of elective surgery.

Keywords: Authors, Cancer, Cavernous Hemangiomas, Citation, Clinical Trials, Clinical-Trials, Criteria, Diagnosis, Differential-Diagnosis, Focal Nodular Hyperplasia, Hepatic Hemangioma, Hepatocellular Adenoma, Intervention, Management, MEDLINE, Methodology, Oral-Contraceptive Use, Outcomes, Prevalence, Prognosis, Randomized-Trials, Science, Science Citation Index, Surgery, Surgical-Treatment

? GurUSAmy, K.S. and Samraj, K. (2007), Wound drains after incisional hernia repair. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD005570.

Full Text: [2007\Coc Dat Sys Rev2007, CD005570.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD005570.pdf)

Abstract: Incisional hernias are caused by the failure of the wall of the abdomen to close after abdominal surgery, leaving a hole through which the viscera protrude. Incisional hernias are repaired by further surgery. Surgical drains are frequently inserted during hernia repair with the aim of facilitating fluid drainage and preventing complications. Traditional teaching has recommended the use of drains after incisional hernia repair other than for laparoscopic ventral hernia repair. More than 50% of open mesh repairs of ventral hernias have drains inserted. However, there is uncertainty as to whether drains are associated with benefits or harms to the patient. To determine the effects on wound infection and other outcomes, of inserting a wound drain during surgery to repair incisional hernias, and, if possible, to determine the comparative effects of different types of wound drain after incisional hernia repair. We searched the Cochrane Wounds Group Specialised Register (last searched March 2006), the Cochrane Central Register of Controlled Trials (CENTRAL)(The Cochrane Library Issue 1, 2006), EMBASE (1974 to March 2006), PUBMED (1951 to March 2006), and Science Citation Index Expanded (1974 to March 2006). We also searched the meta-register of controlled trials. We considered all randomised trials performed in adult patients who underwent incisional hernia repair and that compared using a drain with no drain. We also considered trials that compared different types of drain. We extracted data on the characteristics of the trial, methodological quality of the trials, outcomes (e.g. infection and other wound complications) from each trial. For each outcome we calculated the risk ratio (RR) with 95% confidence intervals (CI) and based on intention-to-treat analysis. Only one trial was eligible for inclusion in the review with a total of 24 patients randomised to an electrified drain (12 patients) compared with a corrugated drain (12 patients). There were no statistically significant differences between the groups for any of the outcomes (a variety of measures of infection). There is insufficient evidence to determine whether wound drains after incisional hernia repair are associated with better or worse outcomes than no drains.

Keywords: Characteristics, Citation, Complications, Drainage, Groups, Mesh, Outcomes, Prevention, Review, Risk, Risk-Factors, Science, Science Citation Index, Selective Use, Seromas, Surgery, Surgical Site Infection, Thyroid-Surgery, Trials, Uncertainty, Ventral Hernias

? GurUSAmy, K.S. and Samraj, K. (2007), Primary closure versus T-tube drainage after open common bile duct exploration. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD005640.

Full Text: [2007\Coc Dat Sys Rev2007, CD005640.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD005640.pdf)

Abstract: Between 5% and 11% of people undergoing cholecystectomy have common bile duct stones. Open common bile duct exploration is an important operation when endoscopic retrograde cholangio-pancreatography fails or when expertise for laparoscopic common bile duct exploration is not available. The optimal method for performing open common bile duct exploration is unclear. The aim is to assess the benefits and harms of primary closure versus routine T-tube drainage in open common bile duct exploration for common bile duct stones. We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until January 2006. We considered for inclusion all randomised clinical trials comparing primary closure (with or without biliary stent) versus T-tube drainage after open common bile duct exploration. We collected the data on the characteristics, methodological quality, mortality, morbidity, operating time, and hospital stay from each trial. We analysed the data with both the fixed-effect and the random-effects model using RevMan Analysis. For each outcome we calculated the odds ratio (OR) with 95% confidence intervals (CI) based on intention-to-treat analysis. We included five trials with 324 patients randomised: 165 to primary closure without stent and 159 to T-tube. Three of the five trials were considered to have adequate methodological quality, but all lacked blinded outcome assessment. The primary closure group had significantly lower positive bile culture (3 trials, OR 0.22, 95% CI 0.10 to 0.45) and wound infection (5 trials, OR 0.29, 95% CI 0.15 to 0.56). When only trials with high methodological quality were included, there was no statistically significant difference in any of the outcomes except positive bile culture, which became non-significant when the random- effects model was used. The deaths of the three patients in the T-tube group were directly related to surgery and sepsis. Bile peritonitis was higher in the T-tube group (2.9%) than in the primary closure group (1%) (not statistically significant). Hospital stay was significantly longer in the T-tube group compared with the primary closure group in three of the four trials, which reported on the hospital stay. The only trial comparing primary closure with stent (37 patients) versus T-tube drainage (44 patients) did not reveal any statistically significant difference in any of the reported outcomes (mortality, re-operations, wound infection, and hospital stay). There was one case of stent migration, which could not be retrieved after two attempts of ERCP. Primary closure after common bile duct exploration seems at least as safe as T-tube drainage. We need randomised trials that assess whether stents may offer benefits.

Keywords: Assessment, Bias, Characteristics, Choledochorrhaphy, Choledochotomy, Citation, Clinical Trials, Clinical-Trials, Culture, Drainage, Laparoscopic Cholecystectomy, MEDLINE, Metaanalysis, Migration, Model, Outcomes, Positive, Primary, Quality, Randomized-Trials, Recurrent Choledocholithiasis, Science, Science Citation Index, Sphincterotomy, Surgery

? GurUSAmy, K.S. and Samraj, K. (2007), Cholecystectomy versus no cholecystectomy in patients with silent gallstones. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD006230.

Full Text: [2007\Coc Dat Sys Rev2007, CD006230.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD006230.pdf)

Abstract: Background Cholecystectomy is currently advised only for patients with symptomatic gallstones. However, about 4% of patients with asymptomatic gallstones develop symptom including cholecystitis, obstructive jaundice, pancreatitis, and gallbladder cancer. Objectives To assess the benefits and harms of surgical removal of the gallbladder for patients with asymptomatic gallstones. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until 2006 for identifying the randomised trials using The Cochrane Hepato-Biliary Group search strategy. Selection criteria Only randomised clinical trials (irrespective of language, blinding, or publication status) comparing cholecystectomy and no cholecystectomy were considered for the review. Data collection and analysis We were unable to identify any randomised clinical trials comparing cholecystectomy versus no cholecystectomy. Main results We were unable to identify any randomised clinical trial comparing cholecystectomy versus no cholecystectomy. Authors’ conclusions There are no randomised trials comparing cholecystectomy versus no cholecystectomy in patients with silent gallstones. Further evaluation of observational studies, which measure outcomes such as obstructive jaundice, gallstone-associated pancreatitis, and/or gall-bladder cancer for sufficient duration of follow-up is necessary before randomised trials a redesigned in order to evaluate whether cholecystectomy or no cholecystectomy is better for a symptomatic gallstones.

Keywords: Acute Cholecystitis, Acute-Pancreatitis, Asymptomatic Gallstones, Authors, Bile-Duct Stones, Cancer, Citation, Clinical Trials, Criteria, Evaluation, Gallbladder Cancer, Language, Laparoscopic Transcystic Management, MEDLINE, Outcomes, Porcelain Gallbladder, Publication, Randomized-Trials, Removal, Review, Science, Science Citation Index, Shock-Wave Therapy, Tert-Butyl Ether

? Wager, E. and Middleton, P. (2007), Technical editing of research reports in biomedical journals. *Cochrane Database of Systematic Reviews*, **2**, Article Number: MR000002.

Full Text: [2007\Coc Dat Sys Rev2007, MR000002.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20MR000002.pdf)

Abstract: Background Most journals try to improve their articles by technical editing processes such as proof-reading, editing to conform to ‘house styles’ and grammatical conventions. Despite the considerable resources devoted to technical editing, we do not know whether it improves the accessibility of biomedical research findings or the utility of articles. Objectives To assess the effects of technical editing on research reports in peer-reviewed biomedical journals. Search strategy We searched the Cochrane Library Issue 1, 2001, MEDLINE (last searched February 2000), 12 other databases, handsearched 9 journals and checked relevant articles for further references. We also searched the Internet and contacted researchers and experts in the field. Selection criteria Prospective or retrospective comparative studies of technical editing processes applied to original research articles in biomedical journals. Data collection and analysis Two reviewers independently assessed each study against the selection criteria and assessed the methodological quality of each study. One reviewer extracted the data, and the second reviewer repeated this. Main results We located 18 studies addressing technical editing and 35 surveys of reference accuracy. Only two of the studies were randomized controlled trials. A ‘package’ of largely unspecified editorial processes applied between acceptance and publication was associated with improved readability in two studies and improved reporting quality in another two studies, while another study showed mixed results after stricter editorial policies were introduced. More intensive editorial processes were associated with fewer errors in abstracts and references. Providing instructions to authors was associated with improved reporting of ethics requirements in one study and fewer errors in references in two studies, but no difference was seen in the quality of abstracts in one randomized controlled trial. Structuring generally improved the quality of abstracts, but increased their length. The reference accuracy studies showed a median citation error rate of 39% and a median quotation error rate of 20%. Authors’ conclusions Surprisingly few studies have evaluated the effects of technical editing rigorously. However there is some evidence that the ‘package’ of technical editing used by biomedical journals does improve papers.

Keywords: Acceptance, Accuracy, Analysis, Biomedical, Biomedical Journals, Biomedical Research, Citation, Citation Error, Clinical-Trials, Collection, Controlled Trial, Criteria, Data, Databases, Editorial Policies, Error, Error Rate, Errors, Ethics, Evidence, Experts, Field, General Surgical Journals, Internal-Medicine, Internet, Journals, Length, Medical Journals, MEDLINE, Original Research Articles, Papers, Peer-Reviewed, Policies, Publication, Quality, Quality of, Quotation, Quotation Error, Randomized, Randomized Controlled Trial, Randomized Controlled Trials, Reference, Reference Accuracy, Reference Citations, References, Reporting, Research, Selection Criteria, Structured Abstracts, Surveys, Trial, Utility

? Bath, P.M.W. and Sprigg, N. (2007), Colony stimulating factors (including erythropoietin, granulocyte colony stimulating factor and analogues) for stroke. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD005207.

Full Text: 2007\Coc Dat Sys Rev2007, CD005207.pdf

Abstract: Background Colony stimulating factors (CSFs), also called haematopoietic growth factors, regulate bone marrow production of circulating red and white cells, and platelets. They have been shown to be neuroprotective in experimental stroke. Some CSFs also mobilise the release of bone marrow stem cells into the circulation. Objectives To assess the effects of CSFs on functional outcome and haematology measures in patients with acute or subacute stroke. Search strategy We searched the Cochrane Stroke Group Trials Register (last searched November 2006), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue 2, 2006), MEDLINE (1985 to June 2006), EMBASE (1985 to June 2006), and Science Citation Index (1985 to June 2006). In an attempt to identify further published, unpublished and ongoing trials we contacted manufacturers and principal investigators of trials (last contacted 2006). We also searched reference lists of relevant articles and reviews. Selection criteria Unconfounded randomised controlled trials recruiting patients with acute or subacute ischaemic or haemorrhagic stroke were included. CSFs included stem cell factor (SCF), erythropoietin (EPO), granulocyte colony stimulating factor (G-CSF), granulocyte-macrophage colony stimulating factor (GM-CSF), macrophage-colony stimulating factor (M-CSF, CSF-1), and thrombopoietin (TPO), or analogues of these. The primary outcome was functional outcome (assessed as combined death or disability and dependency using scales such as the modified Rankin Scale or Barthel Index) at the end of the trial. Secondary outcomes included safety at the end of treatment (death, impairment, deterioration, extension or recurrence), death at the end of follow up, and haematology measures (blood counts at or around day seven after treatment commenced). Data collection and analysis Two review authors independently extracted data and assessed trial quality. Study authors were contacted for additional information. Main results No large trials were identified. EPO therapy was associated with a non-significant reduction in neurological impairment in one small trial (n = 40 participants) but had no significant effect on haematological measures. G-CSF was associated with a non-significant reduction in combined death and dependency in two small trials (n = 46 participants) although there was substantial heterogeneity in this result. G-CSF significantly elevated white cell count in three trials (n = 91). Further small trials of EPO and G-CSF are ongoing. Authors’ conclusions No large trials of EPO, G-CSF or other colony stimulating factors have been performed and it is too early to know whether CSFs improve functional outcome.

Keywords: Analysis, Arteriogenesis, Authors, Blood, Bone, Bone Marrow, Bone Marrow Stem Cells, Bone-Marrow, Citation, Collection, Criteria, Data, Data Collection, Death, Dependency, Disability, Effects, Embase, Erythropoietin, Experimental, Focal Cerebral-Ischemia, Follow-Up, Functional Recovery, G-Csf, Granulocyte, Growth, Growth Factors, Heterogeneity, In-Vivo, Information, MEDLINE, Mobilization, Modified, Neurogenesis, Neurological, Neuronal Cells, Outcome, Outcomes, Patients, Platelets, Primary, Quality, Randomised, Randomised Controlled Trials, Recurrence, Reduction, Reference, Reference Lists, Release, Review, Reviews, Safety, Scale, Scales, Science, Science Citation Index, Search, Small, Stem Cell, Stem Cell Factor, Stem Cells, Stem-Cell Factor, Strategy, Stroke, Therapy, Treatment, Trial

? GurUSAmy, K.S. and Samraj, K. (2007), Routine abdominal drainage for uncomplicated open cholecystectomy. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD006003.

Full Text: [2007\Coc Dat Sys Rev2007, CD006003.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD006003.pdf)

Abstract: Background Cholecystectomy is the removal of gallbladder and is performed mainly for symptomatic gallstones. Although laparoscopic cholecystectomy is currently preferred over open cholecystectomy for elective cholecystectomy, reports of randomised clinical trials comparing the choice of cholecystectomy (open or laparoscopic) in acute cholecystitis are still being conducted. Drainage in open cholecystectomy is a matter of considerable debate. Surgeons use drains primarily to prevent subhepatic abscess or bile peritonitis from an undrained bile leak. Critics of drain condemn drain use as it increases wound and chest infection. Objectives To assess the benefits and harms of routine abdominal drainage in uncomplicated open cholecystectomy. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until April 2006. Selection criteria We included randomised clinical trials comparing ‘no drain’ versus ‘drain’ in patients who had undergone uncomplicated open cholecystectomy (irrespective of language, publication status, and the type of drain). Randomised clinical trials comparing one drain with another were also included. Data collection and analysis We collected the data on the characteristics and methodological quality of each trial, number of abdominal collections requiring different treatments, bile peritonitis, wound infection, chest complications, and hospital stay from each trial. We analysed the data with both the fixed-effect and the random-effects models using RevMan Analysis. For each outcome, we calculated the odds ratio (OR) with 95% confidence intervals (CI) based on intention-to-treat analysis. Main results Twenty eight trials involving 3659 patients were included. There were 20 comparisons of ‘no drain’ versus ‘drain’ and 12 comparisons of one drain with another. There was no statistically significant difference in mortality, bile peritonitis, total abdominal collections, abdominal collections requiring different treatments, or infected abdominal collections. ‘No drain’ group had statistically significant lower wound infection (OR 0.61, 95% CI 0.43 to 0.87) and statistically significant lower chest infection (OR 0.59, 95% CI 0.42 to 0.84) than drain group. We found no significant differences between different types of drains. Authors’ conclusions Drains increase the harms to the patient without providing any additional benefit for patients undergoing open cholecystectomy and should be avoided in open cholecystectomy.

Keywords: Acute Cholecystitis, Authors, Characteristics, Citation, Clinical Trials, Closed-Suction, Criteria, Drainage, Elective Cholecystectomy, Language, Laparoscopic Cholecystectomy, MEDLINE, Metaanalysis, Models, Peritoneal Drainage, Publication, Quality, Randomized Clinical-Trial, Removal, Science, Science Citation Index, Subhepatic Collections, Suction Drainage

? Shelley, M., Wilt, T.J., Coles, B. and Mason, M.D. (2007), Cyrotherapy for localised prostate cancer. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD005010.

Full Text: [2007\Coc Dat Sys Rev2007, CD005010.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD005010.pdf)

Abstract: Background Prostate cancer is a common cancer in elderly men and in some will prove fatal. Standard treatments for localised disease include surgery (radical prostatectomy), radiotherapy and active monitoring. New emerging therapies are being evaluated with the aim of reducing the complication rate associated with standard therapies, as well as developing an effective treatment. One such modality is cryotherapy, a procedure that introduces probes directly into the prostate tumour and kills the malignant cells by a freezing process. Objectives This review aims to evaluate the relative clinical and economic benefits of cryotherapy compared to standard therapies for the primary treatment of localised prostate cancer. Search strategy Our search strategy included an electronic search of MEDLINE from 1996 to December 2006, plus EMBASE (Exerpta Medica Database), the Cochrane library, ISI Science Citation Index, Database of Abstracts and Reviews of Effectiveness (DARE), and LILACS to identify all relevant published randomised trials of cryotherapy for localised prostate cancer. Cancerlit (R) and HealthSTAR databases were searched to their final date. Handsearching of relevant journals was undertaken. Selection criteria Only published randomised trials comparing the effectiveness of cryotherapy with radical prostatectomy, radiotherapy or active monitoring for the primary treatment of men with localised prostate cancer were eligible for inclusion in this review. Data collection and analysis Data were extracted from eligible studies, and included study design, participants, interventions and outcomes. Primary outcome measures were biochemical disease-free survival, disease-free survival and treatment-induced complications. Secondary outcomes included disease-specific survival, overall survival, quality-of-life outcome measures and economic impact measures. Main results There were no randomised trials found comparing cryotherapy with other therapies for the primary treatment of localised prostate cancer. All studies identified were case series. To indicate the level of the available evidence, studies that evaluated cryotherapy as a primary therapy, using transrectal ultrasound guidance and urethral warming in at least 50 patients with localised prostate cancer, and a minimum of one year follow up, were reviewed. Eight case series were identified that complied with these criteria; two were retrospective. The patients recruited (n = 1483) had an age range from 41 to 84 years, stages T1 = 0 to 43%, T2 = 24 to 88%, T3 = 1 to 41%, and T4 = 0 to 14%. The mean preoperative PSA level ranged from 9.7 to 39 ng/mL, with Gleason scores < 7 and ranging from 6 to 37%. One additional study that compared cryotherapy (total cryotherapy and standard cryotherapy with urethral preservation) with radical prostatectomy was also identified and reviewed. In this study the success rates, defined as a post-treatment PSA of 0.2 ng/mL or less, were reported as 96% for total cryotherapy, 49% for standard cryotherapy and 73% for radical prostatectomy. Four studies did not monitor the temperature of the cyro-procedure and reported 17 to 28% of patients had a positive biopsy following cryotherapy with a mean PSA nadir of 0.55 to 1.75 ng/mL (median 0.4 to 1.85 ng/mL). The other four studies used thermocouples to monitor the temperature of the cryo-procedure and reported progression-free survival rates of 71 to 89% with 1.4 to 13% of patients having a positive biopsy post-cryotherapy. At 5 years, overall survival was reported as 89 to 92% in two studies, and disease-specific survival as 94% in one study. The major complications observed in all studies included impotence (47 to 100%), incontinence (1.3 to 19%), and urethral sloughing (3.9 to 85%), with less common complications of fistula (0 to 2%), bladder-neck obstruction (2 to 55%), stricture (2.2 to 17%) and pain (0.4 to 3.1%). Most patients were sent home the following day (range 1 to 4 days). Authors’ conclusions Cryotherapy offers a potential alternative to standard therapies for the primary treatment of localised prostate cancer. However, the poor quality of the available studies makes it difficult to determine the relative benefits of this modality. Randomised trials are needed to fully evaluate the full potential of cryotherapy in men with this disease. Patients selecting cryotherapy as their therapeutic option should be made fully aware of the reported efficacy, complications and the low-grade evidence from which these data are derived.

Keywords: Authors, Cancer, Carcinoma, Case Series, Citation, Complications, Criteria, Cryosurgical Ablation, Database, Databases, Economic, Effectiveness, Elderly, Impact, ISI, Journals, MEDLINE, Outcomes, Pain, Percutaneous Cryoablation, Positive, Preservation, Primary, Prostate, Radical Prostatectomy, Review, Science, Science Citation Index, Statistics, Study Design, Surgery, Temperature, Therapy, Treatment, Ultrasound

? Ezra, D.G. and Allan, B.D. (2007), Topical anaesthesia alone versus topical anaesthesia with intracameral lidocaine for phacoemulsification. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD005276.

Full Text: [2007\Coc Dat Sys Rev2007, CD005276.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD005276.pdf)

Abstract: Background Cataract is defined as loss of transparency of the natural lens and is usually an age-related phenomenon. The only recognized treatment available for cataract involves surgery. An ideal anaesthetic should allow for pain-free surgery with no systemic or local complications. It should be cost effective and should facilitate a stress-free procedure for surgeon and patient alike. Topical anaesthesia involves applying anaesthetic eye drops to the surface of the eye prior to and during surgery. This has found large acceptance especially in the USA where it is used by 61% of cataract surgeons. Many surgeons who perform cataract surgery under topical anaesthesia also use intraoperative supplementary intracameral lidocaine (injected directly into the anterior chamber of the eye). The benefits and possible risks of intracameral lidocaine have been assessed by a number of randomized controlled trials, but the results have been conflicting and many of the endpoints have been heterogeneous. Objectives The primary objective of this systematic review was to assess pain during surgery and patient satisfaction with topical anaesthesia alone compared to topical anaesthesia with intracameral anaesthesia for phacoemulsification. The secondary objectives were to assess adverse effects and complications attributable to choice of anaesthesia and the need for additional anaesthesia during surgery. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (T h e Cochrane Library 2006, Issue 2), MEDLINE (1966 to May 2006), EMBASE (1980 to May 2006) and LILACs (1982 to 3May 2006). We also searched the reference lists of the identified studies and the Science Citation Index. We did not have any language restriction. Selection criteria We included only randomized controlled trials (RCTs) comparing topical anaesthesia alone to topical anaesthesia with intracameral lidocaine. Data collection and analysis Two authors independently assessed trial quality and extracted data. For dichotomous outcomes data were presented as odds ratios. For continuous outcomes the weighted mean difference was employed. A random-effects model was used unless there were fewer than three trials in a comparison, where a fixed-effect model was used. We explored heterogeneity between trial results using a chi-squared test. Main results A total of eight trials comprising of 1281 patients were identified for analysis. Our data comparison showed a significantly lower intraoperative pain perception in patient groups using supplementary intracameral lidocaine, although the difference was small. No significant difference was demonstrated between the groups receiving topical anaesthesia alone and topical combined with intracameral anaesthesia in terms of the need for supplemental anaesthesia, intraoperative adverse events or corneal toxicity. Authors’ conclusions The use of intracameral unpreserved 1% lidocaine is an effective and safe adjunct to topical anaesthesia for phacoemulsification cataract surgery.

Keywords: 1-Percent, Anaesthesia, Anterior-Chamber Irrigation, Authors, Cataract, Cataract-Surgery Survey, Citation, Comparison, Corneal Endothelium, Criteria, Efficacy, Extraction, Groups, Heterogeneity, Language, Local, MEDLINE, Model, Outcomes, Pain, Primary, Randomized Controlled Trials, Review, Safety, Science, Science Citation Index, Surgery, Systematic Review, Toxicity, Treatment, Trial, Unpreserved Lidocaine, USA

? Mumtaz, K., Hamid, S. and Jafri, W. (2007), Endoscopic retrograde cholangiopancreaticography with or without stenting in patients with pancreaticobiliary malignancy, prior to surgery. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD006001.

Full Text: [2007\Coc Dat Sys Rev2007, CD006001.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD006001.pdf)

Abstract: Background Postoperative morbidity and mortality are high in patients undergoing pancreatico-duodenectomy for malignant pancreatico-biliary stricture. Different approaches have been tried to improve the outcomes, including pre-surgical biliary stenting with endoscopic retrograde cholangiopancreaticography (ERCP). Objectives To assess the beneficial and harmful effects of biliary stenting via ERCP for pancreatico-biliary stricture confirmed or suspected to be malignant, prior to surgery. Search strategy We identified trials through The Cochrane Hepato-Biliary Group Controlled Trials Register (October 2006), the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library (Issue 2, 2006), MEDLINE (1950 to October 2006), EMBASE (1980 to October 2006), and Science Citation Index Expanded (1945 to October 2006). We also searched the references in the published papers and wrote to stent producers. Selection criteria Randomised trials comparing ERCP with biliary stenting versus ERCP without biliary stenting for pancreatico-biliary malignancy prior to surgery. Data collection and analysis Two authors independently selected trials for inclusion and extracted data. The primary pre-surgical, post-surgical, and final outcome measures were mortality. The secondary outcomes were complications such as cholangitis, pancreatitis, bleeding, pancreatic fistula, intra-abdominal abscess, improvement in bilirubin, and quality of life. Dichotomous outcomes were reported as odds ratio (OR) with 95% confidence interval (CI) based on fixed- and random-effect models. Main results We identified two randomised trials with 125 patients undergoing pancreatico-duodenectomy; 62 patients underwent ERCP with biliary stenting and 63 had ERCP without biliary stenting prior to surgery. Pre-surgical mortality was not significantly affected by stenting (OR 3.14, 95% CI 0.12 to 79.26), while there were significantly more complications in the stented group (OR 43.75, 95% CI 2.51 to 761.8). Stenting had no significant effect on the post-surgical mortality (OR 0.75, 95% CI 0.25 to 2.24). However, post-surgical complications were significantly less in the stented group (OR 0.45, 95% CI 0.22 to 0.91). Overall mortality (OR 0.81, 95% CI 0.17 to 3.89) and complications (OR 0.50, 95% CI 0.01 to 23.68) were not significantly different in the two groups. Authors’ conclusions We could not find convincing evidence to support or refute endoscopic biliary stenting on the mortality in patients with pancreatico-biliary malignancy. Large randomised trials are needed to settle the question of pre-surgical biliary stenting.

Keywords: Authors, Bile-Ducts, Citation, Clinical-Trials, Criteria, Decompression, Groups, Hilar Cholangiocarcinoma, Management, MEDLINE, Models, Obstructive-Jaundice, Outcome Following Pancreaticoduodenectomy, Outcomes, Postoperative Complications, Preoperative Biliary Drainage, Primary, Randomized-Trials, Science, Science Citation Index, Surgery

? Ederle, J., Featherstone, R.L. and Brown, M.M. (2007), Percutaneous transluminal angioplasty and stenting for carotid artery stenosis. *Cochrane Database of Systematic Reviews*, **4**, Article Number: CD000515.

Full Text: [2007\Coc Dat Sys Rev2007, CD000515.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD000515.pdf)

Abstract: Background Endovascular treatment by transluminal balloon angioplasty or stent insertion may be a useful alternative to carotid endarterectomy. Objectives To assess the benefits and risks of endovascular treatment compared with carotid endarterectomy or medical therapy. Search strategy We searched the Cochrane Stroke Group trials register (last searched 14 March 2007) and the following bibliographic databases: Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library, Issue 1, 2007), MEDLINE (1950 to March 2007), EMBASE (1980 to March 2007) and Science Citation Index (1945 to March 2007). We also contacted researchers in the field. Selection criteria We selected randomised trials of endovascular treatment compared with endarterectomy or medical therapy for carotid artery stenosis. Data collection and analysis One review author independently applied the inclusion criteria, extracted data and assessed trial quality. Search results were validated by a second review author. Main results Data were available from 12 trials (3227 patients) but not all contributed to each analysis. The primary outcome comparison of any stroke or death within 30 days of treatment favoured surgery (odds ratio (OR) 1.39, P = 0.02, not significant (NS) in the random-effects model). The following outcome comparisons favoured endovascular treatment over surgery: cranial neuropathy (OR 0.07, P < 0.01); 30 day neurological complication or death (OR 0.62, P = 0.004, NS in the random-effects model, with significant heterogeneity). The following outcome comparisons showed little difference between endovascular treatment and surgery: 30 day stroke, myocardial infarction or death (OR 1.11, P = 0.57 with significant heterogeneity); stroke during long-term follow up (OR 1.00). Comparison between endovascular treatment with or without protection device showed no significant difference in 30 day stroke or death (OR 0.77, P = 0.42 with significant heterogeneity). Analysis of stroke or death within 30 days of the procedure in asymptomatic carotid stenosis showed no difference (OR 1.06, P = 0.96). In patients not suitable for surgery, there was no significant difference in 30 day stroke or death (OR 0.39, P = 0.09 with significant heterogeneity). Authors’ conclusions The data are difficult to interpret because the trials are heterogeneous (different patients, endovascular procedures, and duration of follow up) and five trials were stopped early, perhaps leading to an over-estimate of the risks of endovascular treatment. The pattern of effects on different outcomes does not support a change in clinical practice away from recommending carotid endarterectomy as the treatment of choice for suitable carotid artery stenosis.

Keywords: \*Angioplasty,Balloon, \*Carotid Artery,Internal, \*Stents, Authors, Balloon Angioplasty, Carotid Stenosis [\*Therapy], Cerebral Protection, Change, Citation, Clinical-Trial, Comparison, Criteria, Databases, Disease, Endarterectomy, EVA-3S Trial, Follow-up, Heterogeneity, High-Risk Patients, Humans, Medical, MEDLINE, Model, Neurological, Outcomes, Primary, Randomized Controlled Trials, Randomized-Trial, Researchers, Review, Science, Science Citation Index, Stroke, Surgery, Therapy, Trans-Luminal Angioplasty, Treatment

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Full Text: [2007\Coc Dat Sys Rev2007, CD004003.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD004003.pdf)

Abstract: Background Trachoma is a major cause of avoidable blindness. It is responsible for about six million blind people worldwide, mostly in the poor communities of developing countries. One of the major strategies advocated for the control of the disease is the application of various environmental sanitary measures to such communities.

Objectives To assess the evidence for the effectiveness of environmental sanitary measures on the prevalence of active trachoma in endemic areas.

Search strategy We searched the Cochrane Central Register of Controlled Trials - CENTRAL in The Cochrane Library (Issue 2, 2007), MEDLINE (1966 to July 2007), EMBASE (1980 to July 2007), LILACS (July 2007), reference list of trials and the Science Citation Index. We also contacted agencies, experts and researchers in trachoma control.

Selection criteria We included randomised and quasi-randomised controlled trials comparing any form of environmental hygiene measures with no measure. These hygiene measures included fly control, provision of water and health education. Participants in the trials were people normally resident in the trachoma endemic areas.

Data collection and analysis Two authors independently extracted data and assessed the quality of trials. Study authors were contacted for additional information. Four trials met the inclusion criteria but meta-analysis was not conducted due to heterogeneity of the studies.

Main results Two studies that assessed insecticide spray as a fly control measure found that trachoma is reduced by at least 55% to 61% with this measure compared to no intervention. However, another study did not find insecticide spray to be effective in reducing trachoma. One study found that another fly control measure, latrine provision, reduced trachoma by 29.5% compared to no intervention; this was, however, not statistically significantly different. Another study revealed that health education on personal and household hygiene reduced the incidence of trachoma such that the odds of reducing trachoma in the health education village was about twice that of the no intervention village. However, all the studies have some methodological concerns relating to concealment of allocation and non-consideration of clustering effect in data analysis.

Authors’ conclusions The role of insecticide spray as a fly control measure in reducing trachoma remains unclear. Latrine provision as a fly control measure has not demonstrated significant trachoma reduction. Health education may be effective in reducing trachoma. There is a dearth of data to determine the effectiveness of all aspects of environmental sanitation in the control of trachoma.

Keywords: Diptera, Health Education [Methods], Insect Control, Insecticides, Randomized Controlled Trials, Sanitation [\* Methods], Toilet Facilities, Trachoma [\* Prevention & Control, Transmission], Safe Strategy, Evidence Base, Fly Control, Diarrhea, Trial

? Suwan-apichon, O., Reyes, J.M., Herretes, S., Vedula, S.S. and Chuck, R.S. (2007), Topical corticosteroids as adjunctive therapy for bacterial keratitis. *Cochrane Database of Systematic Reviews*, **4**, Article Number: CD05430.

Full Text: [2007\Coc Dat Sys Rev2007, CD05430.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD05430.pdf)

Abstract: Background Bacterial keratitis is a serious ocular infectious disease that can lead to severe visual disability. Risk factors for bacterial corneal infection include contact lens wear, ocular surface disease, corneal trauma and previous ocular or eyelid surgery. Topical antibiotics constitute the mainstay of treatment in cases of bacterial keratitis where as the use of topical corticosteroids remains controversial. Topical corticosteroids are usually used to control inflammation using the smallest amount of the drug. Their use requires optimal timing, concomitant antibiotics and careful follow up. Objectives The objective of the review was to assess the clinical effectiveness and adverse effects of corticosteroids as adjunctive therapy for bacterial keratitis. Search strategy We searched CENTRAL, MEDLINE, EMBASE, and LILACS up to 15 January 2007. We also searched the Science Citation Index to identify additional studies that had cited the included trial, an online database of ongoing trials (www.clinicaltrials.gov), reference lists of included trials, earlier reviews and the American Academy of Ophthalmology guidelines. We also contacted experts to identify any unpublished and ongoing randomized trials. Selection criteria We included randomized controlled trials evaluating adjunctive therapy with topical corticosteroids in people with bacterial keratitis. Data collection and analysis Two review authors independently screened all the retrieved articles. Methodological quality of the one included trial was assessed using forms developed using pre-specified criteria by at least two review authors. We planned to extract data on outcomes using forms developed for the purpose. We planned to report risk ratios for dichotomous outcomes and mean differences for continuous outcomes. Main results A single trial was eligible for inclusion in the review. Participants in the trial were randomized using a random numbers table. Allocation concealment was not attempted. Masking of participants, and care-providers was also not attempted. Outcome assessment was conducted independently by two physicians. Neither was masked to the treatment allocation. The trial reported the healing rate of epithelial defects and improvement in visual acuity. Authors’ conclusions There are no good quality randomized trials evaluating the effects of adjunct use of topical corticosteroids in bacterial keratitis. The only randomized trial we identified in the literature suffered from major methodological inadequacies.

Keywords: Antibiotics, Articles, Assessment, Authors, Ciprofloxacin, Citation, Contact-Lenses, Corneal Ulcers, Criteria, Database, Diffuse Lamellar Keratitis, Effectiveness, In-Situ Keratomileusis, Lead, Literature, MEDLINE, Microbial Keratitis, Ofloxacin, Online Database, Outcomes, Predisposing Factors, Review, Risk, Risk-Factors, Science, Science Citation Index, Surgery, Therapy, Trauma, Treatment, Ulcerative Keratitis

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Full Text: [2007\Coc Dat Sys Rev2007, CD006032.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD006032.pdf)

Abstract: Background Traumatic optic neuropathy (TON) is an important cause of severe visual loss following blunt or penetrating head trauma. Following the initial injury, optic nerve swelling within the optic nerve canal can result in secondary retinal ganglion cell loss. Optic nerve decompression with steroids or surgical interventions or both has therefore been advocated as a means of improving visual prognosis in TON. Objectives The aim of this review was to examine the effectiveness and safety of using steroids in TON. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library (Issue 1, 2007), MEDLINE (1966 to February 2007), EMBASE (1980 to February 2007), LILACS (March 2007) and NRR (Issue 1, 2007). We also searched the reference lists of included studies, other reviews and book chapters on TON to find references to additional trials. The Science Citation Index was used to look for papers that cited the studies included in this review. We did not manually search any journals or conference proceedings. Trial investigators and experts in the field were contacted to identify additional published and unpublished studies. There were no date or language restrictions in the electronic searches for trials. Selection criteria We planned to include only randomised controlled trials (RCTs) of TON in which any steroid regime, either on its own or in combination with surgical optic nerve decompression, was compared to surgery alone or no treatment. Data collection and analysis Two review authors independently assessed the titles and abstracts identified from the electronic searches. Main results No studies were found that met our selection criteria and therefore none were included for analysis. Authors’ conclusions There is a relatively high rate of spontaneous visual recovery in TON and no convincing data that steroids provide any additional benefit over observation alone. Recent evidence also suggests a possible detrimental effect of steroids in TON and further studies are urgently needed to clarify this important issue. Based on the current literature, TON cases presenting more than eight hours after the initial injury should not be treated with steroids. The decision to initiate treatment for patients seen within the eight-hour window remains controversial and the supporting evidence is weak. Each case therefore needs to be assessed on an individual basis and proper informed consent is paramount. An adequately powered RCT of steroids in TON poses difficult challenges and is probably not feasible.

Keywords: Authors, Blindness, Citation, Consent, Controlled Trial, Corticosteroids, Criteria, Decompression, Effectiveness, Head-Injury, Journals, Language, Literature, Management, MEDLINE, Methylprednisolone, Nerve Trauma, Nonsurgical Treatment, Prognosis, Recovery, Review, Science, Science Citation Index, Selection, Spinal-Cord-Injury, Surgery, Swelling, Trauma, Treatment

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Full Text: [2007\Coc Dat Sys Rev2007, CD006233.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD006233.pdf)

Abstract: Back ground Cholecystectomy is not required in up to 64% of patients who adopt a wait-and-see policy after endoscopic clearance of common bile duct stones. Although reports of retrospective cohort series have shown a higher mortality among patients who defer cholecystectomy, it is not known if this is due to the patients’ premorbid health status or due to the deferral of cholecystectomy. Randomised clinical trials of prophylactic cholecystectomy versus wait-and-see have not had sufficient power to demonstrate differences in survival. Objectives To evaluate the beneficial and harmful effects of cholecystectomy deferral (wait-and-see) versus elective (prophylactic) cholecystectomy in patients who have had an endoscopic biliary sphincterotomy. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Controlled Trials Register (CENTRAL) in The Cochrane Library, MEDLINE (1966 to 2007), EMBASE (1980 to 2007), and Science Citation Index Expanded without language restrictions until April 2007. Selection criteria Randomised clinical trials comparing patients whose gallbladder was left in-situ after endoscopic sphincterotomy (wait-and-see group) versus patients who had cholecystectomy with either endoscopic sphincterotomy or common bile duct exploration (prophylactic cholecystectomy group), irrespective of blinding, language, or publication status. Data collection and analysis We assessed the impact of a wait-and-see policy on mortality. Secondary outcomes assessed were the incidence of biliary pain, cholangitis, pancreatitis, need for cholangiography, need for cholecystectomy, and the rate of difficult cholecystectomy. We pooled data using relative risk with fixed-effect and random-effects models. Main results We included 5 randomised trials with 662 participants out of 93 publications identified through the literature searches. The number of deaths was 47 in the wait-and- see group (334 patients) compared to 26 in the prophylactic cholecystectomy group (328 patients) for a 78% increased risk of mortality (RR 1.78, 95% CI 1.15 to 2.75, P = 0.010). The survival benefit of prophylactic cholecystectomy was independent of trial design, inclusion of high risk patients or inclusion of any one of the five trials. Patients in the wait-and- see group had higher rates of recurrent biliary pain (RR 14.56, 95% CI 4.95 to 42.78, P < 00001), jaundice or cholangitis (RR 2.53, 95% CI 1.09 to 5.87, P = 0.03), and of repeat ERCP or other forms of cholangiography (RR 2.36, 95% CI 1.29 to 4.32, P = 0.005). Cholecystectomy was eventually performed in 35% (115 patients) of the wait-and- see group. Authors’ conclusions Prophylactic cholecystectomy should be offered to patients whose gallbladders remain in-situ after endoscopic sphincterotomy and common bile duct clearance.

Keywords: Authors, Bile-Duct Stones, Calculi, Citation, Clinical Trials, Cohort, Criteria, Health, Health Status, High Risk, High-Risk, Impact, In-Situ, Language, Laparoscopic Cholecystectomy, Literature, Management, MEDLINE, Models, Outcomes, Pain, Publication, Publications, Randomized-Trial, Risk, Science, Science Citation Index, Surgery

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Full Text: [2007\Coc Dat Sys Rev2007, CD006409.pdf](2007\Coc%20Dat%20Sys%20Rev2007,%20CD006409.pdf)

Abstract: Background Vascular occlusion is used to reduce blood loss during liver resection surgery. There is considerable controversy regarding whether vascular occlusion should be used or not during elective liver resections. The method of vascular occlusion employed is also controversial. There is also considerable debate on the role of ischaemic preconditioning before vascular occlusion. Objectives To assess the advantages (decreased blood loss and peri-operative morbidity) and disadvantages (liver dysfunction from ischaemia) of vascular occlusion during liver resections. To compare the advantages (in decreasing blood loss or decreasing ischaemia-reperfusion injury) and disadvantages of different types of vascular occlusion versus total, continuous portal triad clamping. Search strategy We searched TheCochraneHepato-BiliaryGroupControlledTrialsRegister,the Cochrane Central Register of Controlled Trials(CENTRAL)in The Cochrane Library,MEDLINE,EMBASE,and Science Citation Index Expanded until March 2007. Selection criteria We included randomised clinical trials comparing vascular occlusion versus no vascular occlusion during elective liver resections (irrespective of language or publication status). We also included randomised clinical trials comparing the different methods of vascular occlusion and those investigating the role of ischaemic preconditioning in liver resection. Data collection and analysis We collected the data on the characteristics of the trial, methodological quality of the trials, mortality, morbidity, blood loss, blood transfusion requirements, liver function tests, markers of neutrophil activation, operating time, and hospital stay. We analysed the data with both the fixed-effect and the random-effects models using RevMan Analysis. For each binary outcome we calculated the odds ratio (OR) with 95% confidence intervals (CI) based on intention-to-treat analysis. For continuous outcomes, we calculated the weighted mean difference (WMD) with 95% confidence intervals. Main results We identified a total of 16 randomised trials. Five trials including 331 patients compared vascular occlusion (n= 166) versus no vascular occlusion (n=165). Six trials including 521 patients compared different methods of vascular occlusion. Three trials including 210 patients compared ischaemic preconditioning before continuous portal triad clamping (n= 105) versus no ischaemic preconditioning (n= 105). Two trials including 127 patients compared ischaemic preconditioning before continuous portal triad clamping (n= 63) versus intermittent portal triad clamping (n= 64). The blood loss was significantly lower in vascular occlusion compared with no vascular occlusion. The liver enzymes were significantly elevated in the vascular occlusion group compared with no vascular occlusion. There was no difference in the mortality, liver failure, or other morbidities. Four of the five trials comparing vascular occlusion and no vascular occlusion used intermittent vascular occlusion. Trials comparing complete inflow and outflow occlusion to the liver, ie, hepatic vascular exclusion and portal triad clamping demonstrate significant detrimental haemodynamic changes in hepatic vascular exclusion compared to portal triad clamping. There was no significant difference in the number of units transfused and the number of patients needing transfusion. There was no difference in mortality, liver failure, or morbidity between total and selective methods of portal triad clamping. All four cases of mortality and liver failure in the comparison between the intermittent and continuous portal triad clamping occurred in the continuous portal triad clamping (statistically not significant). Intermittent portal triad clamping does not increase the total blood loss or operating time compared to continuous portal triad clamping. There was no statistically significant difference in the mortality, liver failure, morbidity, blood loss, or haemodynamic changes between ischaemic preconditioning versus no ischaemic preconditioning before continuous portal triad clamping. Liver enzymes used as markers of liver injury were significantly lower in the early post-operative period in the ischaemic preconditioning group. The intensive therapy unit stay and hospital stay were statistically significantly lower in the ischaemic preconditioning group than in the no ischaemic preconditioning group. There was no statistically significant difference in the mortality, liver failure, morbidity, intensive therapy unit stay, or hospital stay between ischaemic preconditioning before continuous portal triad clamping and intermittent portal triad clamping. The blood loss and transfusion requirements were lower in the ischaemic preconditioning group. Aspartate aminotransferase level was lower in the intermittent portal triad clamping group than the ischaemic preconditioning group on the third post-operative day. There was no difference in the peak aspartate aminotransferase levels or in the aspartate aminotransferase levels on first or sixth post-operative days of aspartate aminotransferase. Authors’ conclusions Intermittent vascular occlusion seems safe in liver resection. However, it does not seem to decrease morbidity. Among the different methods of vascular occlusion, intermittent portal triad clamping has most evidence to support the clinical application. Hepatic vascular exclusion cannot be recommended routinely. Ischaemic preconditioning before continuous portal triad clamping may be of clinical benefit in reducing intensive therapy unit and hospital stay.

Keywords: 100 Consecutive Patients, Activation, Authors, Blood-Loss, Characteristics, Citation, Clinical Trials, Comparison, Criteria, Donor Procurement, Hepatic Gene-Expression, Hepatocellular-Carcinoma, Intermittent Pringle Maneuver, Ischemia-Reperfusion Injury, Language, Methods, Models, Noncirrhotic Patients, Outcomes, Portal Triad, Publication, Randomized Clinical-Trial, Science, Science Citation Index, Surgery, Therapy

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Full Text: [2008\Coc Dat Sys Rev2008, CD004265.pdf](2008\Coc%20Dat%20Sys%20Rev2008,%20CD004265.pdf)

Abstract: Background Diarrhoea is a common cause of morbidity and a leading cause of death among children aged less than five years, particularly in low- and middle-income countries. It is transmitted by ingesting contaminated food or drink, by direct person-to-person contact, or from contaminated hands. Hand washing is one of a range of hygiene promotion interventions that can interrupt the transmission of diarrhoea-causing pathogens.

Objectives To evaluate the effects of interventions to promote hand washing on diarrhoeal episodes in children and adults.

Search strategy InMay 2007, we searched the Cochrane Infectious Diseases Group Specialized Register, CENTRAL (The Cochrane Library 2007, Issue 2), MEDLINE, EMBASE, LILACS, PsycINFO, Science Citation Index and Social Science Citation Index, ERIC (1966 toMay 2007), SPECTR, Bibliomap, RoRe, The Grey Literature, and reference lists of articles. We also contacted researchers and organizations in the field.

Data collection and analysis Two authors independently assessed trial eligibility and methodological quality. Where appropriate, incidence rate ratios (IRR) were pooled using the generic inverse variance method and random-effects model with 95% confidence intervals (CI).

Main results Fourteen randomized controlled trials met the inclusion criteria. Eight trials were institution-based, five were community-based, and one was in a high-risk group (AIDS patients). Interventions promoting hand washing resulted in a 29% reduction in diarrhoea episodes in institutions in high-income countries (IRR 0.71, 95% CI 0.60 to 0.84; 7 trials) and a 31% reduction in such episodes in communities in low- or middle-income countries (IRR 0.69, 95% CI 0.55 to 0.87; 5 trials).

Authors’ conclusion Hand washing can reduce diarrhoea episodes by about 30%. This significant reduction is comparable to the effect of providing clean water in low-income areas. However, trials with longer follow up and that test different methods of promoting hand washing are needed.

Keywords: Randomized Controlled-Trial, Day-Care-Centers, Water-Sanitation Behaviors, Reduce Childhood Diarrhea, Critical Control Points, Peruvian Shanty-Town, Burkina-Faso, Hygiene Behavior, Educational Intervention, Handwashing-Promotion

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Full Text: [2008\Coc Dat Sys Rev2008, CD004935.pdf](2008\Coc%20Dat%20Sys%20Rev2008,%20CD004935.pdf)

Abstract: Background Lifestyle interventions are often recommended as initial treatment for mild hypertension, but the efficacy of relaxation therapies is unclear. Objectives To evaluate the effects of relaxation therapies on cardiovascular outcomes and blood pressure in people with elevated blood pressure. Search strategy We searched the Cochrane Library, MEDLINE, EMBASE, Science Citation Index, ISI Proceedings, ClinicalTrials. gov, Current Controlled Trials and reference lists of systematic reviews, meta-analyses and randomised controlled trials (RCTs) included in the review. Selection criteria Inclusion criteria: RCTs of a parallel design comparing relaxation therapies with no active treatment, or sham therapy; follow-up >= 8 weeks; participants over 18 years, with raised systolic blood pressure (SBP) >= 140mmHg or diastolic blood pressure (DBP) >= 85mmHg); SBP and DBP reported at end of follow-up. Exclusion criteria: participants were pregnant; participants received antihypertensive medication which changed during the trial. Data collection and analysis Two reviewers independently extracted data and assessed trial quality. Disagreements were resolved by discussion or a third reviewer. Random effects meta-analyses and sensitivity analyses were conducted. Main results 29 RCTs, with eight weeks to five years follow-up, met our inclusion criteria; four were excluded from the primary meta-analysis because of inadequate outcome data. The remaining 25 trials assessed 1,198 participants, but adequate randomisation was confirmed in only seven trials and concealment of allocation in only one. Only one trial reported deaths, heart attacks and strokes (one of each). Metaanalysis indicated that relaxation resulted in small, statistically significant reductions in SBP (mean difference: -5.5 mmHg, 95% CI: -8.2 to -2.8, I2 = 72%) and DBP (mean difference: -3.5 mmHg, 95% CI: -5.3 to -1.6, I2 = 75%) compared to control. The substantial heterogeneity between trials was not explained by duration of follow-up, type of control, type of relaxation therapy or baseline blood pressure. The nine trials that reported blinding of outcome assessors found a non-significant net reduction in blood pressure (SBP mean difference: -3.2 mmHg, 95% CI: -7.7 to 1.4, I(2) = 69%) associated with relaxation. The 15 trials comparing relaxation with sham therapy likewise found a non-significant reduction in blood pressure (SBP mean difference: -3.5 mmHg, 95% CI: -7.1 to 0.2, I(2) = 63%). Authors’ conclusions In view of the poor quality of included trials and unexplained variation between trials, the evidence in favour of caUSAl association between relaxation and blood pressure reduction is weak. Some of the apparent benefit of relaxation was probably due to aspects of treatment unrelated to relaxation.

Keywords: Biofeedback-Assisted Relaxation, Blood-Pressure Biofeedback, Borderline Essential Hypertension, Citation, Control, Coronary-Heart-Disease, Density-Lipoprotein-Cholesterol, Efficacy, Embase, Individualized Stress Management, Interventions, MEDLINE, Meta-Analysis, Mild Essential-Hypertension, Older African-Americans, Outcomes, Pressure, Primary, Progressive Muscle-Relaxation, Randomized Controlled-Trial, Review, Science, Science Citation Index, Search Strategy, Strategy, Systematic Reviews

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Full Text: [2008\Coc Dat Sys Rev2008, CD005619.pdf](2008\Coc%20Dat%20Sys%20Rev2008,%20CD005619.pdf)

Abstract: Background This review is one in a series of Cochrane reviews of interventions for shoulder disorders. Objectives To determine the effectiveness and safety of surgery for rotator cuff disease. Search strategy We searched the Cochrane Controlled Trials Register, (The Cochrane Library Issue 1, 2006), MEDLINE, EMBASE, CINAHL, Sports Discus, Science Citation Index (Web of Science) in March 2006 unrestricted by date or language. Selection criteria Only studies described as randomised or quasi-randomised clinical trials (RCTs) studying participants with rotator cuff disease and surgical interventions compared to placebo, no treatment, or any other treatment were included. Data collection and analysis Two independent review authors assessed methodological quality of each included trial and extracted data. Main results We included 14 RCTs involving 829 participants. Eleven trials included participants with impingement, two trials included participants with rotator cuff tear and one trial included participants with calcific tendinitis. No study met all methodological quality criteria and minimal pooling could be performed. Three trials compared either open or arthroscopic subacromial decompression with active non operative treatment (exercise programme, physiotherapy regimen of exercise and education, or graded physiotherapy strengthening program). No differences in outcome between these treatment groups were reported in any of these trials. One trial which also included a placebo arm (12 sessions detuned soft laser) reported that the Neer score of participants in both active treatment arms improved significantly more than those who received placebo at six months. Six trials that compared arthroscopic with open subacromial decompression reported no significant differences in outcome between groups at any time point although four trials reported a quicker recovery and/or return to work with arthroscopic decompression. Adverse events, which occurred in three trials and included infection, capsulitis, pain, deltoid atrophy, and reoperation, did not differ between surgical groups. Authors’ conclusions Based upon our review of 14 trials examining heterogeneous interventions and all susceptible to bias, we cannot draw firm conclusions about the effectiveness or safety of surgery for rotator cuff disease. There is “Silver” (www.cochranemsk.org) level evidence from three trials that there are no significant differences in outcome between open or arthroscopic subacromial decompression and active non-operative treatment for impingement. There is also “Silver” level evidence from six trials that there are no significant differences in outcome between arthroscopic and open subacromial decompression although four trials reported earlier recovery with arthroscopic decompression.

Keywords: Arthroscopic Subacromial Decompression, Authors, Bias, Calcifying Tendinitis, Citation, Clinical Trials, Criteria, Double-Blind, Education, Effectiveness, Follow-up, General-Practice, Groups, Language, MEDLINE, Mini-Open Repair, Pain, Placebo, Randomized Controlled-Trial, Recovery, Review, Science, Science Citation Index, Shock-Wave Therapy, Shoulder Pain, Stage-Ii Impingement, Surgery, Treatment, Web of Science

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Full Text: [2008\Coc Dat Sys Rev2008, CD005656.pdf](2008\Coc%20Dat%20Sys%20Rev2008,%20CD005656.pdf)

Abstract: Background Macular edema is secondary to leakage from diseased retinal capillaries and is an important cause of poor central visual acuity in patients with diabetic retinopathy. Objectives This review evaluated the effectiveness and safety of intraocular steroids in treating diabetic macular edema (DME). Search strategy We searched CENTRAL, MEDLINE, EMBASE in June 2007, reference lists, Science Citation Index and conference proceedings. Selection criteria We included randomized clinical trials (RCTs) evaluating any form of intravitreal steroids for treating DME. Data collection and analysis Two authors independently assessed eligibility, methodological quality and extracted data. We performed meta-analyses when appropriate. Main results Seven studies, involving 632 DME eyes were included. Four examined the effectiveness of intravitreal triamcinolone acetate injection (IVTA), three examined intravitreal steroids implantation (fluocinolone acetonide implant (FAI) or dexamethasone drug delivery system (DDS)). Two trials were at low risk of bias, one was at median risk of bias, two were at high risk of bias and the remaining two were at unclear risk of bias. The preponderance of data suggest a beneficial effect from IVTA. Comparing IVTA with controls, the mean difference in visual acuity was -0.15 LogMAR (95% CI -0.21 to -0.09) at 3 months (based on three trials), -0.23 LogMAR (95% CI -0.33 to -0.13) at 6 months (two trials), -0.29 LogMAR (95% CI -0.47 to -0.11) at 9months (one trial), and -0.11 LogMAR (95% CI -0.20 to -0.03) at 24 months (one trial), all in favor of IVTA. The relative risk (RR) for one or more lines improvement in visual acuity was 2.85 (95% CI 1.59 to 5.10) at 3 months (two trials), 1.25 (95% CI 0.66 to 2.38) at 6 months (one trial), and 2.17 (95% CI 1.15 to 4.11) at 24 months (one trial), all in favor of IVTA. We did not find evidence for three or more lines improvement in visual acuity. The mean difference in retinal thickness was -131.97 um (95% CI -169.08 to -94.86) at 3 months (two trials), -135.00 um (95% CI -194.50 to -75.50) at 6 months (one trial), -133.00 um (95% CI -199.86 to -66.14) at 9 months (one trial), and -59.00 um (95% CI -103.50 to -14.50) at 24 months (one trial), all in favor of IVTA. The RR for at least one grade macular edema resolution was 5.15 (95% CI 2.23 to 11.88) at 3 months in favor of IVTA (one trial). Two trials reported improved clinical outcome when FAI was compared to standard of care. Beneficial effect was also observed in one dexamethasone DDS trial. Increased intraocular pressure and cataract formation were side effects requiring monitoring and management. Authors’ conclusions RCTs included in this review suggest that steroids placed inside the eye by either intravitreal injection or surgical implantation may improve visual outcomes in eyes with persistent or refractory DME. Since the studies in our report focused on chronic or refractory DME, the question arises whether intravitreal steroids therapy could be of value in other stages of DME, especially the earlier stages either as standalone therapy or in combination with other therapies, such as laser photocoagulation.

Keywords: Authors, Bias, Cataract, Chronic, Citation, Clinical Trials, Complications, Criteria, Diffuse, Effectiveness, High Risk, High-Risk, Injection, Management, MEDLINE, Outcomes, Prospective Controlled-Trial, Randomized Clinical Trials, Randomized Clinical-Trial, Resolution, Retinopathy, Review, Risk, Science, Science Citation Index, System, Therapy, Triamcinolone Acetonide

? GurUSAmy, K.S., Junnarkar, S., Farouk, M. and Davidson, B.R. (2008), Day-case versus overnight stay in laparoscopic cholecystectomy. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD006798.

Full Text: [2008\Coc Dat Sys Rev2008, CD006798.pdf](2008\Coc%20Dat%20Sys%20Rev2008,%20CD006798.pdf)

Abstract: Background Although day-case elective laparoscopic cholecystectomy can save bed costs, its safety remains to be established. Objectives To assess the safety and benefits of day-case surgery compared to overnight stay in patients undergoing elective laparoscopic cholecystectomy. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until February 2007 for identifying randomised trials using search strategies. Selection criteria Only randomised clinical trials, irrespective of language, blinding, or publication status, comparing day-case and overnight stay in elective laparoscopic cholecystectomy were considered for the review. Data collection and analysis We collected the data on the characteristics of the trial, methodological quality of the trials, morbidity, prolonged hospitalisation, re-admissions, pain and quality of life from each trial. We analysed the data with both the fixed-effect and the random-effects models using RevMan Analysis. For each outcome we calculated the relative risk, weighted mean difference, or standardised mean difference with 95% confidence intervals (CI) based on available case-analysis. Main results Five trials with 429 patients randomised to the day-case group (215) and overnight stay group (214) were included in the review. Four of the five trials were of low risk of bias regarding randomisation and follow up, but all lacked blinding. The trials recruited 49% of patients undergoing cholecystectomy. The selection criteria varied, but most included only patients without other diseases. The patients were living in easy reach of the hospital and with a responsible adult to take care of them. On the day of surgery, 81% of day-case patients were discharged. The drop-out rate after randomisation varied from 6.5% to 12.7%. There was no significant difference between day-case and overnight stay group as regards to morbidity, prolongation of hospital stay, re-admission rates, pain, quality of life, patient satisfaction and return to normal activity and work. Authors’ conclusions Day-case elective laparoscopic cholecystectomy seems to be a safe and effective intervention in selected patients (with no or minimal systemic disease and within easy reach of the hospital) with symptomatic gallstones. Because of the decreased hospital stay, it is likely to save costs.

Keywords: Authors, Bias, Characteristics, Citation, Clinical Trials, Clinical-Trial, Complications, Costs, Criteria, Day-Care, Intervention, Language, MEDLINE, Metaanalysis, Models, Outpatient, Pain, Population, Prevalence, Prospective Randomized-Trial, Publication, Quality, Review, Risk, Science, Science Citation Index, Selection, Surgery

? Hackett, M.L., Anderson, C.S., House, A. and Halteh, C. (2008), Interventions for preventing depression after stroke. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD003689.

Full Text: [2008\Coc Dat Sys Rev2008, CD003689.pdf](2008\Coc%20Dat%20Sys%20Rev2008,%20CD003689.pdf)

Abstract: Background Depression is an important consequence of stroke that impacts on recovery yet often is not detected or is inadequately treated. Objectives To determine if pharmaceutical or psychological interventions can prevent depression and improve physical and psychological outcomes in patients with stroke. Search strategy We searched the Trials Registers of the Cochrane Stroke Group (October 2007) and the Cochrane Depression Anxiety and Neurosis Group (February 2008). In addition, we searched the Cochrane Central Register of Controlled Trials (The Cochrane Library, Issue 1, 2008), MEDLINE (1966 to May 2006), EMBASE (1980 to May 2006), CINAHL (1982 to May 2006), PsycINFO (1967 to May 2006), Applied Science and Technology Plus (1986 to May 2006), Arts and Humanities Index (1991 to September 2002), Biological Abstracts (1969 to September 2002), BIOSIS Previews (2002 to May 2006), General Science Plus (1994 to September 2002), Science Citation Index (1992 to May 2006), Social Sciences Citation Index (1991 to May 2006), SocioFile (1974 to May 2006) ISI Web of Science (2002 to February 2008), reference lists, trial registers, conference proceedings and dissertation abstracts, and contacted authors, researchers and pharmaceutical companies. Selection criteria Randomised controlled trials comparing pharmaceutical agents with placebo, or psychotherapy against standard care (or attention control) to prevent depression in patients with stroke. Data collection and analysis Two review authors independently selected trials, extracted data and assessed trial quality. Primary analyses were the proportion of patients who met the standard diagnostic criteria for depression applied in the trials at the end of follow up. Secondary outcomes included depression scores on standard scales, physical function, death, recurrent stroke and adverse effects. Main results Fourteen trials involving 1515 participants were included. Data were available for 10 pharmaceutical trials (12 comparisons) and four psychotherapy trials. The time from stroke to entry ranged from a few hours to seven months, but most patients were recruited within one month of acute stroke. The duration of treatment ranged from two weeks to one year. There was no clear effect of pharmacological therapy on the prevention of depression or other endpoints. A significant improvement in mood and the prevention of depression was evident for psychotherapy, but the treatment effects were small. Authors’ conclusions A small but significant effect of psychotherapy on improving mood and preventing depression was identified. More evidence is required before recommendations can be made about the routine use of such treatments after stroke.

Keywords: Adverse Effects, Analyses, Analysis, Care, Collection, Control, Criteria, Data, Death, Depression, Diagnostic Criteria, Duration, Evidence, Follow-Up, Function, Impacts, Improvement, Interventions, ISI, ISI Web of Science, MEDLINE, Outcomes, Patients, Pharmaceutical Agents, Physical, Placebo, Prevention, Psychotherapy, Psycinfo, Quality, Recommendations, Recovery, Recurrent, Review, Scales, Science Citation Index, Small, Standard, Stroke, Therapy, Treatment, Trial, Web of Science

? Hart, M.G., Grant, R., Garside, R., Rogers, G., Somerville, M. and Stein, K. (2008), Chemotherapeutic wafers for high grade glioma. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD007294.

Full Text: [2008\Coc Dat Sys Rev2008, CD007294.pdf](2008\Coc%20Dat%20Sys%20Rev2008,%20CD007294.pdf)

Abstract: Background Standard treatment for high grade glioma (HGG) usually entails biopsy or surgical resection where possible followed by radiotherapy. Systemic chemotherapy is usually only given in selected cases and its use is often limited by side effects. Implanting wafers impregnated with chemotherapy agents into the resection cavity represents a novel means of delivering drugs to the central nervous system (CNS) with fewer side effects. It is not clear how effective this modality is or whether it should be recommended as part of standard care for HGG. Objectives To assess whether chemotherapeutic wafers have any advantage over conventional therapy for HGG. Search strategy The following databases were searched: The Cochrane Central Register of Controlled Trials (CENTRAL), Issue 2, 2007, MEDLINE, EMBASE, SCIENCE CITATION INDEX, Physician Data Query and the meta-Register of Controlled Trials. Reference lists of all identified studies were searched. The Journal of Neuro-Oncology was hand searched from 1999 to 2007, including all conference abstracts. Neuro-oncologists were contacted regarding ongoing and unpublished trials. Selection criteria Patients included those of all ages with a presumed diagnosis of malignant glioma from clinical examination and radiology. Interventions included insertion of chemotherapeutic wafers to the resection cavity at either primary surgery or for recurrent disease. Included studies had to be randomised controlled trials (RCTs). Data collection and analysis Quality assessment and data extraction were undertaken by two review authors. Outcome measures included survival, time to progression, quality of life (QOL) and adverse events. Main results In primary disease two RCTs assessing the effect of carmustine impregnated wafers (Gliadel) and enrolling a total of 272 participants were identified. Survival was increased (hazard ratio (HR) 0.65 confidence interval (CI) 0.48 to 0.86 p = 0.003). In recurrent disease a single RCT was included assessing the effect of Gliadel and enrolling 222 participants. It did not demonstrate a significant survival increase (HR 0.83 CI 0.62 to 1.10 p = 0.2). There was no suitable data for time to progression or QOL. Adverse events were not more common in either arm, and were presented in a descriptive fashion. Authors’ conclusions Gliadel results in a prolongation of survival without an increased incidence of adverse events when used as primary therapy. There is no evidence of enhanced progression free survival (PFS) or QOL. In recurrent disease, Gliadel does not appear to confer any added benefit. These findings are based on the results of three RCTs with approximately 500 patients in total.

Keywords: Assessment, Authors, Brain-Tumors, Citation, Citation Indexes, Citation-Index, Clinical-Trials, Controlled-Trial, Criteria, Databases, Diagnosis, Glioblastoma-Multiforme, Index, Indexes, Interstitial Chemotherapy, Local Chemotherapy, Malignant Glioma, Management, MEDLINE, Primary, Progression, Quality Assessment, Radiotherapy, Review, Science, Science Citation, Science Citation Index, Science-Citation-Index, Surgery, System, Therapy, Treatment

? Wager, E. and Middleton, P. (2008), Technical editing of research reports in biomedical journals. *Cochrane Database of Systematic Reviews*, **4**, Article Number: MR000002.

Full Text: [2008\Coc Dat Sys Rev2008, MR000002.pdf](2008\Coc%20Dat%20Sys%20Rev2008,%20MR000002.pdf)

Abstract: Background Most journals try to improve their articles by technical editing processes such as proof-reading, editing to conform to ‘house styles’, grammatical conventions and checking accuracy of cited references. Despite the considerable resources devoted to technical editing, we do not know whether it improves the accessibility of biomedical research findings or the utility of articles. This is an update of a Cochrane methodology review first published in 2003. Objectives To assess the effects of technical editing on research reports in peer-reviewed biomedical journals, and to assess the level of accuracy of references to these reports. Search strategy. We searched The Cochrane Library Issue 2, 2007; MEDLINE (last searched July 2006); EMBASE (last searched June 2007) and checked relevant articles for further references. We also searched the Internet and contacted researchers and experts in the field. Selection criteria Prospective or retrospective comparative studies of technical editing processes applied to original research articles in biomedical journals, as well as studies of reference accuracy. Data collection and analysis Two review authors independently assessed each study against the selection criteria and assessed the methodological quality of each study. One review author extracted the data, and the second review author repeated this. Main results We located 32 studies addressing technical editing and 66 surveys of reference accuracy. Only three of the studies were randomised controlled trials. A ‘package’ of largely unspecified editorial processes applied between acceptance and publication was associated with improved readability in two studies and improved reporting quality in another two studies, while another study showed mixed results after stricter editorial policies were introduced. More intensive editorial processes were associated with fewer errors in abstracts and references. Providing instructions to authors was associated with improved reporting of ethics requirements in one study and fewer errors in references in two studies, but no difference was seen in the quality of abstracts in one randomised controlled trial. Structuring generally improved the quality of abstracts, but increased their length. The reference accuracy studies showed a median citation error rate of 38% and a median quotation error rate of 20%. Authors’ conclusions Surprisingly few studies have evaluated the effects of technical editing rigorously. However there is some evidence that the ‘package’ of technical editing used by biomedical journals does improve papers. A substantial number of references in biomedical articles are cited or quoted inaccurately.

Keywords: Acceptance, Accuracy, Accuracy of References, American-Medical-Association, Analysis, Authors, Biomedical, Biomedical Journals, Biomedical Research, Citation, Citation Error, Clinical-Trials, Collection, Controlled Trial, Criteria, Data, Editorial Policies, Effects, Error, Error Rate, Errors, Ethics, Evidence, Experts, Field, First, General Surgical Journals, Internet, Journals, Length, MEDLINE, Methodology, Original Research Articles, Papers, Peer-Reviewed, Policies, Publication, Quality, Quality Assessment, Quality of, Quotation, Quotation Accuracy, Quotation Error, Randomised, Randomised Controlled Trial, Randomised Controlled Trials, Reference, Reference Accuracy, Reference Citations, References, Reporting, Research, Resources, Review, Selection, Selection Criteria, Strategy, Structured Abstracts, Surveys, Trial, Utility, Vascular-Anesthesia

? GurUSAmy, K.S., Samraj, K., FUSAi, G. and Davidson, B.R. (2008), Early versus delayed laparoscopic cholecystectomy for biliary colic. *Cochrane Database of Systematic Reviews*, **4**, Article Number: CD007196.

Full Text: [2008\Coc Dat Sys Rev2008, CD007196.pdf](2008\Coc%20Dat%20Sys%20Rev2008,%20CD007196.pdf)

Abstract: Background Biliary colic is one of the commonest indications for laparoscopic cholecystectomy. Laparoscopic cholecystectomy involves several months of waiting if performed electively. However, patients can develop life-threatening complications during this waiting period. Objectives To assess the benefits and harms of early versus delayed laparoscopic cholecystectomy for patients with biliary colic due to gallstones. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Central Register of Control led Trials in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until March 2008. Selection criteria We included only randomised clinical trials irrespective of language and publication status. Data collection and analysis Two authors independently extracted the data. We intended to calculate the risk ratio, risk difference with 95% confidence intervals (CI) for dichotomous outcomes, and weighted mean difference (WMD) with 95% CI for continuous outcomes using RevMan 4.2 based on intention-to-treat analysis. Main results Only one trial including 75 patients, randomised to early laparoscopic cholecystectomy (less than 24 hours of diagnosis) (n = 35) and delayed laparoscopic cholecystectomy (mean waiting period of 4.2 months) (n = 40), qualified for this review. This trial was of high risk of bias. During the waiting period in the delayed group (mean 4.2 months), the complications that the patients suffered included severe acute pancreatitis resulting in mortality (1), empyema of gallbladder (1), gallbladder perforation (1), acute cholecystitis (2), cholangitis (2), obstructive jaundice (2), and recurrent biliary colic requiring hospital visits (5). The rate of conversion to open cholecystectomy was lower in the early group (0%) than the delayed group (8/ 40 or 20%) (p = 0.0172). There was a statistically significant shorter operating time and hospital stay in the early group than the delayed group (WMD - 14.80 minutes, 95% CI -18.02 to -11.58 and -1.25 days, 95% CI -2.05 to - 0.45 respectively). Fourteen patients (35%) required 18 hospital admissions for symptoms related to gallstones during the mean waiting period of 4.2 months in the delayed group. This is equivalent to 11 admissions per 100 persons per month. Authors’ conclusions Based on evidence fromonly one high- bias risk trial, it appears that early laparoscopic cholecystectomy (< 24 hours of diagnosis of biliary colic) decreases the morbidity during the waiting period for elective laparoscopic cholecystectomy, decreases the rate of conversion to open cholecystectomy, decreases operating time, and decreases hospital stay. Further randomised clinical trials are necessary to confirm or refute this finding.

Keywords: Acute Cholecystitis, Authors, Bias, Citation, Clinical Trials, Clinical-Trials, Criteria, Diagnosis, Gallstone Disease, High Risk, High-Risk, Language, MEDLINE, Metaanalysis, Outcomes, Population, Prevalence, Publication, Quality, Randomized-Trials, Review, Risk, Science, Science Citation Index, Surgery

? Samuel, M., Chow, P.K.H., Shih-Yen, E.C., Machin, D. and Soo, K.C. (2009), Neoadjuvant and adjuvant therapy for surgical resection of hepatocellular carcinoma. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD001199.

Full Text: [2009\Coc Dat Sys Rev2009, CD001199.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD001199.pdf)

Abstract: Background Hepatocellular carcinoma is a disease of great concern. Surgery is the treatment of choice, but there is still a high recurrence rate after resection. Objectives To determine the benefits and harms of neoadjuvant and adjuvant therapies compared to surgery alone or surgery and placebo/supportive therapy after curative resection for operable hepatocellular carcinoma. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, Chinese Biomedical Database, and US National Cancer Institute’s Physician’s Data Query Trials Database until 2005. References of the identified trials were also searched for identifying further trials. Selection criteria Randomised and quasi-randomised trials that compared hepatocellular carcinoma patients who were given and not given neoadjuvant/adjuvant therapy as a supplement to curative liver resection. Data collection and analysis Data were extracted independently by two authors and discrepancies resolved by consensus. The survival and disease-free survival curves were compared using their one, two, three, four, and five-year survival rates, median survival times, and the result of the significance tests (P-values). Main results A total of 12 randomised trials were identified, totaling 843 patients. The size of the randomised clinical trials ranged from 30 to 155 patients. Both preoperative (neoadjuvant) and postoperative (adjuvant), systemic and locoregional (+/-embolisation), chemo-and immunotherapy interventions were tested. Treatment regimens and patients selected were not comparable, so no pooling was done. Only one regimen using preoperative transcatheter arterial chemoembolisation with doxorubicin was similar in two trials. Four of the twelve trials reported survival benefit at five years when given adjuvant or neoadjuvant therapy. Disease-free survival was reported in nine trials, and the estimated hazard ratios show that disease-free survival was significant in two trials at five years. These two trials had not shown a survival advantage, but the recurrence was significantly lower in patients given adjuvant or neoadjuvant therapy. The highest toxicity rate was in a trial using oral 1-hexylcarbamoyl 5-fluorouracil which resulted in 12 out of 38 patients being withdrawn from the trial because of adverse events. Authors’ conclusions There is no clear evidence for efficacy of any of the adjuvant and neo-adjuvant protocols reviewed, but there is some evidence to suggest that adjuvant therapy may be beneficial offering prolonged disease-free survival. In order to detect a realistic treatment advantage, larger trials with lower risk of systematic error will have to be conducted.

Keywords: 5-Fluorouracil, Authors, Cancer, Chemotherapy, Citation, Clinical Trials, Clinical-Trials, Controlled-Trials, Criteria, Curative Resection, Database, Empirical-Evidence, End-Points, Intrahepatic Recurrence, MEDLINE, Postoperative Interferon Therapy, Quality, Randomized-Trials, Risk, Science, Science Citation Index, Surgery, Therapy, Toxicity, Treatment, US

? Chavez-Tapia, N.C., Soares-Weiser, K., Brezis, M. and Leibovici, L. (2009), Antibiotics for spontaneous bacterial peritonitis in cirrhotic patients. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD002232.

Full Text: [2009\Coc Dat Sys Rev2009, CD002232.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD002232.pdf)

Abstract: Background Spontaneous bacterial peritonitis is a complication of cirrhotic ascites that occurs in the absence of any intra-abdominal, surgically treatable source of infection. Antibiotic therapy is indicated and should be initiated as soon as possible to avoid severe complications that may lead to death. It has been proposed that empirical treatment should cover gram-negative enteric bacteria and gram-positive cocci, responsible for up to 90% of spontaneous bacterial peritonitis cases. Objectives This review aims to evaluate the beneficial and harmful effects of different types and modes of antibiotic therapy in the treatment of spontaneous bacterial peritonitis in cirrhotic patients. Search strategy We performed electronic searches in The Cochrane Hepato-Biliary Group Controlled Trials Register (July 2008), the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library (Issue 3, 2008), MEDLINE (1950 to July 2008), EMBASE (1980 to July 2008), and Science Citation Index EXPANDED (1945 to July 2008). In addition, we handsearched the references of all identified studies and contacted the first author of each included trial. Selection criteria Randomised studies comparing different types of antibiotics for spontaneous bacterial peritonitis in cirrhotic patients. Data collection and analysis Data were independently extracted from the trials by at least two authors. Peto odds ratios or average differences, with their 95% confidence intervals, were estimated. Main results This systematic review attempted to summarise evidence from randomised clinical trials on the treatment of spontaneous bacterial peritonitis. Thirteen studies were included; each one of them compared different antibiotics in their experimental and control groups. No meta-analyses could be performed, though data on the main outcomes were collected and analysed separately for each included trial. Currently, the evidence showing that lower dosage or short-term treatment with third generation cephalosporins is as effective as higher dosage or long-term treatment is weak. Oral quinolones could be considered an option for those with less severe manifestations of the disease. Authors’ conclusions This review provides no clear evidence for the treatment of cirrhotic patients with spontaneous bacterial peritonitis. In practice, third generation cephalosporins have already been established as the standard treatment of spontaneous bacterial peritonitis, and it is clear, that empirical antibiotic therapy should be provided in any case. However, until large, well-conducted trials provide more information, practice will remain based on impression, not evidence.

Keywords: Authors, Cefotaxime, Ceftriaxone, Citation, Efficacy, Groups, Infections, Intravenous Ciprofloxacin, Lead, Liver-Cirrhosis, MEDLINE, Oral Ciprofloxacin, Prophylaxis, Randomized Controlled-Trials, Review, Science Citation Index, Systematic Review, Therapy, Treatment

? Duijvestijn, Y.C.M., Mourdi, N., Smucny, J., Pons, G. and Chalumeau, M. (2009), Acetylcysteine and carbocysteine for acute upper and lower respiratory tract infections in paediatric patients without chronic broncho-pulmonary disease. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD003124.

Full Text: [2009\Coc Dat Sys Rev2009, CD003124.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD003124.pdf)

Abstract: Background

Acetylcysteine and carbocysteine are the most commonly prescribed mucolytic drugs in many European countries. To our knowledge, no systematic review has been published on their efficacy and safety for acute upper and lower respiratory tract infections (ARTIs) in children without chronic broncho-pulmonary disease.

Objectives

The objective was to assess the efficacy and safety and to establish a benefit-risk ratio of acetylcysteine and carbocysteine as symptomatic treatments for ARTIs in children without chronic broncho-pulmonary disease.

Search strategy

We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2007, issue 4) which contains the Acute Respiratory Infections (ARI) Group’s Specialized Register, MEDLINE (1966 to 2008), EMBASE (1980 to 2008); Micromedex (2008), Pascal (1987 to 2004), and Science Citation Index (1974 to 2008).

Selection criteria

To study efficacy, we used randomised controlled trials (RCTs) comparing the use of acetylcysteine or carbocysteine versus placebo either alone or as an add-on therapy. To study safety, we also used trials comparing the use of acetylcysteine or carbocysteine versus active treatment or no treatment and case reports.

Data collection and analysis

At least two review authors extracted data and assessed trial quality. We performed a subgroup analysis of children younger than two years of age.

Main results

Six trials involving 497 participants were included to study efficacy. They showed some benefit from mucolytic agents, although differences were of little clinical relevance. No conclusion was drawn about the subgroup of infants younger than two years because the data were unavailable. Thirty-four studies including the previous six trials involving 2064 children were eligible to study safety. Overall safety was good but very few data were available to evaluate safety in infants younger than two years. However, 48 cases of paradoxically increased bronchorrhoea observed in infants were reported to the French pharmacovigilance system.

Authors’ conclusions

The results of this review have to be interpreted with caution because it was based on a limited number of participants included in studies whose methodological quality is questionable. Acetylcysteine and carbocysteine seem to have a limited efficacy and appear to be safe in children older than two years. These results should take into consideration the fact that acetylcysteine and carbocysteine are prescribed for self-limiting diseases (for example, acute cough, bronchitis). Regarding children younger than two years, given concerns about safety, these drugs should only be used for ARTIs in the context of an RCT.

Keywords: Plus Mucolytic Treatment, Adverse Drug-Reactions, Oral Acetylcysteine, Bronchial Diseases, N-Acetylcysteine, Children, Infants, Cefuroxime, Secretion, France

? GurUSAmy, K.S., Aggarwal, R., Palanivelu, L. and Davidson, B.R. (2009), Virtual reality training for surgical trainees in laparoscopic surgery. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD006575.

Full Text: [2009\Coc Dat Sys Rev2009, CD006575.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD006575.pdf)

Abstract: Background Surgical training has traditionally been one of apprenticeship, where the surgical trainee learns to perform surgery under the supervision of a trained surgeon. This is time consuming, costly, and of variable effectiveness. Training using a virtual reality simulator is an option to supplement standard training. Objectives To determine whether virtual reality training can supplement or replace conventional laparoscopic surgical training (apprenticeship) in surgical trainees with limited or no prior laparoscopic experience. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and grey literature until March 2008. Selection criteria We included all randomised clinical trials comparing virtual reality training versus other forms of training including video trainer training, no training, or standard laparoscopic training in surgical trainees with little or no prior laparoscopic experience. We also included trials comparing different methods of virtual reality training. Data collection and analysis We collected the data on the characteristics of the trial, methodological quality of the trials, mortality, morbidity, conversion rate, operating time, and hospital stay. We analysed the data with both the fixed-effect and the random-effects models using RevMan Analysis. For each outcome we calculated the standardised mean difference with 95% confidence intervals based on intention-to-treat analysis. Main results We included 23 trials with 612 participants. Four trials compared virtual reality versus video trainer training. Twelve trials compared virtual reality versus no training or standard laparoscopic training. Four trials compared virtual reality, video trainer training and no training, or standard laparoscopic training. Three trials compared different methods of virtual reality training. Most of the trials were of high risk of bias. In trainees without prior surgical experience, virtual reality training decreased the time taken to complete a task, increased accuracy, and decreased errors compared with no training; virtual reality group was more accurate than video trainer training group. In the participants with limited laparoscopic experience, virtual reality training reduces operating time and error better than standard in the laparoscopic training group; composite operative performance score was better in the virtual reality group than in the video trainer group. Authors’ conclusions Virtual reality training can supplement standard laparoscopic surgical training of apprenticeship and is at least as effective as video trainer training in supplementing standard laparoscopic training. Further research of better methodological quality and more patient-relevant outcomes are needed.

Keywords: Accuracy, Acquisition, Authors, Bias, Characteristics, Citation, Clinical Trials, Clinical-Trials, Composite, Criteria, Effectiveness, Empirical-Evidence, High Risk, High-Risk, Laparoscopic Surgery, Learning-Curve, Literature, MEDLINE, Metaanalysis, Methods, Mist-VR, Models, Operating-Room Performance, Outcomes, Psychomotor-Skills, Randomized Controlled-Trial, Research, Risk, Science, Science Citation Index, Simulator, Surgery, Task, Training

? GurUSAmy, K.S., Samraj, K., FUSAi, G. and Davidson, B.R. (2009), Robot assistant for laparoscopic cholecystectomy. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD006578.

Full Text: [2009\Coc Dat Sys Rev2009, CD006578.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD006578.pdf)

Abstract: Background The role of a robotic assistant in laparoscopic cholecystectomy is controversial. While some trials have shown distinct advantages of robotic assistant over a human assistant, others have not, and it is unclear which robotic assistant is best. Objectives The aims of this review are to compare the safety of robot assistant versus human assistant in laparoscopic cholecystectomy and to assess whether the robot can substitute for the human assistant. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation In de x Expanded until May 2008 for identifying the randomised trials using The Cochrane Hepato-Biliary Group search strategy. Selection criteria Only randomised clinical trials (irrespective of language, blinding, or publication status) comparing robot assistants versus human assistants in laparoscopic cholecystectomy were considered for the review. Randomised clinical trials comparing different types of robot assistants were also considered for the review. Data collection and analysis Two authors independently identified the trials for exclusion and independently extracted the data. We calculated the risk ratio, mean difference, or standardised mean difference with 95% confidence intervals using the fixed-effect and the random-effects models based on available case-analysis using RevMan 5. Main results We included five trials (all of high risk of bias) with 453 patients randomised: 159 to the robot-assistant group and 165 to the human assistant group (one trial report of 129 patients was a conference abstract, not reporting on the number of patients in each group). There was no statistically significant difference between the two groups for morbidity, conversion to open cholecystectomy, total operating time, or hospital stay when fixed-effect or random-effects model were used. The instrument set-up time was significantly lower in the human assistant group. In one trial, about one sixth of the laparoscopic cholecystectomies in which robot assistant was used, required temporary use of a human assistant. It appears that there was little or no requirement for human assistants in the other three published trials. In two of the three trials, which reported surgeons’ preference, the surgeons preferred a robot assistant to a human assistant. There was no statistically significant difference in the accuracy when the random-effects model was used. There was no difference in the errors. Authors’ conclusions Although robot-assisted laparoscopic cholecystectomy appears safe, there seems to be no significant advantages over human-assisted laparoscopic cholecystectomy. We were unable to identify trials comparing one type of robot assistant versus another. Further randomised trials with low bias-risk and random errors are needed.

Keywords: Abstract, Accuracy, Authors, Bias, Citation, Clinical Trials, Clinical-Trials, Controlled-Trials, Criteria, Empirical-Evidence, Gallstones, Groups, High Risk, High-Risk, Language, MEDLINE, Metaanalysis, Model, Models, Population, Prevalence, Publication, Quality, Randomized-Trials, Review, Risk, Science

? GurUSAmy, K.S., Pamecha, V., Sharma, D. and Davidson, B.R. (2009), Techniques for liver parenchymal transection in liver resection. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD006880.

Full Text: [2009\Coc Dat Sys Rev2009, CD006880.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD006880.pdf)

Abstract: Background Blood loss during elective liver resection is one of the main factors affecting the surgical outcome. Different parenchymal transection techniques have been suggested to decrease blood loss. Objectives To assess the benefits and risks of the different techniques of parenchymal transection during liver resections. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded (March 2008). Selection criteria We considered for inclusion all randomised clinical trials comparing different methods of parenchymal dissection irrespective of the method of vascular occlusion or any other measures used for lowering blood loss. Data collection and analysis Two authors identified the trials and extracted the data on the population characteristics, bias risk, mortality, morbidity, blood loss, transection speed, and hospital stay independently of each other. We calculated the odds ratio (OR), mean difference (MD), or standardised mean difference (SMD) with 95% confidence intervals based on ‘interntion-to-treat analysis’ or ‘available case analysis’ using RevMan 5. Main results We included seven trials randomising 556 patients. The comparisons include CUSA (cavitron ultrasound surgical aspirator) versus clamp-crush (two trials); radiofrequency dissecting sealer (RFDS) versus clamp-crush (two trials); sharp dissection versus clamp-crush technique (one trial); and hydrojet versus CUSA (one trial). One trial compared CUSA, RFDS, hydrojet, and clamp-crush technique. The infective complications and transection blood loss were greater in the RFDS than clamp-crush. There was no difference in the blood transfusion requirements, intensive therapy unit (ITU) stay, or hospital stay in this comparison. There was no significant differences in the mortality, morbidity, markers of liver parenchymal injury or liver dysfunction, ITU, or hospital stay in the other comparisons. The blood transfusion requirements were lower in the clamp-crush technique than CUSA and hydrojet. There was no difference in the transfusion requirements of clamp-crush technique and sharp dissection. Clamp-crush technique is quicker than CUSA, hydrojet, and RFDS. The transection speed of sharp dissection and clamp-crush technique was not compared. There was no clinically or statistically significant difference in the operating time between sharp dissection and clamp-crush techniques. Clamp-crush technique is two to six times cheaper than the other methods depending upon the number of surgeries performed each year. Authors’ conclusions Clamp-crush technique is advocated as the method of choice in liver parenchymal transection because it avoids special equipment, whereas the newer methods do not seem to offer any benefit in decreasing the morbidity or transfusion requirement.

Keywords: Authors, Bias, Blood-Loss, Characteristics, Citation, Clinical Trials, Comparison, Criteria, Drainage, Empirical-Evidence, Hepatic Vascular Exclusion, Hepatocellular-Carcinoma, MEDLINE, Metaanalysis, Methods, Quality, Randomized Clinical-Trial, Risk, Risk-Factors, Science, Science Citation Index, Techniques, Therapy, Ultrasound

? GurUSAmy, K.S., Abu-Amara, M., Farouk, M. and Davidson, B.R. (2009), Cholecystectomy for gallbladder polyp. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD007052.

Full Text: [2009\Coc Dat Sys Rev2009, CD007052.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD007052.pdf)

Abstract: Background The management of gallbladder polyps is controversial. Cholecystectomy has been recommended for gallbladder polyps larger than 10 mm because of the association with gallbladder cancer. Cholecystectomy has also been suggested for gallbladder polyps smaller than 10 mm in patients with biliary type of symptoms. Objectives The aim of this review is to compare the benefits (relief of symptoms, decreased incidence of gallbladder cancer) and harms (surgical morbidity) of cholecystectomy in patients with gallbladder polyp(s). Search strategy We searched The Cochrane Hepato- Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until July 2008 to identify the randomised trials. Selection criteria Only randomised clinical trials (irrespective of language, blinding, or publication status) comparing cholecystectomy and no cholecystectomy were considered for the review. Data collection and analysis We planned to collect the data on the characteristics, methodological quality, mortality, number of patients in whom symptoms were improved or cured from the one identified trial. We planned to analyse the data using the fixed-effect and the random-effects models using RevMan Analysis. For each outcome we planned to calculate the risk ratio (RR) with 95% confidence intervals based on intention-to-treat analysis. Main results We were unable to identify any randomised clinical trials comparing cholecystectomy versus no cholecystectomy in patients with a gallbladder polyp. Authors’ conclusions There are no randomised trials comparing cholecystectomy versus no cholecystectomy in patients with gallbladder polyps. Randomised clinical trials with low bias-risk are necessary to address the question of whether cholecystectomy is indicated in gallbladder polyps smaller than 10 mm.

Keywords: Authors, Cancer, Characteristics, Citation, Clinical Trials, Clinical-Trials, Controlled-Trials, Criteria, Empirical-Evidence, Injuries, Language, Laparoscopic Cholecystectomy, Lesions, Management, MEDLINE, Metaanalysis, Models, Publication, Randomized-Trials, Review, Risk, Risk-Factors, Science, Science Citation Index, Surgical-Management

? GurUSAmy, K.S., Pamecha, V., Sharma, D. and Davidson, B.R. (2009), Palliative cytoreductive surgery versus other palliative treatments in patients with unresectable liver metastases from gastro-entero-pancreatic neuroendocrine tumours. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD007118.

Full Text: [2009\Coc Dat Sys Rev2009, CD007118.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD007118.pdf)

Abstract: Background Neuroendocrine tumours are tumours of cells which possess secretory granules and originate from the neuroectoderm. While liver resection is generally advocated in patients with resectable liver alone metastases, the management of patients with liver metastases, which cannot be completely resected, is controversial. Objectives To determine if cytoreductive surgery is better than other palliative treatments in patients with liver metastases from gastro-enteropancreatic neuroendocrine tumours, which cannot be completely resected. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and LILACS until July 2008 for identifying the randomised trials. Selection criteria Only randomised clinical trials (irrespective of language, blinding, or publication status) comparing liver resection (alone or in combination with radiofrequency ablation or cryoablation) versus other palliative treatments (chemotherapy or hormone-therapy or immunotherapy) or no treatment in patients with liver metastases from neuroendocrine tumours, which cannot be completely resected, were considered for the review. Data collection and analysis Two authors independently identified trials for inclusion. Main results We were unable to identify any randomised clinical trial suitable for inclusion in this review. Authors’ conclusions The literature provides no evidence from randomised clinical trials in order to assess the role of cytoreductive surgery in non-resectable liver metastases from gastro-entero-pancreatic neuroendocrine tumours. High-quality randomised clinical trials may become feasible to perform if their conduct and study design is thoroughly considered in all their practical and methodological aspects. Pilot randomised clinical trials, which can guide the study design of definitive randomised clinical trials, are necessary.

Keywords: Authors, Carcinoid-Tumors, Citation, Clinical Trials, Clinical-Trials, Controlled-Trials, Criteria, Empirical-Evidence, Hepatic Metastases, Interferon-Alpha, Language, Literature, Management, MEDLINE, Publication, Radiofrequency Ablation, Radionuclide Therapy, Randomized-Trials, Review, Science, Science Citation Index, Study Design, Surgery, Surgical-Treatment, Treatment

? GurUSAmy, K.S., Kumar, Y., Pamecha, V., Sharma, D. and Davidson, B.R. (2009), Ischaemic pre-conditioning for elective liver resections performed under vascular occlusion. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD007629.

Full Text: [2009\Coc Dat Sys Rev2009, CD007629.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD007629.pdf)

Abstract: Background Vascular occlusion is used to reduce blood loss during liver resection surgery. The enzyme markers of liver injury are elevated if vascular occlusion is employed during liver resection. It is not clear whether ischaemic preconditioning prior to vascular occlusion has a protective effect during elective liver resections. Objectives To assess the advantages (decreased ischaemia-reperfusion injury) and any potential disadvantages of ischaemic preconditioning prior to vascular occlusion during liver resections. Search strategy Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until August 2008. Selection criteria We included randomised clinical trials comparing ischaemic preconditioning versus no ischaemic preconditioning prior to vascular occlusion (irrespective of the method of vascular occlusion) during elective liver resections (irrespective of language or publication status). Data collection and analysis Two authors independently assessed trials for inclusion and independently extracted the data. We analysed the data with both the fixed-effect and the random-effects models using RevMan Analysis. We calculated the risk ratio, mean difference, or standardised mean difference with 95% confidence intervals based on intention-to-treat or available data analysis. Main results We included four trials with 271 patients undergoing open liver resections. The patients were randomised to ischaemic preconditioning (n = 135) and no ischaemic preconditioning (n = 136) prior to continuous vascular occlusion (portal triad clamping in three trials and hepatic vascular exclusion in one trial). All the trials excluded cirrhotic patients. We assessed all the four trials as having high risk of bias. There was no difference in mortality, liver failure, other peri-operative morbidity, hospital stay, intensive therapy unit stay, and operating time between the two groups. The proportion of patients requiring blood transfusion was lower in the ischaemic preconditioning group. There was also a trend towards a lower amount of red cell transfusion favouring ischaemic preconditioning group. There was no difference in the haemodynamic changes, blood loss, bilirubin, or prothrombin activity between the two groups. The enzyme markers of liver injury were lower in the ischaemic preconditioning group on the first post-operative day. Authors’ conclusions Currently, there is no evidence to suggest a protective effect of ischaemic preconditioning in non-cirrhotic patients undergoing liver resection under continuous vascular occlusion. Ischaemic preconditioning reduces the blood transfusion requirements in patients undergoing liver resection.

Keywords: 100 Consecutive Patients, Authors, Bias, Citation, Clinical Trials, Clinical-Trials, Controlled-Trials, Criteria, Data Analysis, Empirical-Evidence, Groups, Hepatectomy, Hepatic Resection, Hepatocellular-Carcinoma, High Risk, High-Risk, Language, MEDLINE, Metaanalysis, Models, Publication, Randomized-Trials, Risk, Risk-Factors, Science, Science Citation Index, Surgery, Therapy

? GurUSAmy, K.S., Sheth, H., Kumar, Y., Sharma, D. and Davidson, B.R. (2009), Methods of vascular occlusion for elective liver resections. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD007632.

Full Text: [2009\Coc Dat Sys Rev2009, CD007632.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD007632.pdf)

Abstract: Background Vascular occlusion is used to reduce blood loss during liver resection surgery. Various methods of vascular occlusion have been suggested. Objectives To compare the benefits and harms of different methods of vascular occlusion during elective liver resection. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until August 2008. Selection criteria We included randomised clinical trials comparing different methods of vascular occlusion during elective liver resections (irrespective of language or publication status). Data collection and analysis Two authors independently assessed trials for inclusion and independently extracted the data. We calculated the risk ratio or mean difference with 95% confidence intervals using fixed-effect and random-effects models based on intention-to-treat or available data analysis. Main results Ten trials including 657 patients compared different methods of vascular occlusion. All trials were of high risk of bias. Only one or two trials were included under each comparison. There was no statistically significant differences in mortality, liver failure, or other morbidity between any of the comparisons. Hepatic vascular occlusion does not decrease the blood transfusion requirements. It decreases the cardiac output and increases the systemic vascular resistance. In the comparison between continuous portal triad clamping and intermittent portal triad clamping, four of the five liver failures occurred in patients with chronic liver diseases undergoing the liver resections using continuous portal triad clamping. In the comparison between selective inflow occlusion and portal triad clamping, all four patients with liver failure occurred in the selective inflow occlusion group. There was no difference in any of the other important outcomes in any of the comparisons. Authors’ conclusions In elective liver resection, hepatic vascular occlusion cannot be recommended over portal triad clamping. Intermittent portal triad clamping seems to be better than continuous portal triad clamping at least in patients with chronic liver disease. There is no evidence to support selective inflow occlusion over portal triad clamping. The optimal method of intermittent portal triad clamping is not clear. There is no evidence for any difference between the ischaemic preconditioning followed by vascular occlusion and intermittent vascular occlusion for liver resection in patients with non-cirrhotic livers. Further randomised trials of low risk of bias are needed to determine the optimal technique of vascular occlusion.

Keywords: Authors, Bias, Blood-Loss, Chronic, Citation, Clinical Trials, Comparison, Criteria, Data Analysis, Empirical-Evidence, Hepatic Resection, Hepatocellular-Carcinoma, High Risk, High-Risk, Inferior Vena-Cava, Language, MEDLINE, Methods, Models, Noncirrhotic Patients, Outcomes, Portal Triad, Pringle Maneuver, Publication, Randomized Clinical-Trial, Risk, Risk-Factors, Science, Science Citation Index, Surgery

? Duperrex, O., Blackhall, K., Burri, M. and Jeannot, E. (2009), Education of children and adolescents for the prevention of dog bite injuries. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD004726.

Full Text: [2009\Coc Dat Sys Rev2009, CD004726.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD004726.pdf)

Abstract: Background Dog bites can have dramatic consequences for children and adolescents. Educating young people on how to interact with dogs could contribute to reducing dog bite injuries. Objectives To determine the effectiveness of educational interventions that target children and adolescents in reducing dog bite injuries and their consequences. Search strategy We searched the following databases: The Cochrane Injuries Group’s Specialised Register, CENTRAL (The Cochrane Library Issue 3, 2008), CAB Abstracts, Zetoc, SIGLE, MEDLINE, EMBASE, ERIC, PsycInfo, SPECTR, CINAHL, National Research Register, LILACs, African Healthline, Science Citation Index, Social Science Citation Index, CurrentClinicalTrials. Gov, Centrewatch, Controlledtrials. com, Vetgate and the WHO database. We checked the bibliographies of relevant reviews and trials and also contacted experts in the field. The searches were carried out to 18 July 2008. Selection criteria We included randomised controlled trials and controlled before-after studies that evaluated the effectiveness of educational interventions, in populations under 20 years old, for preventing dog bites. Data collection analysis Two review authors selected eligible studies based on information from the title and abstract. Two review authors decided on the inclusion of eligible trials and extracted data from the trial reports. We contacted authors of eligible studies to obtain more information. Main results Two studies met the inclusion criteria. No study looked at our main outcome: dog bite rates. The included studies were randomised controlled trials conducted in kindergarten and primary schools. Their methodology was of moderate quality. One study showed that the intervention group showed less ‘inappropriate behaviour’ when observed in the presence of a dog after a 30-minute educational intervention. Another study showed an increase in knowledge and in caution after an information programme. Authors’ conclusions There is no direct evidence that educational programmes can reduce dog bite rates in children and adolescents. Educating children who are less than 10 years old in school settings could improve their knowledge, attitude and behaviour towards dogs. Educating children and adolescents in settings other than schools should also be evaluated. There is a need for high quality studies that measure dog bite rates as an outcome. To date, evidence does not suggest that educating children and adolescents is effective as a unique public health strategy to reduce dog bite injuries and their consequences.

Keywords: Accident, Adolescents, Attitude, Authors, Bias, Children, Citation, Databases, Education, Embase, Emergency-Departments, Epidemiology, Information, Intervention, Interventions, MEDLINE, Methodology, Posttraumatic-Stress-Disorder, Prevention, Primary, Program, Public Health, Randomized Controlled-Trial, Research, Review, Risk, Schools, Science, Science Citation Index, Search Strategy, Strategy, WHO

? Bradt, J. and Dileo, C. (2009), Music for stress and anxiety reduction in coronary heart disease patients. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD006577.

Full Text: [2009\Coc Dat Sys Rev2009, CD006577.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD006577.pdf)

Abstract: Background Individuals with coronary heart disease (CHD) often suffer from severe distress putting them at greater risk for complications. Music interventions have been used to reduce anxiety and distress and improve physiological functioning in medical patients, however its efficacy for CHD patients needs to be evaluated. Objectives To examine the effects of music interventions with standard care versus standard care alone on psychological and physiological responses in persons with CHD. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, CINAHL, EMBASE, PSYCINFO, LILACS, Science Citation Index, www.musictherapyworld.net, CAIRSS for Music, Proquest Digital Dissertations, ClinicalTrials.gov, Current Controlled Trials, and the National Research Register (all to May 2008). We handsearched music therapy journals and reference lists, and contacted relevant experts to identify unpublished manuscripts. There was no language restriction. Selection criteria We included all randomized controlled trials that compared music interventions and standard care with standard care alone for persons with CHD. Data collection and analysis Data were extracted, and methodological quality was assessed, independently by the two reviewers. Additional information was sought from the trial researchers when necessary. Results are presented using weighted mean differences for outcomes measured by the same scale and standardized mean differences for outcomes measured by different scales. Posttest scores were used. In cases of significant baseline difference, we used change scores. Main results Twenty-three trials (1461 participants) were included. Music listening was the main intervention used, and 21 of the studies did not include a trained music therapist. Results indicated that music listening has a moderate effect on anxiety in patients with CHD, however results were inconsistent across studies. This review did not find strong evidence for reduction of psychological distress. Findings indicated that listening to music reduces heart rate, respiratory rate and blood pressure. Studies that included two or more music sessions led to a small and consistent pain-reducing effect. No strong evidence was found for peripheral skin temperature. None of the studies considered hormone levels and only one study considered quality of life as an outcome variable. Authors’ conclusions Music listening may have a beneficial effect on blood pressure, heart rate, respiratory rate, anxiety, and pain in persons with CHD. However, the quality of the evidence is not strong and the clinical significance unclear. Most studies examined the effects of listening to pre-recorded music. More research is needed on the effects of music offered by a trained music therapist.

Keywords: Anxiety, Authors, Care Unit, Change, Citation, Criteria, Intervention, Interventions, Journals, Language, Manuscripts, Medical, MEDLINE, Metaanalysis, Outcomes, Pain, Reduction, Relaxation, Research, Researchers, Respiratory, Review, Risk, Scale, Science, Science Citation Index, Stress, Surgery, Temperature, Therapy

? GurUSAmy, K.S., Samraj, K. and Davidson, B.R. (2009), Low pressure versus standard pressure pneumoperitoneum in laparoscopic cholecystectomy. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD006930.

Full Text: [2009\Coc Dat Sys Rev2009, CD006930.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD006930.pdf)

Abstract: Background A pneumoperitoneum of 12 to 16 mmHg is used for laparoscopic cholecystectomy. Lower pressures are claimed to be safe and effective in decreasing cardiopulmonary complications and pain. Objectives To assess the benefits and harms of low pressure pneumoperitoneum compared with standard pressure pneumoperitoneum in patients undergoing laparoscopic cholecystectomy. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until November 2008 for identifying randomised trials using search strategies. Selection criteria Only randomised clinical trials, irrespective of language, blinding, or publication status were considered for the review. Data collection and analysis Two authors independently identified trials and independently extracted data on mortality, morbidity, conversion to open cholecystectomy, pain, analgesic requirement, operating time, hospital stay, patient satisfaction, additional measures to increase vision, and cardiopulmonary parameters. We calculated the risk ratio (RR), mean difference (MD), or standardised mean difference (SMD) with 95% confidence intervals (CI) using both the fixed-effect and the random-effects models with RevMan 5 based on available case-analysis. Main results Fifteen trials randomised 690 patients to low pressure (n = 336) and standard pressure (n = 354). All the trials were of high risk of bias. There was no difference in the mortality, morbidity, or conversion to open cholecystectomy between the groups. The intensity of pain was lower in the low pressure group at various time points. The incidence of shoulder pain was lower in the low pressure group (RR 0.53; 95% CI 0.31 to 0.90). The analgesic consumption was also lower. The operating time was similar between the groups (MD 2.30 minutes; 95% CI 0.42 to 4.18). Because of the high risk of bias due to incomplete outcome data in seven trials, it was not possible to conclude about the safety of low pressure pneumoperitoneum. Authors’ conclusions Low pressure pneumoperitoneum appears effective in decreasing pain after laparoscopic cholecystectomy. The safety of low pressure pneumoperitoneum has to be established.

Keywords: Abdominal-Wall Lift, Authors, Base-Balance Alterations, Bias, Carbon-Dioxide Pneumoperitoneum, Citation, Clinical Trials, Clinical-Trials, Consumption, Criteria, Different Insufflation Pressures, Different Intraabdominal Pressures, Empirical-Evidence, Groups, Hepatic-Function, High Risk, High-Risk, Language, MEDLINE, Models, Pain, Pressures, Prospective Randomized-Trial, Publication, Review, Risk, Science, Science Citation Index, Surgery

? GurUSAmy, K.S., Ramamoorthy, R., Sharma, D. and Davidson, B.R. (2009), Liver resection versus other treatments for neuroendocrine tumours in patients with resectable liver metastases. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD007060.

Full Text: [2009\Coc Dat Sys Rev2009, CD007060.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD007060.pdf)

Abstract: Background Neuroendocrine tumours are tumours of cells, which possess secretory granules and originate from the neuroectoderm. While liver resection is generally advocated in patients with resectable liver metastases, recent studies have shown good survival in patients with disseminated neuroendocrine tumours who underwent thermal ablation using radiofrequency. Objectives To determine the benefits and harms of liver resection versus other treatments in patients with resectable liver metastases from gastroentero-pancreatic neuroendocrine tumours. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded and LILACS until July 2008 for identifying the randomised trials. Selection criteria We considered only randomised clinical trials (irrespective of language, blinding, or publication status) comparing liver resection (alone or in combination with radiofrequency ablation or cryoablation) versus other interventions (chemotherapy, hormonotherapy, or immunotherapy) and those comparing liver resection and thermal ablation (radiofrequency ablation or cryoablation) in patients with resectable liver metastases from neuroendocrine tumours for the review. Data collection and analysis Two authors independently identified trials for inclusion. Main results We were unable to identify any randomised clinical trial suitable for inclusion in this review. We were also unable to identify any quasi-randomised studies, cohort studies, or case-control studies that could inform meaningfully. Authors’ conclusions There is no evidence from randomised clinical trials comparing liver resection versus other treatments in patients with resectable liver metastases from gastro-entero-pancreatic neuroendocrine tumours. Liver resection appears to be the main stay curative treatment for neuroendocrine liver metastases based on non-randomised studies. Further randomised clinical trials comparing liver resection alone or in combination with chemoembolisation or radionuclide therapy are needed. Further randomised clinical trials comparing surgical resection and radiofrequency ablation in selected patients may also be appropriate.

Keywords: Authors, Case-Control, Citation, Clinical Trials, Clinical-Trials, Cohort, Controlled-Trials, Criteria, Empirical-Evidence, Hepatic-Tumors, Interferon-Alpha, Language, MEDLINE, Midgut Carcinoid-Tumors, Publication, Radiofrequency Ablation, Radionuclide, Randomized-Trials, Review, Science, Science Citation Index, Surgical-Treatment, Survival, Therapy, Treatment

? Settas, G., Settas, C., Minos, E. and Yeung, I.Y.L. (2009), Photorefractive keratectomy (PRK) versus laser assisted in situ keratomileusis (LASIK) for hyperopia correction. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD007112.

Full Text: [2009\Coc Dat Sys Rev2009, CD007112.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD007112.pdf)

Abstract: Background Hyperopia, or hypermetropia (also known as long-sightedness or far-sightedness), is the condition where the unaccommodating eye brings parallel light to a focus behind the retina instead of on it. Hyperopia can be corrected with both non-surgical and surgical methods, among them photorefractive keratectomy (PRK) and laser assisted In situ keratomileusis (LASIK). There is uncertainty as to whether hyperopic-PRK or hyperopic-LASIK is the better method. Objectives The objectives of this review were to determine whether PRK or LASIK leads to more reliable, stable and safe results when correcting a hyperopic refractive error. Search strategy We searched the Cochrane Central Register of Controlled Trials (The Cochrane Library Issue 4, 2008), MEDLINE (January 1950 to January 2009), EMBASE (January 1980 to January 2009) and LILACS (January 1982 to January 2009). There were no language or date restrictions in the search for trials. The electronic databases were last searched on 13 January 2009. We also searched the reference lists of the studies included in the review for information about further trials and used the Science Citation Index to search for papers that cite any studies included in this review. We did not handsearch journals or conference proceedings specifically for this review. Selection criteria We planned to include only randomised controlled trials (RCTs) comparing PRK against LASIK for correction of hyperopia and then perform a sensitivity analysis of pre-and post-millennial trials since this is the mid-point in the history of both PRK and LASIK. Data collection analysis We did not identify any studies that met the inclusion criteria for this review. Main results As no studies met the inclusion criteria for this review, we discussed the results of non- randomised trials comparing hyperopic-PRK with hyperopic-LASIK. Authors’ conclusions No robust, reliable conclusions could be reached, but the non-randomised trials reviewed appear to be in agreement that hyperopic-PRK and hyperopic-LASIK are of comparable efficacy. High quality, well-planned open RCTs are needed in order to obtain a robust clinical evidence base.

Keywords: Astigmatism, Authors, Children, Citation, Criteria, Databases, History, Journals, Language, Lasik, MEDLINE, Methods, Refractive Errors, Review, Science, Science Citation Index, Sensitivity Analysis, Uncertainty

? Keay, L., Lindsley, K., Tielsch, J., Katz, J. and Schein, O. (2009), Routine preoperative medical testing for cataract surgery. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD007293.

Full Text: [2009\Coc Dat Sys Rev2009, CD007293.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD007293.pdf)

Abstract: Background Cataract surgery is practiced widely and substantial resources are committed to an increasing cataract surgical rate in developing countries. With the current volume of cataract surgery and the increases in the future, it is critical to optimize the safety and costeffectiveness of this procedure. Most cataracts are performed on older individuals with correspondingly high systemic and ocular comorbidities. It is likely that routine preoperative medical testing will detect medical conditions, but it is questionable whether these conditions should preclude individuals from cataract surgery or change their perioperative management. Objectives (1) To investigate the evidence for reductions in adverse events through preoperative medical testing, and (2) to estimate the average cost of performing routine medical testing. Search strategy We searched CENTRAL, MEDLINE, EMBASE and LILACS using no date or language restrictions. We used reference lists and the Science Citation Index to search for additional studies. Selection criteria We included randomized clinical trials in which routine preoperative medical testing was compared to no preoperative or selective preoperative testing prior to age-related cataract surgery. Data collection and analysis Two review authors independently assessed abstracts to identify possible trials for inclusion. For each included study, two review authors independently documented study characteristics, extracted data, and assessed methodological quality. Main results The three randomized clinical trials included in this review reported results for 21,531 total cataract surgeries with 707 total surgery-associated medical adverse events, including 61 hospitalizations and three deaths. of the 707 medical adverse events reported, 353 occurred in the pretesting group and 354 occurred in the no testing group. Most events were cardiovascular and occurred during the intraoperative period. Routine preoperative medical testing did not reduce the risk of intraoperative (OR 1.02, 95% CI 0.85 to 1.22) or postoperative medical adverse events (OR 0.96, 95% CI 0.74 to 1.24) when compared to selective or no testing. Cost savings were evaluated in one study which estimated the costs to be 2.55 times higher in those with preoperative medical testing compared to those without preoperative medical testing. There was no difference in cancellation of surgery between those with preoperative medical testing and those with no or limited preoperative testing, reported by two studies. Authors’ conclusions This review has shown that routine pre- operative testing does not increase the safety of cataract surgery. Alternatives to routine preoperative medical testing have been proposed, including self-administered health questionnaires, which could substitute for health provider histories and physical examinations. Such avenues may lead to cost-effective means of identifying those at increased risk of medical adverse events due to cataract surgery. However, despite the rare occurrence, adverse medical events precipitated by cataract surgery remain a concern because of the large number of elderly patients with multiple medical comorbidities who have cataract surgery in various settings. The studies summarized in this review should assist recommendations for the standard of care of cataract surgery, at least in developed settings. Unfortunately, in developing country settings, medical history questionnaires would be useless to screen for risk since few people have ever been to a physician, let alone been diagnosed with any chronic disease.

Keywords: Anesthesiologists, Authors, Cataract, Change, Characteristics, Chronic, Citation, Clinical Trials, Cost, Costs, Criteria, Developing Countries, Developing Country, Elderly, Health, History, Impact, Language, Lead, Management, Medical, MEDLINE, Occurrence, Outcomes, Questionnaires, Randomized Clinical Trials, Review, Risk, Science, Science Citation Index, Surgery

? Wijeysundera, D.N., Bender, J.S. and Beattie, W.S. (2009), Alpha-2 adrenergic agonists for the prevention of cardiac complications among patients undergoing surgery. *Cochrane Database of Systematic Reviews*, **4**, Article Number: CD004126.

Full Text: [2009\Coc Dat Sys Rev2009, CD004126.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD004126.pdf)

Abstract: Background The surgical stress response plays an important role on the pathogenesis of perioperative cardiac complications. Alpha-2 adrenergic agonists attenuate this response and may thereby prevent cardiac complications. Objectives This review assessed the efficacy and safety of preoperative (within 24 hours), intraoperative, and postoperative (first 48 hours) alpha-2 adrenergic agonists for preventing mortality and cardiac complications after surgery performed under either general or neuraxial anaesthesia, or both. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2008, Issue 3), MEDLINE (1950 to August week 4 2008), EMBASE (1980 to week 36 2008), the Science Citation Index, and reference lists of articles. Selection criteria We included randomized controlled trials that compared alpha-2 adrenergic agonists (clonidine, dexmedetomidine, or mivazerol) against placebo or non-alpha-2 adrenergic agonists. Included studies had to report on mortality, myocardial infarction, myocardial ischaemia, or supraventricular tachyarrhythmia. Data collection and analysis Three authors independently assessed trial quality and extracted data. Two authors independently performed computer entry of abstracted data. We contacted study authors for additional information. Adverse event data were gathered from the trials. Main results We included 31 studies (4578 participants). Study quality was generally inadequate, with only six studies clearly reporting methods for blinding and allocation concealment. Overall, alpha-2 adrenergic agonists reduced mortality (relative risk (RR) 0.66; 95% CI 0.44 to 0.98; P = 0.04) and myocardial ischaemia (RR 0.68; 95% CI 0.57 to 0.81; P < 0.0001). However, their effects appeared to vary with the surgical procedure. The most encouraging data pertained to vascular surgery, where they reduced mortality (RR 0.47; 95% CI 0.25 to 0.90; P = 0.02), cardiac mortality (RR 0.36; 95% CI 0.16 to 0.79; P = 0.01), and myocardial infarction (RR 0.66; 95% CI 0.46 to 0.94; P = 0.02). With regard to adverse effects, alpha-2 adrenergic agonists significantly increased perioperative hypotension (RR 1.32; 95% CI 1.07 to 1.62; P = 0.009) and bradycardia (RR 1.66; 95% CI 1.14 to 2.41; P = 0.008). Authors’ conclusions Our study provides encouraging evidence that alpha-2 adrenergic agonists may reduce cardiac risk, especially during vascular surgery. Nonetheless, these data remain insufficient to make firm conclusions about their efficacy and safety. A large randomized trial of alpha-2 adrenergic agonists is therefore warranted. Additionally, future research must determine which specific alpha-2 adrenergic agonist should be used, and whether it is safe to combine them with other perioperative interventions (for example beta-adrenergic blockade).

Keywords: Anaesthesia, Artery Bypass-Surgery, Articles, Authors, Citation, Computer, Criteria, Double-Blind, Elective Abdominal Hysterectomy, Hemodynamic-Responses, Intensive-Care-Unit, Intravenously Administered Dexmedetomidine, MEDLINE, Methods, Noncardiac Surgery, Oral Clonidine Premedication, Perioperative Myocardial-Ischemia, Placebo, Postoperative Analgesia, Research, Review, Risk, Science, Science Citation Index, Stress, Surgery, Vascular Surgery

? GurUSAmy, K.S., Li, J., Sharma, D. and Davidson, B.R. (2009), Cardiopulmonary interventions to decrease blood loss and blood transfusion requirements for liver resection. *Cochrane Database of Systematic Reviews*, **4**, Article Number: CD007338.

Full Text: [2009\Coc Dat Sys Rev2009, CD007338.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD007338.pdf)

Abstract: Background Blood loss during liver resection is one of the most important factors affecting the peri-operative outcomes of patients undergoing liver resection. Objectives To determine the benefits and harms of cardiopulmonary interventions to decrease blood loss and to decrease allogeneic blood transfusion requirements in patients undergoing liver resections. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until November 2008 for identifying the randomised trials. Selection criteria We included all randomised clinical trials comparing various cardiopulmonary interventions aimed at decreasing blood loss and allogeneic blood transfusion requirements in liver resection. Trials were included irrespective of whether they included major or minor liver resections, normal or cirrhotic livers, vascular occlusion was used or not, and irrespective of the reason for liver resection. Data collection and analysis Two authors independently identified trials for inclusion and independently extracted data. We analysed the data with both the fixed-effect and the random-effects models using RevMan Analysis. For each outcome we calculated the risk ratio (RR), mean difference (MD), or standardised mean difference (SMD) with 95% confidence intervals (CI) based on intention-to-treat analysis or available case-analysis. For dichotomous outcomes with only one trial included under the outcome, we performed the Fisher’s exact test. Main results Nine trials involving 587 patients satisfied the inclusion criteria. The interventions included low central venous pressure (CVP), autologous blood donation, haemodilution, haemodilution with controlled hypotension, and hypoventilation. Only one or two trials were included under most comparisons. All trials had a high risk of bias. There was no significant difference in the peri-operative mortality or other peri-operative morbidity. None of the trials reported long-term survival or liver failure. The risk ratio of requiring allogeneic blood transfusion was significantly lower in the haemodilution and haemodilution with controlled hypotension groups than the respective control groups. Other interventions did not show significant decreases of allogeneic transfusion requirements. Authors’ conclusions None of the interventions seem to decrease peri-operative morbidity or offer any long-term survival benefit. Haemodilution shows promise in the reduction of blood transfusion requirements in liver resection surgery. However, there is a high risk of type I (erroneously concluding that an intervention is beneficial when it is actually not beneficial) and type II errors (erroneously concluding that an intervention is not beneficial when it is actually beneficial) because of the few trials included, the small sample size in each trial, and the high risk of bias. Further randomised clinical trials with low risk of bias and random errors assessing clinically important outcomes such as peri-operative mortality are necessary to assess any cardiopulmonary interventions aimed at decreasing blood loss and blood transfusion requirements in liver resections. Trials need to be designed to assess the effect of a combination of different interventions in liver resections.

Keywords: Acute Normovolemic Hemodilution, Authors, Bias, Citation, Clinical Trials, Clinical-Trials, Criteria, Empirical-Evidence, Groups, Hepatectomy, Hepatic Resection, Hepatocellular-Carcinoma, High Risk, High-Risk, Intervention, MEDLINE, Metaanalysis, Models, Outcomes, Quality, Randomized Controlled-Trial, Reduction, Risk, Risk-Factors, Science, Science Citation Index, Surgery

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Full Text: [2009\Coc Dat Sys Rev2009, CD007370.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD007370.pdf)

Abstract: Background Penetrating abdominal trauma occurs when the peritoneal cavity is breached. Routine laparotomy for penetrating abdominal injuries began in the 1800s, with antibiotics first being used in World War II to combat septic complications associated with these injuries. This practice was marked with a reduction in sepsis-related mortality and morbidity. Whether prophylactic antibiotics are required in the prevention of infective complications following penetrating abdominal trauma is controversial, however, as no randomised placebo controlled trials have been published to date. There has also been debate about the timing of antibiotic prophylaxis. In 1972 Fullen noted a 7% to 11% post-surgical infection rate with pre-operative antibiotics, a 33% to 57% infection rate with intra-operative antibiotic administration and 30% to 70% infection rate with only post-operative antibiotic administration. Current guidelines state there is sufficient class I evidence to support the use of a single pre-operative broad spectrum antibiotic dose, with aerobic and anaerobic cover, and continuation (up to 24 hours) only in the event of a hollow viscus perforation found at exploratory laparotomy. Objectives To assess the benefits and harms of prophylactic antibiotics administered for penetrating abdominal injuries for the reduction of the incidence of septic complications, such as septicaemia, intra-abdominal abscesses and wound infections. Search strategy Searches were not restricted by date, language or publication status. We searched the following electronic databases: the Cochrane Injuries Group Specialised Register, CENTRAL (The Cochrane Library 2008 Issue 3), MEDLINE (Ovid), EMBASE (Ovid), ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED), ISI Web of Science: Conference Proceedings Citation Index-Science (CPCI-S), PUBMED. Searches were last conducted in September 2008. Selection criteria All randomised controlled trials of antibiotic prophylaxis or treatment in patients with penetrating abdominal trauma versus no antibiotics or placebo. Data collection and analysis The authors performed the literature search independently, and screened all resulting abstracts for inclusion.We identified no trials meeting the inclusion criteria. Author’s conclusions There is currently no information from randomised controlled trials to support or refute the use of antibiotics for patients with penetrating abdominal trauma.

Keywords: Antibiotics, Bias, Citation, Criteria, Databases, ISI, Isi Web, ISI Web of Science, Language, Literature, MEDLINE, Metaanalysis, Placebo, Publication, Quality, Randomized-Trials, Reduction, Science, Science Citation Index, Spectrum, State, Trauma, Treatment, Web of Science

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Full Text: [2009\Coc Dat Sys Rev2009, CD007472.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD007472.pdf)

Abstract: Background Vascular occlusion to reduce blood loss is used during elective liver resection but results in significant ischaemia reperfusion injury. This, in turn, might lead to significant postoperative liver dysfunction and morbidity. Various pharmacological drugs have been used with an intention to ameliorate the ischaemia reperfusion injury in liver resections. Objectives To assess the benefits and harms of different pharmacological agents versus no pharmacological interventions to decrease ischaemia reperfusion injury during liver resections where vascular occlusion was performed during the surgery. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until January 2009. Selection criteria We included randomised clinical trials, irrespective of language or publication status, comparing any pharmacological agent versus placebo or no pharmacological agent during elective liver resections with vascular occlusion. Data collection and analysis Two authors independently identified trials for inclusion and independently extracted the data. We analysed the data with both the fixed-effect and the random-effects models using RevMan Analysis. We calculated the risk ratio (RR) or mean difference (MD) with 95% confidence intervals (CI) based on intention-to-treat analysis or available case analysis. Main results We identified a total of 15 randomised trials evaluating 11 different pharmacological interventions (methylprednisolone, multivitamin antioxidant infusion, vitamin E infusion, amrinone, prostaglandin E1, pentoxifylline, mannitol, trimetazidine, dextrose, allopurinol, and OKY 046 (a thromboxane A2 synthetase inhibitor)). All trials had high risk of bias. There were no significant differences between the groups in mortality, liver failure, or perioperative morbidity. The trimetazidine group had a significantly shorter hospital stay than control (MD -3.00 days; 95% CI -3.57 to -2.43). There were no significant differences in any of the clinically relevant outcomes in the remaining comparisons. Methylprednisolone improved the enzyme markers of liver function and trimetazidine, methylprednisolone, and dextrose reduced the enzyme markers of liver injury compared with controls. However, there is a high risk of type I and type II errors because of the few trials included, the small sample size in each trial, and the risk of bias. Authors’ conclusions Trimetazidine, methylprednisolone, and dextrose may protect against ischaemia reperfusion injury in elective liver resections performed under vascular occlusion, but this is shown in trials with small sample sizes and high risk of bias. The use of these drugs should be restricted to well-designed randomised clinical trials before implementing them in clinical practice.

Keywords: Authors, Bias, Cirrhotic-Patients, Citation, Clinical Trials, Criteria, Groups, Hepatic Resection, Hepatocellular-Carcinoma, High Risk, High-Risk, Intervention, Intraoperative Blood-Loss, Ischemia, Reperfusion Injury, Language, Lead, MEDLINE, Models, Outcomes, Placebo, Prostaglandin E-1, Protease Inhibitor, Publication, Randomized Clinical-Trials, Risk, Science, Science Citation Index, Surgery, Surgical Stress, Type I and Type Ii Errors, Warm Ischemia

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Full Text: [2009\Coc Dat Sys Rev2009, CD008085.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD008085.pdf)

Abstract: Background Blood loss during liver resection is one of the most important factors affecting the peri-operative outcomes of patients undergoing liver resection. Objectives To determine the benefits and harms of pharmacological interventions to decrease blood loss and to decrease allogeneic blood transfusion requirements in patients undergoing liver resections. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until November 2008 for identifying the randomised trials. Selection criteria We included all randomised clinical trials comparing various pharmacological interventions aimed at decreasing blood loss and allogeneic blood transfusion requirements in liver resection. Trials were included irrespective of whether they included major or minor liver resections, normal or cirrhotic livers, vascular occlusion was used or not, and irrespective of the reason for liver resection. Data collection and analysis Two authors independently identified trials for inclusion and independently extracted data. We analysed the data with both the fixed-effect and the random-effects models using RevMan Analysis. For each outcome we calculated the risk ratio (RR), mean difference (MD), or standardised mean difference with 95% confidence intervals (CI) based on intention-to-treat analysis or available case-analysis. For dichotomous outcomes with only one trial included under the outcome, we performed the Fisher’s exact test. Main results Six trials involving 849 patients satisfied the inclusion criteria. Pharmacological interventions included aprotinin, desmopressin, recombinant factor VIIa, antithrombin III, and tranexamic acid. One or two trials could be included under most comparisons. All trials had a high risk of bias. There was no significant difference in the peri-operative mortality, survival at maximal follow-up, liver failure, or other peri-operative morbidity. The risk ratio of requiring allogeneic blood transfusion was significantly lower in the aprotinin and tranexamic acid groups than the respective control groups. Other interventions did not show significant decreases of allogeneic transfusion requirements. Authors’ conclusions None of the interventions seem to decrease peri-operative morbidity or offer any long-term survival benefit. Aprotinin and tranexamic acid show promise in the reduction of blood transfusion requirements in liver resection surgery. However, there is a high risk of type I (erroneously concluding that an intervention is beneficial when it is actually not beneficial) and type II errors (erroneously concluding that an intervention is not beneficial when it is actually beneficial) because of the few trials included, the small sample size in each trial, and the high risk of bias. Further randomised clinical trials with low risk of bias and random errors assessing clinically important outcomes such as peri-operative mortality are necessary to assess any pharmacological interventions aimed at decreasing blood loss and blood transfusion requirements in liver resections. Trials need to be designed to assess the effect of a combination of different interventions in liver resections.

Keywords: Authors, Bias, Citation, Clinical Trials, Clinical-Trials, Criteria, Double-Blind, Empirical-Evidence, Groups, Hepatectomy, Hepatic Resection, Hepatocellular-Carcinoma, High Risk, High-Risk, Intervention, MEDLINE, Metaanalysis, Models, Outcomes, Quality, Randomized-Trials, Reduction, Risk, Risk-Factors, Science, Science Citation Index, Surgery

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Full Text: [2009\Coc Dat Sys Rev2009, CD008154.pdf](2009\Coc%20Dat%20Sys%20Rev2009,%20CD008154.pdf)

Abstract: Background Vascular occlusion used during elective liver resection to reduce blood loss results in significant ischaemia reperfusion (IR) injury. This in turn leads to significant postoperative liver dysfunction and morbidity. Various pharmacological drugs have been used in experimental settings to ameliorate the ischaemia reperfusion injury in liver resections. Objectives To assess the relative benefits and harms of using one pharmacological intervention versus another pharmacological intervention to decrease ischaemia reperfusion injury during liver resections where vascular occlusion was performed during the surgery. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until January 2009. Selection criteria We included randomised clinical trials, irrespective of language or publication status, comparing one pharmacological agent versus another pharmacological agent during elective liver resections with vascular occlusion. Data collection and analysis Two authors independently identified trials for inclusion and independently extracted data. We analysed the data with both the fixed-effect and the random-effects models using RevMan Analysis. We planned to calculate the risk ratio (RR) or mean difference (MD) with 95% confidence intervals (CI) based on intention-to-treat analysis or available case analysis. However, all outcomes were only reported on by single trials, and meta-analysis could not be performed. Therefore, we performed Fisher’s exact test on dichotomous outcomes. Main results We identified a total of five randomised trials evaluating nine different pharmacological interventions (amrinone, prostaglandin E1, pentoxifylline, dopexamine, dopamine, ulinastatin, gantaile, sevoflurane, and propofol). All trials had high risk of bias. There was no significant difference between the groups in mortality, liver failure, or perioperative morbidity. The ulinastatin group had significantly lower postoperative enzyme markers of liver injury compared with the gantaile group. None of the other comparisons showed any difference in any of the other outcomes. However, there is a high risk of type I and type II errors because of the few trials included, the small sample size in each trial, and the risk of bias. Authors’ conclusions Ulinastatin may have a protective effect against ischaemia reperfusion injury relative to gantaile in elective liver resections performed under vascular occlusion. The absolute benefit of this drug agent remains unknown. None of the drugs can be recommended for routine clinical practice. Considering that none of the drugs have proven to be useful to decrease ischaemia reperfusion injury, such trials should include a group of patients who do not receive any active intervention whenever possible to determine the pharmacological drug’s absolute effects on ischaemia reperfusion injury in liver resections.

Keywords: Authors, Bias, Cirrhotic-Patients, Citation, Clinical Trials, Criteria, Groups, Hepatic Resection, Hepatocellular-Carcinoma, High Risk, High-Risk, Intervention, Intraoperative Blood-Loss, IR, Ischemia, Reperfusion Injury, Language, MEDLINE, Meta-Analysis, Models, Outcomes, Postoperative Morbidity, Prostaglandin E-1, Protease Inhibitor, Publication, Randomized Clinical-Trials, Risk, Science, Science Citation Index, Surgery, Surgical Stress, Type I and Type Ii Errors

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Full Text: [2010\Coc Dat Sys Rev2010, MR000013.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20MR000013.pdf)

Abstract: Background Recruiting participants to trials can be extremely difficult. Identifying strategies that improve trial recruitment would benefit both trialists and health research. Objectives To quantify the effects of strategies to improve recruitment of participants to randomised controlled trials. Search strategy We searched the Cochrane Methodology Review Group Specialised Register - CMR (The Cochrane Library (online) Issue 1 2008) (searched 20 February 2008); MEDLINE, Ovid (1950 to date of search) (searched 06 May 2008); EMBASE, Ovid (1980 to date of search) (searched 16 May 2008); ERIC, CSA (1966 to date of search) (searched 19 March 2008); Science Citation Index Expanded, ISI Web of Science (1975 to date of search) (searched 19 March 2008); Social Sciences Citation Index, ISI Web of Science (1975 to date of search) (searched 19 March 2008); and National Research Register (online) (Issue 3 2007) (searched 03 September 2007); C2-SPECTR (searched 09 April 2008). We also searched PUBMED (25 March 2008) to retrieve “related articles” for 15 studies included in a previous version of this review. Selection criteria Randomised and quasi-randomised controlled trials of methods to increase recruitment to randomised controlled trials. This includes non-healthcare studies and studies recruiting to hypothetical trials. Studies aiming to increase response rates to questionnaires or trial retention, or which evaluated incentives and disincentives for clinicians to recruit patients were excluded. Data collection and analysis Data were extracted on the method evaluated; country in which the study was carried out; nature of the population; nature of the study setting; nature of the study to be recruited into; randomisation or quasi-randomisation method; and numbers and proportions in each intervention group. We used risk ratios and their 95% confidence intervals to describe the effects in individual trials, and assessed heterogeneity of these ratios between trials. Main results We identified 27 eligible trials with more than 26,604 participants. There were 24 studies involving interventions aimed directly at trial participants, while three evaluated interventions aimed at people recruiting participants. All studies were in health care. Some interventions were effective in increasing recruitment: telephone reminders to non-respondents (RR 2.66, 95% CI 1.37 to 5.18), use of opt-out, rather than opt-in, procedures for contacting potential trial participants (RR 1.39, 95% CI 1.06 to 1.84) and open designs where participants know which treatment they are receiving in the trial (RR 1.25, 95% CI 1.18 to 1.34). However, some of these strategies have disadvantages, which may limit their widespread use. For example, opt-out procedures are controversial and open designs are by definition unblinded. The effects of many other recruitment strategies are unclear; examples include the use of video to provide trial information to potential participants and modifying the training of recruiters. Many studies looked at recruitment to hypothetical trials and it is unclear how applicable these results are to real trials. Authors’ conclusions Trialists can increase recruitment to their trials by using the strategies shown to be effective in this review: telephone reminders; use of opt-out, rather than opt-in; procedures for contacting potential trial participants and open designs. Some strategies (e. g. open trial designs) need to be considered carefully before use because they also have disadvantages. For example, opt-out procedures are controversial and open designs are by definition unblinded.

Keywords: Authors, Breast-Cancer, Cancer-Patients, Citation, Clinical Trials As Topic, Clinical-Trials, Decision-Making, Hazardous Drinking, Health, Health Care, Heterogeneity, Humans, Informed-Consent Process, Injured Patients, ISI, ISI Web, ISI Web of Science, Medical-Research, MEDLINE, Patient Education As Topic, Patient Recruitment, Patient Selection, Prevention Trial, Randomized Controlled Trials As Topic, Research, Retention, Review, Risk, Sample Size, Science, Science Citation Index, Training, Treatment, Web of Science

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Full Text: [2010\Coc Dat Sys Rev2010, CD000313.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD000313.pdf)

Abstract: Background Discharge planning is a routine feature of health systems in many countries. The aim of discharge planning is to reduce hospital length of stay and unplanned readmission to hospital, and improve the co-ordination of services following discharge from hospital. Objectives To determine the effectiveness of planning the discharge of patients moving from hospital. Search strategy We updated the review using the Cochrane EPOC Group Trials Register, MEDLINE, EMBASE and the Social Science Citation Index (last searched in March 2009). Selection criteria Randomised controlled trials (RCTs) that compared an individualised discharge plan with routine discharge care that was not tailored to the individual patient. Participants were hospital inpatients. Data collection and analysis Two authors independently undertook data analysis and quality assessment using a predesigned data extraction sheet. Studies are grouped according to patient group (elderly medical patients, surgical patients and those with a mix of conditions) and by outcome. Main results Twenty-one RCTs (7234 patients) are included; ten of these were identified in this update. Fourteen trials recruited patients with a medical condition (4509 patients), four recruited patients with a mix of medical and surgical conditions (2225 patients), one recruited patients from a psychiatric hospital (343 patients), one from both a psychiatric hospital and from a general hospital (97 patients), and the final trial recruited patients admitted to hospital following a fall (60 patients). Hospital length of stay and readmissions to hospital were significantly reduced for patients allocated to discharge planning (mean difference length of stay -0.91, 95% CI -1.55 to -0.27, 10 trials; readmission rates RR 0.85, 95% CI 0.74 to 0.97, 11 trials). For elderly patients with a medical condition (usually heart failure) there was insufficient evidence for a difference in mortality (RR 1.04, 95% CI 0.74 to 1.46, four trials) or being discharged from hospital to home (RR 1.03, 95% CI 0.93 to 1.14, two trials). This was also the case for trials recruiting patients recovering from surgery and a mix of medical and surgical conditions. In three trials patients allocated to discharge planning reported increased satisfaction. There was little evidence on overall healthcare costs. Authors’ conclusions The evidence suggests that a structured discharge plan tailored to the individual patient probably brings about small reductions in hospital length of stay and readmission rates for older people admitted to hospital with a medical condition. The impact of discharge planning on mortality, health outcomes and cost remains uncertain.

Keywords: Acute-Care, Assessment, Authors, Citation, Clinical-Trial, Congestive-Heart-Failure, Controlled Clinical Trials As Topic, Data Analysis, Discharge, Elderly, Follow-Up, Frail Elderly-Patients, Geriatric Consultation Team, Health, Health Care Costs, Humans, Impact, Intervention Team, Length of Stay, Medical, Medicare Population, MEDLINE, Older People, Outcome Assessment (Health Care), Patient Discharge, Patient Readmission, Quality-of-Life, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Review, Science, Science Citation Index, Social Science Citation Index, Surgery

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Full Text: [2010\Coc Dat Sys Rev2010, CD004888.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD004888.pdf)

Abstract: Background Antiviral treatment for chronic hepatitis C may be less effective if patients are co-infected with human immunodeficiency virus (HIV). Objectives To assess the benefits and harms of antiviral treatment for chronic hepatitis C in patients with HIV. Search strategy Trials were identified through manual and electronic searches in The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded. The last search was May 2009. Selection criteria Randomised trials comparing at least 12 weeks of any anti-HCV treatment versus another treatment regimen or no treatment. Included patients had chronic hepatitis C and stable HIV irrespective of previous antiviral therapy. Data collection and analysis Data extraction and assessment of risk of bias were done in duplicate. Analysis was by intention-to-treat. Main results Fourteen trials were included. None of the included 2269 patients were previously treated for chronic hepatitis C. Peginterferon (either 2a, 180 microgram, or 2b, 1.5 microgram/kg, once weekly) plus ribavirin was more effective in achieving end of treatment and sustained virological response compared with interferon plus ribavirin (5 trials, 1340 patients) or peginterferon (2 trials, 714 patients). The benefit of peginterferon plus ribavirin was seen irrespective of HCV genotype although patients with genotype 1 or 4 had lower response rates (27%) than patients with genotype 2 or 3 (56%). The remaining trials compared different treatment regimens in patients who were treatment naive or had no virological response after three months of treatment, but overall they had not enough power to show any effect of increasing the dose of interferon or adding both amantadine or ribavirin. The overall mortality was 23/2111 patients with no significant differences between treatment regimens. Treatment increased the risk of adverse events including anaemia and flu-like symptoms, and several serious adverse events occurred including fatal lactic acidosis, liver failure, and suicide due to depression. Authors’ conclusions Peginterferon plus ribavirin may be considered a treatment for patients with chronic hepatitis C and stable HIV who have not received treatment for hepatitis C as the intervention may clear the blood of HCV RNA. Supporting evidence comes mainly from the analysis of this non-validated surrogate outcome assessed in comparisons against other antiviral treatments. There is no evidence on treatment of patients who have relapsed or did not respond to previous therapy. Careful monitoring of adverse events is warranted.

Keywords: Antiretroviral Therapy, Assessment, Authors, Citation, Disease Progression, Early Virological Response, HIV-Infected Patients, Hiv, Hcv-Coinfected Patients, Interferon Plus Ribavirin, MEDLINE, Natural-History, Pegylated Interferon-Alpha-2b, Randomized Controlled-Trial, Risk, Risk-Factors, Science, Science Citation Index, Treatment

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Full Text: [2010\Coc Dat Sys Rev2010, CD005956.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD005956.pdf)

Abstract: Background Chronic musculoskeletal pain (CMP) is a major health problem, accounting for approximately one-quarter of general practice (GP) consultations in the United Kingdom (UK). Exercise and physical activity is beneficial for the most common types of CMP, such as back and knee pain. However, poor adherence to exercise and physical activity may limit long-term effectiveness. Objectives To assess the effects of interventions to improve adherence to exercise and physical activity for people with chronic musculoskeletal pain. Search strategy We searched the trials registers of relevant Cochrane Review Groups. In addition, we searched the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, CINAHL, AMED, PsycINFO, Science Citation Index and Social Science Citation Index and reference lists of articles to October 2007. We consulted experts for unpublished trials. Selection criteria Randomised or quasi-randomised trials evaluating interventions that aimed to improve adherence to exercise and physical activity in adults with pain for three months and over in the axial skeleton or large peripheral joints. Data collection and analysis Two of the four authors independently assessed the quality of each included trial and extracted data. We contacted study authors for missing information. Main results We included 42 trials with 8243 participants, mainly with osteoarthritis and spinal pain. Methods used for improving and measuring adherence in the included trials were inconsistent. Two of the 17 trials that compared different types of exercise showed positive effects, suggesting that the type of exercise is not an important factor in improving exercise adherence. Six trials studied different methods of delivering exercise, such as supervising exercise sessions, refresher sessions and audio or videotapes of the exercises to take home. of these, five trials found interventions improved exercise adherence. Four trials evaluated specific interventions targeting exercise adherence; three of these showed a positive effect on exercise adherence. In eight trials studying self-management programmes, six improved adherence measures. One trial found graded activity was more effective than usual care for improving exercise adherence. Cognitive behavioural therapy was effective in a trial in people with whiplash-associated disorder, but not in trials of people with other CMP. In the trials that showed a positive effect on adherence, association between clinical outcomes and exercise adherence was conflicting. Authors’ conclusions Interventions such as supervised or individualised exercise therapy and self-management techniques may enhance exercise adherence. However, high-quality, randomised trials with long-term follow up that explicitly address adherence to exercises and physical activity are needed. A standard validated measure of exercise adherence should be used consistently in future studies.

Keywords: Articles, Authors, Chronic Neck Pain, Chronic Spinal Pain, Citation, Clinical-Practice Guidelines, Cognitive-Behavioral Treatment, Disorder, Exercises, Health, Low-Back-Pain, MEDLINE, Physical-Activity Intervention, Positive, Randomized Controlled-Trial, Review, Science, Science Citation Index, Self-Management Program, Social Science Citation Index, Techniques, UK, United Kingdom, Upper-Limb Symptoms, Work Style Intervention

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Full Text: [2010\Coc Dat Sys Rev2010, CD006797.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD006797.pdf)

Abstract: Background Involvement of hepatic lymph node in patients with colorectal liver metastases is associated with poor prognosis. Objectives To determine the benefits and harms of curative liver resection with lymphadenectomy versus other treatments for colorectal liver metastases with hepatic node involvement. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and LILACS until September 2009 for identifying the randomised trials. Selection criteria We considered only randomised clinical trials (irrespective of language, blinding, or publication status) comparing liver resection (alone or in combination with radiofrequency ablation or cryoablation) versus other treatments (neo-adjuvant chemotherapy, chemotherapy, or radiofrequency ablation) in patients with colorectal liver metastases with hepatic node involvement. Data collection and analysis Two authors independently identified trials for inclusion. Main results We were unable to identify any randomised clinical trial fulfilling the inclusion criteria of this review. We were also unable to identify any quasi-randomised or cohort studies, which could meaningfully answer this important issue. Authors’ conclusions There is no evidence in the literature to assess the role of surgery versus other treatments for patients with colorectal liver metastases with hepatic node involvement. High quality randomised clinical trials are feasible and are necessary to determine the optimal management of patients with colorectal liver metastases with hepatic node involvement.

Keywords: Arterial Infusion, Authors, Citation, Clinical-Trials, Cohort, Controlled-Trials, Empirical-Evidence, Literature, MEDLINE, Natural-History, Positive, Preoperative Chemotherapy, Prognosis, Prognostic-Factors, Publication, Radiofrequency Ablation, Randomized-Trial, Review, Science, Science Citation Index, Squamous-Cell Carcinoma, Surgery, Treatment

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Full Text: [2010\Coc Dat Sys Rev2010, CD006803.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD006803.pdf)

Abstract: Background Antiviral therapy to treat recurrent hepatitis C infection after liver transplantation is controversial due to unresolved balance between benefits and harms. Objectives To compare the therapeutic benefits and harms of different antiviral regimens in patients with hepatitis C re-infected grafts after liver transplantation. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until March 2009. Selection criteria Only randomised clinical trials (irrespective of language, blinding, or publication status) comparing various antiviral therapies (alone or in combination) in the treatment of hepatitis C virus recurrence in liver transplantation were considered for the review. Data collection and analysis Two authors collected the data independently. We calculated the risk ratio (RR) or mean difference (MD) with 95% confidence intervals (CI) using the fixed-effect and the random-effects models based on available case-analysis. In the presence of only trial for a dichotomous outcome, we performed the Fisher’s exact test. Main results A total of 425 liver transplant recipients with proven hepatitis C recurrence were randomised in twelve trials to various interventions and controls. The mean proportion of genotype I was 79.9% in the nine trials that reported the genotype. All the trials were of high risk of bias. One to two trials were included under each comparison including single drug or multidrug regimens of interferon, ribavirin, and amantadine. There was no significant difference in the mortality, graft rejection, or in re-transplantation between intervention and control in any of the comparisons that reported these outcomes. None of the trials reported liver decompensation or quality of life. Life-threatening adverse effects were not reported in either group in any of the comparisons. Up to 87.5% of patients required reduction in dose and up to 42.9% of patients required cessation of treatment in the various comparisons because of adverse effects or because of patient’s choice to stop treatment. Authors’ conclusions Considering the lack of clinical benefit and the frequent adverse effects, there is currently no evidence to recommend antiviral treatment for recurrent liver graft infection with HCV. Further randomised clinical trials with adequate trial methodology and adequate duration of follow-up are necessary.

Keywords: Antiviral Agents [Adverse Effects, Authors, Citation, Clinical-Trials, Combination Therapy, Comparison, Genotype, Graft Rejection [Epidemiology], HCV Treatment, Hepacivirus [Genetics], Hepatitis C [Drug Therapy, Humans, Interferon-Alpha, Liver Transplantation [Adverse Effects, MEDLINE, Models, Mortality], Multicenter Randomized-Trial, Peginterferon Alpha-2a Pegasys(R), Plus Ribavirin, Publication, Randomized Controlled Trials As Topic, Recurrence, Rejection, Review, Risk, Science, Science Citation Index, Sustained Virological Response, Therapeutic Use], Transplant Recipients, Transplantation, Treatment, Viral Response

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Full Text: [2010\Coc Dat Sys Rev2010, CD007169.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007169.pdf)

Abstract: Background Music therapy in end-of-life care aims to improve a person’s quality of life by helping relieve symptoms, addressing psychological needs, offering support, facilitating communication, and meeting spiritual needs. In addition, music therapists assist family and caregivers with coping, communication, and grief/bereavement. Objectives To examine effects of music therapy with standard care versus standard care alone or standard care combined with other therapies on psychological, physiological, and social responses in end-of-life care. Search strategy We searched CENTRAL, MEDLINE, CINAHL, EMBASE, PSYCINFO, LILACS, CancerLit, Science Citation Index, www. musictherapyworld. de, CAIRSS for Music, Proquest Digital Dissertations, ClinicalTrials. gov, Current Controlled Trials, and the National Research Register to September 2009. We handsearched music therapy journals and reference lists, and contacted experts to identify unpublished manuscripts. There was no language restriction. Selection criteria We included all randomized and quasi-randomized controlled trials that compared music interventions and standard care with standard care alone or combined with other therapies in any care setting with a diagnosis of advanced life-limiting illness being treated with palliative intent and with a life expectancy of less than two years. Data collection and analysis Data were extracted, and methodological quality was assessed, independently by review authors. Additional information was sought fromstudy authors when necessary. Results are presented using weightedmean differences for outcomes measured by the same scale and standardized mean differences for outcomes measured by different scales. Posttest scores were used. In cases of statistically significant baseline difference, we used change scores. Main results Five studies (175 participants) were included. There is insufficient evidence of high quality to support the effect of music therapy on quality of life of people in end-of-life care. Given the limited number of studies and small sample sizes, more research is needed. No strong evidence was found for the effect of music therapy on pain or anxiety. These results were based on two small studies. There were insufficient data to examine the effect of music therapy on other physical, psychological, or social outcomes. Authors’ conclusions A limited number of studies suggest there may be a benefit of music therapy on the quality of life of people in end-of-life care. However, the results stem from studies with a high risk of bias. More research is needed.

Keywords: Authors, Cancer, Citation, Diagnosis, Hospice, Journals, Manuscripts, MEDLINE, Palliative Care, Research, Review, Risk, Scale, Science, Science Citation Index, Terminally-Ill

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Full Text: [2010\Coc Dat Sys Rev2010, CD007340.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007340.pdf)

Abstract: Background Nonalcoholic fatty liver disease (NAFLD) is increasingly recognised as a condition associated with overweight or obesity that may progress to end-stage liver disease. NAFLD histology resembles alcohol-induced liver injury, but occurs in patients with no history of alcohol abuse. NAFLD has a broad spectrum of clinical and histological manifestations, ranging from simple fatty liver to hepatic steatosis with inflammation, advanced fibrosis, and cirrhosis. The inflammatory stage is known as non-alcoholic steatohepatitis (NASH). Recent reports indicate that weight loss induced by bariatric procedures could be beneficial for NASH treatment. Objectives To assess the benefits and harms of bariatric surgery for NASH in obese patients. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded to October 2009. Selection criteria All randomised clinical trials evaluating any bariatric procedure versus no intervention, placebo (sham procedure), or other interventions in patients with NASH regardless of publication status, number of patients randomised, language, or blinding. Quasi-randomised clinical studies were to be considered for the review if no randomised clinical trials were identified. If included, their bias towards positive findings was to be considered. Data collection and analysis We extracted data in duplicate, and we planned to analyse the data by intention-to-treat. Main results We could not find any randomised clinical trials or quasi-randomised clinical studies that fulfilled the inclusion criteria. Our search resulted in twenty-one prospective or retrospective cohort studies, in which improvement on steatosis or inflammation scores was reported. However, four studies also described some deterioration in the degree of fibrosis. Authors’ conclusions LThe lack of randomised clinical trials and quasi-randomised clinical studies precludes us to assess the benefits and harms of bariatric surgery as a therapeutic approach for patients with NASH. Limitations of all other studies with inferior design did not allow us to draw any unbiased conclusion on bariatric surgery for treatment of NASH.

Keywords: Authors, Citation, Clinical-Trials, Cohort, Empirical-Evidence, Fatty Liver-Disease, Gastric Bypass-Surgery, History, Insulin-Resistance, MEDLINE, Metabolic Syndrome, Morbid-Obesity, Natural-History, Placebo-Controlled Trial, Positive, Publication, Review, Science, Science Citation Index, Surgery, Treatment, Weight-Loss

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Full Text: [2010\Coc Dat Sys Rev2010, CD007438.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007438.pdf)

Abstract: Background Trauma is one of the leading causes of death in any age group. The ‘lethal triad’ of acidosis, hypothermia, and coagulopathy has been recognized as a significant cause of death in patients with traumatic injuries. In order to prevent the lethal triad two factors are essential, early control of bleeding and prevention of further heat loss. In patients with major abdominal trauma, damage control surgery (DCS) avoids extensive procedures on unstable patients, stabilizes potentially fatal problems at initial operation, and applies staged surgery after successful initial resuscitation. It is not currently known whether DCS is superior to immediate surgery for patients with major abdominal trauma. Objectives To assess the effectiveness of DCS compared to traditional immediate definitive surgical treatment for patients with major abdominal trauma. Search strategy We searched the Cochrane Injuries Group Specialised Register, CENTRAL (The Cochrane Library 2008, Issue 3), MEDLINE, EMBASE, Web of Science: Science Citation Index & ISI Proceedings, Current Controlled Trials MetaRegister, Clinicaltrials. gov, Zetoc, and CINAHL for all published and unpublished randomised controlled trials. We did not restrict the searches by language, date, or publication status. Searches were conducted in August 2008. Selection criteria Randomised controlled trials of DCS versus immediate traditional surgical repair were included in this review. We included patients with major abdominal trauma (Abbreviated Injury Scale > 3) who were undergoing surgery. Patient selection was crucial as patients with relatively simple abdominal injuries should not undergo unnecessary procedures. Data collection and analysis Two authors independently evaluated the search results. Main results A total of 1523 studies were identified by our search. No randomised controlled trials comparing DCS with immediate and definitive repair in patients with major abdominal trauma were found. A total of 1521 studies were excluded because they were not relevant to the review topic and two studies were excluded because they were case-control studies. Authors’ conclusion Evidence that supports the efficacy of DCS with respect to traditional laparotomy in patients with major abdominal trauma is limited.

Keywords: Authors, Case-Control, Citation, Coagulopathy, Consecutive Patients, Experience, Hemorrhage, Hepatic-Trauma, Injury, ISI, Laparotomy, Management, MEDLINE, Publication, Review, Science, Science Citation Index, Surgery, Survival, Topic, Treatment, Web of Science

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Full Text: [2010\Coc Dat Sys Rev2010, CD007502.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007502.pdf)

Abstract: Background Infection with human immunodeficency virus (HIV) and acquired immunodeficency syndrome (AIDS) is a pandemic that has affected millions of people globally. Although major research and clinical initiatives are addressing prevention and cure strategies, issues of quality of life for survivors have received less attention. Massage therapy is proposed to have a positive effect on quality of life and may also have a positive effect on immune function through stress mediation. Objectives The objective of this systematic review was to examine the safety and effectiveness of massage therapy on quality of life, pain and immune system parameters in people living with HIV/AIDS. Search strategy A comprehensive search strategy was devised incorporating appropriate terms for HIV/AIDS, randomised controlled trials (RCTs), massage therapy and the pertinent measures of benefit. All electronic databases identified were searched in November 2008, including Cochrane Group Trials Register, Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, SCIENCE CITATION INDEX, AIDSLINE, AIDSearch, CINAHL, HEALTHSTAR, PsycLIT, AMED, Current Contents, AMI, NLM GATEWAY, LILACS, IndMed, SOCIOFILE, SCI, SSCI, ERIC and DAI. We also reviewed relevant published and unpublished conference abstracts and proceedings and scrutinised reference lists from pertinent journals. There were no language or date restrictions. Selection criteria Studies were identified by two reviewers based on trial design (RCTs) and participants (ie, people of any age with HIV/AIDS, at any stage of the disease) who had undergone an intervention that included massage therapy for the identified aims of improving quality of life and activity and participation levels, improving immune function, reducing pain and improving other physiological or psychological impairments. Datacollection and analysis Two reviewers independently identified included studies and extracted relevant data. Two other reviewers independently reviewed the included studies for risk of bias. All data and risk of bias judgements were entered into Revman (v5) and meta-analyses were conducted where appropriate. Main results Twelve papers were identified, from which four were included. The remaining eight papers were excluded predominantly due to inappropriate methodology. The four included studies were highly clinically heterogenous, investigating a range of age groups (ie, children, adolescents and adults) across the disease spectrum from early HIV through late-stage AIDS. The settings were either community or palliative care, and the outcome measures were a combination of quality of life and immunological function. The trials were judged to be at moderate risk of bias mostly because of incomplete reporting. For quality of life measures, the studies reported that massage therapy in combination with other modalities, such as meditation and stress reduction, are superior to massage therapy alone or to the other modalities alone. The quality of life domains with significant effect sizes included self-reported reduced use of health care resources, improvement in self-perceived spiritual quality of life and improvement in total quality of life scores. One study also reported positive changes in immune function, in particular CD4+ cell count and natural killer cell counts, due to massage therapy, and one study reported no difference between people given massage therapy and controls in immune parameters. Adverse or harmful effects were not well reported. Authors’ conclusions There is some evidence to support the use of massage therapy to improve quality of life for people living with HIV/AIDS (PLWHA), particularly in combination with other stress-management modalities, and that massage therapymay have a positive effect on immunological function. The trials are small, however, and at moderate risk of bias. Further studies are needed using larger sample sizes and rigorous design/reporting before massage therapy can be strongly recommended for PLWHA.

Keywords: Aids, Authors, Citation, Citation Indexes, Citation-Index, Complementary Therapies, Databases, Dominican Children, Efficacy, Groups, Health, Health Care, HIV, Human-Immunodeficiency-Virus, Improved Immune, Index, Indexes, Journals, MEDLINE, Palliative Care, Positive, Quality, Research, Review, Risk, SCI, Science, Science Citation, Science-Citation-Index, System, Systematic Review

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Full Text: [2010\Coc Dat Sys Rev2010, CD007877.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007877.pdf)

Abstract: Back ground Traumatic brain injury (TBI) is a leading cause of death and disability. Intracranial bleeding is a common complication of TBI, and intracranial bleeding can develop or worsen after hospital admission. Haemostatic drugsmay reduce the occurrence or size of intracranial bleeds and consequently lower the morbidity and mortality associated with TBI. Objectives To assess the effects of haemostatic drugs on mortality, disability and thrombotic complications in patients with traumatic brain injury. Search strategy We searched the electronic databases: Cochrane Injuries Group Specialised Register (3 February 2009), CENTRAL (The Cochrane Library 2009, Issue 1), MEDLINE (1950 to Week 3 2009), PUBMED (searched 3 February 2009 (last 180 days)), EMBASE (1980 to Week 4 2009), CINAHL (1982 to January 2009), ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED) (1970 to January 2009), ISI Web of Science: Conference Proceedings Citation Index-Science (CPCI-S) (1990 to January 2009). Selection criteria We included published and unpublished randomised controlled trials comparing haemostatic drugs (antifibrinolytics: aprotinin, tranexamic acid (TXA), aminocaproic acid or recombined activated factor VIIa (rFVIIa)) with placebo, no treatment, or other treatment in patients with acute traumatic brain injury. Data collection and analysis Two review authors independently examined all electronic records, and extracted the data. We judged that there was clinical heterogeneity between trials so we did not attempt to pool the results of the included trials. The results are reported separately. Main results We included two trials. One was a post-hoc analysis of 30 TBI patients from a randomised controlled trial of rFVIIa in blunt trauma patients. The risk ratio for mortality at 30 days was 0.64 (95% CI 0.25 to 1.63) for rFVIIa compared to placebo. This result should be considered with caution as the subgroup analysis was not pre-specified for the trial. The other trial evaluated the effect of rFVIIa in 97 TBI patients with evidence of intracerebral bleeding in a computed tomography (CT) scan. The corresponding risk ratio for mortality at the last follow up was 1.08 (95% CI 0.44 to 2.68). The quality of the reporting of both trials was poor so it was difficult to assess the risk of bias. Authors’ conclusions There is no reliable evidence from randomised controlled trials to support the effectiveness of haemostatic drugs in reducing mortality or disability in patients with TBI. New randomised controlled trials assessing the effects of haemostatic drugs in TBI patients should be conducted. These trials should be large enough to detect clinically plausible treatment effects.

Keywords: Activated Factor-Vii, Authors, Citation, Clinical-Trial, Databases, Head-Injury, Heterogeneity, Impact, Intracerebral Hemorrhage, ISI, ISI Web, ISI Web of Science, MEDLINE, Occurrence, Review, Risk, Safety, Science, Science Citation Index, Therapy, Treatment, Web of Science

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Full Text: [2010\Coc Dat Sys Rev2010, CD007916.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007916.pdf)

Abstract: Background Early surfactant reduces mortality and pulmonary complications in preterm infants with respiratory distress syndrome. However, current surfactant administration strategies require endotracheal intubation with or without continued mechanical ventilation. Bronchopulmonary dysplasia and chronic lung disease (CLD) are associated with mechanical ventilation and potentially life-long effects. Noninvasive methods of surfactant administration including intra-amniotic surfactant may avoid endotracheal intubation and mechanical ventilation, potentially preventing development of CLD. Objectives To determine if intra-amniotic instillation of surfactant for women at risk of preterm birth, compared to placebo or no treatment or post-delivery tracheal surfactant instillation, reduces morbidity or mortality, or both, in preterm infants. If intra-amniotic instillation is effective, in subgroup analysis to determine the effect of 1) gestational age; 2) type of surfactant; 3) dose; 4) timing; 5) indication; and 6) multiple pregnancy. Search strategy We searched the Cochrane Pregnancy and Childbirth Group’s Trials Register (August 2009), MEDLINE (1950-August 2009), hand-searched the Proceedings of Pediatric Academic Societies (American Pediatric Society, Society for Pediatric Research and European Society for Pediatric Research) from 1990-2009 in Pediatric Research Journal and Abstracts online and the Proceedings of Perinatal Society of Australia and New Zealand (PSANZ) (1996-2009). We also searched the Science Citation Index (Web of Science) (August 2009) and checked reference lists of identified studies. We contacted Abbott Laboratories, Inc for unpublished studies. Selection criteria Published, unpublished and ongoing randomised controlled, cluster-randomised or quasi-randomised trials of intra-amniotic instillation of surfactant for women at risk of preterm birth, compared to placebo or no treatment or post-delivery tracheal surfactant instillation. Data collection and analysis Three review authors independently assessed study eligibility and quality. Main results We found no trials were found met the inclusion criteria for this review. Authors’ conclusions We identified no randomised trials that evaluated the effect of intra-amniotic instillation of surfactant for women at risk of preterm birth. Evidence from animal and observational human studies suggest that intra-amniotic surfactant administration is potentially safe, feasible and effective. Well designed trials of intra-amniotic instillation of surfactant for women at risk of preterm birth are needed.

Keywords: Age, Australia, Authors, Bronchopulmonary Dysplasia, Chronic Lung-Disease, Citation, In-Utero, Indication, MEDLINE, Positive Airway Pressure, Pregnancy, Premature-Infants, Replacement, Research, Respiratory, Review, Risk, Science, Science Citation Index, Surfactant, Syndrome Rds, Treatment, Ventilation, Web of Science, Weight Infants

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Full Text: [2010\Coc Dat Sys Rev2010, CD008341.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD008341.pdf)

Abstract: Background Golimumab is a humanized inhibitor of Tumor necrosis factor-alpha, recently approved by the Food and Drug Administration (FDA) for the treatment of Rheumatoid arthritis (RA). Objectives The objective of this systematic review was to compare the efficacy and safety of golimumab (alone or in combination with DMARDs or biologics) to placebo (alone or in combination with DMARDs or biologics) in randomized or quasi-randomized clinical trials in adults with RA. Search strategy An expert librarian searched six databases for any clinical trials of golimumab in RA, including the Cochrane Central Register of Controlled Trials (CENTRAL), OVID MEDLINE, CINAHL, EMBASE, Science Citation Index (Web of Science) and Current Controlled Trials databases. Selection criteria Studies were included if they used golimumab in adults with RA, were randomized or quasi-randomized and provided clinical outcomes. Data collection and analysis Two review authors (JS, SN) independently reviewed all titles and abstracts, selected appropriate studies for full review and reviewed the full-text articles for the final selection of included studies. For each study, they independently abstracted study characteristics, safety and efficacy data and performed risk of bias assessment. Disagreements were resolved by consensus. For continuous measures, we calculated mean differences or standardized mean differences and for categorical measures, relative risks. 95% confidence intervals were calculated. Main results Four RCTs with 1,231 patients treated with golimumab and 483 patients treated with placebo were included. of these, 436 were treated with the FDA-approved dose of golimumab 50 mg every four weeks. Compared to patients treated with placebo+ methotrexate, patients treated with the FDA-approved dose of golimumab+ methotrexate were 2.6 times more likely to reach ACR50 (95% confidence interval (CI) 1.3 to 4.9; P=0.005 and NNT=5,95% confidence interval 2 to 20), no more likely to have any adverse event (relative risk 1.1, 95% Cl 0.9 to 1.2; P = 0.44), and 0.5 times as likely to have overall withdrawals (95% Cl 0.3 to 0.8; P = 0.005). Golimumab-treated patients were significantly more likely to achieve remission, low disease activity and improvement in functional ability compared to placebo (all statistically significant). No significant differences were noted between golimumab and placebo regarding serious adverse events, infections, serious infections, lung infections, tuberculosis, cancer, withdrawals due to adverse events and inefficacy and deaths. No radiographic data were reported. Authors’ conclusions With an overall high grade of evidence, at the FDA-approved dose, golimumab is significantly more efficacious than placebo in treatment of patients with active RA, when used in combination with methotrexate. The short-term safety profile, based on short-term RCTs, is reasonable with no differences in total adverse events, serious infections, cancer, tuberculosis or deaths. Long-term surveillance studies are needed for safety assessment.

Keywords: Articles, Assessment, Authors, Cancer, Characteristics, Citation, Databases, Disease, Factor-Alpha, MEDLINE, Metaanalysis, Methotrexate, Necrosis-Factor Inhibitors, Preliminary Definition, Progression, Response Criteria, Review, Rheumatoid Arthritis, Risk, Science, Science Citation Index, Systematic Review, Therapy, Treatment, Web of Science, Work Disability

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Full Text: [2010\Coc Dat Sys Rev2010, CD002043.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD002043.pdf)

Abstract: Background Studies in traumatic encephalopathy first led to the insight that the damage seen was not just due to direct consequences of the primary injury. A significant, and potentially preventable, contribution to the overall morbidity arose from secondary hypoxic-ischaemic damage. Brain swelling accompanied by raised intracranial pressure (ICP) resulted in inadequate cerebral perfusion with well-oxygenated blood. Detection of raised ICP could be useful in alerting clinicians to the need to improve cerebral perfusion, with consequent reductions in brain injury. Objectives To determine whether routine ICP monitoring in all acute cases of severe coma reduces the risk of all-cause mortality or severe disability at final follow-up. Search strategy We searched the Cochrane Injuries Group’s Specialised Register (searched 7 April 2009), CENTRAL (The Cochrane Library 2009, Issue 1), MEDLINE 1950 to March week 4 2009, EMBASE 1980 to week 14 March 2009, CINAHL 1982 to March 2009, ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED) 1970 to March 2009, Conference Proceedings Citation Index-Science (CPCI-S) 1990 to March 2009, PUBMED (searched 7 April 2009, limit; added in last 6 months). The searches were last updated in April 2009. Selection criteria All randomised controlled studies of real-time ICP monitoring by invasive or semi-invasive means in acute coma (traumatic or non-traumatic aetiology) versus no ICP monitoring (that is, clinical assessment of ICP). Data collection and analysis Primary outcome measures were all-cause mortality and severe disability at the end of the follow-up period. Main results No studies meeting the selection criteria have been identified to date. Authors’ conclusions There are no data from randomised controlled trials that can clarify the role of ICP monitoring in acute coma.

Keywords: Acute Disease, Aggressive Treatment, Assessment, Authors, Brain Injuries [Complications], Cerebrovascular Circulation, Citation, Coma [Physiopathology], Contribution, Experience, Failure, Humans, Insults, Intensive-Care, Intra-Cranical Pressure, Intracranial Hypertension [Physiopathology], Intracranial Pressure [Physiology], ISI, ISI Web, ISI Web of Science, Management, MEDLINE, Monitoring,Physiologic, Primary, Risk, Science, Science Citation Index, Severe Head-Injury, Survival, Swelling, Traumatic Brain-Injury, Web of Science

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Full Text: [2010\Coc Dat Sys Rev2010, CD003690.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD003690.pdf)

Abstract: Background Antidepressants may be useful in the treatment of abnormal crying associated with stroke. This is an update of a Cochrane Review first published in 2004. Objectives To determine whether pharmaceutical treatment reduces the frequency of emotional displays in people with emotionalism after stroke. Search strategy We searched the trials registers of the Cochrane Stroke Group and the Cochrane Depression Anxiety and Neurosis Group (last searched August 2009). In addition, we searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue 3, 2009), MEDLINE (1966 to May 2008), EMBASE (1980 to May 2008), CINAHL (1982 to May 2008), PsycINFO (1967 to May 2008), Arts and Humanities Index (1991 to May 2008), BIOSIS Previews (2002 to May 2008), Science Citation Index (1992 to May 2008), Social Sciences Citation Index (1991 to May 2008), Sociological Abstract/Sociofile (1974 to May 2008), ISI Web of Science (2002 to May 2008), reference lists, clinical trials registers, conference proceedings and dissertation abstracts. We also contacted authors, researchers and pharmaceutical companies. Selection criteria Randomised and quasi-randomised controlled trials comparing psychotropic medication to placebo in people with stroke and emotionalism (also known as emotional lability or pathological crying and laughing). Data collection and analysis We obtained data for people who no longer met the criteria for emotionalism, and on reduction in frequency of crying. Primary analyses were the proportion of patients who met the criteria for emotionalism at the end of treatment. Secondary outcomes included emotionalism and depression scores, cognitive function, death, activities of daily living and adverse effects. Main results We included seven trials involving 239 participants. Data were available for five trials with 213 participants. Five trials showed large effects of treatment: 50% reduction in emotionalism, diminished tearfulness, improvements (reduction) in lability, tearfulness and scores on the Pathological Laughter and Crying Scale. However, confidence intervals were wide indicating that treatment may have had only a small positive effect, or even a small negative effect (in one trial). Only two studies systematically reported adverse events; no discernible differences were seen between groups. Authors’ conclusions Antidepressants can reduce the frequency and severity of crying or laughing episodes. The effect does not seem specific to one drug or class of drugs. Our conclusions must be qualified by several methodological deficiencies in the studies. More reliable data are required before recommendations can be made about the treatment of post-stroke emotionalism.

Keywords: Antidepressants, Antidepressive Agents [Therapeutic Use], Authors, Brain-Damage, Citalopram Treatment, Citation, Crying [Psychology], Double-Blind, Fluoxetine Improves, Groups, Humans, Incontinence, ISI, ISI Web, ISI Web of Science, Lability, Laughter [Psychology], MEDLINE, Pharmaceutical, Positive, Poststroke Depression, Pseudobulbar Affect, Quality-of-Life, Randomized Controlled Trials as Topic, Researchers, Review, Science, Science Citation Index, Sertraline, Stroke [Psychology], Treatment, Web of Science

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Full Text: [2010\Coc Dat Sys Rev2010, CD005187.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD005187.pdf)

Abstract: Background Healthcare workers’ (HCWs) influenza rates are unknown, but may be similar to the general public and they may transmit influenza to patients. Objectives To identify studies of vaccinating HCWs and the incidence of influenza, its complications and influenza-like illness (ILI) in individuals >= 60 in long-term care facilities (LTCFs). Search strategy We searched CENTRAL (The Cochrane Library 2009, issue 3), which contains the Cochrane Acute Respiratory Infections Group’s Specialised Register, MEDLINE (1966 to 2009), EMBASE (1974 to 2009) and Biological Abstracts and Science Citation Index-Expanded. Selection criteria Randomised controlled trials (RCTs) and non-RCTs of influenza vaccination of HCWs caring for individuals >= 60 in LTCFs and the incidence of laboratory-proven influenza, its complications or ILI. Data collection and analysis Two authors independently extracted data and assessed risk of bias. Main results We identified four cluster-RCTs (C-RCTs) (n = 7558) and one cohort (n = 12742) of influenza vaccination for HCWs caring for individuals >= 60 in LTCFs. Pooled data from three C-RCTs showed no effect on specific outcomes: laboratory-proven influenza, pneumonia or deaths from pneumonia. For non-specific outcomes pooled data from three C-RCTs showed HCW vaccination reduced ILI; data from one C-RCT that HCW vaccination reduced GP consultations for ILI; and pooled data from three C-RCTs showed reduced all-cause mortality in individuals >= 60. Authors’ conclusions No effect was shown for specific outcomes: laboratory-proven influenza, pneumonia and death from pneumonia. An effect was shown for the non-specific outcomes of ILI, GP consultations for ILI and all-cause mortality in individuals >= 60. These non-specific outcomes are difficult to interpret because ILI includes many pathogens, and winter influenza contributes < 10% to all-cause mortality in individuals >= 60. The key interest is preventing laboratory-proven influenza in individuals >= 60, pneumonia and deaths from pneumonia, and we cannot draw such conclusions. The identified studies are at high risk of bias. Some HCWs remain unvaccinated because they do not perceive risk, doubt vaccine efficacy and are concerned about side effects. This review did not find information on co-interventions with HCW vaccination: hand washing, face masks, early detection of laboratory-proven influenza, quarantine, avoiding admissions, anti-virals, and asking HCWs with ILI not to work. We conclude there is no evidence that vaccinating HCWs prevents influenza in elderly residents in LTCFs. High quality RCTs are required to avoid risks of bias in methodology and conduct, and to test these interventions in combination.

Keywords: A H3N2, Adult, Aged, Authors, Citation, Cohort, Efficacy, Elderly, Facilities, Health Personnel, Homes for the Aged, Humans, Infections, Infectious Disease Transmission,Professional-To-Patient [Prevention & Control], Influenza Vaccines [Administration & Dosage], Influenza,Human [Prevention & Control, Long-Term-Care, MEDLINE, Middle Aged, Mortality, Nursing-Home Residents, Pathogens, People, Prevention, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Residents, Review, Risk, Science, Transmission], Vaccines,Inactivated [Administration & Dosage]

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Full Text: [2010\Coc Dat Sys Rev2010, CD007219.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007219.pdf)

Abstract: Background Cardiovascular disease is a major cause of death in developed and developing countries. Refractory stable angina pectoris is, in general, inadequately responsive to conventional medical therapy. Enhanced external counterpulsation is a non-invasive treatment for patients with refractory angina and involves the placing of compressible cuffs around the calves and lower and upper thighs. These are inflated sequentially so that during early diastole they help propel blood back to the heart and when deflated at end of diastole allow the blood vessels to return to their normal state. It is claimed that enhanced external counterpulsation can help reduce aortic impedance and thereby alleviate some of the symptoms of angina. Objectives To assess the effects of enhanced external counterpulsation therapy in improving health outcomes for patients with chronic stable or refractory stable angina pectoris. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) on The Cochrane Library (2008, Issue 1), MEDLINE (1966 to February 2008), EMBASE (1980 to February 2008), LILACS via BIREME (to February 2008) and ISI Science Citation Index on Web of Science (to February 2008). No language restrictions were applied. Selection criteria Randomized controlled trials and cluster-randomized trials comparing enhanced external counterpulsation therapy to sham treatment in adults, aged over 18 years, with chronic stable and stable refractory angina pectoris graded Canadian Cardiovascular Society Class III to IV at baseline. Data collection and analysis Two authors independently screened papers, extracted trial details and assessed risk of bias. Main results One trial (139 participants) was included in this review. Poormethodological quality, in terms of trial design and conduct, incompleteness in reporting of the review’s primary outcome, limited follow up for the secondary outcomes and subsequent flawed statistical analysis, compromised the reliability of the reported data. Authors’ conclusions We found one relevant trial which failed to address the characteristics of interest satisfactorily, in terms of severity of angina, for the participants in this review. Participants with the most severe symptoms of angina were excluded, therefore the results of this study represent only a subsection of the broader population with the disorder, are not generalizable and provide inconclusive evidence for the effectiveness of enhanced external counterpulsation therapy for chronic angina pectoris.

Keywords: Authors, Cardiovascular Disease, Characteristics, Citation, Developing Countries, Disease, Disorder, Health, ISI, Medical, MEDLINE, Multicenter, Primary, Randomized Controlled Trials, Refractory Angina, Reliability, Review, Risk, Science, Science Citation Index, Stable Angina, State, Term, Treatment, Web of Science

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Full Text: [2010\Coc Dat Sys Rev2010, CD008009.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD008009.pdf)

Abstract: Background Flexible working conditions are increasingly popular in developed countries but the effects on employee health and wellbeing are largely unknown. Objectives To evaluate the effects (benefits and harms) of flexible working interventions on the physical, mental and general health and wellbeing of employees and their families. Search strategy Our searches (July 2009) covered 12 databases including the Cochrane Public Health Group Specialised Register, CENTRAL; MEDLINE; EMBASE; CINAHL; PsycINFO; Social Science Citation Index; ASSIA; IBSS; Sociological Abstracts; and ABI/Inform. We also searched relevant websites, handsearched key journals, searched bibliographies and contacted study authors and key experts. Selection criteria Randomised controlled trials (RCT), interrupted time series and controlled before and after studies (CBA), which examined the effects of flexible working interventions on employee health and wellbeing. We excluded studies assessing outcomes for less than six months and extracted outcomes relating to physical, mental and general health/ill health measured using a validated instrument. We also extracted secondary outcomes (including sickness absence, health service USAge, behavioural changes, accidents, work-life balance, quality of life, health and wellbeing of children, family members and co-workers) if reported alongside at least one primary outcome. Data collection and analysis Two experienced review authors conducted data extraction and quality appraisal. We undertook a narrative synthesis as there was substantial heterogeneity between studies. Main results Ten studies fulfilled the inclusion criteria. Six CBA studies reported on interventions relating to temporal flexibility: self-scheduling of shift work (n = 4), flexitime (n = 1) and overtime (n = 1). The remaining four CBA studies evaluated a form of contractual flexibility: partial/gradual retirement (n = 2), involuntary part-time work (n = 1) and fixed-term contract (n = 1). The studies retrieved had a number of methodological limitations including short follow-up periods, risk of selection bias and reliance on largely self-reported outcome data. Four CBA studies on self-scheduling of shifts and one CBA study on gradual/partial retirement reported statistically significant improvements in either primary outcomes (including systolic blood pressure and heart rate; tiredness; mental health, sleep duration, sleep quality and alertness; self-rated health status) or secondary health outcomes (co-workers social support and sense of community) and no ill health effects were reported. Flexitime was shown not to have significant effects on self-reported physiological and psychological health outcomes. Similarly, when comparing individuals working overtime with those who did not the odds of ill health effects were not significantly higher in the intervention group at follow up. The effects of contractual flexibility on self-reported health (with the exception of gradual/partial retirement, which when controlled by employees improved health outcomes) were either equivocal or negative. No studies differentiated results by socio-economic status, although one study did compare findings by gender but found no differential effect on self-reported health outcomes. Authors’ conclusions The findings of this review tentatively suggest that flexible working interventions that increase worker control and choice (such as self-scheduling or gradual/partial retirement) are likely to have a positive effect on health outcomes. In contrast, interventions that were motivated or dictated by organisational interests, such as fixed-term contract and involuntary part-time employment, found equivocal or negative health effects. Given the partial and methodologically limited evidence base these findings should be interpreted with caution. Moreover, there is a clear need for well-designed intervention studies to delineate the impact of flexible working conditions on health, wellbeing and health inequalities.

Keywords: Authors, Bibliographies, British Civil-Servants, Citation, Coronary-Heart-Disease, Databases, Decision Latitude, Gradual Retirement, Health, Heterogeneity, Impact, Journals, MEDLINE, Mental Health, Positive, Primary, Prospective Cohort, Review, Risk, Science, Science Citation Index, Self-Rated Health, Social Interventions, Social Science Citation Index, Systematic Reviews, Whitehall-II, Workplace Reorganization

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Full Text: [2010\Coc Dat Sys Rev2010, CD008370.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD008370.pdf)

Abstract: Background Pancreatic resections are associated with high morbidity (30% to 60%) and mortality (5%). Synthetic analogues of somatostatin are advocated by some surgeons to reduce complications following pancreatic surgery, however their use is controversial. Objectives To determine whether prophylactic somatostatin analogues should be used routinely in pancreatic surgery. Search strategy We searched the Cochrane Upper Gastrointestinal and Pancreatic Diseases Group Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2009, issue 4), MEDLINE, EMBASE and Science Citation Index Expanded to November 2009. Selection criteria We included randomised controlled trials comparing prophylactic somatostatin or one of its analogues versus no drug or placebo during pancreatic surgery (irrespective of language or publication status). Data collection and analysis Two authors independently assessed trials for inclusion and independently extracted data. We analysed data with both the fixed-effect and the random-effects models using Review Manager (RevMan). We calculated the risk ratio (RR), mean difference (MD) or standardised mean difference (SMD) with 95% confidence intervals (CI) based on an intention-to-treat or available case analysis. When it was not possible to perform either of the above, we performed per protocol analysis. Main results We identified 17 trials (of high risk of bias) involving 2143 patients. The overall number of patients with postoperative complications was lower in the somatostatin analogue group (RR 0.71; 95% CI 0.62 to 0.82) but there was no difference in the perioperative mortality, re-operation rate or hospital stay between the groups. The incidence of pancreatic fistula was lower in the somatostatin analogue group (RR 0.64; 95% CI 0.53 to 0.78). The proportion of these fistulas that were clinically significant was not mentioned in most trials. On inclusion of trials that clearly distinguished clinically significant fistulas, there was no difference between the two groups (RR 0.69; 95% CI 0.34 to 1.41). Subgroup analysis revealed a shorter hospital stay in the somatostatin analogue group than the controls for patients with malignant aetiology (MD -7.57; 95% CI -11.29 to -3.84). Authors’ conclusions Somatostatin analogues reduce perioperative complications but do not reduce perioperative mortality. In those undergoing pancreatic surgery for malignancy, they shorten hospital stay. Further adequately powered trials with low risk of bias are necessary. Based on the current available evidence, somatostatin and its analogues are recommended for routine use in patients undergoing pancreatic resection for malignancy. There is currently no evidence to support their routine use in pancreatic surgeries performed for other indications.

Keywords: Authors, Citation, Clinical-Trials, Elective Pancreatectomy, Empirical-Evidence, General Complications, Groups, Low-Dose Octreotide, MEDLINE, Models, Pancreaticoduodenectomy, Placebo-Controlled Trial, Prevention, Prophylactic Octreotide, Publication, Randomized Controlled Multicenter, Review, Risk, Science, Science Citation Index, Surgery

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Full Text: [2010\Coc Dat Sys Rev2010, CD002233.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD002233.pdf)

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Full Text: [2010\Coc Dat Sys Rev2010, CD003680.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD003680.pdf)

Keywords: Children

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Full Text: [2010\Coc Dat Sys Rev2010, CD004015.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD004015.pdf)

Abstract: Background Lay health workers (LHWs) are widely used to provide care for a broad range of health issues. Little is known, however, about the effectiveness of LHW interventions.

Objectives To assess the effects of LHW interventions in primary and community health care on maternal and child health and the management of infectious diseases.

Search strategy For the current version of this review we searched The Cochrane Central Register of Controlled Trials (including citations uploaded from the EPOC and the CCRG registers) (The Cochrane Library 2009, Issue 1 Online) (searched 18 February 2009); MEDLINE, Ovid (1950 to February Week 1 2009) (searched 17 February 2009); MEDLINE In-Process & Other Non-Indexed Citations, Ovid (February 13 2009) (searched 17 February 2009); EMBASE, Ovid (1980 to 2009 Week 05) (searched 18 February 2009); AMED, Ovid (1985 to February 2009) (searched 19 February 2009); British Nursing Index and Archive, Ovid (1985 to February 2009) (searched 17 February 2009); CINAHL, Ebsco 1981 to present (searched 07 February 2010); POPLINE (searched 25 February 2009); WHOLIS (searched 16 April 2009); Science Citation Index and Social Sciences Citation Index (ISI Web of Science) (1975 to present) (searched 10 August 2006 and 10 February 2010). We also searched the reference lists of all included papers and relevant reviews, and contacted study authors and researchers in the field for additional papers.

Selection criteria Randomised controlled trials of any intervention delivered by LHWs (paid or voluntary) in primary or community health care and intended to improve maternal or child health or the management of infectious diseases. A ‘lay health worker’ was defined as any health worker carrying out functions related to healthcare delivery, trained in some way in the context of the intervention, and having no formal professional or paraprofessional certificate or tertiary education degree. There were no restrictions on care recipients.

Data collection and analysis Two review authors independently extracted data using a standard form and assessed risk of bias. Studies that compared broadly similar types of interventions were grouped together. Where feasible, the study results were combined and an overall estimate of effect obtained.

Main results Eighty-two studies met the inclusion criteria. These showed considerable diversity in the targeted health issue and the aims, content, and outcomes of interventions. The majority were conducted in high income countries (n = 55) but many of these focused on low income and minority populations. The diversity of included studies limited meta-analysis to outcomes for four study groups. These analyses found evidence of moderate quality of the effectiveness of LHWs in promoting immunisation childhood uptake (RR 1.22, 95% CI 1.10 to 1.37; P = 0.0004); promoting initiation of breastfeeding (RR = 1.36, 95% CI 1.14 to 1.61; P < 0.00001), any breastfeeding (RR 1.24, 95% CI 1.10 to 1.39; P = 0.0004), and exclusive breastfeeding (RR 2.78, 95% CI 1.74 to 4.44; P < 0.0001); and improving pulmonary TB cure rates (RR 1.22 (95% CI 1.13 to 1.31) P < 0.0001), when compared to usual care. There was moderate quality evidence that LHW support had little or no effect on TB preventive treatment completion (RR 1.00, 95% CI 0.92 to 1.09; P = 0.99). There was also low quality evidence that LHWs may reduce child morbidity (RR 0.86, 95% CI 0.75 to 0.99; P = 0.03) and child (RR 0.75, 95% CI 0.55 to 1.03; P = 0.07) and neonatal (RR 0.76, 95% CI 0.57 to 1.02; P = 0.07) mortality, and increase the likelihood of seeking care for childhood illness (RR 1.33, 95% CI 0.86 to 2.05; P = 0.20). For other health issues, the evidence is insufficient to draw conclusions regarding effectiveness, or to enable the identification of specific LHW training or intervention strategies likely to be most effective.

Authors’ conclusions LHWs provide promising benefits in promoting immunisation uptake and breastfeeding, improving TB treatment outcomes, and reducing child morbidity and mortality when compared to usual care. For other health issues, evidence is insufficient to draw conclusions about the effects of LHWs.

Keywords: Allied Health Personnel, Community Health Services, Health Promotion, Primary Health Care, Community Health Aides, Home Health Aides, Randomized Controlled Trials As Topic, Humans, Randomized Controlled-Trial, Traditional Birth Attendants, Cost-Effective Interventions, Social Support Intervention, Mother-Infant Interaction, Breast-Feeding Duration, Home Visiting Program, Failure-To-Thrive, Low-Income, Peer Support

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Full Text: [2010\Coc Dat Sys Rev2010, CD005442.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD005442.pdf)

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Full Text: [2010\Coc Dat Sys Rev2010, CD005575.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD005575.pdf)

Keywords: Health

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Full Text: [2010\Coc Dat Sys Rev2010, CD006804.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD006804.pdf)

Abstract: Background In conventional (standard) laparoscopic cholecystectomy, four abdominal ports (two of 10 mm diameter and two of 5 mm diameter) are used. Recently, use of smaller ports have been reported. Objectives To assess the benefits and harms of miniport (defined as ports smaller than conventional ports) laparoscopic cholecystectomy versus standard laparoscopic cholecystectomy. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until September 2009 for identifying the randomised trials. Selection criteria Only randomised clinical trials (irrespective of language, blinding, or publication status) comparing miniport versus standard ports laparoscopic cholecystectomy were considered for the review. Data collection and analysis Two authors collected the data independently. We analysed the data with both the fixed-effect and the random-effects models using RevMan Analysis. For each outcome we calculated the risk ratio (RR), mean difference (MD), or standardised mean difference (SMD) with 95% confidence intervals (CI). Main results We included thirteen trials with 803 patients randomised to miniport (n = 416) versus standard ports laparoscopic cholecystectomy (n = 387). In twelve trials, four ports were used. In one trial, three ports were used. The bias risk of all trials was high. Miniport laparoscopic cholecystectomy could be completed successfully in 87% of patients. The remaining patients were mostly converted to standard laparoscopic cholecystectomy but some were also converted to open cholecystectomy. Further information about these patients who underwent conversion to open cholecystectomy was not available in most trials. In the patients on whom information was available, there was no mortality reported; and there was no significant difference in the surgery-related morbidity or conversion to open cholecystectomy. Most trials excluded the patients who were converted to standard laparoscopic cholecystectomy. In patients who underwent successful miniport laparoscopic cholecystectomy, the pain was significantly lower in the miniport group than in the standard port at various time points. Authors’ conclusions Miniport laparoscopic cholecystectomy can be completed successfully in more than 85% of patients. Patients, in whom elective miniport laparoscopic cholecystectomy was completed successfully, had lower pain than those who underwent standard laparoscopic cholecystectomy. However, because of the lack of information on its safety, miniport laparoscopic cholecystectomy cannot be recommended outside well-designed, randomised clinical trials.

Keywords: Authors, Bias, Citation, Clinical Trials, Clinical-Trials, Criteria, Empirical-Evidence, Language, MEDLINE, Metaanalysis, Microlaparoscopic Cholecystectomy, Models, Pain, Population, Prevalence, Publication, Quality, Randomized Controlled-Trials, Review, Risk, Science, Science Citation Index

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Full Text: [2010\Coc Dat Sys Rev2010, CD006932.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD006932.pdf)

Keywords: Primary, Treatment

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Full Text: [2010\Coc Dat Sys Rev2010, CD007596.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007596.pdf)

Keywords: Treatment

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Full Text: [2010\Coc Dat Sys Rev2010, CD008335.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD008335.pdf)

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Full Text: [2010\Coc Dat Sys Rev2010, MR000013-1.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20MR000013-1.pdf)

Abstract: Background Recruiting participants to trials can be extremely difficult. Identifying strategies that improve trial recruitment would benefit both trialists and health research. Objectives To quantify the effects of strategies to improve recruitment of participants to randomised controlled trials. Search strategy We searched the Cochrane Methodology Review Group Specialised Register - CMR (The Cochrane Library (online) Issue 1 2008) (searched 20 February 2008); MEDLINE, Ovid (1950 to date of search) (searched 06 May 2008); EMBASE, Ovid (1980 to date of search) (searched 16 May 2008); ERIC, CSA (1966 to date of search) (searched 19 March 2008); Science Citation Index Expanded, ISI Web of Science (1975 to date of search) (searched 19 March 2008); Social Sciences Citation Index, ISI Web of Science (1975 to date of search) (searched 19 March 2008); and National Research Register (online) (Issue 3 2007) (searched 03 September 2007); C2-SPECTR (searched 09 April 2008). We also searched PUBMED (25 March 2008) to retrieve “related articles” for 15 studies included in a previous version of this review. Selection criteria Randomised and quasi-randomised controlled trials of methods to increase recruitment to randomised controlled trials. This includes non-healthcare studies and studies recruiting to hypothetical trials. Studies aiming to increase response rates to questionnaires or trial retention, or which evaluated incentives and disincentives for clinicians to recruit patients were excluded. Data collection and analysis Data were extracted on the method evaluated; country in which the study was carried out; nature of the population; nature of the study setting; nature of the study to be recruited into; randomisation or quasi-randomisation method; and numbers and proportions in each intervention group. We used risk ratios and their 95% confidence intervals to describe the effects in individual trials, and assessed heterogeneity of these ratios between trials. Main results We identified 27 eligible trials with more than 26,604 participants. There were 24 studies involving interventions aimed directly at trial participants, while three evaluated interventions aimed at people recruiting participants. All studies were in health care. Some interventions were effective in increasing recruitment: telephone reminders to non-respondents (RR 2.66, 95% CI 1.37 to 5.18), use of opt-out, rather than opt-in, procedures for contacting potential trial participants (RR 1.39, 95% CI 1.06 to 1.84) and open designs where participants know which treatment they are receiving in the trial (RR 1.25, 95% CI 1.18 to 1.34). However, some of these strategies have disadvantages, which may limit their widespread use. For example, opt-out procedures are controversial and open designs are by definition unblinded. The effects of many other recruitment strategies are unclear; examples include the use of video to provide trial information to potential participants and modifying the training of recruiters. Many studies looked at recruitment to hypothetical trials and it is unclear how applicable these results are to real trials. Authors’ conclusions Trialists can increase recruitment to their trials by using the strategies shown to be effective in this review: telephone reminders; use of opt-out, rather than opt-in; procedures for contacting potential trial participants and open designs. Some strategies (e. g. open trial designs) need to be considered carefully before use because they also have disadvantages. For example, opt-out procedures are controversial and open designs are by definition unblinded.

Keywords: Authors, Breast-Cancer, Cancer-Patients, Citation, Clinical Trials as Topic, Clinical-Trials, Decision-Making, Hazardous Drinking, Health, Health Care, Heterogeneity, Humans, Informed-Consent Process, Injured Patients, ISI, ISI Web, ISI Web of Science, Medical-Research, MEDLINE, Methodology, Methods, Patient Education as Topic, Patient Recruitment, Patient Selection, Prevention Trial, Questionnaires, Randomized Controlled Trials As Topic, Research, Retention, Review, Risk, Sample Size, Science, Science Citation Index, Training, Treatment, Web of Science

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Full Text: [2010\Coc Dat Sys Rev2010, CD002300.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD002300.pdf)

Abstract: Background Gastro-oesophageal reflux (GOR) is common and usually self-limiting in infants. Cisapride, a pro-kinetic agent, was commonly prescribed until reports of possible serious adverse events were associated with its use. Objectives To determine the effectiveness of cisapride versus placebo or non-surgical treatments for symptoms of GOR. Search strategy We searched the Cochrane Upper Gastrointestinal and Pancreatic Diseases Group Specialised Register and Central Register of Controlled Trials (CENTRAL), MEDLINE and EMBASE, reference lists of relevant review articles and searched in the Science Citation Index for all the trials identified. All searches were updated in February 2009. Selection criteria Randomised controlled trials comparing oral cisapride therapy with placebo or other non-surgical treatments for children diagnosed with GOR were included. We excluded trials with a majority of participants less than 28 days of age. Data collection and analysis Primary outcomes were a change in symptoms at the end of treatment, presence of adverse events, occurrence of clinical complications and weight gain. Secondary outcomes included physiological measures of GOR or histological evidence of oesophagitis. We dichotomised symptoms into ‘same or worse’ versus ‘improved’ and calculated summary odds ratios (OR). Continuous measures of GOR (for example reflux index) were summarised as a weighted mean difference. All outcomes were analysed using a random-effects method. Main results Ten trials in total met the inclusion criteria. Nine trials compared cisapride with placebo or no treatment, of which eight (262 participants) reported data on symptoms of gastro-oesophageal reflux. There was no statistically significant difference between the two interventions (OR 0.34; 95% CI 0.10 to 1.19) for ‘same or worse’ versus ‘improved symptoms’ at the end of treatment. There was significant heterogeneity between the studies, suggesting publication bias. Four studies reported adverse events (mainly diarrhoea); this difference was not statistically significant (OR 1.80; 95% CI 0.87 to 3.70). Another trial found no difference in the electrocardiographic QTc interval after three to eight weeks of treatment. Cisapride significantly reduced the reflux index (weighted mean difference 6.49; 95% CI -10.13 to -2.85; P = 0.0005). Other measures of oesophageal pH monitoring did not reach significance. One included study compared cisapride with Gaviscon (with no statistically significant difference). One small study found no evidence of benefit on frequency of regurgitation or weight gain after treatment with cisapride versus no treatment, carob bean or corn syrup thickeners. Authors’ conclusions We found no clear evidence that cisapride reduces symptoms of GOR. Due to reports of fatal cardiac arrhythmias or sudden death, from July 2000 in the USA and Europe cisapride was restricted to a limited access programme supervised by a paediatric gastrologist.

Keywords: 100 Babies, Anti-Ulcer Agents [Therapeutic Use], Articles, Authors, Bias, Children, Cisapride [Therapeutic Use], Citation, Disease, Double-Blind, Esophageal PH, Europe, Feed Intolerance, Gastroesophageal Reflux [Drug Therapy], Gastrointestinal Agents [Therapeutic Use], Heterogeneity, Humans, Infant, MEDLINE, Newborn, Occurrence, pH, Placebo, Placebo-Controlled Therapy, Predictive-Value, Preterm Infants, Publication, Publication Bias, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Review, Science, Science Citation Index, Symptoms, Treatment, USA

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Full Text: [2010\Coc Dat Sys Rev2010, CD007026.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007026.pdf)

Abstract: Background Cerebrolysin is a mixture of low-molecular-weight peptides and amino acids derived from pigs’ brain tissue which has proposed neuroprotective and neurotrophic properties. It is widely used in the treatment of acute ischaemic stroke in Russia and China. Objectives To assess the benefits and risks of cerebrolysin for treating acute ischaemic stroke. Search strategy We searched the Cochrane Stroke Group Trials Register (February 2009), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue 1, 2009), MEDLINE (1966 to February 2009), EMBASE (1974 to February 2009), LILACS (1982 to February 2009), Science Citation Index (1940 to February 2009), SIGLE Archive (1980 to March 2005), and a number of relevant Russian Databases (1988 to February 2009). We also searched reference lists, ongoing trials registers and conference proceedings. Selection criteria Randomised controlled trials comparing cerebrolysin with placebo or no treatment in patients with acute ischaemic stroke. Data collection and analysis Three review authors independently applied the inclusion criteria, assessed trial quality and extracted the data. Main results We included one trial involving 146 participants. There was no difference in death (6/78 in the cerebrolysin group versus 6/68 in the placebo group; risk ratio (RR) 0.87, 95% confidence interval (CI) 0.29 to 2.58) or in the total number of adverse events (16.4% versus 10.3%; RR 1.62, 95% CI 0.69 to 3.82) between the treatment and control groups. Authors’ conclusions There is not enough evidence to evaluate the effect of cerebrolysin on survival and dependency in people with acute ischaemic stroke. High-quality and large-scale randomised controlled trials may help to gain a better understanding of the potential value of cerebrolysin in acute ischaemic stroke.

Keywords: Authors, China, Citation, Databases, Groups, MEDLINE, Neuroprotection, Placebo, Review, Risk, Science, Science Citation Index, Treatment

? Opiyo, N. and English, M. (2010), In-service training for health professionals to improve care of the seriously ill newborn or child in low and middle-income countries (Review). *Cochrane Database of Systematic Reviews*, **4**, Article Number: CD007071.

Full Text: [2010\Coc Dat Sys Rev2010, CD007071.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007071.pdf)

Abstract: Background A variety of emergency care training courses based on developed country models are being promoted as a strategy to improve the quality of care of the seriously ill newborn or child in developing countries. Clear evidence of their effectiveness is lacking. Objectives To investigate the effectiveness of in-service training of health professionals on their management and care of the seriously ill newborn or child in low and middle-income settings. Search strategy We searched The Cochrane Register of Controlled Trials (CENTRAL), the Specialised Register of the Cochrane EPOC group (both up to May 2009), MEDLINE (1950 to May 2009), EMBASE (1980 to May 2009), CINAHL (1982 to March 2008), ERIC / LILACS / WHOLIS (all up to October 2008), and ISI Science Citation Index Expanded and ISI Social Sciences Citation Index (both from 1975 to March 2009). We checked references of retrieved articles and reviews and contacted authors to identify additional studies. Selection criteria Randomised controlled trials (RCTs), cluster-randomised trials (CRTs), controlled clinical trials (CCTs), controlled before-after studies (CBAs) and interrupted time series studies (ITSs) that reported objectively measured professional practice, patient outcomes, health resource / services utilization, or training costs in healthcare settings (not restricted to studies in low-income settings). Data collection and analysis We independently selected studies for inclusion, abstracted data using a standardised form, and assessed study quality. Meta-analysis was not appropriate. Study results were summarised and appraised. Main results Two studies of varied designs were included. In one RCT of moderate quality, Newborn Resuscitation Training (NRT) was associated with a significant improvement in performance of adequate initial resuscitation steps (risk ratio 2.45, 95% confidence interval (CI) 1.75 to 3.42, P < 0.001, adjusted for clustering) and a reduction in the frequency of inappropriate and potentially harmful practices (mean difference 0.40, 95% CI 0.13 to 0.66, P = 0.004). In the second RCT, available limited data suggested that there was improvement in assessment of breathing and newborn care practices in the delivery room following implementation of Essential Newborn Care (ENC) training. Authors’ conclusions There is limited evidence that in-service neonatal emergency care courses improve health-workers’ practices when caring for a seriously ill newborn although there is some evidence of benefit. Rigorous trials evaluating the impact of refresher emergency care training on long-term professional practices are needed. To optimise appropriate policy decisions, studies should aim to collect data on resource use and costs of training implementation.

Keywords: Articles, Assessment, Authors, Case-Management, Citation, Clustering, Design, Developing Countries, Guidelines, Health, Illness, Impact, Integrated Management, ISI, MEDLINE, Meta-Analysis, Models, Mortality, Pneumonia, Professional, Quality, Reduction, Resuscitation, Review, Risk, Science, Science Citation Index, Training, Triage

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Full Text: [2011\Coc Dat Sys Rev2011, CD001035.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD001035.pdf)

Abstract: Background Human papillomavirus (HPV) is the key risk factor for cervical cancer. Continuing high rates of HPV and other sexually transmitted infections (STIs) in young people demonstrate the need for effective behavioural interventions. Objectives To assess the effectiveness of behavioural interventions for young women to encourage safer sexual behaviours to prevent transmission of STIs (including HPV) and cervical cancer. Search strategy Systematic literature searches were performed on the following databases: Cochrane Central Register of Controlled Trials (CENTRAL Issue 4, 2009) Cochrane Gynaecological Cancer Review Group (CGCRG) Specialised Register, MEDLINE, EMBASE, CINAHL, PsychINFO, Social Science Citation Index and Trials Register of Promoting Health Interventions (TRoPHI) up to the end of 2009. All references were screened for inclusion against selection criteria. Selection criteria Randomised controlled trials (RCTs) of behavioural interventions for young women up to the age of 25 years that included, amongst other things, information provision about the transmission and prevention of STIs. Trials had to measure behavioural outcomes (e. g. condom use) and/or biological outcomes (e. g. incidence of STIs, cervical cancer). Data collection and analysis A narrative synthesis was conducted. Meta-analysis was not considered appropriate due to heterogeneity between the interventions and trial populations. Main results A total of 5271 references were screened and of these 23 RCTs met the inclusion criteria. Most were conducted in the USA and in health-care clinics (e. g. family planning). The majority of interventions provided information about STIs and taught safer sex skills (e. g. communication), occasionally supplemented with provision of resources (e. g. free sexual health services). They were heterogeneous in duration, contact time, provider, behavioural aims and outcomes. A variety of STIs were addressed including HIV and chlamydia. None of the trials explicitly mentioned HPV or cervical cancer prevention. Statistically significant effects for behavioural outcomes (e. g. increasing condom use) were common, though not universal and varied according to the type of outcome. There were no statistically significant effects of abstaining from or reducing sexual activity. There were few statistically significant effects on biological (STI) outcomes. Considerable uncertainty exists in the risk of bias due to incomplete or ambiguous reporting. Authors’ conclusions Behavioural interventions for young women which aim to promote sexual behaviours protective of STI transmission can be effective, primarily at encouraging condom use. Future evaluations should include a greater focus on HPV and its link to cervical cancer, with long-term follow-up to assess impact on behaviour change, rates of HPV infection and progression to cervical cancer. Studies should use an RCT design where possible with integral process evaluation and cost-effectiveness analysis where appropriate. Given the predominance of USA studies in this systematic review evaluations conducted in other countries would be particularly useful.

Keywords: African-American Women, Bias, Cancer, Citation, Cost-Effectiveness, Databases, Embase, Evaluation, Female, Female-Condom Use, Health Care, Health Services, Hiv-Risk-Reduction, HPV, Human, Human-Immunodeficiency-Virus, Human-Papillomavirus Infection, Humans, Impact, Impoverished Minority Women, Information, Inner-City Women, Interventions, Literature, MEDLINE, Meta-Analysis, Outcomes, Peer Education-Program, Prevention, Randomized-Controlled-Trial, Review, Science, Science Citation Index, Search Strategy, Sexual Behavior, Strategy, Systematic Review, Transmitted-Disease Prevention, Uterine Cervical Neoplasms [Prevention & Control]

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Full Text: [2011\Coc Dat Sys Rev2011, CD002800.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD002800.pdf)

Abstract: Background Randomised clinical trials have addressed the question whether propylthiouracil has any beneficial effects in patients with alcoholic liver disease. Objectives To assess the beneficial and harmful effects of propylthiouracil for patients with alcoholic liver disease. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register (April 2011), The Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library (April 2011), MEDLINE (1948 to April 2011), EMBASE (1980 to April 2011), and Science Citation Index Expanded (1900 to April 2011). These electronic searches were combined with full text searches. Manufacturers and researchers in the field were also contacted. Selection criteria Randomised clinical trials studying patients with alcoholic steatosis, alcoholic fibrosis, alcoholic hepatitis, and/or alcoholic cirrhosis were included irrespective of blinding, publication status, or language. Interventions encompassed propylthiouracil at any dose versus placebo or no intervention. Data collection and analysis All analyses were performed according to the intention-to-treat method in RevMan Analyses. The risk of bias of the randomised clinical trials was evaluated by bias risk domains such as generation of allocation sequence, allocation concealment, blinding, incomplete outcome data, selective outcome reporting, academic bias, and source of funding. Main results Combining the results of six randomised clinical trials with high risk of bias which included 710 patients demonstrated no significant effects of propylthiouracil versus placebo on all-cause mortality (risk ratio (RR) 0.93, 95% confidence interval (CI) 0.66 to 1.30), liver-related mortality (RR 0.90, 95% CI 0.58 to 1.40), or complications of the liver disease. Although propylthiouracil was not associated with a significant increased risk of non-serious adverse events, there were occasional instances of serious adverse events such as leukopenia and generalised bullous eruption. Authors’ conclusions We could not demonstrate any significant beneficial effect of propylthiouracil on all-cause mortality, liver-related mortality, liver complications, or liver histology of patients with alcoholic liver disease. Propylthiouracil was associated with adverse events. Confidence intervals were wide. Thus, the risk of random errors and systematic errors was high. Accordingly, there is no evidence for using propylthiouracil for alcoholic liver disease outside randomised clinical trials.

Keywords: Alcoholic [\*Drug Therapy], Antimetabolites [\*Therapeutic Use], Antithyroid Drugs, Bias, Citation, Clinical Trials, Double-Blind, Embase, Empirical-Evidence, Hepatitis, Humans, Liver Diseases, Long-Term Treatment, MEDLINE, Of-The-Literature, Propylthiouracil [\*Therapeutic Use], Publication, Radical Formation, Randomized Clinical-Trials, Randomized Controlled Trials As Topic, Science, Science Citation Index, Search Strategy, Sequential-Analysis, Simulated Controls, Treatment Outcome

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Full Text: [2011\Coc Dat Sys Rev2011, CD003619.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD003619.pdf)

Abstract: Background Non-alcoholic fatty liver disease (NAFLD) is becoming a wide spread liver disease. The present recommendations for treatment are not evidence-based. Some of them are various weight reduction measures with diet, exercise, drug, or surgical therapy. Objectives To assess the benefits and harms of intended weight reduction for patients with NAFLD. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, PUBMED, EMBASE, Science Citation Index Expanded, Chinese Biomedicine Database, and ClinicalTrials.gov until February 2011. Selection criteria We included randomised clinical trials evaluating weight reduction with different measures versus no intervention or placebo in NAFLD patients. Data collection and analysis We extracted data independently. We calculated the odds ratio (OR) for dichotomous data and calculated the mean difference (MD) for continuous data, both with 95% confidence intervals (CI). Main results The review includes seven trials; five on aspects of lifestyle changes (eg, diet, physical exercise) and two on treatment with a weight reduction drug ‘orlistat’. In total, 373 participants were enrolled, and the duration of the trials ranged from 1 month to 1 year. Only one trial on lifestyle programme was judged to be of low risk of bias. We could not perform meta-analyses for the main outcomes as they were either not reported or there were insufficient number of trials for each outcome to be meta-analysed. We could meta-analyse the available data for body weight and body mass index only. Adverse events were poorly reported. Authors’ conclusions The sparse data and high risk of bias preclude us from drawing any definite conclusion on lifestyle programme or orlistat for treatment of NAFLD. Further randomised clinical trials with low risk of bias are needed to test the beneficial and harmful effects of weight reduction for NAFLD patients. The long-term prognosis of development of fibrosis, mortality, and quality of life should be studied.

Keywords: Aminotransferase Levels, Bariatric Surgery, Bias, Citation, Clinical Trials, Development, Embase, Follow-Up, Hepatic Steatosis, Impaired Glucose-Tolerance, Life-Style Intervention, Obese Children, Outcomes, Placebo-Controlled Trial, PUBMED, Randomized Controlled-Trial, Review, Risk-Factors, Science, Science Citation Index, Search Strategy

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Full Text: [2011\Coc Dat Sys Rev2011, CD005958.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD005958.pdf)

Abstract: Background Training and the provision of assistive devices are considered major interventions to prevent back pain and its related disability among workers exposed to manual material handling (MMH). Objectives To determine the effectiveness of MMH advice and training and the provision of assistive devices in preventing and treating back pain. Search strategy We searched CENTRAL (The Cochrane Library 2011, issue 1), MEDLINE, EMBASE, CINAHL, Nioshtic, CISdoc, Science Citation Index, and PsychLIT to February 2011. Selection criteria We included randomised controlled trials (RCT) and cohort studies with a concurrent control group that were aimed at changing human behaviour in MMH and measured back pain, back pain-related disability or sickness absence. Data collection and analysis Two authors independently extracted the data and assessed the risk of bias using the criteria recommended by the Cochrane Back Review Group for RCTs and MINORS for the cohort studies. We based the results and conclusions on the analysis of RCTs only. We compared these with the results from cohort studies. Main results We included nine RCTs (20,101 employees) and nine cohort studies (1280 employees) on the prevention of back pain in this updated review. Studies compared training to no intervention (4), professional education (2), a video (3), use of a back belt (3) or exercise (2). Other studies compared training plus lifting aids to no intervention (3) and to training only (1). The intensity of training ranged from a single educational session to very extensive personal biofeedback. Six RCTs had a high risk of bias. None of the included studies showed evidence of a preventive effect of training on back pain. There was moderate quality evidence from seven RCTs (19,317 employees) that those who received training reported levels of back pain similar to those who received no intervention, with an odds ratio of 1.17 (95% confidence intervals (CI) 0.68 to 2.02) or minor advice (video), with a relative risk of 0.93 (95% CI 0.69 to 1.25). Confidence intervals around the effect estimates were still wide due to the adjustment for the design effect of clustered studies. The results of the cohort studies were similar to those of the randomised studies. Authors’ conclusions There is moderate quality evidence that MMH advice and training with or without assistive devices does not prevent back pain or back pain-related disability when compared to no intervention or alternative interventions. There is no evidence available from RCTs for the effectiveness of MMH advice and training or MMH assistive devices for treating back pain. More high quality studies could further reduce the remaining uncertainty.

Keywords: \*Health Education, \*Self-Help Devices, \*Therapy], Authors, Back Pain [Prevention & Control, Bias, Care Facilities, Citation, Cohort Studies, Education, Embase, Human, Humans, Intervention Program, Interventions, Lifting, Lumbar Supports, MEDLINE, Musculoskeletal Disorders, No Lifting Policy, Nurses, Occupational Diseases [Prevention & Control, Participatory Ergonomics, Prevention, Professional, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Review, Science, Science Citation Index, Search Strategy, Systematic Reviews, Training, Updated Method Guidelines

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Full Text: [2011\Coc Dat Sys Rev2011, CD008399.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008399.pdf)

Abstract: Background Routine use of abdominal drainage in patients undergoing liver transplantation is controversial. Objectives To assess the benefits and harms of routine abdominal drainage after orthotopic liver transplantation versus no drainage and to address different drain types. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and the MetaRegister of Controlled Trials until March 2011 to identify the randomised trials. Selection criteria We planned to include only randomised clinical trials (irrespective of language, blinding, or publication status) addressing this issue. Data collection and analysis Two authors identified the trials for inclusion independently. Two authors planned to collect the data independently. We planned to analyse the data with both the fixed-effect and the random-effects model using RevMan Analysis. For each outcome we planned to calculate the risk ratio (RR) or mean difference (MD) with 95% confidence intervals (CI) based on intention-to-treat analysis whenever possible. Main results We did not identify any randomised clinical trials addressing this issue. Authors’ conclusions There is currently no evidence to conclude whether routine abdominal drainage is useful or harmful in patients undergoing orthotopic liver transplantation. Evidence from non-randomised studies of high risk of bias showed conflicting results on the impact of routine drainage in orthotopic liver transplantation on serious adverse events, showing that this question is an important clinical research question. Well-designed randomised clinical trials with adequate sample size to decrease systematic errors and to decrease random errors are necessary.

Keywords: Authors, Bias, Citation, Clinical Research, Clinical Trials, Efficacy, Embase, Empirical-Evidence, Impact, MEDLINE, Metaanalysis, Model, Publication, Quality, Randomized Clinical-Trials, Research, Science, Science Citation Index, Search Strategy, Survival

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Full Text: [2010\Coc Dat Sys Rev2010, CD007539.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007539.pdf)

Abstract: Background Allergic and febrile non-haemolytic transfusion reactions (NHTRs) are the two most common forms of transfusion reaction. Pretransfusion medication with anti-inflammatory drugs is used in NHTR prevention, however its efficacy and safety remains unclear. Objectives To assess the clinical effects and safety of pharmacological interventions for preventing NHTR in patients with and without a history of transfusion reactions. Search strategy The search strategy included The Cochrane Central Register of Controlled Trials (CENTRAL) on The Cochrane Library (Issue 4, 2008), Cochrane Injuries Group’s Specialised Register (December 17, 2008), MEDLINE (1950 to November (week 3) 2008), EMBASE (1988 to November (week 3) 2008), LILACS (1982 to January 12, 2009), CINAHL (1982 to December 2008), ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED): 1970 to December 2008). There was no language restriction. Selection criteria Randomised controlled trials (RCTs) assessing the effectiveness of interventions for the prevention of NHTR. Data collection and analysis Authors independently selected studies, assessed the risks of bias and extracted data. Relative risks (RR) were estimated in RCTs with parallel design (PD). Odds ratio (OR) was estimated for one RCT with crossover design (CD). No meta-analysis was attempted due to differences in the pharmacotherapy of pre-transfusion medication and methodology between the studies; a per-protocol analysis was used. Main results This review includes three RCTs (two PD and one CD). The PD-RCTs employed disparate units of randomisation (UofR); patient or transfusion, while the CD-RCT applied the patient as the UofR. The PD-RCTs administered leukodepleted blood products. Both PD-RCTs compared acetaminophen plus diphenhydramine (ApD) at different regimens with placebo, while the CD-RCT contrasted hydrocortisone pharmacotherapy with diphenhydramine. Both PD-RCTs found no statistically significant difference in allergic reactions (RR 0.13, 95% confidence interval (CI) 0.01 to 2.39, RR 1.46, 95% CI 0.78 to 2.73) and febrile reactions (RR 0.52, 95% CI 0.22 to 1.26). The CD-RCT found a statistically significant difference in the odds of febrile reactions (OR 2.38, 95% CI 1.07 to 5.27). The trials did not report anaphylactic reactions, deaths related to transfusion reactions or other adverse events. Authors’ conclusions None of the three studies found that medication prior to transfusion reduces NHTR. This applied regardless of the patient’s history of NHTR and the use of leukodepleted blood products in the transfusion. However, this conclusion is based on three trials of moderate to low quality. A better-powered RCT is necessary to evaluate the role of pretransfusion medication in the prevention of NHTR. Inclusion criteria should be restricted to patients at high risk of developing NHTR, with no restriction by age, history of transfusion reactions and type of blood products (leukodepleted or not).

Keywords: Acetaminophen, Authors, Bias, Blood, Cd, Citation, Controlled-Trial, Criteria, Diphenhydramine, Effectiveness, Effects, High Risk, High-Risk, History, ISI, ISI Web, ISI Web of Science, Language, Leukoreduction, MEDLINE, Meta-Analysis, Metaanalyses, Methodology, PD, Placebo, Premedication, Reduction, Review, Risk, Science, Science Citation Index, Web of Science

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Full Text: [2010\Coc Dat Sys Rev2010, CD008084.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD008084.pdf)

Abstract: Background Paraquat is an effective and widely used herbicide but is also a lethal poison. In many developing countries paraquat is widely available and inexpensive, making poisoning prevention difficult. However most of the people who become poisoned from paraquat have taken it as a means of suicide. Standard treatment for paraquat poisoning both prevents further absorption and reduces the load of paraquat in the blood through haemoperfusion or haemodialysis. The effectiveness of standard treatments is extremely limited. The immune system plays an important role in exacerbating paraquat-induced lung fibrosis. Immunosuppressive treatment using glucocorticoid and cyclophosphamide in combination is being developed and studied. Objectives To assess the effects of glucocorticoid with cyclophosphamide on mortality in patients with paraquat-induced lung fibrosis. Search strategy To identify randomised controlled trials on this topic, we searched the Cochrane Injuries Group’s Specialised Register (searched 15 Sept 2009), CENTRAL (The Cochrane Library 2009, Issue 3), MEDLINE (Ovid SP) (1950 September Week 1 2009), EMBASE (Ovid SP) (1980 to 2009 Week 37), ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED) (1970 to Sept 2009), ISI Web of Science: Conference Proceedings Citation Index-Science (CPCI-S) (1990 to Sept 2009), Chinese bio-medical literature & retrieval system (CBM) (1978 to Sept 2009), Chinese medical current contents (CMCC) (1995 to Sept 2009), and Chinese medical academic conference (CMAC) (1994-Sept 2009). The searches were completed in September 2009. Selection criteria Randomised controlled trials (RCTs) were included in this review. All patients were to receive standard care, plus the intervention or control. The intervention was glucocorticoid with cyclophosphamide in combination versus a control of a placebo, standard care alone, or any other therapy in addition to standard care. Data collection and analysis The mortality risk ratio (RR) and 95% confidence interval (CI) was calculated for each study on an intention-to-treat basis. Data for all-cause mortality at final follow-up were summarised in a meta-analysis using a fixed-effects model. Main results This systematic review includes three trials with a combined total of 164 participants who had moderate to severe paraquat poisoning. Patients who received glucocorticoid with cyclophosphamide in addition to standard care had a lower risk of death at final follow-up than those receiving standard care only (RR 0.72 (95% CI 0.59 to 0.89)). Authors’ conclusions Based on the findings of three small RCTs of moderate to severely poisoned patients, glucocorticoid with cyclophosphamide in addition to standard care may be a beneficial treatment for patients with paraquat-induced lung fibrosis. To enable further study of the effects of glucocorticoid with cyclophosphamide for patients with moderate to severe paraquat poisoning, hospitals may provide this treatment as part of an RCT with allocation concealment.

Keywords: Absorption, Authors, Biomedical, Citation, Criteria, Cyclophosphamide, Developing Countries, Dexamethasone, Effectiveness, Effects, Intervention, ISI, ISI Web, ISI Web of Science, Literature, Medical, MEDLINE, Meta-Analysis, Methylprednisolone, Model, Mortality, Placebo, Poisoning, Pulse, Randomised Controlled Trials, Review, Risk, Science, Science Citation Index, System, Systematic Review, Therapy, Topic, Treatment, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD008143.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008143.pdf)

Abstract: Background Patients with type 2 diabetes mellitus (T2D) exhibit an increased risk of cardiovascular disease and mortality compared to the background population. Observational studies report a relationship between reduced blood glucose and reduced risk of both micro-and macrovascular complications in patients with T2D. Objectives To assess the effects of targeting intensive versus conventional glycaemic control in T2D patients. Search strategy Trials were obtained from searches of CENTRAL (The Cochrane Library), MEDLINE, EMBASE, Science Citation Index Expanded, LILACS, and CINAHL (until December 2010). Selection criteria We included randomised clinical trials that prespecified different targets of glycaemic control in adults with T2D. Data collection and analysis Two authors independently assessed the risk of bias and extracted data. Dichotomous outcomes were assessed by risk ratios (RR) and 95% confidence intervals (CI). Main results Twenty trials randomised 16,106T2D participants to intensive control and 13,880 T2D participants to conventional glycaemic control. The mean age of the participants was 62.1 years. The duration of the intervention ranged from three days to 12.5 years. The number of participants in the included trials ranged from 20 to 11,140. There was no significant difference between targeting intensive andconventional glycaemic control for all-cause mortality (RR 1.01, 95% CI 0.90 to 1.13; 29,731 participants, 18 trials) or cardiovascular mortality (RR 1.06, 95% CI 0.90 to 1.26; 29,731 participants, 18 trials). Trial sequential analysis (TSA) showed that a 10% RR reduction could be refuted for all-cause mortality. Targeting intensive glycaemic control did not show a significant effect on the risk of non-fatal myocardial infarction in the random-effects model but decreased the risk in the fixed-effect model (RR 0.86, 95% CI 0.78 to 0.96; P = 0.006; 29,174 participants, 12 trials). Targeting intensive glycaemic control reduced the risk of amputation (RR 0.64, 95% CI 0.43 to 0.95; P = 0.03; 6960 participants, 8 trials), the composite risk of microvascular disease (RR 0.89, 95% CI 0.83 to 0.95; P = 0.0006; 25,760 participants, 4 trials), retinopathy (RR 0.79, 95% CI 0.68 to 0.92; P = 0.002; 10,986 participants, 8 trials), retinal photocoagulation (RR 0.77, 95% CI 0.61 to 0.97; P = 0.03; 11,142 participants, 7 trials), and nephropathy (RR 0.78, 95% CI 0.61 to 0.99; P = 0.04; 27,929 participants, 9 trials). The risks of both mild and severe hypoglycaemia were increased with targeting intensive glycaemic control but substantial heterogeneity was present. The definition of severe hypoglycaemia varied among the included trials; severe hypoglycaemia was reported in 12 trials that included 28,127 participants. TSA showed that firm evidence was reached for a 30% RR increase in severe hypoglycaemic when targeting intensive glycaemic control. Subgroup analysis of trials exclusively dealing with glycaemic control in usual care settings showed a significant effect in favour of targeting intensive glycaemic control for non-fatal myocardial infarction. However, TSA showed more trials are needed before firm evidence is established. Authors’ conclusions The included trials did not show significant differences for all-cause mortality and cardiovascular mortality when targeting intensive glycaemic control compared with conventional glycaemic control. Targeting intensive glycaemic control reduced the risk of microvascular complications while increasing the risk of hypoglycaemia. Furthermore, intensive glycaemic control might reduce the risk of non-fatal myocardial infarction in trials exclusively dealing with glycaemic control in usual care settings.

Keywords: 10-Year Follow-Up, Acute Myocardial-Infarction, Authors, Bias, Blood-Glucose Control, Cardiac Surgical-Procedures, Citation, Clinical Trials, Cost-Effectiveness, Embase, Insulin-Treatment, MEDLINE, Metabolic-Control, Model, Multifactorial Intervention, Outcomes, Randomized Controlled-Trials, Science, Science Citation Index, Search Strategy, Sternal Wound-Infection

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Full Text: [2011\Coc Dat Sys Rev2011, CD001800.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD001800.pdf)

Abstract: Background The burden of coronary heart disease (CHD) worldwide is one of great concern to patients and healthcare agencies alike. Exercise-based cardiac rehabilitation aims to restore patients with heart disease to health. Objectives To determine the effectiveness of exercise-based cardiac rehabilitation (exercise training alone or in combination with psychosocial or educational interventions) on mortality, morbidity and health-related quality of life of patients with CHD. Search strategy RCTs have been identified by searching CENTRAL, HTA, and DARE (using The Cochrane Library Issue 4, 2009), as well as MEDLINE (1950 to December 2009), EMBASE (1980 to December 2009), CINAHL (1982 to December 2009), and Science Citation Index Expanded (1900 to December 2009). Selection criteria Men and women of all ages who have hadmyocardial infarction (MI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA), or who have angina pectoris or coronary artery disease defined by angiography. Data collection and analysis Studies were selected and data extracted independently by two reviewers. Authors were contacted where possible to obtain missing information. Main results This systematic review has allowed analysis of 47 studies randomising 10,794 patients to exercise-based cardiac rehabilitation or usual care. In medium to longer term (i.e. 12 or more months follow-up) exercise-based cardiac rehabilitation reduced overall and cardiovascular mortality [RR 0.87 (95% CI 0.75, 0.99) and 0.74 (95% CI 0.63, 0.87), respectively], and hospital admissions [RR 0.69 (95% CI 0.51, 0.93)] in the shorter term (< 12 months follow-up) with no evidence of heterogeneity of effect across trials. Cardiac rehabilitation did not reduce the risk of total MI, CABG or PTCA. Given both the heterogeneity in outcome measures and methods of reporting findings, a meta-analysis was not undertaken for health-related quality of life. In seven out of 10 trials reporting health-related quality of life using validated measures was there evidence of a significantly higher level of quality of life with exercise-based cardiac rehabilitation than usual care. Authors’ conclusions Exercise-based cardiac rehabilitation is effective in reducing total and cardiovascular mortality (in medium to longer term studies) and hospital admissions (in shorter term studies) but not total MI or revascularisation (CABG or PTCA). Despite inclusion of more recent trials, the population studied in this review is still predominantly male, middle aged and low risk. Therefore, well-designed, and adequately reported RCTs in groups of CHD patients more representative of usual clinical practice are still needed. These trials should include validated health-related quality of life outcome measures, need to explicitly report clinical events including hospital admission, and assess costs and cost-effectiveness.

Keywords: Acute Myocardial-Infarction, Artery-Bypass-Surgery, Citation, Comprehensive Rehabilitation, Coronary Disease [Mortality, Costs, Elderly-Patients, Embase, Exercise Therapy, Information, Interventions, Low-Fat Diet, MEDLINE, Meta-Analysis, Myocardial Infarction [Mortality, Outcome Assessment (Health Care), Physical-Exercise, Program J-Carp, Quality of Life, Quality-of-Life, Randomized Clinical-Trial, Randomized Controlled Trials As Topic, Rehabilitation], Review, Risk-Factors, Science, Science Citation Index, Search Strategy, Systematic Review, Training

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Full Text: [2010\Coc Dat Sys Rev2010, CD002787.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD002787.pdf)

Abstract: Background Acute hypoxaemic respiratory failure (AHRF), defined as acute lung injury (ALI) and acute respiratory distress syndrome (ARDS), are critical conditions. AHRF results from a number of systemic conditions and is associated with high mortality and morbidity in all ages. Inhaled nitric oxide (INO) has been used to improve oxygenation but its role remains controversial. Objectives To systematically assess the benefits and harms of INO in critically ill patients with AHRF. Search strategy Randomized clinical trials (RCTs) were identified from electronic databases: the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2010, Issue 1); MEDLINE; EMBASE; Science Citation Index Expanded; International Web of Science; CINAHL; LILACS; and the Chinese Biomedical Literature Database (up to 31st January 2010). We contacted trial authors, authors of previous reviews, and manufacturers in the field. Selection criteria We included all RCTs, irrespective of blinding or language, that compared INO with no intervention or placebo in children or adults with AHRF. Data collection and analysis Two authors independently abstracted data and resolved any disagreements by discussion. We presented pooled estimates of the intervention effects on dichotomous outcomes as relative risks (RR) with 95% confidence intervals (CI). Our primary outcome measure was all cause mortality. We performed subgroup and sensitivity analyses to assess the effect of INO in adults and children and on various clinical and physiological outcomes. We assessed the risk of bias through assessment of trial methodological components and the risk of random error through trial sequential analysis. Main results We included 14 RCTs with a total of 1303 participants; 10 of these trials had a high risk of bias. INO showed no statistically significant effect on overallmortality (40.2% versus 38.6%) (RR 1.06, 95% CI 0.93 to 1.22; I-2 = 0) and in several subgroup and sensitivity analyses, indicating robust results. Limited data demonstrated a statistically insignificant effect of INO on duration of ventilation, ventilator-free days, and length of stay in the intensive care unit and hospital. We found a statistically significant but transient improvement in oxygenation in the first 24 hours, expressed as the ratio of partial pressure of oxygen to fraction of inspired oxygen and the oxygenation index (MD 15.91, 95% CI 8.25 to 23.56; I-2 = 25%). However, INO appears to increase the risk of renal impairment among adults (RR 1.59, 95% CI 1.17 to 2.16; I-2 = 0) but not the risk of bleeding or methaemoglobin or nitrogen dioxide formation. Authors’ conclusions INO cannot be recommended for patients with AHRF. INO results in a transient improvement in oxygenation but does not reduce mortality and may be harmful.

Keywords: Acute Disease, Administration, Adult [Drug Therapy], Anoxia [Complications, Bias, Bronchodilator Agents [Administration & Dosage], Cumulative Metaanalysis, Failure, Inhalation, Monitoring Boundaries, Mortality], Nitric Oxide [Administration & Dosage], Outcomes, Oxygen Consumption, Randomized Controlled Trials as Topic, Randomized Controlled-Trial, Respiratory Distress Syndrome, Respiratory Insufficiency [Drug Therapy, Right-Ventricular Function, Risk-Factors, Therapy, Trial Sequential-Analysis, Web

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Full Text: [2010\Coc Dat Sys Rev2010, CD002839.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD002839.pdf)

Abstract: Background It is unclear whether blood pressure (BP) should be altered actively during the acute phase of stroke. Objectives To assess the effect of lowering or elevating BP in people with acute stroke, and the effect of different vasoactive drugs on BP in acute stroke. Search strategy We searched the Cochrane Stroke Group Trials Register (last searched June 2009), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue 4, 2009), MEDLINE (1966 to October 2009), EMBASE (1980 to October 2009), and Science Citation Index (1981 to October 2009). Selection criteria Randomised trials of interventions that would be expected, on pharmacological grounds, to alter BP in patients within one week of the onset of acute stroke. Data collection and analysis Two review authors independently applied the trial inclusion criteria, assessed trial quality, and extracted data. Main results We identified 131 trials involving in excess of 18,000 patients; a further 13 trials are ongoing. We obtained data for 43 trials (7649 patients). Among BP-lowering trials, beta receptor antagonists lowered BP (early systolic BP (SBP) mean difference (MD) -6.1 mmHg, 95% CI -11.4 to -0.9; late SBP MD -4.9 mmHg, 95% CI -10.2 to 0.4; late diastolic BP (DBP) MD -4.5 mmHg, 95% CI -7.8 to 1.2). Oral calcium channel blockers (CCB) lowered BP (late SBP MD -3.2 mmHg, 95% CI -5.4 to -1.1; early DBP MD -2.5, 95% CI -5.6 to 0.7; late DBP MD -2.1, 95% CI -3.5 to -0.7). Nitric oxide donors lowered BP (early SBP MD -10.3 mmHg, 95% CI 17.6 to -3.0). Prostacyclin lowered BP (late SBP MD, -7.7 mmHg, 95% CI -15.6 to 0.2; late DBP MD -3.9 mmHg, 95% CI -8.1 to 0.4). Among BP-increasing trials, diaspirin cross-linked haemoglobin (DCLHb) increased BP (early SBP MD 15.3 mmHg, 95% CI 4.0 to 26.6; late SBP MD 15.9 mmHg, 95% CI 1.8 to 30.0). None of the drug classes significantly altered outcome apart from DCLHb which increased combined death or dependency (odds ratio (OR) 5.41, 95% CI 1.87 to 15.64). Authors’ conclusions There is not enough evidence to evaluate reliably the effect of altering BP on outcome after acute stroke. However, treatment with DCLHb was associated with poor clinical outcomes. Beta receptor antagonists, CCBs, nitric oxide, and prostacyclin each lowered BP during the acute phase of stroke. In contrast, DCLHb increased BP.

Keywords: Acute Cerebral Infarction, Acute Ischemic-Stroke, Acute Nonhemorrhagic Stroke, Administration, Adrenergic Alpha-Antagonists [Therapeutic Use], Adrenergic Beta-Antagonists [Therapeutic Use], Angiotensin Converting Enzyme Inhibitors [Therapeutic Use], Antihypertensive Agents [Therapeutic Use], Blind Controlled Trial, Blood Pressure [Drug Effects, Calcium Channel Blockers [Therapeutic Use], Epoprostenol [Therapeutic Use], Injections, Intravenous, Intravenous Magnesium-Sulfate, Oral, Physiology], Physiopathology], Placebo-Controlled Trial, Quality-of-Care, Randomized Controlled Trials as Topic, Randomized Controlled-Trial, Reduces Blood-Pressure, Stroke [Drug Therapy, Transdermal Glyceryl Trinitrate, Vasodilator Agents [Therapeutic Use]

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Full Text: [2010\Coc Dat Sys Rev2010, CD006005.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD006005.pdf)

Abstract: Background Recurrence of hepatitis B virus (HBV) infection in the liver graft is a grave complication following liver transplantation for HBV cirrhosis. Hepatitis B immunoglobulin (HBIg) seems effective in increasing survival after liver transplantation. HBIg and anti-viral drugs are given alone or in combination for its prevention. Objectives To assess the benefits and harms of different regimens for preventing HBV reactivation following liver transplantation. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until February 2010. We attempted to identify further trials by reviewing the reference lists and contacting the principal authors of identified trials. Selection criteria Randomised clinical trials addressing benefits and harms of lamivudine or adefovir dipivoxil alone or in combination with hepatitis B immunoglobulins (HBIg) for preventing recurrent HBV infection in patients who are liver transplanted due to HBV infection with or without hepatocellular carcinoma. Data collection and analysis Two authors independently assessed the trials for risk of bias and extracted data. We contacted study authors whenever information was lacking. We collected information on adverse events. The primary outcomes were all-cause mortality and reappearance of hepatitis B surface antigen in serum after liver transplantation. Relative risks were calculated from individual trials. Main results Four trials, recruiting 136 participants, were included. Two trials compared lamivudine alone versus HBIg alone. Randomisation was performed one week after transplantation in one of the trials and after six months after transplantation in another; from transplantation until randomisation, HBIg alone was given to all patients in the two trials. A third trial compared combination treatment with lamivudine and HBIg versus lamivudine alone after one month of combination treatment, and a fourth trial compared the combination of lamivudine and HBIg versus a combination of lamivudine and adefovir dipivoxil after at least 12-month of lamivudine and HBIg combination treatment. Statistically significant differences were not detected in any of the comparisons and outcomes. All trials were open-labelled, and none of the trials were adequately powered to show a difference in HBV recurrence. No meta-analyses were performed since the identified trials assessed different comparisons. Authors’ conclusions This review could not derive clear evidence from randomised clinical trials for the treatment of patients with chronic HBV following liver transplantation for preventing recurrence of HBV infection. Large randomised clinical trials comparing long-term combination treatment to each of the monotherapy alone, including the newer antiviral drugs, are needed.

Keywords: Combination, Controlled-Trials, Empirical-Evidence, HBIG, Immune Globulin Monotherapy, Infection, Prophylaxis, Randomized-Trials, Surface-Antigen, Virus Recurrence

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Full Text: [2010\Coc Dat Sys Rev2010, CD006787.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD006787.pdf)

Abstract: Background Acquired brain injury (ABI)can result in impairments in motor function, language, cognition, sensory processing and emotional disturbances. This may severely reduce a survivor’s quality of life. Music therapy has been used in rehabilitation to stimulate brain functions involved in movement, cognition, speech, emotions and sensory perceptions. A systematic review is needed to gauge the efficacy of music therapy as a rehabilitation intervention for people with ABI. Objectives To examine the effects of music therapy with standard care versus standard care alone or standard care combined with other therapies on gait, upper extremity function, communication, mood and emotions, social skills, pain, behavioral outcomes, activities of daily living and adverse events. Search strategy We searched the Cochrane Stroke Group Trials Register (February 2010), the Cochrane Central Register of Controlled Trials (The Cochrane Library Issue 2, 2009), MEDLINE (July 2009), EMBASE (August 2009), CINAHL (March 2010), PsycINFO (July 2009), LILACS (August 2009), AMED (August 2009) and Science Citation Index (August 2009). We handsearched music therapy journals and conference proceedings, searched dissertation and specialist music databases, trials and research registers, reference lists, and contacted experts and music therapy associations. There was no language restriction. Selection criteria Randomized and quasi-randomized controlled trials that compared music therapy interventions and standard care with standard care alone or combined with other therapies for people older than 16 years of age who had acquired brain damage of a non-degenerative nature and were participating in treatment programs offered in hospital, outpatient or community settings. Data collection and analysis Two review authors independently assessed methodological quality and extracted data. We present results using mean differences (using post-test scores) as all outcomes were measured with the same scale. Main results We included seven studies (184 participants). The results suggest that rhythmic auditory stimulation (RAS) may be beneficial for improving gait parameters in stroke patients, including gait velocity, cadence, stride length and gait symmetry. These results were based on two studies that received a low risk of bias score. There were insufficient data to examine the effect of music therapy on other outcomes. Authors’ conclusions RAS may be beneficial for gait improvement in people with stroke. These results are encouraging, but more RCTs are needed before recommendations can be made for clinical practice. More research is needed to examine the effects of music therapy on other outcomes in people with ABI.

Keywords: Depression, Individuals, Instruction, Low, Mood, Patterns, People, Recovery, Research, Speech, States, Stroke Patients

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Full Text: [2011\Coc Dat Sys Rev2011, CD007470.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007470.pdf)

Abstract: Background The available evidence on vitamin D and mortality is inconclusive. Objectives To assess the beneficial and harmful effects of vitamin D for prevention of mortality in adults. Search strategy We searched The Cochrane Library, MEDLINE, EMBASE, LILACS, the Science Citation Index Expanded, and Conference Proceedings Citation Index-Science (to January 2011). We scanned bibliographies of relevant publications and asked experts and pharmaceutical companies for additional trials. Selection criteria We included randomised trials that compared vitamin D at any dose, duration, and route of administration versus placebo or no intervention. Vitamin D could have been administered as supplemental vitamin D (vitamin D(3) (cholecalciferol) or vitamin D(2) (ergocalciferol)) or an active form of vitamin D (1 alpha-hydroxyvitamin D (alfacalcidol) or 1,25-dihydroxyvitamin D (calcitriol)). Data collection and analysis Six authors extracted data independently. Random-effects and fixed-effect model meta-analyses were conducted. For dichotomous outcomes, we calculated the risk ratios (RR). To account for trials with zero events, meta-analyses of dichotomous data were repeated using risk differences (RD) and empirical continuity corrections. Risk of bias was considered in order to minimise risk of systematic errors. Trial sequential analyses were conducted to minimise the risk of random errors. Main results Fifty randomised trials with 94,148 participants provided data for the mortality analyses. Most trials included elderly women (older than 70 years). Vitamin D was administered for a median of two years. More than one half of the trials had a low risk of bias. Overall, vitamin D decreased mortality (RR 0.97, 95% confidence interval (CI) 0.94 to 1.00, I(2) = 0%). When the different forms of vitamin D were assessed separately, only vitamin D(3) decreasedmortality significantly (RR 0.94, 95% CI 0.91 to 0.98, I(2) = 0%; 74,789 participants, 32 trials) whereas vitamin D(2), alfacalcidol, or calcitriol did not. Trial sequential analysis supported our finding regarding vitamin D(3), corresponding to 161 individuals treated to prevent one additional death. Vitamin D3 combined with calcium increased the risk of nephrolithiasis (RR 1.17, 95% CI 1.02 to 1.34, I(2) = 0%). Alfacalcidol and calcitriol increased the risk of hypercalcaemia (RR 3.18, 95% CI 1.17 to 8.68, I(2) = 17%). Data on health-related quality of life and health economics were inconclusive. Authors’ conclusions Vitamin D in the form of vitamin D(3) seems to decrease mortality in predominantly elderly women who are mainly in institutions and dependent care. Vitamin D(2), alfacalcidol, and calcitriol had no statistically significant effect on mortality. Vitamin D(3) combined with calcium significantly increased nephrolithiasis. Both alfacalcidol and calcitriol significantly increased hypercalcaemia.

Keywords: African-American Women, Authors, Bias, Bone-Mineral Density, Citation, Conference, Congestive-Heart-Failure, Early PostmenopaUSAl Women, Economics, Embase, Hormone-Replacement Therapy, Long-Term Treatment, MEDLINE, Model, Nursing-Home Residents, Outcomes, Pharmaceutical Companies, Placebo-Controlled Trial, Prevention, Publications, Randomized-Controlled-Trial, Science, Science Citation Index, Search Strategy, Serum 25-Hydroxyvitamin D

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Full Text: [2011\Coc Dat Sys Rev2011, CD008122.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008122.pdf)

Abstract: Background Rapid diagnostic tests (RDTs) for Plasmodium falciparum malaria use antibodies to detect either HRP-2 antigen or pLDH antigen, and can improve access to diagnostics in developing countries. Objectives To assess the diagnostic accuracy of RDTs for detecting P. falciparum parasitaemia in persons living in endemic areas who present to ambulatory healthcare facilities with symptoms suggestive of malaria by type and brand. Search strategy We undertook a comprehensive search of the following databases: Cochrane Infectious Diseases Group Specialized Register; MEDLINE; EMBASE; MEDION; Science Citation Index; Web of Knowledge; African Index Medicus; LILACS; IndMED; to January 14, 2010. Selection criteria Studies comparing RDTs with a reference standard (microscopy or polymerase chain reaction) in blood samples from a random or consecutive series of patients attending ambulatory health facilities with symptoms suggestive of malaria in P. falciparum endemic areas. Data collection and analysis For each study, a standard set of data was extracted independently by two authors, using a tailored data extraction form. Comparisons were grouped hierarchically by target antigen, and type and brand of RDT, and combined in meta-analysis where appropriate. Main results We identified 74 unique studies as eligible for this review and categorized them according to the antigens they detected. Types 1 to 3 include HRP-2 (from P. falciparum) either by itself or with other antigens. Types 4 and 5 included pLDH (from P. falciparum) either by itself or with other antigens. In comparisons with microscopy, we identified 71 evaluations of Type 1 tests, eight evaluations of Type 2 tests and five evaluations of Type 3 tests. In meta-analyses, average sensitivities and specificities (95% CI) were 94.8% (93.1% to 96.1%) and 95.2% (93.2% to 96.7%) for Type 1 tests, 96.0% (94.0% to 97.3%) and 95.3% (87.3% to 98.3%) for Type 2 tests, and 99.5% (71.0% to 100.0%) and 90.6% (80.5% to 95.7%) for Type 3 tests, respectively. Overall for HRP-2, the meta-analytical average sensitivity and specificity (95% CI) were 95.0% (93.5% to 96.2%) and 95.2% (93.4% to 99.4%), respectively. For pLDH antibody-based RDTs verified with microscopy, we identified 17 evaluations of Type 4 RDTs and three evaluations of Type 5 RDTs. In meta-analyses, average sensitivity for Type 4 tests was 91.5% (84.7% to 95.3%) and average specificity was 98.7% (96.9% to 99.5%). For Type 5 tests, average sensitivity was 98.4% (95.1% to 99.5%) and average specificity was 97.5% (93.5% to 99.1%). Overall for pLDH, the meta-analytical average sensitivity and specificity (95% CI) were 93.2% (88.0% to 96.2%) and 98.5% (96.7% to 99.4%), respectively. For both categories of test, there was substantial heterogeneity in study results. Quality of the microscopy reference standard could only be assessed in 40% of studies due to inadequate reporting, but results did not seem to be influenced by the reporting quality. Overall, HRP-2 antibody-based tests (such as the Type 1 tests) tended to be more sensitive and were significantly less specific than pLDH-based tests (such as the Type 4 tests). If the point estimates for Type 1 and Type 4 tests are applied to a hypothetical cohort of 1000 patients where 30% of those presenting with symptoms have P. falciparum, Type 1 tests will miss 16 cases, and Type 4 tests will miss 26 cases. The number of people wrongly diagnosed with P. falciparum would be 34 with Type 1 tests, and nine with Type 4 tests. Authors’ conclusions The sensitivity and specificity of all RDTs is such that they can replace or extend the access of diagnostic services for uncomplicated P. falciparum malaria. HRP-2 antibody types may be more sensitive but are less specific than pLDH antibody-based tests, but the differences are small. The HRP-2 antigen persists even after effective treatment and so is not useful for detecting treatment failures.

Keywords: Accuracy, Antigen-Capture Assay, Authors, Citation, Databases, Developing Countries, Embase, Febrile Returned Travelers, Histidine-Rich Protein-2, Home-Based Management, Knowledge, MEDLINE, Meta-Analysis, P.F, P.V Immunochromatographic Test, Parasight-F Test, Plasmodium Lactate-Dehydrogenase, Polymerase-Chain-Reaction, Primary-Health-Care, Quality, Review, Science, Science Citation Index, Search Strategy, Strategy, Sub-Saharan Africa

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Full Text: [2010\Coc Dat Sys Rev2010, CD008331.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD008331.pdf)

Abstract: Background Tocilizumab, a new biologic that inhibits interleukin-6, is approved for treatment of rheumatoid arthritis (RA) in Europe, Japan and the US. Objectives To assess the efficacy and safety of tocilizumab in patients with RA using the data from published randomized or quasi-randomized controlled trials (RCTs). Search strategy We performed a search of the following databases: the Cochrane Central Register of Controlled Trials (CENTRAL) up to issue 3, 2009; OVID MEDLINE(1966 to 1 October 2009); CINAHL(1982 to 2009); EMBASE (1980 to week 39, 2009); Science Citation Index (Web of Science) (1945 to 2009) and Current Controlled Trials. Selection criteria Tocilizumab alone or in combination with disease-modifying anti-rheumatic drugs (DMARDs) or biologics compared to placebo or other DMARDs or biologics. Data collection and analysis Two review authors independently extracted all data including major (ACR50, adverse events, serious adverse events, withdrawals, specific adverse events) and secondary outcomes. We calculated the risk ratio for dichotomous outcomes and mean difference for continuous outcomes. Main results Eight RCTs were included in this systematic review with 3334 participants; 2233 treated with tocilizumab and 1101 controls. of the 2233, 1561 were treated with tocilizumab 8 mg/kg every four weeks, which is the approved dose. In patients taking concomitant methotrexate, compared to placebo, tocilizumab-treated patients were four times more likely to achieve ACR50 (absolute %, 38.8% versus 9.6%), 11 times more likely to achieve Disease Activity Score (DAS) remission (absolute %, 30.5% versus 2.7%), 1.8 times more likely to achieve clinically meaningful decrease in Health Assessment Questionnaire (HAQ/mHAQ) scores (absolute %, 60.5% versus 34%), 1.2 times more likely to have any adverse event (absolute %, 74% versus 65%) and 0.6 times less likely to withdraw from therapy for any reason (absolute %, 8.1% versus 14.9%). With the limitation that none of the studies were powered for safety as primary outcome, there were no statistically significant differences in serious adverse effects, or withdrawals due to adverse events. A significant increase in total, HDL and LDL cholesterol and triglyceride level was seen in the tocilizumab treated patients. Authors’ conclusions Tocilizumab is beneficial in decreasingRA disease activity and improving function. Tocilizumab treatment was associated with significant increase in cholesterol levels and in total adverse events. Larger safety studies are needed to address these safety concerns.

Keywords: Anti-Interleukin-6 Receptor Antibody, Criteria, Disease-Activity Score, Double-Blind, IL-6 Receptor, Inadequate Response, Inhibition, Placebo-Controlled Trial, Preliminary Definition, Therapy, Web

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Full Text: 2011\Coc Dat Sys Rev2011, CD008405.pdf

Abstract: Background Dual practice, whereby health workers hold two or more jobs, is a common phenomenon globally. In resource constrained low-and middle-income countries dual practice poses an ongoing threat to the efficiency, quality and equity of health services, especially in the public sector. Identifying effective interventions to manage dual practice is important. Objectives To assess the effects of regulations implemented to manage dual practice. Search strategy Databases searched included: The Cochrane Central Register of Controlled Trials (CENTRAL) 2011, Issue 4, part of The Cochrane Library. www.thecochranelibrary.com, including the Cochrane Effective Practice and Organisation of Care (EPOC) Group Specialised Register (searched 26 May 2011); MEDLINE In-Process & Other Non-Indexed Citations May 24, 2011 (searched 26 May 2011); MEDLINE, Ovid (1948 to May week 2 2011) (searched 26 May 2011); EMBASE, Ovid (1980 to 2011 week 20) (searched 26 May 2011); Science Citation Index and Social Sciences Citation Index, ISIWeb of Science (1975 to present) (searched 04 December 2009); LILACS (searched January 2010); and AIM (December 2009) (searched 18 December 2009). Selection criteria Randomized controlled trials, non-randomized controlled trials, controlled before-and-after studies and interrupted-time-series studies. Dual practice was defined as holding more than one job. Studies for inclusion were those focusing on interventions to manage dual practice among health professionals employed in the public health sector. Data collection and analysis Two review authors independently applied the criteria for inclusion and exclusion of studies when scanning the identified titles and abstracts. The same two review authors independently Main results No studies were found which were eligible for inclusion in this review. Authors’ conclusions There is a need to rigorously evaluate the effects of interventions implemented to manage dual practice among health workers. However, there is still much that is unknown about dual practice itself. The designing of studies to evaluate the effects of interventions to manage dual practice could benefit from prior studies to assess the various manifestations of dual practice, their prevalence and their likely impacts on health services delivery. These findings would then inform the design of studies to evaluate interventions to manage dual practice.

Keywords: Authors, Care, Citation, Citations, Embase, Exploration, Interventions, MEDLINE, Private-Practice, Public Health, Review, Science, Science Citation Index, Search Strategy, Service, Social Sciences

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Full Text: 2011\Coc Dat Sys Rev2011, CD009255.pdf

Abstract: Background There is considerable interest in the effectiveness of financial incentives in the delivery of health care. Incentives may be used in an attempt to increase the use of evidence-based treatments among healthcare professionals or to stimulate health professionals to change their clinical behaviour with respect to preventive, diagnostic and treatment decisions, or both. Financial incentives are an extrinsic source of motivation and exist when an individual can expect a monetary transfer which is made conditional on acting in a particular way. Since there are numerous reviews performed within the healthcare area describing the effects of various types of financial incentives, it is important to summarise the effectiveness of these in an overview to discern which are most effective in changing health professionals’ behaviour and patient outcomes. Objectives To conduct an overview of systematic reviews that evaluates the impact of financial incentives on healthcare professional behaviour and patient outcomes. Methods We searched the Cochrane Database of Systematic Reviews (CDSR) (The Cochrane Library); Database of Abstracts of Reviews of Effectiveness (DARE); TRIP; MEDLINE; EMBASE; Science Citation Index; Social Science Citation Index; NHS EED; HEED; EconLit; and Program in Policy Decision-Making (PPd) (from their inception dates up to January 2010). We searched the reference lists of all included reviews and carried out a citation search of those papers which cited studies included in the review. We included both Cochrane and non-Cochrane reviews of randomised controlled trials (RCTs), controlled clinical trials (CCTs), interrupted time series (ITSs) and controlled before and after studies (CBAs) that evaluated the effects of financial incentives on professional practice and patient outcomes, and that reported numerical results of the included individual studies. Two review authors independently extracted data and assessed the methodological quality of each review according to the AMSTAR criteria. We included systematic reviews of studies evaluating the effectiveness of any type of financial incentive. We grouped financial incentives into five groups: payment for working for a specified time period; payment for each service, episode or visit; payment for providing care for a patient or specific population; payment for providing a pre-specified level or providing a change in activity or quality of care; and mixed or other systems. We summarised data using vote counting. Mainresults We identified four reviews reporting on 32 studies. Two reviews scored 7 on the AMSTAR criteria (moderate, score 5 to 7, quality) and two scored 9 (high, score 8 to 11, quality). The reported quality of the included studies was, by a variety of methods, low to moderate. Payment for working for a specified time period was generally ineffective, improving 3/11 outcomes from one study reported in one review. Payment for each service, episode or visit was generally effective, improving 7/10 outcomes from five studies reported in three reviews; payment for providing care for a patient or specific population was generally effective, improving 48/69 outcomes from 13 studies reported in two reviews; payment for providing a pre-specified level or providing a change in activity or quality of care was generally effective, improving 17/20 reported outcomes from 10 studies reported in two reviews; and mixed and other systems were of mixed effectiveness, improving 20/31 reported outcomes from seven studies reported in three reviews. When looking at the effect of financial incentives overall across categories of outcomes, they were of mixed effectiveness on consultation or visit rates (improving 10/17 outcomes from three studies in two reviews); generally effective in improving processes of care (improving 41/57 outcomes from 19 studies in three reviews); generally effective in improving referrals and admissions (improving 11/16 outcomes from 11 studies in four reviews); generally ineffective in improving compliance with guidelines outcomes (improving 5/17 outcomes from five studies in two reviews); and generally effective in improving prescribing costs outcomes (improving 28/34 outcomes from 10 studies in one review). Authors’ conclusions Financial incentives may be effective in changing healthcare professional practice. The evidence has serious methodological limitations and is also very limited in its completeness and generalisability. We found no evidence from reviews that examined the effect of financial incentives on patient outcomes.

Keywords: Authors, Citation, Clinical Trials, Compliance, Costs, Delivery of Health Care, Effectiveness, Embase, Fundholders, General-Practice, Health Care, Immunization Rates, Impact, Incentives, Medicaid Managed Care, MEDLINE, Outcomes, Overview, Papers, Pay-For-Performance, Physician Reimbursement, Prescribing Patterns, Preventive Care, Professional, Quality-of-Care, Review, Science, Science Citation Index, Systematic Reviews

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Full Text: [2010\Coc Dat Sys Rev2010, CD001796.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD001796.pdf)

Abstract: Background Access to combination antiretroviral therapy has turnedHIV into a chronic and manageable disease for many. This increased chronicity has been mirrored by increased prevalence of health-related challenges experienced by people living with HIV (Rusch 2004). Exercise is a key strategy for people living with HIV and by rehabilitation professionals to address these disablements; however, knowledge about the effects of exercise among adults living with HIV still is emerging. Objectives To examine the safety and effectiveness of aerobic exercise interventions on immunologic and virologic, cardiopulmonary, psychologic outcomes and strength, weight, and body composition in adults living with HIV. Search strategy Searches of MEDLINE, EMBASE, SCIENCE CITATION INDEX, CINAHL, HEALTHSTAR, PsycINFO, SPORTDISCUS and Cochrane Review Group Databases were conducted between 1980 and June 2009. Searches of published and unpublished abstracts and proceedings from major international and national HIV/AIDS conferences were conducted, as well as a handsearch of reference lists and tables of contents of relevant journals and books. Selection criteria We included studies of randomised controlled trials (RCTs) comparing aerobic exercise interventions with no aerobic exercise interventions or another exercise or treatment modality, performed at least three times per week for at least four weeks among adults (18 years of age or older) living with HIV. Data collection and analysis Data on study design, participants, interventions, outcomes, and methodological quality were abstracted from included studies by two reviewers. Meta-analyses, using RevMan 5 computer software, were performed on outcomes when possible. Main results A total of 14 studies met inclusion criteria for this review and 30 meta-analyses over several updates were performed. Main results indicated that performing constant or interval aerobic exercise, or a combination of constant aerobic exercise and progressive resistive exercise for at least 20 minutes at least three times per week for at least five weeks appears to be safe and may lead to significant improvements in selected outcomes of cardiopulmonary fitness (maximum oxygen consumption), body composition (leg muscle area, percent body fat), and psychological status (depression-dejection symptoms). These findings are limited to participants who continued to exercise and for whom there were adequate follow-up data. Authors’ conclusions Aerobic exercise appears to be safe and may be beneficial for adults living with HIV. These findings are limited by the small sample sizes and large withdrawal rates described in the studies. Future research would benefit from participant follow-up and intention-totreat analysis. Further research is required to determine the optimal parameters in which aerobic exercise may be most beneficial for adults living with HIV.

Keywords: \*Exercise, \*Rehabilitation], Active Antiretroviral Therapy, Adult, Body-Composition, Cardiovascular Physiological Phenomena, CD4 Lymphocyte Count, Citation, Citation Indexes, Clinical-Trial, Fat Redistribution, Female, HIV Infections [Physiopathology, HIV-Infected Patients, Human-Immunodeficiency-Virus, Humans, Index, Lead, Male, Metabolic Indexes, Psychology, Quality-of-Life, Randomized Controlled Trials as Topic, Randomized-Trial, Research, Resistance Exercise, Respiratory Physiological Phenomena, Review, Science, Science-Citation-Index, Time Factors

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Full Text: [2010\Coc Dat Sys Rev2010, CD007228.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007228.pdf)

Abstract: Background Specialised disease management programmes for chronic heart failure (CHF) improve survival, quality of life and reduce healthcare utilisation. The overall efficacy of structured telephone support or telemonitoring as an individual component of a CHF disease management strategy remains inconclusive. Objectives To review randomised controlled trials (RCTs) of structured telephone support or telemonitoring compared to standard practice for patients with CHF in order to quantify the effects of these interventions over and above usual care for these patients. Search strategy Databases (the Cochrane Central Register of Controlled Trials (CENTRAL), Database of Abstracts of Reviews of Effects (DARE) and Health Technology Assessment Database (HTA) on The Cochrane Library, MEDLINE, EMBASE, CINAHL, AMED and Science Citation Index Expanded and Conference Citation Index on ISI Web of Knowledge) and various search engines were searched from 2006 to November 2008 to update a previously published non-Cochrane review. Bibliographies of relevant studies and systematic reviews and abstract conference proceedings were handsearched. No language limits were applied. Selection criteria Only peer reviewed, published RCTs comparing structured telephone support or telemonitoring to usual care of CHF patients were included. Unpublished abstract data was included in sensitivity analyses. The intervention or usual care could not include a home visit or more than the usual (four to six weeks) clinic follow-up. Data collection and analysis Data were presented as risk ratio (RR) with 95% confidence intervals (CI). Primary outcomes included all-cause mortality, all-cause and CHF-related hospitalisations which were meta-analysed using fixed effectsmodels. Other outcomes included length of stay, quality of life, acceptability and cost and these were described and tabulated. Main results Twenty-five studies and five published abstracts were included. of the 25 full peer-reviewed studies meta-analysed, 16 evaluated structured telephone support (5613 participants), 11 evaluated telemonitoring (2710 participants), and two tested both interventions (included in counts). Telemonitoring reduced all-cause mortality (RR 0.66, 95% CI 0.54 to 0.81, P < 0.0001) with structured telephone support demonstrating a non-significant positive effect (RR 0.88, 95% CI 0.76 to 1.01, P = 0.08). Both structured telephone support (RR 0.77, 95% CI 0.68 to 0.87, P < 0.0001) and telemonitoring (RR 0.79, 95% CI 0.67 to 0.94, P = 0.008) reduced CHF-related hospitalisations. For both interventions, several studies improved quality of life, reduced healthcare costs and were acceptable to patients. Improvements in prescribing, patient knowledge and self-care, and New York Heart Association (NYHA) functional class were observed. Authors’ conclusions Structured telephone support and telemonitoring are effective in reducing the risk of all-cause mortality and CHF-related hospitalisations in patients with CHF; they improve quality of life, reduce costs, and evidence-based prescribing.

Keywords: Citation, Disease-Management Program, Home Health-Care, Improves Clinical-Outcomes, ISI, Long-Term Benefits, Preserved Ejection Fraction, Quality-of-Life, Randomized Controlled-Trial, Science, Science Citation Index, Self-Management, Span-Chf Trial, Technology, Trans-European Network, Web

? Khalifa, N., Duggan, C., Stoffers, J., Huband, N., Vollm, B.A., Ferriter, M. and Lieb, K. (2010), Pharmacological interventions for antisocial personality disorder. *Cochrane Database of Systematic Reviews*, **8**, Article Number: CD007667.

Full Text: [2010\Coc Dat Sys Rev2010, CD007667.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007667.pdf)

Abstract: Background Antisocial personality disorder (AsPD) is associated with a wide range of disturbance including persistent rule-breaking, criminality, substance misuse, unemployment, homelessness and relationship difficulties. Objectives To evaluate the potential beneficial and adverse effects of pharmacological interventions for people with AsPD. Search strategy We searched the Cochrane Central Register of Controlled Trials (The Cochrane Library 2009, Issue 3), MEDLINE (1950 to September 2009), EMBASE (1980 to 2009, week 37), CINAHL (1982 to September 2009), PsycINFO (1872 to September 2009), ASSIA (1987 to September 2009), BIOSIS (1985 to September 2009), COPAC (September 2009), National Criminal Justice Reference Service Abstracts (1970 to July 2008), Sociological Abstracts (1963 to September 2009), ISI-Proceedings (1981 to September 2009), Science Citation Index (1981 to September 2009), Social Science Citation Index (1981 to September 2009), SIGLE (1980 to April 2006), Dissertation Abstracts (September 2009), ZETOC (September 2009) and the metaRegister of Controlled Trials (September 2009). Selection criteria Controlled trials in which participants with AsPD were randomly allocated to a pharmacological intervention and a placebo control condition. Two trials comparing one drug against another without a placebo control are reported separately. Data collection and analysis Three review authors independently selected studies. Two review authors independently extracted data. We calculated mean differences, with odds ratios for dichotomous data. Main results Eight studies met the inclusion criteria involving 394 participants with AsPD. Data were available from four studies involving 274 participants with AsPD. No study set out to recruit participants solely on the basis of having AsPD, and in only one study was the sample entirely of AsPD participants. Eight different drugs were examined in eight studies. Study quality was relatively poor. Inadequate reporting meant the data available were generally insufficient to allow any independent statistical analysis. The findings are limited to descriptive summaries based on analyses carried out and reported by the trial investigators. All the available data were derived from unreplicated single reports. Only three drugs (nortriptyline, bromocriptine, phenytoin) were effective compared to placebo in terms of improvement in at least one outcome. Nortriptyline was reported in one study as superior for men with alcohol dependency on mean number of drinking days and on alcohol dependence, but not for severity of alcohol misuse or on the patient’s or clinician’s rating of drinking. In the same study, both nortriptyline and bromocriptine were reported as superior to placebo on anxiety on one scale but not on another. In one study, phenytoin was reported as superior to placebo on the frequency and intensity of aggressive acts in male prisoners with impulsive (but not premeditated) aggression. In the remaining two studies, both amantadine and desipramine were not superior to placebo for adults with opioid and cocaine dependence, and desipramine was not superior to placebo for men with cocaine dependence. Authors’ conclusions The body of evidence summarised in this review is insufficient to allow any conclusion to be drawn about the use of pharmacological interventions in the treatment of antisocial personality disorder.

Keywords: Alcohol Dependence, Citation, Cocaine Dependence, Comorbid Psychiatric-Disorders, Conduct Disorder, Desipramine Treatment, Double-Blind, Impulsive Aggressive-Behavior, Major Depression, Placebo-Controlled Trial, Science, Science Citation Index, Substance-Abuse

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Full Text: [2010\Coc Dat Sys Rev2010, CD007733.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007733.pdf)

Abstract: Background Acute lung injury (ALI) and acute respiratory distress syndrome (ARDS) are critical conditions that are associated with high mortality and morbidity. Aerosolized prostacyclin has been used to improve oxygenation despite the limited evidence available so far. Objectives To systematically assess the benefits and harms of aerosolized prostacyclin in critically ill patients with ALI and ARDS. Search strategy We identified randomized clinical trials (RCTs) from electronic databases: the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2010, Issue 1); MEDLINE; EMBASE; Science Citation Index Expanded; International Web of Science; CINAHL; LILACS; and the Chinese Biomedical Literature Database (to 31st January 2010). We contacted trial authors and manufacturers in the field. Selection criteria We included all RCTs, irrespective of blinding or language, that compared aerosolized prostacyclin with no intervention or placebo in either children or adults with ALI or ARDS. Data collection and analysis Two authors independently abstracted data and resolved any disagreements by discussion. We presented pooled estimates of the intervention effects as relative risks (RR) with 95% confidence intervals (CI) for dichotomous outcomes. Our primary outcome measure was all cause mortality. We planned to perform subgroup and sensitivity analyses to assess the effect of aerosolized prostacyclin in adults and children, and on various clinical and physiological outcomes. We assessed the risk of bias through assessment of methodological trial components and the risk of random error through trial sequential analysis. Main results We included one paediatric RCT with low risk of bias and involving a total of 14 critically ill children with ALI or ARDS. Aersosolized prostacyclin over less than 24 hours did not reduce overall mortality at 28 days (RR 1.50, 95% CI 0.17 to 12.94) compared with aerosolized saline (a total of three deaths). The authors did not encounter any adverse events such as bleeding or organ dysfunction. We were unable to perform the prespecified subgroups and sensitivity analyses or trial sequential analysis due to the limited number of RCTs. We were also not able to assess the safety and efficacy of aerosolized prostacyclin for ALI and ARDS. We found two ongoing trials, one involving adults and the other paediatric participants. The adult trial has been finalized but the data are not yet available. Authors’ conclusions There is no current evidence to support or refute the routine use of aerosolized prostacyclin for patients with ALI and ARDS. There is an urgent need for more randomized clinical trials.

Keywords: Assessment, Citation, Cumulative Metaanalysis, Failure, Inhaled Nitric-Oxide, Low, Multicenter Clinical-Trial, Prostaglandin E-1, Pulmonary-Hypertension, Randomized Double-Blind, RCT, Risk-Factors, Science, Science Citation Index, Sequential-Analysis, TLC C-53, Web, Web of Science

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Full Text: [2010\Coc Dat Sys Rev2010, CD002907.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD002907.pdf)

Abstract: Background Bacterial infections are a frequent complication in patients with cirrhosis and upper gastrointestinal bleeding. Antibiotic prophylaxis seems to decrease the incidence of bacterial infections. Oral antibiotics, active against enteric bacteria, have been commonly used as antibiotic prophylaxis in patients with cirrhosis and upper gastrointestinal bleeding. This is an update of a Cochrane review first published in 2002. Objectives To assess the benefits and harms of antibiotic prophylaxis in cirrhotic patients with upper gastrointestinal bleeding. Search strategy We searched TheCochraneHepato- Biliary Group Controlled Trials Register, TheCochrane Central Register of Controlled Trials ( CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index EXPANDED until June 2010. In addition, we handsearched the references of all identified studies. Selection criteria Randomised clinical trials comparing different types of antibiotic prophylaxis with no intervention, placebo, or another antibiotic to prevent bacterial infections in cirrhotic patients with upper gastrointestinal bleeding. Data collection and analysis Three authors independently assessed trial quality, risk of bias, and extracted data. We contacted study authors for additional information. Association measures were relative risk (RR) for dichotomous outcomes and mean difference (MD) for continuous outcomes. Main results Twelve trials (1241 patients) evaluated antibiotic prophylaxis compared with placebo or no antibiotic prophylaxis. All trials were at risk of bias. Antibiotic prophylaxis compared with no intervention or placebo was associated with beneficial effects on mortality (RR 0.79, 95% CI 0.63 to 0.98), mortality from bacterial infections (RR 0.43, 95% CI 0.19 to 0.97), bacterial infections (RR 0.36, 95% CI 0.27 to 0.49), rebleeding (RR 0.53, 95% CI 0.38 to 0.74), days of hospitalisation (MD -1.91, 95% CI -3.80 to -0.02), bacteraemia (RR 0.25, 95% CI 0.15 to 0.40), pneumonia (RR 0.45, 95% CI 0.27 to 0.75), spontaneous bacterial peritonitis (RR 0.29, 95% CI 0.15 to 0.57), and urinary tract infections (RR 0.23, 95% CI 0.12 to 0.41). No serious adverse events were reported. The trials showed no significant heterogeneity of effects. Another five trials (650 patients) compared different antibiotic regimens. Data could not be combined as each trial used different antibiotic regimen. None of the examined antibiotic regimen was superior to the control regimen regarding mortality or bacterial infections.

Keywords: Acute Variceal Hemorrhage, Antibiotic Prophylaxis, Bacteria, Bacterial Infections [Mortality, Citation, Empirical-Evidence, Endoscopic Sclerotherapy, Esophageal-Varices, Liver Cirrhosis [Complications, Liver-Cirrhosis, Mortality], Placebo-Controlled Trial, Portal-Hypertension, Prevention & Control] Gastrointestinal Hemorrhage [Complications, Prognosis, Randomized Controlled Trials as Topic, Randomized-Trial, Science Citation Index, Spontaneous Bacterial Peritonitis, Trial Sequential-Analysis

? Hoffmann, T., Bennett, S., Koh, C.L. and McKenna, K.T. (2010), Occupational therapy for cognitive impairment in stroke patients. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD006430.

Full Text: [2010\Coc Dat Sys Rev2010, CD006430.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD006430.pdf)

Abstract: Background Cognitive impairment is a frequent consequence of stroke and can impact on a person’s ability to perform everyday activities. There are a number of different intervention strategies that occupational therapists may use when working with people who have cognitive impairment post-stroke. Objectives To determine whether occupational therapy improves functional performance of basic activities of daily living (ADL) and specific cognitive abilities in people who have cognitive impairment following a stroke. Search strategy We searched the Cochrane Stroke Group Trials Register (last searchedMay 2009), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue 1, 2009), MEDLINE (1966 to April 2009), EMBASE (1980 to April 2009), CINAHL (1982 to April 2009), PsycINFO (1840 to April 2009), PsycBITE, OTseeker and Dissertation Abstracts (the latest three were searched up to April 2009). In an effort to identify further published, unpublished, and ongoing trials, we also tracked relevant references through the cited reference search in Science Citation Index (SCI) and Social Science Citation Index (SSCI), reviewed the reference lists of relevant studies and reviews, handsearched relevant occupational therapy journals, and contacted key researchers in the area. Selection criteria Randomised and quasi-randomised controlled trials that evaluated an intervention focused on providing cognitive retraining to adults with clinically defined stroke and confirmed cognitive impairment. The intervention needed either to be provided by an occupational therapist or given under the supervision of an occupational therapist. Data collection and analysis Two review authors independently examined the abstracts that might meet the inclusion criteria, assessed the quality and extracted data. We have presented results using mean differences. Main results We included one trial with 33 participants in this review. We found no difference between groups for the two relevant outcomes that were measured: improvement in time judgement skills and improvement in basic ADLs on the Barthel Index. Authors’ conclusions The effectiveness of occupational therapy for cognitive impairment post- stroke remains unclear. The potential benefits of cognitive retraining delivered as part of occupational therapy on improving basic daily activity function or specific cognitive abilities, or both, of people who have had a stroke cannot be supported or refuted by the evidence included in this review. More research is required.

Keywords: Adults, Brain-Injury, Citation, Health, Journals, Performance, Program, Quality, Randomized Clinical-Trial, Recovery, Rehabilitation, Remediation, Research, Researchers, SCI, Science Citation Index

? Ervin, A.M., Wojciechowski, R. and Schein, O. (2010), Punctal occlusion for dry eye syndrome. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD006775.

Full Text: [2010\Coc Dat Sys Rev2010, CD006775.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD006775.pdf)

Abstract: Background Dry eye syndrome is a disorder of the tear film and is associated with symptoms of ocular discomfort. Punctal occlusion is a mechanical treatment in which the tear drainage system is blocked in order to aid in the preservation of natural tears on the ocular surface. Objectives The objective of this review was to assess the safety and efficacy of punctal plugs for the management of dry eye. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2010, Issue 6), MEDLINE (January 1950 to June 2010), EMBASE (January 1980 to June 2010), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to June 2010), the metaRegister of Controlled Trials (mRCT) (www. controlled-trials. com) and ClinicalTrials. gov (http://clinicaltrials. gov). We also searched the Science Citation Index-Expanded database and reference lists of included studies. There were no language or date restrictions in the search for trials. The electronic databases were last searched on 21 June 2010. Selection criteria We included randomized and quasi-randomized controlled trials of collagen or silicone punctal plugs in symptomatic participants diagnosed with aqueous tear deficiency or dry eye syndrome. Data collection and analysis Two review authors independently assessed trial quality and extracted data. We contacted study investigators for additional information. Main results Seven randomized controlled trials including 305 participants (601 eyes) met the inclusion criteria and are summarized in this review. We did not perform meta-analysis due to appreciable variability in interventions and follow-up intervals. Although punctal plugs provided symptomatic improvement and clinical outcomes also improved frombaseline measures, few studies demonstrated a benefit of punctal plugs over the comparison intervention. Reported adverse effects included epiphora (overflow of tears), foreign body sensation, eye irritation, and spontaneous plug loss. Authors’ conclusions This systematic review shows a relative scarcity of controlled clinical trials assessing the efficacy of punctal occlusion therapy in dry eye. Although the evidence is very limited, the data suggest that silicone plugs can provide symptomatic relief in severe dry eye. Moreover, temporary collagen plugs appear similarly effective to silicone plugs on a short-term basis.

Keywords: Citation, Efficacy, Epidemiology, Keratoconjunctivitis Sicca, Management, Prevalence, Prospective Randomized-Trial, Risk-Factors, Science Citation Index Expanded, Silicone Plugs, Symptoms, Therapy

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Full Text: [2010\Coc Dat Sys Rev2010, CD007231.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007231.pdf)

Abstract: Background Studies in animal models of ischemic stroke have shown that stem cells transplanted into the brain can lead to functional improvement. However, to date, evidence for the benefits of stem cell transplantation in ischemic stroke patients is lacking. Objectives To assess the efficacy and safety of stem cell transplantation compared with conventional treatments in patients with ischemic stroke. Search strategy We searched the Cochrane Stroke Group Trials Register (last searched February 2010), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2009, Issue 3), MEDLINE (1966 to August 2008), EMBASE (1980 to August 2008), Science Citation Index (1900 to August 2008), and BIOSIS (1926 to August 2008). We handsearched potentially relevant conference proceedings, screened reference lists, and searched ongoing trials and research registers (last searchedNovember 2008). We also contacted individuals active in the field and stem cell manufacturers (last contacted December 2008). Selection criteria We included randomized controlled trials (RCTs) recruiting patients with ischemic stroke, in any phase of the disease, and an ischemic lesion confirmed by computerized tomography or magnetic resonance imaging scan. We included all types of stem cell transplantation regardless of cell source (autograft, allograft, or xenograft; embryonic, fetal, or adult; from brain or other tissues), route of cell administration (systemic or local), and dosage. The primary outcome was efficacy (assessed as combined functional outcome or disability and dependency) at longer follow-up (minimum six months). Secondary outcomes included post-procedure safety outcomes (death, worsening of neurological deficit, infections and neoplastic transformation). Data collection and analysis Two review authors independently extracted data and assessed trial quality. We contacted study authors for additional information. Main results We identified three very small RCTs. Two are still awaiting classification because only subgroups of patients could be included in this meta-analysis and additional unpublished data are needed. The third trial randomized 30 patients to intravenous transplantation of autologous mesenchymal stem cell (10 participants) or reference group (20 participants) (five participants, initially randomized to the intervention group, refused the treatment and were allocated to the reference group) and found a statistically non-significant functional improvement in treated patients at longer follow-up. No adverse cell-related events were reported. Authors’s conclusions No large trials of stem cell transplantation have been performed in ischemic stroke patients and it is too early to know whether this intervention can improve functional outcome. Large, well-designed trials are needed.

Keywords: Citation, Implantation, Neurological Disorders, Neurotransplantation, Research, Science Citation Index, Therapy, Trial

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Full Text: 2013\Coc Dat Sys Rev2013, CD007911.pdf

Abstract: Background Total knee replacement (TKR) is a common intervention for patients with end-stage osteoarthritis of the knee. Post-surgical management may include cryotherapy. However, the effectiveness of cryotherapy is unclear. Objectives To evaluate the acute (within 48 hours) application of cryotherapy following TKR on pain, blood loss and function. Search methods We searched the Cochrane Database of Systematic Reviews, CENTRAL, DARE, HTA Database, MEDLINE, EMBASE, CINAHL, PEDro and Web of Science on 15th March 2012. Selection criteria Randomised controlled trials or controlled clinical trials in which the experimental group received any form of cryotherapy, and was compared to any control group following TKR indicated for osteoarthritis. Data collection and analysis Two reviewers independently selected trials for inclusion. Disagreements were discussed and resolved involving a third reviewer if required. Data were then extracted and the risk of bias of trials assessed. Main outcomes were blood loss, visual analogue score (VAS) pain, adverse events, knee range of motion, transfusion rate and knee function. Secondary outcomes were analgesia use, knee swelling, length of hospital stay, quality of life and activity level. Effects of interventions were estimated as mean differences (MD), standardised mean differences (SMD) or given as risk ratios (RR), with 95% confidence intervals (CI). Meta-analyses were performed using the inverse variance method and pooled using random effects. Main results Eleven randomised trials and one controlled clinical trial involving 809 participants met the inclusion criteria. There is very low quality evidence from 10 trials (666 participants) that cryotherapy has a small benefit on blood loss (SMD -0.46, 95% CI, -0.84 to -0.08), equivalent to 225mL less blood loss in cryotherapy group (95% CI, 39 to 410mL). This benefit may not be clinically significant. There was very low quality evidence from four trials (322 participants) that cryotherapy improved visual analogue score pain at 48 hours (MD = -1.32 points on a 10 point scale, 95% CI, -2.37 to -0.27), but not at 24 or 72 hours. This benefit may not be clinically significant. There was no difference between groups in adverse events (RR = 0.98, 95% CI, 0.28 to 3.47). There is low quality evidence from two trials (107 participants) for improved range of motion at discharge (MD 11.39 degrees of additional flexion, 95% CI 4.13 to 18.66), but this benefit may not be clinically significant. There was no difference between groups in transfusion rate (RR 2.13, 95% CI 0.04 to 109.63), and knee function was not measured in any trial. No significant benefit were found for analgesia use, swelling or length of stay. Outcomes measuring quality of life or activity level were not reported. Authors’ conclusions Potential benefits of cryotherapy on blood loss, postoperative pain, and range of motion may be too small to justify its use, and the quality of the evidence was very low or low for all main outcomes. This needs to be balanced against potential inconveniences and expenses of using cryotherapy. Well designed randomised trials are required to improve the quality of the evidence.

Keywords: Activity, Analgesia, Analysis, Application, Arthroplasty, Benefits, Bias, Blood, Blood Loss, Blood-Loss, Clinical, Clinical Trial, Clinical Trials, Cold Compression Dressings, Collection, Confidence, Confidence Intervals, Control, Controlled Clinical Trial, Criteria, Data Collection, Database, Discharge, Effectiveness, Effects, Embase, Events, Evidence, Experimental, Function, Groups, Hospital, Hospital Stay, Hta, Intervals, Intervention, Interventions, Intraarticular Temperature, Joint Replacement, Length, Length of Stay, Life, Management, MEDLINE, Methods, Needs, Outcomes, Pain, Patients, Postoperative, Postoperative Pain, Potential, Quality, Quality Of, Quality of Life, Randomised, Randomised Controlled Trials, Randomized Controlled-Trials, Rehabilitation, Risk, Scale, Science, Search, Small, Soft-Tissue Injury, Swelling, Systematic Reviews, Therapy, Total Hip, Transfusion, Trial, Vas, Web of Science, Well

? Singh, J.A. and Fitzgerald, P.M. (2010), Botulinum toxin for shoulder pain. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD008271.

Full Text: [2010\Coc Dat Sys Rev2010, CD008271.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD008271.pdf)

Abstract: Background Recent evidence suggests an anti-nociceptive effect of botulinum toxin. Objectives To compare the efficacy and safety of botulinum toxin in comparison to placebo or other treatment options for shoulder pain. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (T h e Cochrane Library), Ovid MEDLINE, CINAHL (via EBSCOhost), Ovid SPORTDiscus, EMBASE and Science Citation Index. Selection criteria Randomized controlled trials (RCTs) comparing botulinum toxin with placebo or active treatment in people with shoulder pain were included. Data collection and analysis For continuous measures we calculated mean difference (MD), and for categorical measures risk ratio (RR) (with 95% confidence interval (CI)). Main results Six RCTs with 164 patients were included. Five RCTs in participants with post-stroke shoulder pain indicated that compared with placebo, a single intramuscular injection of botulinum toxin A significantly reduced pain at three to six months post-injection (MD -1.2 points, 95% CI -2.4 to -0.07; 0 to 10 point scale) but not at one month (MD -1.1 points, 95% CI -2.9 to 0.7). Shoulder external rotation was increased at one month (MD 9.8, 95% CI 0.2 to 19.4) but not at three to six months. Shoulder abduction, external rotation or spasticity did not differ between groups, nor did the number of adverse events (RR 1.46, 95% CI 0.6 to 24.3). One RCT in arthritis-related shoulder pain indicated that botulinum toxin reduced pain severity (MD -2.0, 95% CI -3.7 to -0.3; 10 point scale) and shoulder disability with a reduction in Shoulder Pain and Disability Index score (MD -13.4, 95% CI -24.9 to -1.9; 100 point scale) when compared with placebo. Shoulder abduction was improved (MD 13.8 degrees, 95% CI 3.2 to 44.0). Serious adverse events did not differ between groups (RR 0.35, 95% CI: 0.11, 1.12). Authors’ conclusions The results should be interpreted with caution due to few studies with small sample sizes and high risk of bias. Botulinum toxin A injections seem to reduce pain severity and improve shoulder function and range of motion when compared with placebo in patients with shoulder pain due to spastic hemiplegia or arthritis. It is unclear if the benefit of pain relief in post-stroke shoulder pain at three to six months but not at one month is due to limitations of the evidence, which includes small sample sizes with imprecise estimates, or a delayed onset of action. More studies with safety data are needed.

Keywords: Barthel Index, Chronic Myofascial Pain, Citation, Controlled-Trial, Double-Blind, Modified Rankin Scale, Primary-Care, Rheumatoid-Arthritis, Science Citation Index, Spastic Hemiplegia, Subscapular Muscle, Tennis Elbow

? Wilson, C., Willis, C., Hendrikz, J.K., Le Brocque, R. and Bellamy, N. (2010), Speed cameras for the prevention of road traffic injuries and deaths. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD004607.

Full Text: [2010\Coc Dat Sys Rev2010, CD004607.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD004607.pdf)

Abstract: Background It is estimated that by 2020, road traffic crashes will have moved from ninth to third in the world ranking of burden of disease, as measured in disability adjusted life years. The prevention of road traffic injuries is of global public health importance. Measures aimed at reducing traffic speed are considered essential to preventing road injuries; the use of speed cameras is one such measure. Objectives To assess whether the use of speed cameras reduces the incidence of speeding, road traffic crashes, injuries and deaths. Search strategy We searched the following electronic databases covering all available years up to March 2010; the Cochrane Library, MEDLINE (WebSPIRS), EMBASE (WebSPIRS), TRANSPORT, IRRD(International Road Research Documentation), TRANSDOC (European Conference of Ministers of Transport databases), Web of Science (Science and Social Science Citation Index), PsycINFO, CINAHL, EconLit, WHO database, Sociological Abstracts, Dissertation Abstracts, Index to Theses. Selection criteria Randomised controlled trials, interrupted time series and controlled before-after studies that assessed the impact of speed cameras on speeding, road crashes, crashes causing injury and fatalities were eligible for inclusion. Data collection and analysis We independently screened studies for inclusion, extracted data, assessed methodological quality, reported study authors’ outcomes and where possible, calculated standardised results based on the information available in each study. Due to considerable heterogeneity between and within included studies, a meta-analysis was not appropriate. Main results Thirty five studies met the inclusion criteria. Compared with controls, the relative reduction in average speed ranged from 1% to 15% and the reduction in proportion of vehicles speeding ranged from 14% to 65%. In the vicinity of camera sites, the pre/post reductions ranged from 8% to 49% for all crashes and 11% to 44% for fatal and serious injury crashes. Compared with controls, the relative improvement in pre/post injury crash proportions ranged from 8% to 50%. Authors’ conclusions Despite the methodological limitations and the variability in degree of signal to noise effect, the consistency of reported reductions in speed and crash outcomes across all studies show that speed cameras are a worthwhile intervention for reducing the number of road traffic injuries and deaths. However, whilst the the evidence base clearly demonstrates a positive direction in the effect, an overall magnitude of this effect is currently not deducible due to heterogeneity and lack of methodological rigour. More studies of a scientifically rigorous and homogenous nature are necessary, to provide the answer to the magnitude of effect.

Keywords: Accident Prevention [\*Instrumentation, Accidents, Accidents,Traffic [\*Prevention & Control, British-Columbia, Casualties, Citation, Conference, Controlled Clinical Trials As Topic, Crashes, Disease, Enforcement Cameras, Hidden, Humans, Management Measures, MEDLINE, Meta-Analysis, Methods], Photography [Instrumentation], Program, Radar, Radar [Instrumentation], Research, Safety, Science Citation Index, Statistics & Numerical Data], Transport, Web of Science

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Full Text: [2010\Coc Dat Sys Rev2010, CD005240.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD005240.pdf)

Abstract: Background Riding a motorcycle (a two-wheeled vehicle that is powered by a motor and has no pedals) is associated with a high risk of fatal crashes, particularly in new riders. Motorcycle rider training has therefore been suggested as an important means of reducing the number of crashes, and the severity of injuries. Objectives To quantify the effectiveness of pre- and post-licence motorcycle rider training on the reduction of traffic offences, traffic crash involvement, injuries and deaths of motorcycle riders. Search strategy We searched the Cochrane Injuries Group Specialised Register, CENTRAL (T h e Cochrane Library 2008, Issue 3), TRANSPORT, MEDLINE, EMBASE, CINAHL, WHOLIS (World Health Organization Library Information System), PsycInfo, LILACS (Latin American and Caribbean Health Sciences), ISI Web of Science: Social Sciences Citation Index (S S C I), ERIC, ZETOC and SIGLE. Database searches covered all available dates up to October 2008. We also checked reference lists of relevant papers and contacted study authors in an effort to identify published, unpublished and ongoing trials related to motorcycle rider training. Selection criteria We included all relevant intervention studies such as randomised and non-randomised controlled trials, interrupted time-series and observational studies such as cohort and case-control studies. Data collection and analysis Two review authors independently analysed data about the study population, study design and methods, interventions and outcome measures as well as data quality from each included study, and compared the findings. We resolved differences by discussion with a third review author. Main results We reviewed 23 studies: three randomised trials, two non-randomised trials, 14 cohort studies and four case-control studies. Five examined mandatory pre-licence training, 14 assessed non-mandatory training, three of the case-control studies assessed `any’ type of rider training, and one case-control study assessed mandatory pre-licence training and non-mandatory training. The types of assessed rider training varied in duration and content. Most studies suffered from serious methodological weaknesses. Most studies were non-randomised and controlled poorly for confounders. Most studies also suffered from detection bias due to the poor use of outcome measurement tools such as the sole reliance upon police records or self-reported data. Small sample sizes and short follow-up time after training were also common. Authors’ conclusions Due to the poor quality of studies identified, we were unable to draw any conclusions about the effectiveness of rider training on crash, injury, or offence rates. The findings suggest that mandatory pre-licence training may be an impediment to completing a motorcycle licensing process, possibly indirectly reducing crashes through a reduction in exposure. It is not clear if training (or what type) reduces the risk of crashes, injuries or offences in motorcyclists, and a best rider training practice can therefore not be recommended. As some type of rider training is likely to be necessary to teach motorcyclists to ride a motorcycle safely, rigorous research is needed.

Keywords: Accidents, Author, Citation, Education, Injuries, ISI, MEDLINE, Operator Skill Test, Quality, Research, Safety, Transport, Trials, Web of Science

? GurUSAmy, K.S., Bong, J.J., FUSAi, G. and Davidson, B.R. (2010), Methods of cystic duct occlusion during laparoscopic cholecystectomy. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD006807.

Full Text: [2010\Coc Dat Sys Rev2010, CD006807.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD006807.pdf)

Abstract: Background During laparoscopic cholecystectomy, it is necessary to occlude the cystic duct permanently. Traditionally, this has been performed through the application of non-absorbable metal clips. Use of absorbable materials to occlude the cystic duct has been suggested as an alternative for metal clips for various reasons. Objectives To assess the benefits and harms of the different methods of occlusion of cystic duct in patients undergoing laparoscopic cholecystectomy. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Central Register of Controlled Trials in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until August 2010. Selection criteria We included all randomised clinical trials comparing different methods of occlusion of cystic duct. Data collection and analysis We collected the data on the characteristics, methodological quality, bile duct injury, bile leaks, operating time, and incidence of recurrent common bile duct stone from each trial. We analysed the data with both the fixed-effect and the random-effects model using RevMan Analysis. For each outcome we calculated the risk ratio (RR) in the presence of more than one trial for the outcome or mean difference (MD) with 95% confidence intervals (CI) based on intention-to-treat analysis. In the presence of only one trial under a dichotomous outcome, we performed the Fisher’s exact test. Main results Three trials including 255 patients qualified for this review. In two of the trial, a total of 150 patients were randomised to absorbable clips (n = 75) and non-absorbable clips (n = 75). In the third trial, a total of 105 patients were randomised to absorbable ligatures (n = 53) and non-absorbable clips (n = 52). All three trials were of high risk of bias. There was no difference in the morbidity between the groups. There was statistically significant longer operating time (MD 12.00 minutes, 95% CI 1.59 to 22.41) in the absorbable ligature group than non-absorbable clips. The duration and method of follow-up were not adequate to determine the incidence of long-term complications. Authors’ conclusions We are unable to determine the benefits and harms of different methods of cystic duct occlusion because of the small sample size, short period of follow-up, and lack of reporting of important outcomes in the included trials. Adequately powered randomised trials with low risk of bias and with long periods of follow-up and assessing all of the important outcomes for patients and professionals are necessary.

Keywords: Audit, Bias, Cautionary Note, Citation, Clinical-Trials, Empirical-Evidence, Group Randomized-Trials, MEDLINE, Metaanalysis, Metallic Clips, Occlusion, Prevalence, Quality, Science Citation Index, Science Citation Index Expanded

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Full Text: [2010\Coc Dat Sys Rev2010, CD007345.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD007345.pdf)

Abstract: Background The use of prophylactic antibiotics before endoscopic retrograde cholangiopancreatography (ERCP) is recommended by all major international gastroenterological societies, especially in the presence of an obstructed biliary system. Their use is intended to decrease or eliminate the incidence of complications following the procedure, namely cholangitis, cholecystitis, septicaemia, and pancreatitis. Objectives To assess the benefits and harms of antibiotics before elective ERCP in patients without evidence of acute or chronic cholecystitis, or acute or chronic cholangitis, or severe acute pancreatitis. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and LILACS until March 2010. Relevant medical and surgical international conference proceedings were also searched. Selection criteria Only randomised clinical trials were included in the analyses, irrespective of blinding, language, or publication status. Participants were patients that underwent elective ERCP that were not on antibiotics, without evidence of acute or chronic cholecystitis, cholangitis, or severe acute pancreatitis before the procedure. We compared patients that received prophylactic antibiotics before the procedure with patients that were given placebo or no intervention before the procedure. Data collection and analysis The review was conducted according to the recommendations of The Cochrane Collaboration as well as the Cochrane Hepato-Biliary Group. Review Manager 5 was used employing fixed-effect and random-effects models meta-analyses. Main results Nine randomised clinical trials (1573 patients) were included in the analyses. The majority of the trials had risks of bias. When all patients providing data for a certain outcome were included, the fixed-effect meta-analyses significantly favoured the use of prophylactic antibiotics in preventing cholangitis (relative risk (RR) 0.54, 95% CI 0.33 to 0.91), septicaemia (RR 0.35, 95% CI 0.11 to 1.11), bacteriaemia (RR 0.50, 95% CI 0.33 to 0.78), and pancreatitis (RR 0.54, 95% CI 0.29 to 1.00). In random-effects meta-analyses, only the effect on bacteriaemia remained significant. Overall mortality was not reduced (RR 1.33, 95% CI 0.32 to 5.44). If one selects patients in whom the ERCP resolved the biliary obstruction at the first procedure, there seem to be no significant benefit in using prophylactic antibiotics to prevent cholangitis (RR 0.98, 95% CI 0.35 to 2.69, only three trials). Authors’ conclusions Prophylactic antibiotics reduce bacteriaemia and seem to prevent cholangitis and septicaemia in patients undergoing elective ERCP. In the subgroup of patients with uncomplicated ERCP, the effect of antibiotics may be less evident. Further research is required to determine whether antibiotics can be given during or after an ERCP if it becomes apparent that biliary obstruction cannot be relieved during that procedure.

Keywords: Cholangitis, Citation, Collaboration, Empirical-Evidence, Ercp, Infectious Complications, Information Size, MEDLINE, Metaanalyses, Piperacillin, Publication, Quality, Randomized-Trials, Research, Science Citation Index, Science Citation Index Expanded, Trial Sequential-Analysis

? Singh, J.A., Sperling, J., Buchbinder, R. and McMaken, K. (2010), Surgery for shoulder osteoarthritis. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD008089.

Full Text: [2010\Coc Dat Sys Rev2010, CD008089.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD008089.pdf)

Abstract: Background Surgical treatment including shoulder arthroplasty is a treatment option for patients with advanced osteoarthritis of the shoulder who have failed conservative treatment. Objectives To determine the benefit and harm of surgery in patients with osteoarthritis of the shoulder confirmed on X-ray who do not respond to analgesics and NSAIDs. Search strategy We searched: The Cochrane Central Register of Controlled Trials (CENTRAL), via The Cochrane Library; OVIDMEDLINE; CINAHL (via EBSCOHost); OVID SPORTdiscus; EMBASE; and Science Citation Index (Web of Science). Selection criteria All randomized clinical trials (RCTs) or quasi-randomized trials including adults with osteoarthritis of the shoulder joint (PICO-patients) comparing surgical techniques (total shoulder arthroplasty, hemiarthroplasty, implant types and fixation-intervention) versus placebo or sham surgery, non-surgical modalities, no treatment, or comparison of one type of surgical technique to another (comparison) with patient-reported outcomes (pain, function, quality of life etc.) or revision rates (outcomes). Data collection and analysis We reviewed titles and abstracts for inclusion, extracted study and outcomes data and assessed the risk of bias of included studies. For categorical outcomes, we calculated the risk ratio (with 95% confidence interval (CI)) and for continuous outcomes, the mean difference (95% CI). Main results Seven studies (238 patients) were included for analyses. None of the studies compared shoulder surgery to sham surgery, non-surgical modalities or placebo. Two studies compared hemiarthroplasty to total shoulder arthroplasty; three compared keeled and pegged humeral components; and one each compared navigation surgery to conventional and all-polyethylene to metal-backed implant. Two studies (88 patients) compared hemiarthroplasty to total shoulder arthroplasty. Patients who underwent hemiarthroplasty had statistically significantly worse functional scores on American Shoulder and Elbow Surgeons Shoulder Scale (100 point scale; higher = better) at 24 to 34 month follow-up compared to those who underwent total shoulder arthroplasty (mean difference, -10.05; 95% CI, -18.97 to -1.13; 2 studies, 88 patients), but no statistically significant differences between hemiarthroplasty and TSA were noted for pain scores (mean difference, 7.8; 95% CI, -5.33 to 20.93; 1 study, 41 patients), quality of life on short-form 36 physical component summary (mean difference, 0.80; 95% CI, -6.63 to 8.23; 1 study, 41 patients) and adverse events (Risk ratio, 1.19; 95% CI, 0.37 to 3.81; 1 study, 41 patients), respectively. A non-statistically significant trend towards higher revision rate in hemiarthroplasty compared to total shoulder arthroplasty was noted (Risk ratio, 6.18; 95% CI, 0.77 to 49.52; 2 studies, 88 patients; P = 0.09). Authors’ conclusions Total shoulder arthroplasty seems to offer an advantage in terms of shoulder function, with no other clinical benefits over hemiarthroplasty. More studies are needed to compare clinical outcomes of surgery using different components and techniques in patients with osteoarthritis of the shoulder. There is a need for studies comparing shoulder surgery to sham, placebo and other non-surgical treatment options.

Keywords: Arthroplasty, Citation, Disability, Hemiarthroplasty, Instability, Keeled Glenoid Components, Life, Pain, Prevalence, Primary-Care, Quality of Life, Randomized-Trial, Risk, Science Citation Index, Surgical Techniques, Treatment, Trend, Web of Science

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Full Text: [2010\Coc Dat Sys Rev2010, CD008533.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD008533.pdf)

Abstract: Background The role of prophylactic gastrojejunostomy in patients with unresectable periampullary cancer is controversial. Objectives To determine whether prophylactic gastrojejunostomy should be performed routinely in patients with unresectable periampullary cancer. Search strategy We searched the Cochrane Upper Gastrointestinal and Pancreatic Diseases Group Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2010, issue 3), MEDLINE, EMBASE and Science Citation Index Expanded until April 2010. Selection criteria We included randomised controlled trials comparing prophylactic gastrojejunostomy versus no gastrojejunostomy in patients with unresectable periampullary cancer (irrespective of language or publication status). Data collection and analysis Two authors independently assessed trials for inclusion and independently extracted data. We analysed data with both the fixed-effect and the random-effects models using Review Manager (RevMan). We calculated the hazard ratio (HR), risk ratio (RR), or mean difference (MD) with 95% confidence intervals (CI) based on an intention-to-treat or available case analysis. Main results We identified two trials (of high risk of bias) involving 152 patients randomised to gastrojejunostomy (80 patients) and no gastrojejunostomy (72 patients). In both trials, patients were found to be unresectable during exploratory laparotomy. Most of the patients also underwent biliary-enteric drainage. There was no evidence of difference in the overall survival (HR 1.02; 95% CI 0.84 to 1.25), perioperative mortality or morbidity, quality of life, or hospital stay (MD 0.97 days; 95% CI -0.18 to 2.12) between the two groups. The proportion of patients who developed long term gastric outlet obstruction was significantly lower in the prophylactic gastrojejunostomy group (2/80; 2.5%) compared with no gastrojejunostomy group (20/72; 27.8%) (RR 0.10; 95% CI 0.03 to 0.37). The operating time was significantly longer in the gastrojejunostomy group compared with no gastrojejunostomy group (MD 45.00 minutes; 95% CI 21.39 to 68.61). Authors’ conclusions Routine prophylactic gastrojejunostomy is indicated in patients with unresectable periampullary cancer undergoing exploratory laparotomy (with or without hepaticojejunostomy).

Keywords: Bias, Cancer, Citation, Clinical-Trials, Empirical-Evidence, Gastric Outlet Obstruction, MEDLINE, Metaanalysis, Palliation, Pancreatic-Cancer, Prospective Randomized-Trial, Publication, Quality of Life, Quality-of-Life, Science Citation Index, Science Citation Index Expanded, Surgical Complications

? Wilson, C., Willis, C., Hendrikz, J.K., Le Brocque, R. and Bellamy, N. (2010), Speed cameras for the prevention of road traffic injuries and deaths. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD004607.

Full Text: [2010\Coc Dat Sys Rev2010, CD004607.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD004607.pdf)

Abstract: Background It is estimated that by 2020, road traffic crashes will have moved from ninth to third in the world ranking of burden of disease, as measured in disability adjusted life years. The prevention of road traffic injuries is of global public health importance. Measures aimed at reducing traffic speed are considered essential to preventing road injuries; the use of speed cameras is one such measure. Objectives To assess whether the use of speed cameras reduces the incidence of speeding, road traffic crashes, injuries and deaths. Search strategy We searched the following electronic databases covering all available years up to March 2010; the Cochrane Library, MEDLINE (WebSPIRS), EMBASE (WebSPIRS), TRANSPORT, IRRD(International Road Research Documentation), TRANSDOC (European Conference of Ministers of Transport databases), Web of Science (Science and Social Science Citation Index), PsycINFO, CINAHL, EconLit, WHO database, Sociological Abstracts, Dissertation Abstracts, Index to Theses. Selection criteria Randomised controlled trials, interrupted time series and controlled before-after studies that assessed the impact of speed cameras on speeding, road crashes, crashes causing injury and fatalities were eligible for inclusion. Data collection and analysis We independently screened studies for inclusion, extracted data, assessed methodological quality, reported study authors’ outcomes and where possible, calculated standardised results based on the information available in each study. Due to considerable heterogeneity between and within included studies, a meta-analysis was not appropriate. Main results Thirty five studies met the inclusion criteria. Compared with controls, the relative reduction in average speed ranged from 1% to 15% and the reduction in proportion of vehicles speeding ranged from 14% to 65%. In the vicinity of camera sites, the pre/post reductions ranged from 8% to 49% for all crashes and 11% to 44% for fatal and serious injury crashes. Compared with controls, the relative improvement in pre/post injury crash proportions ranged from 8% to 50%. Authors’ conclusions Despite the methodological limitations and the variability in degree of signal to noise effect, the consistency of reported reductions in speed and crash outcomes across all studies show that speed cameras are a worthwhile intervention for reducing the number of road traffic injuries and deaths. However, whilst the the evidence base clearly demonstrates a positive direction in the effect, an overall magnitude of this effect is currently not deducible due to heterogeneity and lack of methodological rigour. More studies of a scientifically rigorous and homogenous nature are necessary, to provide the answer to the magnitude of effect.

Keywords: Accident Prevention [Instrumentation, Accidents, Accidents,Traffic [Prevention & Control, Analysis, Authors, British-Columbia, Casualties, Citation, Conference, Controlled Clinical Trials As Topic, Crashes, Database, Databases, Disease, Embase, Enforcement Cameras, Hidden, Humans, Management Measures, MEDLINE, Meta-Analysis, Methodological Quality, Methods], Photography [Instrumentation], Program, Public Health, Radar, Radar [Instrumentation], Reduction, Research, Safety, Science, Science Citation Index, Statistics & Numerical Data], Transport, Web of Science

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Full Text: [2010\Coc Dat Sys Rev2010, CD006590.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD006590.pdf)

Abstract: Background The lack of evidence regarding the effectiveness of treatment options for clinically localised prostate cancer continues to impact on clinical decision-making. Two such options are radical prostatectomy (RP) and watchful waiting (WW). WW involves providing no initial treatment and monitoring the patient with the intention of providing palliative treatment if there is evidence of disease progression. Objectives To compare the beneficial and harmful effects of RP versus WW for the treatment of localised prostate cancer. Search strategy MEDLINE, EMBASE, The Cochrane Library, ISI Science Citation Index, DARE and LILACS were searched through 30 July 2010. Selection criteria Randomised or quasi-randomised controlled trials comparing the effects of RP versus WW for clinically localised prostate cancer. Data collection and analysis Data extraction and quality assessment were carried out independently by two authors. Main results Two trials met the inclusion criteria. Both trials commenced prior to the widespread availability of prostate-specific antigen (PSA) screening; hence the results may not be applicable to men with PSA-detected disease. One trial (N = 142), conducted in the US, was judged to be of poor quality. All cause (overall) mortality was not significantly different between RP and WW groups after fifteen years of follow up (Hazard Ratio (HR) 0.9 (95% Confidence Interval (CI) 0.56 to 1.43). The second trial (N = 695), conducted in Scandinavia, was judged to be of good quality. After 12 years of follow up, the trial results were compatible with a beneficial effect of RP on the risks of overall mortality, prostate cancer mortality and distant metastases compared with WW but the precise magnitude of the effect is uncertain as indicated by the width of the confidence intervals for all estimates (risk difference (RD) -7.1% (95% CI - 14.7 to 0.5); RD -5.4% (95% CI -11.1 to 0.2); RD-6.7% (95% CI -13.2 to -0.2), respectively). Compared to WW, RP increased the absolute risks of erectile dysfunction (RD 35% (95% CI 25 to 45)) and urinary leakage (RD 27% (95% CI 17 to 37)). These estimates must be interpreted cautiously as they are derived from data obtained from a self-administered questionnaire survey of a sample of the trial participants (N = 326), no baseline quality of life data were obtained and nerve-sparing surgery was not routinely performed on trial participants undergoing RP. Authors’ conclusions The existing trials provide insufficient evidence to allow confident statements to be made about the relative beneficial and harmful effects of RP and WW for patients with localised prostate cancer. The results of ongoing trials should help to inform treatment decisions for men with screen-detected localised prostate cancer.

Keywords: Active Surveillance, Analysis, Assessment, Authors, Availability, Baseline Quality, Bicalutamide 150 Mg, Cancer, Citation, Clinical, Collection, Confidence, Confidence Intervals, Criteria, Data, Decision Making, Decision-Making, Disease, Effectiveness, Erectile Dysfunction, Estimates, Evidence, Expectant Management, Extraction, Follow-up, Impact, Intervals, ISI, Life, Long-Term Survival, Median Follow-up, MEDLINE, Men, Metastases, Monitoring, Mortality, N, Nerve Sparing, Nerve-Sparing, Options, Patients, Population-Based Cohort, Prostate Cancer, Prostatectomy, Quality, Quality of, Quality of Life, Quality-of-Life, Questionnaire, Radiation-Therapy, Randomized Controlled-Trial, Risk, Risks, Science, Science Citation Index, Screening, Search, Selective Delayed Intervention, Self, Strategy, Surgery, Survey, Treatment, Trial, Urinary, US

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Full Text: [2010\Coc Dat Sys Rev2010, CD008256.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD008256.pdf)

Abstract: Background Antibodies against hepatitis B surface antigen (HBs) wane over time after vaccination for hepatitis B (HB); hence, the duration of protection provided by the vaccine is still unknown but may be evaluated indirectly by measuring the anamnestic immune response to booster doses of vaccine. Objectives To assess the benefits and harms of booster dose hepatitis B vaccination for preventing HB infection. Search strategy We searched The Cochrane Hepato-biliary Group Control led Trials Register, the Cochrane Centra l Register of Control led Trials (CENTRAL) (Issue 4, 2010) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, conference databases, and reference lists of articles to May 2010. We also contacted authors of articles and manufacturers. Selection criteria Randomised clinical trials addressing anamnestic immune response to booster of HB vaccine five years or more after primary vaccination in apparently healthy participants, vaccinated in a 3-dose or 4-dose schedules of HB vaccine without receiving additional dose or immunoglobulin. Data collection and analysis Two authors made the decisions if the identified publications on studies met the inclusion criteria or not. Primary outcome measures included the proportion with anamnestic immune response in non-protected participants and signs of hepatitis B virus infection. Secondary outcomes were the proportion with local and systemic adverse event events developed following booster dose injection. Weighted proportion were planned to be reported with 95% confidence intervals. Main results There were no eligible randomised clinical trials fulfilling the inclusion criteria of this review. Authors’ conclusions We were unable to identify randomised clinical trials on the topic. We need randomised clinical trials to formulate future booster policies for preventing hepatitis B infection.

Keywords: 15-Year Follow-Up, Analysis, Anti-HBS, Authors, Citation, Confidence Intervals, Databases, Dna Yeast Vaccine, Duration, Embase, Health-Care Workers, Immune-Response, Immunological Memory, Long-Term Immunogenicity, MEDLINE, Plasma-Derived Vaccine, Prospective Randomized-Trial, Publications, Science, Science Citation Index, Science Citation Index Expanded, Yupik Eskimo Population

? Wilson, C., Willis, C., Hendrikz, J.K., Le Brocque, R. and Bellamy, N. (2010), Speed cameras for the prevention of road traffic injuries and deaths. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD004607.

Full Text: [2010\Coc Dat Sys Rev2010, CD004607.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD004607.pdf)

Abstract: Background It is estimated that by 2020, road traffic crashes will have moved from ninth to third in the world ranking of burden of disease, as measured in disability adjusted life years. The prevention of road traffic injuries is of global public health importance. Measures aimed at reducing traffic speed are considered essential to preventing road injuries; the use of speed cameras is one such measure. Objectives To assess whether the use of speed cameras reduces the incidence of speeding, road traffic crashes, injuries and deaths. Search strategy We searched the following electronic databases covering all available years up to March 2010; the Cochrane Library, MEDLINE (WebSPIRS), EMBASE (WebSPIRS), TRANSPORT, IRRD(International Road Research Documentation), TRANSDOC (European Conference of Ministers of Transport databases), Web of Science (Science and Social Science Citation Index), PsycINFO, CINAHL, EconLit, WHO database, Sociological Abstracts, Dissertation Abstracts, Index to Theses. Selection criteria Randomised controlled trials, interrupted time series and controlled before-after studies that assessed the impact of speed cameras on speeding, road crashes, crashes causing injury and fatalities were eligible for inclusion. Data collection and analysis We independently screened studies for inclusion, extracted data, assessed methodological quality, reported study authors’ outcomes and where possible, calculated standardised results based on the information available in each study. Due to considerable heterogeneity between and within included studies, a meta-analysis was not appropriate. Main results Thirty five studies met the inclusion criteria. Compared with controls, the relative reduction in average speed ranged from 1% to 15% and the reduction in proportion of vehicles speeding ranged from 14% to 65%. In the vicinity of camera sites, the pre/post reductions ranged from 8% to 49% for all crashes and 11% to 44% for fatal and serious injury crashes. Compared with controls, the relative improvement in pre/post injury crash proportions ranged from 8% to 50%. Authors’ conclusions Despite the methodological limitations and the variability in degree of signal to noise effect, the consistency of reported reductions in speed and crash outcomes across all studies show that speed cameras are a worthwhile intervention for reducing the number of road traffic injuries and deaths. However, whilst the the evidence base clearly demonstrates a positive direction in the effect, an overall magnitude of this effect is currently not deducible due to heterogeneity and lack of methodological rigour. More studies of a scientifically rigorous and homogenous nature are necessary, to provide the answer to the magnitude of effect.

Keywords: Accident Prevention [Instrumentation, Accidents, Accidents,Traffic [Prevention & Control, Analysis, Authors, British-Columbia, Casualties, Citation, Conference, Controlled Clinical Trials As Topic, Crashes, Data, Database, Databases, Embase, Enforcement Cameras, Hidden, Humans, Impact, Management Measures, MEDLINE, Meta-Analysis, Methodological Quality, Methods], Photography [Instrumentation], Program, Public Health, Radar, Radar [Instrumentation], Reduction, Research, Safety, Science, Science Citation Index, Statistics & Numerical Data], Transport, Web of Science

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Full Text: [2010\Coc Dat Sys Rev2010, CD006573.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD006573.pdf)

Abstract: Background It is not clear whether prophylactic antiviral therapy is indicated in patients undergoing liver transplantation for chronic decompensated hepatitis C virus (HCV) infection. Objectives To compare the benefits and harms of different prophylactic anti-viral therapies for patients undergoing liver transplantation for chronic HCV infection. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until August 2010. Selection criteria Only randomised clinical trials irrespective of language, blinding, or publication status and comparing various prophylactic antiviral therapies (alone or in combination) in the prophylactic treatment of patients undergoing liver transplantation for chronic HCV infection. Data collection and analysis Two authors collected the data independently. We calculated the risk ratio (RR) or mean difference (MD) or hazard ratio (HR) with 95% confidence intervals (CI) using the fixed-effect and the random-effects models based on available case analysis. Main results A total of 477 liver transplant recipients undergoing liver transplantation for chronic HCV infection were randomised in eleven trials to various interventions and controls. The proportion of genotype I varied between 49% to 88% in the five trials that reported the genotype. Only one or two trials were included under each comparison. All the trials were of high risk of bias. There was no significantdifferences in the patient survival, graft rejection, re-transplantation, or HCV recurrence between intervention and control groups in any of the comparisons that reported these outcomes. None of the trials reported liver decompensation, primary graft non-function, intensive therapy unit stay, hospital stay, or quality of life. Life-threatening adverse events were not reported in either group in any of the comparisons. Up to 91% of patients required reduction in dose and up to 36% of patients required cessation of treatment in the various comparisons because of adverse events or because of patient’s choice to stop treatment. Authors’ conclusions There is currently no evidence to recommend prophylactic antiviral treatment to prevent recurrence of HCV infection either in primary liver transplantation or re-transplantation. Further randomised clinical trials with adequate trial methodology and adequate duration of follow-up are necessary.

Keywords: Analysis, Authors, Chronic Hepatitis C, Citation, Clinical-Trials, Comparison, Confidence Intervals, Control, Control Groups, Data, Duration, Embase, Empirical-Evidence, Genotype, Infected Patients, Interferon-Alpha, Language, Liver, MEDLINE, Models, Multicenter Trial, Patient, Peginterferon Alpha-2A, Ribavirin, Plus Ribavirin, Prospective Randomized-Trial, Publication, Quality of Life, Recurrence, Reduction, Ribavirin Combination, Science, Science Citation Index, Science Citation Index Expanded, Survival, Therapy, Treatment

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Full Text: [2010\Coc Dat Sys Rev2010, CD006590.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD006590.pdf)

Abstract: Background The lack of evidence regarding the effectiveness of treatment options for clinically localised prostate cancer continues to impact on clinical decision-making. Two such options are radical prostatectomy (RP) and watchful waiting (WW). WW involves providing no initial treatment and monitoring the patient with the intention of providing palliative treatment if there is evidence of disease progression. Objectives To compare the beneficial and harmful effects of RP versus WW for the treatment of localised prostate cancer. Search strategy MEDLINE, EMBASE, The Cochrane Library, ISI Science Citation Index, DARE and LILACS were searched through 30 July 2010. Selection criteria Randomised or quasi-randomised controlled trials comparing the effects of RP versus WW for clinically localised prostate cancer. Data collection and analysis Data extraction and quality assessment were carried out independently by two authors. Main results Two trials met the inclusion criteria. Both trials commenced prior to the widespread availability of prostate-specific antigen (PSA) screening; hence the results may not be applicable to men with PSA-detected disease. One trial (N = 142), conducted in the US, was judged to be of poor quality. All cause (overall) mortality was not significantly different between RP and WW groups after fifteen years of follow up (Hazard Ratio (HR) 0.9 (95% Confidence Interval (CI) 0.56 to 1.43). The second trial (N = 695), conducted in Scandinavia, was judged to be of good quality. After 12 years of follow up, the trial results were compatible with a beneficial effect of RP on the risks of overall mortality, prostate cancer mortality and distant metastases compared with WW but the precise magnitude of the effect is uncertain as indicated by the width of the confidence intervals for all estimates (risk difference (RD) - 7.1% (95% CI - 14.7 to 0.5); RD -5.4% (95% CI -11.1 to 0.2); RD - 6.7% (95% CI -13.2 to -0.2), respectively). Compared to WW, RP increased the absolute risks of erectile dysfunction (RD 35% (95% CI 25 to 45)) and urinary leakage (RD 27% (95% CI 17 to 37)). These estimates must be interpreted cautiously as they are derived from data obtained from a self- administered questionnaire survey of a sample of the trial participants (N = 326), no baseline quality of life data were obtained and nerve-sparing surgery was not routinely performed on trial participants undergoing RP. Authors’ conclusions The existing trials provide insufficient evidence to allow confident statements to be made about the relative beneficial and harmful effects of RP and WW for patients with localised prostate cancer. The results of ongoing trials should help to inform treatment decisions for men with screen- detected localised prostate cancer.

Keywords: Active Surveillance, Analysis, Authors, Bicalutamide 150 Mg, Cancer, Citation, Confidence Intervals, Data, Decision Making, Embase, Expectant Management, Extraction, Hazard, Impact, ISI, Long-Term Survival, Median Follow-up, MEDLINE, Monitoring, Mortality, Patient, Population-Based Cohort, Quality of Life, Quality-of-Life, Radiation-Therapy, Randomized Controlled-Trial, Science, Science Citation Index, Screening, Selective Delayed Intervention, Survey, Treatment, US

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Full Text: [2010\Coc Dat Sys Rev2010, CD006902.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD006902.pdf)

Abstract: Background Mechanical ventilation often causes major distress and anxiety in patients. Music interventions have been used to reduce anxiety and distress and improve physiological functioning in medical patients; however its efficacy for mechanically ventilated patients needs to be evaluated. Objectives To examine the effects of music interventions with standard care versus standard care alone on anxiety and physiological responses in mechanically ventilated patients. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2010, Issue 1), MEDLINE, CINAHL, AMED, EMBASE, PsycINFO, LILACS, Science Citation Index, www.musictherapyworld. net, CAIRSS for Music, Proquest Digital Dissertations, ClinicalTrials.gov, Current Controlled Trials, the National Research Register, and NIH CRISP (all to January 2010). We handsearched music therapy journals and reference lists and contacted relevant experts to identify unpublished manuscripts. There was no language restriction. Selection criteria We included all randomized and quasi-randomized controlled trials that compared music interventions and standard care with standard care alone for mechanically ventilated patients. Data collection and analysis Two authors independently extracted the data and assessed the methodological quality. Additional information was sought from the trial researchers, when necessary. Results were presented using mean differences for outcomes measured by the same scale and standardized mean differences for outcomes measured by different scales. Post-test scores were used. In cases of significant baseline difference, we used change scores. Main results We included eight trials (213 participants). Music listening was the main intervention used, and seven of the studies did not include a trained music therapist. Results indicated that music listening may be beneficial for anxiety reduction in mechanically ventilated patients; however, these results need to be interpreted with caution due to the small sample size. Findings indicated that listening to music consistently reduced heart rate and respiratory rate, suggesting a relaxation response. No strong evidence was found for blood pressure reduction. Music listening did not improve oxygen saturation level. No studies could be found that examined the effects of music interventions on quality of life, patient satisfaction, post-discharge outcomes, mortality, or cost-effectiveness. Authors’ conclusions Music listening may have a beneficial effect on heart rate, respiratory rate, and anxiety in mechanically ventilated patients. However, the quality of the evidence is not strong. Most studies examined the effects of listening to pre-recorded music. More research is needed on the effects of music offered by a trained music therapist.

Keywords: Analysis, Anxiety, Authors, Care-Unit, Citation, Data, Embase, Heart-Rate, Infarction, Journals, Language, Management, Medical, MEDLINE, Metaanalysis, Methodological Quality, Mortality, Patient, Pressure, Quality of Life, Reduction, Research, Researchers, Respiratory, Sample Size, Science, Science Citation Index, Sedation, Stress, Therapy, Ventilation

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Full Text: [2010\Coc Dat Sys Rev2010, CD008256.pdf](2010\Coc%20Dat%20Sys%20Rev2010,%20CD008256.pdf)

Abstract: Background Antibodies against hepatitis B surface antigen (HBs) wane over time after vaccination for hepatitis B (HB); hence, the duration of protection provided by the vaccine is still unknown but may be evaluated indirectly by measuring the anamnestic immune response to booster doses of vaccine. Objectives To assess the benefits and harms of booster dose hepatitis B vaccination for preventing HB infection. Search strategy We searched The cochrane Hepato-biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) (Issue 4, 2010) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, conference databases, and reference lists of articles to May 2010. We also contacted authors of articles and manufacturers. Selection criteria Randomised clinical trials addressing anamnestic immune response to booster of HB vaccine five years or more after primary vaccination in apparently healthy participants, vaccinated in a 3-dose or 4-dose schedules of HB vaccine without receiving additional dose or immunoglobulin. Data collection and analysis Two authors made the decisions if the identified publications on studies met the inclusion criteria or not. Primary outcome measures included the proportion with anamnestic immune response in non-protected participants and signs of hepatitis B virus infection. Secondary outcomes were the proportion with local and systemic adverse event events developed following booster dose injection. Weighted proportion were planned to be reported with 95% confidence intervals. Main results There were no eligible randomised clinical trials fulfilling the inclusion criteria of this review. Authors’ conclusions We were unable to identify randomised clinical trials on the topic. We need randomised clinical trials to formulate future booster policies for preventing hepatitis B infection.

Keywords: 15-Year Follow-Up, Analysis, Anti-Hbs, Authors, Citation, Confidence Intervals, Databases, DNA Yeast Vaccine, Duration, Embase, Health-Care Workers, Immune-Response, Immunological Memory, Long-Term Immunogenicity, MEDLINE, Plasma-Derived Vaccine, Prospective Randomized-Trial, Publications, Review, Science, Science Citation Index, Science Citation Index Expanded, Yupik Eskimo Population

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Full Text: [2011\Coc Dat Sys Rev2011, CD000009.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD000009.pdf)

Abstract: Background Acupuncture and related techniques are promoted as a treatment for smoking cessation in the belief that they may reduce nicotine withdrawal symptoms. Objectives The objectives of this review are to determine the effectiveness of acupuncture and the related interventions of acupressure, laser therapy and electrostimulation in smoking cessation, in comparison with no intervention, sham treatment, or other interventions. Search strategy We searched the Cochrane Tobacco Addiction Group specialized register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, BIOSIS Previews, PsycINFO, Science Citation Index, AMED, Acubriefs in November 2010; and four Chinese databases: Chinese Biomedical Database, China National Knowledge Infrastructure, Wanfang Data and VIP in November 2010. Selection criteria Randomized trials comparing a form of acupuncture, acupressure, laser therapy or electrostimulation with either no intervention, sham treatment or another intervention for smoking cessation. Data collection and analysis We extracted data in duplicate on the type of smokers recruited, the nature of the intervention and control procedures, the outcome measures, method of randomization, and completeness of follow up. We assessed abstinence from smoking at the earliest time-point (before six weeks), and at the last measurement point between six months and one year. We used the most rigorous definition of abstinence for each trial, and biochemically validated rates if available. Those lost to follow up were counted as continuing smokers. Where appropriate, we performed meta-analysis using a fixed-effect model. Main results We included 33 reports of studies. Compared with sham acupuncture, the fixed-effect risk ratio (RR) for the short-term effect of acupuncture was 1.18 (95% confidence interval 1.03 to 1.34), and for the long-term effect was 1.05 (CI 0.82 to 1.35). The studies were not judged to be free from bias. Acupuncture was less effective than nicotine replacement therapy (NRT). There was no evidence that acupuncture is superior to waiting list, nor to psychological interventions in short-or long-term. The evidence on acupressure and laser stimulation was insufficient and could not be combined. The evidence suggested that electrostimulation is not superior to sham electrostimulation. Authors’ conclusions There is no consistent, bias-free evidence that acupuncture, acupressure, laser therapy or electrostimulation are effective for smoking cessation, but lack of evidence and methodological problems mean that no firm conclusions can be drawn. Further, well designed research into acupuncture, acupressure and laser stimulation is justified since these are popular interventions and safe when correctly applied, though these interventions alone are likely to be less effective than evidence-based interventions.

Keywords: Acupressure, Acupuncture, Acupuncture Therapy, Analysis, Auricular Acupuncture, Bias, China, Chinese, Collection, Comparison, Confidence, Control, Controlled Trial, Cranial Electrostimulation Therapy, Criteria, Data, Databases, Effectiveness, Electric Stimulation Therapy, Electroacupuncture, Evidence, Evidence Based, Evidence-Based, Follow-Up, Humans, Interval, Intervention, Interventions, Laser, Laser Therapy, Long Term, Long-Term, Measurement, Medical Acupuncture, MEDLINE, Meta-Analysis, Metaanalysis, Model, Nicotine Gum, Outcome, Outcome Measures, Procedures, Psycinfo, Randomization, Randomized Controlled Trials As Topic, Rat Nucleus-Accumbens, Rates, Replacement Therapy, Research, Review, Risk, Science Citation Index, Sham Acupuncture, Smoking, Smoking Cessation [Methods], Smoking [Therapy], Stopping Smoking, Strategy, Symptoms, Techniques, Therapy, Tobacco Smoking, Treatment, Trial, Withdrawal

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Full Text: [2011\Coc Dat Sys Rev2011, CD003626.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD003626.pdf)

Abstract: Background Primary sclerosing cholangitis is a progressive chronic cholestatic liver disease that usually leads to the development of cirrhosis. Studies evaluating bile acids in the treatment of primary sclerosing cholangitis have shown a potential benefit of their use. However, no influence on patients survival and disease outcome has yet been proven. Objectives To assess the beneficial and harmful effects of bile acids for patients with primary sclerosing cholangitis. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Library, MEDLINE, EMBASE and Science Citation Index Expanded generally from inception through to October 2010. Selection criteria Randomised clinical trials comparing any dose of bile acids or duration of treatment versus placebo, no intervention, or another intervention were included irrespective of blinding, language, or publication status. Data collection and analysis Two authors extracted data independently. We evaluated the risk of bias of the trials using prespecified domains. We performed the meta-analysis according to the intention-to-treat principle. We presented outcomes as relative risks (RR) or mean differences (MD), both with 95% confidence intervals (CI). Main results Eight trials evaluated ursodeoxycholic acid versus placebo or no intervention (592 patients). The eight randomised clinical trials have a high risk of bias. Patients were treated for three months to six years (median three years). The dosage of ursodeoxycholic acid used in the trials ranged from low (10 mg/kg body weight/day) to high (28 to 30 mg/kg body weight/day). Ursodeoxycholic acid did not significantly reduce the risk of death (RR 1.00; 95% CI 0.46 to 2.20); treatment failure including liver transplantation, varices, ascites, and encephalopathy (RR 1.22; 95% CI 0.91 to 1.64); liver histological deterioration (RR 0.89; 95% CI 0.45 to 1.74); or liver cholangiographic deterioration (RR 0.60; 95% CI 0.23 to 1.57). Ursodeoxycholic acid significantly improved serum bilirubin (MD -4.6 mu mol/litre; 95% CI -18.7 to -10.6), alkaline phosphatases (MD -506 IU/litre; 95% CI -583 to -430), aspartate aminotransferase (MD -46 IU/litre; 95% CI -77 to -16), and gamma-glutamyltranspeptidase (MD -260 IU/litre; 95% CI -315 to -205), but not albumin (MD -0.20 g/litre; 95% CI -1.91 to 1.50). Ursodeoxycholic acid was safe and well tolerated by patients with primary sclerosing cholangitis. Authors’ conclusions We did not find enough evidence to support or refute the use of bile acids in the treatment of primary sclerosing cholangitis. However, bile acids seem to lead to a significant improvement in liver biochemistry. Therefore, more randomised trials are needed before any of the bile acids can be recommended for this indication.

Keywords: Albumin, Analysis, Aspartate Aminotransferase, Authors, Bias, Bilirubin, Biochemistry, Cholagogues and Choleretics [Therapeutic Use], Cholangitis, Cholestatic Liver-Disease, Chronic, Chronic Ulcerative-Colitis, Cirrhosis, Clinical, Clinical Trials, Clinical-Trials, Collection, Confidence, Confidence Intervals, Criteria, Data, Death, Development, Disease, Dose Ursodeoxycholic Acid, Duration, Empirical-Evidence, Encephalopathy, Evidence, Failure, Humans, Improvement, Indication, Intervals, Intervention, Lead, Liver, Liver Transplantation, MEDLINE, Meta-Analysis, Metaanalysis, Outcome, Outcomes, Patients, Placebo, Placebo-Controlled Trial, Potential, Primary, Primary Biliary-Cirrhosis, Protein-Kinase-C, Publication, Randomised, Randomized Controlled Trials As Topic, Randomized Double-Blind, Risk, Risks, Science Citation Index, Sclerosing [Drug Therapy], Serum, Strategy, Support, Survival, Taurodeoxycholic Acid [Therapeutic Use], Tauroursodeoxycholic Acid, Transplantation, Treatment, Ursodeoxycholic Acid [Therapeutic Use], Varices

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Full Text: [2011\Coc Dat Sys Rev2011, CD004896.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD004896.pdf)

Abstract: Background Uncontrolled bleeding is an important cause of death in trauma victims. Antifibrinolytic treatment has been shown to reduce blood loss following surgery and may also be effective in reducing blood loss following trauma. Objectives To quantify the effect of antifibrinolytic drugs in reducing blood loss, transfusion requirement and mortality after acute traumatic injury. Search strategy We searched the Cochrane Injuries Group’s Specialised Register, CENTRAL, MEDLINE, PUBMED, EMBASE, Science Citation Index, National Research Register, Zetoc, SIGLE, Global Health, LILACS, and Current Controlled Trials. The Cochrane Injuries Group Specialised Register, CENTRAL, MEDLINE and EMBASE searches were updated in July 2010. Selection criteria We included all randomised controlled trials of antifibrinolytic agents (aprotinin, tranexamic acid [TXA] and epsilon-aminocaproic acid) following acute traumatic injury. Data collection and analysis The titles and abstracts identified in the electronic searches were screened by two independent authors to identify studies that had the potential to meet the inclusion criteria. The full reports of all such studies were obtained. From the results of the screened electronic searches, bibliographic searches, and contacts with experts, two authors independently selected trials meeting the inclusion criteria, with any disagreements resolved by consensus. Main results Four trials met the inclusion criteria. Two trials with a combined total of 20,451 patients assessed the effects of TXA on mortality; TXA reduced the risk of death by 10% (RR=0.90, 95% CI 0.85 to 0.97; p=0.0035). Data from one trial involving 20,211 patients found that TXA reduced the risk of death due to bleeding by 15% (RR=0.85, 95% CI 0.76 to 0.96; p=0.0077). There was no evidence that TXA increased the risk of vascular occlusive events or need for surgical intervention. There was no substantial difference in the receipt of blood transfusion between the TXA and placebo groups. The two trials of aprotinin provided no reliable data. Authors’ conclusions TXA safely reduces mortality in bleeding trauma patients without increasing the risk of adverse events. Further trials are needed to determine the effects of TXA in patients with isolated traumatic brain injury.

Keywords: Analysis, Antifibrinolytic Agents [Therapeutic Use], Aprotinin, Authors, Bleeding, Blood, Blood Loss, Blood Loss,Surgical [Prevention & Control], Blood Transfusion, Blood Transfusion [Utilization], Brain, Brain Injury, Cause of Death, Collection, Consensus, Criteria, Data, Death, Drugs, Etiology], Events, Evidence, Experts, Hemorrhage [Drug Therapy, Humans, Inhibitor, Injury, Intervention, MEDLINE, Mortality, Patients, Placebo, Potential, PUBMED, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Requirement, Risk, Science Citation Index, Strategy, Surgery, Tranexamic Acid, Transfusion, Trauma, Traumatic, Traumatic Brain Injury, Traumatic Injury, Treatment, Trial, Wounds and Injuries [Complications]

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Full Text: [2011\Coc Dat Sys Rev2011, CD005431.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD005431.pdf)

Abstract: Background Traumatic hyphema is the entry of blood into the anterior chamber (the space between the cornea and iris) subsequent to a blow or a projectile striking the eye. Hyphema uncommonly causes permanent loss of vision. Associated trauma (e. g., corneal staining, traumatic cataract, angle recession glaucoma, optic atrophy, etc.) may seriously affect vision. Such complications may lead to permanent impairment of vision. Patients with sickle cell trait/disease may be particularly susceptible to increases of elevated intraocular pressure. If rebleeding occurs, the rates and severity of complications increase. Objectives The objective of this review was to assess the effectiveness of various medical interventions in the management of traumatic hyphema. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2010, Issue 6), MEDLINE (January 1950 to June 2010), EMBASE (January 1980 to June 2010), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com) and ClinicalTrials.gov (http://clinicaltrials.gov). We searched the reference lists of identified trial reports to find additional trials. We also searched the ISI Web of Science Social Sciences Citation Index (SSCI) to find studies that cited the identified trials. There were no language or date restrictions in the search for trials. The electronic databases were last searched on 25 June 2010. Selection criteria Two authors independently assessed the titles and abstracts of all reports identified by the electronic and manual searches. In this review, we included randomized and quasi-randomized trials that compared various medical interventions to other medical interventions or control groups for the treatment of traumatic hyphema following closed globe trauma. There were no restrictions regarding age, gender, severity of the closed globe trauma or level of visual acuity at the time of enrollment. Data collection and analysis Two authors independently extracted the data for the primary and secondary outcomes. We entered and analyzed data using Review Manager (RevMan) 5. We performed meta-analyses using a fixed-effect model and reported dichotomous outcomes as odds ratios and continuous outcomes as mean differences. Main results Nineteen randomized and seven quasi-randomized studies with 2,560 participants were included in this review. Interventions included antifibrinolytic agents (oral and systemic aminocaproic acid, tranexamic acid, and aminomethylbenzoic acid), corticosteroids (systemic and topical), cycloplegics, miotics, aspirin, conjugated estrogens, monocular versus bilateral patching, elevation of the head, and bed rest. No intervention had a significant effect on visual acuity whether measured at two weeks or less after the trauma or at longer time periods. The number of days for the primary hyphema to resolve appeared to be longer with the use of aminocaproic acid compared to no use, but was not altered by any other intervention. Systemic aminocaproic acid reduced the rate of recurrent hemorrhage (odds ratio (OR) 0.25, 95% confidence interval (CI) 0.11 to 0.5), but a sensitivity analysis omitting studies not using an intention-to-treat (ITT) analysis reduced the strength of the evidence (OR 0.41, 95% CI 0.16 to 1.09). We obtained similar results for topical aminocaproic acid (OR 0.42, 95% CI 0.16 to 1.10). We found tranexamic acid had a significant effect in reducing the rate of secondary hemorrhage (OR 0.25, 95% CI 0.13 to 0.49), as did aminomethylbenzoic acid as reported in a single study (OR 0.07, 95% CI 0.01 to 0.32). The evidence to support an associated reduction in the risk of complications from secondary hemorrhage (i.e., corneal blood staining, peripheral anterior synechiae, elevated intraocular pressure, and development of optic atrophy) by antifibrinolytics was limited by the small number of these events. Use of aminocaproic acid was associated with increased nausea, vomiting, and other adverse events compares with placebo. We found no difference in the number of adverse events with the use of systemic versus topical aminocaproic acid or with standard versus lower drug dose. The available evidence on USAge of corticosteroids, cycloplegics or aspirin in traumatic hyphema was limited due to the small numbers of participants and events in the trials. We found no difference in effect between a single versus binocular patch nor ambulation versus complete bed rest on the risk of secondary hemorrhage or time to rebleed. Authors’ conclusions Traumatic hyphema in the absence of other intraocular injuries, uncommonly leads to permanent loss of vision. Complications resulting from secondary hemorrhage could lead to permanent impairment of vision, especially in patients with sickle cell trait/disease. We found no evidence to show an effect on visual acuity by any of the interventions evaluated in this review. Although evidence is limited, it appears that patients with traumatic hyphema who receive aminocaproic acid or tranexamic acid are less likely to experience secondary hemorrhaging. However, hyphema in patients on aminocaproic acid take longer to clear. Other than the possible benefits of antifibrinolytic USAge to reduce the rate of secondary hemorrhage, the decision to use corticosteroids, cycloplegics, or non-drug interventions (such as binocular patching, bed rest, or head elevation) should remain individualized because no solid scientific evidence supports a benefit. As these multiple interventions are rarely used in isolation, further research to assess the additive effect of these interventions might be of value.

Keywords: Age, Analysis, Atrophy, Authors, Bed Rest, Blood, Children, Collection, Complications, Confidence, Control, Control Groups, Corticosteroids, Criteria, Data, Databases, Decision, Development, Double-Blind, Drug, Effectiveness, Events, Evidence, Experience, Gender, Hemorrhage, Interval, Intervention, Interventions, ISI, ISI Web of Science, Lead, Management, Medical, MEDLINE, Model, Nausea, Odds Ratio, Oral, Outcomes, Outpatient Management, Patients, Permanent, Phase-Iii, Placebo, Pressure, Primary, Randomized, Randomized Clinical-Trial, Rates, Recurrent, Reduction, Reference, Reference Lists, Research, Restrictions, Review, Risk, Scientific Evidence, Secondary Hemorrhage, Sensitivity, Sensitivity Analysis, Sickled Erythrocytes, Small, SSCI, Standard, Strategy, Strength, Support, Topical, Topical Aminocaproic Acid, Tranexamic Acid, Trauma, Traumatic, Treatment, Trial, Urokinase, Value, Vomiting, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD006032.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD006032.pdf)

Abstract: Background Traumatic optic neuropathy (TON) is an important cause of severe visual loss following blunt or penetrating head trauma. Following the initial injury, optic nerve swelling within the optic nerve canal can result in secondary retinal ganglion cell loss. Optic nerve decompression with steroids or surgical interventions or both has therefore been advocated as a means of improving visual prognosis in TON. Objectives The aim of this review was to examine the effectiveness and safety of using steroids in TON. Search strategy We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2010, Issue 11), MEDLINE (January 1950 to November 2010), EMBASE (January 1980 to November 2010), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to November 2010), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (http://clinicaltrials.gov) and Web of Science Conference Proceedings Citation Index-Science (CPCIS). There were no language or date restrictions in the search for trials. The electronic databases were last searched on 23 November 2010. We also searched the reference lists of included studies, other reviews and book chapters on TON to find references to additional trials. The Science Citation Index was used to look for papers that cited the studies included in this review. We did not manually search any journals or conference proceedings. We contacted trial investigators and experts in the field to identify additional published and unpublished studies. Selection criteria We planned to include only randomised controlled trials (RCTs) of TON in which any steroid regime, either on its own or in combination with surgical optic nerve decompression, was compared to surgery alone or no treatment. Data collection and analysis Two review authors independently assessed the titles and abstracts identified from the electronic searches. Main results We included one study that met our selection criteria; a double-masked, placebo-controlled, randomised trial of high dose intravenous steroids in patients with indirect TON diagnosed within seven days of the initial injury. A total of 31 eligible participants were randomised to receive either high dose intravenous steroids (n = 16) or placebo (n = 15), and they were all followed-up for three months. Mean final best corrected visual acuity (BCVA) was 1.78 +/- 1.23 Logarithm of the Minimum Angle of Resolution (LogMAR) in the placebo group, and 1.11 +/- 1.14 LogMAR in the steroid group. The mean difference in BCVA between the placebo and steroid groups was 0.67 LogMAR (95% confidence interval -1.54 to 0.20), and this difference was not statistically significant (P = 0.13). At three months follow-up, an improvement in BCVA of 0.40 LogMAR occurred in eight eyes (8/15, 53.3%) in the placebo group, and in 11 eyes (11/16, 68.8%) in the treatment group. This difference was not statistically significant (P = 0.38). Authors’ conclusions There is a relatively high rate of spontaneous visual recovery in TON and there is no convincing data that steroids provide any additional visual benefit over observation alone. Recent evidence also suggests a possible detrimental effect of steroids in TON and further studies are urgently needed to clarify this important issue. Each case therefore needs to be assessed on an individual basis and proper informed consent is paramount.

Keywords: Analysis, Authors, Blindness, Collection, Confidence, Consent, Controlled-Trial, Counting Fingers, Criteria, Data, Databases, Effectiveness, Evidence, Experts, Field, Follow-Up, Hand Motion, Head Trauma, Head-Injury, High Dose, Humans, Improvement, Informed Consent, Injury, Interval, Interventions, Intravenous, Journals, MEDLINE, Methylprednisolone, Methylprednisolone [Administration & Dosage], Needs, Nerve Trauma, Neuropathy, Nonsurgical Treatment, Observation, Optic Nerve Injuries [Drug Therapy], Optic Neuropathy, P, Papers, Patients, Placebo, Prognosis, Randomised, Randomised Controlled Trials, Randomised Trial, Recovery, Reference, Reference Lists, References, Restrictions, Review, Reviews, Safety, Science Citation Index, Selection Criteria, Spinal-Cord-Injury, Steroids, Steroids [Administration & Dosage, Strategy, Surgery, Swelling, Therapeutic Use], Trauma, Traumatic, Treatment, Trial, Visual-Acuity Test, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD004408.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD004408.pdf)

Abstract: Backround There is controversy as to whether compulsory community treatment for people with severe mental illnesses reduces health service use, or improves clinical outcome and social functioning. Given the widespread use of such powers it is important to assess the effects of this type of legislation. Objectives To examine the clinical and cost effectiveness of compulsory community treatment for people with severe mental illness. Search strategy We undertook searches of the Cochrane Schizophrenia Group Register 2003, 2008, and Science Citation Index. We obtained all references of identified studies and contacted authors of each included study. Selection criteria All relevant randomised controlled clinical trials of compulsory community treatment compared with standard care for people with severe mental illness. Data collection and analysis We reliably selected and quality assessed studies and extracted data. For binary outcomes, we calculated a fixed effects risk ratio (RR), its 95% confidence interval (CI) and, where possible, the weighted number needed to treat/harm statistic (NNT/H). Main results We identified two randomised clinical trials (total n = 416) of court-ordered ‘Outpatient Commitment’ (OPC) from the USA. We found little evidence that compulsory community treatment was effective in any of the main outcome indices: health service use (2 RCTs, n = 416, RR for readmission to hospital by 11-12 months 0.98 CI 0.79 to 1.2); social functioning (2 RCTs, n = 416, RR for arrested at least once by 11-12 months 0.97 CI 0.62 to 1.52); mental state; quality of life (2 RCTs, n = 416, RR for homelessness 0.67 CI 0.39 to 1.15) or satisfaction with care (2 RCTs, n = 416, RR for perceived coercion 1.36 CI 0.97 to 1.89). However, risk of victimisation may decrease with OPC (1 RCT, n = 264, RR 0.5 CI 0.31 to 0.8). In terms of numbers needed to treat (NNT), it would take 85 OPC orders to prevent one readmission, 27 to prevent one episode of homelessness and 238 to prevent one arrest. The NNT for the reduction of victimisation was lower at six (CI 6 to 6.5). A new search for trials in 2008 did not find any new trials that were relevant to this review. Authors’ conclusions Compulsory community treatment results in no significant difference in service use, social functioning or quality of life compared with standard care. People receiving compulsory community treatment were, however, less likely to be victims of violent or non-violent crime. It is unclear whether this benefit is due to the intensity of treatment or its compulsory nature. Evaluation of a wide range of outcomes should be considered when this type of legislation is introduced.

Keywords: Ambulatory Care [Standards, Analysis, Authors, Care, Citation, Civil Commitment, Clinical, Clinical Trials, Coercion, Collection, Commitment of Mentally Ill [Legislation & Jurisprudence, Community, Community Mental Health Services [Legislation & Jurisprudence, Conditional Release, Confidence, Consort Statement, Cost, Cost Effectiveness, Cost-Effectiveness, Crime, Crime Victims, Criteria, Data, Effectiveness, Evaluation, Evidence, Health, Health-Service Use, Hospital, Humans, Indices, Interval, Legislation, Length of Stay [Statistics & Numerical Data], Life, Mental Disorders, Mental Disorders [Therapy], Mental Illness, North-Carolina, Offender Databases, Outcome, Outcomes, Outpatient, Patient Satisfaction, Psychiatric Rating-Scale, Quality, Quality Of, Quality of Life, Randomised, Randomized Controlled Trials As Topic, Randomized Controlled-Trials, Rct, Readmission, Reduction, References, Review, Risk, Satisfaction, Science, Science Citation Index, Search, Service, Severe Mental Illness, Social, Standard, Standards, State, Statistics & Numerical Data], Strategy, Treatment, Treatment Orders, Treatment Outcome, USA, Violent, Western-Australia

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Full Text: [2011\Coc Dat Sys Rev2011, CD005085.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD005085.pdf)

Abstract: Background Acute organophosphorus pesticide poisoning causes tens of thoUSAnds of deaths each year across the developing world. Standard treatment involves administration of intravenous atropine and oxime to reactivate inhibited acetylcholinesterase. The clinical usefulness of oximes, such as pralidoxime and obidoxime, has been challenged over the past 20 years by physicians in many parts of the world. Objectives To quantify the effectiveness and safety of the administration of oximes in acute organophosphorus pesticide-poisoned patients. Search strategy We searched both English and Chinese databases: Cochrane Injuries Group Specialised Register, Cochrane Central Register of Controlled Trials (The Cochrane Library), MEDLINE (Ovid SP), EMBASE (Ovid SP), ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED), ISI Web of Science: Conference Proceedings Citation Index-Science (CPCI-S) and the Chinese language databases CNKI and WANGFANG. All searches were run in September 2009. Selection criteria Articles that could possibly be RCTs were retrieved to determine if they were randomised. Data collection and analysis The published methodology of three RCTs was not clear. We contacted the principal authors of these, but did not obtain further information. Main results Seven pralidoxime RCTs were found. Three RCTs including 366 patients studied pralidoxime vs placebo and four RCTs including 479 patients compared two or more different doses. These trials found quite disparate results with treatment effects ranging from benefit to harm. However, many studies did not take into account several issues important for outcomes. In particular, baseline characteristics were not balanced, oxime doses varied widely, there were substantial delays to treatment, and the type of organophosphate was not taken into account. Only one RCT compared the World Health Organization (WHO) recommended doses with placebo. This trial showed no clinical benefits and a trend towards harm in all sub-groups, despite clear evidence that these doses reactivated acetylcholinesterase in the blood. Authors’ conclusions Current evidence is insufficient to indicate whether oximes are harmful or beneficial. The WHO recommended regimen (30 mg/kg pralidoxime chloride bolus followed by 8 mg/kg/hr infusion) is not supported. Further RCTs are required to examine other strategies and regimens. There are many theoretical and practical reasons why oximes may not be useful, particularly for late presentations of dimethyl OP and those with a large excess of OP that simply re-inhibits reactivated enzymes. Future studies should screen for patient sub-groups that may benefit and may need flexible dosing strategies as clinical effectiveness and doses may depend on the type of OP.

Keywords: Acetylcholinesterase, Administration, Analysis, Antidotes [Therapeutic Use], Articles, Authors, Blood, Butyrylcholinesterase Activity, Characteristics, Chinese, Chloride, Cholinesterase Reactivation, Cholinesterase Reactivators [Therapeutic Use], Citation, Clinical, Collection, Conference, Criteria, Databases, Developing, Developing World, Developing-World, Effectiveness, Enzymes, Evidence, Experience, Humans, Information, Infusion, Intensive-Care Management, Intravenous, ISI, ISI Web of Science, MEDLINE, Methodology, Organophosphorus Compounds [Poisoning], Outcomes, Oximes [Therapeutic Use], Patients, Pesticide, Pesticides [Poisoning], Pharmacokinetics, Physicians, Placebo, Poisoning, Poisoning [Drug Therapy], Pralidoxime, Pralidoxime Compounds [Therapeutic Use], Randomised, Randomized Controlled Trials As Topic, Randomized-Trials, Rct, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Sri-Lanka, Strategy, Therapy, Treatment, Trend, Trial, Web of Science, World, World Health Organization

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Full Text: [2011\Coc Dat Sys Rev2011, CD000567.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD000567.pdf)

Abstract: Back ground Colloid solutions are widely used in fluid resuscitation of critically ill patients. There are several choices of colloid and there is ongoing debate about the relative effectiveness of colloids compared to crystalloid fluids. Objectives To assess the effects of colloids compared to crystalloids for fluid resuscitation in critically ill patients. Search strategy We searched the Cochrane Injuries Group Specialised Register, CENTRAL (The Cochrane Library 2008, Issue 3), MEDLINE, EMBASE, ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED), ISI Web of Science: Conference Proceedings Citation Index-Science (CPCI-S), and The Controlled Trials metaRegister (www.controlled-trials.com). Reference lists of relevant studies and review articles were searched for further trials. The searches were last updated in September 2008. Selection criteria Randomised controlled trials (RCTs) of colloids compared to crystalloids, in patients requiring volume replacement. We excluded crossover trials and trials in pregnant women and neonates. Data collection and analysis Two authors independently extracted data and rated quality of allocation concealment. We analysed trials with a ‘double-intervention’, such as those comparing colloid in hypertonic crystalloid to isotonic crystalloid, separately. We stratified the analysis according to colloid type and quality of allocation concealment. Main results We identified 65 eligible trials; 56 of these presented mortality data. Colloids compared to crystalloids Albumin or plasma protein fraction - 23 trials reported data on mortality, including a total of 7754 patients. The pooled relative risk (RR) from these trials was 1.01 (95% confidence interval (95% CI) 0.92 to 1.10). When we excluded the trial with poor qualityallocation concealment, pooled RR was 1.00 (95% CI 0.91 to 1.09). Hydroxyethyl starch - 17 trials compared hydroxyethyl starch with crystalloids, n = 1172 patients. The pooled RR was 1.18 (95% CI 0.96 to 1.44). Modified gelatin - 11 trials compared modified gelatin with crystalloid, n = 506 patients. The pooled RR was 0.91 (95% CI 0.49 to 1.72). (When the trials by Boldt et al were removed from the three preceding analyses, the results were unchanged.) Dextran - nine trials compared dextran with a crystalloid, n = 834 patients. The pooled RR was 1.24 (95% CI 0.94 to 1.65). Colloids in hypertonic crystalloid compared to isotonic crystalloid Eight trials compared dextran in hypertonic crystalloid with isotonic crystalloid, including 1283 randomised participants. Pooled RR was 0.88 (95% CI 0.74 to 1.05). Authors’ conclusions There is no evidence from RCTs that resuscitation with colloids reduces the risk of death, compared to resuscitation with crystalloids, in patients with trauma, burns or following surgery. As colloids are not associated with an improvement in survival, and as they are more expensive than crystalloids, it is hard to see how their continued use in these patients can be justified outside the context of RCTs.

Keywords: 7.5-Percent Sodium-Chloride, Albumin, Allocation, Analyses, Analysis, Authors, Citation, Collection, Colloid, Colloids, Colloids [Therapeutic Use], Conference, Confidence, Context, Controlled Clinical-Trial, Coronary-Artery-Bypass, Criteria, Critical Illness [Therapy], Crystalloid, Data, Death, Dextran, Effectiveness, Effects, Evidence, Fluid Therapy [Methods], Gelatin, Improvement, Intensive-Care-Unit, Interval, ISI, ISI Web of Science, Lactated Ringers Solution, Major Abdominal-Surgery, MEDLINE, Modified, Mortality, Neonates, Patients, Plasma, Plasma Substitutes [Therapeutic Use], Pregnant, Pregnant Women, Protein, Quality, Quality of, Randomised, Randomized Controlled Trials As Topic, Randomized-Trial, Rehydration Solutions, Relative Risk, Respiratory-Distress-Syndrome, Resuscitation, Resuscitation [Methods], Review, Risk, Saline-Dextran Solution, Science, Science Citation Index, Science Citation Index Expanded, Search, Solutions, Starch, Strategy, Surgery, Survival, Trauma, Trial, Volume, Volume Replacement Strategy, Web of Science, Women

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Full Text: [2011\Coc Dat Sys Rev2011, CD001860.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD001860.pdf)

Abstract: Background Trachoma is the world’s leading infectious cause of blindness. In 1997 the World Health Organization (WHO) launched an Alliance for the Global Elimination of Trachoma by the year 2020, based on the ‘SAFE’ strategy (surgery, antibiotics, facial cleanliness and environmental improvement). Objectives To assess the evidence supporting the antibiotic arm of the SAFE strategy by assessing the effects of antibiotics on both active trachoma (primary objective) and on Chlamydia trachomatis (C. trachomatis) infection of the conjunctiva (secondary objective). Search strategy We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2010, Issue 11), MEDLINE (January 1950 to December 2010), EMBASE (January 1980 to December 2010), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com) (December 2010) and ClinicalTrials. gov (www.clinicaltrials.gov) (December 2010). We used the Science Citation Index to look for articles that cited the included studies. We searched the reference lists of identified articles and we contacted authors and experts for details of further relevant studies. There were no language or date restrictions in the search for trials. The electronic databases were last searched on 12 December 2010. Selection criteria We included randomised trials that satisfied either of two criteria: (a) trials in which topical or oral administration of an antibiotic was compared to placebo or no treatment in people or communities with trachoma, (b) trials in which a topical antibiotic was compared with an oral antibiotic in people or communities with trachoma. A subdivision of particular interest was trials in which topical tetracycline or chlortetracycline and oral azithromycin were compared with each other, or in which one of these treatments was compared with placebo or no treatment, as these are the two WHO recommended antibiotics. We considered individually randomised and cluster-randomised trials separately. Data collection and analysis Two authors independently assessed trial quality and extracted data. We contacted investigators for missing data. Where appropriate, the effect estimates from the individual studies (risk ratios) were pooled using a random-effects model. Main results A total of 14 trials randomised individuals with trachoma to oral antibiotic, topical antibiotic, both, or control (no treatment or placebo) and were eligible for inclusion in this review (n = 3587). Overall, the quality of the evidence provided from these trials was low. Nine of the trials compared antibiotic treatment to control. Most of the studies found a beneficial effect of treatment on active trachoma and ocular chlamydial infection at three and 12 months follow up. There was considerable clinical and statistical heterogeneity between trials, which meant that it was difficult to reliably estimate the size of the treatment effect. It is likely to be in the region of a 20% relative risk reduction. Seven of the 14 trials compared the effectiveness of oral and topical antibiotics. There was no consistent evidence as to whether oral or topical antibiotics were more effective, although one trial suggested that a single dose of oral azithromycin was significantly more effective than unsupervised use of topical tetracycline A further eight trials assessed the effectiveness of community-based treatment. In five trials antibiotic treatment was compared to no (or delayed) treatment (57 communities), and in three trials oral antibiotic was compared to topical treatment (12 communities). The quality of the evidence provided by these trials was variable but at least one trial was considered to provide high quality evidence. There was evidence that community-based antibiotic treatment reduced the prevalence of active trachoma and ocular infection 12 months after single-dose treatment. There was some evidence that oral azithromycin was more effective than topical tetracycline as a community treatment. Data on adverse effects were not consistently reported however there were no reported serious adverse events associated with treatment with oral azithromycin or topical tetracycline; in one sample survey of 671 people treated with azithromycin between 10% and 15% experienced gastrointestinal adverse effects (nausea or vomiting, or both). Authors’ conclusions Antibiotic treatment reduces the risk of active trachoma and ocular chlamydial infection in people infected with C. trachomatis, but we do not know for certain the size of the treatment effect in individuals. Mass antibiotic treatment with single-dose oral azithromycin reduces the prevalence of active trachoma and ocular infection in communities.

Keywords: Active Trachoma, Administration, Administration,Oral, Administration,Topical, Adverse Effects, Analysis, Anti-Bacterial Agents [Therapeutic Use], Antibiotics, Assessing, Authors, Azithromycin, Chlamydia Trachomatis, Citation, Clinical, Clinical-Trial, Collection, Community, Community Based, Control, Criteria, Data, Databases, Effectiveness, Environmental, Estimates, Events, Evidence, Experts, Follow-Up, Heterogeneity, Humans, Hyper-Endemic Trachoma, Improvement, Infected, Infection, Infectious Trachoma, Mass Treatment, MEDLINE, Model, Nausea, Oral, Oral Azithromycin, Placebo, Prevalence, Primary, Quality, Quality of, Random Effects Model, Randomised, Randomized Controlled Trials as Topic, Randomized-Trial, Reduction, Reference, Reference Lists, Region, Relative Risk, Restrictions, Review, Risk, Risk-Factors, Safe, Sample Survey, Science, Science Citation Index, Search, Single-Dose Azithromycin, Size, Strategy, Surgery, Survey, Tetracycline, Topical, Topical Tetracycline, Trachoma [Drug Therapy], Treatment, Trial, Vomiting, World Health Organization

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Full Text: [2011\Coc Dat Sys Rev2011, CD002964.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD002964.pdf)

Abstract: Background Parenting programmes are a potentially important means of supporting teenage parents and improving outcomes for their children, and parenting support is a priority across most Western countries. This review updates the previous version published in 2001. Objectives To examine the effectiveness of parenting programmes in improving psychosocial outcomes for teenage parents and developmental outcomes in their children. Search strategy We searched to find new studies for this updated review in January 2008 and May 2010 in CENTRAL, MEDLINE, EMBASE, ASSIA, CINAHL, DARE, ERIC, PsycINFO, Sociological Abstracts and Social Science Citation Index. The National Research Register (NRR) was last searched in May 2005 and UK Clinical Research Network Portfolio Database in May 2010. Selection criteria Randomised controlled trials assessing short-term parenting interventions aimed specifically at teenage parents and a control group (no-treatment, waiting list or treatment-as-usual). Data collection and analysis We assessed the risk of bias in each study. We standardised the treatment effect for each outcome in each study by dividing the mean difference in post-intervention scores between the intervention and control groups by the pooled standard deviation. Main results We included eight studies with 513 participants, providing a total of 47 comparisons of outcome between intervention and control conditions. Nineteen comparisons were statistically significant, all favouring the intervention group. We conducted nine meta-analyses using data from four studies in total (each meta-analysis included data from two studies). Four meta-analyses showed statistically significant findings favouring the intervention group for the following outcomes: parent responsiveness to the child post-intervention (SMD-0.91, 95% CI-1.52 to -0.30, P = 0.04); infant responsiveness to mother at follow-up (SMD-0.65, 95% CI-1.25 to -0.06, P = 0.03); and an overall measure of parent-child interactions post-intervention (SMD-0.71, 95% CI-1.31 to -0.11, P = 0.02), and at follow-up (SMD-0.90, 95% CI-1.51 to -0.30, P = 0.004). The results of the remaining five meta-analyses were inconclusive. Authors’ conclusions Variation in the measures used, the included populations and interventions, and the risk of bias within the included studies limit the conclusions that can be reached. The findings provide some evidence to suggest that parenting programmes may be effective in improving a number of aspects of parent-child interaction both in the short-and long-term, but further research is now needed.

Keywords: Adolescent, Adolescent Mothers, Analysis, Assessing, Bias, Child, Child Development, Children, Citation, Collection, Control, Control Groups, Criteria, Data, Effectiveness, Evidence, Fathers, Female, Follow-Up, Home, Humans, Infant, Infants, Interaction, Intervention, Interventions, Long Term, Long-Term, Measure, MEDLINE, Meta-Analysis, Metaanalysis, Mother, Mother-Child Relations, Outcome, Outcomes, P, Parenting, Parents, Populations, Pregnancy, Prevention, Program Evaluation, Programmes, Psychosocial, Psychosocial Outcomes, Psycinfo, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Research, Review, Risk, Science, Science Citation Index, Search, Social Science Citation Index, Standard, Strategy, Support, Teenage, Treatment, UK, Version, Videotape

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Full Text: [2011\Coc Dat Sys Rev2011, CD003262.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD003262.pdf)

Abstract: Background Rosacea is a common chronic skin condition affecting the face, characterised by flushing, redness, pimples, pustules, and dilated blood vessels. The eyes are often involved and thickening of the skin with enlargement (phymas), especially of the nose, can occur in some patients. A range of treatment options are available but it is unclear which are the most effective. Objectives To assess the evidence for the efficacy and safety of treatments for rosacea. Search strategy In February 2011 we updated our searches of the Cochrane Skin Group Specialised Register, the Cochrane Central Register of Controlled Trials (Clinical Trials) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index, and Ongoing Trials Registers. Selection criteria Randomised controlled trials in people with moderate to severe rosacea. Data collection and analysis Study selection, data extraction, assessment of risk of bias, and analyses were carried out by two independent review authors. Main results Fifty-eight trials, including 27 from the original review, comprising 6633 participants were included in this updated review. Interventions included topical metronidazole, oral antibiotics, topical azelaic cream or gel, topical benzoyl peroxide and/or combined with topical antibiotics, sulphacetamide/sulphur, and others. Only two studies assessed our primary outcome ‘quality of life’. Pooled data from physician assessments in three trials provided some evidence that metronidazole was more effective compared to placebo (RR 1.95, 95% CI 1.48 to 2.56). Three trials provided data, based on participants’ assessments, illustrating azelaic acid was more effective than placebo (RR 1.52, 95% CI 1.32 to 1.76). Physician-based assessments in two trials indicated that doxycycline appeared to be significantly more effective than placebo (RR 1.59, 95% CI 1.02 to 2.47 and RR 2.37, 95% CI 1.12 to 4.99). There was no statistically significant difference in effectiveness between 100 mg and 40 mg doses of doxycycline, but there was evidence of less adverse effects with the lower dose (RR 0.25, 95% CI 0.11 to 0.54). One study reported that cyclosporine ophthalmic emulsion was significantly more effective than artificial tears for treating ocular rosacea (for all outcomes). Authors’ conclusions Although the majority of included studies were assessed as being at high or unclear risk of bias there was some evidence to support the effectiveness of topical metronidazole, azelaic acid, and doxycycline (40 mg) in the treatment of moderate to severe rosacea, and cyclosporine 0.5% ophthalmic emulsion for ocular rosacea. Further well-designed, adequately-powered randomised controlled trials are required.

Keywords: 0.75-Percent Topical Lotion, 124 0.125-Percent Lotion, Acid 15-Percent Gel, Adverse Effects, Analyses, Analysis, Antibiotics, Antiinflammatory Dose Doxycycline, Assessment, Assessments, Authors, Bias, Blood, Chronic, Citation, Clinical Trials, Collection, Criteria, Cyclosporine, Data, Dermatologic Agents [Therapeutic Use], Effectiveness, Efficacy, Emulsion, Enlargement, Evidence, Extraction, Gel, Humans, Life, MEDLINE, Metronidazole, Metronidazole 1-Percent Cream, Options, Oral, Outcome, Outcomes, Patients, Physician, Placebo, Placebo-Controlled Trial, Primary, Pulsed-Dye-Laser, Quality, Quality of, Quality of Life, Randomised, Randomised Controlled Trials, Randomized Controlled Trials as Topic, Randomized Controlled-Trial, Review, Risk, Rosacea [Drug Therapy], Safety, Science, Science Citation Index, Search, Skin, Sodium Sulfacetamide 10-Percent, Steroid-Induced Rosacea, Strategy, Support, Topical, Treatment

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Full Text: [2011\Coc Dat Sys Rev2011, CD004787.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD004787.pdf)

Abstract: Back ground Hepatocellular carcinoma (HCC) results in more than 600,000 deaths per year. Transarterial embolisation (TAE) and transarterial chemoembolisation (TACE) have become standard loco-regional treatments for unresectable HCC. Objectives To assess the beneficial and harmful effects of TACE or TAE. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Cancer Network register, The Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and The Latin American Caribbean Health Sciences Literature (LILACS) from dates of inceptions up to September 2010. Selection criteria We considered for inclusion all randomised trials that compared TACE or TAE versus placebo, sham, or no intervention. Co-interventions were allowed if comparable between intervention groups. Trials with inadequate randomisation were excluded. Data collection and analysis For all-cause mortality, we calculated the log hazard ratio (HR) with standard error as point estimate and pooled them for meta-analysis using the inverse variance method. Sub-group analyses were performed regarding intervention regimen, trial truncation, or co-interventions. We validated the results with trial sequential analyses. We used random-effects model in all meta-analyses in anticipation of statistical heterogeneity among the trials. Main results We included nine trials with 645 participants. Six trials assessed TACE versus control and three trials assessed TAE versus control. Seven trials had low risk of selection bias based on adequate generation of allocation sequence and concealment - but all these trials had other risks of bias. Three trials were stopped early due to interim inspections and one due to slow accrual. For all-cause mortality, statistical heterogeneity between trials was low to moderate (I-2 = 30%). Meta-analysis of trials with low risk of selection bias showed that TACE or TAE versus control does not significantly increase survival (HR 0.88; 95% CI 0.71 to 1.10). Two trials with low risk of selection bias, no early stopping, and no co-intervention did not establish any significant effect of TACE or TAE on overall survival (hazard ratio 1.22, 95% confidence interval 0.82 to 1.83; P = 0.33). Trial sequential analysis confirmed the absence of evidence for a beneficial effect of TACE or TAE on survival indicating the need for future randomisation of up to 383 additional participants. Substantial differences in criteria for assessing tumour response did not allow quantitative analyses. One trial investigated quality of life but did not detect any significant differences between the intervention groups. A range of adverse events including post-embolisation syndrome and serious complications were reported. Authors’ conclusions There is no firm evidence to support or refute TACE or TAE for patients with unresectable HCC. More adequately powered and biasprotected trials are needed.

Keywords: Allocation, Analyses, Analysis, Assessing, Bias, Citation, Clinical-Trials, Collection, Combination Therapy, Complications, Confidence, Control, Criteria, Effects, Error, Events, Evidence, Generation, Hazard, Heterogeneity, Interval, Intervention, Life, Lipiodol Chemoembolization, Literature, Low Risk, MEDLINE, Meta-Analysis, Metaanalysis, Model, Mortality, P, Patients, Percutaneous Ethanol Injection, Placebo, Portal-Vein Chemotherapy, Quality, Quality of, Quality of Life, Radiofrequency Ablation, Random Effects Model, Randomisation, Randomised, Randomized Controlled-Trial, Response Evaluation Criteria, Risk, Risks, Science, Science Citation Index, Science Citation Index Expanded, Search, Standard, Strategy, Support, Survival, Symptomatic Treatment, Syndrome, Transcatheter Arterial Chemoembolization, Trial

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Full Text: [2011\Coc Dat Sys Rev2011, CD006252.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD006252.pdf)

Abstract: Back ground Demographic data in North America, Europe, Asia, Australia and New Zealand suggest a rapid growth in the number of persons over the age of 65 years as the baby boomer generation passes retirement age. As older adults make up an increasing proportion of the population, they are an important consideration when designing future evidence-based traffic safety policies, particularly those that lead to restrictions or cessation of driving. Research has shown that cessation of driving among older drivers can lead to negative emotional consequences such as loss of independence and depression. Those older adults who continue to drive tend to do so less frequently than other demographic groups and are more likely to be involved in a road traffic crash, probably due to what is termed the ‘low mileage bias’. There is universal agreement among researchers that vision plays a significant role in driving performance, and that there are age-related visual changes. Vision testing of all drivers, and in particular of older drivers, is therefore an important road safety issue. The components of visual function essential for driving are acuity, field, depth perception and contrast sensitivity, which are currently not fully measured by licensing agencies. Furthermore, it is not known how effective vision screening tools are, and current vision screening regulations and cut-off values required to pass a licensing test vary from country to country. There is, therefore, a need to develop evidence-based tools for vision screening for driving, thereby increasing road safety. Objectives To assess the effects of vision screening interventions for older drivers to prevent road traffic injuries and fatalities. Search strategy We searched the Cochrane Injuries Group’s Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL) (T h e Cochrane Library 2010, Issue 2), MEDLINE (Ovid), TRANSPORT (Ovid), IBSS (International Bibliography of Social Sciences), ASSIA: Applied Social Sciences Index and Abstracts, ISI Web of Science: Social Sciences Citation Index (SSCI), ISI Web of Science: Conference Proceedings Citation Index-Science (CPCI-S) and PUBMED. We also searched the Internet and checked the reference lists of relevant papers to identify any further studies. The searches were conducted up to the first week of June 2010. Selection criteria Randomised controlled trials (RCTs) and controlled before and after studies comparing vision screening to non-screening of drivers aged 55 years and older, and which assessed the effect on road traffic crashes, injuries, fatalities and any involvement in traffic law violations, were included. Data collection and an anlysis Two authors independently screened the reference lists for eligible articles and independently assessed the articles for inclusion against the criteria. Two authors independently extracted data using a standardised extraction form. Main results No studies were found which met the inclusion criteria for this review. Authors’ conclusions Most countries require a vision screening test for the renewal of an individual’s driver’s license. There is, however insufficient evidence to assess the effects of vision screening tests on subsequent motor vehicle crash reduction. There is a need to develop valid and reliable tools of vision screening that can predict driving performance.

Keywords: Accidents, Adults, Age, Aged, Asia, Australia, Authors, Automobile Driving, Baby, Bias, Bibliography, Cessation, Changes, Citation, Collection, Conference, Country, Criteria, Data, Dementia, Depression, Drive, Driver’s License, Driving, Driving Performance, Effects, Europe, Evidence, Evidence Based, Evidence-Based, Extraction, Fatalities, Field, First, Function, Generation, Growth, Humans, Increased Depressive Symptoms, Internet, Interventions, ISI, ISI Web of Science, Law, Lead, License, License Renewal, Licensing, MEDLINE, Motor Vehicle, Motor-Vehicle Crashes, New Zealand, North, North America, Older Drivers, Papers, Perception, Performance, Policies, Population, PUBMED, Reduction, Reference, Reference Lists, Regulations, Research, Restrictions, Review, Risk, Road, Role, Safety, Science, Screening, Screening Tests, Search, Sensitivity, Social Sciences, Social Sciences Citation Index, SSCI, Strategy, Testing, Traffic, Traffic Crash, Traffic Crashes, Traffic [Prevention & Control], Transport, Useful Field, Vehicle, Vision Screening, Visual Impairment, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD006768.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD006768.pdf)

Abstract: Background Convergence insufficiency is a common eye muscle co-ordination problem in which the eyes have a strong tendency to drift outward (exophoria) when reading or doing close work. Symptoms may include eye strain, headaches, double vision, print moving on the page, frequent loss of place when reading, inability to concentrate, and short attention span. Objectives To systematically assess and synthesize evidence from randomized controlled trials (RCTs) on the effectiveness of non-surgical interventions for convergence insufficiency. Search strategy We searched The Cochrane Library, MEDLINE, EMBASE, Science Citation Index, the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com) and ClinicalTrials. gov (www.clinicaltrials.gov) on 7 October 2010. We manually searched reference lists and optometric journals. Selection criteria We included RCTs examining any form of non-surgical intervention against placebo, no treatment, sham treatment, or each other. Data collection and analysis Two authors independently assessed eligibility, risk of bias, and extracted data. We performed meta-analyses when appropriate. Main results We included six trials (three in children, three in adults) with a total of 475 participants. We graded four trials at low risk of bias. Evidence from one trial (graded at low risk of bias) suggests that base-in prism reading glasses was no more effective than placebo reading glasses in improving clinical signs or symptoms in children. Evidence from one trial (graded at high risk of bias) suggests that base-in prism glasses using a progressive addition lens design was more effective than progressive addition lens alone in decreasing symptoms in adults. At three weeks of therapy, the mean difference in Convergence Insufficiency Symptoms Survey (CISS) score was -10.24 points (95% confidence interval (CI) -15.45 to -5.03). Evidence from two trials (graded at low risk of bias) suggests that outpatient (or office-based as used in the US) vision therapy/orthoptics was more effective than home-based convergence exercises (or pencil push-ups as used in the US) in children. At 12 weeks of therapy, the mean difference in change in near point of convergence, positive fusional vergence, and CISS score from baseline was 3.99 cm (95% CI 2.11 to 5.86), 13.13 diopters (95% CI 9.91 to 16.35), and 9.86 points (95% CI 6.70 to 13.02), respectively. In a young adult population, evidence from one trial (graded at low risk of bias) suggests outpatient vision therapy/orthoptics was more effective than home-based convergence exercises in improving positive fusional vergence at near (7.7 diopters, 95% CI 0.82 to 14.58), but not the other outcomes. Evidence from one trial (graded at low risk of bias) comparing four interventions, also suggests that outpatient vision therapy/orthoptics was more effective than home-based computer vision therapy/orthoptics in children. At 12 weeks, the mean difference in change in near point of convergence, positive fusional vergence, and CISS score from baseline was 2.90 cm (95% CI 0.96 to 4.84), 7.70 diopters (95% CI 3.94 to 11.46), and 8.80 points (95% CI 5.26 to 12.34), respectively. Evidence was less consistent for other pair-wise comparisons. Authors’ conclusions Current research suggests that outpatient vision therapy/orthoptics is more effective than home-based convergence exercises or home-based computer vision therapy/orthoptics for children. In adult population, evidence of the effectiveness of various non-surgical interventions is less consistent.

Keywords: Adult, Analysis, Authors, Bias, Binocular Vision, Children, Citation, Clinical, Collection, Concentrate, Confidence, Convergence, Coordination, Criteria, Data, Design, Drift, Effectiveness, Efficacy, Evidence, Exercises, Interval, Intervention, Interventions, Journals, Low Risk, MEDLINE, Muscle, Nearpoint, Outcomes, Outpatient, Placebo, Population, Prism, Randomized, Randomized Clinical-Trial, Randomized Controlled Trials, Reading, Reference, Reference Lists, Reliability, Research, Risk, Science, Science Citation Index, Search, Strategy, Symptom Survey, Symptoms, Therapy, Treatment, Trial, US, Work, Young Adult

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Full Text: [2011\Coc Dat Sys Rev2011, CD007132.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007132.pdf)

Abstract: Back ground Residents of nursing care homes for older people are highly likely to die there, making these places where palliative care is needed. Objectives The primary objective was to determine effectiveness of multi-component palliative care service delivery interventions for residents of care homes for older people. The secondary objective was to describe the range and quality of outcome measures. Search strategy The grey literature and the following electronic databases were searched: Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effectiveness (all issue 1, 2010); MEDLINE, EMBASE, CINAHL, British Nursing Index, (1806 to February 2010), Science Citation Index Expanded & AMED (all to February 2010). Key journals were hand searched and a PUBMED related articles link search was conducted on the final list of articles. Selection criteria We planned to include Randomised Clinical Trials (RCTs), Controlled Clinical Trials (CCTs), controlled before-and-after studies and interrupted time series studies of multi-component palliative care service delivery interventions for residents of care homes for older people. These usually include the assessment and management of physical, psychological and spiritual symptoms and advance care planning. We did not include individual components of palliative care, such as advance care planning. Data collection and analysis Two review authors independently assessed studies for inclusion, extracted data, and assessed quality and risk of bias. Meta analysis was not conducted due to heterogeneity of studies. The analysis comprised a structured narrative synthesis. Outcomes for residents and process of care measures were reported separately. Main results Two RCTs and one controlled before-and-after study were included (735 participants). All were conducted in the USA and had several potential sources of bias. Few outcomes for residents were assessed. One study reported higher satisfaction with care and the other found lower observed discomfort in residents with end-stage dementia. Two studies reported group differences on some process measures. Both reported higher referral to hospice services in their intervention group, one found fewer hospital admissions and days in hospital in the intervention group, the other found an increase in do-not-resuscitate orders and documented advance care plan discussions. Authors’ conclusions We found few studies, and all were in the USA. Although the results are potentially promising, high quality trials of palliative care service delivery interventions which assess outcomes for residents are needed, particularly outside the USA. These should focus on measuring standard outcomes, assessing cost-effectiveness, and reducing bias.

Keywords: Advance, Advance Care Planning, Advanced Dementia, Analysis, Assessing, Assessment, Assessment and Management, Authors, Bias, Care, Citation, Clinical Trials, Collection, Cost Effectiveness, Cost-Effectiveness, Criteria, Data, Databases, Delivery, Dementia, Do Not Resuscitate, Effectiveness, End, Experiences, Heterogeneity, Hospice, Hospital, Interrupted Time Series, Intervention, Interventions, Journals, Literature, Living, Management, MEDLINE, Meta-Analysis, Nursing, of-Life Care, Older People, Outcome, Outcome Measures, Outcome Scale, Outcomes, Palliative Care, Perceptions, Physical, Planning, Potential, Primary, Program, PUBMED, Quality, Quality of, Randomized Controlled-Trial, Review, Risk, Satisfaction, Science, Science Citation Index, Science Citation Index Expanded, Search, Service, Services, Sources, Standard, Strategy, Symptoms, Synthesis, The-Literature, Time Series, USA, Validation

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Full Text: [2011\Coc Dat Sys Rev2011, CD007294.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007294.pdf)

Abstract: Background Standard treatment for high grade glioma (HGG) usually entails surgery (either biopsy or resection) followed by radiotherapy plus or minus temozolomide. Implanting wafers impregnated with chemotherapy agents into the resection cavity represents a novel means of delivering drugs directly to the resection cavity with potentially fewer systemic side effects. It is not clear how effective this modality is or whether it should be recommended as part of standard care for patients with HGG. Objectives To estimate the clinical effectiveness of chemotherapy wafers for patients with HGG. Search strategy The following databases were searched: CENTRAL (issue 4. 2010); MEDLINE and EMBASE. The original search strategy also included: Science Citation Index; Physician Data Query; and the meta-Register of Controlled Trials. Reference lists of all identified studies were searched. The Journal of Neuro-Oncology and Neuro-oncology were hand searched from 1999 to 2010, including all conference abstracts. Neuro-oncologists, trial authors and drug manufacturers were contacted regarding ongoing and unpublished trials. Selection criteria Patients included those of all ages with a histologically proven diagnosis of HGG (using intra-operative analysis when undergoing first resection). Therapy could be instigated for either newly diagnosed disease (primary therapy) or at recurrence. Interventions included insertion of chemotherapy wafers to the resection cavity. Included studies had to be randomised controlled trials (RCTs). Data collection and analysis Two independent review authors assessed the search results for relevance and undertook critical appraisal according to pre-specified guidelines. Main results In primary disease two RCTs assessing the effect of carmustine impregnated wafers (Gliadel (R)) and enrolling a total of 272 participants were identified. Survival was increased with Gliadel (R) compared to placebo (hazard ratio (HR) 0.65, 95% Confidence Interval (CI) 0.48 to 0.86, P = 0.003). In recurrent disease a single RCT was included comparing Gliadel (R) with placebo and enrolled 222 participants. It did not demonstrate a significant survival increase (HR 0.83, 95% CI 0.62 to 1.10, P = 0.2). There was no suitable data for any of the secondary outcome measures. Adverse events were not more common in either arm and are presented in a descriptive fashion. Authors’ conclusions Carmustine impregnated wafers (Gliadel (R)) result in improved survival without an increased incidence of adverse events over placebo wafers when used for primary disease therapy. There is no evidence of benefit for any other outcome measures. In recurrent disease Gliadel (R) does not appear to confer any additional benefit.

Keywords: Analysis, Anaplastic Gliomas, Antineoplastic Agents,Alkylating [Administration & Dosage], Assessing, Authors, Biopsy, Brain Neoplasms [Drug Therapy, Brain-Tumors, Care, Carmustine [Administration & Dosage], Chemotherapy, Citation, Clinical, Clinical-Trials, Collection, Combined Modality Therapy [Methods], Criteria, Data, Databases, Diagnosis, Disease, Drug, Drugs, Effectiveness, Events, Evidence, First, Gliadel Wafers, Glioblastoma-Multiforme, Glioma, Glioma [Drug Therapy, Guidelines, Hazard, Humans, Incidence, Interstitial Chemotherapy, Journal, Local Chemotherapy, Malignant Glioma, MEDLINE, Neoplasm Recurrence,Local [Drug Therapy], Outcome, Outcome Measures, P, Patients, Placebo, Primary, Radiation-Therapy, Radiotherapy, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Rct, Recurrence, Recurrent, Relevance, Review, Science, Science Citation Index, Search, Search Strategy, Side Effects, Standard, Strategy, Surgery, Surgery], Survival, Therapy, Treatment, Trial

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Full Text: [2011\Coc Dat Sys Rev2011, CD007712.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007712.pdf)

Abstract: Back ground Veno-venous bypass is used to overcome the effects of clamping of the inferior vena cava and portal vein during liver transplanation. The routine use of veno-venous bypass is, however, controversial. Objectives To compare the benefits and harms of veno-venous bypass (irrespective of open or percutaneous technique; heparin-coated or no heparin-coating) versus no veno-venous bypass during liver transplantation. To compare the benefits and harms of the different techniques of veno-venous bypass during liver transplantation. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until December 2010. Selection criteria We included randomised clinical trials comparing veno-venous bypass during liver transplantation (irrespective of language or publication status). Data collection and analysis Two authors independently assessed trials for inclusion and independently extracted data. We analysed the data with both the fixed-effect and the random-effects models using RevMan Analysis. For continuous outcomes, we calculated the mean difference (MD) with 95% confidence intervals (CI) based on intention-to-treat or available case analysis. For binary outcomes, we used the Fisher’s exact test since none of the comparisons of binary outcomes included more than one trial. Main results We identified three trials with high risk of bias which compared veno-venous bypass (n = 65) versus no veno-venous bypass (n = 66). None of the trials reported patient or graft survival. There were no significant differences regarding renal failure or blood transfusion requirements between the two groups. None of the trials reported on the morbidity related to veno-venous bypass or the requirement of veno-venous bypass in the control group. We identified one trial with high risk of bias which compared percutaneous (n = 20) versus open technique (n = 19) of veno-venous bypass. The patient or graft survival was not reported. There was no difference in veno-venous bypass related morbidity between the two groups. The operating time was significantly shorter in the percutaneous technique group (MD - 59 minutes; 95% CI -102 to 16). Authors’ conclusions There is no evidence to support or refute the use of veno-venous bypass in liver transplantation. There is no evidence to prefer any particular technique of veno-venous bypass in liver transplantation.

Keywords: Activation, Analysis, Authors, Bias, Blood, Blood Transfusion, Case Analysis, Circuits, Citation, Clinical, Clinical Trials, Collection, Confidence, Confidence Intervals, Control, Criteria, Data, Effects, Empirical-Evidence, Evidence, Failure, Graft, Intervals, Liver, Liver Transplantation, MEDLINE, Metaanalysis, Model, Models, Morbidity, Open, Outcomes, Percutaneous, Perioperative Renal-Function, Publication, Quality, Randomised, Randomized Clinical-Trials, Renal, Renal Failure, Requirement, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Selective Use, Strategy, Support, Survival, Techniques, Transfusion, Transplantation, Trial

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Full Text: [2011\Coc Dat Sys Rev2011, CD007749.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007749.pdf)

Abstract: Back ground Several liver diseases have been associated with oxidative stress. Accordingly, antioxidants have been suggested as potential therapeutics for various liver diseases. The evidence supporting these suggestions is equivocal. Objectives To assess the benefits and harms of antioxidant supplements for patients with liver diseases. Search strategy We searched The Cochrane Library, MEDLINE, EMBASE, LILACS, the Science Citation Index Expanded, and Conference Proceedings Citation Index-Science to January 2011. We scanned bibliographies of relevant publications and asked experts and pharmaceutical companies for additional trials. Selection criteria We considered for inclusion randomised trials that compared antioxidant supplements (beta-carotene, vitamin A, C, E, and selenium) versus placebo or no intervention for autoimmune liver diseases, viral hepatitis, alcoholic liver disease, and cirrhosis (any aetiology). Data collection and analysis Four authors independently selected trials for inclusion and extracted data. Outcome measures were all-cause mortality, liver-related mortality, liver-related morbidity, biochemical indices at maximum follow-up in the individual trials as well as adverse events, quality-of-life measures, and cost-effectiveness. For patients with hepatitis B or C we also considered end of treatment and sustained virological response. We conducted random-effects and fixed-effect meta-analyses. Results were presented as relative risks (RR) or mean differences (MD), both with 95% confidence intervals (CI). Main results Twenty randomised trials with 1225 participants were included. The trials assessed beta-carotene (3 trials), vitamin A (2 trials), vitamin C (9 trials), vitamin E (15 trials), and selenium (8 trials). The majority of the trials had high risk of bias and showed heterogeneity. Overall, the assessed antioxidant supplements had no significant effect on all-cause mortality (relative risk [RR] 0.84, 95% confidence interval [CI] 0.60 to 1.19, I-2 = 0%), or liver-related mortality (RR 0.89, 95% CI 0.39 to 2.05, I-2 = 37%). Stratification according to the type of liver disease did not affect noticeably the results. Antioxidant supplements significantly increased activity of gamma glutamyl transpeptidase (MD 24.21 IU/l, 95% CI 6.67 to 41.75, I-2 = 0%). Authors’ conclusions We found no evidence to support or refute antioxidant supplements in patients with liver disease. Antioxidant supplements may increase liver enzyme activity.

Keywords: Aetiology, Alpha-Tocopherol, Analysis, Antioxidant, Antioxidants, Authors, Beta Carotene, Bias, Bibliographies, Chronic Hepatitis-C, Cirrhosis, Citation, Clinical-Trial, Collection, Conference, Confidence, Confidence Intervals, Controlled Pilot Trial, Cost Effectiveness, Cost-Effectiveness, Criteria, Data, Disease, Diseases, Events, Evidence, Experts, Follow-up, Gamma, Hepatitis, Hepatitis B, Heterogeneity, Indices, Interval, Intervals, Intervention, Liver, MEDLINE, Morbidity, Mortality, Outcome Reporting Bias, Oxidative Stress, Patients, Placebo, Placebo-Controlled Trial, Potential, Publications, Quality of Life, Randomised, Randomized-Trials, Relative Risk, Risk, Risks, Routine Vitamin Supplementation, Science, Science Citation Index, Science Citation Index Expanded, Search, Selenium, Strategy, Stress, Support, Treatment, Trial Sequential-Analysis, Viral, Viral Hepatitis, Vitamin A, Vitamin C, Vitamin E

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Full Text: [2011\Coc Dat Sys Rev2011, CD007871.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007871.pdf)

Abstract: Background Severe bleeding and coagulopathy as a result of massive transfusion are serious clinical conditions that are associated with high mortality. Thromboelastography (TEG) and thromboelastometry (ROTEM) are increasingly used to guide transfusion strategy but their roles remain disputed. Objectives To systematically assess the benefits and harms of a TEG or ROTEM guided transfusion strategy in randomized trials involving patients with severe bleeding. Search strategy Randomized clinical trials (RCTs) were identified from electronic databases: Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2010, Issue 9); MEDLINE; EMBASE; Science Citation Index Expanded; International Web of Science; CINAHL; LILACS; and the Chinese Biomedical Literature Database (up to 31st October 2010). We contacted trial authors, authors of previous reviews, and manufacturers in the field. Selection criteria We included all RCTs, irrespective of blinding or language, that compared transfusion guided by TEG or ROTEM to transfusion guided by clinical judgement and standard laboratory tests, or both. Data collection and analysis Two authors independently abstracted data; they resolved any disagreements by discussion. We presented pooled estimates of the intervention effects on dichotomous outcomes as relative risks (RR) and on continuous outcomes as mean differences, with 95% confidence intervals (CI). Our primary outcome measure was all cause mortality. We performed subgroup and sensitivity analyses to assess the effect of TEG or ROTEM in adults and children on various clinical and physiological outcomes. We assessed the risk of bias through assessment of trial methodological components and the risk of random error through trial sequential analysis. Main results We included nine RCTs with a total of 776 participants; only one trial had a low risk of bias. We found two ongoing trials but were unable to retrieve any data from them. Compared with standard treatment, TEG or ROTEM showed no statistically significant effect on overall mortality (3.78% versus 5.11%, RR 0.77, 95% CI 0.35 to 1.72; I-2 = 0%) but only five trials provided data on mortality. Our analyses demonstrated a statistically significant effect of TEG or ROTEM on the amount of bleeding (MD -85.05 ml, 95% CI -140.68 to -29.42; I-2 = 26%) but failed to show any statistically significant effect on other predefined outcomes. Authors’ conclusions There is an absence of evidence that TEG or ROTEM improves morbidity or mortality in patients with severe bleeding. Application of a TEG or ROTEM guided transfusion strategy seems to reduce the amount of bleeding but whether this has implications for the clinical condition of patients is still uncertain. More research is needed.

Keywords: Acute Lung Injury, Analyses, Analysis, Application, Assessment, Authors, Bias, Bleeding, Bypass Graft-Surgery, Cardiac Surgical-Patients, Care, Children, Chinese, Citation, Clinical, Clinical Trials, Coagulopathy, Collection, Confidence, Confidence Intervals, Criteria, Critically-Ill Patients, Data, Databases, Effects, Error, Estimates, Evidence, Field, Intervals, Intervention, Intervention Effects, Literature, Long-Term Survival, Low Risk, Measure, MEDLINE, Morbidity, Mortality, Orthotopic Liver-Transplantation, Outcome, Outcomes, Patients, Primary, Quality-of-Life, Randomized, Red-Blood-Cell, Research, Reviews, Risk, Risks, Science, Science Citation Index, Science Citation Index Expanded, Search, Sensitivity, Standard, Strategy, Transfusion, Trauma Patients, Treatment, Trial, Trial Sequential-Analysis, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, MR000012.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20MR000012.pdf)

Abstract: Background Randomised trials use the play of chance to assign participants to comparison groups. The unpredictability of the process, if not subverted, should prevent systematic differences between comparison groups (selection bias). Differences due to chance will still occur and these are minimised by randomising a sufficiently large number of people. Objectives To assess the effects of randomisation and concealment of allocation on the results of healthcare studies. Search strategy We searched the Cochrane Methodology Register, MEDLINE, SciSearch and reference lists up to September 2009. In addition, we screened articles citing included studies (ISI Science Citation Index) and papers related to included studies (PUBMED). Selection criteria Eligible study designs were cohorts of studies, systematic reviews or meta-analyses of healthcare interventions that compared random allocation versus non-random allocation or adequate versus inadequate/unclear concealment of allocation in randomised trials. Outcomes of interest were the magnitude and direction of estimates of effect and imbalances in prognostic factors. Data collection and analysis We retrieved and assessed studies that appeared to meet the inclusion criteria independently. At least two review authors independently appraised methodological quality and extracted information. We prepared tabular summaries of the results for each comparison and assessed the results across studies qualitatively to identify common trends or discrepancies. Main results A total of 18 studies (systematic reviews or meta-analyses) met our inclusion criteria. Ten compared random allocation versus non-random allocation and nine compared adequate versus inadequate or unclear concealment of allocation within controlled trials. All studies were at high risk of bias. For the comparison of randomised versus non-randomised studies, four comparisons yielded inconclusive results (differed between outcomes or different modes of analysis); three comparisons showed similar results for random and non-random allocation; two comparisons had larger estimates of effect in non-randomised studies than in randomised trials; and two comparisons had larger estimates of effect in randomised than in non-randomised studies. Five studies found larger estimates of effect in trials with inadequate concealment of allocation than in trials with adequate concealment. The four other studies did not find statistically significant differences. Authors’ conclusions The results of randomised and non-randomised studies sometimes differed. In some instances non-randomised studies yielded larger estimates of effect and in other instances randomised trials yielded larger estimates of effect. The results of controlled trials with adequate and inadequate/unclear concealment of allocation sometimes differed. When differences occurred, most often trials with inadequate or unclear allocation concealment yielded larger estimates of effects relative to controlled trials with adequate allocation concealment. However, it is not generally possible to predict the magnitude, or even the direction, of possible selection biases and consequent distortions of treatment effects from studies with non-random allocation or controlled trials with inadequate or unclear allocation concealment.

Keywords: Acute Myocardial-Infarction, Clinical Trials As Topic [Methods, Clinical-Trials, Controlled Clinical Trials As Topic [Methods, Design Affects Outcomes, Empirical-Evidence, Historical Controls, Low-Back-Pain, Meta-Regression Analysis, Methodological Quality, Placebo-Controlled Trials, Random Allocation, Randomized Controlled Trials As Topic [Methods, Selection Bias, Standards, Statistics & Numerical Data], Stroke Rehabilitation, Treatment Outcome

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Full Text: [2011\Coc Dat Sys Rev2011, CD001035.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD001035.pdf)

Abstract: Background Human papillomavirus (HPV) is the key risk factor for cervical cancer. Continuing high rates of HPV and other sexually transmitted infections (STIs) in young people demonstrate the need for effective behavioural interventions. Objectives To assess the effectiveness of behavioural interventions for young women to encourage safer sexual behaviours to prevent transmission of STIs (including HPV) and cervical cancer. Search strategy Systematic literature searches were performed on the following databases: Cochrane Central Register of Controlled Trials (CENTRAL Issue 4, 2009) Cochrane Gynaecological Cancer Review Group (CGCRG) Specialised Register, MEDLINE, EMBASE, CINAHL, PsychINFO, Social Science Citation Index and Trials Register of Promoting Health Interventions (TRoPHI) up to the end of 2009. All references were screened for inclusion against selection criteria. Selection criteria Randomised controlled trials (RCTs) of behavioural interventions for young women up to the age of 25 years that included, amongst other things, information provision about the transmission and prevention of STIs. Trials had to measure behavioural outcomes (e. g. condom use) and/or biological outcomes (e. g. incidence of STIs, cervical cancer). Data collection and analysis A narrative synthesis was conducted. Meta-analysis was not considered appropriate due to heterogeneity between the interventions and trial populations. Main results A total of 5271 references were screened and of these 23 RCTs met the inclusion criteria. Most were conducted in the USA and in health-care clinics (e. g. family planning). The majority of interventions provided information about STIs and taught safer sex skills (e. g. communication), occasionally supplemented with provision of resources (e. g. free sexual health services). They were heterogeneous in duration, contact time, provider, behavioural aims and outcomes. A variety of STIs were addressed including HIV and chlamydia. None of the trials explicitly mentioned HPV or cervical cancer prevention. Statistically significant effects for behavioural outcomes (e. g. increasing condom use) were common, though not universal and varied according to the type of outcome. There were no statistically significant effects of abstaining from or reducing sexual activity. There were few statistically significant effects on biological (STI) outcomes. Considerable uncertainty exists in the risk of bias due to incomplete or ambiguous reporting. Authors’ conclusions Behavioural interventions for young women which aim to promote sexual behaviours protective of STI transmission can be effective, primarily at encouraging condom use. Future evaluations should include a greater focus on HPV and its link to cervical cancer, with long-term follow-up to assess impact on behaviour change, rates of HPV infection and progression to cervical cancer. Studies should use an RCT design where possible with integral process evaluation and cost-effectiveness analysis where appropriate. Given the predominance of USA studies in this systematic review evaluations conducted in other countries would be particularly useful.

Keywords: African-American Women, Female, Female-Condom Use, Hiv-Risk-Reduction, Human-Immunodeficiency-Virus, Human-Papillomavirus Infection, Humans, Impoverished Minority Women, Inner-City Women, Peer Education-Program, Randomized-Controlled-Trial, Sexual Behavior, Transmitted-Disease Prevention, Uterine Cervical Neoplasms [Prevention & Control]

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Full Text: [2011\Coc Dat Sys Rev2011, CD002041.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD002041.pdf)

Abstract: Background Poisoning with carbon monoxide (CO) remains an important cause of accidental and intentional injury worldwide. Several unblinded non-randomized trials have suggested that the use of hyperbaric oxygen (HBO) prevents the development of neurological sequelae. This has led to the widespread use of HBO in the management of patients with carbon monoxide poisoning. Objectives To examine randomised trials of the efficacy of hyperbaric oxygen (HBO) compared to normobaric oxygen (NBO) for the prevention of neurologic sequelae in patients with acute carbon monoxide poisoning. Search strategy We searched the following electronic databases; Cochrane Injuries Group Specialised Register (searched June 2010), Cochrane Central Register of Controlled Trials (The Cochrane Library 2010, Issue 2), MEDLINE (Ovid SP) 1950 to June 2010, EMBASE (Ovid SP) 1980 to June 2010, ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED) 1970 to June 2010, ISI Web of Science: Conference Proceedings Citation Index-Science (CPCI-S) 1990 to June 2010. Selection criteria All randomised controlled trials of HBO compared to NBO, involving non-pregnant adults who are acutely poisoned with carbon monoxide (regardless of severity). Data collection and analysis Two authors independently extracted from each trial information on: the number of randomised patients, types of participants, the dose and duration of the intervention, and the prevalence of neurologic symptoms at follow-up. Main results Seven randomised controlled trials of varying quality were identified; one was excluded because it did not evaluate clinical outcomes. of the six remaining trials involving 1361 participants, two found a beneficial effect of HBO for the reduction of neurologic sequelae at one month, while four others did not. One of these is an incomplete publication (an abstract of an interim analysis). Although pooled random effects meta-analysis does not suggest a significant benefit from HBOT (OR for neurological deficits 0.78, 95% CI 0.54 to 1.12), significant methodologic and statistical heterogeneity was apparent among the trials, and this result should be interpreted cautiously. Moreover, design or analysis flaws were evident in all trials. Importantly, the conclusions of one positive trial may have been influenced by failure to adjust for multiple hypothesis testing, while interpretation of the other positive trial is hampered by a high risk of bias introduced during the analysis including an apparent change in the primary outcome. Both were also stopped early ‘for benefit’, which is likely to have inflated the observed effect. In contrast three negative trials had low power to detect a benefit of HBO due to exclusion of severely poisoned patients in two and very poor follow-up in the other. One trial that was said to be finished around eight years ago has not reported the final analysis in any forum. Authors’ conclusions Existing randomised trials do not establish whether the administration of HBO to patients with carbon monoxide poisoning reduces the incidence of adverse neurologic outcomes. Additional research is needed to better define the role, if any, of HBO in the treatment of patients with carbon monoxide poisoning. This research question is ideally suited to a multi-center randomised controlled trial.

Keywords: Carbon Monoxide Poisoning [Therapy], Cardiopulmonary-Resuscitation, Clinical-Trial, Emergency Cardiovascular Care, Humans, Hyperbaric Oxygenation, Issues, Normobaric Oxygen, Oxygen Inhalation Therapy, Randomized Controlled Trials As Topic, Sequelae, Therapy

? Baker, P.R.A., Francis, D.P., Soares, J., Weightman, A.L. and Foster, C. (2011), Community wide interventions for increasing physical activity. *Cochrane Database of Systematic Reviews*, **4**, Article Number: CD008366.

Full Text: [2011\Coc Dat Sys Rev2011, CD008366.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008366.pdf)

Abstract: Background Multi-strategic community wide interventions for physical activity are increasingly popular but their ability to achieve population level improvements is unknown. Objectives To evaluate the effects of community wide, multi-strategic interventions upon population levels of physical activity. Search strategy We searched the Cochrane Public Health Group Specialised Register, The Cochrane Library, MEDLINE, MEDLINE in Process, EMBASE, CINAHL, LILACS, PsycINFO, ASSIA, The British Nursing Index, Chinese CNKI databases, EPPI Centre (DoPHER, TRoPHI), ERIC, HMIC, Sociological Abstracts, SPORTDiscus, Transport Database and Web of Science (Science Citation Index, Social Sciences Citation Index, Conference Proceedings Citation Index). We also scanned websites of the EU Platform on Diet, Physical Activity and Health; Health-Evidence.ca; the International Union for Health Promotion and Education; the NIHR Coordinating Centre for Health Technology (NCCHTA) and NICE and SIGN guidelines. Reference lists of all relevant systematic reviews, guidelines and primary studies were followed up. We contacted experts in the field from the National Obesity Observatory Oxford, Oxford University; Queensland Health, Queensland University of Technology, the University of Central Queensland; the University of Tennessee and Washington University; and handsearched six relevant journals. The searches were last updated to the end of November 2009 and were not restricted by language or publication status. Selection criteria Cluster randomised controlled trials, randomised controlled trials (RCT), quasi-experimental designs which used a control population for comparison, interrupted time-series (ITS) studies, and prospective controlled cohort studies (PCCS) were included. Only studies with a minimum six-month follow up from the start of the intervention to measurement of outcomes were included. Community wide interventions had to comprise at least two broad strategies aimed at physical activity for the whole population. Studies which randomised individuals from the same community were excluded. Data collection and analysis At least two review authors independently extracted the data and assessed the risk of bias of each included study. Non-English language papers were reviewed with the assistance of an epidemiologist interpreter. Each study was assessed for the setting, the number of included components and their intensity. Outcome measures were grouped according to whether they were dichotomous (physically active, physically active during leisure time and sedentary or physically inactive) or continuous (leisure time physical activity, walking, energy expenditure). For dichotomous measures we calculated the unadjusted and adjusted risk difference, and the unadjusted and adjusted relative risk. For continuous measures we calculated net percentage change from baseline, unadjusted and adjusted risk difference, and the unadjusted and adjusted relative risk. Main results After the selection process had been completed 25 studies were included in the review. of the included studies, 19 were set in high income countries, using the World Bank economic classification, and the remaining six were in low income countries. The interventions varied by the number of strategies included and their intensity. Almost all of the interventions included a component of building partnerships with local governments or non-governmental organisations (NGOs) (22 studies). None of the studies provided results by socio-economic disadvantage or other markers of equity consideration. However of those included studies undertaken in high income countries, 11 studies were described by the authors as being provided to deprived, disadvantaged, or low socio-economic communities. Fifteen studies were identified as having a high risk of bias, 10 studies were unclear, and no studies had a low risk of bias. Selection bias was a major concern with these studies, with only one study using randomisation to allocate communities (Simon 2008). No studies were judged as being at low risk of selection bias although 16 studies were considered to have an unclear risk of bias. Eleven studies had a high risk of detection bias, 10 with an unclear risk and four with no risk. Assessment of detection bias included an assessment of the validity of the measurement tools and quality of outcome measures. The effects reported were inconsistent across the studies and the measures. Some of the better designed studies showed no improvement in measures of physical activity. Publication bias was evident. Authors’ conclusions Although numerous studies have been undertaken, there is a noticeable inconsistency of the findings of the available studies and this is confounded by serious methodological issues within the included studies. The body of evidence in this review does not support the hypothesis that multi-component community wide interventions effectively increase population levels of physical activity. There is a clear need for well-designed intervention studies and such studies should focus on the quality of the measurement of physical activity, the frequency of measurement and the allocation to intervention and control communities.

Keywords: Cardiovascular-Disease Prevention, Heart-Health-Program, Life-Style Interventions, Promoting Safe Walking, Randomized Controlled-Trial, Reduce Risk-Factors, Sante St-Henri, School-Based-Program, Sedentary Older-Adults, Stanford 5-City Project

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Full Text: [2011\Coc Dat Sys Rev2011, CD008960.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008960.pdf)

Abstract: Background Phyllanthus species for patients with chronic hepatitis B virus (HBV) infection have been assessed in clinical trials, but no consensus regarding their usefulness exists. Objectives To evaluate the benefits and harms of phyllanthus species for patients with chronic HBV infection. Search strategy Searches were performed in The Cochrane Hepato-Biliary Gorup Controlled Trials Register, The Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and the Chinese Biomedical CD Database, China Network Knowledge Information, Chinese Science Journal Database, TCM Online, and Wanfang Database. Conference proceedings in Chinese were handsearched. All searches were conducted until October 2010. Selection criteria Randomised clinical trials comparing phyllanthus species with placebo or no intervention for patients with chronic HBV infection. Co-interventions were allowed if all comparison groups had received the same co-interventions. We included trials irrespective of blinding, publication status, or language. Data collection and analysis Two authors selected the trials and extracted the data independently. The RevMan software was used for statistical analysis of dichotomous data with risk ratio (RR) with 95% confidence intervals (CI). Risk of bias was assessed to control for systematic errors. Trial sequential analysis was used in order to control for random errors. Main results A total of 16 randomised trials with 1326 patients were included. One trial with 42 participants compared phyllanthus with placebo. The trial found no significant difference in HBeAg seroconversion after the end of treatment (RR 0.9; 95% CI 0.73 to 1.25) or follow-up (RR 1.00; 95% CI 0.63 to 1.60). No other outcomes could be assessed. Fifteen trials compared phyllanthus plus an antiviral drug like interferon alpha, lamivudine, adefovir dipivoxil, thymosin, vidarabine, or conventional treatment with the same antiviral drug alone. Phyllanthus did significantly affect serum HBV DNA (RR 0.69; 95% CI 0.52 to 0.91, P = 0.008; I-2 = 71%), serum HBeAg (RR 0.70; 95% CI 0.60 to 0.81, P < 0.00001; I-2 = 68%), and HBeAg seroconversion (RR 0.77; 95% CI 0.63 to 0.92, P = 0.005; I-2 = 78%), but the heterogeneity was substantial. The result obtained regarding serum HBV DNA was not supported by trial sequential analysis. None of the trials reported mortality and hepatitis B-related morbidity, quality of life, or liver histology. Only two trials reported adverse events with numbers without significant differences. No serious adverse events were reported. Authors’ conclusions There is no convincing evidence that phyllanthus compared with placebo benefits patients with chronic HBV infection. Phyllanthus plus an antiviral drug may be better than the same antiviral drug alone. However, heterogeneity, systematic errors, and random errors question the validity of the results. Clinical trials with large sample size and low risk of bias are needed to confirm our findings. Species of phyllanthus should be reported in future trials, and a dose-finding design is warranted.

Keywords: Amarus, Bias, Carriers, Clinical-Trials, Empirical-Evidence, Genus Phyllanthus, Metaanalysis, Quality, Randomized-Trials, Transcription

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Full Text: [2011\Coc Dat Sys Rev2011, CD006108.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD006108.pdf)

Abstract: Background Evidence suggests that many perimenopaUSAl and early postmenopaUSAl women will experience menopause symptoms, hot flushes being the most common. Symptoms caused by fluctuating levels of oestrogen may be alleviated by HRT but there has been a marked global decline in its use due to concerns about the risks and benefits of HRT; consequently many women are now seeking alternatives. As large numbers of women are choosing not to take HRT, it is increasingly important to identify evidence based lifestyle modification interventions that have potential to reduce vasomotor menopaUSAl symptoms. Objectives To examine the effectiveness of any type of exercise intervention in the management of vasomotor menopaUSAl symptoms (hot flushes and night sweats) in perimenopaUSAl and postmenopaUSAl women. Search strategy Searches of the following electronic bibliographic databases were performed to identify randomised controlled trials (RCTs): Cochrane Menstrual Disorders and Subfertility Group Specialised trials register; Cochrane Library (CENTRAL) (Wiley Internet interface), MEDLINE (Ovid), EMBASE (Ovid), PsycINFO (Ovid), Science Citation Index and Social Science Citation Index (Web of Science), CINAHL (Ovid) and SPORT Discus. Searches included dates up until 16-24 March 2010. Selection criteria RCTs in which any type of exercise intervention were compared no treatment/control or other treatments in the management of menopaUSAl vasomotor symptoms in symptomatic perimenopaUSAl/postmenopaUSAl women. Data collection and analysis Six studies were deemed eligible for inclusion. Three authors independently extracted data from eligible studies. Three meta-analyses according to comparator the group were performed. Main results In the comparison of exercise versus no treatment/control (three studies), the non-significant effect size Standardised Mean Difference (SMD) for vasomotor symptoms was -0.14 (95% CI: -0.54 to 0.26); SMD was -0.04, -0.25, -0.38. For the analysis of exercise versus HRT (three studies), the non-significant SMD was 0.49 (95% CI: -0.27 to 1.26); SMD across studies was 0.13, 0.19 and 1.52, with all studies favouring HRT. In the comparison of exercise versus yoga (two studies), the non-significant SMD was -0.09 (95% CI:-0.64 to 0.45); SMD was -0.37 and 0.19. All comparisons were based on small samples. One small study reported data that could not be included in the meta-analysis; in this study hot flush scores were significantly lower in the exercise plus soy milk group (83%) than soy milk only group (72%). Authors’ conclusions The existing studies provided insufficient evidence to determine the effectiveness of exercise as a treatment for vasomotor menopaUSAl symptoms, or whether exercise is more effective than HRT or yoga.

Keywords: Authors, Bibliographic, Bibliographic Databases, Bone-Mineral Density, Citation, Complementary Therapies, Databases, Embase, Estrogen Plus Progestin, Estrogen Replacement Therapy, Exercise, Female, Health-Education Intervention, Hormone-Replacement Therapy, Hot Flashes [Therapy], Humans, Interventions, MEDLINE, Menopause, Meta-Analysis, Mid-Aged Women, Middle Aged, Moderate-Intensity Exercise, Oral Estradiol Treatment, PostmenopaUSAl Women, Quality-of-Life, Randomized Controlled Trial, Science Citation Index, Search Strategy, Sweat Gland Diseases [Therapy], Sweating, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD002800.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD002800.pdf)

Abstract: Background Routine use of abdominal drainage in patients undergoing liver transplantation is controversial. Objectives To assess the benefits and harms of routine abdominal drainage after orthotopic liver transplantation versus no drainage and to address different drain types. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and the MetaRegister of Controlled Trials until March 2011 to identify the randomised trials. Selection criteria We planned to include only randomised clinical trials (irrespective of language, blinding, or publication status) addressing this issue. Data collection and analysis Two authors identified the trials for inclusion independently. Two authors planned to collect the data independently. We planned to analyse the data with both the fixed-effect and the random-effects model using RevMan Analysis. For each outcome we planned to calculate the risk ratio (RR) or mean difference (MD) with 95% confidence intervals (CI) based on intention-to-treat analysis whenever possible. Main results We did not identify any randomised clinical trials addressing this issue. Authors’ conclusions There is currently no evidence to conclude whether routine abdominal drainage is useful or harmful in patients undergoing orthotopic liver transplantation. Evidence from non-randomised studies of high risk of bias showed conflicting results on the impact of routine drainage in orthotopic liver transplantation on serious adverse events, showing that this question is an important clinical research question. Well-designed randomised clinical trials with adequate sample size to decrease systematic errors and to decrease random errors are necessary.

Keywords: Authors, Bias, Citation, Clinical Research, Clinical Trials, Efficacy, Embase, Empirical-Evidence, Impact, MEDLINE, Metaanalysis, Model, Publication, Quality, Randomized Clinical-Trials, Research, Science, Science Citation Index, Search Strategy, Survival

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Full Text: [2011\Coc Dat Sys Rev2011, CD003619.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD003619.pdf)

Abstract: Background Non-alcoholic fatty liver disease (NAFLD) is becoming a wide spread liver disease. The present recommendations for treatment are not evidence-based. Some of them are various weight reduction measures with diet, exercise, drug, or surgical therapy. Objectives To assess the benefits and harms of intended weight reduction for patients with NAFLD. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, PUBMED, EMBASE, Science Citation Index Expanded, Chinese Biomedicine Database, and ClinicalTrials.gov until February 2011. Selection criteria We included randomised clinical trials evaluating weight reduction with different measures versus no intervention or placebo in NAFLD patients. Data collection and analysis We extracted data independently. We calculated the odds ratio (OR) for dichotomous data and calculated the mean difference (MD) for continuous data, both with 95% confidence intervals (CI). Main results The review includes seven trials; five on aspects of lifestyle changes (eg, diet, physical exercise) and two on treatment with a weight reduction drug ‘orlistat’. In total, 373 participants were enrolled, and the duration of the trials ranged from 1 month to 1 year. Only one trial on lifestyle programme was judged to be of low risk of bias. We could not perform meta-analyses for the main outcomes as they were either not reported or there were insufficient number of trials for each outcome to be meta-analysed. We could meta-analyse the available data for body weight and body mass index only. Adverse events were poorly reported. Authors’ conclusions The sparse data and high risk of bias preclude us from drawing any definite conclusion on lifestyle programme or orlistat for treatment of NAFLD. Further randomised clinical trials with low risk of bias are needed to test the beneficial and harmful effects of weight reduction for NAFLD patients. The long-term prognosis of development of fibrosis, mortality, and quality of life should be studied.

Keywords: Aminotransferase Levels, Bariatric Surgery, Bias, Citation, Clinical Trials, Development, Embase, Follow-Up, Hepatic Steatosis, Impaired Glucose-Tolerance, Life-Style Intervention, Obese Children, Outcomes, Placebo-Controlled Trial, PUBMED, Randomized Controlled-Trial, Review, Risk-Factors, Science, Science Citation Index, Search Strategy

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Full Text: [2011\Coc Dat Sys Rev2011, CD005958.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD005958.pdf)

Abstract: Background Training and the provision of assistive devices are considered major interventions to prevent back pain and its related disability among workers exposed to manual material handling (MMH). Objectives To determine the effectiveness of MMH advice and training and the provision of assistive devices in preventing and treating back pain. Search strategy We searched CENTRAL (The Cochrane Library 2011, issue 1), MEDLINE, EMBASE, CINAHL, Nioshtic, CISdoc, Science Citation Index, and PsychLIT to February 2011. Selection criteria We included randomised controlled trials (RCT) and cohort studies with a concurrent control group that were aimed at changing human behaviour in MMH and measured back pain, back pain-related disability or sickness absence. Data collection and analysis Two authors independently extracted the data and assessed the risk of bias using the criteria recommended by the Cochrane Back Review Group for RCTs and MINORS for the cohort studies. We based the results and conclusions on the analysis of RCTs only. We compared these with the results from cohort studies. Main results We included nine RCTs (20,101 employees) and nine cohort studies (1280 employees) on the prevention of back pain in this updated review. Studies compared training to no intervention (4), professional education (2), a video (3), use of a back belt (3) or exercise (2). Other studies compared training plus lifting aids to no intervention (3) and to training only (1). The intensity of training ranged from a single educational session to very extensive personal biofeedback. Six RCTs had a high risk of bias. None of the included studies showed evidence of a preventive effect of training on back pain. There was moderate quality evidence from seven RCTs (19,317 employees) that those who received training reported levels of back pain similar to those who received no intervention, with an odds ratio of 1.17 (95% confidence intervals (CI) 0.68 to 2.02) or minor advice (video), with a relative risk of 0.93 (95% CI 0.69 to 1.25). Confidence intervals around the effect estimates were still wide due to the adjustment for the design effect of clustered studies. The results of the cohort studies were similar to those of the randomised studies. Authors’ conclusions There is moderate quality evidence that MMH advice and training with or without assistive devices does not prevent back pain or back pain-related disability when compared to no intervention or alternative interventions. There is no evidence available from RCTs for the effectiveness of MMH advice and training or MMH assistive devices for treating back pain. More high quality studies could further reduce the remaining uncertainty.

Keywords: \*Health Education, \*Self-Help Devices, \*Therapy], Authors, Back Pain [Prevention & Control, Bias, Care Facilities, Citation, Cohort Studies, Education, Embase, Human, Humans, Intervention Program, Interventions, Lifting, Lumbar Supports, MEDLINE, Musculoskeletal Disorders, No Lifting Policy, Nurses, Occupational Diseases [Prevention & Control, Participatory Ergonomics, Prevention, Professional, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Review, Science, Science Citation Index, Search Strategy, Systematic Reviews, Training, Updated Method Guidelines

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Full Text: [2011\Coc Dat Sys Rev2011, CD008143.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008143.pdf)

Abstract: Background Patients with type 2 diabetes mellitus (T2D) exhibit an increased risk of cardiovascular disease and mortality compared to the background population. Observational studies report a relationship between reduced blood glucose and reduced risk of both micro-and macrovascular complications in patients with T2D. Objectives To assess the effects of targeting intensive versus conventional glycaemic control in T2D patients. Search strategy Trials were obtained from searches of CENTRAL (The Cochrane Library), MEDLINE, EMBASE, Science Citation Index Expanded, LILACS, and CINAHL (until December 2010). Selection criteria We included randomised clinical trials that prespecified different targets of glycaemic control in adults with T2D. Data collection and analysis Two authors independently assessed the risk of bias and extracted data. Dichotomous outcomes were assessed by risk ratios (RR) and 95% confidence intervals (CI). Main results Twenty trials randomised 16,106T2D participants to intensive control and 13,880 T2D participants to conventional glycaemic control. The mean age of the participants was 62.1 years. The duration of the intervention ranged from three days to 12.5 years. The number of participants in the included trials ranged from 20 to 11,140. There was no significant difference between targeting intensive andconventional glycaemic control for all-cause mortality (RR 1.01, 95% CI 0.90 to 1.13; 29,731 participants, 18 trials) or cardiovascular mortality (RR 1.06, 95% CI 0.90 to 1.26; 29,731 participants, 18 trials). Trial sequential analysis (TSA) showed that a 10% RR reduction could be refuted for all-cause mortality. Targeting intensive glycaemic control did not show a significant effect on the risk of non-fatal myocardial infarction in the random-effects model but decreased the risk in the fixed-effect model (RR 0.86, 95% CI 0.78 to 0.96; P = 0.006; 29,174 participants, 12 trials). Targeting intensive glycaemic control reduced the risk of amputation (RR 0.64, 95% CI 0.43 to 0.95; P = 0.03; 6960 participants, 8 trials), the composite risk of microvascular disease (RR 0.89, 95% CI 0.83 to 0.95; P = 0.0006; 25,760 participants, 4 trials), retinopathy (RR 0.79, 95% CI 0.68 to 0.92; P = 0.002; 10,986 participants, 8 trials), retinal photocoagulation (RR 0.77, 95% CI 0.61 to 0.97; P = 0.03; 11,142 participants, 7 trials), and nephropathy (RR 0.78, 95% CI 0.61 to 0.99; P = 0.04; 27,929 participants, 9 trials). The risks of both mild and severe hypoglycaemia were increased with targeting intensive glycaemic control but substantial heterogeneity was present. The definition of severe hypoglycaemia varied among the included trials; severe hypoglycaemia was reported in 12 trials that included 28,127 participants. TSA showed that firm evidence was reached for a 30% RR increase in severe hypoglycaemic when targeting intensive glycaemic control. Subgroup analysis of trials exclusively dealing with glycaemic control in usual care settings showed a significant effect in favour of targeting intensive glycaemic control for non-fatal myocardial infarction. However, TSA showed more trials are needed before firm evidence is established. Authors’ conclusions The included trials did not show significant differences for all-cause mortality and cardiovascular mortality when targeting intensive glycaemic control compared with conventional glycaemic control. Targeting intensive glycaemic control reduced the risk of microvascular complications while increasing the risk of hypoglycaemia. Furthermore, intensive glycaemic control might reduce the risk of non-fatal myocardial infarction in trials exclusively dealing with glycaemic control in usual care settings.

Keywords: 10-Year Follow-Up, Acute Myocardial-Infarction, Authors, Bias, Blood-Glucose Control, Cardiac Surgical-Procedures, Citation, Clinical Trials, Cost-Effectiveness, Embase, Insulin-Treatment, MEDLINE, Metabolic-Control, Model, Multifactorial Intervention, Outcomes, Randomized Controlled-Trials, Science, Science Citation Index, Search Strategy, Sternal Wound-Infection

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Full Text: [2011\Coc Dat Sys Rev2011, CD001800.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD001800.pdf)

Abstract: Background The burden of coronary heart disease (CHD) worldwide is one of great concern to patients and healthcare agencies alike. Exercise-based cardiac rehabilitation aims to restore patients with heart disease to health. Objectives To determine the effectiveness of exercise-based cardiac rehabilitation (exercise training alone or in combination with psychosocial or educational interventions) on mortality, morbidity and health-related quality of life of patients with CHD. Search strategy RCTs have been identified by searching CENTRAL, HTA, and DARE (using The Cochrane Library Issue 4, 2009), as well as MEDLINE (1950 to December 2009), EMBASE (1980 to December 2009), CINAHL (1982 to December 2009), and Science Citation Index Expanded (1900 to December 2009). Selection criteria Men and women of all ages who have hadmyocardial infarction (MI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA), or who have angina pectoris or coronary artery disease defined by angiography. Data collection and analysis Studies were selected and data extracted independently by two reviewers. Authors were contacted where possible to obtain missing information. Main results This systematic review has allowed analysis of 47 studies randomising 10,794 patients to exercise-based cardiac rehabilitation or usual care. In medium to longer term (i.e. 12 or more months follow-up) exercise-based cardiac rehabilitation reduced overall and cardiovascular mortality [RR 0.87 (95% CI 0.75, 0.99) and 0.74 (95% CI 0.63, 0.87), respectively], and hospital admissions [RR 0.69 (95% CI 0.51, 0.93)] in the shorter term (< 12 months follow-up) with no evidence of heterogeneity of effect across trials. Cardiac rehabilitation did not reduce the risk of total MI, CABG or PTCA. Given both the heterogeneity in outcome measures and methods of reporting findings, a meta-analysis was not undertaken for health-related quality of life. In seven out of 10 trials reporting health-related quality of life using validated measures was there evidence of a significantly higher level of quality of life with exercise-based cardiac rehabilitation than usual care. Authors’ conclusions Exercise-based cardiac rehabilitation is effective in reducing total and cardiovascular mortality (in medium to longer term studies) and hospital admissions (in shorter term studies) but not total MI or revascularisation (CABG or PTCA). Despite inclusion of more recent trials, the population studied in this review is still predominantly male, middle aged and low risk. Therefore, well-designed, and adequately reported RCTs in groups of CHD patients more representative of usual clinical practice are still needed. These trials should include validated health-related quality of life outcome measures, need to explicitly report clinical events including hospital admission, and assess costs and cost-effectiveness.

Keywords: Acute Myocardial-Infarction, Artery-Bypass-Surgery, Citation, Comprehensive Rehabilitation, Coronary Disease [Mortality, Costs, Elderly-Patients, Embase, Exercise Therapy, Information, Interventions, Low-Fat Diet, MEDLINE, Meta-Analysis, Myocardial Infarction [Mortality, Outcome Assessment (Health Care), Physical-Exercise, Program J-Carp, Quality of Life, Quality-of-Life, Randomized Clinical-Trial, Randomized Controlled Trials As Topic, Rehabilitation], Review, Risk-Factors, Science, Science Citation Index, Search Strategy, Systematic Review, Training

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Full Text: [2011\Coc Dat Sys Rev2011, CD008405.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008405.pdf)

Abstract: Background Dual practice, whereby health workers hold two or more jobs, is a common phenomenon globally. In resource constrained low-and middle-income countries dual practice poses an ongoing threat to the efficiency, quality and equity of health services, especially in the public sector. Identifying effective interventions to manage dual practice is important. Objectives To assess the effects of regulations implemented to manage dual practice. Search strategy Databases searched included: The Cochrane Central Register of Controlled Trials (CENTRAL) 2011, Issue 4, part of The Cochrane Library. www.thecochranelibrary.com, including the Cochrane Effective Practice and Organisation of Care (EPOC) Group Specialised Register (searched 26 May 2011); MEDLINE In-Process & Other Non-Indexed Citations May 24, 2011 (searched 26 May 2011); MEDLINE, Ovid (1948 to May week 2 2011) (searched 26 May 2011); EMBASE, Ovid (1980 to 2011 week 20) (searched 26 May 2011); Science Citation Index and Social Sciences Citation Index, ISIWeb of Science (1975 to present) (searched 04 December 2009); LILACS (searched January 2010); and AIM (December 2009) (searched 18 December 2009). Selection criteria Randomized controlled trials, non-randomized controlled trials, controlled before-and-after studies and interrupted-time-series studies. Dual practice was defined as holding more than one job. Studies for inclusion were those focusing on interventions to manage dual practice among health professionals employed in the public health sector. Data collection and analysis Two review authors independently applied the criteria for inclusion and exclusion of studies when scanning the identified titles and abstracts. The same two review authors independently Main results No studies were found which were eligible for inclusion in this review. Authors’ conclusions There is a need to rigorously evaluate the effects of interventions implemented to manage dual practice among health workers. However, there is still much that is unknown about dual practice itself. The designing of studies to evaluate the effects of interventions to manage dual practice could benefit from prior studies to assess the various manifestations of dual practice, their prevalence and their likely impacts on health services delivery. These findings would then inform the design of studies to evaluate interventions to manage dual practice.

Keywords: Authors, Care, Citation, Citations, Embase, Exploration, Interventions, MEDLINE, Private-Practice, Public Health, Review, Science, Science Citation Index, Search Strategy, Service, Social Sciences

? Flodgren, G., Eccles, M.P., Shepperd, S., Scott, A., Parmelli, E. and Beyer, F.R. (2011), An overview of reviews evaluating the effectiveness of financial incentives in changing healthcare professional behaviours and patient outcomes. *Cochrane Database of Systematic Reviews*, **7**, Article Number: CD009255.

Full Text: [2011\Coc Dat Sys Rev2011, CD009255.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD009255.pdf)

Abstract: Background There is considerable interest in the effectiveness of financial incentives in the delivery of health care. Incentives may be used in an attempt to increase the use of evidence-based treatments among healthcare professionals or to stimulate health professionals to change their clinical behaviour with respect to preventive, diagnostic and treatment decisions, or both. Financial incentives are an extrinsic source of motivation and exist when an individual can expect a monetary transfer which is made conditional on acting in a particular way. Since there are numerous reviews performed within the healthcare area describing the effects of various types of financial incentives, it is important to summarise the effectiveness of these in an overview to discern which are most effective in changing health professionals’ behaviour and patient outcomes. Objectives To conduct an overview of systematic reviews that evaluates the impact of financial incentives on healthcare professional behaviour and patient outcomes. Methods We searched the Cochrane Database of Systematic Reviews (CDSR) (The Cochrane Library); Database of Abstracts of Reviews of Effectiveness (DARE); TRIP; MEDLINE; EMBASE; Science Citation Index; Social Science Citation Index; NHS EED; HEED; EconLit; and Program in Policy Decision-Making (PPd) (from their inception dates up to January 2010). We searched the reference lists of all included reviews and carried out a citation search of those papers which cited studies included in the review. We included both Cochrane and non-Cochrane reviews of randomised controlled trials (RCTs), controlled clinical trials (CCTs), interrupted time series (ITSs) and controlled before and after studies (CBAs) that evaluated the effects of financial incentives on professional practice and patient outcomes, and that reported numerical results of the included individual studies. Two review authors independently extracted data and assessed the methodological quality of each review according to the AMSTAR criteria. We included systematic reviews of studies evaluating the effectiveness of any type of financial incentive. We grouped financial incentives into five groups: payment for working for a specified time period; payment for each service, episode or visit; payment for providing care for a patient or specific population; payment for providing a pre-specified level or providing a change in activity or quality of care; and mixed or other systems. We summarised data using vote counting. Mainresults We identified four reviews reporting on 32 studies. Two reviews scored 7 on the AMSTAR criteria (moderate, score 5 to 7, quality) and two scored 9 (high, score 8 to 11, quality). The reported quality of the included studies was, by a variety of methods, low to moderate. Payment for working for a specified time period was generally ineffective, improving 3/11 outcomes from one study reported in one review. Payment for each service, episode or visit was generally effective, improving 7/10 outcomes from five studies reported in three reviews; payment for providing care for a patient or specific population was generally effective, improving 48/69 outcomes from 13 studies reported in two reviews; payment for providing a pre-specified level or providing a change in activity or quality of care was generally effective, improving 17/20 reported outcomes from 10 studies reported in two reviews; and mixed and other systems were of mixed effectiveness, improving 20/31 reported outcomes from seven studies reported in three reviews. When looking at the effect of financial incentives overall across categories of outcomes, they were of mixed effectiveness on consultation or visit rates (improving 10/17 outcomes from three studies in two reviews); generally effective in improving processes of care (improving 41/57 outcomes from 19 studies in three reviews); generally effective in improving referrals and admissions (improving 11/16 outcomes from 11 studies in four reviews); generally ineffective in improving compliance with guidelines outcomes (improving 5/17 outcomes from five studies in two reviews); and generally effective in improving prescribing costs outcomes (improving 28/34 outcomes from 10 studies in one review). Authors’ conclusions Financial incentives may be effective in changing healthcare professional practice. The evidence has serious methodological limitations and is also very limited in its completeness and generalisability. We found no evidence from reviews that examined the effect of financial incentives on patient outcomes.

Keywords: Authors, Citation, Clinical Trials, Compliance, Costs, Delivery of Health Care, Effectiveness, Embase, Fundholders, General-Practice, Health Care, Immunization Rates, Impact, Incentives, Medicaid Managed Care, MEDLINE, Outcomes, Overview, Papers, Pay-For-Performance, Physician Reimbursement, Prescribing Patterns, Preventive Care, Professional, Quality-of-Care, Review, Science, Science Citation Index, Systematic Reviews

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Full Text: [2011\Coc Dat Sys Rev2011, CD000125.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD000125.pdf)

Abstract: Background Clinical practice is not always evidence-based and, therefore, may not optimise patient outcomes. Opinion leaders disseminating and implementing ‘best evidence’ is one method that holds promise as a strategy to bridge evidence-practice gaps. Objectives To assess the effectiveness of the use of local opinion leaders in improving professional practice and patient outcomes. Search strategy We searched Cochrane EPOC Group Trials Register, the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, HMIC, Science Citation Index, Social Science Citation Index, ISI Conference Proceedings and World Cat Dissertations up to 5 May 2009. In addition, we searched reference lists of included articles. Selection criteria Studies eligible for inclusion were randomised controlled trials investigating the effectiveness of using opinion leaders to disseminate evidence-based practice and reporting objective measures of professional performance and/or health outcomes. Data collection and analysis Two review authors independently extracted data from each study and assessed its risk of bias. For each trial, we calculated the median risk difference (RD) for compliance with desired practice, adjusting for baseline where data were available. We reported the median adjusted RD for each of the main comparisons. Main results We included 18 studies involving more than 296 hospitals and 318 PCPs. Fifteen studies (18 comparisons) contributed to the calculations of the median adjusted RD for the main comparisons. The effects of interventions varied across the 63 outcomes from 15% decrease in compliance to 72% increase in compliance with desired practice. The median adjusted RD for the main comparisons were: i) Opinion leaders compared to no intervention, +0.09; ii) Opinion leaders alone compared to a single intervention, + 0.14; iii) Opinion leaders with one or more additional intervention(s) compared to the one or more additional intervention(s), +0.10; iv) Opinion leaders as part of multiple interventions compared to no intervention, +0.10. Overall, across all 18 studies the median adjusted RD was +0.12 representing a 12% absolute increase in compliance in the intervention group. Authors’ conclusions Opinion leaders alone or in combination with other interventions may successfully promote evidence-based practice, but effectiveness varies both within and between studies. These results are based on heterogeneous studies differing in terms of type of intervention, setting, and outcomes measured. In most of the studies the role of the opinion leader was not clearly described, and it is therefore not possible to say what the best way is to optimise the effectiveness of opinion leaders.

Keywords: \*Leadership, \*Policy Making, Acute Myocardial-Infarction, Analysis, Authors, Bias, Citation, Clinical-Practice, Cochrane, Compliance, Conference, Continuing-Education, Cost-Effectiveness Analysis, Dissertations, Effectiveness, Embase, Evidence-Based Medicine, Evidence-Based Practice, Health Care, Health Outcomes, Hospitals, Humans, Implementation Strategies, Improving Adherence, Intervention, Interventions, ISI, Leaders, Low-Back-Pain, MEDLINE, Outcomes, Patient Outcomes, Physician’s Practice Patterns, Practice, Practice Guidelines, Professional, Professional Practice [\*Standards], Quality Improvement, Quality of Health Care, Randomized Controlled Trials as Topic, Randomized Controlled-Trial, Review, Risk, Science, Science Citation Index, Search Strategy, Strategy

? Sacks, P.L., Harvey, R.J., Rimmer, J., Gallagher, R.M. and Sacks, R. (2011), Topical and systemic antifungal therapy for the symptomatic treatment of chronic rhinosinusitis. *Cochrane Database of Systematic Reviews*, **8**, Article Number: CD008263.

Full Text: [2011\Coc Dat Sys Rev2011, CD008263.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008263.pdf)

Abstract: Background Chronic rhinosinusitis (CRS) is an inflammatory disorder of the nose and sinuses. Since fungi were postulated as a potential cause of CRS in the late 1990s, there has been increasing controversy about the use of both topical and systemic antifungal agents in its management. Although interaction between the immune system and fungus has been demonstrated in CRS, this does not necessarily imply that fungi are the cause of CRS or that antifungals will be effective its management. Objectives To assess the effectiveness of topical or systemic antifungal therapy in the treatment of CRS. Search strategy We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL); PubMed; EMBASE; CINAHL; Web of Science; BIOSIS Previews; Cambridge Scientific Abstracts; ICTRP and additional sources for published and unpublished trials. The date of the most recent search was 8 March 2011. Selection criteria All randomised, placebo-controlled trials considering the use of topical or systemic antifungal therapy in the treatment of CRS and allergic fungal sinusitis (AFS). CRS was defined using either the European Position Paper on Rhinosinusitis and Nasal Polyps (EPOS) or American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS) criteria. Data collection and analysis We reviewed the titles and abstracts of all studies obtained from the searches and selected trials that met the eligibility criteria. We extracted data using a pre-determined data extraction form. There was significant heterogeneity of outcome data reporting with reports containing both parametric and non-parametric representations of data for the same outcomes. Means and standard deviations for change data were unavailable for a number of trials. Due to the limited reported data, we contacted authors and used original data for data analysis. Main results Six studies were included (380 participants). Five studies investigated topical antifungals and one study investigated systemic antifungals. The risk of bias in all included studies was low, with all trials being double-blinded and randomised. Pooled meta-analysis showed no statistically significant benefit of topical or systemic antifungals over placebo for any outcome. Symptom scores in fact statistically favoured the placebo group. Adverse event reporting was statistically significantly higher in the antifungal group. Authors’ conclusions On the basis of this meta-analysis, there is no evidence to support the use of either topical or systemic antifungal treatment in the management of CRS.

Keywords: Amphotericin-B Irrigation, Analysis, Authors, Bias, Chronic Sinusitis, Clinical-Trials, Cochrane, Cr, Disorder, Double-Blind, Effectiveness, Embase, Epidemiology, Fungal Sinusitis, Fungus, Itraconazole, Management, Meta Analysis, Meta-Analysis, Nasal Polyps, Nonparametric, Outcome, Outcomes, Pubmed, Rhinosinusitis, Risk, Science, Search Strategy, Sinusitis, Spray, Strategy, Surgery, Therapy, Treatment, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD009274.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD009274.pdf)

Abstract: Background Topical corticosteroid is used as part of a comprehensive medical treatment for chronic rhinosinusitis (CRS) without polyps. Nevertheless, there is insufficient evidence to show a clear overall benefit. Trials studying the efficacy of topical corticosteroid use various delivery methods in patients who have or have not had sinus surgery, which directly impacts on topical delivery and distribution. Objectives To assess the effects of topical steroid in patients with CRS without nasal polyps and perform ameta-analysis of symptom improvement data, including subgroup analysis by sinus surgery status and topical delivery methods. Search strategy We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL); PubMed; EMBASE; CINAHL; Web of Science; BIOSIS Previews; Cambridge Scientific Abstracts; ISRCTN and additional sources for published and unpublished trials. The date of the most recent search was 9 July 2010. Selection criteria All randomised trials in which a topically administered corticosteroid was compared with either a placebo, no treatment or alternative topically administered corticosteroid for the treatment of CRS without polyps in patients of any age. Data collection and analysis Two authors reviewed the search results and selected trials meeting the eligibility criteria, obtaining full texts and contacting authors where necessary. We documented our justification for the exclusion of studies. Two authors extracted data using a pre-determined standardised data form. Main results Ten studies (590 patients) met the inclusion criteria. The trials were of low (six trials) and medium (four trials) risk of bias. The primary outcome was sino-nasal symptoms. When compared to placebo, topical steroid improved symptom scores (standardised mean difference -0.37; 95% confidence interval (CI) -0.60 to -0.13, P = 0.002; five trials, n = 286) and had a greater proportion of responders (risk ratio 1.69; 95% CI 1.21 to 2.37, P = 0.002; four trials, n = 263). With a limited number of studies, the subgroup analyses of patients who had received sinus surgery versus those who had not was not significant (P = 0.35). Subgroup analyses by topical delivery method revealed more benefit when steroid was administered directly to the sinuses than with simple nasal delivery (P = 0.04). There were no differences between groups for quality of life and adverse events. Authors’ conclusions Topical steroid is a beneficial treatment for CRS without polyps and the adverse effects are minor. It may be included in a comprehensive treatment of CRS without polyps. Direct delivery of steroid to the sinuses may bring more beneficial effect. Further studies comparing different topical drug delivery methods to the sinuses, with appropriate treatment duration (longer than 12 weeks), are required.

Keywords: Adenosine-Monophosphate Challenge, Adverse Effects, Adverse Events, Analysis, Aqueous Nasal Spray, Authors, Beclomethasone Dipropionate, Bias, Cochrane, Corticosteroid, Cr, Drug, Drug Delivery, Efficacy, Embase, Endoscopic Sinus Surgery, Fluticasone Propionate, Intranasal Corticosteroids, Medical, Mometasone Furoate, Outcome, Patients, Perennial Rhinitis, Persistent Allergic Rhinitis, Placebo-Controlled Trial, Primary, Pubmed, Quality of Life, Ratio, Rhinosinusitis, Risk, Science, Search Strategy, Sinus, Steroid, Strategy, Surgery, Symptoms, Treatment, Treatment Duration, Web of Science

? Steward, D.L., Grisel, J. and Meinzen-Derr, J. (2011), Steroids for improving recovery following tonsillectomy in children. *Cochrane Database of Systematic Reviews*, **8**, Article Number: CD003997.

Full Text: [2011\Coc Dat Sys Rev2011, CD003997.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD003997.pdf)

Abstract: Background This is an update of a Cochrane Review first published in The Cochrane Library in Issue 1, 2003. Tonsillectomy continues to be one of the most common surgical procedures performed worldwide. Despite advances in anesthetic and surgical techniques, post-tonsillectomy morbidity remains a significant clinical problem. Objectives To assess the clinical efficacy of a single intraoperative dose of dexamethasone in reducing post-tonsillectomy morbidity. Search strategy We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL); PubMed; EMBASE; CINAHL; Web of Science; BIOSIS Previews; Cambridge Scientific Abstracts; ISRCTN; and additional sources for published and unpublished trials. The date of the most recent search was 29 October 2010, following a previous search in September 2002. Selection criteria Randomized, double-blind, placebo-controlled trials of a single dose of intravenous, intraoperative corticosteroid for pediatric patients (age < 18 years) who underwent tonsillectomy or adenotonsillectomy. Data collection and analysis The first author extracted data regarding the primary outcome measures and measurement tools from the published studies. The first author also recorded data regarding study design, patient ages, procedures performed, dose of corticosteroid and method of delivery, as well as methodological quality. When data were missing from the original publications, we contacted the authors for more information. We performed data analysis with a random-effects model, using the RevMan 5.1 software developed by the Cochrane Collaboration. Main results We included 19 studies (1756 participants). We selected only randomized, placebo-controlled, double-blinded studies to minimize inclusion of poor quality studies. However, the risk of bias in the included studies was not formally assessed. Children receiving a single intraoperative dose of dexamethasone (dose range = 0.15 to 1.0 mg/kg) were half as likely to vomit in the first 24 hours compared to children receiving placebo (risk ratio (RR) 0.49; 95% confidence interval (CI) 0.41 to 0.58; P < 0.00001). Routine use in five children would be expected to result in one less patient experiencing post-tonsillectomy emesis (risk difference (RD) -0.24; 95% CI -0.32 to 0.15; P < 0.00001). Children receiving dexamethasone were also more likely to advance to a soft/solid diet on post-tonsillectomy day one (RR 1.45; 95% CI 1.15 to 1.83; P = 0.001) than those receiving placebo. Finally, postoperative pain was improved in children receiving dexamethasone as measured by a visual analog scale (VAS, 0 to 10) (MD -1.07; 95% CI -1.73 to -0.41; P = 0.001), which correlates clinically to a reduction in pain (on a VAS of 0 to 10) from 4.72 to 3.65. No adverse events were noted in the included studies. Authors’ conclusions The evidence suggests that a single intravenous dose of dexamethasone is an effective, safe and inexpensive treatment for reducing morbidity from pediatric tonsillectomy.

Keywords: Adenoidectomy [\*Adverse Effects], Adenotonsillectomy, Adolescent, Adverse Events, Analysis, Antiemetics [\*Therapeutic Use], Author, Authors, Bias, Child, Children, Cochrane, Collaboration, Convalescence, Correlates, Corticosteroid, Design, Dexamethasone [\*Therapeutic Use], Diet, Double-Blind, Efficacy, Embase, Glucocorticoids [\*Therapeutic Use], Humans, Information, Intravenous Dexamethasone, Measurement, Metaanalysis, Model, Morbidity, Oral Intake, Outcome, Pain, Patients, Pediatric, Pediatric Tonsillectomy, Postoperative Nausea, Postoperative Nausea and Vomiting [Drug Therapy], Preoperative Dexamethasone, Primary, Publications, Pubmed, Randomized Controlled Trials as Topic, Randomized-Trial, Ratio, Recovery, Reduction, Review, Risk, Science, Search Strategy, Software, Strategy, Surgical, Time Factors, Tonsillectomy [\*Adverse Effects], Treatment, Treatment Outcome, Web of Science

? Griffin, G. and Flynn, C.A. (2011), Antihistamines and/or decongestants for otitis media with effusion (OME) in children. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD003423.

Full Text: [2011\Coc Dat Sys Rev2011, CD003423.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD003423.pdf)

Abstract: Background This is an update of a Cochrane Review first published in The Cochrane Library in Issue 4, 2006. Otitis media with effusion (OME) is common and may cause hearing loss with associated developmental delay. Treatment remains controversial. The effectiveness of antihistamines, decongestants and antihistamine/decongestant combinations in promoting the resolution of effusions has been assessed by randomized controlled trials. Objectives The objective of this review was to determine whether antihistamine, decongestant or combination therapy is effective in treating children who present with OME. . Search strategy We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL); PubMed; EMBASE; CINAHL; Web of Science; BIOSIS Previews; Cambridge Scientific Abstracts; ISRCTN and additional sources for published and unpublished trials. The date of the most recent search was 1 February 2011, following a previous search in 2006. Selection criteria Randomized controlled trials (RCTs) using antihistamines, decongestants or antihistamine/decongestant combinations as treatment for OME in children. We excluded trials that randomized on the basis of acute otitis media (AOM) even though OME was also studied in follow up. Data collection and analysis Two authors independently extracted data from the published reports using standardized data extraction forms and methods. The two authors assessed the methodological quality of the included studies independently. We expressed dichotomous results as a risk ratio with 95% confidence intervals using a fixed-effect model when homogeneous and a random-effects model when heterogeneous. Nearly all outcomes analyzed were homogeneous. We discussed continuous results qualitatively. We conducted statistical analysis using RevMan 5.1 software. Main results Sixteen studies (1880 participants) were included in the review. No statistical or clinical benefit was found for any of the interventions or outcomes studied. However, treated study subjects experienced 11% more side effects than untreated subjects (number needed to treat to harm = 9). Authors’ conclusions The pooled data demonstrate no benefit and some harm from the use of antihistamines or decongestants alone or in combination in the management of OME, therefore we recommend against their use.

Keywords: 3-Year-Old Children, Acute, Adrenergic Combination, Analysis, Authors, Child, Children, Cochrane, Combination Therapy, Confidence Intervals, Corticosteroid Treatment, Double-Blind, Drug Therapy,Combination, Effectiveness, Embase, Eustachian-Tube Function, Follow-Up, Histamine H1 Antagonists [Adverse Effects, Humans, Interventions, Management, Middle-Ear Effusion, Model, Nasal Decongestant, Nasal Decongestants [Adverse Effects, Oral Decongestant, Otitis, Otitis Media With Effusion [Drug Therapy], Outcomes, Pediatric Practice, Pubmed, Randomized Controlled Trials, Randomized Controlled Trials As Topic, Randomized Trial, Ratio, Review, Risk, Science, Search Strategy, Selection, Side Effects, Software, Statistical, Strategy, Therapeutic Use], Therapy, Treatment, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD005025.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD005025.pdf)

Abstract: Background Current methods of improving medication adherence for health problems are mostly complex, labour-intensive, and not reliably effective. Medication ‘reminder packaging’, which incorporates a date or time for a medication to be taken in the packaging, can act as a reminder to improve adherence. This review of reminder packaging is an update of our 2006 Cochrane review. Objectives The objective of this review was to determine the effects of reminder packaging aids for self-administered medication/s taken for at least one month, on adherence and other outcomes. Search strategy We updated searches of the Cochrane Central Register of Controlled Trials (CENTRAL) and the Database of Abstracts of Reviews of Effects (DARE) (The Cochrane Library Issue 9, 2010), MEDLINE, EMBASE, CINAHL and PsycINFO from the database start dates to September 2010. We searched Current Controlled Trials to identify trials in progress. We performed a cited reference search on the Science Citation Index to identify papers that had cited the original systematic review. We also searched the Internet, contacted packaging manufacturers, and checked abstracts from the Pharm-line database and reference lists from relevant articles. We did not apply any language restrictions. Selection criteria We selected randomised controlled trials with at least 80% follow up. We intended to do a sensitivity analysis of those studies that analysed their data on an intention-to-treat basis. Included studies compared a reminder packaging device with no device, for participants taking self-administered medications for at least one month. Data collection and analysis Three review authors independently assessed studies for inclusion, assessed quality, and extracted data from included studies. Where considered appropriate, data were combined for meta-analysis, or were reported and discussed in a narrative. Main results We included twelve studies containing data on 2196 participants; four of these studies were newly included in this 2011 update of our 2006 Cochrane review. Six intervention groups in four trials provided data on the percentage of pills taken. Reminder packaging increased the percentage of pills taken (mean difference (MD) 11% (95% confidence interval (CI) 6% to 17%)). Notable heterogeneity occurred among these trials (I(2) = 96.3%). Two trials provided data for the proportion of self-reported adherent patients, reporting a reduction in the intervention group which was not statistically significant (odds ratio = 0.89 (95% CI 0.56 to 1.40)). We conducted meta-analysis on data from two trials assessing the effect of reminder packaging on blood pressure measurements. We found that reminder packaging significantly decreased diastolic blood pressure (MD = -5.89 mmHg (95% CI -6.70 to -5.09; P < 0.00001; I(2) = 0%). No effect was seen on systolic blood pressure (mean change -1.01, 95% CI -2.22 to 0.20; P = 0.1, I(2) = 0%). We also conducted meta-analysis on extracted data from two trials that looked at change in glycated haemoglobin. We found that reminder packaging significantly reduced glycated haemoglobin levels (MD -0.72; 95% CI -0.83 to -0.60; P < 0.00001; I(2) = 92%), although there was considerable heterogeneity. No appropriate data were available for meta-analysis of remaining clinical outcomes, which included serum vitamin C and E levels, and self-reported psychological symptoms (one trial each). We reported remaining data narratively. In one study the presence of a reminder packaging aid was found to be preferred by patients with low literacy levels. Authors’ conclusions Reminder packing may represent a simple method for improving adherence for patients with selected conditions. Further research is warranted to improve the design and targeting of these devices.

Keywords: Active Antiretroviral Therapy, Adherence, Analysis, Antimalarial-Drugs, Authors, Blood, Blood Pressure, Blood-Pressure, Citation, Cochrane, Database, Design, Drug Packaging [Methods], Drug-Therapy, Embase, Follow-Up, Glycated Haemoglobin, Haemoglobin, Health-Care Expenditures, Helicobacter-Pylori, Humans, Internet, Intervention, Literacy, Medication, Medication Adherence, MEDLINE, Meta Analysis, Meta-Analysis, Outcomes, Papers, Patient Compliance, Patient Compliance, Patients, Pharmaceutical Preparations [Administration & Dosage], Prescription Refill Compliance, Pressure, Psychological, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Ratio, Reduction, Reminder Systems, Research, Review, Science, Science Citation Index, Search Strategy, Selection, Self Administration, Sensitivity, Strategy, Symptoms, Systematic, Systematic Review, Value-Added Utilities, Vitamin C

? El Dib, R.P., Mathew, J.L. and Martins, R.H.G. (2011), Interventions to promote the wearing of hearing protection. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD005234.

Full Text: [2011\Coc Dat Sys Rev2011, CD005234.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD005234.pdf)

Abstract: Background This is an update of a Cochrane Review first published in The Cochrane Library in Issue 2, 2006 and previously updated in 2009. Noise-induced hearing loss can be prevented by eliminating or lowering noise exposure levels. Where the source of the noise cannot be eliminated, workers have to rely on hearing protection equipment. Several trials have been conducted to study the effectiveness of interventions to influence the wearing of hearing protection. Objectives To evaluate the effectiveness of interventions to enhance the wearing of hearing protection among persons regularly exposed to high noise levels. Search strategy We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 1); PubMed; EMBASE; CINAHL; Web of Science; BIOSIS Previews; Cambridge Scientific Abstracts; ICTRP and additional sources for published and unpublished trials. The date of the most recent search was 8 April 2011. Selection criteria We included studies if they had a randomised design, if they were among noise exposed (> 80 dB(A)) persons, if they included an intervention to promote the wearing of hearing protection (compared to another intervention or no intervention), and if the outcome measured was the amount of use of hearing protection or a proxy measure thereof. Data collection and analysis Two authors selected relevant trials, assessed risk of bias and extracted data. Main results Seven studies, involving 4670 participants, were included. A computer-based intervention lasting 30 minutes, tailored to the risk of an individual worker, was not found to be more effective than a video providing general information among workers, around 80% of whom already used hearing protection. A four-year school-based hearing loss prevention programme found that the intervention group was twice as likely to wear some kind of hearing protection as the control group that received a baseline hearing test and two additional tests at years two and three. We conducted two meta-analyses for the comparisons ‘tailored strategy (the use of communication or other types of interventions that are specific to an individual or a group and aim to change behaviour) versus non-tailored strategy’ and ‘tailored strategy versus a commercial video on the use of hearing protection’ to look at mean percentage use of hearing protective devices (HPDs), that showed improvement in the mean use of HPDs for the tailored group. A meta-analysis of the comparison ‘mixed interventions’ (classroom instruction, distribution of HPDs, mailings, noise level assessments and audiometric testing) versus control (audiometric testing alone) also showed improvement in self reported use of HPDs when shooting firearms. Tailored education showed an improvement in HPD use of 8.3% versus targeted education (6.1%). Authors’ conclusions The evidence found in this review shows that some interventions improve the mean use of hearing protection devices compared to non-intervention. Future trials should have standard outcomes and interventions to allow the combining of results in meta-analysis.

Keywords: Analysis, Authors, Bias, Cochrane, Communication, Conservation Program, Construction, Control, Design, Ear Protective Devices, Education, Effectiveness, Efficacy, Embase, Exposure, Farmers, Health Education [Methods], Hearing Loss,Noise-Induced [Prevention & Control], Humans, Information, Intervention, Interventions, Meta Analysis, Meta-Analysis, Model, Noise, Noise,Occupational [Adverse Effects], Occupational Diseases [Prevention & Control], Outcome, Outcomes, Prevention, Pubmed, Randomized Controlled Trials As Topic, Review, Risk, Science, Search Strategy, Selection, Strategy, Web of Science, Workers Use, Working

? Bellolio, M.F., Gilmore, R.M. and Stead, L.G. (2011), Insulin for glycaemic control in acute ischaemic stroke. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD005346.

Full Text: [2011\Coc Dat Sys Rev2011, CD005346.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD005346.pdf)

Abstract: Background Patients with hyperglycaemia concomitant with an acute stroke have greater stroke severity and greater functional impairment when compared to those with normoglycaemia at stroke presentation. Objectives To determine whether maintaining serum glucose within a specific normal range (4 to 7.5 mmol/L) in the first 24 hours of acute ischaemic stroke influences outcome. Search strategy We searched the Cochrane Stroke Group Trials Register (June 2010), CENTRAL (The Cochrane Library 2010, Issue 2), MEDLINE (1950 to June 2010), EMBASE (1980 to June 2010), CINAHL (1982 to June 2010), Science Citation Index (1900 to June 2010), and Web of Science (ISI Web of Knowledge) (1993 to June 2010). In an effort to identify further published, unpublished and ongoing trials we searched ongoing trials registers and SCOPUS. Selection criteria Eligible studies were randomised controlled trials comparing intensively monitored insulin therapy versus usual care in adult patients with acute ischaemic stroke. Data collection and analysis Two review authors independently extracted the study characteristics, study quality, and data to estimate the odds ratio (OR) and 95% confidence interval (CI), mean difference (MD) and standardised mean difference (SMD) of outcome measures. Main results We included seven trials involving 1296 participants (639 participants in the intervention group and 657 in the control group). We found that there was no difference between treatment and control groups in the outcome of death or disability and dependence (OR 1.00, 95% CI 0.78 to 1.28) or final neurological deficit (SMD -0.12, 95% CI -0.23 to 0.00). The rate of symptomatic hypoglycaemia was higher in the intervention group (OR 25.9, 95% CI 9.2 to 72.7). In the subgroup analyses of diabetes mellitus (DM) versus non-DM, we found no difference for the outcomes of death and dependency or neurological deficit. Authors’ conclusions With the current evidence, we found that the administration of intravenous insulin with the objective of maintaining serum glucose within a specific range in the first hours of acute ischaemic stroke does not provide benefit in terms of functional outcome, death, or improvement in final neurological deficit and significantly increased the number of hypoglycaemic episodes. Specifically, those who were maintained within a more tight range of glycaemia with intravenous insulin experienced a greater risk of symptomatic and asymptomatic hypoglycaemia than those individuals in the control group.

Keywords: Acute, Acute Stroke, Adult, Analysis, Authors, Blood-Glucose, Brain-Damage, Care, Citation, Cochrane, Control, Control Groups, Critically-Ill Patients, Diabetes, Diabetes Mellitus, Disability, Embase, Functional, Glucose-Insulin, Hypoglycaemia, Independent Predictor, Insulin, Intervention, ISI, Knowledge, MEDLINE, Moderate Hyperglycemia, Normal, Outcome, Outcomes, Patients, Ratio, Review, Risk, Science, Science Citation Index, Scopus, Search Strategy, Selection, Spreading Depression, Strategy, Stress Hyperglycemia, Stroke, Systematic Reviews, Therapy, Transient Forebrain Ischemia, Treatment, Web of Knowledge, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD006895.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD006895.pdf)

Abstract: Background Probiotics may improve a person’s health by regulating their immune function. Some studies show that probiotic strains can prevent respiratory infections. However, no evidence of the benefits of probiotics for acute upper respiratory tract infections (URTIs) and related potential adverse effects has been published. Objectives To assess the effectiveness and safety of probiotics for preventing acute URTIs. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (T h e Cochrane Library 2011, Issue 2), which includes the Cochrane Acute Respiratory Infections Group’s Specialised Register, MEDLINE (Ovid) (1950 to May week 1, 2011), EMBASE (1974 to May 2011), Web of Science which includes Science Citation Index (from 1900 to May 2011) and Conference Proceedings Citation Index (from 1991 toMay 2011), the Chinese Biomedical Literature Database, which includes the China Biological Medicine Database (from 1978 to May 2011), the Chinese Medicine Popular Science Literature Database (from 2000 to May 2011) and the Masters Degree Dissertation of Beijing Union Medical College Database (from 1981 to May 2011). Selection criteria Randomised controlled trials (RCTs) comparing probiotics with placebo to prevent acute URTIs. Data collection and analysis Two review authors independently assessed eligibility, quality of trials and extracted data. Main results We included 14 RCTs, although we could only extract available data to meta-analyse in 10 trials which involved 3451 participants. We found that probiotics were better than placebo when measuring the number of participants experiencing episodes of acute URTI: at least one episode: odds ratio (OR) 0.58; 95% confidence interval (CI) 0.36 to 0.92; at least three episodes: OR 0.53; 95% CI 0.36 to 0.80; rate ratio of episodes of acute URTI: rate ratio 0.88; 95% CI 0.81 to 0.96; and reduced antibiotic prescription rates for acute URTIs: OR 0.67; 95% CI 0.45 to 0.98. Probiotics and placebo were similar when measuring the mean duration ( MD) of an episode of acute URTI: MD -0.29; 95% CI -3.71 to 3.13 and adverse events: OR 0.92; 95% CI 0.37 to 2.28. Side effects of probiotics were minor and gastrointestinal symptoms were the most common. We found that some subgroups had a high level of heterogeneity when conducting pooled analyses. Authors’ conclusions Probiotics were better than placebo in reducing the number of participants experiencing episodes of acute URTIs, the rate ratio of episodes of acute URTI and reducing antibiotic use. This indicates that probiotics may be more beneficial than placebo for preventing acute URTIs. However, the results have some limitations and there were no data for older people.

Keywords: Acute, Adverse Effects, Adverse Events, Analysis, Antibiotic, Attending Day-Care, Authors, Children, China, Citation, Cochrane, Conference, Controlled-Trial, Database, Dietary Consumption, Double-Blind, Effectiveness, Embase, Gastrointestinal, Healthy-Subjects, Immune, Immune-System, Lactic-Acid Bacteria, Lactobacillus-Casei, Literature, MEDLINE, Milk, Older People, Probiotic, Probiotics, Ratio, Respiratory, Respiratory Infections, Review, Safety, Science, Science Citation Index, Search Strategy, Selection, Strategy, Symptoms, Tract, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD007645.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007645.pdf)

Abstract: Background Screening examinations for retinopathy of prematurity (ROP) are performed routinely in the neonatal intensive care unit and are a recognised cause of pain in the newborn. Objectives To determine the effect of instillation of topical anaesthetic eye drops compared with placebo or no treatment on pain in infants undergoing ROP screening. Search strategy We used the standard search strategy of the Cochrane Neonatal Review Group. This included a search of the Cochrane Neonatal Group register and the Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library, Issue 10, 2010). We identified relevant studies by searching the following: (1) computerised bibliographic databases: MEDLINE (1966 to October 2010), EMBASE (1988 to October 2010) and Web of Science (1975 to March 2010; (2) the Oxford Database of Perinatal Trials. We searched electronically abstracts from PAS from 2000 to 2010 and handsearched abstracts from ESPR from 2000 to 2009. Selection criteria All randomised, or quasi-randomised controlled trials, or randomised cross-over trials. Data collection and analysis We used the standard methods of the Cochrane Neonatal Review Group. Main results We identified two studies for inclusion. Both studies were randomised cross-over trials performed in single centres. Both studies used the Premature Infant Pain Profile (PIPP) score as a measure of pain response. Different methods of evaluating PIPP scores are presented including the absolute PIPP score, a PIPP score > 10 or > 12 and an increase in PIPP >= 4 from the baseline value. There is a nonsignificant reduction in pain scores at one minute and a nonsignificant increase at five minutes post insertion of the speculum. PIPP score > 12 at one minute resulted in a statistically significant reduction in the number of patients who experienced pain (typical risk ratio (RR) 0.56, 95% CI 0.36 to 0.89; typical risk difference (RD) -0.23, 95% CI -0.39 to -0.86; number needed to treat to benefit (NNTB) 4). When pain was defined as an increase in PIPP > 4 there was a statistically significant reduction in the absolute number of patients who experienced pain at one minute ( typical RR 0.70, 95% CI 0.52 to 0.94; typical RD -0.19, 95% CI -0.34 to -0.04; NNTB 5.3). Authors’ conclusions The administration of topical proparacaine 30 seconds prior to the ophthalmological evaluation was associated with a reduction in pain scores especially at the time of speculum insertion. However, despite treatment, screening remains a painful procedure and the role of nonpharmacological and pharmacological intervention including different local anaesthetic agents should be ascertained in future randomised trials.

Keywords: Analysis, Bibliographic, Bibliographic Databases, Care, Cochrane, Database, Databases, Embase, Evaluation, Infants, Intensive Care, Intensive Care Unit, Intervention, Management, MEDLINE, Neonatal Intensive Care, Pain, Patients, Pharmacological Intervention, Premature Infant Pain Profile, Prevention, Profile, Ratio, Reduction, Review, Risk, Science, Screening, Search Strategy, Selection, Strategy, Treatment, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD007673.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007673.pdf)

Abstract: Background The emigration of skilled professionals from low-and middle-income countries (LMICs) to high-income countries (HICs) is a general phenomenon but poses particular challenges in health care, where it contributes to human resource shortages in the health systems of poorer countries. However, little is known about the effects of strategies to help regulate this movement. Objectives To assess the effects of policy interventions to regulate emigration of health professionals from LMICs. Search strategy We searched the Cochrane Effective Practice and Organisation of Care (EPOC) Group Specialised Register (searched 15 March 2011), the Cochrane Register of Controlled Trials (CENTRAL) (searched 2 March 2011), MEDLINE (searched 5 March 2011), EMBASE (searched 2 March 2011), CINAHL (searched 5 March 2011), LILACS (searched 7 March 2011), WHOLIS (searched 20 March 2011), SocINDEX (searched 11 March 2011), EconLit (searched 8 March 2011), Science and Social Science Citation Index (searched 8 March 2011), NLM Gateway (searched 31 March 2011) and ERIC (searched March 3 2011). We reviewed reference lists of included studies and selected reviews on the topic, contacted authors of included studies and experts on the field, and reviewed relevant websites. Selection criteria Randomised controlled trials (RCT), non-randomised controlled trials (NRCT), controlled before-and-after studies (CBA) and interrupted time series (ITS) studies assessing any intervention in the source, the recipient or both countries that could have an impact on the number of professionals that emigrate from a LMIC. Health professionals, such as physicians, dentists, nurses or midwives, should be nationals of a LMIC whose graduate training was in a LMIC. Data collection and analysis One review author extracted data onto a standard form and a second review author checked data. Two review authors assessed risk of bias. Main results Only one study was included. This time series study assessed the migration of Philippine nurses to the United States of America (USA) from 1954 to 1990. We re-analysed it as an interrupted time series study. The intervention was a modification of migratory law in the US, called the ‘ Act of October 1965’, which decreased the restrictions on Eastern hemisphere immigrants to the USA. The analysis showed a significant immediate increase of 807.6 (95% confidence interval (CI) 480.9 to 1134.3) in the number of nurses migrating to the USA annually after the intervention. This represents a relative increase of 5000% over the underlying pre-intervention trend. There were no significant differences in the slopes of the underlying trends for the number of nurses migrating between the pre-and postintervention periods. Authors’ conclusions There is an important gap in knowledge about the effectiveness of policy interventions in either HICs or LMICs that could regulate positively themovement of health professionals fromLMICs. The only evidence found was froman intervention in aHIC that increased the movement of health professionals from a LMIC. New initiatives to improve records on the migration of health professionals from LMICs should be implemented, as a prerequisite to conductingmore rigorous research in the field. This research should focus on whether the range of interventions outlined in the literature could be effective in retaining health professionals in LMICs. Such interventions include financial rewards, career development and continuing education, improving hospital infrastructure, resource availability, better hospital management and improved recognition of health professionals.

Keywords: Analysis, Author, Authors, Bias, Brain-Drain, Care, Career Development, Challenges, Citation, Cochrane, Continuing Education, Crisis, Dentists, Development, Differences, Education, Effectiveness, Embase, Health, Health Care, Hospital, Human, Impact, Intervention, Interventions, Knowledge, Literature, Low- and Middle-Income Countries, Management, MEDLINE, Migration, Modification, Movement, Nurses, Physicians, Policy, Practice, Recruitment, Research, Review, Risk, Science, Science Citation Index, Search Strategy, Selection, Strategy, Sub-Saharan Africa, Training, Trend, Trends, US, USA, Websites, Workers, Workforce

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Full Text: [2011\Coc Dat Sys Rev2011, CD007897.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007897.pdf)

Abstract: Background Dampness and mould in buildings have been associated with adverse respiratory symptoms, asthma and respiratory infections of inhabitants. Moisture damage is a very common problem in private houses, workplaces and public buildings such as schools. Objectives To determine the effectiveness of remediating buildings damaged by dampness and mould in order to reduce or prevent respiratory tract symptoms, infections and symptoms of asthma. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (T h e Cochrane Library 2011, Issue 2), which contains the Cochrane Acute Respiratory Infections Group’s Specialised Register, MEDLINE (1951 to June week 1, 2011), EMBASE (1974 to June 2011), CINAHL (1982 to June 2011), Science Citation Index (1973 to June 2011), Biosis Previews (1989 to June 2011), NIOSHTIC (1930 to November 2010) and CISDOC (1974 to November 2010). Selection criteria Randomised controlled trials (RCTs), cluster-RCTs (cRCTs), interrupted time series studies and controlled before-after (CBA) studies of the effects of remediating dampness and mould in a building on respiratory symptoms, infections and asthma. Data collection and analysis Two authors independently extracted data and assessed the risk of bias in the included studies. Main results We included eight studies (6538 participants); two RCTs (294 participants), one cRCT (4407 participants) and five CBA studies (1837 participants). The interventions varied from thorough renovation to cleaning only. We found moderate-quality evidence in adults that repairing houses decreased asthma-related symptoms (among others, wheezing (odds ratio (OR) 0.64; 95% confidence interval (CI) 0.55 to 0.75) and respiratory infections (among others, rhinitis (OR 0.57; 95% CI 0.49 to 0.66)). For children, we found moderate-quality evidence that the number of acute care visits (among others mean difference (MD) -0.45; 95% CI -0.76 to -0.14)) decreased in the group receiving thorough remediation. One CBA study showed very low-quality evidence that after repairing a mould-damaged office building, asthma-related and other respiratory symptoms decreased. For children and staff in schools, there was very low-quality evidence that asthma-related and other respiratory symptoms in mould-damaged schools were similar to those of children and staff in non-damaged schools, both before and after intervention. For children, respiratory infections might have decreased after the intervention. Authors’ conclusions We found moderate to very low-quality evidence that repairing mould-damaged houses and offices decreases asthma-related symptoms and respiratory infections compared to no intervention in adults. There is very low-quality evidence that although repairing schools did not significantly change respiratory symptoms in staff or children, pupils’ visits to physicians due to a common cold were less frequent after remediation of the school. Better research, preferably with a cRCT design and with more validated outcome measures, is needed.

Keywords: Acute, Adults, Analysis, Associations, Asthma, Authors, Bias, Care, Children, Citation, Cochrane, Design, Effectiveness, Embase, Feasibility, Health, Home Remediation, Intervention, Interventions, MEDLINE, Moisture Problems, Outcome, Physicians, Quality, Ratio, Remediation, Renovation, Research, Respiratory, Respiratory Infections, Rhinitis, Risk, School, Schools, Science, Science Citation Index, Search Strategy, Selection, Strategy, Symptoms, Tract

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Full Text: [2011\Coc Dat Sys Rev2011, CD008554.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008554.pdf)

Abstract: Background Amyotrophic lateral sclerosis (ALS), also known as motor neuron disease (MND), is a progressive neurodegenerative disease without effective therapies. Several studies have suggested that repetitive transcranial magnetic stimulation (rTMS) may have positive benefit in ALS. However, the efficacy and safety of this therapy remain uncertain. Objectives We aimed to determine the clinical efficacy and safety of rTMS for treating ALS. Search strategy We searched the Cochrane Neuromuscular Disease Group Specialized Register (July 2010), the Cochrane Central Register of Controlled Trials (The Cochrane Library, Issue 2, 2010), MEDLINE (1966 to July 2010), EMBASE (1980 to July 2010), CINAHL (1937 to July 2010), Science Citation Index Expanded (January 1945 to June 2010), AMED (January 1985 to July 2010) and the Chinese Biomedical Database (1979 to September 2010). We also searched for ongoing studies on clinical trials. gov (September 2010). Selection criteria Randomised and quasi-randomised controlled trials assessing the therapeutic efficacy and safety of rTMS for patients with a clinical diagnosis of ALS. Comparisons eligible for inclusion were: 1. rTMS versus no intervention; 2. rTMS versus sham rTMS; 3. rTMS versus physiotherapy; 4. rTMS versus medications; 5. rTMS + other therapies or drugs versus sham rTMS + the same therapies or drugs; 6. different methods of application of rTMS such as high-frequency (> 1Hz) compared to low-frequency (<= 1Hz) rTMS. Data collection and analysis Two authors independently selected papers, assessed risk of bias and extracted data. We resolved disagreements through discussion. We contacted study authors for additional information. Main results Three randomised, placebo-controlled trials with a total of 50 participants were included in the review. All the trials were of poor methodological quality and were insufficiently homogeneous to allow the pooling of results. Moreover, the high rate of attrition further increased the risk of bias. None of the trials provided detailed data on the ALS Functional Rating Scale-Revised (ALSFRS-R) scores at six months follow-up which was pre-assigned as our primary outcome. One trial contained data in a suitable form for quantitative analysis of our secondary outcomes. No difference was seen between rTMS and sham rTMS using the ALSFRS-R scores and manual muscle testing (MMT) scores at 12 months follow-up in this trial. Additionally, none of the trials reported any adverse events associated with the use of rTMS. However, in view of the small sample size, the methodological limitations and incomplete outcome data, treatment with rTMS cannot be judged as completely safe. Authors’ conclusions There is currently insufficient evidence to draw conclusions about the efficacy and safety of rTMS in the treatment of ALS. Further studies may be helpful if their potential benefit is weighed against the impact of participation in a randomised controlled trial on people with ALS.

Keywords: Adverse Events, Al, Als, Analysis, Authors, Bias, Citation, Clinical Trials, Cochrane, Cortex Excitability, Criteria, Database, Depression, Diagnosis, Disease, Double-Blind, Drugs, Efficacy, Embase, Epidemiology, Fatigue, Follow-Up, Frequency, Impact, Information, Intervention, MEDLINE, Outcome, Outcomes, Papers, Patients, Primary, Quantitative, Randomised Controlled Trial, Review, Risk, Safety, Science, Science Citation Index, Search Strategy, Selection, Strategy, Therapy, Theta-Burst Stimulation, Transcranial Magnetic Stimulation, Treatment

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Full Text: [2011\Coc Dat Sys Rev2011, CD008959.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008959.pdf)

Abstract: Background Vitamin and mineral deficiencies, particularly those of iron, vitamin A and zinc, affect more than two billion people worldwide. Young children are highly vulnerable because of rapid growth and inadequate dietary practices. Micronutrient powders (MNP) are single-dose packets containing multiple vitamins and minerals in powder form that can be sprinkled onto any semi-solid food. The use of MNP for home or point-of-use fortification of complementary foods has been proposed as an intervention for improving micronutrient intake in children under two years of age. Objectives To assess the effects and safety of home (point-of-use) fortification of foods with multiple micronutrient powders on nutritional, health and developmental outcomes in children under two years of age. Search strategy We searched the following databases in February 2011: Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library), MEDLINE (1948 to week 2 February 2011), EMBASE (1980 to Week 6 2011), CINAHL (1937 to current), CPCI-S (1990 to 19 February 2011), Science Citation Index (1970 to 19 February 2011), African Index Medicus (searched 23 February 2011), POPLINE (searched 21 February 2011), Clinical Trials.gov (searched 23 February 2011), mRCT (searched 23 February 2011), and World Health Organization International Clinical Trials Registry Platform (ICTRP) (searched 23 February 2011). We also contacted relevant organisations (25 January 2011) for the identification of ongoing and unpublished studies. Selection criteria We included randomised and quasi-randomised trials with either individual or cluster randomisation. Participants were children under the age of two years at the time of intervention, with no specific health problems. The intervention was consumption of food fortified at the point of use with multiple micronutrient powders formulated with at least iron, zinc and vitamin A compared with placebo, no intervention or the use of iron containing supplements, which is the standard practice. Data collection and analysis Two review authors independently assessed the eligibility of studies against the inclusion criteria, extracted data from included studies and assessed the risk of bias of the included studies. Main results We included eight trials (3748 participants) conducted in low income countries in Asia, Africa and the Caribbean, where anaemia is a public health problem. The interventions lasted between two and 12 months and the powder formulations contained between five and 15 nutrients. Six trials compared the use of MNP versus no intervention or a placebo and the other two compared the use of MNP versus daily iron drops. Most of the included trials were assessed as at low risk of bias. Home fortification with MNP reduced anaemia by 31% (six trials, RR 0.69; 95% CI 0.60 to 0.78) and iron deficiency by 51% (four trials, RR 0.49; 95% CI 0.35 to 0.67) in infants and young children when compared with no intervention or placebo, but we did not find an effect on growth. In comparison with daily iron supplementation, the use of MNP produced similar results on anaemia (one trial, RR 0.89; 95% CI 0.58 to 1.39) and haemoglobin concentrations (two trials, MD -2.36 g/L; 95% CI -10.30 to 5.58); however, given the limited amount of data these results should be interpreted cautiously. No deaths were reported in the trials and information on side effects and morbidity, including malaria, was scarce. It seems that the use of MNP is efficacious among infants and young children six to 23 months of age living in settings with different prevalences of anaemia and malaria endemicity, regardless of whether the intervention lasts two, six or 12 months or whether recipients are male or female. Authors’ conclusions Home fortification of foods with multiple micronutrient powders is an effective intervention to reduce anaemia and iron deficiency in children six months to 23 months of age. The provision of MNP is better than no intervention or placebo and possibly comparable to commonly used daily iron supplementation. The benefits of this intervention as a child survival strategy or on developmental outcomes are unclear. Data on effects on malaria outcomes are lacking and further investigation of morbidity outcomes is needed. The micronutrient powders containing multiple nutrients are well accepted but adherence is variable and in some cases comparable to that achieved in infants and young children receiving standard iron supplements as drops or syrups.

Keywords: Adherence, Africa, Anaemia, Analysis, Asia, Authors, Bias, Cambodian Infants, Child, Children, Citation, Cluster-Randomized Trial, Cochrane, Complementary Foods, Databases, Double-Blind, Embase, Growth, Haemoglobin, Health, Income, Infants, Information, Intervention, Interventions, Iron, Iron-Deficiency, Malaria, Male, MEDLINE, Morbidity, Nutrition, Outcomes, Placebo-Controlled Trial, Practice, Preschool-Children, Public Health, Review, Risk, Rural Haiti, Safety, Science, Science Citation Index, Search Strategy, Selection, Side Effects, Strategy, Survival, Vitamin-A Supplementation, Young-Children, Zinc

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Full Text: [2011\Coc Dat Sys Rev2011, CD009337.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD009337.pdf)

Abstract: Background Social marketing interventions have been shown to both promote and change many health-related behaviours and issues. As the HIV epidemic continues to disproportionately affect MSM and transgender women around the world, social marketing interventions have the potential to increase HIV/STI testing uptake among these populations. Objectives To assess the impact of social marketing interventions on HIV/STI testing uptake among men who have sex with men and transgender women compared to pre-intervention or control group testing uptake in the same population. Search strategy We searched the following electronic databasesfor results from 01 January 1980 to the search date, 14 July 2010: Cochrane Central Register of Controlled Trials (CENTRAL), EMBASE, LILACS (Latin America and Brazil), PsycINFO, PubMed, Web of Science/Web of Social Science, Chinese National Knowledge Infrastructure (CNKI), and CQ VIP (China). We also searched for conference abstracts in the Aegis archive of HIV/AIDS conference abstracts and the CROI and International AIDS Society websites. In addition to searching electronic databases, we searched the following sources of grey literature: Australasian Digital Theses Program, Canadian Evaluation Society, Eastview: China Conference Proceedings, ProQuest Dissertations and Theses, and World Health Organization Library Information System (WHOLIS). We contacted individual researchers, experts working in the field, and authors of major trials for suggestions of any relevant manuscripts that were in preparation or in press. References of published articles from the databases above were searched for additional, pertinent materials. All languages were included in this search. Selection criteria Randomized controlled trials and controlled clinical trials that compared social marketing interventions with a control were included. Interrupted time series and pretest-posttest design studies (controlled or uncontrolled) that compared social marketing interventions with no intervention or a control were also included. Posttest-only studies and studies that combined pre-post data were excluded. Interventions that targeted at general public but did not include MSM or transgender women as a segment or did not have outcome data for an MSM or transgender segment were excluded. Data collection and analysis Two authors independently extracted data from each included study and assessed study quality. Meta-analyses were conducted to compare pre- and post-intervention and intervention and control group outcomes of HIV and STI testing uptake. Quality of evidence was assessed using the GRADE approach. Main results Three serial, cross-sectional pretest-posttest study designs (one with a control group and two without) were included in the final analysis. Statistical pooling was conducted for two studies and compared to pre-intervention level testing uptake, which showed that multimedia social marketing campaigns had a significant impact on HIV testing uptake (OR=1.58, 95% CI = 1.40 - 1.77). However, the campaigns were not found to be effective in increasing STI testing uptake (OR=0.94, 95% CI = 0.68 - 1.28). Overall, risk of bias was high and quality of evidence was low. None of the studies were conducted in developing countries or included male-to-female transgender women. Authors’ conclusions This review provided limited evidence that multi-media social marketing campaigns can promote HIV testing among MSM in developed countries. Future evaluations of social marketing interventions for MSM should employ more rigorous study designs. Long-term impact evaluations (changes in HIV or STI incidence over time) are also needed. Implementation research, including detailed process evaluation, is needed to identify elements of social marketing interventions that are most effective in reaching the target population and changing behaviours.

Keywords: AID, AIDS, Analysis, Antiretroviral Therapy, Authors, Bias, Bisexual Men, Brazil, China, Clinical Trials, Cochrane, Conference, Control, Controlled Clinical Trials, Databases, Design, Developing Countries, Dissertations, Embase, Evaluation, Gay, General Public, Grade, Health, HIV, HIV Testing, HIV-Infection, HIV, AIDS, Impact, Implementation, Incidence, Intervention, Interventions, Knowledge, Latin America, Literature, Men, Outcome, Outcomes, Preparation, Prevention Campaign, Pubmed, Quality, Randomized Controlled Trials, References, Research, Researchers, Review, Risk, San-Francisco, Science, Search Strategy, Selection, Sex, Sexually-Transmitted-Diseases, Social, Strategy, Syphilis, Testing Uptake, Transmission, Uptake, Websites, Women

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Full Text: [2011\Coc Dat Sys Rev2011, CD000501.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD000501.pdf)

Abstract: Background Vitamin A is necessary for normal lung growth and the integrity of respiratory tract epithelial cells. Preterm infants have low vitamin A status at birth, and this has been associated with increased risk of developing chronic lung disease. Objectives To evaluate vitamin A supplementation on the incidence of death and/or neonatal chronic lung disease and long-term neurodevelopmental disability in very low birthweight infants (VLBW); and to consider the effect of the supplementation route, dose, and timing. Search strategy In August 2011, the Cochrane Central Regsiter of Controlled Trials (Central, The Cochrane Library), MEDLINE, Science Citation Index and the Oxford Database of Perinatal Trials were searched. The reference lists of relevant trials, paediatric and nutrition journals, and conference abstracts and proceedings were handsearched up to 2007. Selection criteria Randomised controlled trials comparing vitamin A supplementation with a control (placebo or no supplementation) or other dosage regimens in VLBW infants (birthweight <= 1500 g or < 32 weeks’ gestation). Data collection and analysis Both review authors screened the search results, extracted data, and assessed the trials’ risk of bias. Results were reported as risk ratios (RR), risk differences (RD), and number needed to treat to benefit (NNTB), all with 95% confidence intervals (CI). Trialists were contacted for additional data. Main results Nine trials met the inclusion criteria, eight compared vitamin A supplementation with a control (1291 infants), and one compared different regimens (120 infants). Compared to the control group, vitamin A appears to be beneficial in reducing death or oxygen requirement at one month of age (RR 0.93, 95% CI 0.88 to 0.99; RD -0.05, 95% CI -0.10 to -0.01; NNTB 20, 95% CI 10 to 100; 1165 infants) and oxygen requirement at 36 weeks’ postmenstrual age (RR 0.87, 95% CI 0.77 to 0.98; RD -0.08, 95% CI -0.14 to -0.01; NNTB 13, 95% CI 7 to 100; 824 infants). A trend towards a reduction in death or oxygen requirement at 36 weeks’ postmenstrual age was also noted (RR 0.91, 95% CI 0.82 to 1.00; 1001 infants). Neurodevelopmental assessment of 88% of surviving infants in the largest trial showed no differences between the groups at 18 to 22 months of age, corrected for prematurity. The different dosage vitamin A regimens showed similar results. Authors’ conclusions Whether clinicians decide to utilise repeat intramuscular doses of vitamin A to prevent chronic lung disease may depend upon the local incidence of this outcome and the value attached to achieving a modest reduction in this outcome, balanced against the lack of other proven benefits and the acceptability of treatment. Information on long-term neurodevelopmental status suggests no evidence of either benefit or harm from the intervention.

Keywords: Analysis, Assessment, Authors, Bias, Birthweight, Bronchopulmonary Dysplasia, Chronic Lung-Disease, Citation, Cochrane, Confidence Intervals, Control, Database, Differences, Disability, Disease, Growth, Humans, Incidence, Infant,Newborn, Infant,Premature, Infant,Premature, Diseases [Prevention & Control], Infant,Very Low Birth Weight, Infants, Intervention, Journals, Low, Low Birthweight, Lung Diseases [Prevention & Control], MEDLINE, Morbidity, Mortality, Normal, Nutrition, Outcome, Paediatric, Premature-Infants, Preterm Infants, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Reduction, Respiratory, Review, Risk, Science, Science Citation Index, Search Strategy, Selection, Strategy, Tract, Treatment, Trend, Vitamin A [Therapeutic Use], Vitamins [Therapeutic Use]

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Full Text: [2011\Coc Dat Sys Rev2011, CD001208.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD001208.pdf)

Abstract: Background Human albumin solutions are used for a range of medical and surgical problems. Licensed indications are the emergency treatment of shock and other conditions where restoration of blood volume is urgent, such as in burns and hypoproteinaemia. Human albumin solutions are more expensive than other colloids and crystalloids. Objectives To quantify the effect on mortality of human albumin and plasma protein fraction (PPF) administration in the management of critically ill patients. Search strategy We searched the Cochrane Injuries Group Specialised Register (searched 31 May 2011), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 2), MEDLINE (Ovid) (1948 to week 3 May 2011), EMBASE (Ovid) (1980 to Week 21 2011), CINAHL (EBSCO) (1982 to May 2011), ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED) (1970 to May 2011), ISI Web of Science: Conference Proceedings Citation Index - Science (CPCI-S) (1990 to May 2011), PubMed (www.ncbi.nlm.nih.gov/sites/entrez/) (searched 10 June 2011, limit: last 60 days). Reference lists of trials and review articles were checked, and authors of identified trials were contacted. Selection criteria Randomised controlled trials comparing albumin or PPF with no albumin or PPF or with a crystalloid solution in critically ill patients with hypovolaemia, burns or hypoalbuminaemia. Data collection and analysis We collected data on the participants, albumin solution used, mortality at the end of follow up, and quality of allocation concealment. Analysis was stratified according to patient type. Main results We found 38 trials meeting the inclusion criteria and reporting death as an outcome. There were 1,958 deaths among 10,842 trial participants. For hypovolaemia, the relative risk of death following albumin administration was 1.02 (95% confidence interval (CI) 0.92 to 1.13). This estimate was heavily influenced by the results of the SAFE trial, which contributed 75.2% of the information (based on the weights in the meta-analysis). For burns, the relative risk was 2.93 (95% CI 1.28 to 6.72) and for hypoalbuminaemia the relative risk was 1.26 (95% CI 0.84 to 1.88). There was no substantial heterogeneity between the trials in the various categories (Chi(2) = 26.66, df = 31, P = 0.69). The pooled relative risk of death with albumin administration was 1.05 (95% CI 0.95 to 1.16). Authors’ conclusions For patients with hypovolaemia, there is no evidence that albumin reduces mortality when compared with cheaper alternatives such as saline. There is no evidence that albumin reduces mortality in critically ill patients with burns and hypoalbuminaemia. The possibility that there may be highly selected populations of critically ill patients in which albumin may be indicated remains open to question. However, in view of the absence of evidence of a mortality benefit from albumin and the increased cost of albumin compared to alternatives such as saline, it would seem reasonable that albumin should only be used within the context of well concealed and adequately powered randomised controlled trials.

Keywords: 5-Percent Albumin, Analysis, Authors, Blood, Blood Proteins [Therapeutic Use], Cerebral-Blood-Flow, Citation, Cochrane, Colloid Osmotic-Pressure, Conference, Critical Illness [Mortality, Critically Ill Patients, Embase, Emergency, Fluid Resuscitation, Fluid Therapy, Follow-Up, Human, Humans, Hypoalbuminemic Patients, Information, Intensive-Care-Unit, ISI, ISI Web of Science, Major Surgery, Management, Medical, MEDLINE, Meta Analysis, Meta-Analysis, Mortality, Normal Saline, Outcome, Patients, Plasma, Plasma Substitutes [Therapeutic Use], Pubmed, Quality, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Relative Risk, Restoration, Review, Risk, Safe, Science, Science Citation Index, Search Strategy, Selection, Serum Albumin [Therapeutic Use], Serum Globulins, Strategy, Surgical, Therapy], Total Parenteral-Nutrition, Treatment, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD003236.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD003236.pdf)

Abstract: Background Chronic kidney disease (CKD) is a worldwide public health problem. In the National Kidney Foundation Disease Outcomes Quality Initiative guidelines it is stressed that lifestyle issues such as physical activity should be seen as cornerstones of the therapy. The physical fitness in adults with CKD is so reduced that it impinges on ability and capacity to perform activities in everyday life and occupational tasks. An increasing number of studies have been published regarding health effects of various regular exercise programmes in adults with CKD and in renal transplant patients. Objectives We aimed to: 1) assess the effects of regular exercise in adults with CKD and kidney transplant patients; and 2) determine how the exercise programme should be designed (e.g. type, duration, intensity, frequency of exercise) to be able to affect physical fitness and functioning, level of physical activity, cardiovascular dimensions, nutrition, lipids, glucose metabolism, systemic inflammation, muscle morphology and morphometrics, dropout rates, compliance, adverse events and mortality. Search strategy We searched the Cochrane Renal Group’s specialised register, CENTRAL, MEDLINE, EMBASE, CINAHL, Web of Science, Biosis, Pedro, Amed, AgeLine, PsycINFO and KoreaMed. We also handsearched reference lists of review articles and included studies, conference proceeding’s abstracts. There were no language restrictions. Date of last search: May 2010. Selection criteria We included any randomised controlled trial (RCT) enrolling adults with CKD or kidney transplant recipients undergoing any type of physical exercise intervention undertaken for eight weeks or more. Studies using less than eight weeks exercise, those only recommending an increase in physical activity, and studies in which co-interventions are not applied or given to both groups were excluded. Data collection and analysis Data extraction and assessment of study and data quality were performed independently by the two authors. Continuous outcome data are presented as standardised mean difference (SMD) or mean difference (MD) with 95% confidence intervals (CI). Main results Forty-five studies, randomising 1863 participants were included in this review. Thirty two studies presented data that could be meta-analysed. Types of exercise training included cardiovascular training, mixed cardiovascular and resistance training, resistance-only training and yoga. Some studies used supervised exercise interventions and others used unsupervised interventions. Exercise intensity was classed as ‘high’ or ‘low’, duration of individual exercise sessions ranged from 20 minutes/session to 110 minutes/session, and study duration was from two to 18 months. Seventeen per cent of studies were classed as having an overall low risk of bias, 33% as moderate, and 49% as having a high risk of bias. The results shows that regular exercise significantly improved: 1) physical fitness (aerobic capacity, 24 studies, 847 participants: SMD -0.56, 95% CI -0.70 to -0.42; walking capacity, 7 studies, 191 participants: SMD -0.36, 95% CI -0.65 to -0.06); 2) cardiovascular dimensions (resting diastolic blood pressure, 11 studies, 419 participants: MD 2.32 mm Hg, 95% CI 0.59 to 4.05; resting systolic blood pressure, 9 studies, 347 participants: MD 6.08 mm Hg, 95% CI 2.15 to 10.12; heart rate, 11 studies, 229 participants: MD 6 bpm, 95% CI 10 to 2); 3) some nutritional parameters (albumin, 3 studies, 111 participants: MD -2.28 g/L, 95% CI -4.25 to -0.32; pre-albumin, 3 studies, 111 participants: MD -44.02 mg/L, 95% CI -71.52 to -16.53; energy intake, 4 studies, 97 participants: SMD -0.47, 95% CI -0.88 to -0.05); and 4) health-related quality of life. Results also showed how exercise should be designed in order to optimise the effect. Other outcomes had insufficient evidence. Authors’ conclusions There is evidence for significant beneficial effects of regular exercise on physical fitness, walking capacity, cardiovascular dimensions (e.g. blood pressure and heart rate), health-related quality of life and some nutritional parameters in adults with CKD. Other outcomes had insufficient evidence due to the lack of data from RCTs. The design of the exercise intervention causes difference in effect size and should be considered when prescribing exercise with the aim of affecting a certain outcome. Future RCTs should focus more on the effects of resistance training interventions or mixed cardiovascular- and resistance training as these exercise types have not been studied as much as cardiovascular exercise.

Keywords: Activities, Adults, Adverse Events, Aerobic, Ambulatory Peritoneal-Dialysis, Analysis, Assessment, Authors, Bias, Blood, Blood Pressure, Capacity, Cardiovascular, Chronic Kidney Disease, Cochrane, Compliance, Confidence Intervals, Design, Disease, Embase, Energy, Exercise, Extraction, Frequency, Guidelines, Health-Related Quality of Life, Heart Rate, Improves Functional-Capacity, Inflammation, Intervention, Interventions, Kidney, Kidney Disease, Kidney Transplant, Lipids, Low, Maintenance Hemodialysis-Patients, MEDLINE, Mortality, Nutrition, Occupational, Outcome, Outcomes, Patients, Patients Receiving Hemodialysis, Physical Activity, Physical Working Capacity, Predialytic Uremic Patients, Pressure, Public Health, Quality, Quality of Life, Quality-of-Life, Randomised Controlled Trial, Randomized Controlled-Trial, Recombinant-Human-Erythropoietin, Renal, Resistance, Resistance Training, Review, Risk, Science, Search Strategy, Selection, Stage Renal-Disease, Strategy, Therapy, Training, Walking, Web of Science, Yoga

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Full Text: [2011\Coc Dat Sys Rev2011, CD003300.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD003300.pdf)

Abstract: Background Graduated driver licensing (GDL) has been proposed as a means of reducing crash rates among novice drivers by gradually introducing them to higher risk driving situations. Objectives To examine the effectiveness of GDL in reducing crash rates among young drivers. Search strategy Studies were identified through searching MEDLINE, EMBASE, CINAHL, Healthstar, Web of Science, NTIS Bibliographic Database, TRIS Online, SIGLE, the World Wide Web, conference proceedings, consultation with experts and reference lists in relevant published literature. The searches were conducted from the time of inception to May 2009, and the Cochrane Injuries Group conducted an updated search of the TRANSPORT database in September 2009. Selection criteria Studies were included if: 1) they compared outcomes pre- and post-implementation of a GDL program within the same jurisdiction, 2) comparisons were made between jurisdictions with and without GDL, or 3) both. Studies had to report at least one objective, quantified outcome. Data collection and analysis Results were not pooled due to substantial heterogeneity. Percentage change was calculated for each year after the intervention, using one year prior to the intervention as baseline. Results were adjusted by internal controls. Analyses were stratified by denominators (population, licensed drivers). Results were calculated for the different crash types and presented for 16 year-olds alone as well as all teenage drivers. Main results We included 34 studies evaluating 21 GDL programs and 2 analyses of >40 US states. GDL programs were implemented in the US (n=16), Canada (n=3), New Zealand (n=1), and Australia (n=1) and varied in their restrictions during the intermediate stage. Based on the Insurance Institute for Highway Safety (IIHS) classification, eleven programs were good, four were fair, five were marginal, one was poor and two could not be assessed. Reductions in crash rates were seen in all jurisdictions and for all crash types. Among 16 year-old drivers, the median decrease in per population adjusted overall crash rates during the first year was 15.5% (range -27 to -8%, five studies). There was a decrease in per population adjusted injury crash rates (median -21%, range -46 to -2%, five studies). Results for all teenage drivers, rates per licensed driver, and rates adjusting for internal controls were generally reduced when comparing within jurisdictions. Authors’ conclusions GDL is effective in reducing crash rates among young drivers, although the magnitude of the effect varies. The conclusions are supported by consistent findings, temporal relationship, and plausibility of the association. Stronger GDL programs (i.e. more restrictions or higher quality based on IIHS classification) appear to result in greater fatality reduction. Future studies should focus on which components and combination of components yield the greatest reductions.

Keywords: 16-Year-Old Drivers, Accidents,Traffic [Prevention & Control, Adolescent, Analysis, Association, Automobile Driving [Legislation & Jurisprudence, Bibliographic, Canada, Cochrane, Consultation, Database, Driving, Effectiveness, Embase, Fatalities, Humans, Impact, Injury, Intervention, Licensure [Legislation & Jurisprudence, Literature, MEDLINE, New Zealand, New-Zealand, Outcome, Outcomes, Passengers, Program, Quality, Reduction, Risk, Road, Safety, Science, Search Strategy, Selection, Standards], Statistics & Numerical Data], Strategy, System, Teenage Drivers, Transport, Us, Web of Science, World Wide Web

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Full Text: [2011\Coc Dat Sys Rev2011, CD003742.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD003742.pdf)

Abstract: Background Rotavirus infection is the most common neonatal nosocomial viral infection. It is a major health problem worldwide. Epidemics with the newer P(6)G9 strains have been reported in neonatal units globally. These strains can cause severe symptoms inmost infected infants. Infection control measures become necessary and the utilization of hospital resources increase. Local mucosal immunity in the intestine to rotavirus is important in the resolution of infection and protection against subsequent infections. Boosting local immunity by oral administration of anti-rotaviral immunoglobulin preparations might be a useful strategy in treating rotaviral infections, especially in low birth weight babies. Objectives To determine the effectiveness and safety of oral immunoglobulin preparations for the treatment of rotavirus diarrhea in hospitalized low birth weight infants (birth weight less than 2500 g) Search strategy Electronic databases including The Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library, Issue 3, 2004), MEDLINE, EMBASE and CINAHL, Biological Abstracts (BIOSIS) were searched by the strategy outlined in the protocol. Science Citation Index search for all articles that referenced Barnes 1982 were searched. The proceedings of the Pediatric Academic Societies published online at ‘Abstracts Online’ were searched. Ongoing registered trials at www.clinicaltrials.gov and www.controlled-trials.com were searched. Authors prominent in the field were contacted for any unpublished articles and more information on published articles was sought. Reference lists of identified clinical trials and personal files were also reviewed. The above search was updated in July 2011. Selection criteria The criteria used to select studies for inclusion were: 1) Design: randomized or quasi-randomized controlled trials 2) Hospitalized low birth weight infants with rotavirus diarrhea 3) Intervention: Oral immunoglobulin preparations compared to placebo or no intervention 4) At least one of the following outcomes were reported: All cause mortality during hospital stay, mortality due to rotavirus infection during hospital stay, duration of diarrhea, need for rehydration, duration of viral excretion, duration of infection control measures, length of hospital stay in days, recurrent diarrhea or chronic diarrhea Data collection and analysis The two reviewers were to independently abstract data from eligible trials. No data were available for analysis. Main results No eligible randomized controlled trials were found. Authors’ conclusions No randomized controlled trials that assessed the effectiveness or safety of oral immunoglobulin preparations for the treatment of rotavirus diarrhea in hospitalized low birth weight infants were found. Clinical trials that address the issue of oral immunoglobulin treatment of rotavirus infection are needed.

Keywords: Administration,Oral, Analysis, Children, Citation, Clinical Trials, Clinical-Trial, Cochrane, Control, Cross Infection [Therapy, Databases, Diarrhea [Therapy, Disease, Effectiveness, Embase, Gastroenteritis, Gastrointestinal Infections, Group-A Rotavirus, Hospital, Humans, Immunoglobulins [Administration & Dosage], Infant, Infant,Low Birth Weight, Infant,Newborn, Infants, Infection, Infection Control, Information, Intervention, Intestine, Low, MEDLINE, Mortality, Necrotizing Enterocolitis, Oral, Outcomes, Prevention, Protocol, Randomized Controlled Trials, Risk-Factors, Rotavirus Infections [Therapy], Safety, Science, Science Citation Index, Search Strategy, Selection, Strategy, Symptoms, Treatment, Trypsin-Inhibitors, Utilization, Virology]

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Full Text: [2011\Coc Dat Sys Rev2011, CD004205.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD004205.pdf)

Abstract: Background Mortality and morbidity due to neonatal sepsis and necrotizing enterocolitis (NEC) is high despite the use of potent antimicrobial agents. Agents that modulate inflammation may improve outcomes. Pentoxifylline, a phosphodiesterase inhibitor, is one such agent. Objectives The primary objectives were to assess the effect on mortality and the safety of intravenous pentoxifylline as an adjunct to antibiotic therapy in neonates with suspected or confirmed sepsis and NEC. Search strategy The Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library, Issue 2, 2011), MEDLINE, EMBASE and CINAHL, Science Citation Index for articles referencing Lauterbach 1996, proceedings of the Pediatric Academic Societies (1990 to 2011), BIOSIS (1992 to 2011), conference proceedings (1992 to 2011), ongoing trials and reference lists of identified RCTs were searched in July 2011. Selection criteria Randomised or quasi-randomised trials assessing the efficacy of pentoxifylline as an adjunct to antibiotics for treatment of suspected or confirmed sepsis or NEC in neonates were eligible. Data collection and analysis Two review authors independently abstracted information for the outcomes of interest. Typical relative risk (RR) and risk difference (RD) with 95% confidence intervals (CI) using fixed effects model are reported for dichotomous outcomes and mean differences for continuous outcomes. NNT was calculated for outcomes for which there was a statistically significant reduction in RD. Main results In four randomised controlled trials, 227 neonates with suspected or confirmed sepsis were randomised to pentoxifylline or placebo. Pentoxifylline therapy significantly decreased “all cause mortality during hospital stay” in the overall population of infants with sepsis [typical RR 0.40 (95%CI 0.20 to 0.77); typical RD -0.15 (95%CI -0.26 to -0.05); NNT 7 (95%CI 4 to 20)]. Subgroup analyses revealed significant reduction in mortality in preterm infants, infants with confirmed sepsis and gram-negative sepsis. Pentoxifylline treatment significantly decreased length of hospital stay [mean difference -11.20 [95%CI -22.09 to -0.31] but not development of NEC in neonates with sepsis [typical RR 0.29 (95%CI 0.07 to 1.24); typical RD -0.20 (95%CI -0.41 to 0.01)]. No adverse effects due to pentoxifylline were noted. No completed trial of treatment with pentoxifylline for treatment of NEC was identified. Authors’ conclusions Current evidence from four small studies suggests that the use of pentoxifylline as an adjunct to antibiotics in neonatal sepsis decreases mortality without any adverse effects. Researchers are encouraged to undertake large well-designed multicenter trials to confirm or refute the effectiveness of pentoxifylline in reducing mortality and adverse outcomes in neonates with suspected or confirmed neonatal sepsis and NEC.

Keywords: Adverse Effects, Adverse Outcomes, Analysis, Anti-Bacterial Agents [Therapeutic Use], Anti-Inflammatory Agents [Therapeutic Use], Antibiotic, Antibiotics, Authors, Bacterial Infections [Drug Therapy], Birth-Weight Infants, Chemotherapy,Adjuvant, Citation, Coagulation, Cochrane, Confidence Intervals, Development, Differences, Double-Blind, Effectiveness, Efficacy, Embase, Factor-Alpha, Hemodynamics, Hospital, Humans, Infant,Newborn, Infant,Premature, Infants, Infections, Inflammation, Information, Interest, MEDLINE, Model, Morbidity, Mortality, Outcomes, Pentoxifylline [Therapeutic Use], Phosphodiesterase Inhibitors [Therapeutic Use], Platelet Activating Factor, Premature-Infants, Preterm, Primary, Randomized Controlled Trials As Topic, Reduction, Relative Risk, Research Network, Researchers, Review, Risk, Safety, Science, Science Citation Index, Search Strategy, Selection, Sepsis, Sepsis [Drug Therapy], Strategy, Therapy, Treatment, Tumor-Necrosis-Factor

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Full Text: [2011\Coc Dat Sys Rev2011, CD006423.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD006423.pdf)

Abstract: Background Glucagon-like peptide analogues are a new class of drugs used in the treatment of type 2 diabetes that mimic the endogenous hormone glucagon-like peptide 1 (GLP-1). GLP-1 is an incretin, a gastrointestinal hormone that is released into the circulation in response to ingested nutrients. GLP-1 regulates glucose levels by stimulating glucose-dependent insulin secretion and biosynthesis, and by suppressing glucagon secretion, delayed gastric emptying and promoting satiety. Objectives To assess the effects of glucagon-like peptide analogues in patients with type 2 diabetes mellitus. Search strategy Studies were obtained from electronic searches of The Cochrane Library (last search issue 1, 2011), MEDLINE (last search March 2011), EMBASE (last search March 2011), Web of Science (last search March 2011) and databases of ongoing trials. Selection criteria Studies were included if they were randomised controlled trials of a minimum duration of eight weeks comparing a GLP-1 analogue with placebo, insulin, an oral anti-diabetic agent, or another GLP-1 analogue in people with type 2 diabetes. Data collection and analysis Data extraction and quality assessment of studies were done by one reviewer and checked by a second. Data were analysed by type of GLP-1 agonist and comparison treatment. Where appropriate, data were summarised in a meta-analysis (mean differences and risk ratios summarised using a random-effects model). Main results Seventeen randomised controlled trials including relevant analyses for 6899 participants were included in the analysis. Studies were mostly of short duration, usually 26 weeks. In comparison with placebo, all GLP-1 agonists reduced glycosylated haemoglobin A1c (HbA1c) levels by about 1%. Exenatide 2 mg once weekly reduced HbA1c more than exenatide 10 mu g twice daily, sitagliptin and pioglitazone. Liraglutide 1.8 mg reduced HbA1c by 0.33% more than exenatide 10 mu g twice daily. Liraglutide led to similar improvements in HbA1c compared to sulphonylureas but reduced it more than sitagliptin and rosiglitazone. Both exenatide and liraglutide led to greater weight loss than most active comparators, including in participants not experiencing nausea. Hypoglycaemia occurred more frequently in participants taking concomitant sulphonylurea. GLP-1 agonists caused gastrointestinal adverse effects, mainly nausea. These adverse events were strongest at the beginning and then subsided. Beta-cell function was improved with GLP-1 agonists but the effect did not persist after cessation of treatment. None of the studies was long enough to assess long-term positive or negative effects. Authors’ conclusions GLP-1 agonists are effective in improving glycaemic control.

Keywords: Adverse Effects, Adverse Events, Analysis, Assessment, Cardiovascular Risk-Factors, Cochrane, Control, Databases, Diabetes, Diabetes Mellitus, Differences, Double-Blind, Drugs, Embase, Exenatide, Extraction, Gastrointestinal, Glp-1, Haemoglobin, Hormone, Human Glp-1 Analog, Improved Treatment Satisfaction, Improves Glycemic Control, Insulin, Insulin Glargine, Lowers Body-Weight, MEDLINE, Meta Analysis, Meta-Analysis, Model, Once-Daily Liraglutide, Open-Label Trial, Oral, Parallel-Group, Patients, Quality, Risk, Science, Search Strategy, Selection, Strategy, Treatment, Type 2, Type 2 Diabetes, Type 2 Diabetes Mellitus, Web of Science, Weight Loss

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Full Text: [2011\Coc Dat Sys Rev2011, CD007103.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007103.pdf)

Abstract: Background Current cancer care increasingly incorporates psychosocial interventions. Cancer patients use dance/movement therapy to learn to accept and reconnect with their bodies, build new self-confidence, enhance self-expression, address feelings of isolation, depression, anger and fear and to strengthen personal resources. Objectives To compare the effects of dance/movement therapy and standard care with standard care alone or standard care and other interventions in patients with cancer. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 2), MEDLINE, EMBASE, CINAHL, PsycINFO, LILACS, Science Citation Index, CancerLit, International Bibliography of Theatre and Dance, Proquest Digital Dissertations, ClinicalTrials.gov, Current Controlled Trials and the National Research Register (all to March 2011). We handsearched dance/movement therapy and related topics journals, reviewed reference lists and contacted experts. There was no language restriction. Selection criteria We included all randomized and quasi-randomized controlled trials of dance/movement therapy interventions for improving psychological and physical outcomes in patients with cancer. Data collection and analysis Two review authors independently extracted the data and assessed the methodological quality. Results were presented using standardized mean differences. Main results We included two studies with a total of 68 participants. No evidence was found for an effect of dance/movement therapy on body image in women with breast cancer. The data of one study with moderate risk of bias suggested that dance/movement therapy had a large beneficial effect on participants’ quality of life (QoL). The second trial reported a large beneficial effect on fatigue. However, this trial was at high risk of bias. The individual studies did not find support for an effect of dance/movement therapy on mood, distress, and mental health. It is unclear whether this was due to ineffectiveness of the treatment or limited power of the trials. Finally, the results of one study did not find evidence for an effect of dance/movement therapy on shoulder range of motion (ROM) or arm circumference in women who underwent a lumpectomy or breast surgery. However, this was likely due to large within-group variability for shoulder ROM and a limited number of participants with lymphedema. Authors’ conclusions We did not find support for an effect of dance/movement therapy on body image. The findings of one study suggest that dance/movement therapy may have a beneficial effect on QoL. However, the limited number of studies prevents us from drawing conclusions concerning the effects of dance/movement therapy on psychological and physical outcomes in cancer patients.

Keywords: Analysis, Authors, Bias, Bibliography, Body, Breast Cancer, Breast-Cancer, Cancer, Care, Citation, Cochrane, Dance, Depression, Diagnosis, Differences, Dissertations, Distress, Embase, Fatigue, Interventions, Journals, MEDLINE, Mental Health, Mood, Movement, Outcomes, Patients, Power, Prevalence, Psychological, Psychosocial, Quality, Quality of Life, Research, Review, Risk, Scale, Science, Science Citation Index, Search Strategy, Selection, Strategy, Surgery, Therapy, Topics, Treatment, Variability, Women

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Full Text: [2011\Coc Dat Sys Rev2011, CD007368.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007368.pdf)

Abstract: Background Diarrhoeal disorders and acute respiratory infections (ARIs), especially pneumonia, are the most common causes of death in low-income countries. Studies evaluating the impact of zinc supplementation as an adjunct in the management of pneumonia are limited and have shown variable results. Objectives To evaluate zinc supplementation, as an adjunct to antibiotics, in the treatment (clinical recovery) of pneumonia in children aged two to 59 months. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 1), which contains the Cochrane Acute Respiratory Infections (ARI) Group’s and the Cochrane Infectious Diseases Group’s Specialised Registers, MEDLINE (1950 to March week 2, 2011), EMBASE (1974 to March 2011), CINAHL (1981 to March 2011), LILACS (1985 to March 2011), AMED (1985 to March 2011), CAB Abstracts (1910 to March 2011) and Web of Science (2000 to March 2011). Selection criteria Randomised control trials (RCTs) evaluating supplementation of zinc as an adjunct to antibiotics for pneumonia in children aged two to 59 months. Data collection and analysis Two review authors independently assessed trial eligibility and screened all available titles and abstracts for inclusion. If the relevance could not be ascertained by screening the title and abstract, we retrieved and reviewed the full text of the article. Main results We included four trials in which 3267 children aged two to 35 months participated. Analysis showed that zinc supplementation in addition to standard antibiotic therapy in children with severe and non-severe pneumonia failed to show a statistically significant effect on clinical recovery (risk ratio (RR) 1.02; 95% confidence interval (CI) 0.93 to 1.11). Similary, zinc supplementation in children with severe pneumonia, as an adjunct to standard antibiotic therapy, did not show a statistically significant effect on clinical recovery measured as resolution of tachypnoea (respiratory rate > 50 breaths per minute) (RR 1.13; 95% CI 0.82 to 1.57) and cessation of chest indrawing (RR 1.08; 95% CI 0.88 to 1.31) as compared to the control group. Zinc supplementation in children with severe pneumonia also showed a non-significant effect on the duration of hospitalization stay as compared to the control (RR 1.04; 95% CI 0.89 to 1.22). Authors’ conclusions Evidence provided in this review is insufficient to recommend the use of zinc as an adjunct to standard antibiotic therapy for pneumonia in children aged two to 35 months.

Keywords: Acute, Aged, Analysis, Antibiotic, Antibiotics, Authors, Chest Indrawing, Childhood Pneumonia, Children, Cochrane, Control, Diarrhea, Diseases, Double-Blind, Embase, Hospitalization, Impact, Infection, Laboratory Diagnosis, Management, MEDLINE, Pneumonia, Prevention, Randomized Controlled-Trial, Ratio, Recovery, Respiratory, Respiratory Infections, Review, Risk, Science, Screening, Search Strategy, Selection, Strategy, Therapy, Treatment, Urban, Vitamin-A, Web of Science, Young-Children, Zinc

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Full Text: [2011\Coc Dat Sys Rev2011, CD007577.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007577.pdf)

Abstract: Background Pneumonia is the most common hospital-acquired infection affecting patients in the intensive care unit (ICU). However, the optimal duration of antibiotic therapy for hospital-acquired pneumonia (HAP) is uncertain. Objectives To assess the effectiveness of short versus prolonged-course antibiotic administration for HAP in critically ill adults, including patients with ventilator-associated pneumonia (VAP). Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 1), which includes the Cochrane Acute Respiratory Infections Group’s Specialised Register, MEDLINE (1950 to February week 4, 2011), EMBASE (1974 to March 2011), LILACS (1985 to March 2011) and Web of Science (1985 to March 2011). Selection criteria We considered all randomised controlled trials (RCTs) comparing fixed durations of antibiotic therapy, or comparing a protocol intended to limit duration of therapy with standard care, for HAP (including patients with VAP) in critically ill adults. Data collection and analysis Two review authors conducted data extraction and assessment of risk of bias. We contacted trial authors for additional information. Main results Eight studies (1703 patients) were included. Methodology varied considerably and we found little evidence regarding patients with a high probability of HAP who were not mechanically ventilated. For patients with VAP, a short seven to eight-day course of antibiotics compared with a prolonged 10 to 15-day course (three studies, N = 508) increased 28-day antibiotic-free days (odds ratio (OR) 4.02; 95% confidence interval (CI) 2.26 to 5.78) and reduced recurrence of VAP due to multi-resistant organisms (OR 0.44; 95% CI 0.21 to 0.95), without adversely affecting other outcomes. However, for cases of VAP due to non-fermenting Gram-negative bacilli (NF-GNB), recurrence was greater after short-course therapy (OR 2.18; 95% CI 1.14 to 4.16; two studies, N = 176), though other outcome measures did not significantly differ. Discontinuation strategies utilising clinical features (one study; N = 302) or procalcitonin (three studies; N = 323) led to a reduction in duration of therapy and, in the procalcitonin studies, increased 28-day antibiotic-free days (mean difference (MD) 2.80; 95% CI 1.39 to 4.21) without negatively affecting other outcomes. Authors’ conclusions We conclude that for patients with VAP not due to NF-GNB, a short fixed-course (seven or eight days) antibiotic therapy may be more appropriate than a prolonged course (10 to 15 days). Use of an individualised strategy (incorporating clinical features or serum procalcitonin) appears to safely reduce duration of antibiotic therapy for VAP.

Keywords: Adults, Analysis, Antibiotic, Antibiotics, Antimicrobial Therapy, Assessment, Authors, Bias, Care, Cochrane, Duration, Effectiveness, Embase, Extraction, Icu, Infection, Information, Intensive Care, Intensive Care Unit, Intensive-Care Units, MEDLINE, Metaanalysis, Methodology, Outcome, Outcomes, Patients, Pneumonia, Procalcitonin, Protocol, Randomized Controlled-Trial, Ratio, Recurrence, Reduction, Review, Risk, Science, Search Strategy, Selection, Septic Patients, Strategy, Therapy, Ventilator-Associated Pneumonia, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD007946.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007946.pdf)

Abstract: Background Tinnitus is the perception of sound, in the ear or in the head, in the absence of any external acoustic stimulation. Repetitive transcranial magnetic stimulation (rTMS) is a non-invasive means of inducing electrical currents in the brain, and has received increasing attention in recent years for the treatment of many neuropsychiatric disorders, including tinnitus. Objectives To assess the effectiveness and safety of rTMS versus placebo in patients with tinnitus. Search strategy We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL); PubMed; EMBASE; CINAHL; Web of Science; BIOSIS Previews; Cambridge Scientific Abstracts; ICTRP and additional sources for published and unpublished trials. The date of the most recent search was 24 May 2011. Selection criteria Randomised controlled trials of rTMS versus sham rTMS. Data collection and analysis Two review authors reviewed the titles, abstracts and keywords of all records retrieved. Three review authors independently collected and extracted data, and assessed the risk of bias of the trials. Main results Five trials comprising of 233 participants met our inclusion criteria. Each study described the use of a different rTMS device that delivered different waveforms at different frequencies. All five trials were relatively small studies but generally they demonstrated a low risk of bias. When considering the impact of tinnitus on patients’ quality of life, the results of only one study demonstrated a statistically significant improvement in Tinnitus Handicap Inventory (THI) scores at four months follow-up (defined as a ‘partial improvement’ by the study authors (THI reduction of 21% to 80%)) when low-frequency rTMS was compared with a sham control treatment. However, no statistically significant improvement was demonstrated by another two studies that considered rTMS at the same frequency. Furthermore, this single positive finding should be taken in the context of the many different variables which were recorded at many different points in time by the study authors. In accordance with our pre-specified subgroup analysis we extracted the data from one study to consider the differential effectiveness between ‘lower’ low-frequency rTMS (1 Hz) and ‘higher’ low-frequency rTMS (10 Hz, 25 Hz). In doing this we were able to demonstrate a statistically significant difference between rTMS employing a frequency of 1 Hz and the sham group when considering tinnitus severity and disability after four months follow-up (‘partial’ improvement). However, no statistically significant difference was demonstrated between 10 Hz and 25 Hz rTMS, and the sham control group, when considering the severity and disability of tinnitus at four months follow-up. When considering tinnitus loudness in patients undergoing rTMS we were able to demonstrate a statistically significant reduction in tinnitus loudness when the results of two studies were pooled (risk ratio 4.17, 95% confidence interval 1.30 to 13.40). However, this finding was based on two small trials and consequently the confidence interval was particularly wide. No serious adverse effects were reported in any of the trials. Authors’ conclusions There is very limited support for the use of low-frequency rTMS for the treatment of patients with tinnitus. When considering the impact of tinnitus on patients’ quality of life, support is from a single study with a low risk of bias based on a single outcome measure at a single point in time. When considering the impact on tinnitus loudness, this is based on the analysis of pooled data with a large confidence interval. Studies suggest that rTMS is a safe treatment for tinnitus in the short-term, however there were insufficient data to provide any support for the safety of this treatment in the long-term. More prospective, randomised, placebo-controlled, double-blind studies with large sample sizes are needed to confirm the effectiveness of rTMS for tinnitus patients. Uniform, validated, tinnitus-specific questionnaires and measurement scales should be used in future studies.

Keywords: Acute Acoustic Trauma, Adverse Effects, Analysis, Attention, Authors, Bias, Brain, Cochrane, Control, Disability, Double-Blind, Effectiveness, Efficacy, Embase, Follow-Up, Frequency, Ginkgo-Biloba, Impact, Low, Measurement, Noise, Occupational Hearing-Loss, Outcome, Patients, Perception, Points, Pubmed, Quality, Quality of Life, Questionnaires, Ratio, Reduction, Review, Risk, Rtms, Safety, Science, Search Strategy, Selection, Severity, Strategy, Tinnitus, Transcranial Magnetic Stimulation, Treatment, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD009447.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD009447.pdf)

Abstract: Background The choice of the appropriate perioperative thromboprophylaxis in patients with cancer depends on the relative benefits and harms of low molecular weight heparin (LMWH) and unfractionated heparin (UFH). Objectives to systematically review the evidence for the relative efficacy and safety of LMWH and UFH for perioperative thromboprophylaxis in patients with cancer. Search strategy A comprehensive search for trials of anticoagulation in cancer patients including a February 2010 electronic search of: the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE and ISI Web of Science. Selection criteria Randomized controlled trials (RCTs) that enrolled cancer patients undergoing a surgical intervention and compared the effects of LMWH to UFH on mortality, deep venous thrombosis (DVT), pulmonary embolism(PE), bleeding outcomes, and thrombocytopenia. Data collection and analysis Two review authors used a standardized form to independently extract in duplicate data on risk of bias, participants, interventions and outcomes of interest. Where possible, we conducted meta-analyses using the random-effects model. Main results of 8187 identified citations, we included 16 RCTs with 11,847 patients in the meta-analyses, all using preoperative prophylactic anticoagulation. The overall quality of evidence was moderate. The meta-analysis did not conclusively rule out either a beneficial or harmful effect of LMWH compared to UFH for the following outcomes: mortality (RR = 0.90; 95% CI 0.73 to 1.10), symptomatic DVT (RR = 0.73; 95% CI 0.23 to 2.28), PE (RR = 0.59; 95% CI 0.25 to1.41), minor bleeding (RR = 0.88; 95% CI 0.47 to 1.66) and major bleeding (RR = 0.84; 95% CI 0.52 to 1.36). LMWH was associated with lower incidence of wound hematoma (RR = 0.60; 95% CI 0.43, 0.84) while UFH was associated with higher incidence of intra-operative transfusion (RR = 1.16; 95% CI 0.69,1.62). Authors’ conclusions We found no difference between perioperative thromboprophylaxis with LMWH verus UFH in their effects on mortality and embolic outcomes in patients with cancer. Further trials are needed to more carefully evaluate the benefits and harms of different heparin thromboprophylaxis strategies in this population.

Keywords: Abdominal-Surgery, Analysis, Authors, Bias, Cancer, Citations, Cochrane, Deep-Vein Thrombosis, Double-Blind Trial, Efficacy, Embase, Fatal Pulmonary-Embolism, General-Surgery, Gynecological Surgery, Heparin, Incidence, Interest, Intervention, Interventions, ISI, ISI Web of Science, Low, Low-Dose Heparin, Low-Molecular-Weight, MEDLINE, Meta Analysis, Meta-Analysis, Model, Molecular, Mortality, Multicenter Trial, Outcomes, Patients, Postoperative Venous Thromboembolism, Quality, Randomized Controlled Trials, Review, Risk, Safety, Science, Search Strategy, Selection, Standard Heparin, Strategy, Surgical, Thrombosis, Venous Thrombosis, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD008931.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008931.pdf)

Abstract: Background Every patient in residential healthcare has a bed. Falling out of bed is associated with preventable patient harm. Various interventions to prevent injury are available. Bed rails are the most common intervention designed to prevent patients falling out of bed; however, their effectiveness is uncertain and bed rail entrapment can also result in injuries. Objectives to assess the effectiveness of interventions designed to prevent patient injuries and falls from their beds. Search strategy We searched the Cochrane Injuries Group Specialised Register, Cochrane Central Register of Controlled Trials 2010, Issue 2 (The Cochrane Library), MEDLINE (Ovid), EMBASE (Ovid), CINAHL (EBSCO), ISOI Web of Science and Web-based trials registers (all to December 2010) as well as reference lists. Selection criteria Randomised controlled trials of interventions designed to prevent patient injuries from their beds which were conducted in hospitals, nursing care facilities or rehabilitation units were eligible for inclusion. Data collection and analysis Two review authors independently assessed the risk of bias and extracted data from the included studies. Authors contacted investigators to obtain missing information. Main results Two studies met the inclusion criteria, involving a total of 22,106 participants. One study tested low height beds and the other tested bed exit alarms. Both studies used standard care for their control group and both studies were conducted in hospitals. No study investigating bed rails met the inclusion criteria. Due to the clinical heterogeneity of the interventions in the included studies pooling of data and meta-analysis was inappropriate, and so the results of the studies are described. A single cluster randomised trial of low height beds in 18 hospital wards, including 22,036 participants, found no significant reduction in the frequency of patient injuries due to their beds (there were no injuries in either group), patient falls in the bedroom (rate ratio 0.69, 95% CI 0.35 to 1.34), all falls (rate ratio 1.26, 95% CI 0.83 to 1.90) or patient injuries due to all falls (rate ratio 1.35, 95% CI 0.68 to 2.68). One randomised controlled trial of bed exit alarms in one hospital geriatric ward, involving 70 participants, found no significant reduction in the frequency of patient injuries due to their beds (there were no injuries in either group), patient falls out of bed (rate ratio 0.25, 95% CI 0.03 to 2.24), all falls (rate ratio 0.42, 95% CI 0.15 to 1.18) or patient injuries due to all falls (no injuries in either group). Authors’ conclusions The effectiveness of interventions designed to prevent patient injuries from their beds (including bed rails, low height beds and bed exit alarms) remains uncertain. The available evidence shows no significant increase or decrease in the rate of injuries with the use of low height beds and bed exit alarms. Limitations of the two included studies include lack of blinding and insufficient power. No randomised controlled trials of bed rails were identified. Future reports should fully describe the standard care received by the control group.

Keywords: Analysis, Authors, Bias, Care, Cochrane, Control, Effectiveness, Embase, Fall-Related Injuries, Falls, Frequency, Geriatric, Hospital, Hospitalized-Patients, Hospitals, Information, Injury, Intervention, Interventions, Low, MEDLINE, Meta Analysis, Meta-Analysis, Multifactorial Intervention, Nursing, Nursing-Home Residents, Older-People, Patients, Physical Restraint, Power, Randomised Controlled Trial, Randomized Controlled-Trial, Ratio, Reduction, Rehabilitation, Residential, Review, Risk, Risk-Factors, Science, Search Strategy, Selection, Side Rail Use, Strategy, Vitamin-D, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD006006.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD006006.pdf)

Abstract: Background Prostaglandins may reduce ischaemic injury after liver transplantation. Several small randomised trials have evaluated the effects of prostaglandins in patients undergoing liver transplantation. Results of these trials are inconsistent, and none has enough power to reliably exclude effects of prostaglandins. Objectives to assess the benefits and harms of prostaglandin E1 or E2 in adult liver-transplanted patients. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and LILACS (search on 20 April 2011). In addition, we perused the reference lists of the identified studies and contacted trials investigators, and national and international experts in order to identify more trials for the review. Selection criteria We included randomised clinical trials evaluating prostaglandin E1 or E2 initiated in the perioperative period versus placebo or standard treatment for adult patients undergoing liver transplantation. We did not apply any language or publication status restrictions. Data collection and analysis Two authors independently evaluated methodological quality, ie, risk of bias of the included trials, and extracted data using standardised data extraction forms. We contacted trial investigators in attempt to retrieve information not available in the original manuscripts. We used random-effects model meta-analyses and fixed-effect model meta-analyses to estimate the odds ratio with 95% confidence interval (CI). Main results We included ten trials in which 652 patients were randomised. The risk of bias was considered high in most trials. There was no significant effect of prostaglandins on all-cause mortality (37/298[12.4%] in prostaglandin group versus 47/312[15.1%] in control group; OR 0.84, 95% CI 0.53 to 1.37; I(2) = 0%), on primary non-function of the allograft (8/238 [3.4%] versus. 16/250[6.4%]; OR 0.55, 95% CI 0.23 to 1.33; I(2) = 0%), and on liver re-transplantation (12/161[7.5%] versus 14/171[8.2%]; OR 0.99, 95% CI 0.44 to 2.25; I(2) = 0%). Prostaglandins seemed to significantly decrease the risk of acute kidney failure requiring dialysis (13/158[8.2%] versus 34/171[9.9%]; OR 0.37, 95% CI 0.18 to 0.75; I(2) = 0%). There was no significant increase in the risk of adverse events with prostaglandins. Authors’ conclusions We found no evidence that the administration of prostaglandins to liver transplanted patients reduces the risk of death, primary non-function of the allograft, or liver re-transplantation. Prostaglandins might reduce the risk of acute kidney failure requiring dialysis, but the quality of the evidence is considered only moderate due to high risk of bias in most of the included trials. Moreover, there are risks of outcome measure reporting bias and random errors. Therefore, further randomised, placebo-controlled trials are deemed necessary.

Keywords: Acute, Adult, Adverse Events, Analysis, Authors, Bias, Citation, Clinical Trials, Clinical-Trials, Cochrane, Control, Dialysis, Double-Blind, Embase, Empirical-Evidence, Extraction, Graft Nonfunction, Improve Renal-Function, Information, Injury, Liver Transplantation, MEDLINE, Metaanalyses, Model, Mortality, Outcome, Patients, Power, Primary, Prostacyclin, Publication, Quality, Randomized-Trials, Ratio, Reperfusion Injury, Review, Risk, Science, Science Citation Index, Search Strategy, Selection, Strategy, Transplantation, Treatment

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Full Text: [2011\Coc Dat Sys Rev2011, CD005531.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD005531.pdf)

Abstract: Background Measles is an infectious disease caused by the Morbillivirus. Chinese physicians believe that medicinal herbs are effective in alleviating symptoms and preventing complications. Chinese herbal medicines are dispensed according to the particular symptoms. This is the second update of a Cochrane Review first published in 2006. Objectives to assess the effectiveness and possible adverse effects of Chinese medicinal herbs for measles. Search strategy We searched the Cochrane Central Register of Controlled Clinical Trials (CENTRAL Issue 1, 2011) which contains the Cochrane Acute Respiratory Infections Group’s Specialised Register, MEDLINE (1966 to March week 5, 2011), EMBASE (1980 to April 2011), Web of Science (2005 to 30 April 2011), AMED (1985 to 30 April 2011), Chinese Biomedical Database (1976 to 30 June 2011), VIP Information (1989 to 30 June 2011), China National Knowledge Infrastructure (CNKI) (1976 to 30 June 2011), Chinese Journals full-article database (1994 to 30 June 2011) and the m et a Register of Controlled Trials for ongoing trials. Selection criteria Randomised controlled trials (RCTs) of Chinese medicinal herbs in patients with measles (without complications). Data collection and analysis Two review authors (SC, TW) independently assessed trial quality and extracted data. We telephone interviewed the trial authors for missing information regarding participant allocation. Some trials allocated participants according to the sequence they were admitted to the trials, that is to say, by using a pseudo-random allocation method. None of the trials concealed the allocation or used blinding methods. Main results We did not identify any suitable trials for inclusion. In this updated review we identified 80 trials which claimed to use random allocation. We contacted 32 trial authors by telephone and learned that the allocation methods used were not randomised. We excluded 34 studies because the participants experienced complications such as pneumonia. We excluded 10 trials because of non-random allocation and complications experienced by the participants. We were unable to contact the remaining four trials’ authors, so they require further assessment and have been allocated to the ‘Studies awaiting classification’ section. Authors’ conclusions There is no RCT evidence for or against Chinese medicinal herbs as a treatment for measles. We hope high-quality, robust RCTs in this field will be conducted in the future.

Keywords: Adult, Adverse Effects, Analysis, Assessment, Authors, Child, China, Cochrane, Complications, Database, Disease, Drugs, Chinese Herbal [Therapeutic Use], Effectiveness, Embase, Herbal, Humans, Information, Journals, Knowledge, Measles [Drug Therapy], MEDLINE, Patients, Physicians, Pneumonia, Quality, Review, Science, Search Strategy, Selection, Strategy, Symptoms, Treatment, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD006933.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD006933.pdf)

Abstract: Background Infections cause both morbidity and mortality in patients undergoing liver resection. Various methods have been advocated to decrease the infectious complications after liver resection. We do not know if they are of any benefit to the patient or the health-care funder. Objectives to determine the benefits and harms of different interventions in decreasing the infectious complications and improving the outcomes after liver resection. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrae Library, MEDLINE, EMBASE, and Science Citation Index Expanded until August 2011. Selection criteria We included all randomised clinical trials that were performed to compare interventions aimed at decreasing the infectious complications after liver resection. Data collection and analysis Two authors independently identified the trials and extracted the data. We analysed the data with both the fixed-effect and the random-effects model using RevMan Analysis. For each outcome we calculated the risk ratio (RR), rate ratio, or mean difference (MD) with 95% confidence intervals (CI) based on available patient data analysis. Main results We included seven trials including 521 patients for this review. The sample size in the trials varied from 12 to 180 patients. All the trials were of high risks of systematic errors and of random errors. Four trials included patients who underwent liver resection only. In the remaining three trials, patients underwent combined liver resection with extrahepatic biliary resection resulting in a biliary enteric anastomosis. Four trials included only major liver resection. The remaining three trials included a mixture of major and minor liver resections. It appears that the proportion of cirrhotic patients in the trials was very low. The comparisons performed included whether antibiotics are necessary routinely during the peri-operative period of liver resection, the duration of antibiotics, the use of prebiotics and probiotics in the perioperative period, use of recombinant bactericidal-permeability increasing protein 21 (rBPI21), and the use of topical povidone iodine gel at the time of wound closure. Only one or two trials were included under each comparison. There was no significant differences in mortality or severe morbidity in any of the comparisons. Quality of life was not reported in any of the trials. Authors’ conclusions There is currently no evidence to support or refute the use of any treatment to reduce infectious complications after liver resections. Further well designed trials with low risk of systematic error and low risk of random errors are necessary.

Keywords: Analysis, Antibiotics, Authors, Bias, Biliary Cancer-Surgery, Citation, Clinical Trials, Clinical-Trials, Cochrane, Complications, Confidence Intervals, Differences, Embase, Empirical-Evidence, Gel, Health Care, Hepatic Resection, Increasing Protein Rbpi(21), Infection, Interventions, Low, MEDLINE, Metaanalysis, Methods, Model, Morbidity, Mortality, Outcome, Outcomes, Patients, Perioperative Synbiotic Treatment, Probiotics, Quality, Quality of Life, Randomized Controlled-Trial, Ratio, Review, Risk, Science, Science Citation Index, Search Strategy, Selection, Strategy, Systematic, Treatment

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Full Text: [2011\Coc Dat Sys Rev2011, CD007992.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007992.pdf)

Abstract: Background It has been suggested that impairments associated with autism spectrum disorders (ASD) may be partially explained by deficits of omega-3 fatty acids, and that supplementation of these essential fatty acids may lead to improvement of symptoms. Objectives to review the efficacy of omega-3 fatty acids for improving core features of ASD (for example, social interaction, communication, and stereotypies) and associated symptoms. Search strategy We searched the following databases on 2 June 2010: CENTRAL (2010, Issue 2), MEDLINE (1950 to May Week 3 2010), EMBASE (1980 to 2010 Week 21), PsycINFO (1806 to current), BIOSIS (1985 to current), CINAHL (1982 to current), Science Citation Index (1970 to current), Social Science Citation Index (1970 to current), metaRegister of Controlled Trials (20 November 2008) and ClinicalTrials.gov (10 December 2010). Dissertation Abstracts International was searched on 10 December 2008, but was no longer available to the authors or editorial base in 2010. Selection criteria All randomised controlled trials of omega-3 fatty acids supplementation compared to placebo in individuals with ASD. Data collection and analysis Three authors independently selected studies, assessed them for risk of bias and extracted relevant data. We conducted meta-analysis of the included studies for three primary outcomes (social interaction, communication, and stereotypy) and one secondary outcome (hyperactivity). Main results We included two trials with a total of 37 children diagnosed with ASD who were randomised into groups that received either omega-3 fatty acids supplementation or a placebo. We excluded six trials because they were either non-randomised controlled trials, did not contain a control group, or the control group did not receive a placebo. Overall, there was no evidence that omega-3 supplements had an effect on social interaction (mean difference (MD) 0.82, 95% confidence interval (CI) -2.84 to 4.48, I(2) = 0%), communication (MD 0.62, 95% CI -0.89 to 2.14, I(2) = 0%), stereotypy (MD 0.77, 95% CI -0.69 to 2.22, I(2) = 8%), or hyperactivity (MD 3.46, 95% CI -0.79 to 7.70, I(2) = 0%). Authors’ conclusions to date there is no high quality evidence that omega-3 fatty acids supplementation is effective for improving core and associated symptoms of ASD. Given the paucity of rigorous studies in this area, there is a need for large well-conducted randomised controlled trials that examine both high and low functioning individuals with ASD, and that have longer follow-up periods.

Keywords: Adhd, Analysis, Authors, Autism, Bias, Children, Citation, Communication, Control, Controlled-Trial, Databases, Depressive Disorder, Double-Blind, Efficacy, Embase, Essential Fatty-Acids, Ethyl-Eicosapentaenoate, Fatty Acids, Follow-Up, International, Lead, Low, MEDLINE, Meta Analysis, Meta-Analysis, Omega-3, Outcome, Outcomes, Prevalence, Primary, Quality, Ratio, Review, Risk, Science, Science Citation Index, Search Strategy, Selection, Social, Social Science, Strategy, Supplements, Symptoms

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Full Text: [2011\Coc Dat Sys Rev2011, CD004827.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD004827.pdf)

Abstract: Background Antibiotics alter the microbial balance within the gastrointestinal tract. Probiotics may prevent antibiotic-associated diarrhea (AAD) via restoration of the gut microflora. Antibiotics are prescribed frequently in children and AAD is common in this population. Objectives The primary objectives were to assess the efficacy and safety of probiotics (any specified strain or dose) used for the prevention of AAD in children. Search strategy MEDLINE, EMBASE, CENTRAL, CINAHL, AMED, and the Web of Science (inception to May 2010) were searched along with specialized registers including the Cochrane IBD/FBD review group, CISCOM (Centralized Information Service for Complementary Medicine), NHS Evidence, the International Bibliographic Information on Dietary Supplements as well as trial registries. Letters were sent to authors of included trials, nutra/pharmaceutical companies, and experts in the field requesting additional information on ongoing or unpublished trials. Conference proceedings, dissertation abstracts, and reference lists from included and relevant articles were also searched. Selection criteria Randomized, parallel, controlled trials in children (0 to 18 years) receiving antibiotics, that compare probiotics to placebo, active alternative prophylaxis, or no treatment and measure the incidence of diarrhea secondary to antibiotic use were considered for inclusion. Data collection and analysis Study selection, data extraction as well as methodological quality assessment using the risk of bias instrument was conducted independently and in duplicate by two authors. Dichotomous data (incidence of diarrhea, adverse events) were combined using a pooled relative risk and risk difference (adverse events), and continuous data (mean duration of diarrhea, mean daily stool frequency) as weighted mean differences, along with their corresponding 95% confidence intervals. For overall pooled results on the incidence of diarrhea, sensitivity analyses included available case versus extreme-plausible analyses and random-versus fixed-effectmodels. to explore possible explanations for heterogeneity, a priori subgroup analysis were conducted on probiotic strain, dose, definition of antibiotic-associated diarrhea, antibiotic agent as well as risk of bias. Main results Sixteen studies (3432 participants) met the inclusion criteria. Trials included treatment with either Bacillus spp., Bifidobacterium spp., Lactobacilli spp., Lactococcus spp., Leuconostoc cremoris, Saccharomyces spp., or Streptococcus spp., alone or in combination. Nine studies used a single strain probiotic agent, four combined two probiotic strains, one combined three probiotic strains, one product included ten probiotic agents, and one study included two probiotic arms that used three and two strains respectively. The risk of bias was determined to be high in 8 studies and low in 8 studies. Available case (patients who did not complete the studies were not included in the analysis) results from 15/16 trials reporting on the incidence of diarrhea show a large, precise benefit from probiotics compared to active, placebo or no treatment control. The incidence of AAD in the probiotic group was 9% compared to 18% in the control group (2874 participants; RR 0.52; 95% CI 0.38 to 0.72; I(2) = 56%). This benefit was not statistically significant in an extreme plausible (60% of children loss to follow-up in probiotic group and 20% loss to follow-up in the control group had diarrhea) intention to treat (ITT) sensitivity analysis. The incidence of AAD in the probiotic group was 16% compared to 18% in the control group (3392 participants; RR 0.81; 95% CI 0.63 to 1.04; I(2) = 59%). An a priori available case subgroup analysis exploring heterogeneity indicated that high dose (>= 5 billion CFUs/day) is more effective than low probiotic dose (< 5 billion CFUs/day), interaction P value = 0.010. For the high dose studies the incidence of AAD in the probiotic group was 8% compared to 22% in the control group (1474 participants; RR 0.40; 95% CI 0.29 to 0.55). For the low dose studies the incidence of AAD in the probiotic group was 8% compared to 11% in the control group (1382 participants; RR 0.80; 95% CI 0.53 to 1.21). An extreme plausible ITT subgroup analysis was marginally significant for high dose probiotics. For the high dose studies the incidence of AAD in the probiotic group was 17% compared to 22% in the control group (1776 participants; RR 0.72; 95% CI 0.53 to 0.99; I(2) = 58%). None of the 11 trials (n = 1583) that reported on adverse events documented any serious adverse events. Meta-analysis excluded all but an extremely small non-significant difference in adverse events between treatment and control (RD 0.00; 95% CI -0.01 to 0.02). Authors’ conclusions Despite heterogeneity in probiotic strain, dose, and duration, as well as in study quality, the overall evidence suggests a protective effect of probiotics in preventing AAD. Using 11 criteria to evaluate the credibility of the subgroup analysis on probiotic dose, the results indicate that the subgroup effect based on dose (>= 5 billion CFU/day) was credible. Based on high-dose probiotics, the number needed to treat (NNT) to prevent one case of diarrhea is seven (NNT 7; 95% CI 6 to 10). However, a GRADE analysis indicated that the overall quality of the evidence for the primary endpoint (incidence of diarrhea) was low due to issues with risk of bias (due to high loss to follow-up) and imprecision (sparse data, 225 events). The benefit for high dose probiotics (Lactobacillus rhamnosus or Saccharomyces boulardii) needs to be confirmed by a large well-designed randomized trial. More refined trials are also needed that test strain specific probiotics and evaluate the efficacy (e.g. incidence and duration of diarrhea) and safety of probiotics with limited losses to follow-up. It is premature to draw conclusions about the efficacy and safety of other probiotic agents for pediatric AAD. Future trials would benefit from a standard and valid outcomes to measure AAD.

Keywords: Adolescent, Adverse Events, Alternative, Analysis, Anti-Bacterial Agents [Adverse Effects], Antibiotic, Antibiotics, Assessment, Authors, Bacillus, Balance, Bias, Bibliographic, Child, Child,Preschool, Children, Clostridium-Difficile, Cochrane, Conference, Confidence Intervals, Control, Diarrhea [Chemically Induced, Differences, Double-Blind, Efficacy, Embase, Extraction, Female, Follow-Up, Frequency, Gastrointestinal, Grade, Helicobacter-Pylori Eradication, Humans, Incidence, Infant, Information, International, Lactobacillus-Gg, Loss to Follow-Up, Low, Male, MEDLINE, Meta Analysis, Meta-Analysis, Necrotizing Enterocolitis, Outcomes, Patients, Pediatric, Placebo-Controlled Trial, Prevention, Prevention & Control], Primary, Probiotic, Probiotics, Probiotics [Therapeutic Use], Prophylaxis, Publication Bias, Quality, Randomized Controlled Trials As Topic, Randomized Controlled-Trials, Relative Risk, Restoration, Review, Risk, Risk-Factors, Saccharomyces-Boulardii, Safety, Science, Search Strategy, Selection, Sensitivity, Serious Adverse Events, Strategy, Tract, Treatment, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD008716.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008716.pdf)

Abstract: Background Hepatic encephalopathy is a disorder of brain function as a result of liver failure and/or portosystemic shunt. Both hepatic encephalopathy (clinically overt) and minimal hepatic encephalopathy (not clinically overt) significantly impair patient’s quality of life and daily functioning and represent a significant burden on health care resources. Probiotics are live microorganisms, which when administered in adequate amounts may confer a health benefit on the host. Objectives to quantify the beneficial and harmful effects of any probiotic in any dosage, compared with placebo or no intervention, or with any other treatment for patients with any grade of acute or chronic hepatic encephalopathy as assessed from randomised trials. Search strategy We searched the The Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, conference proceedings, reference lists of included trials and the WHO international clinical trials registry until April 2011 registry platform to identify new and ongoing trials. Selection criteria We included randomised trials that compared probiotics in any dosage with placebo or no intervention, or with any other treatment in patients with hepatic encephalopathy. Data collection and analysis Three authors independently assessed the risk of bias of the included trials and extracted data on relevant outcomes, with differences resolved by consensus. We conducted random-effects model meta-analysis due to obvious heterogeneity of patients and interventions. A P value of 0.05 or less was defined as significant. Dichotomous outcomes are expressed as risk ratio (RR) and continuous outcomes as mean difference (MD) with 95% confidence intervals (CI). Main results We included seven trials of which 550 participants were randomised. Four of the seven trials compared a probiotic with placebo or no treatment in 245 participants, another trial compared a probiotic with lactulose in 40 participants, and the remaining two trials compared a probiotic with both placebo and lactulose in 265 participants. Each trial used different types of probiotics. Duration of administration of the experimental intervention varied from 10 days to 180 days. Two trials were industry funded, and five were unclear about origin of funding. All trials had high risk of bias. When probiotics were compared with no treatment, there was no significant difference in all-cause mortality (2 trials, 105 participants; 1/57 (2%) versus 1/48 (2%): RR 0.72; 95% CI 0.08 to 6.60), lack of recovery (4 trials, 206 participants; 54/107 (50%) versus 68/99 (69%): RR 0.72; 95% CI 0.49 to 1.05), adverse events (3 trials, 145 participants; 2/77 (3%) versus 6/68 (9%): RR 0.34; 95% CI 0.08 to 1.42), quality of life (1 trial, 20 participants contributed to the physical quality of life measurement, 20 participants contributed to the mental quality of life: MD Physical 0.00; 95% CI -5.47 to 5.47; MD Mental 4.00; 95% CI -1.82 to 9.82), or change of/or withdrawal from treatment (3 trials, 175 participants; 11/92 (12%) versus 7/83 (8%): RR 1.28; 95% CI 0.52 to 3.19). No trial reported sepsis or duration of hospital stay as an outcome. Plasma ammonia concentration was significantly lower for participants treated with probiotic at one month (3 trials, 226 participants: MD -2.99 mu mol/L; 95% CI -5.70 to -0.29) but not at two months (3 trials, 181 participants: MD -1.82 mu mol/L; 95% CI -14.04 to 10.41). Plasma ammonia decreased the most in the participants treated with probiotic at three months (1 trial, 73 participants: MD -6.79 mu mol/L; 95% CI -10.39 to -3.19). When probiotics were compared with lactulose no trial reported all-cause mortality, quality of life, duration of hospital stay, or septicaemia. There were no significant differences in lack of recovery (3 trials, 173 participants; 47/87 (54%) versus 44/86 (51%): RR 1.05; 95% CI 0.75 to 1.47), adverse events (2 trials, 111 participants; 3/56 (5%) versus 6/55 (11%): RR 0.57; 95% CI 0.06 to 5.74), change of/or withdrawal from treatment at one month (3 trials, 190 participants; 8/95 (8%) versus 7/95 (7%): RR 1.10; 95% CI 0.40 to 3.03), plasma ammonia concentration (2 trials, 93 participants: MD -6.61 mu mol/L; 95% CI -30.05 to 16.84), or change in plasma ammonia concentration (1 trial, 77 participants: MD 1.16 mu mol/L; 95% CI -1.96 to 4.28). Authors’ conclusions The trials we located suffered from a high risk of systematic errors (‘bias’) and high risk of random errors (‘play of chance’). While probiotics appear to reduce plasma ammonia concentration when compared with placebo or no intervention, we are unable to conclude that probiotics are efficacious in altering clinically relevant outcomes. Demonstration of unequivocal efficacy is needed before probiotics can be endorsed as effective therapy for hepatic encephalopathy. Further randomised clinical trials are needed.

Keywords: Acute, Adverse Events, Ammonia, Analysis, Authors, Bias, Brain, Burden, Care, Cirrhotic-Patients, Citation, Clinical Trials, Cochrane, Confidence Intervals, Differences, Disorder, Double-Blind, Efficacy, Embase, Experimental, Fatty Liver-Disease, Fecal Flora, Funding, Gut Flora, Health Care, Hospital, Industry, Intervention, Interventions, Lactobacillus-Acidophilus, Measurement, MEDLINE, Meta Analysis, Meta-Analysis, Microorganisms, Model, Mortality, Nonalcoholic Steatohepatitis, Outcome, Outcomes, Patients, Plasma, Probiotic, Probiotics, Quality, Quality of Life, Randomized Controlled-Trial, Ratio, Recovery, Risk, Science, Science Citation Index, Search Strategy, Selection, Sepsis, Spontaneous Bacterial Peritonitis, Strategy, Systematic, Therapy, Toll-Like Receptors, Treatment, Who

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Full Text: [2011\Coc Dat Sys Rev2011, CD003985.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD003985.pdf)

Abstract: Background Helmets reduce bicycle-related head injuries, particularly in single vehicle crashes and those where the head strikes the ground. We aimed to identify non-legislative interventions for promoting helmet use among children, so future interventions can be designed on a firm evidence base. Objectives to assess the effectiveness of non-legislative interventions in increasing helmet use among children; to identify possible reasons for differences in effectiveness of interventions; to evaluate effectiveness with respect to social group; to identify adverse consequences of interventions. Search strategy We searched the following databases: Cochrane Injuries Group Specialised Register; the Cochrane Central Register of Controlled Trials (CENTRAL); MEDLINE; EMBASE; PsycINFO (Ovid); PsycEXTRA (Ovid); CINAHL (EBSCO); ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED); Social Sciences Citation Index (SSCI); Conference Proceedings Citation Index-Science (CPCI-S); and PubMed from inception to April 2009; TRANSPORT to 2007; and manually searched other sources of data. Selection criteria We included RCTs and CBAs. Studies included participants aged 0 to 18 years, described interventions promoting helmet use not requiring enactment of legislation and reported observed helmet wearing, self reported helmet ownership or self reported helmet wearing. Data collection and analysis Two independent review authors selected studies for inclusion and extracted data. We used random-effects models to estimate pooled odds ratios (ORs) (with 95% confidence interval (CI)). We explored heterogeneity with subgroup analyses. Main results We included 29 studies in the review, 21 of which were included in at least one meta-analysis. Non-legislative interventions increased observed helmet wearing (11 studies: OR 2.08, 95% CI 1.29 to 3.34). The effect was most marked amongst community-based interventions (four studies: OR 4.30, 95% 2.24 to 8.25) and those providing free helmets (two studies: OR 4.35, 95% CI 2.13 to 8.89). Significant effects were also found amongst school-based interventions (eight studies: OR 1.73, CI 95% 1.03 to 2.91), with a smaller effect found for interventions providing education only (three studies: OR 1.43, 95% CI 1.09 to 1.88). No significant effect was found for providing subsidised helmets (seven studies: OR 2.02, 95% CI 0.98 to 4.17). Interventions provided to younger children (aged under 12) may be more effective (five studies: OR 2.50, 95% CI 1.17 to 5.37) than those provided to children of all ages (five studies: OR 1.83, 95% CI 0.98 to 3.42). Interventions were only effective in increasing self reported helmet ownership where they provided free helmets (three studies: OR 11.63, 95% CI 2.14 to 63.16). Interventions were effective in increasing self reported helmet wearing (nine studies: OR 3.27, 95% CI 1.56 to 6.87), including those undertaken in schools (six studies: OR 4.21, 95% CI 1.06 to 16.74), providing free helmets (three studies: OR 7.27, 95% CI 1.28 to 41.44), providing education only (seven studies: OR 1.93, 95% CI 1.03 to 3.63) and in healthcare settings (two studies: OR 2.78, 95% CI 1.38 to 5.61). Authors’ conclusions Non-legislative interventions appear to be effective in increasing observed helmet use, particularly community-based interventions and those providing free helmets. Those set in schools appear to be effective but possibly less so than community-based interventions. Interventions providing education only are less effective than those providing free helmets. There is insufficient evidence to recommend providing subsidised helmets at present. Interventions may be more effective if provided to younger rather than older children. There is evidence that interventions offered in healthcare settings can increase self reported helmet wearing. Further high-quality studies are needed to explore whether non-legislative interventions increase helmet wearing, and particularly the effect of providing subsided as opposed to free helmets, and of providing interventions in healthcare settings as opposed to in schools or communities. Alternative interventions (e.g. those including peer educators, those aimed at developing safety skills including skills in decision making and resisting peer pressure or those aimed at improving self esteem or self efficacy) need developing and testing, particularly for 11 to 18 year olds. The effect of interventions in countries with existing cycle helmet legislation and in low and middle-income countries also requires investigation.

Keywords: Adolescent, Aged, Analysis, and Middle-Income Countries, Authors, Behavior, Bicycle Helmet, Bicycling [Legislation & Jurisprudence, Child,Preschool, Children, Citation, Cochrane, Conference, Databases, Decision Making, Decision-Making, Differences, Education, Effectiveness, Efficacy, Embase, Emergency-Department, Head Protective Devices [Utilization] Child, Helmet, Helmet Use, Humans, Increase Bicycle, Injury, Interventions, ISI, ISI Web of Science, Low, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Pressure, Program, Promotion, Pubmed, Randomized Controlled-Trial, Review, Safety, Schools, Science, Science Citation Index, Sciences, Search Strategy, Selection, Self-Efficacy, Significant, Social, Social Sciences, Social Sciences Citation Index, SSCI, Statistics & Numerical Data], Strategy, Transport, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD003740.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD003740.pdf)

Abstract: Background Rotavirus is a common neonatal nosocomial viral infection and epidemics with the newer P(6) G9 strains have been reported. Local mucosal immunity in the intestine to rotavirus is important in the resolution of infection and protection against subsequent infections. Oral administration of anti-rotaviral immunoglobulin preparationsmight be a useful strategy in preventing rotaviral infections, especially in low birth weight babies. Objectives to determine the effectiveness and safety of oral immunoglobulin preparations for the prevention of rotavirus infection in hospitalized low birthweight infants (birthweight < 2500 g) Search strategy The Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library), MEDLINE, EMBASE, CINAHL, biological Abstracts (BIOSIS), Science Citation Index for articles citing Barnes 1982 and the proceedings of the Pediatric Academic Societies from 1991 onwards were searched in July 2011. Ongoing trials were also searched at clinicaltrials.gov and controlled-trials.com Selection criteria The criteria used to select studies for inclusion were: 1) design: randomized or quasi-randomized controlled trials; 2) participants: hospitalized low birthweight infants; 3) intervention: oral immunoglobulin preparations for prevention of rotavirus infection compared to placebo OR no intervention; 4) at least one of the following outcomes were reported: all cause mortality during hospital stay, mortality due to rotavirus infection during hospital stay, rotavirus infection, duration of diarrhea, need for rehydration, duration of viral excretion, duration of infection control measures, length of hospital stay in days, recurrent diarrhea or chronic diarrhea. Data collection and analysis The two review authors independently abstracted data from the included trials. Main results One published study (Barnes 1982) was eligible for inclusion in this review. Barnes 1982 found no significant difference in the rates of rotavirus infection after oral gammaglobulin versus placebo in hospitalized low birthweight babies [RR 1.27 (95% CI 0.65 to 2.37)]. In the subset of infants who became infected with rotavirus after receiving gammaglobulin or placebo for prevention of rotavirus infection, there was no significant difference in the duration of rotavirus excretion between the group who had gammaglobulin (mean 2 days, range 1 to 4 days) and the group who had placebo (mean 3 days, range 1 to 6 days). Barnes 1982 reported no adverse effects after administration of oral immunoglobulin preparations. Authors’ conclusions Current evidence does not support the use of oral immunoglobulin preparations to prevent rotavirus infection in low birthweight infants. Researchers are encouraged to conduct well-designed neonatal trials using the newer preparations of anti-rotaviral immunoglobulins (colostrum, egg yolk immunoglobulins) and include cost effectiveness evaluations.

Keywords: Administration,Oral, Adverse Effects, Analysis, Authors, Birthweight, Children, Citation, Clinical-Trial, Cochrane, Control, Cost-Effectiveness, Design, Diarrhea, Effectiveness, Embase, Gastroenteritis, Group-A Rotavirus, Hospital, Humans, Immunization,Passive [Methods], Immunoglobulins [Administration & Dosage], Infant,Low Birth Weight, Infant,Newborn, Infants, Infection, Infection Control, Intervention, Intestine, Low, Low Birthweight, MEDLINE, Mortality, Necrotizing Enterocolitis, Newborns, Oral, Outcomes, Prevention, Randomized Controlled Trials As Topic, Researchers, Review, Risk-Factors, Rotavirus Infections [Prevention & Control], Safety, Science, Science Citation Index, Search Strategy, Selection, Strains, Strategy, Trypsin-Inhibitors

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Full Text: [2011\Coc Dat Sys Rev2011, CD009170.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD009170.pdf)

Abstract: Background Surgeons and their assistants are especially at risk of exposure to blood due to glove perforations and needle stick injuries during operations. The use of blunt needles can reduce this risk because they don’t penetrate skin easily but still perform sufficiently in other tissues. Objectives to determine the effectiveness of blunt needles compared to sharp needles for preventing percutaneous exposure incidents among surgical staff. Search strategy We searched MEDLINE and EMBASE (until May 2011), CENTRAL, NHSEED, Science Citation Index Expanded, CINAHL, Nioshtic, CISdoc, PsycINFO, and LILACS (until September 2010). Selection criteria Randomised controlled trials (RCTs) of blunt versus sharp suture needles for preventing needle stick injuries among surgical staff measured as glove perforations or self-reported needle stick injuries. Data collection and analysis Two authors independently assessed study eligibility and risk of bias in trials and extracted data. We synthesized study results with a fixed-effect model meta-analysis. Main results We located 10 RCTs involving 2961 participating surgeons performing an operation in which the use of blunt needles was compared to the use of sharp needles. Four studies focused on abdominal closure, two on caesarean section, two on vaginal repair and two on hip replacement. On average, a surgeon that used sharp needles sustained one glove perforation in three operations. The use of blunt needles reduced the risk of glove perforations with a relative risk (RR) of 0.46 (95% confidence interval (CI) 0.38 to 0.54) compared to sharp needles. The use of blunt needles will thus prevent one glove perforation in every six operations. In four studies, the use of blunt needles reduced the number of self-reported needle stick injuries with a RR of 0.31 (95% CI 0.14 to 0.68). Because the force needed for the blunt needles is higher, their use was rated as more difficult but still acceptable in five out of six studies. The quality of the evidence was rated as high. Authors’ conclusions There is high quality evidence that the use of blunt needles appreciably reduces the risk of exposure to blood and bodily fluids for surgeons and their assistants over a range of operations. It is unlikely that future research will change this conclusion.

Keywords: Analysis, At Risk, Authors, Bias, Blood, Blood Exposure, Citation, Effectiveness, Embase, Exposure, Glove Perforations, Health-Care Workers, Injuries, Intervention, MEDLINE, Meta Analysis, Meta-Analysis, Model, Nurses, Quality, Randomized-Controlled-Trial, Relative Risk, Research, Risk, Safety, Science, Science Citation Index, Search Strategy, Selection, Strategy, Surgical

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Full Text: [2011\Coc Dat Sys Rev2011, CD001208.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD001208.pdf)

Abstract: Background Human albumin solutions are used for a range of medical and surgical problems. Licensed indications are the emergency treatment of shock and other conditions where restoration of blood volume is urgent, such as in burns and hypoproteinaemia. Human albumin solutions are more expensive than other colloids and crystalloids. Objectives to quantify the effect on mortality of human albumin and plasma protein fraction (PPF) administration in the management of critically ill patients. Search strategy We searched the Cochrane Injuries Group Specialised Register (searched 31 May 2011), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 2), MEDLINE (Ovid) (1948 to week 3 May 2011), EMBASE (Ovid) (1980 to Week 21 2011), CINAHL (EBSCO) (1982 to May 2011), ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED) (1970 to May 2011), ISI Web of Science: Conference Proceedings Citation Index - Science (CPCI-S) (1990 to May 2011), PubMed (www.ncbi.nlm.nih.gov/sites/entrez/) (searched 10 June 2011, limit: last 60 days). Reference lists of trials and review articles were checked, and authors of identified trials were contacted. Selection criteria Randomised controlled trials comparing albumin or PPF with no albumin or PPF or with a crystalloid solution in critically ill patients with hypovolaemia, burns or hypoalbuminaemia. Data collection and analysis We collected data on the participants, albumin solution used, mortality at the end of follow up, and quality of allocation concealment. Analysis was stratified according to patient type. Main results We found 38 trials meeting the inclusion criteria and reporting death as an outcome. There were 1,958 deaths among 10,842 trial participants. For hypovolaemia, the relative risk of death following albumin administration was 1.02 (95% confidence interval (CI) 0.92 to 1.13). This estimate was heavily influenced by the results of the SAFE trial, which contributed 75.2% of the information (based on the weights in the meta-analysis). For burns, the relative risk was 2.93 (95% CI 1.28 to 6.72) and for hypoalbuminaemia the relative risk was 1.26 (95% CI 0.84 to 1.88). There was no substantial heterogeneity between the trials in the various categories (Chi(2) = 26.66, df = 31, P = 0.69). The pooled relative risk of death with albumin administration was 1.05 (95% CI 0.95 to 1.16). Authors’ conclusions For patients with hypovolaemia, there is no evidence that albumin reduces mortality when compared with cheaper alternatives such as saline. There is no evidence that albumin reduces mortality in critically ill patients with burns and hypoalbuminaemia. The possibility that there may be highly selected populations of critically ill patients in which albumin may be indicated remains open to question. However, in view of the absence of evidence of a mortality benefit from albumin and the increased cost of albumin compared to alternatives such as saline, it would seem reasonable that albumin should only be used within the context of well concealed and adequately powered randomised controlled trials.

Keywords: 5-Percent Albumin, Analysis, Authors, Blood, Blood Proteins [Therapeutic Use], Cerebral-Blood-Flow, Citation, Cochrane, Colloid Osmotic-Pressure, Conference, Critical Illness [Mortality, Critically Ill Patients, Embase, Emergency, Fluid Resuscitation, Fluid Therapy, Follow-Up, Human, Humans, Hypoalbuminemic Patients, Information, Intensive-Care-Unit, ISI, ISI Web of Science, Major Surgery, Management, Medical, MEDLINE, Meta Analysis, Meta-Analysis, Mortality, Normal Saline, Outcome, Patients, Plasma, Plasma Substitutes [Therapeutic Use], Pubmed, Quality, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Relative Risk, Restoration, Review, Risk, Safe, Science, Science Citation Index, Search Strategy, Selection, Serum Albumin [Therapeutic Use], Serum Globulins, Strategy, Surgical, Therapy], Total Parenteral-Nutrition, Treatment, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD009131.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD009131.pdf)

Abstract: Background Cognitive deficits are a common manifestation in multiple sclerosis (MS) and have a wide effect on the patient’s quality of life. Alleviation of the harmful effects caused by these deficits should be a major goal of MS research and practice. Objectives The aim of this review was to evaluate the effects of neuropsychological/cognitive rehabilitation in MS by conducting a systematic review. Search strategy A systematic literature search was carried out on reports drawn from Cochrane MS Group Specialised Register (To October 2010), Evidence-based medicine (EBM) reviews (To September 2010), MEDLINE (January 1950 to September 2010), EMBASE (1974 to September 2010), PsycINFO (January 1806 to September 2010), Web of Science (WOS) (January 1986 to September 2010), CINAHL (1982 to September 2010), and identified from the references in these reports. Selection criteria Randomised Controlled Trials (RCTs) and quasi-randomised trials evaluating the effects of neuropsychological rehabilitation in MS compared to other interventions or no intervention at all and employing neuropsychological rehabilitation methods and outcome measures were included. Data collection and analysis Two review authors individually judged the relevance, risk of bias, and content of the included studies. Results were combined quantitatively with meta-analyses according to the intervention type: 1) Cognitive training and 2) Cognitive training combined with other neuropsychological rehabilitation methods. In addition, narrative presentation was used in reporting the results of those studies which were inappropriate to be included in the meta-analysis. Main results Fourteen studies (770 MS patients) fulfilled the inclusion criteria. On the basis of these studies, low level evidence was found that neuropsychological rehabilitation reduces cognitive symptoms in MS. Cognitive training was found to improve memory span (standardised mean difference 0.54 (95% confidence interval 0.2 to 0.88, P = 0.002)), working memory (standardised mean difference 0.33 (95% confidence interval 0.09 to 0.57, P = 0.006)), and immediate visual memory (standardised mean difference 0.32 (95% confidence interval 0.04 to 0.6, P = 0.02)). There was no evidence of an effect of cognitive training combined with other neuropsychological rehabilitation methods on cognitive or emotional functions. The overall quality as well as the comparability of the included studies were relatively low due to methodological limitations and heterogeneity of outcome measures. Although most of the pooled results in the meta-analyses yielded no significant findings, twelve of the fourteen studies showed some evidence of positive effects when the studies were individually analysed. Authors’ conclusions The review indicates low level evidence for the positive effects of neuropsychological rehabilitation in MS. Interventions included in the review were heterogeneous. Consequently, clinical inferences can basically be drawn from single studies. Therefore, new trials may change the strength and direction of the evidence. to further strengthen the evidence, well-designed high quality studies are needed. In this systematic review, recommendations are given for improving the quality of future studies on the effects of neuropsychological rehabilitation in MS.

Keywords: Analysis, Authors, Bias, Brain Atrophy, Cochrane, Cognitive Rehabilitation, Diagnostic-Criteria, Efficacy, Embase, Evidence-Based Medicine, Follow-Up, Intervention, Interventions, Literature, Low, Medicine, MEDLINE, Memory, Meta Analysis, Meta-Analysis, Ms Patients, Multiple Sclerosis, Of-Science, Outcome, Patients, People, Practice, Quality, Quality of Life, Randomized Controlled-Trial, Recommendations, Rehabilitation, Research, Review, Risk, Science, Search Strategy, Selection, Self-Generation, Strategy, Strength, Symptoms, Systematic, Systematic Review, Training, Web, Web-of-Science, Working-Memory

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Full Text: [2011\Coc Dat Sys Rev2011, MR000027.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20MR000027.pdf)

Abstract: Background In order to minimise publication bias, authors of systematic reviews often spend considerable time trying to obtain unpublished data. These include data from studies conducted but not published (unpublished data), as either an abstract or full-text paper, as well as missing data (data available to original researchers but not reported) in published abstracts or full-text publications. The effectiveness of different methods used to obtain unpublished or missing data has not been systematically evaluated. Objectives to assess the effects of different methods for obtaining unpublished studies (data) and missing data from studies to be included in systematic reviews. Search strategy We identified primary studies comparing different methods of obtaining unpublished studies (data) or missing data by searching the Cochrane Methodology Register (Issue 1, 2010), MEDLINE and EMBASE (1980 to 28 April 2010). We also checked references in relevant reports and contacted researchers who were known or who were thought likely to have carried out relevant studies. We used the Science Citation Index and PubMed ‘related articles’ feature to identify any additional studies identified by other sources (19 June 2009). Selection criteria Primary studies comparing different methods of obtaining unpublished studies (data) or missing data in the healthcare setting. Data collection and analysis The primary outcome measure was the proportion of unpublished studies (data) or missing data obtained, as defined and reported by the authors of the included studies. Two authors independently assessed the search results, extracted data and assessed risk of bias using a standardised data extraction form. We resolved any disagreements by discussion. Main results Six studies met the inclusion criteria; two were randomised studies and four were observational comparative studies evaluating different methods for obtaining missing data. Methods to obtain missing data Five studies, two randomised studies and three observational comparative studies, assessed methods for obtaining missing data (i.e. data available to the original researchers but not reported in the published study). Two studies found that correspondence with study authors by e-mail resulted in the greatest response rate with the fewest attempts and shortest time to respond. The difference between the effect of a single request for missing information (by e-mail or surface mail) versus a multistage approach (pre-notification, request for missing information and active follow-up) was not significant for response rate and completeness of information retrieved (one study). Requests for clarification of methods (one study) resulted in a greater response than requests for missing data. A well-known signatory had no significant effect on the likelihood of authors responding to a request for unpublished information (one study). One study assessed the number of attempts made to obtain missing data and found that the number of items requested did not influence the probability of response. In addition, multiple attempts using the same methods did not increase the likelihood of response. Methods to obtain unpublished studies One observational comparative study assessed methods to obtain unpublished studies (i.e. data for studies that have never been published). Identifying unpublished studies ahead of time and then asking the drug industry to provide further specific detail proved to be more fruitful than sending of a non-specific request. Authors’ conclusions Those carrying out systematic reviews should continue to contact authors for missing data, recognising that this might not always be successful, particularly for older studies. Contacting authors by e-mail results in the greatest response rate with the fewest number of attempts and the shortest time to respond.

Keywords: Analysis, Authors, Bias, Citation, Cochrane, Comparative Study, Controlled-Trials, Correspondence, Drug, Effectiveness, Email, Embase, Extraction, Follow-Up, Industry, Information, MEDLINE, Metaanalysis, Methodology, Methods, Observational, Outcome, Primary, Publication, Publication Bias, Publications, Pubmed, Researchers, Retrieval, Risk, Science, Science Citation Index, Search Strategy, Selection, Strategy, Systematic, Systematic Reviews

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Full Text: [2011\Coc Dat Sys Rev2011, CD009447.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD009447.pdf)

Abstract: Background The choice of the appropriate perioperative thromboprophylaxis in patients with cancer depends on the relative benefits and harms of low molecular weight heparin (LMWH) and unfractionated heparin (UFH). Objectives To systematically review the evidence for the relative efficacy and safety of LMWH and UFH for perioperative thromboprophylaxis in patients with cancer. Search strategy A comprehensive search for trials of anticoagulation in cancer patients including a February 2010 electronic search of: the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE and ISI Web of Science. Selection criteria Randomized controlled trials (RCTs) that enrolled cancer patients undergoing a surgical intervention and compared the effects of LMWH to UFH on mortality, deep venous thrombosis (DVT), pulmonary embolism(PE), bleeding outcomes, and thrombocytopenia. Data collection and analysis Two review authors used a standardized form to independently extract in duplicate data on risk of bias, participants, interventions and outcomes of interest. Where possible, we conducted meta-analyses using the random-effects model. Main results of 8187 identified citations, we included 16 RCTs with 11,847 patients in the meta-analyses, all using preoperative prophylactic anticoagulation. The overall quality of evidence was moderate. The meta-analysis did not conclusively rule out either a beneficial or harmful effect of LMWH compared to UFH for the following outcomes: mortality (RR = 0.90; 95% CI 0.73 to 1.10), symptomatic DVT (RR = 0.73; 95% CI 0.23 to 2.28), PE (RR = 0.59; 95% CI 0.25 to1.41), minor bleeding (RR = 0.88; 95% CI 0.47 to 1.66) and major bleeding (RR = 0.84; 95% CI 0.52 to 1.36). LMWH was associated with lower incidence of wound hematoma (RR = 0.60; 95% CI 0.43, 0.84) while UFH was associated with higher incidence of intra-operative transfusion (RR = 1.16; 95% CI 0.69,1.62). Authors’ conclusions We found no difference between perioperative thromboprophylaxis with LMWH verus UFH in their effects on mortality and embolic outcomes in patients with cancer. Further trials are needed to more carefully evaluate the benefits and harms of different heparin thromboprophylaxis strategies in this population.

Keywords: Abdominal-Surgery, Analysis, Authors, Bias, Cancer, Citations, Cochrane, Deep-Vein Thrombosis, Double-Blind Trial, Efficacy, Embase, Fatal Pulmonary-Embolism, General-Surgery, Gynecological Surgery, Heparin, Incidence, Interest, Intervention, Interventions, ISI, ISI Web of Science, Low, Low-Dose Heparin, Low-Molecular-Weight, MEDLINE, Meta Analysis, Meta-Analysis, Model, Molecular, Mortality, Multicenter Trial, Outcomes, Patients, Postoperative Venous Thromboembolism, Quality, Randomized Controlled Trials, Review, Risk, Safety, Science, Search Strategy, Selection, Standard Heparin, Strategy, Surgical, Thrombosis, Venous Thrombosis, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD008931.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008931.pdf)

Abstract: Background Every patient in residential healthcare has a bed. Falling out of bed is associated with preventable patient harm. Various interventions to prevent injury are available. Bed rails are the most common intervention designed to prevent patients falling out of bed; however, their effectiveness is uncertain and bed rail entrapment can also result in injuries. Objectives To assess the effectiveness of interventions designed to prevent patient injuries and falls from their beds. Search strategy We searched the Cochrane Injuries Group Specialised Register, Cochrane Central Register of Controlled Trials 2010, Issue 2 (The Cochrane Library), MEDLINE (Ovid), EMBASE (Ovid), CINAHL (EBSCO), ISOI Web of Science and Web-based trials registers (all to December 2010) as well as reference lists. Selection criteria Randomised controlled trials of interventions designed to prevent patient injuries from their beds which were conducted in hospitals, nursing care facilities or rehabilitation units were eligible for inclusion. Data collection and analysis Two review authors independently assessed the risk of bias and extracted data from the included studies. Authors contacted investigators to obtain missing information. Main results Two studies met the inclusion criteria, involving a total of 22,106 participants. One study tested low height beds and the other tested bed exit alarms. Both studies used standard care for their control group and both studies were conducted in hospitals. No study investigating bed rails met the inclusion criteria. Due to the clinical heterogeneity of the interventions in the included studies pooling of data and meta-analysis was inappropriate, and so the results of the studies are described. A single cluster randomised trial of low height beds in 18 hospital wards, including 22,036 participants, found no significant reduction in the frequency of patient injuries due to their beds (there were no injuries in either group), patient falls in the bedroom (rate ratio 0.69, 95% CI 0.35 to 1.34), all falls (rate ratio 1.26, 95% CI 0.83 to 1.90) or patient injuries due to all falls (rate ratio 1.35, 95% CI 0.68 to 2.68). One randomised controlled trial of bed exit alarms in one hospital geriatric ward, involving 70 participants, found no significant reduction in the frequency of patient injuries due to their beds (there were no injuries in either group), patient falls out of bed (rate ratio 0.25, 95% CI 0.03 to 2.24), all falls (rate ratio 0.42, 95% CI 0.15 to 1.18) or patient injuries due to all falls (no injuries in either group). Authors’ conclusions The effectiveness of interventions designed to prevent patient injuries from their beds (including bed rails, low height beds and bed exit alarms) remains uncertain. The available evidence shows no significant increase or decrease in the rate of injuries with the use of low height beds and bed exit alarms. Limitations of the two included studies include lack of blinding and insufficient power. No randomised controlled trials of bed rails were identified. Future reports should fully describe the standard care received by the control group.

Keywords: Analysis, Authors, Bias, Care, Cochrane, Control, Effectiveness, Embase, Fall-Related Injuries, Falls, Frequency, Geriatric, Hospital, Hospitalized-Patients, Hospitals, Information, Injury, Intervention, Interventions, Low, MEDLINE, Meta Analysis, Meta-Analysis, Multifactorial Intervention, Nursing, Nursing-Home Residents, Older-People, Patients, Physical Restraint, Power, Randomised Controlled Trial, Randomized Controlled-Trial, Ratio, Reduction, Rehabilitation, Residential, Review, Risk, Risk-Factors, Science, Search Strategy, Selection, Side Rail Use, Strategy, Vitamin-D, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD006006.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD006006.pdf)

Abstract: Background Prostaglandins may reduce ischaemic injury after liver transplantation. Several small randomised trials have evaluated the effects of prostaglandins in patients undergoing liver transplantation. Results of these trials are inconsistent, and none has enough power to reliably exclude effects of prostaglandins. Objectives To assess the benefits and harms of prostaglandin E1 or E2 in adult liver-transplanted patients. Search strategy We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and LILACS (search on 20 April 2011). In addition, we perused the reference lists of the identified studies and contacted trials investigators, and national and international experts in order to identify more trials for the review. Selection criteria We included randomised clinical trials evaluating prostaglandin E1 or E2 initiated in the perioperative period versus placebo or standard treatment for adult patients undergoing liver transplantation. We did not apply any language or publication status restrictions. Data collection and analysis Two authors independently evaluated methodological quality, ie, risk of bias of the included trials, and extracted data using standardised data extraction forms. We contacted trial investigators in attempt to retrieve information not available in the original manuscripts. We used random-effects model meta-analyses and fixed-effect model meta-analyses to estimate the odds ratio with 95% confidence interval (CI). Main results We included ten trials in which 652 patients were randomised. The risk of bias was considered high in most trials. There was no significant effect of prostaglandins on all-cause mortality (37/298[12.4%] in prostaglandin group versus 47/312[15.1%] in control group; OR 0.84, 95% CI 0.53 to 1.37; I(2) = 0%), on primary non-function of the allograft (8/238 [3.4%] versus. 16/250[6.4%]; OR 0.55, 95% CI 0.23 to 1.33; I(2) = 0%), and on liver re-transplantation (12/161[7.5%] versus 14/171[8.2%]; OR 0.99, 95% CI 0.44 to 2.25; I(2) = 0%). Prostaglandins seemed to significantly decrease the risk of acute kidney failure requiring dialysis (13/158[8.2%] versus 34/171[9.9%]; OR 0.37, 95% CI 0.18 to 0.75; I(2) = 0%). There was no significant increase in the risk of adverse events with prostaglandins. Authors’ conclusions We found no evidence that the administration of prostaglandins to liver transplanted patients reduces the risk of death, primary non-function of the allograft, or liver re-transplantation. Prostaglandins might reduce the risk of acute kidney failure requiring dialysis, but the quality of the evidence is considered only moderate due to high risk of bias in most of the included trials. Moreover, there are risks of outcome measure reporting bias and random errors. Therefore, further randomised, placebo-controlled trials are deemed necessary.

Keywords: Acute, Adult, Adverse Events, Analysis, Authors, Bias, Citation, Clinical Trials, Clinical-Trials, Cochrane, Control, Dialysis, Double-Blind, Embase, Empirical-Evidence, Extraction, Graft Nonfunction, Improve Renal-Function, Information, Injury, Liver Transplantation, MEDLINE, Metaanalyses, Model, Mortality, Outcome, Patients, Power, Primary, Prostacyclin, Publication, Quality, Randomized-Trials, Ratio, Reperfusion Injury, Review, Risk, Science, Science Citation Index, Search Strategy, Selection, Strategy, Transplantation, Treatment

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Full Text: [2011\Coc Dat Sys Rev2011, CD005531.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD005531.pdf)

Abstract: Background Measles is an infectious disease caused by the Morbillivirus. Chinese physicians believe that medicinal herbs are effective in alleviating symptoms and preventing complications. Chinese herbal medicines are dispensed according to the particular symptoms. This is the second update of a Cochrane Review first published in 2006. Objectives To assess the effectiveness and possible adverse effects of Chinese medicinal herbs for measles. Search strategy We searched the Cochrane Central Register of Controlled Clinical Trials (CENTRAL Issue 1, 2011) which contains the Cochrane Acute Respiratory Infections Group’s Specialised Register, MEDLINE (1966 to March week 5, 2011), EMBASE (1980 to April 2011), Web of Science (2005 to 30 April 2011), AMED (1985 to 30 April 2011), Chinese Biomedical Database (1976 to 30 June 2011), VIP Information (1989 to 30 June 2011), China National Knowledge Infrastructure (CNKI) (1976 to 30 June 2011), Chinese Journals full-article database (1994 to 30 June 2011) and the m et a Register of Controlled Trials for ongoing trials. Selection criteria Randomised controlled trials (RCTs) of Chinese medicinal herbs in patients with measles (without complications). Data collection and analysis Two review authors (SC, TW) independently assessed trial quality and extracted data. We telephone interviewed the trial authors for missing information regarding participant allocation. Some trials allocated participants according to the sequence they were admitted to the trials, that is to say, by using a pseudo-random allocation method. None of the trials concealed the allocation or used blinding methods. Main results We did not identify any suitable trials for inclusion. In this updated review we identified 80 trials which claimed to use random allocation. We contacted 32 trial authors by telephone and learned that the allocation methods used were not randomised. We excluded 34 studies because the participants experienced complications such as pneumonia. We excluded 10 trials because of non-random allocation and complications experienced by the participants. We were unable to contact the remaining four trials’ authors, so they require further assessment and have been allocated to the ‘Studies awaiting classification’ section. Authors’ conclusions There is no RCT evidence for or against Chinese medicinal herbs as a treatment for measles. We hope high-quality, robust RCTs in this field will be conducted in the future.

Keywords: Adult, Adverse Effects, Analysis, Assessment, Authors, Child, China, Cochrane, Complications, Database, Disease, Drugs,Chinese Herbal [Therapeutic Use], Effectiveness, Embase, Herbal, Humans, Information, Journals, Knowledge, Measles [Drug Therapy], MEDLINE, Patients, Physicians, Pneumonia, Quality, Review, Science, Search Strategy, Selection, Strategy, Symptoms, Treatment, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD006933.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD006933.pdf)

Abstract: Background Infections cause both morbidity and mortality in patients undergoing liver resection. Various methods have been advocated to decrease the infectious complications after liver resection. We do not know if they are of any benefit to the patient or the health-care funder. Objectives To determine the benefits and harms of different interventions in decreasing the infectious complications and improving the outcomes after liver resection. Search strategy We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrae Library, MEDLINE, EMBASE, and Science Citation Index Expanded until August 2011. Selection criteria We included all randomised clinical trials that were performed to compare interventions aimed at decreasing the infectious complications after liver resection. Data collection and analysis Two authors independently identified the trials and extracted the data. We analysed the data with both the fixed-effect and the random-effects model using RevMan Analysis. For each outcome we calculated the risk ratio (RR), rate ratio, or mean difference (MD) with 95% confidence intervals (CI) based on available patient data analysis. Main results We included seven trials including 521 patients for this review. The sample size in the trials varied from 12 to 180 patients. All the trials were of high risks of systematic errors and of random errors. Four trials included patients who underwent liver resection only. In the remaining three trials, patients underwent combined liver resection with extrahepatic biliary resection resulting in a biliary enteric anastomosis. Four trials included only major liver resection. The remaining three trials included a mixture of major and minor liver resections. It appears that the proportion of cirrhotic patients in the trials was very low. The comparisons performed included whether antibiotics are necessary routinely during the peri-operative period of liver resection, the duration of antibiotics, the use of prebiotics and probiotics in the perioperative period, use of recombinant bactericidal-permeability increasing protein 21 (rBPI21), and the use of topical povidone iodine gel at the time of wound closure. Only one or two trials were included under each comparison. There was no significant differences in mortality or severe morbidity in any of the comparisons. Quality of life was not reported in any of the trials. Authors’ conclusions There is currently no evidence to support or refute the use of any treatment to reduce infectious complications after liver resections. Further well designed trials with low risk of systematic error and low risk of random errors are necessary.

Keywords: Analysis, Antibiotics, Authors, Bias, Biliary Cancer-Surgery, Citation, Clinical Trials, Clinical-Trials, Cochrane, Complications, Confidence Intervals, Differences, Embase, Empirical-Evidence, Gel, Health Care, Hepatic Resection, Increasing Protein Rbpi(21), Infection, Interventions, Low, MEDLINE, Metaanalysis, Methods, Model, Morbidity, Mortality, Outcome, Outcomes, Patients, Perioperative Synbiotic Treatment, Probiotics, Quality, Quality of Life, Randomized Controlled-Trial, Ratio, Review, Risk, Science, Science Citation Index, Search Strategy, Selection, Strategy, Systematic, Treatment

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Full Text: [2011\Coc Dat Sys Rev2011, CD007992.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD007992.pdf)

Abstract: Background It has been suggested that impairments associated with autism spectrum disorders (ASD) may be partially explained by deficits of omega-3 fatty acids, and that supplementation of these essential fatty acids may lead to improvement of symptoms. Objectives To review the efficacy of omega-3 fatty acids for improving core features of ASD (for example, social interaction, communication, and stereotypies) and associated symptoms. Search strategy We searched the following databases on 2 June 2010: CENTRAL (2010, Issue 2), MEDLINE (1950 to May Week 3 2010), EMBASE (1980 to 2010 Week 21), PsycINFO (1806 to current), BIOSIS (1985 to current), CINAHL (1982 to current), Science Citation Index (1970 to current), Social Science Citation Index (1970 to current), metaRegister of Controlled Trials (20 November 2008) and ClinicalTrials.gov (10 December 2010). Dissertation Abstracts International was searched on 10 December 2008, but was no longer available to the authors or editorial base in 2010. Selection criteria All randomised controlled trials of omega-3 fatty acids supplementation compared to placebo in individuals with ASD. Data collection and analysis Three authors independently selected studies, assessed them for risk of bias and extracted relevant data. We conducted meta-analysis of the included studies for three primary outcomes (social interaction, communication, and stereotypy) and one secondary outcome (hyperactivity). Main results We included two trials with a total of 37 children diagnosed with ASD who were randomised into groups that received either omega-3 fatty acids supplementation or a placebo. We excluded six trials because they were either non-randomised controlled trials, did not contain a control group, or the control group did not receive a placebo. Overall, there was no evidence that omega-3 supplements had an effect on social interaction (mean difference (MD) 0.82, 95% confidence interval (CI) -2.84 to 4.48, I(2) = 0%), communication (MD 0.62, 95% CI -0.89 to 2.14, I(2) = 0%), stereotypy (MD 0.77, 95% CI -0.69 to 2.22, I(2) = 8%), or hyperactivity (MD 3.46, 95% CI -0.79 to 7.70, I(2) = 0%). Authors’ conclusions To date there is no high quality evidence that omega-3 fatty acids supplementation is effective for improving core and associated symptoms of ASD. Given the paucity of rigorous studies in this area, there is a need for large well-conducted randomised controlled trials that examine both high and low functioning individuals with ASD, and that have longer follow-up periods.

Keywords: Adhd, Analysis, Authors, Autism, Bias, Children, Citation, Communication, Control, Controlled-Trial, Databases, Depressive Disorder, Double-Blind, Efficacy, Embase, Essential Fatty-Acids, Ethyl-Eicosapentaenoate, Fatty Acids, Follow-Up, International, Lead, Low, MEDLINE, Meta Analysis, Meta-Analysis, Omega-3, Outcome, Outcomes, Prevalence, Primary, Quality, Ratio, Review, Risk, Science, Science Citation Index, Search Strategy, Selection, Social, Social Science, Strategy, Supplements, Symptoms

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Full Text: [2011\Coc Dat Sys Rev2011, CD004827.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD004827.pdf)

Abstract: Background Antibiotics alter the microbial balance within the gastrointestinal tract. Probiotics may prevent antibiotic-associated diarrhea (AAD) via restoration of the gut microflora. Antibiotics are prescribed frequently in children and AAD is common in this population. Objectives The primary objectives were to assess the efficacy and safety of probiotics (any specified strain or dose) used for the prevention of AAD in children. Search strategy MEDLINE, EMBASE, CENTRAL, CINAHL, AMED, and the Web of Science (inception to May 2010) were searched along with specialized registers including the Cochrane IBD/FBD review group, CISCOM (Centralized Information Service for Complementary Medicine), NHS Evidence, the International Bibliographic Information on Dietary Supplements as well as trial registries. Letters were sent to authors of included trials, nutra/pharmaceutical companies, and experts in the field requesting additional information on ongoing or unpublished trials. Conference proceedings, dissertation abstracts, and reference lists from included and relevant articles were also searched. Selection criteria Randomized, parallel, controlled trials in children (0 to 18 years) receiving antibiotics, that compare probiotics to placebo, active alternative prophylaxis, or no treatment and measure the incidence of diarrhea secondary to antibiotic use were considered for inclusion. Data collection and analysis Study selection, data extraction as well as methodological quality assessment using the risk of bias instrument was conducted independently and in duplicate by two authors. Dichotomous data (incidence of diarrhea, adverse events) were combined using a pooled relative risk and risk difference (adverse events), and continuous data (mean duration of diarrhea, mean daily stool frequency) as weighted mean differences, along with their corresponding 95% confidence intervals. For overall pooled results on the incidence of diarrhea, sensitivity analyses included available case versus extreme-plausible analyses and random-versus fixed-effectmodels. To explore possible explanations for heterogeneity, a priori subgroup analysis were conducted on probiotic strain, dose, definition of antibiotic-associated diarrhea, antibiotic agent as well as risk of bias. Main results Sixteen studies (3432 participants) met the inclusion criteria. Trials included treatment with either Bacillus spp., Bifidobacterium spp., Lactobacilli spp., Lactococcus spp., Leuconostoc cremoris, Saccharomyces spp., or Streptococcus spp., alone or in combination. Nine studies used a single strain probiotic agent, four combined two probiotic strains, one combined three probiotic strains, one product included ten probiotic agents, and one study included two probiotic arms that used three and two strains respectively. The risk of bias was determined to be high in 8 studies and low in 8 studies. Available case (patients who did not complete the studies were not included in the analysis) results from 15/16 trials reporting on the incidence of diarrhea show a large, precise benefit from probiotics compared to active, placebo or no treatment control. The incidence of AAD in the probiotic group was 9% compared to 18% in the control group (2874 participants; RR 0.52; 95% CI 0.38 to 0.72; I(2) = 56%). This benefit was not statistically significant in an extreme plausible (60% of children loss to follow-up in probiotic group and 20% loss to follow-up in the control group had diarrhea) intention to treat (ITT) sensitivity analysis. The incidence of AAD in the probiotic group was 16% compared to 18% in the control group (3392 participants; RR 0.81; 95% CI 0.63 to 1.04; I(2) = 59%). An a priori available case subgroup analysis exploring heterogeneity indicated that high dose (>= 5 billion CFUs/day) is more effective than low probiotic dose (< 5 billion CFUs/day), interaction P value = 0.010. For the high dose studies the incidence of AAD in the probiotic group was 8% compared to 22% in the control group (1474 participants; RR 0.40; 95% CI 0.29 to 0.55). For the low dose studies the incidence of AAD in the probiotic group was 8% compared to 11% in the control group (1382 participants; RR 0.80; 95% CI 0.53 to 1.21). An extreme plausible ITT subgroup analysis was marginally significant for high dose probiotics. For the high dose studies the incidence of AAD in the probiotic group was 17% compared to 22% in the control group (1776 participants; RR 0.72; 95% CI 0.53 to 0.99; I(2) = 58%). None of the 11 trials (n = 1583) that reported on adverse events documented any serious adverse events. Meta-analysis excluded all but an extremely small non-significant difference in adverse events between treatment and control (RD 0.00; 95% CI -0.01 to 0.02). Authors’ conclusions Despite heterogeneity in probiotic strain, dose, and duration, as well as in study quality, the overall evidence suggests a protective effect of probiotics in preventing AAD. Using 11 criteria to evaluate the credibility of the subgroup analysis on probiotic dose, the results indicate that the subgroup effect based on dose (>= 5 billion CFU/day) was credible. Based on high-dose probiotics, the number needed to treat (NNT) to prevent one case of diarrhea is seven (NNT 7; 95% CI 6 to 10). However, a GRADE analysis indicated that the overall quality of the evidence for the primary endpoint (incidence of diarrhea) was low due to issues with risk of bias (due to high loss to follow-up) and imprecision (sparse data, 225 events). The benefit for high dose probiotics (Lactobacillus rhamnosus or Saccharomyces boulardii) needs to be confirmed by a large well-designed randomized trial. More refined trials are also needed that test strain specific probiotics and evaluate the efficacy (e.g. incidence and duration of diarrhea) and safety of probiotics with limited losses to follow-up. It is premature to draw conclusions about the efficacy and safety of other probiotic agents for pediatric AAD. Future trials would benefit from a standard and valid outcomes to measure AAD.

Keywords: Adolescent, Adverse Events, Alternative, Analysis, Anti-Bacterial Agents [Adverse Effects], Antibiotic, Antibiotics, Assessment, Authors, Bacillus, Balance, Bias, Bibliographic, Child, Child, Preschool, Children, Clostridium-Difficile, Cochrane, Conference, Confidence Intervals, Control, Diarrhea [Chemically Induced, Differences, Double-Blind, Efficacy, Embase, Extraction, Female, Follow-Up, Frequency, Gastrointestinal, Grade, Helicobacter-Pylori Eradication, Humans, Incidence, Infant, Information, International, Lactobacillus-Gg, Loss To Follow-Up, Low, Male, MEDLINE, Meta Analysis, Meta-Analysis, Necrotizing Enterocolitis, Outcomes, Patients, Pediatric, Placebo-Controlled Trial, Prevention, Prevention & Control], Primary, Probiotic, Probiotics, Probiotics [Therapeutic Use], Prophylaxis, Publication Bias, Quality, Randomized Controlled Trials As Topic, Randomized Controlled-Trials, Relative Risk, Restoration, Review, Risk, Risk-Factors, Saccharomyces-Boulardii, Safety, Science, Search Strategy, Selection, Sensitivity, Serious Adverse Events, Strategy, Tract, Treatment, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD008716.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008716.pdf)

Abstract: Background Hepatic encephalopathy is a disorder of brain function as a result of liver failure and/or portosystemic shunt. Both hepatic encephalopathy (clinically overt) and minimal hepatic encephalopathy (not clinically overt) significantly impair patient’s quality of life and daily functioning and represent a significant burden on health care resources. Probiotics are live microorganisms, which when administered in adequate amounts may confer a health benefit on the host. Objectives To quantify the beneficial and harmful effects of any probiotic in any dosage, compared with placebo or no intervention, or with any other treatment for patients with any grade of acute or chronic hepatic encephalopathy as assessed from randomised trials. Search strategy We searched the The Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, conference proceedings, reference lists of included trials and the WHO international clinical trials registry until April 2011 registry platform to identify new and ongoing trials. Selection criteria We included randomised trials that compared probiotics in any dosage with placebo or no intervention, or with any other treatment in patients with hepatic encephalopathy. Data collection and analysis Three authors independently assessed the risk of bias of the included trials and extracted data on relevant outcomes, with differences resolved by consensus. We conducted random-effects model meta-analysis due to obvious heterogeneity of patients and interventions. A P value of 0.05 or less was defined as significant. Dichotomous outcomes are expressed as risk ratio (RR) and continuous outcomes as mean difference (MD) with 95% confidence intervals (CI). Main results We included seven trials of which 550 participants were randomised. Four of the seven trials compared a probiotic with placebo or no treatment in 245 participants, another trial compared a probiotic with lactulose in 40 participants, and the remaining two trials compared a probiotic with both placebo and lactulose in 265 participants. Each trial used different types of probiotics. Duration of administration of the experimental intervention varied from 10 days to 180 days. Two trials were industry funded, and five were unclear about origin of funding. All trials had high risk of bias. When probiotics were compared with no treatment, there was no significant difference in all-cause mortality (2 trials, 105 participants; 1/57 (2%) versus 1/48 (2%): RR 0.72; 95% CI 0.08 to 6.60), lack of recovery (4 trials, 206 participants; 54/107 (50%) versus 68/99 (69%): RR 0.72; 95% CI 0.49 to 1.05), adverse events (3 trials, 145 participants; 2/77 (3%) versus 6/68 (9%): RR 0.34; 95% CI 0.08 to 1.42), quality of life (1 trial, 20 participants contributed to the physical quality of life measurement, 20 participants contributed to the mental quality of life: MD Physical 0.00; 95% CI -5.47 to 5.47; MD Mental 4.00; 95% CI -1.82 to 9.82), or change of/or withdrawal from treatment (3 trials, 175 participants; 11/92 (12%) versus 7/83 (8%): RR 1.28; 95% CI 0.52 to 3.19). No trial reported sepsis or duration of hospital stay as an outcome. Plasma ammonia concentration was significantly lower for participants treated with probiotic at one month (3 trials, 226 participants: MD -2.99 mu mol/L; 95% CI -5.70 to -0.29) but not at two months (3 trials, 181 participants: MD -1.82 mu mol/L; 95% CI -14.04 to 10.41). Plasma ammonia decreased the most in the participants treated with probiotic at three months (1 trial, 73 participants: MD -6.79 mu mol/L; 95% CI -10.39 to -3.19). When probiotics were compared with lactulose no trial reported all-cause mortality, quality of life, duration of hospital stay, or septicaemia. There were no significant differences in lack of recovery (3 trials, 173 participants; 47/87 (54%) versus 44/86 (51%): RR 1.05; 95% CI 0.75 to 1.47), adverse events (2 trials, 111 participants; 3/56 (5%) versus 6/55 (11%): RR 0.57; 95% CI 0.06 to 5.74), change of/or withdrawal from treatment at one month (3 trials, 190 participants; 8/95 (8%) versus 7/95 (7%): RR 1.10; 95% CI 0.40 to 3.03), plasma ammonia concentration (2 trials, 93 participants: MD -6.61 mu mol/L; 95% CI -30.05 to 16.84), or change in plasma ammonia concentration (1 trial, 77 participants: MD 1.16 mu mol/L; 95% CI -1.96 to 4.28). Authors’ conclusions The trials we located suffered from a high risk of systematic errors (‘bias’) and high risk of random errors (‘play of chance’). While probiotics appear to reduce plasma ammonia concentration when compared with placebo or no intervention, we are unable to conclude that probiotics are efficacious in altering clinically relevant outcomes. Demonstration of unequivocal efficacy is needed before probiotics can be endorsed as effective therapy for hepatic encephalopathy. Further randomised clinical trials are needed.

Keywords: Acute, Adverse Events, Ammonia, Analysis, Authors, Bias, Brain, Burden, Care, Cirrhotic-Patients, Citation, Clinical Trials, Cochrane, Confidence Intervals, Differences, Disorder, Double-Blind, Efficacy, Embase, Experimental, Fatty Liver-Disease, Fecal Flora, Funding, Gut Flora, Health Care, Hospital, Industry, Intervention, Interventions, Lactobacillus-Acidophilus, Measurement, MEDLINE, Meta Analysis, Meta-Analysis, Microorganisms, Model, Mortality, Nonalcoholic Steatohepatitis, Outcome, Outcomes, Patients, Plasma, Probiotic, Probiotics, Quality, Quality of Life, Randomized Controlled-Trial, Ratio, Recovery, Risk, Science, Science Citation Index, Search Strategy, Selection, Sepsis, Spontaneous Bacterial Peritonitis, Strategy, Systematic, Therapy, Toll-Like Receptors, Treatment, WHO

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Full Text: [2011\Coc Dat Sys Rev2011, CD003985.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD003985.pdf)

Abstract: Background Helmets reduce bicycle-related head injuries, particularly in single vehicle crashes and those where the head strikes the ground. We aimed to identify non-legislative interventions for promoting helmet use among children, so future interventions can be designed on a firm evidence base. Objectives To assess the effectiveness of non-legislative interventions in increasing helmet use among children; to identify possible reasons for differences in effectiveness of interventions; to evaluate effectiveness with respect to social group; to identify adverse consequences of interventions. Search strategy We searched the following databases: Cochrane Injuries Group Specialised Register; the Cochrane Central Register of Controlled Trials (CENTRAL); MEDLINE; EMBASE; PsycINFO (Ovid); PsycEXTRA (Ovid); CINAHL (EBSCO); ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED); Social Sciences Citation Index (SSCI); Conference Proceedings Citation Index-Science (CPCI-S); and PubMed from inception to April 2009; TRANSPORT to 2007; and manually searched other sources of data. Selection criteria We included RCTs and CBAs. Studies included participants aged 0 to 18 years, described interventions promoting helmet use not requiring enactment of legislation and reported observed helmet wearing, self reported helmet ownership or self reported helmet wearing. Data collection and analysis Two independent review authors selected studies for inclusion and extracted data. We used random-effects models to estimate pooled odds ratios (ORs) (with 95% confidence interval (CI)). We explored heterogeneity with subgroup analyses. Main results We included 29 studies in the review, 21 of which were included in at least one meta-analysis. Non-legislative interventions increased observed helmet wearing (11 studies: OR 2.08, 95% CI 1.29 to 3.34). The effect was most marked amongst community-based interventions (four studies: OR 4.30, 95% 2.24 to 8.25) and those providing free helmets (two studies: OR 4.35, 95% CI 2.13 to 8.89). Significant effects were also found amongst school-based interventions (eight studies: OR 1.73, CI 95% 1.03 to 2.91), with a smaller effect found for interventions providing education only (three studies: OR 1.43, 95% CI 1.09 to 1.88). No significant effect was found for providing subsidised helmets (seven studies: OR 2.02, 95% CI 0.98 to 4.17). Interventions provided to younger children (aged under 12) may be more effective (five studies: OR 2.50, 95% CI 1.17 to 5.37) than those provided to children of all ages (five studies: OR 1.83, 95% CI 0.98 to 3.42). Interventions were only effective in increasing self reported helmet ownership where they provided free helmets (three studies: OR 11.63, 95% CI 2.14 to 63.16). Interventions were effective in increasing self reported helmet wearing (nine studies: OR 3.27, 95% CI 1.56 to 6.87), including those undertaken in schools (six studies: OR 4.21, 95% CI 1.06 to 16.74), providing free helmets (three studies: OR 7.27, 95% CI 1.28 to 41.44), providing education only (seven studies: OR 1.93, 95% CI 1.03 to 3.63) and in healthcare settings (two studies: OR 2.78, 95% CI 1.38 to 5.61). Authors’ conclusions Non-legislative interventions appear to be effective in increasing observed helmet use, particularly community-based interventions and those providing free helmets. Those set in schools appear to be effective but possibly less so than community-based interventions. Interventions providing education only are less effective than those providing free helmets. There is insufficient evidence to recommend providing subsidised helmets at present. Interventions may be more effective if provided to younger rather than older children. There is evidence that interventions offered in healthcare settings can increase self reported helmet wearing. Further high-quality studies are needed to explore whether non-legislative interventions increase helmet wearing, and particularly the effect of providing subsided as opposed to free helmets, and of providing interventions in healthcare settings as opposed to in schools or communities. Alternative interventions (e.g. those including peer educators, those aimed at developing safety skills including skills in decision making and resisting peer pressure or those aimed at improving self esteem or self efficacy) need developing and testing, particularly for 11 to 18 year olds. The effect of interventions in countries with existing cycle helmet legislation and in low and middle-income countries also requires investigation.

Keywords: Adolescent, Aged, Analysis, and Middle-Income Countries, Authors, Behavior, Bicycle Helmet, Bicycling [Legislation & Jurisprudence, Child,Preschool, Children, Citation, Cochrane, Conference, Databases, Decision Making, Decision-Making, Differences, Education, Effectiveness, Efficacy, Embase, Emergency-Department, Head Protective Devices [Utilization] Child, Helmet, Helmet Use, Humans, Increase Bicycle, Injury, Interventions, ISI, ISI Web of Science, Low, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Pressure, Program, Promotion, Pubmed, Randomized Controlled-Trial, Review, Safety, Schools, Science, Science Citation Index, Sciences, Search Strategy, Selection, Self-Efficacy, Significant, Social, Social Sciences, Social Sciences Citation Index, SSCI, Statistics & Numerical Data], Strategy, Transport, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD003740.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD003740.pdf)

Abstract: Background Rotavirus is a common neonatal nosocomial viral infection and epidemics with the newer P(6) G9 strains have been reported. Local mucosal immunity in the intestine to rotavirus is important in the resolution of infection and protection against subsequent infections. Oral administration of anti-rotaviral immunoglobulin preparationsmight be a useful strategy in preventing rotaviral infections, especially in low birth weight babies. Objectives To determine the effectiveness and safety of oral immunoglobulin preparations for the prevention of rotavirus infection in hospitalized low birthweight infants (birthweight < 2500 g) Search strategy The Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library), MEDLINE, EMBASE, CINAHL, biological Abstracts (BIOSIS), Science Citation Index for articles citing Barnes 1982 and the proceedings of the Pediatric Academic Societies from 1991 onwards were searched in July 2011. Ongoing trials were also searched at clinicaltrials.gov and controlled-trials.com Selection criteria The criteria used to select studies for inclusion were: 1) design: randomized or quasi-randomized controlled trials; 2) participants: hospitalized low birthweight infants; 3) intervention: oral immunoglobulin preparations for prevention of rotavirus infection compared to placebo OR no intervention; 4) at least one of the following outcomes were reported: all cause mortality during hospital stay, mortality due to rotavirus infection during hospital stay, rotavirus infection, duration of diarrhea, need for rehydration, duration of viral excretion, duration of infection control measures, length of hospital stay in days, recurrent diarrhea or chronic diarrhea. Data collection and analysis The two review authors independently abstracted data from the included trials. Main results One published study (Barnes 1982) was eligible for inclusion in this review. Barnes 1982 found no significant difference in the rates of rotavirus infection after oral gammaglobulin versus placebo in hospitalized low birthweight babies [RR 1.27 (95% CI 0.65 to 2.37)]. In the subset of infants who became infected with rotavirus after receiving gammaglobulin or placebo for prevention of rotavirus infection, there was no significant difference in the duration of rotavirus excretion between the group who had gammaglobulin (mean 2 days, range 1 to 4 days) and the group who had placebo (mean 3 days, range 1 to 6 days). Barnes 1982 reported no adverse effects after administration of oral immunoglobulin preparations. Authors’ conclusions Current evidence does not support the use of oral immunoglobulin preparations to prevent rotavirus infection in low birthweight infants. Researchers are encouraged to conduct well-designed neonatal trials using the newer preparations of anti-rotaviral immunoglobulins (colostrum, egg yolk immunoglobulins) and include cost effectiveness evaluations.

Keywords: Administration,Oral, Adverse Effects, Analysis, Authors, Birthweight, Children, Citation, Clinical-Trial, Cochrane, Control, Cost-Effectiveness, Design, Diarrhea, Effectiveness, Embase, Gastroenteritis, Group-A Rotavirus, Hospital, Humans, Immunization,Passive [Methods], Immunoglobulins [Administration & Dosage], Infant,Low Birth Weight, Infant,Newborn, Infants, Infection, Infection Control, Intervention, Intestine, Low, Low Birthweight, MEDLINE, Mortality, Necrotizing Enterocolitis, Newborns, Oral, Outcomes, Prevention, Randomized Controlled Trials As Topic, Researchers, Review, Risk-Factors, Rotavirus Infections [Prevention & Control], Safety, Science, Science Citation Index, Search Strategy, Selection, Strains, Strategy, Trypsin-Inhibitors

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Full Text: [2011\Coc Dat Sys Rev2011, CD009170.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD009170.pdf)

Abstract: Background Surgeons and their assistants are especially at risk of exposure to blood due to glove perforations and needle stick injuries during operations. The use of blunt needles can reduce this risk because they don’t penetrate skin easily but still perform sufficiently in other tissues. Objectives To determine the effectiveness of blunt needles compared to sharp needles for preventing percutaneous exposure incidents among surgical staff. Search strategy We searched MEDLINE and EMBASE (until May 2011), CENTRAL, NHSEED, Science Citation Index Expanded, CINAHL, Nioshtic, CISdoc, PsycINFO, and LILACS (until September 2010). Selection criteria Randomised controlled trials (RCTs) of blunt versus sharp suture needles for preventing needle stick injuries among surgical staff measured as glove perforations or self-reported needle stick injuries. Data collection and analysis Two authors independently assessed study eligibility and risk of bias in trials and extracted data. We synthesized study results with a fixed-effect model meta-analysis. Main results We located 10 RCTs involving 2961 participating surgeons performing an operation in which the use of blunt needles was compared to the use of sharp needles. Four studies focused on abdominal closure, two on caesarean section, two on vaginal repair and two on hip replacement. On average, a surgeon that used sharp needles sustained one glove perforation in three operations. The use of blunt needles reduced the risk of glove perforations with a relative risk (RR) of 0.46 (95% confidence interval (CI) 0.38 to 0.54) compared to sharp needles. The use of blunt needles will thus prevent one glove perforation in every six operations. In four studies, the use of blunt needles reduced the number of self-reported needle stick injuries with a RR of 0.31 (95% CI 0.14 to 0.68). Because the force needed for the blunt needles is higher, their use was rated as more difficult but still acceptable in five out of six studies. The quality of the evidence was rated as high. Authors’ conclusions There is high quality evidence that the use of blunt needles appreciably reduces the risk of exposure to blood and bodily fluids for surgeons and their assistants over a range of operations. It is unlikely that future research will change this conclusion.

Keywords: Analysis, At Risk, Authors, Bias, Blood, Blood Exposure, Citation, Effectiveness, Embase, Exposure, Glove Perforations, Health-Care Workers, Injuries, Intervention, MEDLINE, Meta Analysis, Meta-Analysis, Model, Nurses, Quality, Randomized-Controlled-Trial, Relative Risk, Research, Risk, Safety, Science, Science Citation Index, Search Strategy, Selection, Strategy, Surgical

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Full Text: [2011\Coc Dat Sys Rev2011, CD001208.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD001208.pdf)

Abstract: Background Human albumin solutions are used for a range of medical and surgical problems. Licensed indications are the emergency treatment of shock and other conditions where restoration of blood volume is urgent, such as in burns and hypoproteinaemia. Human albumin solutions are more expensive than other colloids and crystalloids. Objectives To quantify the effect on mortality of human albumin and plasma protein fraction (PPF) administration in the management of critically ill patients. Search strategy We searched the Cochrane Injuries Group Specialised Register (searched 31 May 2011), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 2), MEDLINE (Ovid) (1948 to week 3 May 2011), EMBASE (Ovid) (1980 to Week 21 2011), CINAHL (EBSCO) (1982 to May 2011), ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED) (1970 to May 2011), ISI Web of Science: Conference Proceedings Citation Index - Science (CPCI-S) (1990 to May 2011), PubMed (www.ncbi.nlm.nih.gov/sites/entrez/) (searched 10 June 2011, limit: last 60 days). Reference lists of trials and review articles were checked, and authors of identified trials were contacted. Selection criteria Randomised controlled trials comparing albumin or PPF with no albumin or PPF or with a crystalloid solution in critically ill patients with hypovolaemia, burns or hypoalbuminaemia. Data collection and analysis We collected data on the participants, albumin solution used, mortality at the end of follow up, and quality of allocation concealment. Analysis was stratified according to patient type. Main results We found 38 trials meeting the inclusion criteria and reporting death as an outcome. There were 1,958 deaths among 10,842 trial participants. For hypovolaemia, the relative risk of death following albumin administration was 1.02 (95% confidence interval (CI) 0.92 to 1.13). This estimate was heavily influenced by the results of the SAFE trial, which contributed 75.2% of the information (based on the weights in the meta-analysis). For burns, the relative risk was 2.93 (95% CI 1.28 to 6.72) and for hypoalbuminaemia the relative risk was 1.26 (95% CI 0.84 to 1.88). There was no substantial heterogeneity between the trials in the various categories (Chi(2) = 26.66, df = 31, P = 0.69). The pooled relative risk of death with albumin administration was 1.05 (95% CI 0.95 to 1.16). Authors’ conclusions For patients with hypovolaemia, there is no evidence that albumin reduces mortality when compared with cheaper alternatives such as saline. There is no evidence that albumin reduces mortality in critically ill patients with burns and hypoalbuminaemia. The possibility that there may be highly selected populations of critically ill patients in which albumin may be indicated remains open to question. However, in view of the absence of evidence of a mortality benefit from albumin and the increased cost of albumin compared to alternatives such as saline, it would seem reasonable that albumin should only be used within the context of well concealed and adequately powered randomised controlled trials.

Keywords: 5-Percent Albumin, Analysis, Authors, Blood, Blood Proteins [Therapeutic Use], Cerebral-Blood-Flow, Citation, Cochrane, Colloid Osmotic-Pressure, Conference, Critical Illness [Mortality, Critically Ill Patients, Embase, Emergency, Fluid Resuscitation, Fluid Therapy, Follow-Up, Human, Humans, Hypoalbuminemic Patients, Information, Intensive-Care-Unit, ISI, ISI Web of Science, Major Surgery, Management, Medical, MEDLINE, Meta Analysis, Meta-Analysis, Mortality, Normal Saline, Outcome, Patients, Plasma, Plasma Substitutes [Therapeutic Use], Pubmed, Quality, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Relative Risk, Restoration, Review, Risk, Safe, Science, Science Citation Index, Search Strategy, Selection, Serum Albumin [Therapeutic Use], Serum Globulins, Strategy, Surgical, Therapy], Total Parenteral-Nutrition, Treatment, Web of Science

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Full Text: [2011\Coc Dat Sys Rev2011, CD009131.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD009131.pdf)

Abstract: Background Cognitive deficits are a common manifestation in multiple sclerosis (MS) and have a wide effect on the patient’s quality of life. Alleviation of the harmful effects caused by these deficits should be a major goal of MS research and practice. Objectives The aim of this review was to evaluate the effects of neuropsychological/cognitive rehabilitation in MS by conducting a systematic review. Search strategy A systematic literature search was carried out on reports drawn from Cochrane MS Group Specialised Register (To October 2010), Evidence-based medicine (EBM) reviews (To September 2010), MEDLINE (January 1950 to September 2010), EMBASE (1974 to September 2010), PsycINFO (January 1806 to September 2010), Web of Science (WOS) (January 1986 to September 2010), CINAHL (1982 to September 2010), and identified from the references in these reports. Selection criteria Randomised Controlled Trials (RCTs) and quasi-randomised trials evaluating the effects of neuropsychological rehabilitation in MS compared to other interventions or no intervention at all and employing neuropsychological rehabilitation methods and outcome measures were included. Data collection and analysis Two review authors individually judged the relevance, risk of bias, and content of the included studies. Results were combined quantitatively with meta-analyses according to the intervention type: 1) Cognitive training and 2) Cognitive training combined with other neuropsychological rehabilitation methods. In addition, narrative presentation was used in reporting the results of those studies which were inappropriate to be included in the meta-analysis. Main results Fourteen studies (770 MS patients) fulfilled the inclusion criteria. On the basis of these studies, low level evidence was found that neuropsychological rehabilitation reduces cognitive symptoms in MS. Cognitive training was found to improve memory span (standardised mean difference 0.54 (95% confidence interval 0.2 to 0.88, P = 0.002)), working memory (standardised mean difference 0.33 (95% confidence interval 0.09 to 0.57, P = 0.006)), and immediate visual memory (standardised mean difference 0.32 (95% confidence interval 0.04 to 0.6, P = 0.02)). There was no evidence of an effect of cognitive training combined with other neuropsychological rehabilitation methods on cognitive or emotional functions. The overall quality as well as the comparability of the included studies were relatively low due to methodological limitations and heterogeneity of outcome measures. Although most of the pooled results in the meta-analyses yielded no significant findings, twelve of the fourteen studies showed some evidence of positive effects when the studies were individually analysed. Authors’ conclusions The review indicates low level evidence for the positive effects of neuropsychological rehabilitation in MS. Interventions included in the review were heterogeneous. Consequently, clinical inferences can basically be drawn from single studies. Therefore, new trials may change the strength and direction of the evidence. To further strengthen the evidence, well-designed high quality studies are needed. In this systematic review, recommendations are given for improving the quality of future studies on the effects of neuropsychological rehabilitation in MS.

Keywords: Analysis, Authors, Bias, Brain Atrophy, Cochrane, Cognitive Rehabilitation, Diagnostic-Criteria, Efficacy, Embase, Evidence-Based Medicine, Follow-Up, Intervention, Interventions, Literature, Low, Medicine, MEDLINE, Memory, Meta Analysis, Meta-Analysis, Ms Patients, Multiple Sclerosis, Of-Science, Outcome, Patients, People, Practice, Quality, Quality of Life, Randomized Controlled-Trial, Recommendations, Rehabilitation, Research, Review, Risk, Science, Search Strategy, Selection, Self-Generation, Strategy, Strength, Symptoms, Systematic, Systematic Review, Training, Web, Web-of-Science, Working-Memory

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Full Text: [2011\Coc Dat Sys Rev2011, MR000027.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20MR000027.pdf)

Abstract: Background In order to minimise publication bias, authors of systematic reviews often spend considerable time trying to obtain unpublished data. These include data from studies conducted but not published (unpublished data), as either an abstract or full-text paper, as well as missing data (data available to original researchers but not reported) in published abstracts or full-text publications. The effectiveness of different methods used to obtain unpublished or missing data has not been systematically evaluated. Objectives To assess the effects of different methods for obtaining unpublished studies (data) and missing data from studies to be included in systematic reviews. Search strategy We identified primary studies comparing different methods of obtaining unpublished studies (data) or missing data by searching the Cochrane Methodology Register (Issue 1, 2010), MEDLINE and EMBASE (1980 to 28 April 2010). We also checked references in relevant reports and contacted researchers who were known or who were thought likely to have carried out relevant studies. We used the Science Citation Index and PubMed ‘related articles’ feature to identify any additional studies identified by other sources (19 June 2009). Selection criteria Primary studies comparing different methods of obtaining unpublished studies (data) or missing data in the healthcare setting. Data collection and analysis The primary outcome measure was the proportion of unpublished studies (data) or missing data obtained, as defined and reported by the authors of the included studies. Two authors independently assessed the search results, extracted data and assessed risk of bias using a standardised data extraction form. We resolved any disagreements by discussion. Main results Six studies met the inclusion criteria; two were randomised studies and four were observational comparative studies evaluating different methods for obtaining missing data. Methods to obtain missing data Five studies, two randomised studies and three observational comparative studies, assessed methods for obtaining missing data (i.e. data available to the original researchers but not reported in the published study). Two studies found that correspondence with study authors by e-mail resulted in the greatest response rate with the fewest attempts and shortest time to respond. The difference between the effect of a single request for missing information (by e-mail or surface mail) versus a multistage approach (pre-notification, request for missing information and active follow-up) was not significant for response rate and completeness of information retrieved (one study). Requests for clarification of methods (one study) resulted in a greater response than requests for missing data. A well-known signatory had no significant effect on the likelihood of authors responding to a request for unpublished information (one study). One study assessed the number of attempts made to obtain missing data and found that the number of items requested did not influence the probability of response. In addition, multiple attempts using the same methods did not increase the likelihood of response. Methods to obtain unpublished studies One observational comparative study assessed methods to obtain unpublished studies (i.e. data for studies that have never been published). Identifying unpublished studies ahead of time and then asking the drug industry to provide further specific detail proved to be more fruitful than sending of a non-specific request. Authors’ conclusions Those carrying out systematic reviews should continue to contact authors for missing data, recognising that this might not always be successful, particularly for older studies. Contacting authors by e-mail results in the greatest response rate with the fewest number of attempts and the shortest time to respond.

Keywords: Analysis, Authors, Bias, Citation, Cochrane, Comparative Study, Controlled-Trials, Correspondence, Drug, Effectiveness, Email, Embase, Extraction, Follow-Up, Industry, Information, MEDLINE, Metaanalysis, Methodology, Methods, Observational, Outcome, Primary, Publication, Publication Bias, Publications, Pubmed, Researchers, Retrieval, Risk, Science, Science Citation Index, Search Strategy, Selection, Strategy, Systematic, Systematic Reviews

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Full Text: [2011\Coc Dat Sys Rev2011, CD004916.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD004916.pdf)

Abstract: Background Nearsightedness (myopia) causes blurry vision when looking at distant objects. Highly nearsighted people are at greater risk of several vision-threatening problems such as retinal detachments, choroidal atrophy, cataracts and glaucoma. Interventions that have been explored to slow the progression of myopia include bifocal spectacles, cycloplegic drops, intraocular pressure-lowering drugs, muscarinic receptor antagonists and contact lenses. The purpose of this review was to systematically assess the effectiveness of strategies to control progression of myopia in children. Objectives To assess the effects of several types of interventions, including eye drops, undercorrection of nearsightedness, multifocal spectacles and contact lenses, on the progression of nearsightedness in myopic children younger than 18 years. We compared the interventions of interest with each other, to single vision lenses (SVLs) (spectacles), placebo or no treatment. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (T h e Cochrane Library 2011, Issue 10), MEDLINE (January 1950 to October 2011), EMBASE (January 1980 to October 2011), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to October 2011), the metaRegister of Controlled Trials (mRCT) (www.controlledtrials.com) and ClinicalTrials.gov (http://clinicaltrials.gov). There were no date or language restrictions in the electronic searches for trials. The electronic databases were last searched on 11 October 2011. We also searched the reference lists and Science Citation Index for additional, potentially relevant studies. Selection criteria We included randomized controlled trials (RCTs) in which participants were treated with spectacles, contact lenses or pharmaceutical agents for the purpose of controlling progression of myopia. We excluded trials where participants were older than 18 years at baseline or participants had less than -0.25 diopters (D) spherical equivalent myopia. Data collection and analysis Two review authors independently extracted data and assessed the risk of bias for each included study. When possible, we analyzed data with the inverse variance method using a fixed-effect or random-effects model, depending on the number of studies and amount of heterogeneity detected. Main results We included 23 studies (4696 total participants) in this review, with 17 of these studies included in quantitative analysis. Since we only included RCTs in the review, the studies were generally at low risk of bias for selection bias. Undercorrection of myopia was found to increase myopia progression slightly in two studies; children who were undercorrected progressed on average 0.15 D (95% confidence interval (CI) -0.29 to 0.00) more than the fully corrected SVLs wearers at one year. Rigid gas permeable contact lenses (RGPCLs) were found to have no evidence of effect on myopic eye growth in two studies (nometa-analysis due to heterogeneity between studies). Progressive addition lenses (PALs), reported in four studies, and bifocal spectacles, reported in four studies, were found to yield a small slowing of myopia progression. For seven studies with quantitative data at one year, children wearing multifocal lenses, either PALs or bifocals, progressed on average 0.16 D (95% CI 0.07 to 0.25) less than children wearing SVLs. The largest positive effects for slowing myopia progression were exhibited by anti-muscarinic medications. At one year, children receiving pirenzepine gel (two studies), cyclopentolate eye drops (one study), or atropine eye drops (two studies) showed significantly less myopic progression compared with children receiving placebo (mean differences (MD) 0.31 (95% CI 0.17 to 0.44), 0.34 (95% CI 0.08 to 0.60), and 0.80 (95% CI 0.70 to 0.90), respectively). Authors’ conclusions The most likely effective treatment to slow myopia progression thus far is anti-muscarinic topical medication. However, side effects of these medications include light sensitivity and near blur. Also, they are not yet commercially available, so their use is limited and not practical. Further information is required for other methods of myopia control, such as the use of corneal reshaping contact lenses or bifocal soft contact lenses (BSCLs) with a distance center are promising, but currently no published randomized clinical trials exist.

Keywords: Addition Lenses, Analysis, Atrophy, Authors, Base-Line Characteristics, Bias, Children, Citation, Clinical, Clinical Trials, Collection, Confidence, Control, Criteria, Data, Data Collection, Databases, Drugs, Effectiveness, Effects, Evaluation Trial Comet, Evidence, Extended-Wear, Gel, Growth, Heterogeneity, Information, Interval, Interventions, Literature, Low, Low Risk, MEDLINE, Methods, Model, Monozygotic Cotwin Control, Pharmaceutical Agents, Pirenzepine Ophthalmic Gel, Placebo, Purpose, Quantitative Analysis, Random Effects Model, Randomized, Randomized Clinical Trials, Randomized Clinical-Trial, Randomized Controlled Trials, Reference, Reference Lists, Restrictions, Review, Risk, School-Aged Children, Science, Science Citation Index, Search, Sensitivity, Side Effects, Single Vision Lenses, Small, Soft Contact-Lenses, Topical, Treatment

? Abbas, Z., Khan, M.A., Salih, M. and Jafri, W. (2011), Interferon alpha for chronic hepatitis D. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD006002.

Full Text: [2011\Coc Dat Sys Rev2011, CD006002.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD006002.pdf)

Abstract: Background Hepatitis D virus is a small defective RNA virus that requires the presence of hepatitis B virus infection to infect a person. Hepatitis D is a difficult-to-treat infection. Several clinical trials have been published on the efficacy of interferon alpha for hepatitis D virus (HDV) infection. However, there are few randomised trials evaluating the effects of interferon alpha, and it is difficult to judge any benefit of this intervention from the individual trials. Objectives To evaluate the beneficial and harmful effects of interferon alpha for patients with chronic hepatitis D. Search methods We identified relevant for the review randomised clinical trials by electronic searches in the Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until May 2011. We also checked the bibliographic references of identified randomised trials, textbooks, and review articles in order to find randomised trials not identified by the electronic searches. Selection criteria Randomised clinical trials evaluating interferon alpha versus placebo or no intervention for patients with chronic hepatitis D infection. Data collection and analysis Two authors assessed the trials and extracted data on mortality, virologic, biochemical, and histological response as well as adverse events at end of treatment and six months or more after completing treatment. The analyses were performed using the intention-to-treat principle including all randomised participants irrespective of follow-up. Drop-outs, withdrawals, and non-compliance were considered as treatment failures. Data were analysed with fixed- and random-effects models. Reported results were based on fixed-effect model except in cases where statistical significance varied between the two models. Main results Six randomised trials fulfilled the inclusion criteria. Two hundred and one randomised participants (male = 174) were included. The risk of bias in all the included trials was high. Five trials compared interferon alpha with no treatment in the control group. One of these trials had two treatment arms with a higher dose and lower dose of interferon alpha and a no-treatment control group. We analysed both treatment regimens as a single group in a primary analysis and as separate groups in the subgroup analysis of different interferon dosages. The sixth trial compared only a higher dose of interferon alpha with a lower dose. Meta-analysis of five trials comparing interferon alpha with no-treatment control group included 169 participants. There were seven drop-outs in the treatment group and nine in the control group. One patient out of 92 (1.1%) died in the interferon alpha group compared with zero out of 77 (0.0%) in the no-intervention control group (risk ratio (RR)) 3.00; 95% confidence interval (CI) 0.14 to 66.5). Interferon alpha led to failure of end of treatment virological response in 62/92 (67.4%) of the patients compared with 71/77 (92.2%) in the untreated controls (RR 0.76, 95% CI 0.66 to 0.87, P = 0.0001 by fixed-effect model and RR 0.71, 95% CI 0.43 to 1.16, P = 0.17 by random-effects model). Failure of normalisation of alanine aminotransferase (ALT) at the end of treatment was seen in 60/92 (65.2%) patients treated with interferon alpha versus 76/77 (98.7%) in the control group (RR 0.69, 95% CI 0.59 to 0.80, P < 0.00001). Sustained virological response was not achieved in 76/92 (82.6%) of patients on interferon compared with 73/77 (94.8%) of controls (RR 0.89, 95% CI 0.80 to 0.98, P = 0.02). Serum alanine aminotransferase was abnormal in 81/92 (88.0%) treated with interferon alpha patients at six months post-treatment follow-up compared with 76/77 (98.7%) in controls (RR 0.92, 95% CI 0.84 to 0.99, P = 0.04). There was no significant histological improvement in 67/92 (72.8%) patients treated with interferon alpha compared with 65/77 (84.4%) in controls (RR 0.86, 95% CI 0.74 to 1.00, P = 0.06). Two trials comparing a higher dose of interferon alpha with the lower dose showed no significant difference in sustained virological response (76.7% compared with 90.0%) (RR 0.85, 95% CI 0.68 to 1.07, P = 0.16). Adverse events such as flu-like symptoms, asthenia, weight loss, alopecia, thrombocytopenia, and leukopenia were reported in all these trials and the adverse events were related to interferon alpha. These were common and sometimes severe. One patient in the treatment group was reported to have died by suicide towards the end of the study period. Authors’ conclusions Interferon alpha does not seem to cure hepatitis D in most patients. The agent seems effective in suppressing viral and liver disease activity in some patients, but this improvement is not sustained in the majority of patients. We cannot exclude overestimation of benefits and underestimation of harms due to high risk of bias (systematic errors) and high risk play of chance (random errors). Therefore, more randomised trials with large sample sizes and less risk of bias are needed before interferon can be recommended or refuted.

Keywords: Alanine Aminotransferase, Alopecia, Analyses, Analysis, Articles, Authors, B Surface-Antigen, Bias, Chronic, Chronic Delta-Hepatitis, Chronic Hepatitis, Citation, Clinical, Clinical Trials, Clinical-Trials, Collection, Combination Therapy, Confidence, Control, Criteria, D Virus-Infection, Data, Data Collection, Disease, Disease Activity, Effects, Efficacy, Empirical-Evidence, Errors, Events, Failure, Follow-Up, Hepatitis, Hepatitis B, Hepatitis B Virus, Improvement, Infection, Interferon, Interferon-Alpha, Interval, Intervention, Lamivudine Plus Interferon, Liver, Male, MEDLINE, Meta-Analysis, Methods, Model, Models, Mortality, P, Patients, Pegylated Interferon-Alpha-2b, Person, Placebo, Polymerase-Chain-Reaction, Primary, Random Effects Model, Randomised, Randomized Controlled Trial, References, Review, Risk, RNA, Science, Science Citation Index, Science Citation Index Expanded, Search, Significance, Small, Suicide, Symptoms, Textbooks, Thrombocytopenia, Treatment, Trial, Viral

? Miller, S., Maguire, L.K. and Macdonald, G. (2011), Home-based child development interventions for preschool children from socially disadvantaged families. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD008131.

Full Text: [2011\Coc Dat Sys Rev2011, CD008131.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008131.pdf)

Abstract: Background Social disadvantage can have a significant impact on early child development, health and wellbeing. What happens during this critical period is important for all aspects of development. Caregiving competence and the quality of the environment play an important role in supporting development in young children and parents have an important role to play in optimising child development and mitigating the negative effects of social disadvantage. Home-based child development programmes aim to optimise children’s developmental outcomes through educating, training and supporting parents in their own home to provide a more nurturing and stimulating environment for their child. Objectives To determine the effects of home-based programmes aimed specifically at improving developmental outcomes for preschool children from socially disadvantaged families. Search methods We searched the following databases between 7 October and 12 October 2010: Cochrane Central Register of Controlled Trials (CENTRAL) (2010, Issue 4), MEDLINE (1950 to week 4, September 2010), EMBASE (1980 to Week 39, 2010), CINAHL (1937 to current), PsycINFO (1887 to current), ERIC (1966 to current), ASSIA (1987 to current), Sociological Abstracts (1952 to current), Social Science Citation Index (1970 to current). We also searched reference lists of articles. Selection criteria Randomised controlled trials comparing home-based preschool child development interventions with a ‘standard care’ control. Participants were parents with children up to the age of school entry who were socially disadvantaged in respect of poverty, lone parenthood or ethnic minority status. Data collection and analysis Two authors independently selected studies, assessed the trials’ risk of bias and extracted data. Main results We included seven studies, which involved 723 participants. We assessed four of the seven studies as being at high risk of bias and three had an unclear risk of bias; the quality of the evidence was difficult to assess as there was often insufficient detail reported to enable any conclusions to be drawn about the methodological rigour of the studies. Four trials involving 285 participants measured cognitive development and we synthesised these data in a meta-analysis. Compared to the control group, there was no statistically significant impact of the intervention on cognitive development (standardised mean difference (SMD) 0.30; 95% confidence interval -0.18 to 0.78). Only three studies reported socioemotional outcomes and there was insufficient data to combine into a meta-analysis. No study reported on adverse effects. Authors’ conclusions This review does not provide evidence of the effectiveness of home-based interventions that are specifically targeted at improving developmental outcomes for preschool children from socially disadvantaged families. Future studies should endeavour to better document and report their methodological processes.

Keywords: Adverse Effects, Age, Analysis, Articles, Authors, Bias, Care, Child, Children, Citation, Cognitive-Development, Collection, Community Mothers Program, Competence, Confidence, Control, Criteria, Data, Data Collection, Databases, Development, Effectiveness, Effects, Environment, Environments, Ethnic Minority, Evidence, Families, Follow-Up, Health, Impact, Interval, Intervention, Interventions, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Nonprofessional Intervention, Outcomes, Parents, Poverty, Preschool Children, Programmes, Psycinfo, Quality, Quality Of, Randomized Controlled-Trial, Reference, Reference Lists, Review, Risk, Role, School Readiness, Science, Science Citation Index, Search, Social, Social Science Citation Index, Standard, Teachers Program, Training, Young-Children

? Chi, C.C., Kirtschig, G., Baldo, M., Brackenbury, F., Lewis, F. and Wojnarowska, F. (2011), Topical interventions for genital lichen sclerosus. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD008240.

Full Text: [2011\Coc Dat Sys Rev2011, CD008240.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008240.pdf)

Abstract: Background Lichen sclerosus is a chronic, inflammatory skin condition that most commonly occurs in adult women, although it may also be seen in men and children. It primarily affects the genital area and around the anus, where it causes persistent itching and soreness. Scarring after inflammation may lead to severe damage by fusion of the vulval lips (labia); narrowing of the vaginal opening; and burying of the clitoris in women and girls, as well as tightening of the foreskin in men and boys, if treatments are not started early. Affected people have an increased risk of genital cancers. Objectives To assess the effects of topical interventions for genital lichen sclerosus and adverse effects reported in included trials. Search methods We searched the following databases up to 16 September 2011: the Cochrane Skin Group Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE (from 2005), EMBASE (from 2007), LILACS (from 1982), CINAHL (from 1981), British Nursing Index and Archive (from 1985), Science Citation Index Expanded (from 1945), BIOSIS Previews (from 1926), Conference Papers Index (from 1982), and Conference Proceedings Citation Index - Science (from 1990). We also searched ongoing trial registries and scanned the bibliographies of included studies, published reviews, and papers that had cited the included studies. Selection criteria Randomised controlled trials (RCTs) of topical interventions in genital lichen sclerosus. Data collection and analysis Two authors independently selected trials, extracted data, and assessed the risk of bias. A third author was available for resolving differences of opinion. Main results We included 7 RCTs, with a total of 249 participants, covering 6 treatments. Six of these RCTs tested the efficacy of one active intervention against placebo or another active intervention, while the other trial tested three active interventions against placebo. When compared to placebo in one trial, clobetasol propionate 0.05% was effective in treating genital lichen sclerosus in relation to the following outcomes: ‘participant-rated improvement or remission of symptoms’ (risk ratio (RR) 2.85, 95% confidence interval (CI) 1.45 to 5.61) and ‘investigator-rated global degree of improvement’ (standardised mean difference (SMD) 5.74, 95% CI 4.26 to 7.23). When mometasone furoate 0.05% was compared to placebo in another trial, there was a significant improvement in the ‘investigator-rated change in clinical grade of phimosis’ (SMD -1.04, 95% CI -1.77 to -0.31). Both trials found no significant differences in reported adverse drug reactions between the corticosteroid and placebo groups. The data from four trials found no significant benefit for topical testosterone, dihydrotestosterone, and progesterone. When used as maintenance therapy after an initial treatment with topical clobetasol propionate in another trial, topical testosterone worsened the symptoms (P < 0.05), but the placebo did not. One trial found no differences between pimecrolimus and clobetasol propionate in relieving symptoms through change in pruritus (itching) (SMD -0.33, 95% CI -0.99 to 0.33) and burning/pain (SMD 0.03, 95% CI -0.62 to 0.69). However, pimecrolimus was less effective than clobetasol propionate with regard to the ‘investigator-rated global degree of improvement’ (SMD -1.64, 95% CI -2.40 to -0.87). This trial found no significant differences in reported adverse drug reactions between the pimecrolimus and placebo groups. Authors’ conclusions The current limited evidence demonstrates the efficacy of clobetasol propionate, mometasone furoate, and pimecrolimus in treating genital lichen sclerosus. Further RCTs are needed to determine the optimal potency and regimen of topical corticosteroids, examine other topical interventions, assess the duration of remission or prevention of flares, evaluate the reduction in the risk of genital squamous cell carcinoma or genital intraepithelial neoplasia, and examine the efficacy in improving the quality of the sex lives of people with this condition.

Keywords: Adult, Adverse Drug Reactions, Adverse Effects, Analysis, Anus, Atopic-Dermatitis, Authors, Bias, Bibliographies, Children, Chronic, Citation, Clinical, Clobetasol Propionate 0.05-Percent, Collection, Conference, Confidence, Corticosteroids, Criteria, Damage, Data, Data Collection, Databases, Disease, Drug, Duration, Effects, Efficacy, Et-Atrophicus, Evidence, Fusion, Global, Halcinonide Cream, Improvement, Inflammation, Interval, Intervention, Interventions, Itching, Lead, Lichen, MEDLINE, Men, Methods, Moisturizing Cream, Of-The-Literature, Outcomes, P, Papers, Placebo, Prevention, Progesterone, Pruritus, Quality, Quality Of, Reduction, Registries, Reviews, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Sex, Skin, Squamous Cell Carcinoma, Symptoms, Testosterone, Therapy, Topical, Treatment, Trial, Vaginal, Women

? Desai, M., GurUSAmy, K.S., Ghanbari, H., Hamilton, G. and Seifalian, A.M. (2011), Remote ischaemic preconditioning versus no remote ischaemic preconditioning for vascular and endovascular surgical procedures. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD008472.

Full Text: [2011\Coc Dat Sys Rev2011, CD008472.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008472.pdf)

Abstract: Background Despite advances in perioperative care, elective major vascular surgical procedures carry a significant risk of morbidity and mortality. Remote ischaemic preconditioning is initiated by brief, non-lethal periods of ischaemia in a vascular bed different from the one which will be subjected to ischaemic insult during surgery. It has the potential to provide local tissue protection from further prolonged periods of ischaemia. Objectives The aim of this review was to compare the outcomes from vascular and endovascular surgical procedures with and without the use of remote ischaemic preconditioning. Search methods The Cochrane Peripheral Vascular Diseases Group searched their Specialised Register (June 2011) and CENTRAL (2011, Issue 2). The authors searched MEDLINE via PubMed (July 2011), EMBASE (June 2011), and Science Citation Index Expanded (July 2011). Selection criteria We considered for inclusion all randomised controlled trials that evaluated the role of remote ischaemic preconditioning in reducing mortality and systemic injury in patients undergoing open vascular or endovascular surgery. Data collection and analysis We collected the data on characteristics of the trial, methodological quality, the remote ischaemic preconditioning stimulus used, mortality, morbidity, operating time and hospital stay from each trial. We analysed the data with both the fixed-effect and the random-effects models using RevMan analysis. For each outcome we calculated the risk ratio (RR) or mean difference with 95% confidence interval (CI) based on an intention-to-treat analysis. Main results We included four studies with a total of 115 patients randomised to undergo a vascular procedure with remote ischaemic preconditioning and 117 patients randomised to have the procedure without remote ischaemic preconditioning. None of the trials were of low risk of bias. There was no significant difference in mortality between the two groups (RR 1.70, 95% CI 0.51 to 5.72). Similarly, there was no statistically significant difference between the two groups for all other outcomes except reduced risk of myocardial infarction in the remote ischaemic preconditioning group, which was significant by the fixed-effect model (RR 0.31, 95% CI 0.10 to 0.90) but not by the random-effects model (RR 0.34, 95% CI 0.11 to 1.08). This positive effect was from the results of only one trial and was not consistently observed. Furthermore, it was noted that there was an observed trend of high incidence of unplanned critical care admission in the remote ischaemic preconditioning group, although this was not statistically significant (RR 2.15, 95% CI 0.87 to 5.33). Authors’ conclusions Based on current evidence from small pilot trials, there are too few data to be able to say whether remote ischaemic preconditioning has any beneficial or harmful effects. The safety of this technique needs to be confirmed in adequately powered trials. Therefore, further randomised trials on this technique are required.

Keywords: Abdominal Aortic-Aneurysms, Advances, Analysis, Authors, Bias, Cardiac Protection, Care, Carotid-Endarterectomy, Characteristics, Citation, Clinical-Trials, Collection, Confidence, Criteria, Critical Care, Data, Data Collection, Effects, Elective, Empirical-Evidence, Evidence, Hospital, Hospital Stay, Incidence, Infarction, Injury, Interval, Ischaemia, Local, Low, Low Risk, MEDLINE, Metaanalysis, Methods, Model, Models, Morbidity, Mortality, Myocardial Infarction, Needs, Open, Outcome, Outcomes, Patients, Pilot, Potential, Preconditioning, Procedure, Procedures, Prolonged, Protection, Pubmed, Quality, Random Effects Model, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Reperfusion Injury, Review, Risk, Role, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Small, Surgery, Surgical Procedures, Trend, Trial

? Zhong, J.H., Li, L.Q. and Wu, L.C. (2011), Lamivudine with or without adefovir dipivoxil for postoperative hepatocellular carcinoma. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD008713.

Full Text: [2011\Coc Dat Sys Rev2011, CD008713.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD008713.pdf)

Abstract: Background Hepatocellular carcinoma (HCC) is a significant cause of death, especially in Asia and sub-Saharan Africa. Removal of the cancer through surgery or other techniques is considered the first-line therapy in early HCC, but relapse of HCC is the main postoperative problem. The main risk factor for HCC is hepatitis B virus (HBV) infection. Lamivudine and adefovir dipivoxil are effective and tolerable for chronic hepatitis B by suppressing the viral load and to reduce fibrosis in the liver. Objectives To assess the benefits and harms of postoperative administration of lamivudine with or without adefovir dipivoxil in participants with surgically treated HCC and chronic HBV infection or HBV carrier state. Search methods A systematic search was performed in The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in T h e Coch ran e Library, MEDLINE, EMBASE, and Science Citation Index Expanded (SCI Exp) in October 2011. Further trials have been sought through scanning reference lists of relevant articles. Selection criteria Randomised clinical trials comparing the administration of lamivudine with and without adefovir dipivoxil for participants with ablation treated HCC (surgical or through other techniques) and chronic HBV infection or HBV carrier state, regardless of publication status, language, blinding, and publication status, were to be included in this review. We planned to extract data on harms from quasi-randomised studies or cohort studies when retrieved with the search results. Data collection and analysis Two authors independently selected studies for inclusion, and extracted and analysed the data. The type and number of adverse events were reported descriptively. Main results No randomised trials could be included into this systematic review. Thus, we were unable to follow our pre-published protocol and perform meta-analyses. Through our searches for randomised clinical trials, four cohort trials with 230 participants were retrieved. We read them in order to find data on harm, ie, adverse events. Breakthrough hepatitis was a serious adverse event attributable to lamivudine. No other adverse events seemed to be caused by the administration of lamivudine or adefovir dipivoxil were reported in the four cohort studies. Authors’ conclusions No evidence from randomised trials on the beneficial or harmful effects of lamivudine with or without adefovir dipivoxil for postoperative HCC was found. Randomised clinical trials with large number of participants and long follow-up period should be carried out to direct clinical practice.

Keywords: Administration, Africa, Analysis, Antiviral Therapy, Articles, Asia, Authors, Cancer, Carrier State, Cause of Death, Chronic, Chronic Hepatitis, Citation, Clinical, Clinical Practice, Clinical Trials, Cohort, Collection, Controlled-Trials, Criteria, Data, Data Collection, Death, Dna Level, Effects, Empirical-Evidence, Events, Evidence, Fibrosis, Follow-Up, HBV, Hepatitis, Hepatitis B, Hepatitis B Virus, Hepatitis-B-Virus, Infection, Lamivudine, Liver, Liver Resection, Load, MEDLINE, Methods, Nucleotide Analogs, Postoperative, Practice, Preemptive Lamivudine, Publication, Randomised, Randomized-Trials, Reference, Reference Lists, Relapse, Removal, Review, Risk, Risk Factor, Risk-Factors, SCI, Science, Science Citation Index, Science Citation Index Expanded, Search, State, Sub-Saharan Africa, Surgery, Systematic Review, Techniques, Therapy, Viral, Viral Load

? GurUSAmy, K.S., Pissanou, T., Pikhart, H., Vaughan, J., Burroughs, A.K. and Davidson, B.R. (2011), Methods to decrease blood loss and transfusion requirements for liver transplantation. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD009052.

Full Text: [2011\Coc Dat Sys Rev2011, CD009052.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD009052.pdf)

Abstract: Background Excessive blood loss and increased blood transfusion requirements may have significant impact on the short-term and long-term outcomes after liver transplantation. Objectives To compare the potential benefits and harms of different methods of decreasing blood loss and blood transfusion requirements during liver transplantation. Search methods We searched The Cochrane Central Register of Controlled Trials in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and metaRegister of Controlled Trials until September 2011. Selection criteria We included all randomised clinical trials that were performed to compare various methods of decreasing blood loss and blood transfusion requirements during liver transplantation. Data collection and analysis Two authors independently identified the trials and extracted the data. We analysed the data with both the fixed-effect and the random-effects model using RevMan Analysis. For each outcome we calculated the risk ratio (RR), mean difference (MD), or standardised mean difference (SMD) with 95% confidence intervals (CI) based on available data analysis. We also conducted network meta-analysis. Main results We included 33 trials involving 1913 patients. The sample size in the trials varied from 8 to 209 participants. The interventions included pharmacological interventions (aprotinin, tranexamic acid, epsilon amino caproic acid, antithrombin 3, recombinant factor (rFvIIa), oestrogen, prostaglandin, epinephrine), blood substitutes (blood components rather than whole blood, hydroxy-ethyl starch, thromboelastography), and cardiovascular interventions (low central venous pressure). All the trials were of high risk of bias. Primary outcomes were reported in at least two trials for the following comparisons: aprotinin versus control, tranexamic acid versus control, recombinant factor VIIa (rFVIIa) versus control, and tranexamic acid versus aprotinin. There were no significant differences in the 60-day mortality (3 trials; 6/161 (3.7%) in the aprotinin group versus 8/119 (6.7%) in the control group; RR 0.52; 95% CI 0.18 to 1.45), primary graft non-function (2 trials; 0/128 (0.0%) in the aprotinin group versus 4/89 (4.5%) in the control group; RR 0.15; 95% CI 0.02 to 1.25), retransplantation (3 trials; 2/256 (0.8%) in the aprotinin group versus 12/178 (6.7%) in the control group; RR 0.21; 95% CI 0.02 to 1.79), or thromboembolic episodes (3 trials; 4/161 (2.5%) in the aprotinin group versus 5/119 (4.2%) in the control group; RR 0.59; 95% CI 0.19 to 1.84) between the aprotinin and control groups. There were no significant differences in the 60-day mortality (3 trials; 4/83 (4.8%) in the tranexamic acid group versus 5/56 (8.9%) in the control group; RR 0.55; 95% CI 0.17 to 1.76), retransplantation (2 trials; 3/41 (7.3%) in the tranexamic acid group versus 3/36 (8.3%) in the control group; RR 0.79; 95% CI 0.18 to 3.48), or thromboembolic episodes (5 trials; 5/103 (4.9%) in the tranexamic acid group versus 1/76 (1.3%) in the control group; RR 2.20; 95% CI 0.38 to 12.64) between the tranexamic acid and control groups. There were no significant differences in the 60-day mortality (3 trials; 8/195 (4.1%) in the recombinant factor VIIa (rFVIIa) group versus 2/91 (2.2%) in the control group; RR 1.51; 95% CI 0.33 to 6.95), thromboembolic episodes (2 trials; 24/185 (13.0%) in the rFVIIa group versus 8/81 (9.9%) in the control group; RR 1.38; 95% CI 0.65 to 2.91), or serious adverse events (2 trials; 90/185 (48.6%) in the rFVIIa group versus 30/81 (37.0%) in the control group; RR 1.30; 95% CI 0.94 to 1.78) between the rFVIIa and control groups. There were no significant differences in the 60-day mortality (2 trials; 6/91 (6.6%) in the tranexamic acid group versus 1/87 (1.1%) in the aprotinin group; RR 4.12; 95% CI 0.71 to 23.76) or thromboembolic episodes (2 trials; 4/91 (4.4%) in the tranexamic acid group versus 2/87 (2.3%) in the aprotinin group; RR 1.97; 95% CI 0.37 to 10.37) between the tranexamic acid and aprotinin groups. The remaining outcomes in the above comparisons and the remaining comparisons included only only trial under the primary outcome or the outcome was not reported at all in the trials. There were no significant differences in the mortality, primary graft non-function, graft failure, retransplantation, thromboembolic episodes, or serious adverse events in any of these comparisons. However, the confidence intervals were wide, and it is not possible to reach any conclusion on the safety of the interventions. None of the trials reported the quality of life in patients. Secondary outcomes were reported in at least two trials for the following comparisons -aprotinin versus control, tranexamic acid versus control, rFVIIa versus control, thromboelastography versus control, and tranexamic acid versus aprotinin. There was significantly lower allogeneic blood transfusion requirements in the aprotinin group than the control group (8 trials; 185 patients in aprotinin group and 190 patients in control group; SMD -0.61; 95% CI -0.82 to -0.40). There were no significant differences in the allogeneic blood transfusion requirements between the tranexamic acid and control groups (4 trials; 93 patients in tranexamic acid group and 66 patients in control group; SMD -0.27; 95% CI -0.59 to 0.06); rFVIIa and control groups (2 trials; 141 patients in rFVIIa group and 80 patients in control group; SMD -0.05; 95% CI -0.32 to 0.23); thromboelastography and control groups (2 trials; 31 patients in thromboelastography group and 31 patients in control group; SMD -0.73; 95% CI -1.69 to 0.24); or between the tranexamic acid and aprotinin groups (3 trials; 101 patients in tranexamic acid group and 97 patients in aprotinin group; SMD -0.09; 95% CI 0.36 to 0.19). The remaining outcomes in the above comparisons and the remaining comparisons included only only trial under the primary outcome or the outcome was not reported at all in the trials. There were no significant differences in the blood loss, transfusion requirements, hospital stay, or intensive care unit stay in most of the comparisons. Authors’ conclusions Aprotinin, recombinant factor VIIa, and thromboelastography groups may potentially reduce blood loss and transfusion requirements. However, risks of systematic errors (bias) and risks of random errors (play of chance) hamper the confidence in this conclusion. We need further well-designed randomised trials with low risk of systematic error and low risk of random errors before these interventions can be supported or refuted.

Keywords: Allogeneic, Analysis, Antithrombin, Authors, Bias, Blood, Blood Components, Blood Loss, Blood Transfusion, Cardiovascular, Care, Cell Transfusion, Central Venous-Pressure, Citation, Clinical, Clinical Trials, Collection, Confidence, Confidence Intervals, Control, Control Groups, Criteria, Data, Data Analysis, Data Collection, Double-Blind, Epinephrine, Error, Errors, Events, Failure, Fresh-Frozen Plasma, Graft, High-Dose Aprotinin, Hospital, Hospital Stay, Impact, Intensive Care, Intensive Care Unit, Intervals, Interventions, Life, Liver, Liver Transplantation, Long Term, Long-Term, Long-Term Outcomes, Low, Low Risk, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Model, Mortality, Network, Oestrogen, Outcome, Outcomes, Patients, Placebo-Controlled Trial, Potential, Pressure, Primary, Prostaglandin, Prostaglandin-E1 Infusion, Quality, Quality Of, Quality of Life, Random Effects Model, Randomised, Randomized Clinical-Trials, Recombinant Factor Viia, Risk, Risks, Safety, Sample Size, Science, Science Citation Index, Science Citation Index Expanded, Search, Size, Starch, Tranexamic Acid, Transfusion, Transplantation, Trial

? Rudic, J.S., Giljaca, V., Krstic, M.N., Bjelakovic, G. and Gluud, C. (2011), Bisphosphonates for osteoporosis in primary biliary cirrhosis. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD009144.

Full Text: [2011\Coc Dat Sys Rev2011, CD009144.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD009144.pdf)

Abstract: Background Bisphosphonates are widely used for treatment of postmenopaUSAl osteoporosis. Patients with primary biliary cirrhosis often have osteoporosis - either postmenopaUSAl or secondary to the liver disease. No systematic review or meta-analysis has assessed the effects of bisphosphonates for osteoporosis in patients with primary biliary cirrhosis. Objectives To assess the beneficial and harmful effects of bisphosphonates for osteoporosis in primary biliary cirrhosis. Search methods The Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Central Register of Controlled Trials (CENTRAL) in T h e Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, LILACS, clinicaltrials.gov, the WHO International Clinical Trials Registry Platform, and full text searches were conducted until November 2011. Manufacturers and authors were contacted for additional studies during the conductance of the review. Selection criteria All randomised clinical trials of bisphosphonates in primary biliary cirrhosis compared with placebo or no intervention, or another bisphosphonate, or any other drug. Data collection and analysis Two authors extracted data. RevMan Analysis was used for statistical analysis of dichotomous data with risk ratio (RR) or risk difference (RD) and of continuous data with mean difference (MD) or standardised mean difference (SMD), all with 95% confidence intervals (CI). Methodological components were used to assess risk of systematic errors (bias). Trial sequential analysis was also used to control for random errors (play of chance). Main results Six trials were included. Three trials with 106 participants, of which two trials with high risk of bias, did not demonstrate significant effects of bisphosphonates (etidronate or alendronate) versus placebo or no intervention regarding mortality (RD 0.00; 95% CI -0.12 to 0.12, I-2 = 0%), fractures (RR 0.87; 95% CI 0.29 to 2.66, I-2 = 0%), or adverse events (RR 1.00; 95% CI 0.49 to 2.04). Two trials with 62 participants with high risk of bias compared one bisphosphonate (etidronate or alendronate) versus another (alendronate or ibandronate) and found no significant difference regarding mortality (RD -0.03; 95% CI -0.14 to 0.07, I-2 = 0%), fractures (RR 0.95; 95% CI 0.18 to 5.06, I-2 = 0%), or adverse events (RR 1.00; 95% CI 0.49 to 2.04, I-2 = 0%). Bisphosphonates had no significant effect on liver-related mortality, liver transplantation, or liver-related morbidity compared with placebo or no intervention, or another bisphosphonate. Bisphosphonates had no significant effect on bone mineral density compared with placebo or no intervention, or another bisphosphonate. Bisphosphonates compared with placebo or no intervention seem to decrease the urinary amino telopeptides of collagen I (NTx) concentration (MD-16.93 nmol bone collagen equivalents/mmol creatinine; 95% CI -23.77 to -10.10; 2 trials with 88 patients; I-2 = 0%) and serum osteocalcin (SMD -0.81; 95% CI -1.22 to -0.39; 3 trials with 100 patients; I-2 = 34 %) concentration. The former result was supported by trial sequential analysis, but not the latter. Alendronate compared with another bisphosphonate (ibandronate) had no significant effect on serum osteocalcin concentration (MD -3.61 ng/ml, 95% CI -9.41 to 2.18; 2 trials with 47 patients; I-2 = 82%) in a random-effects meta-analysis, but it significantly decreased serum osteocalcin (MD -4.40 ng/ml, 95% CI 6.75 to -2.05; 2 trials with 47 patients; I-2 = 82%), the procollagen type I N-terminal propeptide (MD -8.79 ng/ml, 95% CI -15.96 to -1.63; 2 trials with 47 patients; I-2 = 38%), and NTx concentration (MD -14.07 nmol bone collagen equivalents/mmol creatinine, 95% CI -24.23 to -3.90; 2 trials with 46 patients; I-2 = 0%) in a fixed-effect model. The latter two results were not supported by trial sequential analyses. There was no statistically significant difference in the number of patients having bisphosphonates withdrawn due to adverse events compared with placebo or no intervention (RD -0.04; 95% CI -0.21 to 0.12; 2 trials with 46 patients; I-2 = 0%), or another bisphosphonate (RR 0.56; 95% CI 0.14 to 2.17; 2 trials with 62 patients; I-2 = 0%). One trial with 32 participants and with high risk of bias compared etidronate versus sodium fluoride without finding significant difference regarding mortality, fractures, adverse events, or bone mineral density. Etidronate compared with sodium fluoride significantly decreased serum osteocalcin, urinary hydroxyproline, and parathyroid hormone concentration. Authors’ conclusions We did not find evidence to support or refute the use of bisphosphonates for patients with primary biliary cirrhosis. The data seem to indicate a possible positive intervention effect of bisphosphonates on decreasing urinary amino telopeptides of collagen I concentration compared with placebo or no intervention with no risk of random error. There is need for more randomised clinical trials assessing the effects of bisphosphonates for osteoporosis on patient-relevant outcomes in primary biliary cirrhosis.

Keywords: Analyses, Analysis, Antiresorptive Agents, Assessing, Authors, Bias, Bone, Bone-Mineral Density, Chronic Liver-Disease, Cirrhosis, Citation, Clinical, Clinical Trials, Clinical-Trials, Collagen, Collection, Concentration, Confidence, Confidence Intervals, Control, Creatinine, Criteria, Data, Data Collection, Disease, Drug, Effects, Error, Errors, Events, Evidence, Fluoride, Fracture Risk, Hepatic Osteodystrophy, Intervals, Intervention, Liver, Liver Transplantation, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Model, Morbidity, Mortality, Osteopenic Patients, Osteoporosis, Outcomes, Patients, Placebo, Placebo-Controlled Trial, PostmenopaUSAl, Primary, Randomised, Randomized Controlled-Trials, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Serum, Sodium, Statistical Analysis, Support, Systematic Review, Transplantation, Treatment, Trial, Urinary

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Full Text: [2011\Coc Dat Sys Rev2011, CD009146.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD009146.pdf)

Abstract: Background Women with primary biliary cirrhosis often suffer from postmenopaUSAl osteoporosis due to their age, or osteoporosis secondary to their liver disease, or treatments provided for their liver disease. Hormone replacement increases bone mineral density and reduces fractures in postmenopaUSAl women. On the other hand, hormone replacement increases the risk of various adverse events. We could not identify any meta-analyses or systematic reviews on hormone replacement in women with primary biliary cirrhosis. Objectives To assess the beneficial and harmful effects of hormone replacement for osteoporosis in women with primary biliary cirrhosis. Search methods The Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Central Register of Controlled Trials (CENTRAL) in T h e Coch ran e Library, MEDLINE, EMBASE, Science Citation Index Expanded, LILACS, clinicaltrials.gov, the WHO International Clinical Trials Registry Platform, and full text searches were conducted until November 2011. Manufacturers and authors were contacted during the review conductance. Selection criteria All randomised clinical trials of hormone replacement in primary biliary cirrhosis administered by any route, or regimen, or dose compared with placebo or no intervention. Data collection and analysis Two authors extracted data. RevMan Analysis was used for statistical analysis of dichotomous data with risk ratio (RR) or risk difference (RD) and of continuous data with mean difference (MD), all with 95% confidence intervals (CI). Methodological domains were used to assess risk of systematic errors (bias). Trial sequential analysis was used to control for random errors (play of chance). Main results Two trials with 49 participants were included. One trial had low risk of bias. The other trial had high risk of bias. Hormone replacement had no effect on all-cause mortality (RD 0.00; 95% CI -0.11 to 0.11, I-2 = 0%) and fractures (RD -0.08; 95% CI -0.24 to 0.07, I-2 = 0%). Hormone replacement significantly increased adverse events and number of patients having hormone replacement withdrawn due to adverse events (RR 5.26; 95% CI 1.26 to 22.04, I-2 = 0%). Hormone replacement had no significant effect on lumbar spine bone mineral density (MD 1.25 g/cm(2) year (1); 95% CI -0.91 to 3.42, I-2 = 0%). On the other hand, a significant increase in proximal femur bone mineral density was observed in the control group (MD 2.24 g/cm(2) year (1); 95% CI 0.74 to 3.74, I-2 = 0%). Hormone replacement had no significant effect on liver-related mortality, liver transplantation, or liver-related morbidity. Hormone replacement had no significant effect on serum bilirubin concentration (MD 4.60 mu mol/L; 95% CI -3.42 to 12.62, I-2 = 0%). Authors’ conclusions We did not find evidence to support the use of hormone replacement for women with primary biliary cirrhosis. It seems that hormone replacement is connected with a significant increase in the occurrence of adverse events.

Keywords: Age, Analysis, Authors, Bias, Bilirubin, Bone, Bone Loss, Cirrhosis, Citation, Clinical, Clinical Trials, Clinical-Trials, Collection, Concentration, Confidence, Confidence Intervals, Control, Criteria, Data, Data Collection, Disease, Effects, Empirical-Evidence, Errors, Events, Evidence, Femur, Information Size, Intervals, Intervention, Liver, Liver Transplantation, Low, Low Risk, MEDLINE, Metaanalysis, Methods, Morbidity, Mortality, Osteoporosis, Ovarian-Cancer, Patients, Placebo, PostmenopaUSAl, PostmenopaUSAl Women, Primary, Randomised, Randomized Controlled-Trials, Review, Reviews, Risk, Route, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Serum, Spine, Statistical Analysis, Support, Systematic Reviews, Therapy, Transplantation, Trial, Women

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Full Text: [2011\Coc Dat Sys Rev2011, CD009218.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD009218.pdf)

Abstract: Background Daily iron supplementation has been traditionally a standard practice for preventing and treating anaemia but its long term use has been limited as it has been associated with adverse side effects such as nausea, constipation and teeth staining. Intermittent iron supplementation has been suggested as an effective and safer alternative to daily iron supplementation for preventing and reducing anaemia at population level, especially in areas where this condition is highly prevalent. Objectives To assess the effects of intermittent oral iron supplementation, alone or in combination with other nutrients, on anaemia and its associated impairments in menstruating women, compared with no intervention, a placebo or daily supplementation. Search methods We searched the following databases in May 2011: CENTRAL (The Cochrane Library 2011, Issue 2), MEDLINE (1948 to May Week 3, 2011), EMBASE (1980 to 2011 Week 20), CINAHL (1937 to current), POPLINE (all available years), Science Citation Index (1970 to 27 May 2011), BIOSIS Previews (1969 to current), and CPCI-S (1990 to 27 May 2011). On 7 July 2011 we searched all available years in the following databases: SCIELO, LILACS, IBECS and IMBIOMED, the Networked Digital Library of Theses and Dissertations, metaRegister and the WHO International Clinical Trials Registry Platform (ICTRP). We also contacted relevant organisations (on 11 October 2011) to identify ongoing and unpublished studies. Selection criteria Randomised and quasi-randomised trials with either individual or cluster randomisation. Participants were menstruating women, that is women beyond menarche and prior to menopause who were not pregnant or lactating and did not have a known condition that impeded the presence of menstrual periods. The intervention was the use of iron supplements intermittently (one, two or three times a week on non-consecutive days) compared with no intervention, a placebo, or the use of same supplements on a daily basis. Data collection and analysis Two review authors independently assessed the eligibility of studies against the inclusion criteria, extracted data from included studies, checked data entry for accuracy and assessed the risk of bias of the included studies. Main results We included 21 trials involving 10,258 women. Although the quality across trials was variable, the results consistently show that in comparison with no intervention or a placebo, intermittent iron supplementation (alone or with any other vitamins and minerals) reduces the risk of having anaemia (RR 0.73; 95% CI 0.56 to 0.95, 10 trials) and improves the concentration of haemoglobin (MD 4.58 g/L; 95% CI 2.56 to 6.59, 13 trials) and ferritin (MD 8.32 mu g/L; 95% CI 4.97 to 11.66, six trials). However, in comparison with daily supplementation, women receiving supplements intermittently presented anaemia more frequently (RR 1.26; 95% CI 1.04 to 1.51, six trials), despite achieving similar haemoglobin concentrations on average (MD -0.15 g/L; 95% CI -2.20 to 1.91, eight trials). Information on disease outcomes, adherence, side effects, economic productivity and work performance is scarce and the evidence about the effects of intermittent supplementation on them is unclear. Overall, whether the supplements were given once or twice weekly, for less or more than three months, contained less or more than 60 mg of elemental iron per week, or to populations with different degrees of anaemia at baseline did not seem to affect the findings. Furthermore, the response did not differ in areas where malaria is frequent, although very few trials were conducted in these settings. Authors’ conclusions Intermittent iron supplementation in menstruating women is a feasible intervention in settings where daily supplementation is likely to be unsuccessful or not possible. In comparison with daily supplementation, the provision of iron supplements intermittently is less effective in preventing or controlling anaemia. More information is needed on morbidity (including malaria outcomes), side effects, work performance, economic productivity, depression and adherence to the intervention.

Keywords: Accuracy, Adherence, Adolescent Girls, Alternative, Anaemia, Analysis, Anthelmintic Treatment, Authors, Bias, Citation, Clinical Trials, Cluster, Collection, Comparison, Concentration, Constipation, Criteria, Data, Data Collection, Databases, Deficiency Anemia, Depression, Disease, Economic, Effects, Evidence, Female Tea Pluckers, Ferritin, Ferritin Concentrations, Folic-Acid Supplementation, Information, Intervention, Iron, Lactating, Long Term, Long-Term, Malaria, MEDLINE, Menopause, Methods, Minerals, Morbidity, Multiple Micronutrient Supplementation, Nausea, Not Pregnant, Nutrients, Oral, Outcomes, Performance, Placebo, Population, Populations, Practice, Pregnant, Preschool-Children, Productivity, Quality, Randomisation, Randomized Controlled-Trial, Review, Risk, Scielo, Science, Science Citation Index, Search, Side Effects, Standard, Term, Vietnamese Women, Women, Work

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Full Text: [2011\Coc Dat Sys Rev2011, CD009242.pdf](2011\Coc%20Dat%20Sys%20Rev2011,%20CD009242.pdf)

Abstract: Background Delayed motor development may occur in children with Down syndrome, cerebral palsy or children born preterm, which in turn may limit the child’s opportunities to explore the environment. Neurophysiologic and early intervention literature suggests that task-specific training facilitates motor development. Treadmill intervention is a good example of locomotor task-specific training. Objectives To assess the effectiveness of treadmill intervention on locomotor motor development in pre-ambulatory infants and children under six years of age who are at risk for neuromotor delay. Search methods In March 2011 we searched CENTRAL (T h e Coch ran e Library 2011, Issue 1), MEDLINE (1948 to March Week 2, 2011), EMBASE (1980 to Week 11, 2011), PsycINFO (1887 to current), CINAHL (1937 to current), Science Citation Index (1970 to 19 March 2011), PEDro (until 7 March 2011), CPCI-S (1990 to 19 March 2011) and LILACS (until March 2011). We also searched ICTRP, ClinicalTrials.gov, mRCT and CenterWatch. Selection criteria We included randomised controlled trials, quasi-randomised controlled trials and controlled clinical trials that evaluated the effect of treadmill intervention in children up to six years of age with delays in gait development or the attainment of independent walking or who were at risk of neuromotor delay. Data collection and analysis Four authors independently extracted the data using standardised forms. Outcome parameters were structured according to the “Body functions” and “Activity and Participation” components of the International Classification of Functioning, Disability and Health, Children & Youth version (ICFCY), which was developed by the World Health Organization. Main results We included five studies, which reported on treadmill intervention in 139 children. of the 139 children, 73 were allocated to treadmill intervention groups, with the other children serving as controls. The studies varied in the type of population studied (children with Down syndrome, cerebral palsy or who were at risk for neuromotor delay); the type of comparison (for example, treadmill versus no intervention, high intensity treadmill versus low intensity); the time of evaluation (during the intervention or at various intervals after intervention), and the parameters assessed. Due to the diversity of the studies, we were only able to use data from three studies in meta-analyses and these were limited to two outcomes: age of onset of independent walking and gross motor function. Evidence suggested that treadmill intervention could lead to earlier onset of independent walking when compared to no treadmill intervention (two studies; effect estimate -1.47; 95% confidence interval (CI): -2.97, 0.03), though these trials studied two different populations and children with Down syndrome seemed to benefit while it was not clear if this was the case for children at high risk of neuromotor disabilities. Another two studies, both in children with Down syndrome, compared different types of treadmill intervention: one compared treadmill intervention with and without orthotics, while the other compared high versus low intensity treadmill intervention. Both were inconclusive regarding the impact of these different protocols on the age at which children started to walk. There is insufficient evidence to determine whether treadmill intervention improves gross motor function (two studies; effect estimate 0.88; 95% CI: -4.54, 6.30). In the one study evaluating treadmill with and without orthotics, results suggested that adding orthotics might hinder gross motor progress (effect estimate -8.40; 95% CI: -14.55, -2.25). One study of children with Down syndrome measured the age of onset of assisted walking and reported those receiving the treadmill intervention were able to walk with assistance earlier than those who did not receive the intervention (effect estimate -74.00; 95% CI: -135.40, -12.60). Another study comparing high and low intensity treadmill was unable to conclude whether one was more effective than the other in helping children achieve supported walking at an earlier age (effect estimate -1.86; 95% CI: -4.09, 0.37). One study of children at high risk of neuromotor disabilities evaluated step quality and found a statistically significant benefit from treadmill intervention compared to no treadmill intervention (effect estimate at 16 months of age: -15.61; 95% CI: -23.96, -7.27), but was not able to conclude whether there was a beneficial effect from treadmill training on step frequency at the same age (effect estimate at 16 months of age: 4.36; 95% CI: -2.63, 11.35). Step frequency was also evaluated in children with Down syndrome in another study and those who received high intensity rather than low intensity treadmill training showed an increased number of alternating steps (effect estimate 11.00; 95% CI: 6.03, 15.97). Our other primary outcome, falls and injuries due to falls, was not measured in any of the included studies. Authors’ conclusions The current review provided only limited evidence of the efficacy of treadmill intervention in children up to six years of age. Few studies have assessed treadmill interventions in young children using an appropriate control group (which would be usual treatment or no treatment). The available evidence indicates that treadmill intervention may accelerate the development of independent walking in children with Down syndrome. Further research is needed to confirm this and should also address whether intensive treadmill intervention can accelerate walking onset in young children with cerebral palsy and high risk infants, and whether treadmill intervention has a general effect on gross motor development in the various subgroups of young children at risk for developmental delay.

Keywords: Age, Analysis, Authors, Body Weight, Brain-Injury, Central Gait Impairment, Cerebral, Cerebral Palsy, Cerebral-Palsy, Children, Citation, Classification, Clinical, Clinical Trials, Cognitive-Development, Collection, Comparison, Confidence, Control, Criteria, Data, Data Collection, Development, Developmental Delay, Developmental Outcomes, Diversity, Down-Syndrome, Early Intervention, Effectiveness, Efficacy, Environment, Evaluation, Evidence, Forms, Function, General, Impact, Infants, Interval, Intervals, Intervention, Interventions, Lead, Literature, Low, MEDLINE, Methods, Neural Plasticity, Onset, Outcome, Outcomes, Physical-Therapy, Population, Populations, Postural Control, Preterm, Primary, Progress, Protocols, Psycinfo, Quality, Randomised, Randomised Controlled Trials, Research, Review, Risk, Science, Science Citation Index, Search, Support, Syndrome, Training, Treatment, Version, World Health Organization

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Full Text: [2012\Coc Dat Sys Rev2012, CD002212.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD002212.pdf)

Abstract: Background Nurses and midwives form the bulk of the clinical health workforce and play a central role in all health service delivery. There is potential to improve health care quality if nurses routinely use the best available evidence in their clinical practice. Since many of the factors perceived by nurses as barriers to the implementation of evidence-based practice (EBP) lie at the organisational level, it is of interest to devise and assess the effectiveness of organisational infrastructures designed to promote EBP among nurses. Objectives To assess the effectiveness of organisational infrastructures in promoting evidence-based nursing. Search methods We searched the Cochrane Effective Practice and Organisation of Care (EPOC) Group Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, CINAHL, LILACS, BIREME, IBECS, NHS Economic Evaluations Database, Social Science Citation Index, Science Citation Index and Conference Proceedings Citation Indexes up to 9 March 2011. We developed a new search strategy for this update as the strategy published in 2003 omitted key terms. Additional search methods included: screening reference lists of relevant studies, contacting authors of relevant papers regarding any further published or unpublished work, and searching websites of selected research groups and organisations. Selection criteria We considered randomised controlled trials, controlled clinical trials, interrupted times series (ITSs) and controlled before and after studies of an entire or identified component of an organisational infrastructure intervention aimed at promoting EBP in nursing. The participants were all healthcare organisations comprising nurses, midwives and health visitors. Data collection and analysis Two authors independently extracted data and assessed risk of bias. For the ITS analysis, we reported the change in the slopes of the regression lines, and the change in the level effect of the outcome at 3, 6, 12 and 24 months follow-up. Main results We included one study from the USA (re-analysed as an ITS) involving one hospital and an unknown number of nurses and patients. The study evaluated the effects of a standardised evidence-based nursing procedure on nursing care for patients at risk of developing healthcare-acquired pressure ulcers (HAPUs). If a patient’s admission Braden score was below or equal to 18 (i.e. indicating a high risk of developing pressure ulcers), nurses were authorised to initiate a pressure ulcer prevention bundle (i.e. a set of evidence-based clinical interventions) without waiting for a physician order. Re-analysis of data as a time series showed that against a background trend of decreasing HAPU rates, if that trend was assumed to be real, there was no evidence of an intervention effect at three months (mean rate per quarter 0.7%; 95% confidence interval (CI) 1.7 to 3.3; P = 0.457). Given the small percentages post intervention it was not statistically possible to extrapolate effects beyond three months. Authors’ conclusions Despite extensive searching of published and unpublished research we identified only one low-quality study; we excluded many studies due to non-eligible study design. If policy-makers and healthcare organisations wish to promote evidence-based nursing successfully at an organisational level, they must ensure the funding and conduct of well-designed studies to generate evidence to guide policy.

Keywords: Analysis, Australia, Authors, Barriers, Bias, Care, Citation, Clinical, Clinical Practice, Clinical Trials, Collection, Conference, Confidence, Criteria, Data, Data Collection, Delivery, Design, Developing, Effectiveness, Effects, Efficiency, Organizational, Evidence, Evidence Based, Evidence-Based, Evidence-Based Medicine, Evidence-Based Nursing, Evidence-Based Practice, Follow-Up, Funding, Health, Health Care, Health-Care, Hospital, Implementation, Infrastructure, Interval, Intervention, Interventions, MEDLINE, Methods, Midwives, Model, Nurses, Nurses and Midwives, Nursing, Nursing Care [Standards], Nursing Research [Standards], Outcome, Outcome and Process Assessment (Health Care) [Standards], P, Papers, Patient Outcomes, Patients, Physician, Policy, Potential, Practice, Pressure, Pressure Ulcer, Pressure Ulcers, Prevention, Procedure, Program, Quality, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Rates, Reference, Reference Lists, Regression, Research, Risk, Role, Science, Science Citation Index, Screening, Search, Search Strategy, Service, Small, Social Science Citation Index, Strategy, Study Design, Time Series, Trend, United-States, USA, Work

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Full Text: [2012\Coc Dat Sys Rev2012, CD004003.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD004003.pdf)

Abstract: Background Trachoma is a major cause of avoidable blindness. It is responsible for about six million blind people worldwide, mostly in the poor communities of developing countries. One of the major strategies advocated for the control of the disease is the application of various environmental sanitary measures to such communities. Objectives To assess the evidence for the effectiveness of environmental sanitary measures on the prevalence of active trachoma in endemic areas. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2011, Issue 9), MEDLINE (January 1950 to September 2011), EMBASE (January 1980 to September 2011), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to September 2011), the metaRegister of Controlled Trials (mRCT) (www.controlledtrials.com) and ClinicalTrials.gov (www.clinicaltrials.gov). There were no date or language restrictions in the electronic searches for trials. The electronic databases were last searched on 23 September 2011. We checked the reference list of included trials and the Science Citation Index. We also contacted agencies, experts and researchers in trachoma control. Selection criteria We included randomised and quasi-randomised controlled trials comparing any form of environmental hygiene measures with no measure. These hygiene measures included fly control, provision of water and health education. Participants in the trials were people normally resident in the trachoma endemic areas. Data collection and analysis Two authors independently extracted data and assessed the quality of the included trials. Study authors were contacted for additional information. Six trials met the inclusion criteria but we did not conduct meta-analysis due to heterogeneity of the studies. Main results We included six studies with a total of 12,294 participants from 79 communities. Two studies that assessed insecticide spray as a fly control measure found that trachoma is reduced by at least 55% to 61% with this measure compared to no intervention. However, another study did not find insecticide spray to be effective in reducing trachoma. One study found that another fly control measure, latrine provision, reduced trachoma by 29.5% compared to no intervention; this was, however, not statistically significantly different and findings have not been confirmed by a more recent study. Another study revealed that health education reduced the incidence of trachoma. These findings were not confirmed by a second study, however, which found that a modest health education programme with modest water supply did not reduce trachoma. However, all the studies have some methodological concerns. Authors’ conclusions There is some evidence from two trials that insecticides are effective in reducing trachoma, however, this effect was not demonstrated in another trial that used insecticides. Two trials on latrine provision as a fly control measure have not demonstrated significant trachoma reduction. Health education had shown significant reduction of trachoma in one study but another study did not demonstrate similar findings. Generally there is a dearth of data to determine the effectiveness of all aspects of environmental sanitation in the control of trachoma.

Keywords: Analysis, Animals, Application, Authors, Citation, Collection, Control, Countries, Criteria, Data, Data Collection, Databases, Developing, Developing Countries, Diarrhea, Diptera, Disease, Education, Effectiveness, Environmental, Evidence, Evidence Base, Experts, Flies, Fly Control, Health, Health Education, Health Education [Methods], Heterogeneity, Humans, Hygiene, Incidence, Infection, Information, Insect Control, Insecticide, Insecticides, Intervention, Interventions, Literature, Measure, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Prevalence, Quality, Quality Of, Randomised, Randomized Controlled Trials As Topic, Randomized-Trial, Recent, Reduction, Reference, Resident, Restrictions, Safe Strategy, Sanitation, Sanitation [Methods], Science, Science Citation Index, Search, Toilet Facilities, Trachoma [Prevention & Control, Transmission], Trial, Water, Water Supply

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Full Text: [2012\Coc Dat Sys Rev2012, CD008264.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD008264.pdf)

Abstract: Background Leptospirosis has a wide-ranging clinical and public health impact. Leptospira are globally distributed. Case attack rates are as high as 1: 4 to 2: 5 persons in exposed populations. In some settings mortality has exceeded 10% of infected people. The benefit of antibiotic therapy in the disease has been unclear. Objectives We sought to characterise the risks and benefits associated with use of antibiotic therapy in the management of leptospirosis. Search methods We searched the The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded regardless of study language. This was augmented by a manual search. The last date of search was November, 2011. Selection criteria To be included in assessment of benefits, trials had to specifically assess the use of antibiotics in a randomised clinical trial. A broad range of study types were incorporated to seek potential harms. Data collection and analysis Included trials were systematically abstracted, as were excluded studies for the purposes of assessing harms. Analyses were conducted in accordance with The Cochrane Handbook and practices of The Cochrane Hepato-Biliary Group. Main results Seven randomised trials were included. Four trials with 403 patients compared an antibiotic with placebo or no intervention. Three trials compared at least one antibiotic regimen with another antibiotic regimen. The trials all had high risk of bias. The trials varied in the severity of leptospirosis among trial patients. The ability to group data for meta-analysis was limited. While all four trials that compared antibiotics with placebo reported mortality and used parenteral penicillin, there were no deaths in two of them. Since odds ratio calculations cannot employ zero-event trials, only two trials contributed to this estimate. The number of deaths were 16/200 (8.0%) in the antibiotic arm versus 11/203 (5.4%) in the placebo arm giving a fixed-effect OR 1.56 (95% CI 0.70 to 3.46). The random-effects OR is 1.16 (95% CI 0.23 to 5.95). The heterogeneity among these four trials for the mortality outcome was moderate (I-2 = 50%). Only one trial (253 patients) reported days of hospitalisation. It compared parenteral penicillin to placebo without significant effect of therapy (8.9 versus 8.8 days; mean difference (MD) 0.10 days, 95% CI -0.83 to 1.03). The difference in days of clinical illness was reported in two of these trials (71 patients). While parenteral penicillin therapy conferred 4.7 to 5.6 days of clinical illness in contrast to 7.7 to 11.6 days in the placebo arm, the size of the estimate of effect increased but statistical significance was lost under the random-effect model (fixed-effect: MD -2.13 days, 95% CI -2.46 to -1.80; random-effects: MD -4.04, 95% CI -8.66 to 0.58). I2 for this outcome was high (81%). When duration of fever alone was assessed between antibiotics and placebo in a single trial (79 patients), no significant difference existed (6.9 versus 6.6 days; MD 0.30, 95% CI -1.26 to 1.86). Two trials with 332 patients in relatively severe and possibly late leptospirosis, resulted in trends towards increased dialysis when penicillin was used rather than placebo, but the estimate of effect was small and did not reach statistical significance (42/163 (25.8%) versus 31/169 (18.4%); OR 1.54, 95% CI 0.91 to 2.60). When one antibiotic was assessed against another antibiotic, there were no statistically significant results. For mortality in particular, these comparisons included cephalosporin versus penicillin (2 trials, 6/176 (3.4%) versus 9/175 (5.2%); fixed-effect: OR 0.65, 95% CI 0.23 to 1.87, I-2 = 16%), doxycycline versus penicillin (1 trial, 2/81 (2.5%) versus 4/89 (4.5); OR 0.54, 95% CI 0.10 to 3.02), cephalosporin versus doxycycline (1 trial, 1/88 (1.1%) versus 2/81 (2.5%); OR 0.45, 95% CI 0.04 to 5.10). There were no adverse events of therapy which reached statistical significance. Authors’ conclusions Insufficient evidence is available to advocate for or against the use of antibiotics in the therapy for leptospirosis. Among survivors who were hospitalised for leptospirosis, use of antibiotics for leptospirosis may have decreased the duration of clinical illness by two to four days, though this result was not statistically significant. When electing to treat with an antibiotic, selection of penicillin, doxycycline, or cephalosporin does not seem to impact mortality nor duration of fever. The benefit of antibiotic therapy in the treatment of leptospirosis remains unclear, particularly for severe disease. Further clinical research is needed to include broader panels of therapy tested against placebo.

Keywords: Analysis, Antibiotic Therapy, Antibiotics, Assessing, Assessment, Bias, Citation, Clinical, Clinical Research, Clinical Trial, Collection, Criteria, Data, Data Collection, Dialysis, Disease, Distributed, Duration, Empirical-Evidence, Events, Evidence, Fever, Health, Heterogeneity, Impact, Infected, Intervention, Management, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Model, Mortality, Odds Ratio, Outbreak, Outcome, Patients, Penicillin, Placebo, Populations, Potential, Practices, Public, Public Health, Quality, Randomised, Randomized Controlled-Trials, Rates, Research, Risk, Risks, Science, Science Citation Index, Science Citation Index Expanded, Search, Significance, Size, Small, Therapy, Treatment, Trends, Trial, Troops

? Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, S.M. and Donnelly, M. (2012), Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD008225.

Full Text: [2012\Coc Dat Sys Rev2012, CD008225.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD008225.pdf)

Abstract: Background Early-onset child conduct problems are common and costly. A large number of studies and some previous reviews have focused on behavioural and cognitive-behavioural group-based parenting interventions, but methodological limitations are commonplace and evidence for the effectiveness and cost-effectiveness of these programmes has been unclear. Objectives To assess the effectiveness and cost-effectiveness of behavioural and cognitive-behavioural group-based parenting programmes for improving child conduct problems, parental mental health and parenting skills. Search methods We searched the following databases between 23 and 31 January 2011: CENTRAL (2011, Issue 1), MEDLINE (1950 to current), EMBASE (1980 to current), CINAHL (1982 to current), PsycINFO (1872 to current), Social Science Citation Index (1956 to current), ASSIA (1987 to current), ERIC (1966 to current), Sociological Abstracts (1963 to current), Academic Search Premier (1970 to current), Econlit (1969 to current), PEDE (1980 to current), Dissertations and Theses Abstracts (1980 to present), NHS EED (searched 31 January 2011), HEED (searched 31 January 2011), DARE (searched 31 January 2011), HTA (searched 31 January 2011), mRCT (searched 29 January 2011). We searched the following parent training websites on 31 January 2011: Triple P Library, Incredible Years Library and Parent Management Training. We also searched the reference lists of studies and reviews. Selection criteria We included studies if: (1) they involved randomised controlled trials (RCTs) or quasi-randomised controlled trials of behavioural and cognitive-behavioural group-based parenting interventions for parents of children aged 3 to 12 years with conduct problems, and (2) incorporated an intervention group versus a waiting list, no treatment or standard treatment control group. We only included studies that used at least one standardised instrument to measure child conduct problems. Data collection and analysis Two authors independently assessed the risk of bias in the trials and the methodological quality of health economic studies. Two authors also independently extracted data. We contacted study authors for additional information. Main results This review includes 13 trials (10 RCTs and three quasi-randomised trials), as well as two economic evaluations based on two of the trials. Overall, there were 1078 participants (646 in the intervention group; 432 in the control group). The results indicate that parent training produced a statistically significant reduction in child conduct problems, whether assessed by parents (standardised mean difference (SMD) -0.53; 95% confidence interval (CI) -0.72 to -0.34) or independently assessed (SMD -0.44; 95% CI -0.77 to 0.11). The intervention led to statistically significant improvements in parental mental health (SMD -0.36; 95% CI -0.52 to -0.20) and positive parenting skills, based on both parent reports (SMD -0.53; 95% CI -0.90 to -0.16) and independent reports (SMD 0.47; 95% CI -0.65 to -0.29). Parent training also produced a statistically significant reduction in negative or harsh parenting practices according to both parent reports (SMD -0.77; 95% CI -0.96 to -0.59) and independent assessments (SMD -0.42; 95% CI -0.67 to -0.16). Moreover, the intervention demonstrated evidence of cost-effectiveness. When compared to a waiting list control group, there was a cost of approximately $2500 (GBP 1712; EUR 2217) per family to bring the average child with clinical levels of conduct problems into the non-clinical range. These costs of programme delivery are modest when compared with the long-term health, social, educational and legal costs associated with childhood conduct problems. Authors’ conclusions Behavioural and cognitive-behavioural group-based parenting interventions are effective and cost-effective for improving child conduct problems, parental mental health and parenting skills in the short term. The cost of programme delivery was modest when compared with the long-term health, social, educational and legal costs associated with childhood conduct problems. Further research is needed on the long-term assessment of outcomes.

Keywords: Aged, Analysis, Assessment, Assessments, Authors, Bias, Child, Childhood, Childhood Antisocial-Behavior, Children, Citation, Clinical, Collection, Confidence, Control, Cost, Cost Effectiveness, Cost-Effective, Cost-Effectiveness, Costs, Criteria, Data, Data Collection, Databases, Delivery, Economic, Effectiveness, Evidence, Family, Follow-Up, Group Triple-P, Health, Information, Interval, Intervention, Interventions, Legal, Long Term, Long-Term, Long-Term Effectiveness, Management, Measure, MEDLINE, Mental Health, Mental-Health, Methods, Multicenter Controlled-Trial, Oppositional Defiant Disorder, Outcomes, P, Parents, Past 10 Years, Practices, Programmes, Psycinfo, Quality, Quality Of, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Reduction, Reference, Reference Lists, Research, Review, Reviews, Risk, Science, Science Citation Index, Search, Social, Social Science Citation Index, Standard, Term, Training, Training-Programs, Treatment

? Li, L.Y.R., You, C. and Chaudhary, B. (2012), Intraoperative mild hypothermia for postoperative neurological deficits in intracranial aneurysm patients. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD008445.

Full Text: [2012\Coc Dat Sys Rev2012, CD008445.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD008445.pdf)

Abstract: Background Rupture of an intracranial aneurysm causes aneurysmal subarachnoid haemorrhage, which is one of the most devastating clinical conditions. Clinically, it can be classified into five grades using the Hunt-Hess or World Federation of Neurological Surgeons (WFNS) scale. Grades 4 and 5 predict poor prognosis and are called ‘poor grade’, while grade 1, 2, and 3 are known as ‘good grade’. Disturbances of intracranial homeostasis and brain metabolism are known to play certain roles in the sequelae. Hypothermia has a long history of being used to reduce metabolism rate, thereby protecting organs in cases where metabolism is disturbed and potentially harmful. Objectives To assess the effect of intraoperative mild hypothermia on postoperative death and neurological deficits in patients with intracranial aneurysms (ruptured or unruptured). Search methods We searched the Cochrane Stroke Group Trials Register (September 2011), the Cochrane Central Register of Controlled Trials (CENTRAL 2011, Issue 3), MEDLINE (1950 to September 2011), EMBASE (1980 to September 2011), Science Citation Index (1900 to September 2011) and 11 Chinese databases (September 2011). We also searched ongoing trials registers (September 2011) and scanned reference lists of retrieved records. Selection criteria We included only randomised controlled trials comparing intraoperative mild hypothermia (32 degrees C to 35 degrees C) with control (no hypothermia) in patients with intracranial aneurysms (ruptured or unruptured). Data collection and analysis Two review authors independently selected trials and assessed the risk of bias for each included study. We presented data as risk ratio (RR) with 95% confidence intervals (CI). Main results We included three studies enrolling 1158 patients. Each study observed an increased rate of good recovery with intraoperative mild hypothermia, but the effect sizes were not sufficient for statistical significance. A total of 76 of 577 patients (13.1%) who received hypothermia and 93 of 581 patients (16.0%) who did not receive hypothermia were dead or dependent. A total of 1086 of the 1158 patients (93.8%) had good-grade aneurysmal subarachnoid haemorrhage. A random-effects meta-analysis resulted in a summarised RR of 0.82 (95% CI 0.62 to 1.09, P value 0.17). In patients with poor-grade aneurysmal subarachnoid haemorrhage, one of seven in the hypothermia group and one of six in the control group were dead or dependent (RR 0.86, 95% CI 0.07 to 10.96, P value 0.91). In patients without subarachnoid haemorrhage, three of 30 patients (10%) in the hypothermia group, and four of 29 patients (13.8%) in the control group were dead or dependent (RR 0.72, 95% CI 0.18 to 2.96, P value 0.65). Authors’ conclusions In patients with good-grade aneurysmal subarachnoid haemorrhage, intraoperative mild hypothermia might prevent death or dependency in activities of daily living for a few of them. However, the confidence intervals include the possibility of both benefit and harm. There is no evidence that intraoperative mild hypothermia is harmful. This treatment should not be routinely applied. In patients with poor-grade aneurysmal subarachnoid haemorrhage or without subarachnoid haemorrhage, there are insufficient data to draw any conclusions. A high-quality randomised clinical trial of intraoperative mild hypothermia for postoperative neurological deficits in patients with poor-grade aneurysmal subarachnoid haemorrhage might be feasible.

Keywords: Acute-Phase, Analysis, Aneurysm, Authors, Bias, Brain, Brain-Damage, Case-Fatality, Cerebral-Blood-Flow, Chinese, Citation, Clinical, Clinical Trial, Collection, Confidence, Confidence Intervals, Control, Criteria, Data, Data Collection, Databases, Death, Dependency, Endovascular Treatment, Evidence, Haemorrhage, History, Hypothermia, Intervals, Ischemic Neuronal Injury, Living, MEDLINE, Meta-Analysis, Metaanalysis, Metabolism, Methods, Moderate Hypothermia, Modified Rankin Scale, Neurological, Neurosurgical Patients, P, Patients, Postoperative, Prognosis, Randomised, Randomised Controlled Trials, Records, Recovery, Reference, Reference Lists, Review, Risk, Scale, Science, Science Citation Index, Search, Significance, Subarachnoid, Subarachnoid Hemorrhage, Treatment, Trial, Value

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Full Text: [2012\Coc Dat Sys Rev2012, CD007899.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD007899.pdf)

Abstract: Background There is a growing interest in paying for performance as a means to align the incentives of health workers and health providers with public health goals. However, there is currently a lack of rigorous evidence on the effectiveness of these strategies in improving health care and health, particularly in low-and middle-income countries. Moreover, paying for performance is a complex intervention with uncertain benefits and potential harms. A review of evidence on effectiveness is therefore timely, especially as this is an area of growing interest for funders and governments. Objectives To assess the current evidence for the effects of paying for performance on the provision of health care and health outcomes in low- and middle-income countries. Search methods We searched more than 15 databases in 2009, including the Cochrane Effective Practice and Organisation of Care Group Specialised Register (searched 3 March 2009), CENTRAL (2009, Issue 1) (searched 3 March 2009), MEDLINE, Ovid (1948 to present) (searched 24 June 2011), EMBASE, Ovid (1980 to 2009 Week 09) (searched 2 March 2009), EconLit, Ovid (1969 to February 2009) (searched 5 March 2009), as well as the Social Sciences Citation Index, ISI Web of Science (1975 to present) (searched 8 September 2010). We also searched the websites and online resources of numerous international agencies, organisations and universities to find relevant grey literature and contacted experts in the field. We carried out an updated search on the Results-Based Financing website in April 2011, and re-ran the MEDLINE search in June 2011. Selection criteria Pay for performance refers to the transfer of money or material goods conditional on taking a measurable action or achieving a predetermined performance target. To be included, a study had to report at least one of the following outcomes: changes in targeted measures of provider performance, such as the delivery or utilisation of healthcare services, or patient outcomes, unintended effects and/or changes in resource use. Studies also needed to use one of the following study designs: randomised trial, non-randomised trial, controlled before-after study or interrupted time series study, and had to have been conducted in low-or middle-income countries (as defined by the World Bank). Data collection and analysis We aimed to present a meta-analysis of results. However, due to the limited number of studies in each category, the diversity of intervention designs and study methods, as well as important contextual differences, we present a narrative synthesis with separate results from each study. Main results Nine studies were included in the review: one randomised trial, six controlled before-after studies and two interrupted time series studies (or studies which could be re-analysed as such). The interventions were varied: one used target payments linked to quality of care (in the Philippines). Two used target payments linked to coverage indicators (in Tanzania and Zambia). Three used conditional cash transfers, modified by quality measurements (in Rwanda, Burundi and the Democratic Republic of Congo). Two used conditional cash transfers without quality measures (in Rwanda and Vietnam). One used a mix of conditional cash transfers and target payments (China). Targeted services also varied. Most of the interventions used a wide range of targets covering inpatient, outpatient and preventive care, including a strong emphasis on services for women and children. However, one focused specifically on tuberculosis (the main outcome measure was cases detected); one on hospital revenues; and one on improved treatment of common illnesses in under-sixes. Participants were in most cases in a mix of public and faith-based facilities (dispensaries, health posts, health centres and hospitals), though districts were also involved and in one case payments were made direct to individual private practitioners. One study was considered to have low risk of bias and one a moderate risk of bias. The other seven studies had a high risk of bias. Only one study included any patient health indicators. of the four outcome measures, two showed significant improvement for the intervention group (wasting and self reported health by parents of the under-fives), while two showed no significant difference (being C-reactive protein (CRP)-negative and not anaemic). The two more robust studies both found mixed results - gains for some indicators but no improvement for others. Almost all dimensions of potential impact remain under-studied, including intended and unintended impact on health outcomes, equity, organisational change, user payments and satisfaction, resource use and staff satisfaction. Authors’ conclusions The current evidence base is too weak to draw general conclusions; more robust and also comprehensive studies are needed. Performance based funding is not a uniform intervention, but rather a range of approaches. Its effects depend on the interaction of several variables, including the design of the intervention (e. g. who receives payments, the magnitude of the incentives, the targets and how they are measured), the amount of additional funding, other ancillary components such as technical support, and contextual factors, including the organisational context in which it is implemented.

Keywords: Analysis, and Middle-Income Countries, Bias, Burundi, C-Reactive Protein, Cambodia, Care, Changes, Children, China, Citation, Collection, Context, Countries, Coverage, Criteria, Data Collection, Databases, Delivery, Design, Diversity, Effectiveness, Effects, Equity, Evidence, Experts, Facilities, Field, Financing, Funding, General, Health, Health Care, Health Indicators, Health Outcomes, Hospital, Hospitals, Immunization, Impact, Improvement, Incentives, Indicators, Interaction, International, Interrupted Time Series, Intervention, Interventions, ISI, ISI Web of Science, Literature, Low, Low Risk, Management, Measure, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Modified, Outcome, Outcome Measures, Outcomes, Outpatient, Parents, Partnership, Payment, Performance, Philippines, Potential, Preventive Care, Protein, Providers, Public, Public Health, Quality, Quality Measures, Quality Of, Quality of Care, Randomised, Randomised Trial, Resource Use, Resources, Review, Risk, Rwanda, Satisfaction, Science, Search, Self, Services, Social Sciences, Social Sciences Citation Index, Support, Synthesis, Tanzania, Time Series, Treatment, Trial, Tuberculosis, Universities, Utilisation, Vietnam, Web of Science, Women, World Bank, Zambia

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Full Text: [2012\Coc Dat Sys Rev2012, CD004887.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD004887.pdf)

Abstract: Background Mortality from upper gastrointestinal bleeding in patients with liver disease is high. Recombinant human activated factor VII (rHuFVIIa) has been suggested for patients with liver disease and upper gastrointestinal bleeding. Objectives To assess the beneficial and harmful effects of rHuFVIIa in patients with liver disease and upper gastrointestinal bleeding. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register (December 2011), the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library (Issue 4, 2011), MEDLINE (1948 to December 2011), EMBASE (1980 to December 2011), Science Citation Index Expanded (1900 to December 2011), and LILACS (December 2011). We sought additional randomised trials from the reference lists of the trials and reviews identified through the electronic searches. Selection criteria Randomised clinical trials. Data collection and analysis Outcome data from randomised clinical trials were extracted and were presented using random-effects model meta-analyses. Data on the risk of bias in the included trials were also extracted. Main results We included two trials with 493 randomised participants with various Child-Pugh scores. The trials had a low risk of bias. The rHuFVIIa administration did not reduce the risk of mortality within five days (21/288 (7.3%) versus 15/205 (7.3%); risk ratio (RR) 0.88, 95% confidence interval (CI) 0.48 to 1.64, I-2 = 49%) and within 42 days (5/286 (1.7%) versus 36/205 (17.6%); RR 1.01, 95% CI 0.55 to 1.87, I-2 = 55%) when compared with placebo. Trial sequential analysis demonstrated that there is sufficient evidence to exclude that rHuFVIIa decreases mortality by 80%, but there is insufficient evidence to exclude smaller effects. The rHuFVIIa did not increase the risk of adverse events by number of patients (218/297 (74%) and 164/210 (78%); RR 0.94, 95% CI 0.84 to 1.04, I-2 = 1%), serious adverse events by adverse events reported (164/590 (28%) versus 123/443 (28%); RR 0.91, 95% CI 0.75 to 1.11, I-2 = 0%), and thromboembolic adverse events (16/297 (5.4%) versus 14/210 (6.7%); RR 0.80, 95% CI 0.40 to 1.60, I-2 = 0%) when compared with placebo. Authors’ conclusions We found no evidence to support or reject the administration of rHuFVIIa for patients with liver disease and upper gastrointestinal bleeding. Further adequately powered randomised clinical trials are needed in order to evaluate the proper role of rHuFVIIa for treating upper gastrointestinal bleeding in patients with liver disease. Although the results are based on trials with low risk of bias, the heterogeneity and the small sample size result in rather large confidence intervals that cannot exclude the possibility that the intervention has some beneficial or harmful effect. Further trials with alow risk of bias are required to make more confident conclusions about the effects of the intervention.

Keywords: Administration, Analysis, Bias, Bleeding, Cirrhotic-Patients, Citation, Clinical, Clinical Trials, Coagulants [Therapeutic Use], Collection, Confidence, Confidence Intervals, Criteria, Data, Data Collection, Disease, Diseases, Effects, Electronic, Empirical-Evidence, Esophageal-Varices, Events, Evidence, Factor Viia [Therapeutic Use], Gastrointestinal Hemorrhage [Mortality, Hemorrhage, Heterogeneity, Human, Humans, Interval, Intervals, Intervention, Liver, Liver Diseases [Complications, Low, Low Risk, MEDLINE, Metaanalyses, Methods, Model, Mortality, Mortality], Patients, Placebo, Prothrombin Time, Quality, Random Effects Model, Randomised, Randomized-Trials, Recombinant Proteins [Therapeutic Use], Reference, Reference Lists, Reviews, Rfviia, Risk, Role, Sample Size, Sample-Size, Science, Science Citation Index, Science Citation Index Expanded, Search, Size, Small, Support, Therapy]

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Full Text: [2012\Coc Dat Sys Rev2012, CD007176.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD007176.pdf)

Abstract: Background Our systematic review has demonstrated that antioxidant supplements may increase mortality. We have now updated this review. Objectives To assess the beneficial and harmful effects of antioxidant supplements for prevention of mortality in adults. Search methods We searched The Cochrane Library, MEDLINE, EMBASE, LILACS, the Science Citation Index Expanded, and Conference Proceedings Citation Index-Science to February 2011. We scanned bibliographies of relevant publications and asked pharmaceutical companies for additional trials. Selection criteria We included all primary and secondary prevention randomised clinical trials on antioxidant supplements (beta-carotene, vitamin A, vitamin C, vitamin E, and selenium) versus placebo or no intervention. Data collection and analysis Three authors extracted data. Random-effects and fixed-effect model meta-analyses were conducted. Risk of bias was considered in order to minimise the risk of systematic errors. Trial sequential analyses were conducted to minimise the risk of random errors. Random-effects model meta-regression analyses were performed to assess sources of intertrial heterogeneity. Main results Seventy-eight randomised trials with 296,707 participants were included. Fifty-six trials including 244,056 participants had low risk of bias. Twenty-six trials included 215,900 healthy participants. Fifty-two trials included 80,807 participants with various diseases in a stable phase. The mean age was 63 years (range 18 to 103 years). The mean proportion of women was 46%. of the 78 trials, 46 used the parallel-group design, 30 the factorial design, and 2 the cross-over design. All antioxidants were administered orally, either alone or in combination with vitamins, minerals, or other interventions. The duration of supplementation varied from 28 days to 12 years (mean duration 3 years; median duration 2 years). Overall, the antioxidant supplements had no significant effect on mortality in a random-effects model meta-analysis (21,484 dead/183,749 (11.7%) versus 11,479 dead/112,958 (10.2%); 78 trials, relative risk (RR) 1.02, 95% confidence interval (CI) 0.98 to 1.05) but significantly increased mortality in a fixed-effect model (RR 1.03, 95% CI 1.01 to 1.05). Heterogeneity was low with an I-2- of 12%. In meta-regression analysis, the risk of bias and type of antioxidant supplement were the only significant predictors of intertrial heterogeneity. Meta-regression analysis did not find a significant difference in the estimated intervention effect in the primary prevention and the secondary prevention trials. In the 56 trials with a low risk of bias, the antioxidant supplements significantly increased mortality (18,833 dead/146,320 (12.9%) versus 10,320 dead/97,736 (10.6%); RR 1.04, 95% CI 1.01 to 1.07). This effect was confirmed by trial sequential analysis. Excluding factorial trials with potential confounding showed that 38 trials with low risk of bias demonstrated a significant increase in mortality (2822 dead/26,903 (10.5%) versus 2473 dead/26,052 (9.5%); RR 1.10, 95% CI 1.05 to 1.15). In trials with low risk of bias, beta-carotene (13,202 dead/96,003 (13.8%) versus 8556 dead/77,003 (11.1%); 26 trials, RR 1.05, 95% CI 1.01 to 1.09) and vitamin E (11,689 dead/97,523 (12.0%) versus 7561 dead/73,721 (10.3%); 46 trials, RR 1.03, 95% CI 1.00 to 1.05) significantly increased mortality, whereas vitamin A (3444 dead/24,596 (14.0%) versus 2249 dead/16,548 (13.6%); 12 trials, RR 1.07, 95% CI 0.97 to 1.18), vitamin C (3637 dead/36,659 (9.9%) versus 2717 dead/29,283 (9.3%); 29 trials, RR 1.02, 95% CI 0.98 to 1.07), and selenium (2670 dead/39,779 (6.7%) versus 1468 dead/22,961 (6.4%); 17 trials, RR 0.97, 95% CI 0.91 to 1.03) did not significantly affect mortality. In univariate meta-regression analysis, the dose of vitamin A was significantly associated with increased mortality (RR 1.0006, 95% CI 1.0002 to 1.001, P = 0.002). Authors’ conclusions We found no evidence to support antioxidant supplements for primary or secondary prevention. Beta-carotene and vitamin E seem to increase mortality, and so may higher doses of vitamin A. Antioxidant supplements need to be considered as medicinal products and should undergo sufficient evaluation before marketing.

Keywords: Adverse Effects], Age, Alpha-Tocopherol Supplementation, Analyses, Analysis, Antioxidant, Antioxidants, Antioxidants [Administration & Dosage, Ascorbic Acid [Administration & Dosage, Authors, Base-Line Characteristics, Beta Carotene, Beta Carotene [Administration & Dosage, Beta-Carotene Supplementation, Bias, Bibliographies, Citation, Clinical, Clinical Trials, Collection, Conference, Confidence, Confounding, Criteria, Data, Data Collection, Design, Diseases, Duration, E Cancer Prevention, Effects, Errors, Evaluation, Evidence, Factorial Design, Health Status, Heterogeneity, Humans, Induced Oxidative Stress, Interval, Intervention, Interventions, Low, Low Risk, Low-Density-Lipoprotein, Marketing, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Minerals, Model, Mortality, P, Patients, Placebo, Placebo-Controlled Trial, Potential, Predictors, Prevention, Primary, Primary Prevention, Primary Prevention [Methods], Publications, Random Effects Model, Randomised, Randomized Controlled Trials As Topic, Randomized-Controlled-Trial, Relative Risk, Retinol Efficacy Trial, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Selenium, Selenium [Administration & Dosage, Sources, Support, Systematic Review, Trial, Vitamin A, Vitamin A [Administration & Dosage, Vitamin C, Vitamin E, Vitamin E [Administration & Dosage, Vitamin-E Supplementation, Women

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Full Text: [2012\Coc Dat Sys Rev2012, CD007224.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD007224.pdf)

Abstract: Background Coronary artery bypass grafting (CABG) is performed both without and with cardiopulmonary bypass, referred to as off-pump and on-pump CABG respectively. However, the preferable technique is unclear. Objectives To assess the benefits and harms of off-pump versus on-pump CABG in patients with ischaemic heart disease. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) on The Cochrane Library (Issue 1, 2011), MEDLINE (OVID, 1950 to February 2011), EMBASE (OVID, 1980 to February 2011), Science Citation Index Expanded on ISI Web of Science (1970 to February 2011) and CINAHL (EBSCOhost, 1981 to February 2011) on 2 February 2011. No language restrictions were applied. Selection criteria Randomised clinical trials of off-pump versus on-pump CABG irrespective of language, publication status and blinding were selected for inclusion. Data collection and analysis For statistical analysis of dichotomous data risk ratio (RR) and for continuous data mean difference (MD) with 95% confidence intervals (CI) were used. Trial sequential analysis (TSA) was used for analysis to assess the risk of random error due to sparse data and to multiple updating of accumulating data. Main results Eighty-six trials (10,716 participants) were included. Ten trials (4,950 participants) were considered to be low risk of bias. Pooled analysis of all trials showed that off-pump CABG increased all-cause mortality compared with on-pump CABG (189/5,180 (3.7%) versus 160/5144 (3.1%); RR 1.24, 95% CI 1.01 to 1.53; P=.04). In the trials at low risk of bias the effect was more pronounced (154/2,485 (6.2%) versus 113/2,465 (4.6%), RR 1.35,95% CI 1.07 to 1.70; P=.01). TSA showed that the risk of random error on the result was unlikely. Off-pump CABG resulted in fewer distal anastomoses (MD -0.28; 95% CI -0.40 to -0.16, P<.00001). No significant differences in myocardial infarction, stroke, renal insufficiency, or coronary re-intervention were observed. Off-pump CABG reduced post-operative atrial fibrillation compared with on-pump CABG, however, in trials at low risk of bias, the estimated effect was not significantly different. Authors’ conclusions Our systematic review did not demonstrate any significant benefit of off-pump compared with on-pump CABG regarding mortality, stroke, or myocardial infarction. In contrast, we observed better long-term survival in the group of patients undergoing on-pump CABG with the use of cardiopulmonary bypass and cardioplegic arrest. Based on the current evidence, on-pump CABG should continue to be the standard surgical treatment. However, off-pump CABG may be acceptable when there are contraindications for cannulation of the aorta and cardiopulmonary bypass. Further randomised clinical trials should address the optimal treatment in such patients.

Keywords: Acid-Binding Protein, Analysis, Artery, Atrial Fibrillation, Beating-Heart, Bias, Cardiac Troponin-I, Cardiopulmonary, Cardiopulmonary Bypass, Citation, Clinical, Clinical Trials, Collection, Confidence, Confidence Intervals, Contraindications, Coronary Artery, Coronary Artery Bypass Grafting, Criteria, Data, Data Collection, Disease, Error, Evidence, Grafting, Heart, High-Risk Patients, Inclusion, Infarction, Inflammatory Response, Intervals, ISI, ISI Web of Science, Long Term, Long-Term, Low, Low Risk, MEDLINE, Methods, Mortality, Myocardial Infarction, Myocardial Revascularization, Off Pump, Patients, Peripheral Tissue Metabolism, Postoperative, Publication, Randomised, Randomized Controlled-Trial, Renal, Renal Insufficiency, Restrictions, Review, Right-Ventricular Function, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Standard, Statistical Analysis, Stroke, Surgical Treatment, Survival, Systematic Review, Treatment, Web of Science

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Full Text: [2012\Coc Dat Sys Rev2012, CD007293.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD007293.pdf)

Abstract: Background Cataract surgery is practiced widely and substantial resources are committed to an increasing cataract surgical rate in developing countries. With the current volume of cataract surgery and the increases in the future, it is critical to optimize the safety and cost-effectiveness of this procedure. Most cataracts are performed on older individuals with correspondingly high systemic and ocular comorbidities. It is likely that routine preoperative medical testing will detect medical conditions, but it is questionable whether these conditions should preclude individuals from cataract surgery or change their perioperative management. Objectives (1) To investigate the evidence for reductions in adverse events through preoperative medical testing, and (2) to estimate the average cost of performing routine medical testing. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2011, Issue 12), MEDLINE (January 1950 to December 2011), EMBASE (January 1980 to December 2011), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to December 2011), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). There were no date or language restrictions in the electronic searches for trials. The electronic databases were last searched on 9 December 2011. We used reference lists and the Science Citation Index to search for additional studies. Selection criteria We included randomized clinical trials in which routine preoperative medical testing was compared to no preoperative or selective preoperative testing prior to age-related cataract surgery. Data collection and analysis Two review authors independently assessed abstracts to identify possible trials for inclusion. For each included study, two review authors independently documented study characteristics, extracted data, and assessed methodological quality. Main results The three randomized clinical trials included in this review reported results for 21,531 total cataract surgeries with 707 total surgery-associated medical adverse events, including 61 hospitalizations and three deaths. of the 707 medical adverse events reported, 353 occurred in the pretesting group and 354 occurred in the no testing group. Most events were cardiovascular and occurred during the intraoperative period. Routine preoperative medical testing did not reduce the risk of intraoperative (OR 1.02, 95% CI 0.85 to 1.22) or postoperative medical adverse events (OR 0.96, 95% CI 0.74 to 1.24) when compared to selective or no testing. Cost savings were evaluated in one study which estimated the costs to be 2.55 times higher in those with preoperative medical testing compared to those without preoperative medical testing. There was no difference in cancellation of surgery between those with preoperative medical testing and those with no or limited preoperative testing, reported by two studies. Authors’ conclusions This review has shown that routine pre-operative testing does not increase the safety of cataract surgery. Alternatives to routine preoperative medical testing have been proposed, including self-administered health questionnaires, which could substitute for health provider histories and physical examinations. Such avenues may lead to cost-effective means of identifying those at increased risk of medical adverse events due to cataract surgery. However, despite the rare occurrence, adverse medical events precipitated by cataract surgery remain a concern because of the large number of elderly patients with multiple medical comorbidities who have cataract surgery in various settings. The studies summarized in this review should assist recommendations for the standard of care of cataract surgery, at least in developed settings. Unfortunately, in developing country settings, medical history questionnaires would be useless to screen for risk since few people have ever been to a physician, let alone been diagnosed with any chronic disease.

Keywords: Aged, Analysis, Anesthesiologists, Authors, Cardiovascular, Care, Cataract Extraction [Adverse Effects, Cataract Surgery, Characteristics, Chronic, Chronic Disease, Citation, Clinical, Clinical Trials, Collection, Cost, Cost Effectiveness, Cost Savings, Cost-Effective, Cost-Effectiveness, Costs, Countries, Country, Criteria, Data, Data Collection, Databases, Developing, Developing Countries, Developing Country, Diagnostic Tests,Routine [Economics], Disease, Economics], Elderly, Electronic, Events, Evidence, Health, Health Questionnaires, History, Hospitalization [Statistics & Numerical Data], Humans, Impact, Inclusion, Intraoperative Complications [Prevention & Control], Lead, Literature, Management, Medical, Medical History, MEDLINE, Methods, Morbidity, Outcomes, Patients, Perioperative Management, Physical, Physical Examinations, Physician, Postoperative, Postoperative Complications [Prevention & Control], Preoperative, Procedure, Quality, Questionnaires, Randomized, Randomized Clinical Trials, Randomized Controlled Trials As Topic, Recommendations, Reference, Reference Lists, Resources, Restrictions, Review, Risk, Safety, Science, Science Citation Index, Search, Standard, Standard of Care, Surgery, Testing, Volume

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Full Text: [2012\Coc Dat Sys Rev2012, CD007512.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD007512.pdf)

Abstract: Background Various techniques of flushing and reperfusion have been advocated to improve outcomes after liver transplantation. There is considerable uncertainty as to which method is superior. Objectives To compare the benefits and harms of different methods of flushing and reperfusion during liver implantation in the transplant recipients. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until March 2011. Selection criteria We included all randomised clinical trials that were performed to compare different techniques of flushing and reperfusion during liver transplantation. Data collection and analysis Two authors independently identified the trials and extracted the data. We analysed the data with both the fixed-effect model and the random-effects model using RevMan analysis. For each outcome we calculated the hazard ratio (HR), risk ratio (RR), rate ratio, mean difference (MD), or standardised mean difference (SMD) with 95% confidence intervals (CI) based on available case analysis. Main results We included six trials involving 418 patients for this review. The sample size in the trials varied from 30 to 131 patients. Only one trial involving 131 patients was of low risk of bias for mortality. This trial was at high risk of bias for other outcomes. Four trials excluded patients who underwent liver transplantation for acute liver failure. All the trials included livers obtained from cadaveric donors. The remaining five trials were of high risk of bias for all outcomes. Liver transplantation was performed by the conventional method (caval replacement) in two trials and piggy-back method (caval preservation) in one trial. The method of liver transplantation was not available in the remaining three trials. The comparisons performed included an initial hepatic artery flush versus initial portal vein flush; blood venting via inferior vena cava in addition to venting of storage fluid versus no blood venting; initial hepatic artery reperfusion versus initial portal vein reperfusion; simultaneous hepatic artery and portal vein reperfusion versus initial portal vein reperfusion; and retrograde inferior vena cava reperfusion versus simultaneous hepatic artery and portal vein reperfusion. Only one or two trials could be included under each comparison. There was no significant difference in mortality, graft survival, or severe morbidity rates in any of the comparisons. Quality of life was not reported in any of the trials. Authors’ conclusions There is currently no evidence to support or refute the use of any specific technique of flushing or reperfusion during liver transplantation. Due to the paucity of data, absence of evidence should not be confused with evidence of absence of any differences. Further well designed trials with low risk of systematic error and low risk of random errors are necessary.

Keywords: Analysis, Arterial Reperfusion, Artery, Authors, Bias, Biliary Lesions, Blood, Case Analysis, Citation, Clinical, Clinical Trials, Collection, Comparison, Confidence, Confidence Intervals, Conventional, Criteria, Data, Data Collection, Empirical-Evidence, Error, Errors, Evaluate Flush, Evidence, Failure, Graft, Hazard, Hemodynamic Profile, Implantation, Intervals, Life, Liver, Liver Failure, Liver Transplantation, Low, Low Risk, MEDLINE, Method, Methods, Model, Morbidity, Mortality, Outcome, Outcomes, Patients, Portal Reperfusion, Preservation, Quality, Random Effects Model, Randomised, Randomized Clinical-Trials, Rates, Reperfusion, Retrograde Reperfusion, Review, Risk, Sample Size, Science, Science Citation Index, Science Citation Index Expanded, Search, Size, Storage, Support, Survival, Techniques, Tissular Oxygenation, Transplantation, Trial, Uncertainty, Vascular Clamp Release

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Full Text: [2012\Coc Dat Sys Rev2012, CD008852.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD008852.pdf)

Abstract: Background The therapeutic success of liver transplantation has been largely attributable to the development of effective immunosuppressive treatment regimens. In particular, calcineurin inhibitors were essential in reducing acute rejection and improving early survival. Currently, more than 90% of all liver transplant recipients are treated with the calcineurin inhibitor cyclosporine or tacrolimus. Unfortunately, calcineurin inhibitors cause adverse events, such as nephrotoxicity, and because of this, minimisation (reduction and withdrawal) regimens of calcineurin inhibitor have been developed and studied. However, the benefits and harms of these minimisation regimens are unclear. Objectives To assess the benefits and harms of calcineurin inhibitor minimisation for liver transplant recipients without substitution by another immunosuppressive agent. Search methods We searched The Cochrane Hepato-Biliary Group Controlled Trials Register (Gluud 2010), Cochrane Central Register of Controlled Clinical Trials (CENTRAL) in The Cochrane Library, MEDLINE (OvidSP), EMBASE (OvidSP), Science Citation Index Expanded (Royle 2003), and the World Health Organization (WHO) international clinical trials registry platform (www.who.int/ictrp) until August 2011. In addition, we searched bibliographies of relevant articles as well as US Food and Drug Administration (FDA) and European Medicines Agency (EMA) drug approval reviews for additional trials. Selection criteria We planned to select all randomised clinical trials investigating calcineurin inhibitor reduction or withdrawal in liver transplant recipients, irrespective of blinding, publication status, or language. Quasi-randomised clinical studies and cohort studies that were obtained through the searches were considered only for the reporting of harms. Trials investigating substitution of one calcineurin inhibitor by another calcineurin inhibitor were excluded. Trials investigating calcineurin inhibitor withdrawal concurrently with switching over to a mammalian target of rapamycin (mTOR) inhibitor-based regimen (everolimus or sirolimus) or mycophenolate mofetil-based regimen are the subject of a separate review. Data collection and analysis Search strategies were used to obtain titles and abstracts of studies that were relevant for the review. Two authors independently scanned the references and assessed trial eligibility. Main results A total of 1299 references were identified by the searches. After removal of duplicates, 794 references were left. Out of these, two abstract reports of one ongoing randomised trial fulfilled the inclusion criteria of the review. This ongoing trial studies total withdrawal of immunosuppression in patients who receive a calcineurin inhibitor (cyclosporine or tacrolimus) or mycophenolate mofetil as the only immunosuppressive agent. The trial compares withdrawal of calcineurin inhibitor or mycophenolate mofetil with continuation of calcineurin inhibitor or mycophenolate mofetil. However, no trial results on the outcomes of interest to this review were available. Authors’ conclusions This review shows that strategies regarding calcineurin inhibitor minimisation, that is, reduction or withdrawal, without substitution versus continuation of calcineurin inhibitor treatment lack evidence from randomised trials. More research with calcineurin inhibitor reduction and withdrawal regimens is needed to optimise dosing and timing of calcineurin inhibitor treatment in order to achieve optimal patient and graft survival with a minimum of adverse events. Specifically regarding calcineurin inhibitor reduction versus no reduction, we recommend that randomised trials evaluating calcineurin inhibitor reduction versus continuation of calcineurin inhibitor treatment are conducted. Regarding calcineurin inhibitor withdrawal, we recommend that mechanisms for tolerance and ‘ graft acceptance’ are clarified, and patient groups likely to tolerate calcineurin inhibitor withdrawal are identified in order to select the right patients for total withdrawal of calcineurin inhibitors without substitution with another immunosuppressive drug. The randomised trials should only be performed in highly selected patients.

Keywords: Acceptance, Analysis, Articles, Authors, Bias, Bibliographies, Calcineurin Inhibitor, Citation, Clinical, Clinical Studies, Clinical Trials, Cohort, Collection, Criteria, Cyclosporine, Data Collection, Development, Drug, Empirical-Evidence, Events, Evidence, FDA, Food and Drug Administration, Graft, Immunosuppression, Inclusion, Inhibitor, International, Liver, Liver Transplantation, Long, Mechanisms, MEDLINE, Metaanalysis, Methods, Minimum, Nephrotoxicity, Outcomes, Patients, Publication, Randomised, Randomised Trial, Randomized Controlled-Trial, Reduction, References, Registry, Rejection, Removal, Renal-Function, Reporting, Research, Review, Reviews, Right, Science, Science Citation Index, Science Citation Index Expanded, Search, Sirolimus, Solid-Organ Transplantation, Substitution, Survival, Tacrolimus, Term-Follow-Up, Therapeutic, Timing, Tolerance, Total Immunosuppression Withdrawal, Transplantation, Treatment, Trial, US, World Health Organization

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Full Text: [2012\Coc Dat Sys Rev2012, CD002042.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD002042.pdf)

Abstract: Background Most clinical practice guidelines recommend restrictive red cell transfusion practices, with the goal of minimising exposure to allogeneic blood. The purpose of this review is to compare clinical outcomes in patients randomised to restrictive versus liberal transfusion thresholds (triggers). Objectives To examine the evidence for the effect of transfusion thresholds on the use of allogeneic and/or autologous red cell transfusion, and the evidence for any effect on clinical outcomes. Search methods We identified trials by searching; The Cochrane Injuries Group Specialised Register (searched 01 Feb 2011), Cochrane Central Register of Controlled Trials 2011, issue 1 (The Cochrane Library), MEDLINE (Ovid) 1948 to January Week 3 2011, EMBASE (Ovid) 1980 to 2011 (Week 04), ISI Web of Science: Science Citation Index Expanded (1970 to Feb 2011), ISI Web of Science: Conference Proceedings Citation Index-Science (1990 to Feb 2011). We checked reference lists of other published reviews and relevant papers to identify any additional trials. Selection criteria Controlled trials in which patients were randomised to an intervention group or to a control group. Trials were included where intervention groups were assigned on the basis of a clear transfusion ‘trigger’, described as a haemoglobin (Hb) or haematocrit (Hct) level below which a red blood cell (RBC) transfusion was to be administered. Data collection and analysis Risk ratios of requiring allogeneic blood transfusion, transfused blood volumes and other clinical outcomes were pooled across trials, using a random effects model. Data extraction and assessment of the risk of bias was performed by two people. Main results Nineteen trials involving a total of 6264 patients were identified, and were similar enough that the results could be combined. Restrictive transfusion strategies reduced the risk of receiving a RBC transfusion by 39% (RR 0.61, 95% CI 0.52 to 0.72). This equates to an average absolute risk reduction (ARR) of 34% (95% CI 24% to 45%). The volume of RBCs transfused was reduced on average by 1.19 units (95% CI 0.53 to 1.85 units). However, heterogeneity between trials was statistically significant (P<0.00001; I-2 >= 93%) for these outcomes. Restrictive transfusion strategies did not appear to impact the rate of adverse events compared to liberal transfusion strategies (i.e. mortality, cardiac events, myocardial infarction, stroke, pneumonia and thromboembolism). Restrictive transfusion strategies were associated with a statistically significant reduction in hospital mortality (RR 0.77, 95% CI 0.62-0.95) but not 30 day mortality (RR 0.85, 95% CI 0.70 to 1.03). The use of restrictive transfusion strategies did not reduce functional recovery, hospital or intensive care length of stay. The majority of patients randomised were included in good quality trials, but some items of methodological quality were unclear. There are no trials in patients with acute coronary syndrome. Authors’ conclusions The existing evidence supports the use of restrictive transfusion triggers inmost patients including those with pre-existing cardiovascular disease. As there are no trials, the effects of restrictive transfusion triggers in high risk groups such as acute coronary syndrome need to be tested in further large clinical trials. In countries with inadequate screening of donor blood, the data may constitute a stronger basis for avoiding transfusion with allogeneic red cells.

Keywords: Acute Coronary Syndrome, Allogeneic, Analysis, Assessment, Bias, Blood, Blood Transfusion, Cardiovascular, Cardiovascular Disease, Care, Citation, Clinical, Clinical Outcomes, Clinical Practice, Clinical Practice Guidelines, Clinical Trials, Clinical-Practice, Collection, Conference, Control, Countries, Criteria, Critical-Care, Data, Data Collection, Disease, Effects, Erythrocyte Transfusion [Adverse Effects, Events, Evidence, Exposure, Extraction, Guidelines, Guidelines As Topic, Haematocrit, Hemoglobin A [Analysis], Heterogeneity, Hip Fracture, Hospital, Humans, Impact, Infarction, Intensive Care, Intervention, ISI, ISI Web of Science, Length, Length of Stay, MEDLINE, Methods, Model, Mortality, Myocardial Infarction, Myocardial-Infarction, Noncardiac Surgery, Older Patients, Outcomes, Papers, Patients, Pneumonia, Practice, Practice Guidelines, Practices, Purpose, Quality, Random Effects Model, Randomised, Randomized Controlled Trials as Topic, Randomized Controlled-Trial, Recovery, Reduction, Reference, Reference Lists, Reference Values, Requirements, Residual Risk, Review, Reviews, Risk, Science, Science Citation Index, Science Citation Index Expanded, Screening, Search, Standards], Stroke, Syndrome, Thresholds, Thromboembolism, Transfusion, Transplantation,Autologous, Transplantation, Homologous, United-States, Volume, Web of Science

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Full Text: [2012\Coc Dat Sys Rev2012, CD003659.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD003659.pdf)

Abstract: Background Trachoma remains a major cause of avoidable blindness among underprivileged populations in many developing countries. It is estimated that about 146 million people have active trachoma and nearly six million people are blind due to complications associated with repeat infections. Objectives The objective of this review was to assess the effects of face washing on the prevalence of active trachoma in endemic communities. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2011, Issue 8), MEDLINE (January 1950 to September 2011), EMBASE (January 1980 to September 2011), Latin American and Caribbean Health Sciences Literature Database (LILACS) (January 1982 to September 2011), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com) and ClinicalTrials. gov (www.clinicaltrials.gov). There were no date or language restrictions in the electronic searches for trials. The electronic databases were last searched on 2 September 2011. We checked the reference list of the included trials to identify further relevant trials. We used the Science Citation Index to search for references that cite the studies that are included in the review. We also contacted investigators and experts in the field to identify additional trials. Selection criteria We included randomized or quasi-randomized controlled trials, comparing face washing with no treatment or face washing combined with antibiotics against antibiotics alone. Participants in the trials were people normally resident in endemic trachoma communities. Data collection and analysis Two review authors independently extracted data and assessed trial quality. Study authors were contacted for additional information. Two clinically heterogeneous trials are included, therefore a meta-analysis was considered inappropriate. Main results This review included two trials with data from a total of 2560 participants. Face washing combined with topical tetracycline was compared to topical tetracycline alone in three pairs of villages in one trial. The trial found a statistically significant effect for face washing combined with topical tetracycline in reducing ‘severe’ active trachoma compared to topical tetracycline alone. No statistically significant difference was observed between the intervention and control villages in reducing (‘non-severe’) active trachoma. The prevalence of clean faces was higher in the intervention villages than the control villages and this was statistically significant. Another trial compared eye washing to no treatment or to topical tetracycline alone or to a combination of eye washing and tetracycline drops in children with follicular trachoma. The trial found no statistically significant benefit of eye washing alone or in combination with tetracycline eye drops in reducing follicular trachoma amongst children with follicular trachoma. Authors’ conclusions There is some evidence that face washing combined with topical tetracycline can be effective in reducing severe trachoma and in increasing the prevalence of clean faces. Current evidence does not however support a beneficial effect of face washing alone or in combination with topical tetracycline in reducing active trachoma.

Keywords: Analysis, Anti-Bacterial Agents [Administration & Dosage], Antibiotics, Authors, Children, Chlamydia Trachomatis, Citation, Collection, Complications, Control, Countries, Criteria, Data, Data Collection, Databases, Developing, Developing Countries, Effects, Electronic, Evidence, Evidence Base, Experts, Face, Field, Humans, Impact, Infections, Information, Intervention, Literature, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Populations, Prevalence, Promotion, Quality, Randomized, Randomized Controlled Trials As Topic, Reference, References, Resident, Restrictions, Review, Safe Strategy, Science, Science Citation Index, Search, Skin Care [Methods], Support, Tanzania, Tetracycline, Tetracycline [Administration & Dosage], Topical, Trachoma [Prevention & Control], Treatment, Trial

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Full Text: [2012\Coc Dat Sys Rev2012, CD005385.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD005385.pdf)

Abstract: Background Sepsis is a common problem in preterm and term infants. The incidence of neonatal sepsis has declined, but mortality remains high. Recombinant human activated protein C (rhAPC) possess a broad spectrum of activity modulating coagulation and inflammation. In septic adults it may reduce mortality, but no significant benefit has been reported in children with severe sepsis. Objectives To determine whether treatment with rhAPC reduces mortality and/or morbidity in neonatal sepsis. Search methods For this update searches were carried out in May 2011 of the Cochrane Central Register of Controlled Trials (The Cochrane Library), MEDLINE, EMBASE, CINAHL, and abstracts of annual meetings of the Pediatric Academic Societies. Doctoral dissertations, theses and the Science Citation Index for articles on activated protein C were searched. No language restriction was applied. Selection criteria Randomized or quasi-randomized trials, assessing the efficacy of rhAPC compared to placebo or no intervention as an adjunct to antibiotic therapy of suspected or confirmed severe sepsis in term and preterm infants less than 28 days old. Eligible trials should report at least one of the following outcomes: mortality during initial hospital stay, neurodevelopmental assessment at two years of age or later, length of hospital stay, duration of ventilation, chronic lung disease, periventricular leukomalacia, intraventricular haemorrhage, necrotizing enterocolitis, bleeding, and any other adverse events. Data collection and analysis Review authors were to independently evaluate the articles for inclusion criteria and quality, and abstract information for the outcomes of interest. Differences were to be resolved by consensus. The statistical methods were to include relative risk, risk difference, number needed to treat to benefit or number needed to treat to harm for dichotomous and weighed mean difference for continuous outcomes reported with 95% confidence intervals. A fixed effect model was to be used for meta-analysis. Heterogeneity tests, including the I-2 statistic, were to be performed to assess the appropriateness of pooling the data. Main results No eligible trials were identified. In October 2011 rhAPC (Xigris (R)) was withdrawn from the market by Eli Lilly due to a higher mortality in a trial among adults. Xigris (R) (DrotAA)(rhAPC) should no longer be used in any age category and the product should be returned to the distributor. Authors’ conclusions Despite the scientific rationale for its use, there is insufficient data to use rhAPC for the management of severe sepsis in newborn infants. Due to the results among adults with lack of efficacy, an increase in bleeding and resulting withdrawal of rhAPC from the market, neonates should not be treated with rhAPC and further trials should not be conducted.

Keywords: Age, Analysis, Antibiotic Therapy, Articles, Assessing, Assessment, Authors, Birth-Weight Infants, Bleeding, Children, Chronic, Chronic Lung Disease, Citation, Coagulation, Collection, Confidence, Confidence Intervals, Consensus, Cost-Effectiveness, Criteria, Data, Data Collection, Disease, Duration, Economic-Evaluation, Efficacy, Events, Haemorrhage, Hospital, Hospital Stay, Human, Humans, Incidence, Inclusion, Infant,Newborn, Infants, Inflammation, Information, Intensive-Care, Intervals, Intervention, Length, Lung, Management, Market, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Model, Morbidity, Mortality, Mortality], Necrotizing Enterocolitis, Neonatal, Neonatal Sepsis, Neonates, Newborn, Newborn Infants, Number Needed To Treat, Open-Label Trial, Organ Failure, Outcomes, Periventricular Leukomalacia, Placebo, Preterm, Preterm Infants, Protein, Protein C [Therapeutic Use], Prowess-Shock, Purpura Fulminans, Quality, Recombinant Proteins [Therapeutic Use], Relative Risk, Review, Risk, Science, Science Citation Index, Search, Sepsis, Sepsis [Drug Therapy, Septic Shock, Term, Therapy, Treatment, Trial, United-States, Ventilation

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Full Text: [2012\Coc Dat Sys Rev2012, CD006047.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD006047.pdf)

Abstract: Background Lead poisoning is associated with physical, cognitive and neurobehavioural impairment in children and trials have tested many household interventions to prevent lead exposure. This is an update of the original review by the same authors first published in 2008. Objectives To determine the effectiveness of household interventions in preventing or reducing lead exposure in children as measured by reductions in blood lead levels and/or improvements in cognitive development. Search methods We identified trials through electronic searches of CENTRAL (The Cochrane Library, 2010, Issue 2), MEDLINE (1948 to April Week 1 2012), EMBASE (1980 to 2012 Week 2), CINAHL (1937 to 20 Jan 2012), PsycINFO (1887 to Dec week 2 2011), ERIC (1966 to 17 Jan 2012), Sociological Abstracts (1952 to 20 January 2012), Science Citation Index (1970 to 20 Jan 2012), ZETOC (20 Jan 2012), LILACS (20 Jan 2012), Dissertation Abstracts (late 1960s to Jan 2012), ClinicalTrials.gov (20 Jan 2012), Current Controlled Trials (Jan 2012), Australian New Zealand Clinical Trials Registry (Jan 2012) and the National Research Register Archive. We also contacted experts to find unpublished studies. Selection criteria Randomised and quasi-randomised controlled trials of household educational or environmental interventions to prevent lead exposure in children where at least one standardised outcome measure was reported. Data collection and analysis Two authors independently reviewed all eligible studies for inclusion, assessed risk of bias and extracted data. We contacted trialists to obtain missing information. Main results We included 14 studies (involving 2656 children). All studies reported blood lead level outcomes and none reported on cognitive or neurobehavioural outcomes. We put studies into subgroups according to their intervention type. We performed meta-analysis of both continuous and dichotomous data for subgroups where appropriate. Educational interventions were not effective in reducing blood lead levels (continuous: mean difference (MD) 0.02, 95% confidence interval (CI) -0.09 to 0.12, I-2 = 0 (log transformed); dichotomous >= 10 mu g/dL (>= 0.48 mu mol/L): relative risk (RR) 1.02, 95% CI 0.79 to 1.30, I-2 = 0; dichotomous >= 15 mu g/dL (>= 0.72 mu mol/L): RR 0.60, 95% CI 0.33 to 1.09, I-2 = 0). Meta-analysis for the dust control subgroup also found no evidence of effectiveness (continuous: MD -0.15, 95% CI -0.42 to 0.11, I-2 = 0.9 (log transformed); dichotomous >= 10 mu g/dL (>= 0.48 mu mol/L): RR 0.93, 95% CI 0.73 to 1.18, I-2 = 0; dichotomous >= 15 mu g/dL (>= 0.72 mu mol/L): RR 0.86, 95% CI 0.35 to 2.07, I-2 = 0.56). When meta-analysis for the dust control subgroup was adjusted for clustering, no statistical significant benefit was incurred. The studies using soil abatement (removal and replacement) and combination intervention groups were not able to be meta-analysed due to substantial differences between studies. Authors’ conclusions Based on current knowledge, household educational or dust control interventions are ineffective in reducing blood lead levels in children as a population health measure. There is currently insufficient evidence to draw conclusions about the effectiveness of soil abatement or combination interventions. Further trials are required to establish the most effective intervention for prevention of lead exposure. Key elements of these trials should include strategies to reduce multiple sources of lead exposure simultaneously using empirical dust clearance levels. It is also necessary for trials to be carried out in developing countries and in differing socioeconomic groups in developed countries.

Keywords: Abatement, Analysis, Australian, Authors, Bias, Blood, Blood Lead, Chelation-Therapy, Child, Children, Citation, Clinical Trials, Clustering, Collection, Confidence, Control, Countries, Criteria, Data, Data Collection, Developing, Developing Countries, Development, Dust, Dust [Prevention & Control], Dust-Control, Education, Effectiveness, Electronic, Environmental, Environmental Exposure [Prevention & Control], Environmental Remediation [Methods], Evidence, Experts, Exposure, First, Health, Humans, Impact, Inclusion, Information, Interval, Intervention, Interventions, Knowledge, Lead, Lead Poisoning [Prevention & Control], Measure, MEDLINE, Meta-Analysis, Metaanalysis, Methods, New Zealand, Outcome, Outcomes, Paint [Toxicity], Physical, Poisoning, Population, Prevention, Psycinfo, Randomized-Trial, Relative Risk, Remediation, Removal, Research, Review, Risk, Science, Science Citation Index, Search, Soil, Soil, Sources

? GurUSAmy, K.S., Koti, R., Samraj, K. and Davidson, B.R. (2012), Abdominal lift for laparoscopic cholecystectomy. *Cochrane Database of Systematic Reviews*, **5**, Article Number: CD006574.

Full Text: [2012\Coc Dat Sys Rev2012, CD006574.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD006574.pdf)

Abstract: Background Laparoscopic cholecystectomy (key-hole removal of the gallbladder) is now the most often used method for treatment of symptomatic gallstones. Several cardiopulmonary changes (decreased cardiac output, pulmonary compliance, and increased peak airway pressure) occur during pneumoperitoneum, which is now introduced to allow laparoscopic cholecystectomy. These cardiopulmonary changes may not be tolerated in individuals with poor cardiopulmonary reserve. Objectives To assess the benefits and harms of abdominal wall lift compared with pneumoperitoneum in patients undergoing laparoscopic cholecystectomy. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until January 2012. Selection criteria We included all randomised clinical trials comparing abdominal wall lift (with or without pneumoperitoneum) versus pneumoperitoneum. Data collection and analysis We calculated the risk ratio (RR), rate ratio (RaR), or mean difference (MD) with 95% confidence intervals (CI) based on intention-to-treat analysis with both the fixed-effect and the random-effects models using RevMan software. Main results For abdominal wall lift with pneumoperitoneum versus pneumoperitoneum, a total of 156 participants (all with low anaesthetic risk) who underwent elective laparoscopic cholecystectomy were randomised in six trials to abdominal wall lift with pneumoperitoneum (n = 65) versus pneumoperitoneum only (n = 66). One trial which included 25 patients did not state the number of patients in each group. All six trials had a high risk of bias. There was no mortality or conversion to open cholecystectomy in any of the patients in the trials that reported these outcomes. There was no significant difference in the rate of serious adverse events between the two groups (2 trials; 2/29 events (0.069 events per patient) versus 2/29 events (0.069 events per patient); rate ratio 1.00; 95% CI 0.17 to 5.77). None of the trials reported quality of life, the proportion of patients discharged as day-patient laparoscopic cholecystectomies, or pain between four and eight hours after the operation. There was no significant difference in the operating time between the two groups (4 trials; 53 patients versus 54 patients; 13.39 minutes longer (2.73 less to 29.51 longer) in the abdominal wall lift with pneumoperitoneum group and 100 minutes in the pneumoperitoneum group). For abdominal wall lift versus pneumoperitoneum, a total of 774 participants (the majority with low anaesthetic risk) who underwent elective laparoscopic cholecystectomy were randomised in 18 trials to abdominal wall lift without pneumoperitoneum (n = 332) versus pneumoperitoneum (n = 358). One trial which included 84 patients did not state the number of patients in each group. All the trials had a high risk of bias. There was no mortality in any of the trials that reported this outcome. There was no significant difference in the rate of serious adverse events between the two groups (6 trials; 5/172 events (weighted number of events per patient = 0.020 events) versus 2/171 events (0.012 events per patient); rate ratio 1.73; 95% CI 0.35 to 8.61). None of the trials reported quality of life or pain between four and eight hours after the operation. There was no significant difference in the proportion of patients who underwent conversion to open cholecystectomy (11 trials; 5/225 (weighted proportion 2.3%) versus 7/235 (3.0%); RR 0.76; 95% CI 0.26 to 2.21). The operating time was significantly longer in the abdominal wall lift group than the pneumoperitoneum group (16 trials; 6.87 minutes longer (4.74 to 9.00 longer) in the abdominal wall lift group; 75 minutes in the pneumoperitoneum group). There was no significant difference in the proportion of patients who were discharged as day-patient laparoscopic cholecystectomy patients (2 trials; 15/31 (weighted proportion 48.5%) versus 9/31 (29%); RR 1.67; 95% CI 0.85 to 3.26). Authors’ conclusions Abdominal wall lift does not seem to offer an advantage over pneumoperitoneum in any of the patient-oriented outcomes for laparoscopic cholecystectomy in patients with low anaesthetic risk. It may increase costs by increasing the operating time. Hence it cannot be recommended routinely. The safety of abdominal wall lift is yet to be established. More research on the topic is needed because of the risk of bias in the included trials and because of the risk of type I and type II random errors because of the few patients included in the trials. Such trials ought to include patients at higher anaesthetic risk. Furthermore, such trials ought to include blinded assessment of outcome measures.

Keywords: Abdominal, Abdominal Wall, Analysis, Assessment, Bias, Blood Pressure, Carbon-Dioxide Pneumoperitoneum, Cardiac Output, Cardiac-Function, Cardiopulmonary, Changes, Cholecystectomy, Cholecystectomy,Laparoscopic [Methods], Citation, Clinical, Clinical Trials, Co2 Pneumoperitoneum, Collection, Compliance, Confidence, Confidence Intervals, Conventional Pneumoperitoneum, Costs, Criteria, Data Collection, Elective, Errors, Events, Heart Rate, Humans, Intervals, J-Surg 2004, Laparoscopic, Life, Low, Lung Compliance, MEDLINE, Method, Methods, Models, Mortality, Neuroendocrine Response, Open, Operation, Outcome, Outcome Measures, Outcomes, Pain, Patients, Pneumoperitoneum,Artificial [Adverse Effects], Postoperative Course, Pressure, Quality, Quality Of, Quality of Life, Randomised, Randomized Clinical-Trial, Randomized Controlled Trials As Topic, Removal, Research, Risk, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Software, State, Treatment, Trial, Wall Lift

? GurUSAmy, K.S., Li, J., Vaughan, J., Sharma, D. and Davidson, B.R. (2012), Cardiopulmonary interventions to decrease blood loss and blood transfusion requirements for liver resection. *Cochrane Database of Systematic Reviews*, **5**, Article Number: CD007338.

Full Text: [2012\Coc Dat Sys Rev2012, CD007338.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD007338.pdf)

Abstract: Background Blood loss during liver resection is considered one of the most important factors affecting the peri-operative outcomes of patients undergoing liver resection. Objectives To determine the benefits and harms of cardiopulmonary interventions to decrease blood loss and to decrease allogeneic blood transfusion requirements in patients undergoing liver resections. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until January 2012 to identify randomised trials. Selection criteria We included all randomised clinical trials comparing various cardiopulmonary interventions aimed at decreasing blood loss and allogeneic blood transfusion requirements in patients undergoing liver resection. Trials were included irrespective of whether they included major or minor liver resections of normal or cirrhotic livers, vascular occlusion was used or not, and irrespective of the reason for liver resection. Data collection and analysis Two authors independently identified trials for inclusion and independently extracted data. We analysed the data with both the fixed-effect and the random-effects models using RevMan Analysis. For each outcome we calculated the risk ratio (RR), mean difference (MD), or standardised mean difference (SMD) with 95% confidence intervals (CI) based on intention-to-treat analysis or available case analysis. For dichotomous outcomes with only one trial included under the outcome, we performed the Fisher’s exact test. Main results Ten trials involving 617 patients satisfied the inclusion criteria. The interventions included low central venous pressure (CVP), autologous blood donation, haemodilution, haemodilution with controlled hypotension, and hypoventilation. Only one or two trials were included under most comparisons. All trials had a high risk of bias. There was no significant difference in the peri-operative mortality in any of the comparisons: low CVP versus no intervention (3 trials, 0/88 (0%) patients in the low CVP group versus 1/89 (1.1%) patients in the no intervention group); autologous blood donation versus no intervention (1 trial, 0/40 (0%) versus 0/39 (0%)); haemodilution versus no intervention (2 trials, 1/73 (1.4%) versus 3/77 (3.9%) in one of these trials); haemodilution with controlled hypotension versus no intervention (1 trial, 0/10 (0%) versus 0/10 (0%)); haemodilution with bovine haemoglobin (HBOC-201) versus haemodilution with hydroxy ethyl starch (HES) (1 trial, 1/6 (16.7%) versus 0/6 (0%)); hypoventilation versus no intervention (1 trial, 0/40 (0%) versus 0/39 (0%)). None of the trials reported long-term survival or quality of life. The risk ratio of requiring allogeneic blood transfusion was significantly lower in the haemodilution versus no intervention groups (3 trials, 16/115 (weighted proportion = 14.2%) versus 41/118 (34.7%), RR 0.41 (95% CI 0.25 to 0.66), P = 0.0003); and for haemodilution with controlled hypotension versus no intervention (1 trial, 0/10 (0%) versus 10/10 (100%), P < 0.0001). There were no significant differences in the allogeneic transfusion requirements in the other comparisons which reported this outcome, such as low CVP versus no intervention, autologous blood donation versus control, and hypoventilation versus no intervention. Authors’ conclusions None of the interventions seemed to decrease peri-operative morbidity or offer any long-term survival benefit. Haemodilution shows promise in the reduction of blood transfusion requirements in liver resection surgery. However, there is a high risk of type I (erroneously concluding that an intervention is beneficial when it is actually not beneficial) and type II errors (erroneously concluding that an intervention is not beneficial when it is actually beneficial) because of the few trials included, the small sample size in each trial, and the high risk of bias in the trials. Further randomised clinical trials with low risk of bias and random errors that assess clinically important outcomes such as peri-operative mortality are necessary to assess any cardiopulmonary interventions aimed at decreasing blood loss and blood transfusion requirements in patients undergoing liver resections. Trials need to be designed to assess the effect of a combination of different interventions in liver resections.

Keywords: Acute Normovolemic Hemodilution, Allogeneic, Analysis, Authors, Bias, Bias (Epidemiology), Blood, Blood Loss, Blood Loss,Surgical [Prevention & Control], Blood Transfusion, Blood Transfusion [Utilization], Blood Transfusion,Autologous [Methods], Bovine, Bovine Hemoglobin, Cardiopulmonary, Case Analysis, Central Venous Pressure [Physiology], Citation, Clinical, Clinical Trials, Clinical-Trials, Collection, Confidence, Confidence Intervals, Control, Criteria, Data, Data Collection, Empirical-Evidence, Errors, Hemodilution [Methods], Hepatectomy, Hepatectomy [Methods], Hepatic Resection, Hepatocellular-Carcinoma, Humans, Hypotension, Hypotension,Controlled, Inclusion, Intervals, Intervention, Interventions, Life, Liver, Long Term, Long-Term, Low, Low Risk, MEDLINE, Metaanalysis, Methods, Minor, Models, Morbidity, Mortality, Normal, Outcome, Outcomes, P, Patients, Pressure, Prospective Randomized-Trial, Quality, Quality of, Quality of Life, Randomised, Randomized Controlled Trials As Topic, Reduction, Respiration, Risk, Risk-Factors, Sample Size, Science, Science Citation Index, Science Citation Index Expanded, Search, Size, Small, Starch, Surgery, Survival, Transfusion, Trial

? Koretz, R.L., Avenell, A. and Lipman, T.O. (2012), Nutritional support for liver disease. *Cochrane Database of Systematic Reviews*, **5**, Article Number: CD008344.

Full Text: [2012\Coc Dat Sys Rev2012, CD008344.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD008344.pdf)

Abstract: Background Weight loss and muscle wasting are commonly found in patients with end-stage liver disease. Since there is an association between malnutrition and poor clinical outcome, such patients (or those at risk of becoming malnourished) are often given parenteral nutrition, enteral nutrition, or oral nutritional supplements. These interventions have costs and adverse effects, so it is important to prove that their use results in improved morbidity or mortality, or both. Objectives To assess the beneficial and harmful effects of parenteral nutrition, enteral nutrition, and oral nutritional supplements on the mortality and morbidity of patients with underlying liver disease. Search methods The following computerised databases were searched: the Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library), MEDLINE, EMBASE, and Science Citation Index Expanded (January 2012). In addition, reference lists of identified trials and review articles and Clinicaltrials.gov were searched. Trials identified in a previous systematic handsearch of Index Medicus were also considered. Handsearches of a number of medical journals, including abstracts from annual meetings, were done. Experts in the field and manufacturers of nutrient formulations were contacted for potential references. Selection criteria Randomised clinical trials (parallel or cross-over design) comparing groups of patients with any underlying liver disease who received, or did not receive, enteral or parenteral nutrition or oral nutritional supplements were identified without restriction on date, language, or publication status. Six categories of trials were separately considered: medical or surgical patients receiving parenteral nutrition, enteral nutrition, or supplements. Data collection and analysis The following data were sought in each report: date of publication; geographical location; inclusion and exclusion criteria; the type of nutritional support and constitution of the nutrient formulation; duration of treatment; any nutrition provided to the controls; other interventions provided to the patients; number, sex, age of the study participants; hospital or outpatient status; underlying liver disease; risks of bias (sequence generation, allocation concealment, blinding, incomplete outcome reporting, intention-to-treat analysis, selective outcome reporting, others (vested interests, baseline imbalance, early stopping)); mortality; hepaticmorbidity (development or resolution of ascites or hepatic encephalopathy, occurrence of gastrointestinal bleeding); quality of life scores; adverse events; infections; lengths of stay in the hospital or intensive care unit; costs; serum bilirubin; postoperative complications (surgical trials only); and nutritional outcomes (nitrogen balance, anthropometric measurements, body weight). The primary outcomes of this review were mortality, hepaticmorbidity, quality of life, and adverse events. Data were extracted in duplicate; differences were resolved by consensus. Data for each outcome were combined in a meta-analysis (RevMan 5.1). Estimates were reported using risk ratios or mean differences, along with the 95% confidence intervals (CI). Both fixed-effect and random-effects models were employed; fixed-effect models were reported unless one model, but not the other, found a significant difference (in which case both were reported). Heterogeneity was assessed by the Chi(2) test and I-2 statistic. Subgroup analyses were planned to assess specific liver diseases (alcoholic hepatitis, cirrhosis, hepatocellular carcinoma), acute or chronic liver diseases, and trials employing standard or branched-chain amino acid formulations (for the hepatic encephalopathy outcomes). Sensitivity analyses were planned to compare trials at low and high risk of bias and trials reported as full papers. The following exploratory analyses were undertaken: 1) medical and surgical trials were combined for each nutritional intervention; 2) intention-to-treat analyses in which missing dichotomous data were imputed as best-and worst-case scenarios; 3) all trials were combined to assess mortality; 4) effects were estimated by absolute risk reductions. Main results Thirty-seven trials were identified; only one was at low risk of bias. Most of the analyses failed to find any significant differences. The significant findings that were found were the following: 1) icteric medical patients receiving parenteral nutrition had a reduced serum bilirubin (mean difference (MD) -2.86 mg%, 95% CI -3.82 mg% to -1.89 mg%, 3 trials) and better nitrogen balance (MD 3.60 g/day, 95% CI 0.86 g/day to 6.34 g/day, 1 trial); 2) surgical patients receiving parenteral nutrition had a reduced incidence of postoperative ascites only in the fixed-effect model (RR 0.65, 95% CI 0.48 to 0.87, 2 trials, I-2 = 70%) and one trial demonstrated a reduction in postoperative complications, especially infections (pneumonia in particular); 3) enteral nutrition may have improved nitrogen balance inmedical patients (although a combination of the three trials was not possible); 4) one surgical trial of enteral nutrition found a reduction in postoperative complications; and 5) oral nutritional supplements had several effects in medical patients (reduced occurrence of ascites (RR 0.57, 95% CI 0.37 to 0.88, 3 trials), possibly (significant differences only seen in the fixed-effect model) reduced rates of infection (RR 0.49, 95% CI 0.24 to 0.99, 3 trials, I-2 = 14%), and improved resolution of hepatic encephalopathy (RR 3.75, 95% CI 1.15 to 12.18, 2 trials, I-2 = 79%). While there was no overall effect of the supplements on mortality in medical patients, the one low risk of bias trial found an increased risk of death in the recipients of the supplements. Three trials of supplements in surgical patients failed to show any significant differences. No new information was derived from the various subgroup or sensitivity analyses. The exploratory analyses were also unrevealing except for a logical conundrum. There was no difference in mortality when all of the trials were combined, but the trials of parenteral nutrition found that those recipients had better survival (RR 0.53, 95% CI 0.29 to 0.98, 10 trials). Either the former observation represents a type II error or the latter one a type I error. Authors’ conclusions The data do not compellingly justify the routine use of parenteral nutrition, enteral nutrition, or oral nutritional supplements in patients with liver disease. The fact that all but one of these trials were at high risks of bias even casts doubt on the few benefits that were demonstrated. Data from well-designed and executed randomised trials that include an untreated control group are needed before any such recommendation can be made. Future trials have to be powered adequately to see small, but clinically important, differences.

Keywords: Adverse Effects, Age, Allocation, Amino Acid, Analyses, Analysis, Articles, Association, Bias, Bilirubin, Bleeding, Body Weight, Care, Chain Amino-Acid, Chronic, Cirrhosis, Citation, Clinical, Clinical Trials, Collection, Complications, Confidence, Confidence Intervals, Consensus, Control, Costs, Criteria, Data, Data Collection, Databases, Death, Design, Development, Disease, Diseases, Duration, Early Enteral Nutrition, Effects, Encephalopathy, Enteral, Enteral Nutrition, Error, Event-Free Survival, Events, Field, Formulation, Generation, Hepatic Encephalopathy, Hepatitis, Hospital, Incidence, Inclusion, Infection, Infections, Information, Intensive Care, Intensive Care Unit, Intervals, Intervention, Interventions, Journals, Latent Portosystemic Encephalopathy, Life, Liver, Location, Low, Low Risk, Malnutrition, Medical, Medical Journals, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Model, Models, Morbidity, Mortality, Muscle, Nitrogen, Nitrogen Balance, Nutrient, Nutrition, Observation, Oral, Outcome, Outcomes, Outpatient, Papers, Parenteral Nutrition, Patients, Peripheral Hyperalimentation Ppn, Pneumonia, Portal-Systemic Encephalopathy, Possible Therapeutic Approach, Postoperative, Postoperative Complications, Potential, Primary, Publication, Quality, Quality of, Quality of Life, Quality-of-Life, Randomised, Randomized Controlled-Trial, Rates, Reduction, Reference, Reference Lists, References, Reporting, Review, Risk, Risks, Scenarios, Science, Science Citation Index, Science Citation Index Expanded, Search, Sensitivity, Serum, Severe Alcoholic Hepatitis, Sex, Small, Standard, Support, Surgical Patients, Survival, Treatment, Trial, Type II Error

? Ivers, N., Jamtvedt, G., Flottorp, S., Young, J.M., Odgaard-Jensen, J., French, S.D., O’Brien, M.A., Johansen, M., Grimshaw, J. and Oxman, A.D. (2012), Audit and feedback: effects on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD000259.

Full Text: [2012\Coc Dat Sys Rev2012, CD000259.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD000259.pdf)

Abstract: Background Audit and feedback is widely used as a strategy to improve professional practice either on its own or as a component of multifaceted quality improvement interventions. This is based on the belief that healthcare professionals are prompted to modify their practice when given performance feedback showing that their clinical practice is inconsistent with a desirable target. Despite its prevalence as a quality improvement strategy, there remains uncertainty regarding both the effectiveness of audit and feedback in improving healthcare practice and the characteristics of audit and feedback that lead to greater impact. Objectives To assess the effects of audit and feedback on the practice of healthcare professionals and patient outcomes and to examine factors that may explain variation in the effectiveness of audit and feedback. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) 2010, Issue 4, part of The Cochrane Library. www.thecochranelibrary.com, including the Cochrane Effective Practice and Organisation of Care (EPOC) Group Specialised Register (searched 10 December 2010); MEDLINE, Ovid (1950 to November Week 3 2010) (searched 09 December 2010); EMBASE, Ovid (1980 to 2010 Week 48) (searched 09 December 2010); CINAHL, Ebsco (1981 to present) (searched 10 December 2010); Science Citation Index and Social Sciences Citation Index, ISI Web of Science (1975 to present) (searched 12-15 September 2011). Selection criteria Randomised trials of audit and feedback (defined as a summary of clinical performance over a specified period of time) that reported objectively measured health professional practice or patient outcomes. In the case of multifaceted interventions, only trials in which audit and feedback was considered the core, essential aspect of at least one intervention arm were included. Data collection and analysis All data were abstracted by two independent review authors. For the primary outcome(s) in each study, we calculated the median absolute risk difference (RD) (adjusted for baseline performance) of compliance with desired practice compliance for dichotomous outcomes and the median percent change relative to the control group for continuous outcomes. Across studies the median effect size was weighted by number of health professionals involved in each study. We investigated the following factors as possible explanations for the variation in the effectiveness of interventions across comparisons: format of feedback, source of feedback, frequency of feedback, instructions for improvement, direction of change required, baseline performance, profession of recipient, and risk of bias within the trial itself. We also conducted exploratory analyses to assess the role of context and the targeted clinical behaviour. Quantitative (metaregression), visual, and qualitative analyses were undertaken to examine variation in effect size related to these factors. Main results We included and analysed 140 studies for this review. In the main analyses, a total of 108 comparisons from 70 studies compared any intervention in which audit and feedback was a core, essential component to usual care and evaluated effects on professional practice. After excluding studies at high risk of bias, there were 82 comparisons from 49 studies featuring dichotomous outcomes, and the weighted median adjusted RD was a 4.3% (interquartile range (IQR) 0.5% to 16%) absolute increase in healthcare professionals’ compliance with desired practice. Across 26 comparisons from 21 studies with continuous outcomes, the weighted median adjusted percent change relative to control was 1.3% (IQR = 1.3% to 28.9%). For patient outcomes, the weighted median RD was -0.4% (IQR -1.3% to 1.6%) for 12 comparisons from six studies reporting dichotomous outcomes and the weighted median percentage change was 17% (IQR 1.5% to 17%) for eight comparisons from five studies reporting continuous outcomes. Multivariable meta-regression indicated that feedback may be more effective when baseline performance is low, the source is a supervisor or colleague, it is provided more than once, it is delivered in both verbal and written formats, and when it includes both explicit targets and an action plan. In addition, the effect size varied based on the clinical behaviour targeted by the intervention. Authors’ conclusions Audit and feedback generally leads to small but potentially important improvements in professional practice. The effectiveness of audit and feedback seems to depend on baseline performance and how the feedback is provided. Future studies of audit and feedback should directly compare different ways of providing feedback.

Keywords: \*Feedback,Psychological, \*Outcome Assessment (Healthcare), Acute Myocardial-Infarction, Analyses, Analysis, Audit, Authors, Behaviour, Bias, Bypass Graft-Surgery, Care, Characteristics, Citation, Clinical, Clinical Practice, Clinical-Practice Guideline, Cochrane, Collection, Common Childhood Conditions, Compliance, Computerized Decision-Support, Context, Continuing Medical-Education, Control, Criteria, Data, Data Collection, Education,Medical,Continuing, Effect Size, Effectiveness, Effects, Feedback, Health, Health Personnel [Standards], Health Professionals, Health Services Research, Humans, Impact, Improvement, Intervention, Interventions, ISI, ISI Web of Science, Lead, Low, Medical Audit, MEDLINE, Methods, Outcomes, Performance, Physician’S Practice Patterns [\*Standards], Practice, Prevalence, Primary, Profession, Professional Practice, Professional Practice [\*Standards], Qualitative, Quality, Quality Improvement, Quality Improvement Intervention, Randomized-Controlled-Trial, Reporting, Resource, Research Network Okprn, Review, Risk, Role, Science, Science Citation Index, Search, Size, Small, Social Sciences, Social Sciences Citation Index, Source, Strategy, Test-Ordering Behavior, Trial, Uncertainty, Web of Science

? Perel, P. and Roberts, I. (2012), Colloids versus crystalloids for fluid resuscitation in critically ill patients. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD000567.

Full Text: [2012\Coc Dat Sys Rev2012, CD000567.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD000567.pdf)

Abstract: Background Colloid solutions are widely used in fluid resuscitation of critically ill patients. There are several choices of colloid and there is ongoing debate about the relative effectiveness of colloids compared to crystalloid fluids. Objectives To assess the effects of colloids compared to crystalloids for fluid resuscitation in critically ill patients. Search methods We searched the Cochrane Injuries Group Specialised Register (searched 16 March 2012), Cochrane Central Register of Controlled Trials 2011, issue 3 (The Cochrane Library), MEDLINE (Ovid) 1946 to March 2012, Embase (Ovid) 1980 to March 2012, ISI Web of Science: Science Citation Index Expanded (1970 to March 2012), ISI Web of Science: Conference Proceedings Citation Index-Science (1990 to March 2012), PubMed (searched 16 March 2012), www.clinicaltrials.gov and www.controlled-trials.com. We also searched the bibliographies of relevant studies and review articles. Selection criteria Randomised controlled trials (RCTs) of colloids compared to crystalloids, in patients requiring volume replacement. We excluded crossover trials and trials in pregnant women and neonates. Data collection and analysis Two authors independently extracted data and rated quality of allocation concealment. We analysed trials with a ‘double-intervention’, such as those comparing colloid in hypertonic crystalloid to isotonic crystalloid, separately. We stratified the analysis according to colloid type and quality of allocation concealment. Main results We identified 74 eligible trials; 66 of these presented mortality data. Colloids compared to crystalloids Albumin or plasma protein fraction - 24 trials reported data on mortality, including a total of 9920 patients. The pooled relative risk (RR) from these trials was 1.01 (95% confidence interval (CI) 0.93 to 1.10). When we excluded the trial with poor quality allocation concealment, pooled RR was 1.00 (95% CI 0.92 to 1.09). Hydroxyethyl starch - 21 trials compared hydroxyethyl starch with crystalloids, n = 1385 patients. The pooled RR was 1.10 (95% CI 0.91 to 1.32). Modified gelatin - 11 trials compared modified gelatin with crystalloid, n = 506 patients. The pooled RR was 0.91 (95% CI 0.49 to 1.72). (When the trials by Boldt et al were removed from the three preceding analyses, the results were unchanged.) Dextran - nine trials compared dextran with a crystalloid, n = 834 patients. The pooled RR was 1.24 (95% CI 0.94 to 1.65). Colloids in hypertonic crystalloid compared to isotonic crystalloid Nine trials compared dextran in hypertonic crystalloid with isotonic crystalloid, including 1985 randomised participants. Pooled RR was 0.91 (95% CI 0.71 to 1.06). Authors’ conclusions There is no evidence from RCTs that resuscitation with colloids reduces the risk of death, compared to resuscitation with crystalloids, in patients with trauma, burns or following surgery. As colloids are not associated with an improvement in survival, and as they are more expensive than crystalloids, it is hard to see how their continued use in these patients can be justified outside the context of RCTs.

Keywords: \*Therapy], 7.5-Percent Sodium-Chloride, Albumin, Albumins [Therapeutic Use], Allocation, Analyses, Analysis, Articles, Authors, Bibliographies, Blood Proteins [Therapeutic Use], Citation, Cochrane, Collection, Colloid, Colloids, Colloids [\*Therapeutic Use], Conference, Confidence, Context, Controlled Clinical-Trial, Coronary-Artery-Bypass, Criteria, Critical Illness [Mortality, Crystalloid, Data, Data Collection, Death, Dextran, Dextrans [Therapeutic Use], Effectiveness, Effects, Evidence, Fluid Therapy [\*Methods], Gelatin, Gelatin [Therapeutic Use], Hetastarch [Therapeutic Use], Humans, Improvement, Intensive-Care-Unit, Interval, ISI, ISI Web of Science, Lactated Ringers Solution, Major Abdominal-Surgery, MEDLINE, Methods, Modified, Mortality, Neonates, Patients, Plasma, Plasma Substitutes [\*Therapeutic Use], Pregnant, Pregnant Women, Protein, Pubmed, Quality, Quality Of, Randomised, Randomized Controlled Trials As Topic, Randomized-Trial, Rehydration Solutions [\*Therapeutic Use], Relative Risk, Respiratory-Distress-Syndrome, Resuscitation, Resuscitation [Methods], Review, Risk, Saline-Dextran Solution, Science, Science Citation Index, Science Citation Index Expanded, Search, Solutions, Starch, Surgery, Survival, Trauma, Trial, Volume, Volume Replacement Strategy, Web of Science, Women

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Full Text: [2012\Coc Dat Sys Rev2012, CD001319.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD001319.pdf)

Abstract: Background Colloids are widely used in the replacement of fluid volume. However doubts remain as to which colloid is best. Different colloids vary in their molecular weight and therefore in the length of time they remain in the circulatory system. Because of this and their other characteristics, they may differ in their safety and efficacy. Objectives To compare the effects of different colloid solutions in patients thought to need volume replacement. Search methods We searched the Cochrane Injuries Specialised Register (searched 1 Dec 2011), Cochrane Central Register of Controlled Trials 2011, issue 4 (The Cochrane Library); MEDLINE (Ovid) (1948 to November Week 3 2011); EMBASE (Ovid) (1974 to 2011 Week 47); ISI Web of Science: Science Citation Index Expanded (1970 to 1 Dec 2011); ISI Web of Science: Conference Proceedings Citation Index-Science (1990 to 1 Dec 2011); CINAHL (EBSCO) (1982 to 1 Dec 2011); National Research Register (2007, Issue 1) and PubMed (searched 1 Dec 2011). Bibliographies of trials retrieved were searched, and for the initial version of the review drug companies manufacturing colloids were contacted for information (1999). Selection criteria Randomised controlled trials comparing colloid solutions in critically ill and surgical patients thought to need volume replacement. Data collection and analysis Two authors independently extracted the data and assessed the quality of the trials. The outcomes sought were death, amount of whole blood transfused, and incidence of adverse reactions. Main results Ninety trials, with a total of 5678 participants, met the inclusion criteria. Quality of allocation concealment was judged to be adequate in 35 trials and poor or uncertain in the rest. Deaths were obtained in 61 trials. For albumin or PPF versus hydroxyethyl starch (HES) 32 trials (n = 1769) reported mortality. The pooled relative risk (RR) was 1.07 (95% CI 0.87 to 1.32). When the trials by Boldt were removed from the analysis the pooled RR was 0.90 (95% CI 0.68 to 1.20). For albumin or PPF versus gelatin, nine trials (n = 824) reported mortality. The RR was 0.89 (95% CI 0.65 to 1.21). Removing the study by Boldt from the analysis did not change the RR or confidence intervals. For albumin or PPF versus Dextran four trials (n = 360) reported mortality. The RR was 3.75 (95% CI 0.42 to 33.09). For gelatin versus HES 25 trials (n = 1756) reported mortality and the RR was 1.03 (95% CI 0.84 to 1.26). When the trials by Boldt were removed from the analysis the pooled RR was 1.04 (95% CI 0.85 to 1.27). RR was not estimable in the gelatin versus dextran and HES versus dextran groups. Forty five trials recorded the amount of blood transfused, however quantitative analysis was not possible due to skewness and variable reporting. Twenty-four trials recorded adverse reactions, with two studies reporting possible adverse reactions to Gel and one to HES. Authors’ conclusions From this review, there is no evidence that one colloid solution is more effective or safe than any other, although the confidence intervals are wide and do not exclude clinically significant differences between colloids. Larger trials of fluid therapy are needed if clinically significant differences in mortality are to be detected or excluded.

Keywords: 5-Percent Human Albumin, Acute Normovolemic Hemodilution, Albumin, Albumins [Therapeutic Use], Allocation, Analysis, Aortic-Aneurysm Surgery, Authors, Bibliographies, Blood, Blood Proteins [Therapeutic Use], Cardiac-Surgery Patients, Characteristics, Citation, Cochrane, Collection, Colloid, Colloids, Colloids [Adverse Effects, Conference, Confidence, Confidence Intervals, Criteria, Critical Illness [Therapy], Critically-Ill Patients, Data, Data Collection, Death, Dextran, Dextrans [Adverse Effects, Drug, Effects, Efficacy, Evidence, Fluid Therapy, Gel, Gelatin, Hetastarch [Therapeutic Use], Humans, Hydroxyethyl Starch Solution, Incidence, Inclusion, Information, Intervals, ISI, ISI Web of Science, Length, Major Orthopedic-Surgery, Manufacturing, MEDLINE, Methods, Mortality, Outcomes, Patients, Plasma Substitutes [Adverse Effects, Postoperative Volume Expansion, Pubmed, Quality, Quality Of, Quantitative Analysis, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Rehydration Solutions [Adverse Effects, Relative Risk, Reporting, Research, Resuscitation, Retracted Article. See, Review, Risk, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Solution, Solutions, Starch, Surgical Patients, Therapeutic Use], Therapy, Version, Volume, Web of Science

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Full Text: [2012\Coc Dat Sys Rev2012, CD002020.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD002020.pdf)

Abstract: Background Parental psychosocial health can have a significant effect on the parent-child relationship, with consequences for the later psychological health of the child. Parenting programmes have been shown to have an impact on the emotional and behavioural adjustment of children, but there have been no reviews to date of their impact on parental psychosocial wellbeing. Objectives To address whether group-based parenting programmes are effective in improving parental psychosocial wellbeing (for example, anxiety, depression, guilt, confidence). Search methods We searched the following databases on 5 December 2012: CENTRAL (2011, Issue 4), MEDLINE (1950 to November 2011), EMBASE (1980 to week 48, 2011), BIOSIS (1970 to 2 December 2011), CINAHL (1982 to November 2011), PsycINFO (1970 to November week 5, 2011), ERIC (1966 to November 2011), Sociological Abstracts (1952 to November 2011), Social Science Citation Index (1970 to 2 December 2011), metaRegister of Controlled Trials (5 December 2011), NSPCC Library (5 December 2011). We searched ASSIA (1980 to current) on 10 November 2012 and the National Research Register was last searched in 2005. Selection criteria We included randomised controlled trials that compared a group-based parenting programme with a control condition and used at least one standardised measure of parental psychosocial health. Control conditions could be waiting-list, no treatment, treatment as usual or a placebo. Data collection and analysis At least two review authors extracted data independently and assessed the risk of bias in each study. We examined the studies for any information on adverse effects. We contacted authors where information was missing from trial reports. We standardised the treatment effect for each outcome in each study by dividing the mean difference in post-intervention scores between the intervention and control groups by the pooled standard deviation. Main results We included 48 studies that involved 4937 participants and covered three types of programme: behavioural, cognitive-behavioural and multimodal. Overall, we found that group-based parenting programmes led to statistically significant short-term improvements in depression (standardised mean difference (SMD) -0.17, 95% confidence interval (CI) -0.28 to -0.07), anxiety (SMD -0.22, 95% CI 0.43 to -0.01), stress (SMD -0.29, 95% CI -0.42 to -0.15), anger (SMD -0.60, 95% CI -1.00 to -0.20), guilt (SMD -0.79, 95% CI -1.18 to -0.41), confidence (SMD -0.34, 95% CI -0.51 to -0.17) and satisfaction with the partner relationship (SMD -0.28, 95% CI -0.47 to -0.09). However, only stress and confidence continued to be statistically significant at six month follow-up, and none were significant at one year. There was no evidence of any effect on self-esteem (SMD -0.01, 95% CI -0.45 to 0.42). None of the trials reported on aggression or adverse effects. The limited data that explicitly focused on outcomes for fathers showed a statistically significant short-term improvement in paternal stress (SMD -0.43, 95% CI -0.79 to -0.06). We were unable to combine data for other outcomes and individual study results were inconclusive in terms of any effect on depressive symptoms, confidence or partner satisfaction. Authors’ conclusions The findings of this review support the use of parenting programmes to improve the short-term psychosocial wellbeing of parents. Further input may be required to ensure that these results are maintained. More research is needed that explicitly addresses the benefits for fathers, and that examines the comparative effectiveness of different types of programme along with the mechanisms by which such programmes bring about improvements in parental psychosocial functioning.

Keywords: \*Mother-Child Relations, \*Parenting, \*Program Evaluation, Adjustment, Adverse Effects, Aggression, Analysis, Anxiety, Anxiety [Therapy], Attention-Deficit, Hyperactivity Disorder, Authors, Bias, Child, Child-Behavior Problems, Children, Citation, Collection, Confidence, Control, Control Groups, Criteria, Data, Data Collection, Databases, Depression, Depression [Therapy], Depressive Symptoms, Developing Conduct Disorder, Effectiveness, Effects, Evidence, Female, Follow-Up, Health, Humans, Impact, Improvement, Information, Interval, Intervention, Maternal Behavior [\*Psychology], Maternal Welfare, Measure, Mechanisms, MEDLINE, Mental-Health, Methods, Mother-Infant Interactions, Outcome, Outcomes, Parenting, Parents, Placebo, Postnatal Depression, Prevention Program, Programmes, Psychosocial, Psycinfo, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Research, Review, Reviews, Risk, Satisfaction, Science, Science Citation Index, Search, Self Concept, Self-Esteem, Social Science Citation Index, Standard, Stones Triple P, Stress, Support, Symptoms, Training, Training Programmes, Treatment, Trial, Young Norwegian Children

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Full Text: [2012\Coc Dat Sys Rev2012, CD007112.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD007112.pdf)

Abstract: Background Hyperopia, or hypermetropia (also known as long-sightedness or far-sightedness), is the condition where the unaccommodating eye brings parallel light to a focus behind the retina instead of on it. Hyperopia can be corrected with both non-surgical and surgical methods, among them photorefractive keratectomy (PRK) and laser assisted In situ keratomileusis (LASIK). There is uncertainty as to whether hyperopic-PRK or hyperopic-LASIK is the better method. Objectives The objectives of this review were to determine whether PRK or LASIK leads to more reliable, stable and safe results when correcting a hyperopic refractive error. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2012, Issue 2), MEDLINE (January 1950 to February 2012), EMBASE (January 1980 to February 2012), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to February 2012), the metaRegister of Controlled Trials (mRCT) (www.controlledtrials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). There were no date or language restrictions in the electronic searches for trials. The electronic databases were last searched on 17 February 2012. When trials are included in the review we will search the reference lists of the studies included in the review for information about further trials. We will use the Science Citation Index to search for papers that cite any studies included in this review. We did not handsearch journals or conference proceedings specifically for this review. Selection criteria We planned to include only randomised controlled trials (RCTs) comparing PRK against LASIK for correction of hyperopia and then perform a sensitivity analysis of pre- and post-millennial trials since this is the mid-point in the history of both PRK and LASIK. Data collection and analysis We did not identify any studies that met the inclusion criteria for this review. Main results As no studies met the inclusion criteria for this review, we discussed the results of non-randomised trials comparing hyperopic-PRK with hyperopic-LASIK. Authors’ conclusions No robust, reliable conclusions could be reached, but the non-randomised trials reviewed appear to be in agreement that hyperopic-PRK and hyperopic-LASIK are of comparable efficacy. High quality, well-planned open RCTs are needed in order to obtain a robust clinical evidence base.

Keywords: \*Keratomileusis,Laser In Situ, \*Photorefractive Keratectomy, Analysis, Astigmatism, Children, Citation, Clinical, Clinical Trials, Cochrane, Collection, Criteria, Data Collection, Databases, Efficacy, Electronic, Error, Evidence, History, Humans, Hyperopia [\*Surgery], In Situ, Inclusion, Information, Journals, Laser, Lasik, Literature, MEDLINE, Method, Methods, Midpoint, Open, Papers, Quality, Randomised, Randomised Controlled Trials, Reference, Reference Lists, Restrictions, Review, Science, Science Citation Index, Search, Sensitivity, Sensitivity Analysis, Uncertainty

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Full Text: [2012\Coc Dat Sys Rev2012, CD008370.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD008370.pdf)

Abstract: Background Pancreatic resections are associated with high morbidity (30% to 60%) and mortality (5%). Synthetic analogues of somatostatin are advocated by some surgeons to reduce complications following pancreatic surgery, however their use is controversial. Objectives To determine whether prophylactic somatostatin analogues should be used routinely in pancreatic surgery. Search methods We searched the Cochrane Upper Gastrointestinal and Pancreatic Diseases Group Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 12), MEDLINE, EMBASE and Science Citation Index Expanded to December 2011. Selection criteria We included randomised controlled trials comparing prophylactic somatostatin or one of its analogues versus no drug or placebo during pancreatic surgery (irrespective of language or publication status). Data collection and analysis Two authors independently assessed trials for inclusion and independently extracted data. We analysed data with both the fixed-effect and random-effects models using Review Manager (RevMan). We calculated the risk ratio (RR), mean difference (MD) or standardised mean difference (SMD) with 95% confidence intervals (CI) based on an intention-to-treat or available case analysis. When it was not possible to perform either of the above, we performed per protocol analysis. Main results We identified 19 trials (17 trials of high risk of bias) involving 2245 patients. There was no significant difference in the perioperative mortality (RR 0.80; 95% CI 0.56 to 1.16; N = 2210) or the number of patients with drug-related adverse effects between the two groups (RR 2.09; 95% CI 0.83 to 5.24; N = 1199). Quality of life was not reported in any of the trials. The overall number of patients with postoperative complications was significantly lower in the somatostatin analogue group (RR 0.69; 95% CI 0.60 to 0.79; N = 1858) but there was no significant difference in the re-operation rate (RR 1.26; 95% CI 0.58 to 2.70; N = 687) or hospital stay (MD -1.04 days; 95% CI -2.54 to 0.46; N = 1269) between the groups. The incidence of pancreatic fistula was lower in the somatostatin analogue group (RR 0.63; 95% CI 0.52 to 0.77; N = 2161). The proportion of these fistulas that were clinically significant was not mentioned in most trials. On inclusion of trials that clearly distinguished clinically significant fistulas, there was no significant difference between the two groups (RR 0.69; 95% CI 0.34 to 1.41; N = 247). Authors’ conclusions Somatostatin analogues may reduce perioperative complications but do not reduce perioperative mortality. Further adequately powered trials with low risk of bias are necessary. Based on the current available evidence, somatostatin and its analogues are recommended for routine use in patients undergoing pancreatic resection.

Keywords: Adverse Effects, Analysis, Authors, Bias, Case Analysis, Citation, Clinical-Trials, Cochrane, Collection, Complications, Confidence, Confidence Intervals, Criteria, Data, Data Collection, Drug, Effects, Elective Pancreatectomy, Empirical-Evidence, Evidence, Fistula, General Complications, Hospital, Hospital Stay, Humans, Incidence, Inclusion, Intervals, Intraabdominal Complications, Life, Low, Low Risk, Low-Dose Octreotide, MEDLINE, Methods, Models, Morbidity, Mortality, N, Octreotide [Therapeutic Use], Pancreas [Surgery], Pancreatic Diseases [Surgery], Pancreatic Fistula, Pancreatic Neoplasms [Surgery], Pancreatic Resection, Patients, Perioperative Complications, Placebo, Placebo-Controlled Trial, Postoperative, Postoperative Complications, Postoperative Complications [Mortality, Prevention & Control], Prophylactic, Prophylactic Octreotide Decrease, Publication, Quality, Randomised, Randomised Controlled Trials, Randomized Controlled Multicenter, Reoperation, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Somatostatin, Somatostatin [Analogs & Derivatives, Surgery, Surgical Complications, Therapeutic Use]

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Full Text: [2012\Coc Dat Sys Rev2012, CD009353.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD009353.pdf)

Abstract: Background People with borderline personality disorder (BPD) frequently present to health services in crisis, often involving suicidal thoughts or actions. Despite this, little is known about what constitutes effective management of acute crises in this population. Objectives To review the evidence for the effectiveness of crisis interventions for adults with BPD in any setting. For the purposes of the review, we defined crisis intervention as’ an immediate response by one or more individuals to the acute distress experienced by another individual, which is designed to ensure safety and recovery and lasts no longer than one month.’ Search methods We searched the following databases in September 2011: CENTRAL (The Cochrane Library 2011, Issue 3), MEDLINE (1948 to August Week 5 2011), MEDLINE In Process & Other Non-indexed Citations (8 September 2011), EMBASE (1980 to Week 36 2011), PsycINFO (1806 to September Week 1 2011), CINAHL (1937 to current), Social Services Abstracts (1979 to current), Social Care Online (12 September 2011), Science Citation Index (1970 to current), Social Science Citation Index (1970 to current), Conference Proceedings Citation Index - Science (1990 to current), Conference Proceedings Citation Index - Social Science and Humanities (1990 to current) and ZETOC Conference proceedings (12 September 2011). We searched for dissertations in WorldCat (12 September 2011), Australasian Digital Theses Program (ADTP; 12 September 2011), Networked Digital Library of Theses and Dissertations (NDLTD), 12 September 2011 and Theses Canada Portal (12 September 2011). We searched for trials in the International Clinical Trials Registry Platform (ICTRP) and searched reference lists from relevant literature. We contacted the 10 most published researchers in the field of BPD (as indexed by BioMed Experts), in addition to contacting topic experts, Marsha Linehan, Arnoud Arntz and Paul Links, about ongoing trials and unpublished data. Selection criteria Randomised controlled trials (RCTs) comparing crisis interventions with usual care or no intervention or a waiting list control for adults of any age with BPD. Data collection and analysis Two authors independently screened titles, abstracts and full-text articles and assessed these against the inclusion criteria. Main results The search identified 15 studies, 13 of which we excluded. Reasons for exclusion were: lack of randomisation (N = 8); retrospective design (N = 2); or the intervention was a complex psychological therapy lasting longer than one month (N = 3). We identified two ongoing RCTs that met the inclusion criteria, with a combined predicted sample size of 688. These trials are ongoing and the results are therefore not included in the review, although they will be incorporated into future updates. Authors’ conclusions A comprehensive search of the literature showed that currently there is no RCT-based evidence for the management of acute crises in people with BPD and therefore we could not reach any conclusions about the effectiveness of any single crisis intervention. High-quality, large-scale, adequately powered RCTs in this area are urgently needed.

Keywords: Age, Analysis, Articles, Authors, Borderline, Canada, Care, Citation, Citations, Clinical Trials, Cochrane, Collection, Compulsory Treatment, Conference, Conference Proceedings, Control, Crisis, Criteria, Data, Data Collection, Databases, Design, Dialectical Behavior-Therapy, Distress, Effectiveness, Evidence, Experts, Field, Health, Health Services, Humanities, Impact, Inclusion, Intervention, Interventions, Literature, Management, MEDLINE, Methods, N, Personality, Plans, Population, Program, Protocol, Psycinfo, Randomisation, Randomized Controlled-Trial, Recovery, Reference, Reference Lists, Review, Safety, Sample Size, Science, Science Citation Index, Search, Services, Size, Social Science Citation Index, Suicide, Therapy

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Full Text: [2012\Coc Dat Sys Rev2012, CD004496.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD004496.pdf)

Abstract: Background Neonatal meningitis may be caused by bacteria, especially gram-negative bacteria, which are difficult to eradicate from the cerebrospinal fluid (CSF) using safe doses of antibiotics. In theory, intraventricular administration of antibiotics would produce higher antibiotic concentrations in the CSF than intravenous administration alone, and eliminate the bacteria more quickly. However, ventricular taps may cause harm. Objectives To assess the effectiveness and safety of intraventricular antibiotics (with or without intravenous antibiotics) in neonates with meningitis (with or without ventriculitis) as compared to treatment with intravenous antibiotics alone. Search methods The Cochrane Library, Issue 2, 2007; MEDLINE; EMBASE; CINAHL and Science Citation Index were searched in June 2007. The Oxford Database of Perinatal Trials was searched in June 2004. Pediatric Research (abstracts of proceedings) were searched (1990 to April 2007) as were reference lists of identified trials and personal files. No language restrictions were applied. This search was updated in May 2011. Selection criteria Selection criteria for study inclusion were: randomised or quasi-randomised controlled trials in which intraventricular antibiotics with or without intravenous antibiotics were compared with intravenous antibiotics alone in neonates (<28 days old) with meningitis. One of the following outcomes was required to be reported: mortality during initial hospitalisation; neonatal or infant mortality, or both; neurodevelopmental outcome; duration of hospitalisation; duration of culture positivity of CSF and side effects. Data collection and analysis All review authors abstracted information for outcomes reported and one review author checked for discrepancies and entered data into RevMan 5.1. Risk ratio (RR), risk difference (RD), number needed to treat for an additional beneficial outcome (NNTB) or number needed to treat for an additional harmful outcome (NNTH), and mean difference (MD), using the fixed-effect model are reported with 95% confidence intervals (CI). Main results The updated search in June 2011 did not identify any new trials. One study is included in the review. This study assessed the effect of intraventricular gentamicin in a mixed population of neonates (69%) and older infants (31%) with gram-negative meningitis and ventriculitis. Mortality was statistically significantly higher in the group that received intraventricular gentamicin in addition to intravenous antibiotics compared to the group receiving intravenous antibiotics alone (RR 3.43; 95% CI 1.09 to 10.74; RD 0.30; 95% CI 0.08 to 0.53); NNTH 3; 95% CI 2 to 13). Duration of CSF culture positivity did not differ significantly (MD -1.20 days; 95% CI -2.67 to 0.27). Authors’ conclusions In one trial that enrolled infants with gram-negative meningitis and ventriculitis, the use of intraventricular antibiotics in addition to intravenous antibiotics resulted in a three-fold increased RR for mortality compared to standard treatment with intravenous antibiotics alone. Based on this result, intraventricular antibiotics as tested in this trial should be avoided. Further trials comparing these interventions are not justified in this population.

Keywords: Administration, Analysis, Anti-Bacterial Agents [Administration & Dosage], Antibiotics, Authors, Bacillary Meningitis, Bacteria, Cerebrospinal Fluid, Cerebrospinal-Fluid, Children, Citation, Collection, Confidence, Confidence Intervals, Criteria, CSF, Culture, Data, Duration, Effectiveness, Effects, Efficacy, Experience, Fluid Shunt Infections, Gentamicin, Gentamicin Therapy, Gentamicins [Administration & Dosage], Gram-Negative Bacterial Infections [Drug Therapy], Humans, Infant, Infant Mortality, Infant,Newborn, Infants, Information, Injections,Intravenous, Injections,Intraventricular, Intervals, Interventions, Intravenous, MEDLINE, Meningitis, Meningitis,Bacterial [Drug Therapy, Methods, Microbiology], Model, Mortality, Neonatal, Neonates, Neurodevelopmental Outcome, Newborn, Number Needed To Treat, Outcome, Outcomes, Pharmacokinetics, Population, Randomised, Randomized Controlled Trials As Topic, Reference, Reference Lists, Research, Restrictions, Review, Risk, Safety, Science, Science Citation Index, Search, Side Effects, Standard, Theory, Treatment, Trial

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Full Text: [2012\Coc Dat Sys Rev2012, CD007986.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD007986.pdf)

Abstract: Background Attention deficit hyperactivity disorder (ADHD) is a major problem in children and adolescents, characterised by age-inappropriate levels of inattention, hyperactivity and impulsivity, and is associated with long-term social, academic and mental health problems. The stimulant medications methylphenidate and amphetamine are the most frequently used treatments for ADHD, but these are not always effective and can be associated with side effects. Clinical and biochemical evidence suggests that deficiencies of polyunsaturated fatty acids (PUFA) could be related to ADHD. Children and adolescents with ADHD have been shown to have significantly lower plasma and blood concentrations of PUFA and, in particular, lower levels of omega-3 PUFA. These findings suggest that PUFA supplementation may reduce the attention and behaviour problems associated with ADHD. Objectives To compare the efficacy of PUFA to other forms of treatment or placebo in treating the symptoms of ADHD in children and adolescents. Search methods We searched the following databases in August 2011: CENTRAL (The Cochrane Library 2011, Issue 2), MEDLINE (1948 to July Week 3, 2011), EMBASE (1980 to 2011 Week 29), PsycINFO (1806 to current), CINAHL (1937 to current), BIOSIS (1969 to 30 July 2011), Science Citation Index (1970 to 30 July 2011), Social Science Citation Index (1970 to 30 July 2011), Conference Proceedings Citation Index - Science (1990 to 30 July 2011), Conference Proceedings Citation Index - Social Science and Humanities (1990 to 30 July 2011), Cochrane Database of Systematic Reviews (2011, Issue 7), DARE (2011 Issue 2), Dissertation Abstracts (via Dissertation Express) and the meta Register of Controlled Trials (mRCT). In addition, we searched the following repositories for theses on 2 August 2011: DART, NTLTD and TROVE. We also checked reference lists of relevant studies and reviews for additional references. Selection criteria Two review authors independently assessed the results of the database searches. We resolved any disagreements regarding the selection of studies through consensus or, if necessary, by consultation with a third member of the review team. Data collection and analysis Two members of the review team independently extracted details of participants and setting, interventions, methodology and outcome data. If differences were identified, we resolved them by consensus or referral to a third member of the team. We made all reasonable attempts to contact the authors where further clarification or missing data were needed. Main results We included 13 trials with 1011 participants in the review. After screening 366 references, we considered 23 relevant and obtained the full text for consideration. We excluded five papers and included 18 papers describing the 13 trials. Eight of the included trials had a parallel design: five compared an omega-3 PUFA supplement to placebo; two compared a combined omega-3 and omega-6 supplement to placebo, and one compared an omega-3 PUFA to a dietary supplement. Five of the included trials had a cross-over design: two compared combined omega-3/6 PUFA to placebo; two compared omega-6 PUFA with placebo; one compared omega-3 to omega-6 PUFA, and one compared omega-6 PUFA to dexamphetamine. Supplements were given for a period of between four and 16 weeks. There was a significantly higher likelihood of improvement in the group receiving omega-3/6 PUFA compared to placebo (two trials, 97 participants; risk ratio (RR) 2.19, 95% confidence interval (CI) 1.04 to 4.62). However, there were no statistically significant differences in parent-rated ADHD symptoms (five trials, 413 participants; standardised mean difference (SMD) -0.17, 95% CI -0.38 to 0.03); inattention (six trials, 469 participants; SMD -0.04, 95% CI -0.29 to 0.21) or hyperactivity/impulsivity (five trials, 416 participants; SMD -0.04, 95% CI -0.25 to 0.16) when all participants receiving PUFA supplements were compared to those receiving placebo. There were no statistically significant differences in teacher ratings of overall ADHD symptoms (four trials, 324 participants; SMD 0.05, 95% CI -0.18 to 0.27); inattention (three trials, 260 participants; SMD 0.26, 95% CI -0.22 to 0.74) or hyperactivity/impulsivity (three trials, 259 participants; SMD 0.10, 95% CI -0.16 to 0.35). There were also no differences between groups in behaviour, side effects or loss to follow-up. Overall, there were no other differences between groups for any other comparison. Authors’ conclusions Overall, there is little evidence that PUFA supplementation provides any benefit for the symptoms of ADHD in children and adolescents. The majority of data showed no benefit of PUFA supplementation, although there were some limited data that did show an improvement with combined omega-3 and omega-6 supplementation. It is important that future research addresses current weaknesses in this area, which include small sample sizes, variability of selection criteria, variability of the type and dosage of supplementation, short follow-up times and other methodological weaknesses.

Keywords: Adhd, Adolescents, Analysis, Authors, Behavior, Behaviour, Blood, Brain, Children, Citation, Collection, Comparison, Conference, Confidence, Consensus, Consultation, Criteria, Data, Database, Databases, Deficit, Hyperactivity Disorder, Design, Dopamine Transporter, Double-Blind, Effects, Efficacy, Evidence, Follow-Up, Forms, Health, Humanities, Improvement, Interval, Interventions, Life, Long Term, Long-Term, MEDLINE, Mental Health, Methodology, Methods, Omega-3-Fatty-Acids, Outcome, Papers, Placebo, Placebo-Controlled Trial, Plasma, Psycinfo, Reference, Reference Lists, References, Research, Review, Reviews, Risk, Science, Science Citation Index, Screening, Search, Selection Criteria, Side Effects, Small, Social, Social Science Citation Index, Supplementation, Symptoms, Treatment, Variability

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Full Text: [2012\Coc Dat Sys Rev2012, CD008084.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD008084.pdf)

Abstract: Background Paraquat is an effective and widely used herbicide but is also a lethal poison. In many developing countries paraquat is widely available and inexpensive, making poisoning prevention difficult. However most of the people who become poisoned from paraquat have taken it as a means of suicide. Standard treatment for paraquat poisoning both prevents further absorption and reduces the load of paraquat in the blood through haemoperfusion or haemodialysis. The effectiveness of standard treatments is extremely limited. The immune system plays an important role in exacerbating paraquat-induced lung fibrosis. Immunosuppressive treatment using glucocorticoid and cyclophosphamide in combination is being developed and studied. Objectives To assess the effects of glucocorticoid with cyclophosphamide on mortality in patients with paraquat-induced lung fibrosis. Search methods To identify randomised controlled trials (RCTs) on this topic, we searched the Cochrane Injuries Group’s Specialised Register (searched 1 February 2012), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2012, Issue 1), MEDLINE (Ovid SP) (1946 January Week 3 2012), EMBASE (Ovid SP) (1947 to Week 4 2012), ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED) (1970 to January 2012), ISI Web of Science: Conference Proceedings Citation Index - Science (CPCI-S) (1990 to January 2012), Chinese Biomedical Literature and Retrieval System(CBM) (1978 to April 2012), Chinese Medical Current Contents (CMCC) (1995 to April 2012), and Chinese Medical Academic Conference (CMAC) (1994 to April 2012). Searches were completed on English language databases on 1 February 2012 and on Chinese language databases on 12 April 2012. Selection criteria RCTs were included in this review. All patients were to receive standard care, plus the intervention or control. The intervention was glucocorticoid with cyclophosphamide in combination versus a control of a placebo, standard care alone or any other therapy in addition to standard care. Data collection and analysis The mortality risk ratio (RR) and 95% confidence interval (CI) was calculated for each study on an intention-to-treat basis. Data for all-cause mortality at final follow-up were summarised in a meta-analysis using a fixed-effect model. Main results This systematic review includes three trials with a combined total of 164 participants who had moderate to severe paraquat poisoning. Patients who received glucocorticoid with cyclophosphamide in addition to standard care had a lower risk of death at final follow-up than those receiving standard care only (RR 0.72; 95% CI 0.59 to 0.89). Authors’ conclusions Based on the findings of three small RCTs of moderate to severely poisoned patients, glucocorticoid with cyclophosphamide in addition to standard care may be a beneficial treatment for patients with paraquat-induced lung fibrosis. To enable further study of the effects of glucocorticoid with cyclophosphamide for patients with moderate to severe paraquat poisoning, hospitals may provide this treatment as part of an RCT with allocation concealment.

Keywords: Absorption, Allocation, Analysis, Blood, Care, Chinese, Citation, Collection, Conference, Confidence, Control, Criteria, Cyclophosphamide, Cyclophosphamide [Therapeutic Use], Databases, Death, Developing, Developing Countries, Dexamethasone, Drug Therapy, Drug Therapy,Combination [Methods], Effectiveness, Effects, Fibrosis, Follow-Up, Glucocorticoid, Glucocorticoids [Therapeutic Use], Herbicide, Hospitals, Humans, Immune, Immune System, Immunology], Injury, Interval, Intervention, ISI, ISI Web of Science, Literature, Load, Lung, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Methylprednisolone, Model, Mortality, Paraquat, Paraquat [Poisoning], Patients, Placebo, Poisoning, Prevention, Pulmonary Fibrosis [Chemically Induced, Pulse, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, RCT, Review, Risk, Role, Science, Science Citation Index, Science Citation Index Expanded, Search, Small, Standard, Suicide, Systematic Review, Therapy, Treatment, Web of Science

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Full Text: [2012\Coc Dat Sys Rev2012, CD008511.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD008511.pdf)

Abstract: Background Since autism was first described, major difficulties in social interaction have been a defining feature of individuals with autism spectrum disorders (ASD). Social skills groups are a common intervention for individuals with ASD. Although a frequently recommended practice, the few studies that have addressed the efficacy of social skills groups have shown mixed results. Objectives To determine the effectiveness of social skills groups for improving social competence, social communication, and quality of life for people with ASD who are six to 21 years of age. Search methods We searched the following databases in December 2011: CENTRAL (2011 Issue 4), MEDLINE (1948 to November Week 3, 2011), EMBASE (1980 to Week 50, 2011), PsycINFO (1887 to December Week 2, 2011), CINAHL (1937 to current), ERIC (1966 to current), Sociological Abstracts (1952 to current), OCLC WorldCat (12 December 2011), Social Science Citation Index (1970 to 16 December 2011), and the metaRegister of Controlled Trials (20 December 2011). We also searched the reference lists of published papers. Selection criteria Randomized control trials (RCTs) comparing treatment (social skills groups) with a control group who were not receiving the treatment for participants aged six to 21 years with ASD. The control group could be no intervention, wait list, or treatment as usual. Outcomes sought were standardized measures of social competence, social communication, quality of life, emotion recognition, and any other specific behaviors. Data collection and analysis Two review authors independently selected and appraised studies for inclusion and assessed the risk of bias in each included study. All outcome data were continuous and standardized mean difference effect sizes (ES) with small sample correction were calculated. We conducted random-effects meta-analysis where possible. Main results We included five RCTs evaluating the effects of social skills groups in 196 participants with ASD aged 6 to 21 years old. The results show there is some evidence that social skills groups improve overall social competence (ES = 0.47, 95% confidence interval (CI) 0.16 to 0.78, P = 0.003) and friendship quality (ES = 0.41, 95% CI 0.02 to 0.81, P = 0.04) for this population. No differences were found between treatment and control groups in relation to emotional recognition (ES = 0.34, 95% CI -0.20 to 0.88, P = 0.21) assessed in two studies or social communication as related to the understanding of idioms (ES = 0.05, 95% CI -0.63 to 0.72, P = 0.89), which was assessed in only one study. Two additional quality of life outcomes were evaluated, with results of single studies suggesting decreases in loneliness (ES = -0.66, 95% CI -1.15 to -0.17) but no effect on child or parental depression. No adverse events were reported. Given the nature of the intervention and the selected outcome measures, the risk of performance and detection bias are high. There is limited generalizability from the studies as they were all conducted in the US; they focused mainly on children aged 7 to 12, and the participants were all of average or above average intelligence. Authors’ conclusions There is some evidence that social skills groups can improve social competence for some children and adolescents with ASD. More research is needed to draw more robust conclusions, especially with respect to improvements in quality of life.

Keywords: Adolescents, Adults, Age, Aged, Analysis, Asperger-Syndrome, Authors, Bias, Child, Children, Citation, Collection, Communication, Competence, Confidence, Control, Control Groups, Criteria, Data, Databases, Depression, Effectiveness, Effects, Efficacy, Events, Evidence, Feature, First, High-Functioning Autism, Individuals, Interaction, Interval, Intervention, Interventions, Life, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Outcome, Outcome Measures, Outcomes, P, Papers, Performance, Population, Practice, Program, Psycinfo, Quality, Quality Of, Quality of Life, Reference, Reference Lists, Research, Review, Risk, Science, Science Citation Index, Search, Small, Social, Social Science Citation Index, Treatment, Understanding, US

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Full Text: [2012\Coc Dat Sys Rev2012, CD009051.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD009051.pdf)

Abstract: Background In many parts of the world, hepatitis A infection represents a significant cause of morbidity and socio-economic loss. Whilst hepatitis A vaccines have the potential to prevent disease, the degree of protection afforded against clinical outcomes and within different populations remains uncertain. There are two types of hepatitis A virus (HAV) vaccine, inactivated and live attenuated. It is important to determine the efficacy and safety for both vaccine types. Objectives To determine the clinical protective efficacy, sero-protective efficacy, and safety and harms of hepatitis A vaccination in persons not previously exposed to hepatitis A. Search methods We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and China National Knowledge Infrastructure (CNKI) up to November 2011. Selection criteria Randomised clinical trials comparing HAV vaccine with placebo, no intervention, or appropriate control vaccines in participants of all ages. Data collection and analysis Data extraction and risk of bias assessment were undertaken by two authors and verified by a third author. Where required, authors contacted investigators to obtain missing data. The primary outcome was the occurrence of clinically apparent hepatitis A (infectious hepatitis). The secondary outcomes were lack of sero-protective anti-HAV immunoglobulin G (IgG), and number and types of adverse events. Results were presented as relative risks (RR) with 95% confidence intervals (CI). Dichotomous outcomes were reported as risk ratio (RR) with 95% confidence interval (CI), using intention-to-treat analysis. We conducted assessment of risk of bias to evaluate the risk of systematic errors (bias) and trial sequential analyses to estimate the risk of random errors (the play of chance). Main results We included a total of 11 clinical studies, of which only three were considered to have low risk of bias; two were quasi-randomised studies in which we only addressed harms. Nine randomised trials with 732,380 participants addressed the primary outcome of clinically confirmed hepatitis A. of these, four trials assessed the inactivated hepatitis A vaccine (41,690 participants) and five trials assessed the live attenuated hepatitis A vaccine (690,690 participants). In the three randomised trials with low risk of bias (all assessing inactivated vaccine), clinically apparent hepatitis A occurred in 9/20,684 (0.04%) versus 92/20,746 (0.44%) participants in the HAV vaccine and control groups respectively (RR 0.09, 95% CI 0.03 to 0.30). In all nine randomised trials, clinically apparent hepatitis A occurred in 31/375,726 (0.01%) versus 505/356,654 (0.18%) participants in the HAV vaccine and control groups respectively (RR 0.09, 95% CI 0.05 to 0.17). These results were supported by trial sequential analyses. Subgroup analyses confirmed the clinical effectiveness of both inactivated hepatitis A vaccines (RR 0.09, 95% CI 0.03 to 0.30) and live attenuated hepatitis A vaccines (RR 0.07, 95% CI 0.03 to 0.17) on clinically confirmed hepatitis A. Inactivated hepatitis A vaccines had a significant effect on reducing the lack of sero-protection (less than 20 mIU/L) (RR 0.01, 95% CI 0.00 to 0.03). No trial reported on a sero-protective threshold less than 10 mIU/L. The risk of both non-serious local and systemic adverse events was comparable to placebo for the inactivated HAV vaccines. There were insufficient data to draw conclusions on adverse events for the live attenuated HAV vaccine. Authors’ conclusions Hepatitis A vaccines are effective for pre-exposure prophylaxis of hepatitis A in susceptible individuals. This review demonstrated significant protection for at least two years with the inactivated HAV vaccine and at least five years with the live attenuated HAV vaccine. There was evidence to support the safety of the inactivated hepatitis A vaccine. More high quality evidence is required to determine the safety of live attenuated vaccines.

Keywords: Analyses, Analysis, Assessing, Assessment, Authors, B-Vaccine, Bias, China, Chronic Liver-Disease, Citation, Clinical, Clinical Outcomes, Clinical Studies, Clinical Trials, Collection, Confidence, Confidence Intervals, Control, Control Groups, Corresponding Monovalent Vaccines, Criteria, Data, Different Dose Levels, Disease, Effectiveness, Efficacy, Errors, Events, Evidence, Extraction, Hav, Hepatitis, Igg, Immune-Response, Immunoglobulin, Inactivated Hepatitis, Infection, Interval, Intervals, Intervention, Local, Low Risk, MEDLINE, Methods, Morbidity, Outcome, Outcomes, Placebo, Populations, Potential, Primary, Prophylaxis, Protection, Quality, Randomised, Randomized Controlled-Trial, Review, Risk, Risks, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Support, Term Antibody Persistence, Threshold, Trial, Trial Sequential-Analysis, Vaccination, Vaccine, Vaccines, World, Young-Adults

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Full Text: [2012\Coc Dat Sys Rev2012, CD001319.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD001319.pdf)

Abstract: Background Colloids are widely used in the replacement of fluid volume. However, doubts remain as to which colloid is best. Different colloids vary in their molecular weight and therefore in the length of time they remain in the circulatory system. Because of this, and their other characteristics, they may differ in their safety and efficacy. Objectives To compare the effects of different colloid solutions in patients thought to need volume replacement. Search methods We searched the Cochrane Injuries Specialised Register (searched 1 December 2011), the Cochrane Central Register of Controlled Trials 2011, issue 4 (The Cochrane Library); MEDLINE (Ovid) (1948 to November Week 3 2011); EMBASE (Ovid) (1974 to 2011 Week 47); ISI Web of Science: Science Citation Index Expanded (1970 to 1 December 2011); ISI Web of Science: Conference Proceedings Citation Index-Science (1990 to 1 December 2011); CINAHL (EBSCO) (1982 to 1 December 2011); National Research Register (2007, Issue 1) and PubMed (searched 1 December 2011). Bibliographies of trials retrieved were searched, and for the initial version of the review drug companies manufacturing colloids were contacted for information (1999). Selection criteria Randomised controlled trials comparing colloid solutions in critically ill and surgical patients thought to need volume replacement. Data collection and analysis Two review authors independently extracted the data and assessed the quality of the trials. The outcomes sought were death, amount of whole blood transfused, and incidence of adverse reactions. Main results Eighty-six trials, with a total of 5,484 participants, met the inclusion criteria. Quality of allocation concealment was judged to be adequate in 33 trials and poor or uncertain in the rest. Deaths were reported in 57 trials. For albumin or plasma protein fraction (PPF) versus hydroxyethyl starch (HES) 31 trials (n = 1719) reported mortality. The pooled relative risk (RR) was 1.06 (95% confidence interval (CI) 0.86 to 1.31). When the trials by Boldt were removed from the analysis the pooled RR was 0.90 (95% CI 0.68 to 1.20). For albumin or PPF versus gelatin, nine trials (n = 824) reported mortality. The RR was 0.89 (95% CI 0.65 to 1.21). Removing the study by Boldt from the analysis did not change the RR or CIs. For albumin or PPF versus dextran four trials (n = 360) reported mortality. The RR was 3.75 (95% CI 0.42 to 33.09). For gelatin versus HES 22 trials (n = 1612) reported mortality and the RR was 1.02 (95% CI 0.84 to 1.26). When the trials by Boldt were removed from the analysis the pooled RR was 1.03 (95% CI 0.84 to 1.27). RR was not estimable in the gelatin versus dextran and HES versus dextran groups. Forty-one trials recorded the amount of blood transfused; however, quantitative analysis was not possible due to skewness and variable reporting. Twenty-four trials recorded adverse reactions, with two studies reporting possible adverse reactions to gel and one to HES. Authors’ conclusions From this review, there is no evidence that one colloid solution is more effective or safe than any other, although the CIs were wide and do not exclude clinically significant differences between colloids. Larger trials of fluid therapy are needed if clinically significant differences in mortality are to be detected or excluded.

Keywords: 5-Percent Human Albumin, Acute Normovolemic Hemodilution, Albumin, Albumins [Therapeutic Use], Allocation, Analysis, Aortic-Aneurysm Surgery, Authors, Blood, Blood Proteins [Therapeutic Use], Cardiac-Surgery Patients, Characteristics, Citation, Collection, Colloid, Colloids, Colloids [Adverse Effects, Conference, Confidence, Criteria, Critical Illness [Therapy], Critically-Ill Patients, Data, Death, Dextran, Dextrans [Adverse Effects, Drug, Effects, Efficacy, Evidence, Fluid Therapy, Gel, Gelatin, Hetastarch [Therapeutic Use], Humans, Hydroxyethyl Starch Solution, Incidence, Information, Interval, ISI, ISI Web of Science, Length, Major Orthopedic-Surgery, Manufacturing, MEDLINE, Methods, Mortality, Outcomes, Patients, Plasma, Plasma Substitutes [Adverse Effects, Postoperative Volume Expansion, Protein, Pubmed, Quality, Quality Of, Quantitative Analysis, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Rehydration Solutions [Adverse Effects, Relative Risk, Reporting, Research, Resuscitation, Retracted Article.See, Review, Risk, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Solution, Solutions, Starch, Therapeutic Use], Therapy, Version, Volume, Web of Science

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Full Text: [2012\Coc Dat Sys Rev2012, CD004879.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD004879.pdf)

Abstract: Background The consequences of influenza in children and adults are mainly absenteeism from school and work. However, the risk of complications is greatest in children and people over 65 years of age. Objectives To appraise all comparative studies evaluating the effects of influenza vaccines in healthy children, assess vaccine efficacy (prevention of confirmed influenza) and effectiveness (prevention of influenza-like illness (ILI)) and document adverse events associated with influenza vaccines. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 3) which includes the Acute Respiratory Infections Group’s Specialised Register, OLD MEDLINE (1950 to 1965), MEDLINE (1966 to November 2011), EMBASE (1974 to November 2011), Biological Abstracts (1969 to September 2007), and Science Citation Index (1974 to September 2007). Selection criteria Randomised controlled trials (RCTs), cohort and case-control studies of any influenza vaccine in healthy children under 16 years of age. Data collection and analysis Four review authors independently assessed trial quality and extracted data. Main results We included 75 studies with about 300,000 observations. We included 17 RCTs, 19 cohort studies and 11 case-control studies in the analysis of vaccine efficacy and effectiveness. Evidence from RCTs shows that six children under the age of six need to be vaccinated with live attenuated vaccine to prevent one case of influenza (infection and symptoms). We could find no USAble data for those aged two years or younger Inactivated vaccines in children aged two years or younger are not significantly more efficacious than placebo. Twenty-eight children over the age of six need to be vaccinated to prevent one case of influenza (infection and symptoms). Eight need to be vaccinated to prevent one case of influenza-like-illness (ILI). We could find no evidence of effect on secondary cases, lower respiratory tract disease, drug prescriptions, otitis media and its consequences and socioeconomic impact. We found weak single-study evidence of effect on school absenteeism by children and caring parents from work. Variability in study design and presentation of data was such that a meta-analysis of safety outcome data was not feasible. Extensive evidence of reporting bias of safety outcomes from trials of live attenuated influenza vaccines (LAIVs) impeded meaningful analysis. One specific brand of monovalent pandemic vaccine is associated with cataplexy and narcolepsy in children and there is sparse evidence of serious harms (such as febrile convulsions) in specific situations. Authors’ conclusions Influenza vaccines are efficacious in preventing cases of influenza in children older than two years of age, but little evidence is available for children younger than two years of age. There was a difference between vaccine efficacy and effectiveness, partly due to differing datasets, settings and viral circulation patterns. No safety comparisons could be carried out, emphasising the need for standardisation of methods and presentation of vaccine safety data in future studies. In specific cases, influenza vaccines were associated with serious harms such as narcolepsy and febrile convulsions. It was surprising to find only one study of inactivated vaccine in children under two years, given current recommendations to vaccinate healthy children from six months of age in the USA, Canada, parts of Europe and Australia. If immunisation in children is to be recommended as a public health policy, large-scale studies assessing important outcomes, and directly comparing vaccine types are urgently required. The degree of scrutiny needed to identify all global cases of potential harms is beyond the resources of this review. This review includes trials funded by industry. An earlier systematic review of 274 influenza vaccine studies published up to 2007 found industry-funded studies were published in more prestigious journals and cited more than other studies independently from methodological quality and size. Studies funded from public sources were significantly less likely to report conclusions favourable to the vaccines. The review showed that reliable evidence on influenza vaccines is thin but there is evidence of widespread manipulation of conclusions and spurious notoriety of the studies. The content and conclusions of this review should be interpreted in the light of this finding.

Keywords: Acute Otitis-Media, Adolescent, Age, Aged, Analysis, Assessing, Attending Day-Care, Australia, Authors, Bias, Canada, Caring, Case-Control, Case-Control Studies, Child, Children, Citation, Cohort, Collection, Complications, Criteria, Data, Design, Disease, Drug, Effectiveness, Effects, Efficacy, Europe, Event-Reporting-System, Events, Evidence, Global, Health, Health Policy, High-Risk Children, Humans, Immunization Practices Acip, Impact, Inactivated Influenza, Infant, Infection, Influenza, Influenza Vaccines [Therapeutic Use], Influenza,Human [Prevention & Control], Journals, Laboratory-Confirmed Influenza, Live Attenuated Vaccine, Media, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Neuraminidase-Specific Influenza, Outcome, Outcomes, Parents, Placebo, Policy, Potential, Preschool, Prescriptions, Presentation, Prevention, Public, Public Health, Public Health Policy, Quality, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Recommendations, Reporting, Resources, Review, Risk, Safety, Science, Science Citation Index, Search, Size, Sources, Study Design, Symptoms, Systematic Review, Trial, USA, Vaccine, Vaccines, Vaccines,Attenuated [Therapeutic Use], Vaccines,Inactivated [Therapeutic Use], Viral, Work, Young-Children

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Full Text: [2012\Coc Dat Sys Rev2012, CD005609.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD005609.pdf)

Abstract: Background Reporting of adverse clinical events is thought to be an effective method of improving the safety of healthcare. Underreporting of these adverse events is often said to occur with consequence of missing of opportunities to learn from these incidents. A clinical incident can be defined as any occurrence which is not consistent with the routine care of the patient or the routine operation of the institution. Objectives To assess the effects of interventions designed to increase clinical incident reporting in healthcare settings. Search methods We searched the the following databases: Cochrane Effective Practice and Organisation of Care Group Specialised Register, the Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (OVID), EMBASE (OVID), CINAHL (EBSCO), Social Science Citation Index and Science Citation Index (Web of Knowledge), Healthstar (OVID), INSPEC, DHSS-DATA, SIGLE, ISI Conference Proceedings, Web of Science Conference Proceedings Citation Index (Science), Database of Abstracts of Reviews of Effectiveness (DARE). Selection criteria Randomised controlled trials (RCT), controlled before-after studies (CBA) and interrupted time series (ITS) of interventions designed to increase clinical incident reporting in healthcare. Data collection and analysis At least two review authors assessed the eligibility of potentially relevant studies, extracted the data and assessed the quality of included studies. Main results Four studies (one CBA and three ITS studies) met our inclusion criteria and were included in the review. The CBA study showed a significant improvement in incident reporting rates after the introduction of the new reporting system. Just one of the ITS studies showed a statistically significant improved effectiveness of the new reporting system from nine months. The other two studies reported no statistically significant improvements. Authors’ conclusions Because of the limitations of the studies it is not possible to draw conclusions for clinical practice. Anyone introducing a system into practice should give careful consideration to conducting an evaluation using a robust design.

Keywords: Adverse Events, Analysis, Authors, Care, Citation, Clinical, Clinical Practice, Collection, Conference, Criteria, Data, Databases, Design, Effectiveness, Effects, Evaluation, Events, Health, Health Care, Hospitals, Implementation, Improve, Improvement, Interrupted Time Series, Interventions, ISI, Medication Errors, MEDLINE, Methods, Near-Miss, Operation, Patient Safety, Practice, Program, Quality, Quality Of, Rates, Rct, Record System, Reporting, Review, Safety, Science, Science Citation Index, Search, Social Science Citation Index, Time, Time Series, Web of Science

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Full Text: [2012\Coc Dat Sys Rev2012, CD005652.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD005652.pdf)

Abstract: Background Psychotherapy is regarded as the first-line treatment for people with borderline personality disorder. In recent years, several disorder-specific interventions have been developed. This is an update of a review published in the Cochrane Database of Systematic Reviews in 2006. Objectives To assess the effects of psychological interventions for borderline personality disorder (BPD). Search methods We searched the following databases: CENTRAL 2010(3), MEDLINE (1950 to October 2010), EMBASE (1980 to 2010, week 39), ASSIA (1987 to November 2010), BIOSIS (1985 to October 2010), CINAHL (1982 to October 2010), Dissertation Abstracts International (31 January 2011), National Criminal Justice Reference Service Abstracts (15 October 2010), PsycINFO (1872 to October Week 1 2010), Science Citation Index (1970 to 10 October 2010), Social Science Citation Index (1970 to 10 October 2010), Sociological Abstracts (1963 to October 2010), ZETOC (15 October 2010) and the metaRegister of Controlled Trials (15 October 2010). In addition, we searched Dissertation Abstracts International in January 2011 and ICTRP in August 2011. Selection criteria Randomised studies with samples of patients with BPD comparing a specific psychotherapeutic intervention against a control intervention without any specific mode of action or against a comparative specific psychotherapeutic intervention. Outcomes included overall BPD severity, BPD symptoms (DSM-IV criteria), psychopathology associated with but not specific to BPD, attrition and adverse effects. Data collection and analysis Two review authors independently selected studies, assessed the risk of bias in the studies and extracted data. Main results Twenty-eight studies involving a total of 1804 participants with BPD were included. Interventions were classified as comprehensive psychotherapies if they included individual psychotherapy as a substantial part of the treatment programme, or as non-comprehensive if they did not. Among comprehensive psychotherapies, dialectical behaviour therapy (DBT), mentalisation-based treatment in a partial hospitalisation setting (MBT-PH), outpatient MBT (MBT-out), transference-focused therapy (TFP), cognitive behavioural therapy (CBT), dynamic deconstructive psychotherapy (DDP), interpersonal psychotherapy (IPT) and interpersonal therapy for BPD (IPT-BPD) were tested against a control condition. Direct comparisons of comprehensive psychotherapies included DBT versus client-centered therapy (CCT); schema-focused therapy (SFT) versus TFP; SFT versus SFT plus telephone availability of therapist in case of crisis (SFT+TA); cognitive therapy (CT) versus CCT, and CT versus IPT. Non-comprehensive psychotherapeutic interventions comprised DBT-group skills training only (DBT-ST), emotion regulation group therapy (ERG), schema-focused group therapy (SFT-G), systems training for emotional predictability and problemsolving for borderline personality disorder (STEPPS), STEPPS plus individual therapy (STEPPS+IT), manual-assisted cognitive treatment (MACT) and psychoeducation (PE). The only direct comparison of an non-comprehensive psychotherapeutic intervention against another was MACT versus MACT plus therapeutic assessment (MACT+). Inpatient treatment was examined in one study where DBT for PTSD (DBT-PTSD) was compared with a waiting list control. No trials were identified for cognitive analytical therapy (CAT). Data were sparse for individual interventions, and allowed for meta-analytic pooling only for DBT compared with treatment as usual (TAU) for four outcomes. There were moderate to large statistically significant effects indicating a beneficial effect of DBT over TAU for anger (n = 46, two RCTs; standardised mean difference (SMD) -0.83, 95% confidence interval (CI) -1.43 to -0.22; I-2 = 0%), parasuicidality (n = 110, three RCTs; SMD -0.54, 95% CI -0.92 to -0.16; I-2 = 0%) and mental health (n = 74, two RCTs; SMD 0.65, 95% CI 0.07 to 1.24 I-2 = 30%). There was no indication of statistical superiority of DBT over TAU in terms of keeping participants in treatment (n = 252, five RCTs; risk ratio 1.25, 95% CI 0.54 to 2.92). All remaining findings were based on single study estimates of effect. Statistically significant between-group differences for comparisons of psychotherapies against controls were observed for BPD core pathology and associated psychopathology for the following interventions: DBT, DBT-PTSD, MBT-PH, MBT-out, TFP and IPT-BPD. IPT was only indicated as being effective in the treatment of associated depression. No statistically significant effects were found for CBT and DDP interventions on either outcome, with the effect sizes moderate for DDP and small for CBT. For comparisons between different comprehensive psychotherapies, statistically significant superiority was demonstrated for DBT over CCT (core and associated pathology) and SFT over TFP (BPD severity and treatment retention). There were also encouraging results for each of the non-comprehensive psychotherapeutic interventions investigated in terms of both core and associated pathology. No data were available for adverse effects of any psychotherapy. Authors’ conclusions There are indications of beneficial effects for both comprehensive psychotherapies as well as non-comprehensive psychotherapeutic interventions for BPD core pathology and associated general psychopathology. DBT has been studied most intensely, followed by MBT, TFP, SFT and STEPPS. However, none of the treatments has a very robust evidence base, and there are some concerns regarding the quality of individual studies. Overall, the findings support a substantial role for psychotherapy in the treatment of people with BPD but clearly indicate a need for replicatory studies.

Keywords: \*Therapy], Adverse Effects, Alcohol-Use Disorders, Analysis, Assessment, Authors, Availability, Behavior Therapy, Behaviour, Bias, Borderline, Borderline Personality Disorder [Psychology, Cbt, Citation, Cognitive Analytic Therapy, Collection, Comparison, Confidence, Control, Crisis, Criteria, Ct, Data, Databases, Deficit Hyperactivity Disorder, Deliberate Self-Harm, Depression, Dialectical Behavior-Therapy, Dsm-Iv, Dynamic, Effects, Estimates, Evidence, General, Group Therapy, Health, Health-Service Utilization, Humans, Indication, Indications, Interval, Intervention, Interventions, MEDLINE, Mental Health, Methods, Mode, Oriented Partial Hospitalization, Outcome, Outcomes, Outpatient, Pathology, Patients, Personality, Problem-Solving Stepps, Psychoanalysis, Psychoeducation, Psychological, Psychotherapy, Psychotherapy [\*Methods], Psychotherapy,Group, Psycinfo, Ptsd, Quality, Quality Of, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Recent, Regulation, Retention, Review, Risk, Role, Science, Science Citation Index, Search, Small, Social Science Citation Index, Support, Symptoms, Systems, Therapeutic, Therapy, Training, Transference-Focused Psychotherapy, Treatment

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Full Text: [2012\Coc Dat Sys Rev2012, CD004544.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD004544.pdf)

Abstract: Background Non-selective beta-blockers are used as a first-line treatment for primary prevention in patients with medium- to high-risk oesophageal varices. The effect of non-selective beta-blockers on mortality is debated and many patients experience adverse events. Trials on banding ligation versus non-selective beta-blockers for patients with oesophageal varices and no history of bleeding have reached equivocal results. Objectives To compare the benefits and harms of banding ligation versus non-selective beta-blockers as primary prevention in adult patients with endoscopically verified oesophageal varices that have never bled, irrespective of the underlying liver disease (cirrhosis or other cause). Search methods In Febuary 2012, electronic searches (the Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded) and manual searches (including scanning of reference lists in relevant articles and conference proceedings) were performed. Selection criteria Randomised trials were included irrespective of publication status, blinding, and language. Data collection and analysis Review authors independently extracted data. All-cause mortality was the primary outcome. Intention-to-treat random-effects and fixed-effect model meta-analyses were performed. Results were presented as risk ratios (RR) and 95% confidence intervals (CI) with I 2 statistic values as a measure of intertrial heterogeneity. Subgroup, sensitivity, regression, and trial sequential analyses were performed to evaluate the robustness of the overall results, risks of bias, sources of intertrial heterogeneity, and risks of random errors. Main results Nineteen randomised trials on banding ligation versus non-selective beta-blockers for primary prevention in oesophageal varices were included. Most trials specified that only patients with large or high-risk oesophageal varices were included. Bias control was unclear in most trials. In total, 176 of 731 (24%) of the patients randomised to banding ligation and 177 of 773 (23%) of patients randomised to non-selective beta-blockers died. The difference was not statistically significant in a random-effects meta-analysis (RR 1.09; 95% CI 0.92 to 1.30; I-2 = 0%). There was no evidence of bias or small study effects in regression analysis (Egger’s test P = 0.997). Trial sequential analysis showed that the heterogeneity-adjusted low-bias trial relative risk estimate required an information size of 3211 patients, that none of the interventions showed superiority, and that the limits of futility have not been reached. When all trials were included, banding ligation reduced upper gastrointestinal bleeding and variceal bleeding compared with non-selective beta-blockers (RR 0.69; 95% CI 0.52 to 0.91; I-2 = 19% and RR 0.67; 95% CI 0.46 to 0.98; I-2 = 31% respectively). The beneficial effect of banding ligation on bleeding was not confirmed in subgroup analyses of trials with adequate randomisation or full paper articles. Bleeding-related mortality was not different in the two intervention arms (29/567 (5.1%) versus 37/585 (6.3%); RR 0.85; 95% CI 0.53 to 1.39; I-2 = 0%). Both interventions were associated with adverse events. Authors’ conclusions This review found a beneficial effect of banding ligation on primary prevention of upper gastrointestinal bleeding in patient with oesophageal varices. The effect on bleeding did not reduce mortality. Additional evidence is needed to determine whether our results reflect that non-selective beta-blockers have other beneficial effects than on bleeding.

Keywords: Adult, Analyses, Analysis, Authors, Betablockers, Bias, Bleeding, Cirrhosis, Cirrhotic-Patients, Citation, Collection, Confidence, Confidence Intervals, Control, Criteria, Data, Disease, Effects, Empirical-Evidence, Endoscopic Ligation, Errors, Events, Evidence, Experience, Futility, Heterogeneity, History, Information, Intervals, Intervention, Interventions, Isosorbide Mononitrate, Language, Liver, Measure, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Model, Mortality, Oesophageal Varices, Outcome, P, Patients, Portal-Hypertension, Prevention, Primary, Primary Prevention, Primary Prophylaxis, Propranolol Plus Isosorbide-5-Mononitrate, Prospective Multicenter, Publication, Randomisation, Randomised, Randomized Controlled-Trial, Reference, Reference Lists, Regression, Regression Analysis, Relative Risk, Review, Risk, Risks, Robustness, Science, Science Citation Index, Science Citation Index Expanded, Search, Sensitivity, Sequential-Analysis, Size, Small, Sources, Treatment, Trial, Varices

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Full Text: [2012\Coc Dat Sys Rev2012, CD007605.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD007605.pdf)

Abstract: Background Malnutrition is a common problem for patients waiting for orthotopic liver transplantation and a risk factor for post-transplant morbidity. The decision to initiate enteral or parenteral nutrition, to which patients and at which time, is still debated. The effects of nutritional supplements given before or after liver transplantation, or both, still remains unclear. Objectives The aim of this review was to assess the beneficial and harmful effects of enteral and parenteral nutrition as well as oral nutritional supplements administered to patients before and after liver transplantation. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register (March 2012), the Cochrane Central Register of Controlled Trials (Issue 2 of 12, 2012) in The Cochrane Library, MEDLINE (January 1946 to March 2012), EMBASE (January 1974 to March 2012), Science Citation Index Expanded (January 1900 to March 2012), Social Science Citation Index (January 1961 to October 2010), and reference lists of articles. Manufacturers and experts in the field have also been contacted and relevant journals and conference proceedings were handsearched (from 1997 to October 2010). Selection criteria Randomised clinical trials of parallel or cross-over design evaluating the beneficial or harmful effects of enteral or parenteral nutrition or oral nutritional supplements for patients before and after liver transplantation were eligible for inclusion. Data collection and analysis Two authors independently assessed the risk of bias of the trials and extracted data. Dichotomous data were reported as odds ratios (OR) and continuous data as mean differences (MD) along with their corresponding 95% confidence intervals (CI). Meta-analysis was not possible due to clinical heterogeneity of included interventions. Main results Thirteen trials met the inclusion criteria. Four publications did not report outcomes pre-defined in the review protocol, or other clinically relevant outcomes and additional data could not be obtained. Nine trials could provide data for the review. Most of the 13 included trials were small and at high risk of bias. Meta-analyses were not possible due to clinical heterogeneity of the interventions. No interventions that were likely to be beneficial were identified. For interventions of unknown effectiveness, postoperative enteral nutrition compared with postoperative parenteral nutrition seemed to have no beneficial or harmful effects on clinical outcomes. Parenteral nutrition containing protein, fat, carbohydrates, and branched-chain amino acids with or without alanylglutamine seemed to have no beneficial effect on the outcomes of one and three years survival when compared with a solution of 5% dextrose and normal saline. Enteral immunonutrition with Supportan (R) seemed to have no effect on occurrence of immunological rejection when compared with enteral nutrition with Fresubin (R). There is weak evidence that, compared with standard dietary advice, adding a nutritional supplement to usual diet for patients during the waiting time for liver transplantation had an effect on clinical outcomes after liver transplantation. The combination of enteral nutrition plus parenteral nutrition plus glutamine-dipeptide seemed to be beneficial in reducing length of hospital stay after liver transplantation compared with standard parenteral nutrition (mean difference (MD) -12.20 days; 95% CI -20.20 to -4.00). There is weak evidence that the use of parenteral nutrition plus branched-chain amino acids had an effect on clinical outcomes compared with standard parenteral nutrition, but each was beneficial in reducing length of stay in intensive care unit compared to a standard glucose solution (MD -2.40; 95% CI -4.29 to -0.51 and MD -2.20 days; 95% CI -3.79 to -0.61). There is weak evidence that adding omega-3 fish oil to parenteral nutrition reduced the length of hospital stay after liver transplantation (mean difference -7.1 days; 95% CI 13.02 to -1.18) and the length of stay in intensive care unit after liver transplantation (MD -1.9 days; 95% CI -1.9 to -0.22). For interventions unlikely to be beneficial, there is a significant increased risk in acute rejections in malnourished patients with a history of encephalopathy and treated with the nutritional supplement Ensure (R) compared with usual diet only (MD 0.70 events per patient; 95% CI 0.08 to 1.32). Authors’ conclusions We were unable to identify nutritional interventions for liver transplanted patients that seemed to offer convincing benefits. Further randomised clinical trials with low risk of bias and powerful sample sizes are needed.

Keywords: Amino Acids, Analysis, Authors, Bias, Bisphosphonate Treatment, Carbohydrates, Care, Chain Amino-Acids, Cirrhotic-Patients, Citation, Clinical, Clinical Outcomes, Clinical Trials, Collection, Confidence, Confidence Intervals, Criteria, Data, Decision, Design, Diet, Dietary Advice, Double-Blind, Effectiveness, Effects, Empirical-Evidence, Encephalopathy, Enteral, Enteral Nutrition, Events, Evidence, Experts, Field, Fish, Glucose, Heterogeneity, History, Hospital, Hospital Stay, Intensive Care, Intensive Care Unit, Intervals, Interventions, Journals, Length, Length of Stay, Liver, Liver Transplantation, Low Risk, MEDLINE, Meta-Analysis, Methods, Morbidity, Normal, Nutrition, Oral, Orthotopic Liver Transplantation, Outcomes, Parenteral Nutrition, Parenteral-Nutrition, Patients, Placebo-Controlled Trial, Postoperative, Prevents Bone Loss, Protein, Publications, R, Randomised, Randomized-Trials, Reference, Reference Lists, Rejection, Review, Risk, Risk Factor, Science, Science Citation Index, Science Citation Index Expanded, Search, Small, Social Science Citation Index, Solution, Standard, Survival, Transplantation

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Full Text: [2012\Coc Dat Sys Rev2012, CD008570.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD008570.pdf)

Abstract: Background Work-related upper limb and neck musculoskeletal disorders (MSDs) are one of the most common occupational disorders around the world. Although ergonomic design and training are likely to reduce the risk of workers developing work-related upper limb and neck MSDs, the evidence is unclear. Objectives To assess the effects of workplace ergonomic design or training interventions, or both, for the prevention of work-related upper limb and neck MSDs in adults. Search methods We searched MEDLINE, EMBASE, the Cochrane Central Register of Controlled Trials (CENTRAL), CINAHL, AMED, Web of Science (Science Citation Index), SPORTDiscus, Cochrane Occupational Safety and Health Review Group Database and Cochrane Bone, Joint and Muscle Trauma Group Specialised Register to July 2010, and Physiotherapy Evidence Database, US Centers for Disease Control and Prevention, the National Institute for Occupational Safety and Health database, and International Occupational Safety and Health Information Centre database to November 2010. Selection criteria We included randomised controlled trials (RCTs) of ergonomic workplace interventions for preventing work-related upper limb and neck MSDs. We included only studies with a baseline prevalence of MSDs of the upper limb or neck, or both, of less than 25%. Data collection and analysis Two review authors independently extracted data and assessed risk of bias. We included studies with relevant data that we judged to be sufficiently homogeneous regarding the intervention and outcome in the meta-analysis. We assessed the overall quality of the evidence for each comparison using the GRADE approach. Main results We included 13 RCTS (2397 workers). Eleven studies were conducted in an office environemtn and two in a healthcare setting. judged one study to have a low risk of bias. The 13 studies evaluated effectiveness of ergonomic equipment, supplementary breaks reduced work hours, erogonomic training a combination of ergonomic training and equipment, and patient lifting interventions preventing work-related MSDs of the upper limb and neck in adults. Overall, there was moderate-quality evidence that arm support with alternative mouse reduced the incidence of neck/shoulder disorder (risk ration (RR) 0.52; 95% confidence interval (CI) 0.27 to 0.99) but not the incidence of right upper limb MSDs (RR 0.73 95% CI 0.33 to 1.66); and low-quality evidence that this intervention reduced neck/shoulder discomfort (standardised mean difference (SMD -0.41; 95% CI -0.69 to -0.12) and right upper limb discomfort (SMD -0.34; 95% CI -0.63 to -0.06). There was also moderate-quality evidence that the incidence of neck\shoulder and right upper limb disorders were not reduced when comparing alternative mouse and conventional mouse (neck/shoulder RR 0.62; 95% CI 0.19 to 200 right upper limb RR 0.91; 95% CI 0.48 to 1.72) arm support and no arm suport with conventional mouse (necl/shoulder Rr 0.67; 95% CI 0.36 to 1.24). Authors’ conclusion We found moderate-quality evidence to suggest that the use of arm support with alternative mouse may reduce the incidence of neck/shoulder MSDs, but not right upper limb MSDs. Morever, we found moderate-qualithy evidence to suggest that the incidence . This review highlights the need for high-quality RCTs examining the prevention MSDs of the upper limb and neck.

Keywords: Alternative, Analysis, Approach, Authors, Bias, Citation, Collection, Comparison, Computer Users, Confidence, Control, Conventional, Criteria, Data, Data-Entry Operators, Database, Design, Developing, Disease, Effectiveness, Effects, Equipment, Evidence, Follow-Up, Forearm Support, Incidence, Interval, Intervention, Interventions, Low Risk, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Mouse, Neck, Occupational, Outcome, Participatory Ergonomics, Prevalence, Prevention, Quality, Quality Of, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Rct, Review, Right, Risk, Risk-Factors, Safety, Science, Science Citation Index, Search, Support, Training, Upper-Extremity, US, Video-Display Units, Web of Science, Work, Work Hours, World

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Full Text: [2012\Coc Dat Sys Rev2012, CD008997.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD008997.pdf)

Abstract: Background In a majority of patients with stage IV colorectal cancer, the metastatic disease is not resectable and the focus of management is on how best to palliate the patient. How to manage the primary tumour is an important part of palliation. A small proportion of these patients present with either obstructing or perforating cancers and require urgent surgical care. However, a majority are relatively asymptomatic from their primary cancer. Chemotherapy has been shown to prolong survival in this group of patients, and a majority of patients would be treated this way. Nonetheless, A recent meta-analysis (Stillwell 2010) suggests an improved overall survival and reduced requirement for emergency surgery in those patients who undergo primary tumour resection. This review was also able to quantify the mortality and morbidity associated with surgery to remove the primary. Objectives To determine if there is an improvement in overall survival following resection of the primary cancer in patients with unresectable stage IV colorectal cancer and an asymptomatic primary who are treated with chemo/radiotherapy. Search methods In January 2012 we searched for published randomised and non-randomised controlled clinical trials without language restrictions using the following electronic databases: CENTRAL (the Cochrane Library (latest issue)), MEDLINE (1966 to date), EMBASE (1980 to date), Science Citation Index (1981 to date), ISI Proceedings (1990 to date), Current Controlled Trials MetaRegister (latest issue), Zetoc (latest issue) and CINAHL (1982 to date). Selection criteria Randomised controlled trials and non-randomised controlled studies evaluating the influence on overall survival of primary tumour resection versus no resection in asymptomatic patients with unresectable stage IV colorectal cancer who are treated with palliative chemo/radiotherapy. Data collection and analysis We conducted the review according to the recommendations of The Cochrane Collaboration and the Cochrane Colorectal Group. “Review Manager 5” software was used. Main results A total of 798 studies were identified following the initial search. No published or unpublished randomised controlled trials comparing primary tumour resection versus no resection in asymptomatic patients with unresectable stage IV colorectal cancer who were treated with chemo/radiotherapy were identified. Seven non-randomised studies, potentially eligible for inclusion, were identified: 2 case-matched studies, 2 CCTs and 3 retrospective cohort studies. Overall, these trials included 1.086 patients (722 patients treated with primary tumour resection, and 364 patients managed first with chemotherapy and/or radiotherapy). Authors’ conclusions Resection of the primary tumour in asymptomatic patients with unresectable stage IV colorectal cancer who are managed with chemo/radiotherapy is not associated with a consistent improvement in overall survival. In addition, resection does not significantly reduce the risk of complications from the primary tumour (i.e. obstruction, perforation or bleeding). Yet there is enough doubt with regard to the published literature to justify further clinical trials in this area. The results from an ongoing high quality randomised controlled trial will help to answer this question.

Keywords: Analysis, Bleeding, Cancer, Care, Chemotherapy, Citation, Clinical, Clinical Trials, Cochrane Collaboration, Cohort, Collaboration, Collection, Colon-Cancer, Colorectal Cancer, Combination Chemotherapy, Complications, Controlled Trial, Criteria, Databases, Disease, Emergency, First, Improvement, ISI, IV, Language, Laparoscopic Resection, Literature, Liver Metastases, Management, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Morbidity, Mortality, Palliation, Patients, Peritoneal Carcinomatosis, Primary, Quality, Radical Resection, Radiotherapy, Randomised, Randomised Controlled Trial, Randomised Controlled Trials, Randomized Phase-III, Recent, Recommendations, Rectal-Cancer, Requirement, Restrictions, Review, Risk, Science, Science Citation Index, Search, Small, Software, Surgery, Survival, Trial

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Full Text: [2012\Coc Dat Sys Rev2012, CD000419.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD000419.pdf)

Abstract: Background Piracetam has neuroprotective and antithrombotic effects that may help to reduce death and disability in people with acute stroke. This is an update of a Cochrane Review first published in 1999, and previously updated in 2006 and 2009. Objectives To assess the effects of piracetam in acute, presumed ischaemic stroke. Search methods We searched the Cochrane Stroke Group Trials Register (last searched 15 May 2011), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 2), MEDLINE (1966 to May 2011), EMBASE (1980 to May 2011), and ISI Science Citation Index (1981 to May 2011). We also contacted the manufacturer of piracetam to identify further published and unpublished studies. Selection criteria Randomised trials comparing piracetam with control, with at least mortality reported and entry to the trial within three days of stroke onset. Data collection and analysis Two review authors extracted data and assessed trial quality and this was checked by the other two review authors. We contacted study authors for missing information. Main results We included three trials involving 1002 patients, with one trial contributing 93% of the data. Participants’ ages ranged from 40 to 85 years, and both sexes were equally represented. Piracetam was associated with a statistically non-significant increase in death at one month (approximately 31% increase, 95% confidence interval 81% increase to 5% reduction). This trend was no longer apparent in the large trial after correction for imbalance in stroke severity. Limited data showed no difference between the treatment and control groups for functional outcome, dependence or proportion of patients dead or dependent. Adverse effects were not reported. Authors’ conclusions There is some suggestion (but no statistically significant result) of an unfavourable effect of piracetam on early death, but this may have been caused by baseline differences in stroke severity in the trials. There is not enough evidence to assess the effect of piracetam on dependence.

Keywords: Acute Cerebral-Ischemia, Acute Disease, Analysis, Authors, Brain Ischemia [Drug Therapy, Citation, Collection, Confidence, Control, Control Groups, Criteria, Data, Death, Disability, Effects, Efficacy, Evidence, First, Humans, Information, Interval, ISI, MEDLINE, Methods, Mortality, Mortality], Neuroprotective Agents [Adverse Effects, Onset, Outcome, Patients, Piracetam [Adverse Effects, Placebo, Quality, Reduction, Review, Science, Science Citation Index, Search, Stroke, Stroke [Drug Therapy, Suggestion, Therapeutic Use], Treatment, Trend, Trial

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Full Text: [2012\Coc Dat Sys Rev2012, CD000515.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD000515.pdf)

Abstract: Background Endovascular treatment by transluminal balloon angioplasty or stent insertion may be a useful alternative to carotid endarterectomy for the treatment of atherosclerotic carotid artery stenosis. This review updates a previous version first published in 1997 and subsequently updated in 2004 and 2007. Objectives To assess the benefits and risks of endovascular treatment compared with carotid endarterectomy or medical therapy in patients with symptomatic or asymptomatic carotid stenosis. Search methods We searched the Cochrane Stroke Group Trials Register (last searched January 2012) and the following databases: the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2010, Issue 4), MEDLINE (1950 to January 2011), EMBASE (1980 to January 2011) and Science Citation Index (1945 to January 2011). We also searched ongoing trials registers (January 2011) and reference lists and contacted researchers in the field. Selection criteria Randomised trials comparing endovascular treatment (including balloon angioplasty or stenting) with endarterectomy or medical therapy for symptomatic or asymptomatic atherosclerotic carotid stenosis. Data collection and analysis One review author selected trials for inclusion, assessed trial quality and extracted data. A second review author independently validated trial selection and a third review author independently validated data extraction. We calculated treatment effects as odds ratios (OR) and 95% confidence intervals (CI), with endovascular treatment as the reference group. We quantified heterogeneity using the I-2 statistic. Main results We included 16 trials involving 7572 patients. In patients with symptomatic carotid stenosis at standard surgical risk, endovascular treatment was associated with a higher risk of the following outcome measures occurring between randomisation and 30 days after treatment than endarterectomy: death or any stroke (the primary safety outcome) (OR 1.72, 95% CI 1.29 to 2.31, P = 0.0003; I-2 = 27%), death or any stroke or myocardial infarction (OR 1.44, 95% CI 1.15 to 1.80, P = 0.002; I-2 = 7%), and any stroke (OR 1.81, 95% CI 1.40 to 2.34, P < 0.00001; I-2 = 12%). The OR for the primary safety outcome was 1.16 (95% CI 0.80 to 1.67) in patients < 70 years old and 2.20 (95% CI 1.47 to 3.29) in patients >= 70 years old (interaction P = 0.02). The rate of death or major or disabling stroke did not differ significantly between treatments (OR 1.28, 95% CI 0.93 to 1.77, P = 0.13; I-2 = 0%). Endovascular treatment was associated with lower risks of myocardial infarction (OR 0.44, 95% CI 0.23 to 0.87, P = 0.02; I-2 = 0%), cranial nerve palsy (OR 0.08, 95% CI 0.05 to 0.14, P < 0.00001; I-2 = 0%) and access site haematomas (OR 0.37, 95% CI 0.18 to 0.77, P = 0.008; I-2 = 27%). The combination of death or any stroke up to 30 days after treatment or ipsilateral stroke during follow-up (the primary combined safety and efficacy outcome) favoured endarterectomy (OR 1.39, 95% CI 1.10 to 1.75, P = 0.005; I-2 = 0%), but the rate of ipsilateral stroke after the peri-procedural period did not differ between treatments (OR 0.93, 95% CI 0.60 to 1.45, P = 0.76; I-2 = 0%). Restenosis during follow-up was more common in patients receiving endovascular treatment than in patients assigned surgery (OR 2.41, 95% CI 1.28 to 4.53, P = 0.007; I-2 = 55%). In patients with asymptomatic carotid stenosis, treatment effects on the primary safety (OR 1.71, 95% CI 0.78 to 3.76, P = 0.18; I-2 = 0%) and combined safety and efficacy outcomes (OR 1.75, 95% CI 0.92 to 3.33, P = 0.09; I-2 = 0%) were similar to symptomatic patients, but differences between treatments were not statistically significant. Among patients not suitable for surgery, the rate of death or any stroke between randomisation and end of follow-up did not differ significantly between endovascular treatment and medical care (OR 0.22, 95% CI 0.01 to 7.92, P = 0.41; I-2 = 79%). Authors’ conclusions Endovascular treatment is associated with an increased risk of peri-procedural stroke or death compared with endarterectomy. However, this excess risk appears to be limited to older patients. The longer term efficacy of endovascular treatment and the risk of restenosis are unclear and require further follow-up of existing trials. Further trials are needed to determine the optimal treatment for asymptomatic carotid stenosis.

Keywords: Access, Alternative, Analysis, Angioplasty, Balloon, Artery, Care, Carotid Artery, Internal, Carotid Stenosis [Therapy], Cerebral Protection, Citation, Clinical-Trial, Collection, Confidence, Confidence Intervals, Criteria, Data, Databases, Death, Effects, Efficacy, Eva-3s Trial, Excess Risk, Extraction, Field, First, Follow-Up, Heterogeneity, Humans, Infarction, Interaction, Interobserver Agreement, Intervals, Medical, Medical Care, MEDLINE, Methods, Myocardial Infarction, Odds Ratio, Of-The-Literature, Outcome, Outcome Measures, Outcomes, P, Patients, Primary, Quality, Randomisation, Randomized Controlled Trials As Topic, Randomized-Trial, Reference, Reference Lists, Restenosis, Revascularization Endarterectomy, Review, Risk, Risks, Safety, Science, Science Citation Index, Search, Selection, Site, Standard, Stents, Stroke, Stroke Patients, Subgroup Analysis, Surgery, Surgical-Risk Patients, Term, Therapy, Treatment, Trial, Version

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Full Text: [2012\Coc Dat Sys Rev2012, CD002799.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD002799.pdf)

Abstract: Background Chronic hepatitis B virus infection is a risk factor for development of hepatocellular carcinoma. Alpha-foetoprotein and liver ultrasonography are used to screen patients with chronic hepatitis B for hepatocellular carcinoma. It is uncertain whether screening is worthwhile. Objectives To determine the beneficial and harmful effects of alpha-foetoprotein or ultrasound, or both, for screening of hepatocellular carcinoma in patients with chronic hepatitis B virus infection. Search methods Electronic searches were performed until December 2011 in the Cochrane Hepato-Biliary Group Controlled Trials Register (December 2011), Cochrane Central Register of Controlled Trials (CENTRAL) (2011, Issue 4) in The Cochrane Library, MEDLINE (1948 to 2011), EMBASE (1980 to 2011), Science Citation Index Expanded (1900 to 2011), Chinese Medical Literature Electronic Database (WanFang Data 1998 to 2011), and Chinese Knowledge Resource Integrated Database (1994 to 2011). Selection criteria All published reports of randomised trials on screening for liver cancer were eligible for inclusion, irrespective of language of publication. Studies were excluded when the hepatitis B status was uncertain, the screening tests were not sensitive or widely-used, or when the test was used for diagnosis of hepatocellular carcinoma rather than screening. Data collection and analysis We independently analysed all the trials considered for inclusion. We wrote to the authors of one of the trials to obtain further information. Main results Three randomised clinical trials were included in this review. All of them had a high risk of bias. One trial was conducted in Shanghai, China. There are several published reports on this trial, in which data were presented differently. According to the 2004 trial report, participants were randomised to screening every six months with alpha-foetoprotein and ultrasonography (n = 9373) versus no screening (n = 9443). We could not draw any definite conclusions from it. A second trial was conducted in Toronto, Canada. In this trial, there were 1069 participants with chronic hepatitis B. The trial compared screening every six months with alpha-foetoprotein alone (n = 532) versus alpha-foetoprotein and ultrasound (n = 538) over a period of five years. This trial was designed as a pilot trial; the small number of participants and the rare events did not allow an effective comparison between the two modes of screening that were studied. The remaining trial, conducted in Taiwan and published as an abstract, was designed as a cluster randomised trial to determine the optimal interval for screening using alpha foetoprotein and ultrasound. Screening intervals of four months and 12 months were compared in the two groups. Further details about the screening strategy were not available. The trial reported on cumulative four-year survival, cumulative three-year incidence of hepatocellular carcinoma, and mean tumour size. The cumulative four-year survival was not significantly different between the two screening intervals. The incidence of hepatocellular cancer was higher in the four-monthly screening group. The included trials did not report on adverse events. It appears that the sensitivity and specificity of the screening modes were poor, accounting for a substantial number of false-positive and false-negative screening results. Authors’ conclusions There is not enough evidence to support or refute the value of alpha-foetoprotein or ultrasound screening, or both, of hepatitis B surface antigen (HBsAg) positive patients for hepatocellular carcinoma. More and better designed randomised trials are required to compare screening against no screening.

Keywords: Alpha-Fetoproteins [Analysis], Analysis, Authors, Bias, Biological Markers [Blood], Canada, Cancer, Carcinoma,Hepatocellular [Blood, China, Chinese, Chronic, Chronic Hepatitis, Cirrhosis, Citation, Clinical, Clinical Trials, Cluster, Collection, Comparison, Criteria, Cumulative, Data, Development, Diagnosis, Effects, Empirical-Evidence, Events, Evidence, False Positive, Hepatitis, Hepatitis B, Hepatitis B Surface Antigens [Blood], Hepatitis B Virus, Hepatitis B,Chronic [Complications], Humans, Incidence, Infection, Information, Interval, Intervals, Language, Literature, Liver, Liver Neoplasms [Blood, Management, Medical, MEDLINE, Metaanalyses, Methods, Natural-History, Patients, Pilot, Publication, Quality, Randomised, Randomised Trial, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Review, Risk, Risk Factor, Science, Science Citation Index, Science Citation Index Expanded, Screening, Screening Strategy, Screening Tests, Search, Sensitivity, Size, Small, Specificity, Strategy, Support, Surface, Surveillance, Survival, Taiwan, Trial, Tumour Size, Ultrasonography, Ultrasonography], Ultrasound, Value, Virus Infection

? Marti-Carvajal, A.J. and Sola, I. (2012), Vitamin K for upper gastrointestinal bleeding in patients with acute or chronic liver diseases. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD004792.

Full Text: [2012\Coc Dat Sys Rev2012, CD004792.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD004792.pdf)

Abstract: Background Upper gastrointestinal bleeding is one of the most frequent causes of morbidity and mortality in the course of liver cirrhosis. Several treatments are used for upper gastrointestinal bleeding in patients with liver diseases. One of them is vitamin K administration, but it is not known whether it benefits or harms patients with acute or chronic liver disease and upper gastrointestinal bleeding. Objectives To assess the beneficial and harmful effects of vitamin K for patients with acute or chronic liver disease and upper gastrointestinal bleeding. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register (12 June 2012), the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library (Issue 5 of 12, 2012), MEDLINE (Ovid SP) (1946 to 12 June 2012), EMBASE (Ovid SP) (1974 to 12 June 2012), Science Citation Index EXPANDED (1900 to 12 June 2012), and LILACS (1982 to 19 June 2012). Additional randomised trials were sought from two registries of clinical trials: the Clinical Trials Search Portal of the WHO, and the Metaregister of Controlled Trials. We looked through the reference lists of the retrieved publications and review articles. Selection criteria Randomised clinical trials irrespective of blinding, language, or publication status for assessment of benefits and harms. Observational studies were considered for assessment of harms only. Data collection and analysis Data from randomised clinical trials were to be summarised by standard Cochrane Collaboration methodologies. Main results We could not find any randomised trials on vitamin K for upper gastrointestinal bleeding in patients with liver diseases in which we could assess benefits and harms. We could not identify quasi-randomised studies, historically controlled or observational studies in which we could assess harms. Authors’ conclusions This updated review found no randomised clinical trials on the benefits and harms of vitamin K for upper gastrointestinal bleeding in patients with liver diseases. The effects of vitamin K need to be tested in randomised clinical trials. Until randomised clinical trials are conducted to assess the trade off between benefits and harms, we cannot recommend nor refute vitamin K for upper gastrointestinal bleeding in patients with liver diseases.

Keywords: Administration, Analysis, Antifibrinolytic Agents [Therapeutic Use], Assessment, Bleeding, Chronic, Cirrhosis, Citation, Clinical, Clinical Trials, Cochrane Collaboration, Collaboration, Collection, Course, Criteria, Disease, Diseases, Effects, Empirical-Evidence, Etiology], Gastrointestinal Hemorrhage [Drug Therapy, Guidelines, Humans, Information Size, Language, Liver, Liver Diseases [Complications], MEDLINE, Metaanalyses, Methodologies, Methods, Morbidity, Mortality, No Evidence, Observational, Observational Studies, Patients, Publication, Publication Bias, Publications, Quality, Randomised, Randomized Controlled-Trials, Reference, Reference Lists, Registries, Review, Science, Science Citation Index, Search, Standard, Trade Off, Trial Sequential-Analysis, Vitamin K [Therapeutic Use]

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Full Text: [2012\Coc Dat Sys Rev2012, CD005014.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD005014.pdf)

Abstract: Background In industrialised countries injuries (including burns, poisoning or drowning) are the leading cause of childhood death and steep social gradients exist in child injury mortality and morbidity. The majority of injuries in pre-school children occur at home but there is little meta-analytic evidence that child home safety interventions reduce injury rates or improve a range of safety practices, and little evidence on their effect by social group. Objectives We evaluated the effectiveness of home safety education, with or without the provision of low cost, discounted or free equipment (hereafter referred to as home safety interventions), in reducing child injury rates or increasing home safety practices and whether the effect varied by social group. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (2009, Issue 2) in The Cochrane Library, MEDLINE (Ovid), EMBASE (Ovid), PsycINFO (Ovid), ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED), ISI Web of Science: Social Sciences Citation Index (SSCI), ISI Web of Science: Conference Proceedings Citation Index-Science (CPCI-S), CINAHL (EBSCO) and DARE (2009, Issue 2) in The Cochrane Library. We also searched websites and conference proceedings and searched the bibliographies of relevant studies and previously published reviews. We contacted authors of included studies as well as relevant organisations. The most recent search for trials was May 2009. Selection criteria Randomised controlled trials (RCTs), non-randomised controlled trials and controlled before and after (CBA) studies where home safety education with or without the provision of safety equipment was provided to those aged 19 years and under, and which reported injury, safety practices or possession of safety equipment. Data collection and analysis Two authors independently assessed study quality and extracted data. We attempted to obtain individual participant level data (IPD) for all included studies and summary data and IPD were simultaneously combined in meta-regressions by social and demographic variables. Pooled incidence rate ratios (IRR) were calculated for injuries which occurred during the studies, and pooled odds ratios were calculated for the uptake of safety equipment or safety practices, with 95% confidence intervals. Main results Ninety-eight studies, involving 2,605,044 people, are included in this review. Fifty-four studies involving 812,705 people were comparable enough to be included in at least one meta-analysis. Thirty-five (65%) studies were RCTs. Nineteen (35%) of the studies included in the meta-analysis provided IPD. There was a lack of evidence that home safety interventions reduced rates of thermal injuries or poisoning. There was some evidence that interventions may reduce injury rates after adjusting CBA studies for baseline injury rates (IRR 0.89, 95% CI 0.78 to 1.01). Greater reductions in injury rates were found for interventions delivered in the home (IRR 0.75, 95% CI 0.62 to 0.91), and for those interventions not providing safety equipment (IRR 0.78, 95% CI 0.66 to 0.92). Home safety interventions were effective in increasing the proportion of families with safe hot tap water temperatures (OR 1.41, 95% CI 1.07 to 1.86), functional smoke alarms (OR 1.81, 95% CI 1.30 to 2.52), a fire escape plan (OR 2.01, 95% CI 1.45 to 2.77), storing medicines (OR 1.53, 95% CI 1.27 to 1.84) and cleaning products (OR 1.55, 95% CI 1.22 to 1.96) out of reach, having syrup of ipecac (OR 3.34, 95% CI 1.50 to 7.44) or poison control centre numbers accessible (OR 3.30, 95% CI 1.70 to 6.39), having fitted stair gates (OR 1.61, 95% CI 1.19 to 2.17), and having socket covers on unused sockets (OR 2.69, 95% CI 1.46 to 4.96). Interventions providing free, low cost or discounted safety equipment appeared to be more effective in improving some safety practices than those interventions not doing so. There was no consistent evidence that interventions were less effective in families whose children were at greater risk of injury. Authors’ conclusions Home safety interventions most commonly provided as one-to-one, face-to-face education, especially with the provision of safety equipment, are effective in increasing a range of safety practices. There is some evidence that such interventions may reduce injury rates, particularly where interventions are provided at home. Conflicting findings regarding interventions providing safety equipment on safety practices and injury outcomes are likely to be explained by two large studies; one clinic-based study provided equipment but did not reduce injury rates and one school-based study did not provide equipment but did demonstrate a significant reduction in injury rates. There was no consistent evidence that home safety education, with or without the provision of safety equipment, was less effective in those participants at greater risk of injury. Further studies are still required to confirm these findings with respect to injury rates.

Keywords: \*Protective Devices, \*Safety, Accident Prevention [Instrumentation, Accidental Falls [Prevention & Control], Accidents, Home [\*Prevention & Control], Aged, Analysis, Attempted, Authors, Bibliographies, Blood Lead Levels, Burns, Burns [Prevention & Control], Burns, Electric [Prevention & Control], Child, Child,Preschool, Childhood, Childhood Injury, Children, Citation, Collection, Community Mothers Program, Conference, Confidence, Confidence Intervals, Control, Cost, Criteria, Data, Death, Drowning [Prevention & Control], Education, Effectiveness, Elementary-School-Children, Equipment, Evidence, Families, Fatal Residential Fires, Hot Tap Water, Humans, Incidence, Individual Patient Data, Injury, Injury Prevention, Intervals, Interventions, ISI, ISI Web of Science, Low Cost, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Methods], Morbidity, Mortality, Outcomes, Poisoning, Poisoning [Prevention & Control], Practices, Preschool Children, Prevention, Project Burn Prevention, Psycinfo, Quality, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Rates, Recent, Reduction, Review, Reviews, Risk, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Smoke Alarm Ownership, Social, Social Sciences, Social Sciences Citation Index, SSCI, Uptake, Water, Web of Science

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Full Text: [2012\Coc Dat Sys Rev2012, CD005162.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD005162.pdf)

Abstract: Background Clinical trials suggest that terlipressin improves renal function in hepatorenal syndrome, but the evidence concerning mortality is equivocal. Objectives To assess the beneficial and harmful effects of terlipressin alone or with albumin versus placebo, no intervention or albumin for hepatorenal syndrome. Search methods Eligible trials were identified through electronic (The Cochrane Library, MEDLINE, EMBASE and Science Citation Index databases) and manual searches until January 2012. Selection criteria Randomised clinical trials involving patients with type 1 or type 2 hepatorenal syndrome were included irrespective of publication status or language. Data collection and analysis The review authors independently extracted data from trial reports and undertook correspondence with the authors. Primary outcome measures included mortality, reversal of hepatorenal syndrome and adverse events. Intention-to-treat, random-effects model meta-analyses were performed and results were expressed as risk ratios (RR) with 95% confidence intervals (CI), and the I-2 statistic provided a measure of intertrial heterogeneity. Subgroup, sensitivity, regression and sequential analyses were performed. Main results We identified six randomised clinical trials. All had high risk of bias. Five trials assessed terlipressin (with albumin in three trials) versus no intervention (with albumin in three trials) and one trial assessed terlipressin versus albumin. Data from five randomised trials on terlipressin alone (one trial) or terlipressin and albumin (four trials) were included in the review. In total, 74 of 155 (47.7%) patients randomised to terlipressin alone or terlipressin with albumin versus 98 of 154 (63.6%) patients randomised to no intervention, placebo or albumin died. Random-effects model meta-analysis found that terlipressin reduced mortality (RR 0.76, 95% CI 0.61 to 0.95). The results were stable when repeated with trials on terlipressin plus albumin, trials on patients with type 2 hepatorenal syndrome, and trials with a low risk of selection bias. No evidence of bias or small study effects were identified in regression analyses. In a trial sequential analysis on mortality, the cumulative Z curve approached but did not cross the monitoring boundary suggesting that the results were not stable to adjustment for sparse data and multiple comparisons. Analyses of the remaining outcome measures found that terlipressin and albumin increased the number of patients with reversal of hepatorenal syndrome as well as adverse events, including cardiovascular and gastrointestinal symptoms. Authors’ conclusions Terlipressin may reduce mortality and improve renal function in patients with type 1 hepatorenal syndrome. Whether the evidence is strong enough to support the intervention for clinical practice could be debated due to the results of the trial sequential analyses. However, the outcome measures assessed are objective, which reduces the risk of bias.

Keywords: Albumin, Analyses, Analysis, Authors, Bias, Cardiovascular, Cirrhosis, Citation, Clinical, Clinical Practice, Clinical Trials, Collection, Confidence, Confidence Intervals, Criteria, Cumulative, Data, Databases, Double-Blind, Effects, Events, Evidence, Function, Hepatorenal Syndrome [Drug Therapy], Heterogeneity, Humans, Intervals, Intervention, Language, Low Risk, Lypressin [Analogs & Derivatives, Measure, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Model, Monitoring, Mortality, Noradrenaline, Outcome, Outcome Measures, Patients, Placebo, Placebo-Controlled Trial, Practice, Prevention, Publication, Random Effects Model, Randomised, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Regression, Renal, Renal Function, Review, Risk, Science, Science Citation Index, Search, Sensitivity, Small, Support, Symptoms, Syndrome, Syndrome Hrs, Therapeutic Use], Trial, Vasoconstrictor Agents [Therapeutic Use], Vasopressin

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Full Text: [2012\Coc Dat Sys Rev2012, CD005444.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD005444.pdf)

Abstract: Background Patients with obstructive jaundice have various pathophysiological changes that affect the liver, kidney, heart, and the immune system. There is considerable controversy as to whether temporary relief of biliary obstruction prior to major definitive surgery (pre-operative biliary drainage) is of any benefit to the patient. Objectives To assess the benefits and harms of pre-operative biliary drainage versus no pre-operative biliary drainage (direct surgery) in patients with obstructive jaundice (irrespective of a benign or malignant cause). Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, Cochrane Central Register of Controlled Clinical Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until February 2012. Selection criteria We included all randomised clinical trials comparing biliary drainage followed by surgery versus direct surgery, performed for obstructive jaundice, irrespective of the sample size, language, and publication status. Data collection and analysis Two authors independently assessed trials for inclusion and extracted data. We calculated the risk ratio (RR), rate ratio (RaR), or mean difference (MD) with 95% confidence intervals (CI) based on the available patient analyses. We assessed the risk of bias (systematic overestimation of benefit or systematic underestimation of harm) with components of the Cochrane risk of bias tool. We assessed the risk of play of chance (random errors) with trial sequential analysis. Main results We included six trials with 520 patients comparing pre-operative biliary drainage (265 patients) versus no pre-operative biliary drainage (255 patients). Four trials used percutaneous transhepatic biliary drainage and two trials used endoscopic sphincterotomy and stenting as the method of pre-operative biliary drainage. The risk of bias was high in all trials. The proportion of patients with malignant obstruction varied between 60% and 100%. There was no significant difference in mortality (40/265, weighted proportion 14.9%) in the pre-operative biliary drainage group versus the direct surgery group (34/255, 13.3%) (RR 1.12; 95% CI 0.73 to 1.71; P = 0.60). The overall serious morbidity was higher in the pre-operative biliary drainage group (60 per 100 patients in the pre-operative biliary drainage group versus 26 per 100 patients in the direct surgery group) (RaR 1.66; 95% CI 1.28 to 2.16; P = 0.0002). The proportion of patients who developed serious morbidity was significantly higher in the pre-operative biliary drainage group (75/102, 73.5%) in the pre-operative biliary drainage group versus the direct surgery group (37/94, 37.4%) (P < 0.001). Quality of life was not reported in any of the trials. There was no significant difference in the length of hospital stay (2 trials, 271 patients; MD 4.87 days; 95% CI -1.28 to 11.02; P = 0.12) between the two groups. Trial sequential analysis showed that for mortality only a small proportion of the required information size had been obtained. There seemed to be no significant differences in the subgroup of trials assessing percutaneous compared to endoscopic drainage. Authors’ conclusions There is currently not sufficient evidence to support or refute routine pre-operative biliary drainage for patients with obstructive jaundice. Pre-operative biliary drainage may increase the rate of serious adverse events. So, the safety of routine pre-operative biliary drainage has not been established. Pre-operative biliary drainage should not be used in patients undergoing surgery for obstructive jaundice outside randomised clinical trials.

Keywords: \*Drainage, \*Therapy], Analyses, Analysis, Assessing, Authors, Bias, Bile-Duct, Changes, Citation, Clinical, Clinical Trials, Collection, Confidence, Confidence Intervals, Criteria, Data, Drainage, Empirical-Evidence, Errors, Events, Evidence, Heart, Hospital, Hospital Stay, Humans, Immune, Immune System, Information, Information Size, Intervals, Jaundice, Obstructive [Mortality, Kidney, Language, Length, Life, Liver, MEDLINE, Metaanalysis, Methods, Morbidity, Mortality, P, Pancreatic-Cancer, Patients, Percutaneous, Preoperative, Publication, Quality, Randomised, Randomized Clinical-Trials, Randomized Controlled Trials As Topic, Renal-Function, Risk, Safety, Sample Size, Science, Science Citation Index, Science Citation Index Expanded, Search, Size, Small, Support, Surgery, Surgical Complications, Temporary, Trial, Trial Sequential-Analysis

? Marti-Carvajal, A.J., Sola, I. and Marti-Carvajal, P.I. (2012), Antifibrinolytic amino acids for upper gastrointestinal bleeding in patients with acute or chronic liver disease. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD006007.

Full Text: [2012\Coc Dat Sys Rev2012, CD006007.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD006007.pdf)

Abstract: Background Upper gastrointestinal bleeding is one of the most frequent causes of morbidity and mortality in the course of liver cirrhosis. Patients with liver disease frequently have haemostatic abnormalities like hyperfibrinolysis. Therefore, antifibrinolytic amino acids have been proposed to be used as supplementary interventions alongside any of the primary treatments for upper gastrointestinal bleeding in patients with liver diseases. Objectives To assess the beneficial and harmful effects of antifibrinolytic amino acids for upper gastrointestinal bleeding in patients with acute or chronic liver disease. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register (11 June 2012), Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library (2012, Issue 5 of 12), MEDLINE (Ovid SP) (1946 to June 2012), EMBASE (Ovid SP) (1974 to June 2012), Science Citation Index EXPANDED (1900 to June 2012), LILACS (1982 to June 2012), Clinical Trials Search Portal of the WHO (accessed June 18, 2012), and the Metaregister of Controlled Trials (accessed June 18, 2012). We scrutinised the reference lists of the retrieved publications. Selection criteria Randomised clinical trials irrespective of blinding, language, or publication status for assessment of benefits and harms. Observational studies for assessment of harms. Data collection and analysis Data from randomised clinical trials were to be summarised by standard Cochrane Collaboration methodologies. Main results We could not find any randomised clinical trials assessing antifibrinolytic amino acids for treating upper gastrointestinal bleeding in patients with acute or chronic liver disease. We could not identify quasi-randomised, historically controlled, or observational studies in which we could assess harms. Authors’ conclusions No randomised clinical trials assessing the benefits and harms of antifibrinolytic amino acids for upper gastrointestinal bleeding in patients with acute or chronic liver disease were identified. The benefits and harms of antifibrinolytic amino acids need to be tested in randomised clinical trials. Unless randomised clinical trials are conducted to assess the trade off between benefits and harms, we cannot recommend nor refute antifibrinolytic amino acids for upper gastrointestinal bleeding in patients with acute or chronic liver diseases.

Keywords: Amino Acids, Amino Acids [Therapeutic Use], Analysis, Antifibrinolytic Agents [Therapeutic Use], Assessing, Assessment, Bleeding, Blood Coagulation Disorders [Etiology, Chronic, Cirrhosis, Citation, Clinical, Clinical Trials, Coagulation Disorders, Cochrane Collaboration, Collaboration, Collection, Course, Criteria, Disease, Diseases, Effects, Empirical-Evidence, Guidelines, Hemostatic Agents, Humans, Hyperfibrinolysis, Information Size, Interventions, Language, Liver, Liver Diseases [Complications], MEDLINE, Methodologies, Methods, Morbidity, Mortality, Observational, Observational Studies, Patients, Primary, Publication, Publications, Quality, Randomised, Randomized-Trials, Reference, Reference Lists, Science, Science Citation Index, Search, Standard, Therapy], Trade Off, Trial Sequential-Analysis

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Full Text: [2012\Coc Dat Sys Rev2012, CD006578.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD006578.pdf)

Abstract: Background The role of a robotic assistant in laparoscopic cholecystectomy is controversial. While some trials have shown distinct advantages of a robotic assistant over a human assistant others have not, and it is unclear which robotic assistant is best. Objectives The aims of this review are to assess the benefits and harms of a robot assistant versus human assistant or versus another robot assistant in laparoscopic cholecystectomy, and to assess whether the robot can substitute the human assistant. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded (until February 2012) for identifying the randomised clinical trials. Selection criteria Only randomised clinical trials (irrespective of language, blinding, or publication status) comparing robot assistants versus human assistants in laparoscopic cholecystectomy were considered for the review. Randomised clinical trials comparing different types of robot assistants were also considered for the review. Data collection and analysis Two authors independently identified the trials for inclusion and independently extracted the data. We calculated the risk ratio (RR) or mean difference (MD) with 95% confidence interval (CI) using the fixed-effect and the random-effects models based on intention-to-treat analysis, when possible, using Review Manager 5. Main results We included six trials with 560 patients. One trial involving 129 patients did not state the number of patients randomised to the two groups. In the remaining five trials 431 patients were randomised, 212 to the robot assistant group and 219 to the human assistant group. All the trials were at high risk of bias. Mortality and morbidity were reported in only one trial with 40 patients. There was no mortality or morbidity in either group. Mortality and morbidity were not reported in the remaining trials. Quality of life or the proportion of patients who were discharged as day-patient laparoscopic cholecystectomy patients were not reported in any trial. There was no significant difference in the proportion of patients who required conversion to open cholecystectomy (2 trials; 4/63 (weighted proportion 6.4%) in the robot assistant group versus 5/70 (7.1%) in the human assistant group; RR 0.90; 95% CI 0.25 to 3.20). There was no significant difference in the operating time between the two groups (4 trials; 324 patients; MD 5.00 minutes; 95% CI -0.55 to 10.54). In one trial, about one sixth of the laparoscopic cholecystectomies in which a robot assistant was used required temporary use of a human assistant. In another trial, there was no requirement for human assistants. One trial did not report this information. It appears that there was little or no requirement for human assistants in the other three trials. There were no randomised trials comparing one type of robot versus another type of robot. Authors’ conclusions Robot assisted laparoscopic cholecystectomy does not seem to offer any significant advantages over human assisted laparoscopic cholecystectomy. However, all trials had a high risk of systematic errors or bias (that is, risk of overestimation of benefit and underestimation of harm). All trials were small, with few or no outcomes. Hence, the risk of random errors (that is, play of chance) is high. Further randomised trials with low risk of bias or random errors are needed.

Keywords: Analysis, Authors, Bias, Cholecystectomy, Citation, Clinical, Clinical Trials, Collection, Confidence, Criteria, Data, Empirical-Evidence, Errors, Gallstones, Human, Humans, Information, Interval, Language, Laparoscopic, Laparoscopic [Methods], Life, Low Risk, MEDLINE, Metaanalysis, Methods, Models, Morbidity, Mortality, Open, Outcomes, Patients, Population, Prevalence, Publication, Quality, Randomised, Randomized Clinical-Trials, Requirement, Review, Risk, Robotics [Methods], Role, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Small, State, Surgery, Temporary, Trial

? Boonmak, P., Boonmak, S. and Pattanittum, P. (2012), High initial concentration versus low initial concentration sevoflurane for inhalational induction of anaesthesia. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD006837.

Full Text: 2012\Coc Dat Sys Rev2012, CD006837.pdf

Abstract: Background Sevoflurane induction for general anaesthesia has been reported to be safe, reliable and well accepted by patients. Sevoflurane induction uses either low or high initial concentrations. The low initial concentration technique involves initially administering a low concentration then gradually increasing the dose until the patient is anaesthetized. The high initial concentration technique involves administering high concentrations from the beginning, continuing until the patient is anaesthetized. Objectives We aimed to compare the induction times and complications between high and low initial concentration sevoflurane induction in patients who received inhalational induction for general anaesthesia. We defined ‘high’ as greater and ‘low’ as less than a 4% initial concentration. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 9); MEDLINE (1950 to September 2011); EMBASE (1980 to September 2011); LILACS (1982 to September 2011) and ISI Web of Science (1946 to September 2011). We also searched the reference lists of relevant articles, conference proceedings; and contacted the authors of included trials. Selection criteria We sought all published and unpublished, randomized controlled trials comparing high versus low initial sevoflurane concentration inhalational induction. Our primary outcomes were two measures of anaesthesia (time to loss of the eyelash reflex (LOER) and time until a weighted object held in the patient’s hand was dropped), time to successful insertion of a laryngeal mask airway (LMA), and time to endotracheal intubation. Other outcomes were complications of the technique. Data collection and analysis We used the standardized methods for conducting a systematic review as described by the Cochrane Handbook for Systematic Reviews of Interventions. Two authors independently extracted details of trial methodology and outcome data from reports of all trials considered eligible for inclusion. All analyses were made on an intention-to-treat basis, where possible. The overall treatment effects were estimated by using a fixed-effect model when there was no substantial heterogeneity, whereas the random-effects model was applied in the presence of considerable heterogeneity. Main results We used data from 10 studies with 729 participants in the review, though most analyses were based on data from fewer participants. There was substantial heterogeneity in the trials. Thus, our results should be read with caution. It was not possible to combine the trials for the primary outcome (LOER) but individual trials found faster induction times (typically 24 to 82 seconds faster) with high initial concentration sevoflurane. Apnoea appeared to be more common in the high initial concentration sevoflurane group (two trials, 160 participants). There was no evidence of a difference in the incidence of cough, laryngospasm, breath holding, bradycardia, salivation and hypotension between the two groups, with the overall incidence of complications being low. Authors’ conclusions A high initial concentration sevoflurane technique probably offers more rapid induction of anaesthesia and a similar rate of complications except for apnoea, which may be more common with a high initial concentration. However, this conclusion is not definitive.

Keywords: Anaesthesia, Analyses, Analysis, Authors, Collection, Complications, Concentration, Conference Proceedings, Cough, Criteria, Data, Data Collection, Effects, Embase, Evidence, General, General Anaesthesia, Groups, Heterogeneity, Hypotension, Incidence, Induction, ISI, ISI Web of Science, Laryngeal Mask, Laryngeal Mask Airway, Measures, Medline, Methodology, Methods, Model, Outcome, Outcomes, Patients, Primary, Random Effects Model, Randomized, Randomized Controlled Trials, Reference, Reference Lists, Review, Science, Search, Sevoflurane, Systematic Review, Systematic Reviews, Treatment, Trial, Web of Science

? Ma, J.P., You, C. and Hao, L. (2012), Iron chelators for acute stroke. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD009280.

Full Text: [2012\Coc Dat Sys Rev2012, CD009280.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD009280.pdf)

Abstract: Background Stroke is a serious public health problem that causes morbidity and mortality throughout the world. Iron chelators are potential neuroprotective drugs to treat patients with both hemorrhagic and ischemic stroke. Objectives To evaluate the effectiveness and safety of the administration of iron chelators in patients with acute stroke. Search methods We searched the Cochrane Stroke Group Trials Register (May 2012), the Chinese Stroke Trials Register (May 2012), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2012, Issue 1), MEDLINE (1950 to May 2012), EMBASE (1980 to May 2012), Science Citation Index (1980 to May 2012) and three Chinese databases. In an effort to identify further published, unpublished and ongoing trials we searched ongoing trials registers, checked reference lists, and contacted authors and pharmaceutical companies. Selection criteria We included published and unpublished randomized controlled trials (RCTs) of iron chelator versus no iron chelator or placebo for the treatment of acute stroke. Data collection and analysis Two review authors independently screened search results to identify the full texts of potentially relevant studies for inclusion. From the results of the screened searches two review authors independently selected trials meeting the inclusion criteria, with no disagreement. Main results We found no completed RCTs eligible for inclusion in the review. We identified one ongoing RCT but no data were available. Authors’ conclusions There is insufficient evidence to support or refute the use of iron chelators for the treatment of acute stroke. Further RCTs are required to assess the effect of iron chelators in people with acute stroke.

Keywords: Administration, Analysis, Authors, Brain Edema, Cerebral-Ischemia, Chinese, Citation, Collection, Criteria, Data, Databases, Deferoxamine, Drugs, Effectiveness, Evidence, Health, Health Problem, Injury, Intracerebral Hemorrhage, Iron, MEDLINE, Methods, Morbidity, Mortality, Patients, Placebo, Potential, Protection, Public, Public Health, Public Health Problem, Randomized, Randomized Controlled Trials, Rats, Rct, Reference, Reference Lists, Review, Safety, Science, Science Citation Index, Search, Stores, Stroke, Support, Treatment, World

? Riemsma, R.P., Bala, M.M., Wolff, R. and Kleijnen, J. (2012), Transarterial (chemo)embolisation versus no intervention or placebo intervention for liver metastases. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD009498.

Full Text: [2012\Coc Dat Sys Rev2012, CD009498.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD009498.pdf)

Abstract: Background Primary liver tumours and liver metastases from colorectal carcinoma are the two most common malignant tumours to affect the liver. The liver is second only to the lymph nodes as the most common site for metastatic disease. More than half of the patients with metastatic liver disease will die from metastatic complications. Chemoembolisation is based on the concept that the blood supply to hepatic tumours originates predominantly from the hepatic artery. Therefore, embolisation of the hepatic artery can lead to selective necrosis of the liver tumour while it may leave normal parenchyma virtually unaffected. Objectives To study the beneficial and harmful effects of transarterial (chemo)embolisation compared with no intervention or placebo intervention in patients with liver metastases. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, LILACS, and CINAHL up to November 2011. Selection criteria We included all randomised clinical trials assessing beneficial and harmful effects of transarterial (chemo) embolisation compared with no intervention or placebo intervention in patients with liver metastases, no matter the location of the primary tumour. Data collection and analysis We extracted relevant information on participant characteristics, interventions, study outcome measures, and data on the outcome measures for our review as well as information on the design and methodology of the studies. Bias risk assessment of the trials, fulfilling the inclusion criteria, and data extraction from the retrieved final evaluation trials were done by one author and checked by a second author. Main results One randomised clinical trial fulfilled the inclusion criteria of the review. Sixty-one patients with colorectal liver metastases were randomised into three intervention groups: 22 received hepatic artery embolisation, 19 received hepatic artery infusion chemotherapy, and 20 were randomised to control, described as “no active therapeutic intervention, although symptomatic treatment was provided whenever necessary”. As hepatic artery infusion chemotherapy is not in the scope of this review, we have not included the data from this intervention group. In the remaining two groups that were of interest to the review, 43 of the participants were men and 18 women. Most tumours were synchronous metastases involving up to 75% of the liver and non-resectable. The risk of bias in the trial was judged to be high. Patients were followed-up for a minimum of seven months. Mortality at last follow-up was 86%(19/22) in the hepatic artery embolisation group versus 95% (19/20) in the control group (RR 0.91; 95% CI 0.75 to 1.1), that is, no statistically significant difference was observed. Median survival after trial entry was 7.0 months (range 2 to 44) in the hepatic artery embolisation group and 7.9 months (range 1 to 26) in the control group. Nine out of 22 (41%) in the hepatic artery embolisation group and five out of 20 (25%) in the control group developed evidence of extrahepatic disease (RR 1.64; 95% CI 0.60 to 4.07). Local recurrence was reported for 10 patients in the trial without details about the trial group. Most patients in the embolisation group experienced post-embolic syndrome (82%), and one patient had local haematoma. No other adverse events were reported. The authors did not report if there were any adverse events in the control group. Authors’ conclusions On the basis of one small randomised trial that did not describe sequence generation, allocation concealment or blinding, it can be concluded that in patients with liver metastases no significant survival benefit or benefit on extrahepatic recurrence was found in the embolisation group in comparison with the palliation group. The probability for selective outcome reporting bias in the trial is high. At present, transarterial (chemo)embolisation cannot be recommended outside randomised clinical trials.

Keywords: Allocation, Analysis, Artery, Assessing, Assessment, Authors, Bias, Blood, Cancer Statistics, Characteristics, Chemoembolization, Chemotherapy, Citation, Clinical, Clinical Trial, Clinical Trials, Clinical-Trials, Collection, Comparison, Complications, Control, Criteria, Data, Design, Disease, Effects, Empirical-Evidence, Evaluation, Events, Evidence, Extraction, Follow-Up, Generation, Information, Information Size, Infusion, Intervention, Interventions, Lead, Liver, Local, Location, Median, MEDLINE, Men, Metaanalyses, Metastases, Methodology, Methods, Minimum, Mortality, Necrosis, Normal, Outcome, Outcome Measures, Palliation, Patients, Placebo, Primary, Radiofrequency Ablation, Randomised, Randomised Trial, Randomized Controlled-Trials, Recurrence, Reporting, Review, Risk, Risk Assessment, Science, Science Citation Index, Science Citation Index Expanded, Scope, Search, Site, Small, Survival, Syndrome, Therapeutic, Treatment, Trial, Trial Sequential-Analysis, Unresectable Hepatocellular-Carcinoma, Women

? Reichow, B., Barton, E.E., Boyd, B.A. and Hume, K. (2012), Early intensive behavioral intervention (EIBI) for young children with autism spectrum disorders (ASD). *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD009260.

Full Text: [2012\Coc Dat Sys Rev2012, CD009260.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD009260.pdf)

Abstract: Background The rising prevalence of autism spectrum disorders (ASD) increases the need for evidence-based behavioral treatments to lessen the impact of symptoms on children’s functioning. At present, there are no curative or psychopharmacological therapies to effectively treat all symptoms of the disorder. Early intensive behavioral intervention (EIBI), a treatment based on the principles of applied behavior analysis delivered for multiple years at an intensity of 20 to 40 hours per week, is one of the more well-established treatments for ASD. Objectives To systematically review the evidence for the effectiveness of EIBI in increasing the functional behaviors and skills of young children with ASD. Search methods We searched the following databases on 22 November 2011: CENTRAL (2011 Issue 4), MEDLINE (1948 to November Week 2, 2011), EMBASE (1980 to Week 46, 2011), PsycINFO (1806 to November Week 3, 2011), CINAHL (1937 to current), ERIC (1966 to current), Sociological Abstracts (1952 to current), Social Science Citation Index (1970 to current), WorldCat, metaRegister of Controlled Trials, and Networked Digital Library of Theses and Dissertations. We also searched the reference lists of published papers. Selection criteria Randomized control trials (RCTs), quasi-randomized control trials, or clinical control trials (CCTs) in which EIBI was compared to a no-treatment or treatment-as-usual control condition. Participants must have been less than six years of age at treatment onset and assigned to their study condition prior to commencing treatment. Data collection and analysis Two authors independently selected and appraised studies for inclusion and assessed the risk of bias in each included study. All outcome data were continuous, from which standardized mean difference effect sizes with small sample correction were calculated. We conducted random-effects meta-analysis where possible, which means we assumed individual studies would provide different estimates of treatment effects. Main results One RCT and four CCTs with a total of 203 participants were included. Reliance on synthesis from four CCTs limits the evidential base and this should be borne in mind when interpreting the results. All studies used a treatment-as-usual comparison group. We synthesized the results of the four CCTs using a random-effects model of meta-analysis of the standardized mean differences. Positive effects in favor of the EIBI treatment group were found for all outcomes. The mean effect size for adaptive behavior was g = 0.69 (95% CI 0.38 to 1.01; P < 0.0001). The mean effect size for IQ was g = 0.76 (95% CI 0.40 to 1.11; P < 0.0001). Three measures of communication and language skills all showed results in favor of EIBI: expressive language g = 0.50 (95% CI 0.05 to 0.95; P = 0.03), receptive language g = 0.57 (95% CI 0.20 to 0.94; P = .03), and daily communication skills g = 0.74 (95% CI 0.30 to 1.18; P = 0.0009). The mean effect size for socialization was g = 0.42 (95% CI 0.11 to 0.73; P = 0.0008), and for daily living skills was g = 0.55 (95% CI 0.24 to 0.87; P = 0.0005). Additional descriptive analyses of other aspects related to quality of life and psychopathology are presented. However, due to the inclusion of non-randomized studies, there is a high risk of bias and the overall quality of evidence was rated as ‘low’ using the GRADE system, which rates the quality of evidence from meta-analyses to determine recommendations for practice. Authors’ conclusions There is some evidence that EIBI is an effective behavioral treatment for some children with ASD. However, the current state of the evidence is limited because of the reliance on data from non-randomized studies (CCTs) due to the lack of RCTs. Additional studies using RCT research designs are needed to make stronger conclusions about the effects of EIBI for children with ASD.

Keywords: Age, Analyses, Analysis, Authors, Behavior, Bias, Children, Citation, Clinical, Collection, Communication, Comparison, Control, Criteria, Data, Databases, Effect Size, Effectiveness, Effects, Estimates, Evidence, Evidence Based, Evidence-Based, Form, Impact, Individuals, Intervention, Language, Life, Living, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Model, Onset, Outcome, Outcomes, P, Papers, Practice, Prevalence, Principles, Project, Psycinfo, Quality, Quality Of, Quality of Life, Questionnaire, Random Effects Model, Rates, Rct, Recommendations, Reference, Reference Lists, Research, Review, Risk, Science, Science Citation Index, Search, Size, Small, Social Science Citation Index, State, Symptoms, Synthesis, Treatment

? Morgan, A.T., Dodrill, P. and Ward, E.C. (2012), Interventions for oropharyngeal dysphagia in children with neurological impairment. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD009456.

Full Text: [2012\Coc Dat Sys Rev2012, CD009456.pdf](2012\Coc%20Dat%20Sys%20Rev2012,%20CD009456.pdf)

Abstract: Background Oropharyngeal dysphagia encompasses problems with the oral preparatory phase of swallowing (chewing and preparing the food), oral phase (moving the food or fluid posteriorly through the oral cavity with the tongue into the back of the throat) and pharyngeal phase (swallowing the food or fluid and moving it through the pharynx to the oesophagus). Populations of children with neurological impairment who commonly experience dysphagia include, but are not limited to, those with acquired brain impairment (for example, cerebral palsy, traumatic brain injury, stroke), genetic syndromes (for example, Down syndrome, Rett syndrome) and degenerative conditions (for example, myotonic dystrophy). Objectives To examine the effectiveness of interventions for oropharyngeal dysphagia in children with neurological impairment. Search methods We searched the following electronic databases in October 2011: CENTRAL 2011(3), MEDLINE (1948 to September Week 4 2011), EMBASE (1980 to 2011 Week 40), CINAHL (1937 to current), ERIC (1966 to current), PsycINFO (1806 to October Week 1 2011), Science Citation Index (1970 to 7 October 2011), Social Science Citation Index (1970 to 7 October 2011), Cochrane Database of Systematic Reviews, 2011(3), DARE 2011(3), Current Controlled Trials (ISRCTN Register) (15 October 2011), ClinicalTrials.gov (15 October 2011) and WHO ICTRP (15 October 2011). We searched for dissertations and theses using Networked Digital Library of Theses and Dissertations, Australasian Digital Theses Program and DART-Europe E-theses Portal (11 October 2011). Finally, additional references were also obtained from reference lists from articles. Selection criteria The review included randomised controlled trials and quasi-randomised controlled trials for children with oropharyngeal dysphagia and neurological impairment. Data collection and analysis All three review authors (AM, PD and EW) independently screened titles and abstracts for inclusion and discussed results. In cases of uncertainty over whether an abstract met inclusion criterion, review authors obtained the full-text article and independently evaluated each paper for inclusion. The data were categorised for comparisons depending on the nature of the control group (for example, oral sensorimotor treatment versus no treatment). Effectiveness of the oropharyngeal dysphagia intervention was assessed by considering primary outcomes of physiological functions of the oropharyngeal mechanism for swallowing (for example, lip seal maintenance), the presence of chest infection and pneumonia, and diet consistency a child is able to consume. Secondary outcomes were changes in growth, child’s level of participation in the mealtime routine and the level of parent or carer stress associated with feeding. Main results Three studies met the inclusion criteria for the review. Two studies were based on oral sensorimotor interventions for participants with cerebral palsy compared to standard care and a third study trialled lip strengthening exercises for children with myotonic dystrophy type 1 compared to no treatment (Sjogreen 2010). A meta-analysis combining results across the three studies was not possible because one of the studies had participants with a different condition, and the remaining two, although using oral sensorimotor treatments, used vastly different approaches with different intensities and durations. The decision not to combine these was in line with our protocol. In this review, we present the results from individual studies for four outcomes: physiological functions of the oropharyngeal mechanism for swallowing, the presence of chest infection and pneumonia, diet consistency, and changes in growth. However, it is not possible to reach definitive conclusions on the effectiveness of particular interventions for oropharyngeal dysphagia based on these studies. One study had a high risk of attrition bias owing to missing data, had statistically significant differences (in weight) across experimental and control groups at baseline, and did not describe other aspects of the trial sufficiently to enable assessment of other potential risks of bias. Another study was at high risk of detection bias as some outcomes were assessed by parents who knew whether their child was in the intervention or control group. The third study overall seemed to be at low risk of bias, but like the other two studies, suffered from a small sample size. Authors’ conclusions The review demonstrates that there is currently insufficient high-quality evidence from randomised controlled trials or quasi-randomised controlled trials to provide conclusive results about the effectiveness of any particular type of oral-motor therapy for children with neurological impairment. There is an urgent need for larger-scale (appropriately statistically powered), randomised trials to evaluate the efficacy of interventions for oropharyngeal dysphagia.

Keywords: Am, Analysis, Appliance Therapy, Assessment, Authors, Bias, Brain, Brain Injury, Care, Cerebral, Cerebral Palsy, Changes, Child, Children, Citation, Collection, Combining, Consistency, Consistent Food Presentation, Control, Control Groups, Criteria, Data, Databases, Decision, Diet, Disabled-Children, Effectiveness, Efficacy, Evidence, Exercises, Experience, Experimental, Feeding, Feeding Problems, Food, Functions, Genetic, Growth, Infection, Injury, Intervention, Interventions, Low Risk, Mechanism, MEDLINE, Meta-Analysis, Metaanalysis, Methods, Neurological, Oral, Outcomes, Parents, Participation, Pd, Pediatric Dysphagia, Pneumonia, Potential, Primary, Psycinfo, Quadriplegic Cerebral-Palsy, Randomised, Randomised Controlled Trials, Reference, Reference Lists, References, Review, Risk, Risks, Sample Size, Science, Science Citation Index, Search, Sensorimotor Therapy, Size, Small, Social Science Citation Index, Standard, Stress, Stroke, Stroke Patients, Syndrome, Therapy, Traumatic, Traumatic Brain Injury, Traumatic Brain-Injury, Treatment, Trial, Uncertainty

? Evans, J.R. and Lawrenson, J.G. (2012), Antioxidant vitamin and mineral supplements for slowing the progression of age-related macular degeneration. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD000254.

Full Text: 2012\Coc Dat Sys Rev2012, CD000254.pdf

Abstract: Background It has been proposed that antioxidants may prevent cellular damage in the retina by reacting with free radicals that are produced in the process of light absorption. Higher dietary levels of antioxidant vitamins and minerals may reduce the risk of progression of age-related macular degeneration (AMD). Objectives The objective of this review was to assess the effects of antioxidant vitamin or mineral supplementation on the progression of AMD in people with AMD. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2012, Issue 8), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE (January 1946 to August 2012), EMBASE (January 1980 to August 2012), Allied and Complementary Medicine Database (AMED) (January 1985 to August 2012), OpenGrey (System for Information on Grey Literature in Europe) (www.opengrey.eu/), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 20 August 2012. We searched the reference lists of identified reports and the Science Citation Index. We contacted investigators and experts in the field for details of unpublished studies. We also searched for systematic reviews of harms of vitamin supplements. Selection criteria We included randomised trials comparing antioxidant vitamin or mineral supplementation (alone or in combination) to placebo or no intervention in people with AMD. Data collection and analysis Two authors assessed risk of bias and extracted data from the included trials. Where appropriate, we pooled data using a random-effects model unless three or fewer trials were available in which case we used a fixed-effect model. Main results Thirteen trials (6150 participants) were included in this review. Over half the participants (3640) were randomised in one trial (AREDS in the USA), which found a beneficial effect of antioxidant (beta-carotene, vitamin C and vitamin E) and zinc supplementation on progression to advanced AMD (adjusted odds ratio (OR) 0.68, 95% confidence interval (CI) 0.53 to 0.87) over an average of 6.3 years. People taking supplements were less likely to lose 15 or more letters of visual acuity (adjusted OR 0.77, 95% CI 0.62 to 0.96). The other trials, in general, had shorter follow-up (less than two years). No evidence for an effect of supplementation was seen in these smaller trials of shorter duration. Overall we considered the strength of the evidence to be moderate. We did not consider included trials, in general, to be at risk of bias, although we found it difficult to assess reporting biases. The main reason for downgrading the strength of the evidence was because, for several analyses, only one trial was included and therefore consistency of the findings could not be assessed. The included trials reported the following adverse effects: hospitalisation for genito-urinary problems was more common in people taking zinc and yellowing of skin was more common in people taking antioxidants. Systematic searching of the literature identified other potential harms of vitamin supplementation, in particular an increased risk of lung cancer in smokers associated with beta-carotene supplements, but we were unable to identify a good systematic review of the evidence for harms of nutritional supplementation. Authors’ conclusions People with AMD may experience delay in progression of the disease with antioxidant vitamin and mineral supplementation. This finding is drawn from one large trial conducted in a relatively well-nourished American population. The generalisability of these findings to other populations is not known. Although generally regarded as safe, vitamin supplements may have harmful effects. A systematic review of the evidence on harms of vitamin supplements is needed.

Keywords: Absorption, Adverse Effects, Aged, Analyses, Analysis, Antioxidant, Antioxidants, Antioxidants [Therapeutic Use], Authors, Beta Carotene, Beta-Carotene, Bias, Cancer, Citation, Citations, Clinical Trials, Clinical-Trial, Collection, Confidence, Consistency, Criteria, Damage, Data, Data Collection, Databases, Dietary Supplementation, Dietary Supplements, Disease, Duration, Effects, Europe, Evidence, Experience, Experts, Eye Disease, Field, Follow-Up, Free Radicals, General, Grey Literature, Humans, Interval, Intervention, Language, Literature, Lung, Lung Cancer, Lutein Supplementation, Macular Degeneration [Prevention & Control], Medicine, MEDLINE, Methods, Minerals, Minerals [Therapeutic Use], Model, Odds Ratio, Oral Zinc, Pigment Optical-Density, Placebo, Population, Populations, Potential, Random Effects Model, Randomised, Randomized Controlled Trials As Topic, Randomized Controlled-Trials, Reference, Reference Lists, Reporting, Restrictions, Review, Reviews, Risk, Science, Science Citation Index, Search, Serum Concentrations, Skin, Strength, Systematic Review, Systematic Reviews, Trial, USA, Vitamin C, Vitamin E, Vitamins [Therapeutic Use], Zeaxanthin, Zinc

? Onwuezobe, I.A., Oshun, P.O. and Odigwe, C.C. (2012), Antimicrobials for treating symptomatic non-typhoidal Salmonella infection. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD001167.

Full Text: 2012\Coc Dat Sys Rev2012, CD001167.pdf

Abstract: Background Non-typhoidal Salmonella (NTS) commonly causes diarrhoea, and is usually self-limiting, although sometimes people become ill with sepsis and dehydration. Routine antibiotic use for this infection could result in persistent colonization and the spread of resistant bacterial strains. Objectives To assess the efficacy and safety of giving antibiotics to people with NTS diarrhoea. Search methods We searched the Cochrane Infectious Diseases Group trials register (up to August 2012), the Cochrane Controlled Trials Register (CENTRAL) published in The Cochrane Library (up to Issue 8 2012); and MEDLINE, African Index Medicus, CINAHL, EMBASE, LILACS, and the Science Citation Index, all up to 6 August 2012. We also searched the metaRegister of Controlled Trials (mRCT) for both completed and on going trials and reference lists of relevant articles. Selection criteria Randomized controlled trials (RCTs) comparing any antibiotic treatment for diarrhoea caused by NTS species with placebo or no antibiotic treatment. We selected trials that included people of all ages who were symptomatic for NTS infection. Examples of symptoms included fever, abdominal pain, vomiting and diarrhoea. We excluded trials where the outcomes were not reported separately for the NTS subgroup of patients. Two review authors independently applied eligibility criteria prior to study inclusion. Data collection and analysis Two review authors independently extracted data on pre-specified outcomes and independently assessed the risk of bias of included studies. The primary outcome was the presence of diarrhoea between two to four days after treatment. The quality of evidence was assessed using the GRADE methods. Main results Twelve trials involving 767 participants were included. No differences were detected between the antibiotic and placebo/no treatment arms for people with diarrhoea at two to four days after treatment (risk ratio (RR) 1.75, 95% confidence interval (CI) 0.42 to 7.21; one trial, 46 participants; very low quality evidence). No difference was detected for the presence of diarrhoea at five to seven days after treatment (RR 0.83, 95% CI 0.62 to 1.12; two trials, 192 participants; very low quality evidence), clinical failure (RR 0.88, 95% CI 0.62 to 1.25; seven trials, 440 participants; very low quality evidence). The mean difference for diarrhoea was 0 days (95% CI similar to 0.54 to 0.54; 202 participants, four studies; low quality evidence); for fever was 0.27 days (95% CI similar to 0.11 to 0.65; 107 participants, two studies; very low quality evidence); and for duration of illness was 0 days (95% CI similar to 0.68 to 0.68; 116 participants, two studies; very low quality evidence). Quinolone antibiotic treatment resulted in a significantly higher number of negative stool cultures for NTS during the first week of treatment (microbiological failure: RR 0.33, 95% CI 0.20 to 0.56; 166 participants, four trials). Antibiotic treatment meant passage of the same Salmonella serovar one month after treatment was almost twice as likely (RR 1.96, 95% CI 1.29 to 2.98; 112 participants, three trials), which was statistically significant. Non-severe adverse drug reactions were more common among the patients who received antibiotic treatment. Authors’ conclusions There is no evidence of benefit for antibiotics in NTS diarrhoea in otherwise healthy people. We are uncertain of the effects in very young people, very old people, and in people with severe and extraintestinal disease. A slightly higher number of adverse events were noted in people who received antibiotic treatment for NTS.

Keywords: Abdominal, Acute Bacterial Diarrhea, Acute Gastroenteritis, Adult, Adverse Drug Reactions, Analysis, Anti-Bacterial Agents [Therapeutic Use], Antibiotics, Authors, Bias, Child, Children, Ciprofloxacin Resistance, Citation, Clinical, Clinical-Trial, Collection, Colonization, Confidence, Criteria, Data, Data Collection, Dehydration, Diarrhea [Drug Therapy], Diarrhoea, Disease, Double-Blind, Drug, Duration, Effects, Efficacy, Empirical-Treatment, Events, Evidence, Failure, Fever, First, Gastroenteritis [Drug Therapy], Gastrointestinal Diseases [Drug Therapy], Humans, Infant, Infection, Interval, MEDLINE, Methods, Nontyphi Salmonella, Outcome, Outcomes, Pain, Patients, Placebo, Preschool, Primary, Quality, Quality Of, Randomized Controlled Trials, Reference, Reference Lists, Review, Risk, Safety, Salmonella, Salmonella Infections [Drug Therapy], Salmonella Paratyphi A, Salmonella Typhi, Science, Science Citation Index, Search, Sepsis, Species, Symptoms, Travelers Diarrhea, Treatment, Trial, Vomiting

? Dobson, D., Lucassen, P.L.B.J., Miller, J.J., Vlieger, A.M., Prescott, P. and Lewith, G. (2012), Manipulative therapies for infantile colic. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD004796.

Full Text: 2012\Coc Dat Sys Rev2012, CD004796.pdf

Abstract: Background Infantile colic is a common disorder, affecting around one in six families, and in 2001 was reported to cost the UK National Health Service in excess of 65 pound million per year (Morris 2001). Although it usually remits by six months of age, there is some evidence of longer-term sequelae for both children and parents. Manipulative therapies, such as chiropractic and osteopathy, have been suggested as interventions to reduce the severity of symptoms. Objectives To evaluate the results of studies designed to address efficacy or effectiveness of manipulative therapies (specifically, chiropractic, osteopathy and cranial manipulation) for infantile colic in infants less than six months of age. Search methods We searched following databases: CENTRAL (2012, Issue 4), MEDLINE (1948 to April Week 3 2012), EMBASE (1980 to 2012 Week 17), CINAHL (1938 to April 2012), PsycINFO (1806 to April 2012), Science Citation Index (1970 to April 2012), Social Science Citation Index (1970 to April 2012), Conference Proceedings Citation Index - Science (1990 to April 2012) and Conference Proceedings Citation Index - Social Science & Humanities (1970 to April 2012). We also searched all available years of LILACS, PEDro, ZETOC, WorldCat, TROVE, DART-Europe, ClinicalTrials.gov and ICTRP (May 2012), and contacted over 90 chiropractic and osteopathic institutions around the world. In addition, we searched CentreWatch, NRR Archive and UKCRN in December 2010. Selection criteria Randomised trials evaluating the effect of chiropractic, osteopathy or cranial osteopathy alone or in conjunction with other interventions for the treatment of infantile colic. Data collection and analysis In pairs, five of the review authors (a) assessed the eligibility of studies against the inclusion criteria, (b) extracted data from the included studies and (c) assessed the risk of bias for all included studies. Each article or study was assessed independently by two review authors. One review author entered the data into Review Manager software and the team’s statistician (PP) reviewed the chosen analytical settings. Main results We identified six studies for inclusion in our review, representing a total of 325 infants. There were three further studies that we could not find information about and we identified three other ongoing studies. of the six included studies, five were suggestive of a beneficial effect and one found no evidence that manipulative therapies had any beneficial effect on the natural course of infantile colic. Tests for heterogeneity imply that there may be some underlying difference between this study and the other five. Five studies measured daily hours of crying and these data were combined, suggesting that manipulative therapies had a significant effect on infant colic - reducing average crying time by one hour and 12 minutes per day (mean difference (MD) -1.20; 95% confidence interval (CI) -1.89 to -0.51). This conclusion is sustained even when considering only studies with a low risk of selection bias (sequence generation and allocation concealment) (MD -1.24; 95% CI -2.16 to -0.33); those with a low risk of attrition bias (MD -1.95; 95% CI -2.96 to -0.94), or only those studies that have been published in the peer-reviewed literature (MD -1.01; 95% CI -1.78 to -0.24). However, when combining only those studies with a low risk of performance bias (parental ‘blinding’), the improvement in daily crying hours was not statistically significant (MD -0.57; 95% CI -2.24 to 1.09). One study considered whether the reduction in crying time was clinically significant. This found that a greater proportion of parents of infants receiving a manipulative therapy reported clinically significant improvements than did parents of those receiving no treatment (reduction in crying to less than two hours: odds ratio (OR) 6.33; 95% CI 1.54 to 26.00; more than 30% reduction in crying: OR 3.70; 95% CI 1.15 to 11.86). Analysis of data from three studies that measured ‘full recovery’ from colic as reported by parents found that manipulative therapies did not result in significantly higher proportions of parents reporting recovery (OR 11.12; 95% CI 0.46 to 267.52). One study measured infant sleeping time and found manipulative therapy resulted in statistically significant improvement (MD 1.17; 95% CI 0.22 to 2.12). The quality of the studies was variable. There was a generally low risk of selection bias but only two of the six studies were evaluated as being at low risk of performance bias, three at low risk of detection bias and one at low risk of attrition bias. One of the studies recorded adverse events and none were encountered. However, with only a sample of 325 infants, we have too few data to reach any definitive conclusions about safety. Authors’ conclusions The studies included in this meta-analysis were generally small and methodologically prone to bias, which makes it impossible to arrive at a definitive conclusion about the effectiveness of manipulative therapies for infantile colic. The majority of the included trials appeared to indicate that the parents of infants receiving manipulative therapies reported fewer hours crying per day than parents whose infants did not, based on contemporaneous crying diaries, and this difference was statistically significant. The trials also indicate that a greater proportion of those parents reported improvements that were clinically significant. However, most studies had a high risk of performance bias due to the fact that the assessors (parents) were not blind to who had received the intervention. When combining only those trials with a low risk of such performance bias, the results did not reach statistical significance. Further research is required where those assessing the treatment outcomes do not know whether or not the infant has received a manipulative therapy. There are inadequate data to reach any definitive conclusions about the safety of these interventions.

Keywords: Age, Allocation, Analysis, Assessing, Authors, Bias, Care, Cervical-Spine, Children, Chiropractic, Chiropractic Spinal Manipulation, Citation, Colic, Collection, Combining, Community, Conference, Confidence, Cost, Course, Criteria, Data, Data Collection, Databases, Effectiveness, Efficacy, Events, Evidence, Families, Generation, Heterogeneity, Humanities, Improvement, Infancy, Infant, Infants, Information, Institutions, Interval, Intervention, Interventions, Intestinal Microflora, Literature, Low Risk, Manipulative Therapy, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Natural, Neck, Odds Ratio, Outcomes, Parents, Peer-Reviewed, Performance, Psycinfo, Quality, Quality Of, Randomized Controlled-Trial, Recovery, Reduction, Reporting, Research, Review, Risk, Risk-Factors, Safety, Science, Science Citation Index, Search, Selection, Significance, Small, Social Science Citation Index, Software, Symptoms, Therapy, Treatment, UK, World

? Dennis, J.A., Khan, O., Ferriter, M., Huband, N., Powney, M.J. and Duggan, C. (2012), Psychological interventions for adults who have sexually offended or are at risk of offending. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD007507.

Full Text: 2012\Coc Dat Sys Rev2012, CD007507.pdf

Abstract: Background Sexual offending is a legal construct that overlaps, but is not entirely congruent with, clinical constructs of disorders of sexual preference. Sexual offending is both a social and a public health issue. Victim surveys illustrate high incidence and prevalence levels, and it is commonly accepted that there is considerable hidden sexual victimisation. There are significant levels of psychiatric morbidity in survivors of sexual offences. Psychological interventions are generally based on behavioural or psychodynamic theories. Behavioural interventions fall into two main groups: those based on traditional classical conditioning and/or operant learning theory and those based on cognitive behavioural approaches. Approaches may overlap. Interventions associated with traditional classical and operant learning theory are referred to as behaviour modification or behaviour therapy, and focus explicitly on changing behaviour by administering a stimulus and measuring its effect on overt behaviour. Within sex offender treatment, examples include aversion therapy, covert sensitisation or olfactory conditioning. Cognitive behavioural therapies are intended to change internal processes thoughts, beliefs, emotions, physiological aroUSAl - alongside changing overt behaviour, such as social skills or coping behaviours. They may involve establishing links between offenders’ thoughts, feelings and actions about offending behaviour; correction of offenders’ misperceptions, irrational beliefs and reasoning biases associated with their offending; teaching offenders to monitor their own thoughts, feelings and behaviours associated with offending; and promoting alternative ways of coping with deviant sexual thoughts and desires. Psychodynamic interventions share a common root in psychoanalytic theory. This posits that sexual offending arises through an imbalance of the three components of mind: the id, the ego and the superego, with sexual offenders having temperamental imbalance of a powerful id (increased sexual impulses and libido) and a weak superego (a low level of moral probation), which are also impacted by early environment. This updates a previous Cochrane review but is based on a new protocol. Objectives To assess the effects of psychological interventions on those who have sexually offended or are at risk of offending. Search methods In September 2010 we searched: CENTRAL, MEDLINE, Allied and Complementary Medicine (AMED), Applied Social Sciences Index and Abstracts (ASSIA), Biosis Previews, CINAHL, COPAC, Dissertation Abstracts, EMBASE, International Bibliography of the Social Sciences (IBSS), ISI Proceedings, Science Citation Index Expanded (SCI), Social Sciences Citation Index (SSCI), National Criminal Justice Reference Service Abstracts Database, PsycINFO, OpenSIGLE, Social Care Online, Sociological Abstracts, UK Clinical Research Network Portfolio Database and ZETOC. We contacted numerous experts in the field. Selection criteria Randomised trials comparing psychological intervention with standard care or another psychological therapy given to adults treated in institutional or community settings for sexual behaviours that have resulted in conviction or caution for sexual offences, or who are seeking treatment voluntarily for behaviours classified as illegal. Data collection and analysis At least two authors, working independently, selected studies, extracted data and assessed the studies’ risk of bias. We contacted study authors for additional information including details of methods and outcome data. Main results We included ten studies involving data from 944 adults, all male. Five trials involved primarily cognitive behavioural interventions (CBT) (n = 664). of these, four compared CBT with no treatment or wait list control, and one compared CBT with standard care. Only one study collected data on the primary outcome. The largest study (n = 484) involved the most complex intervention versus no treatment. Long-term outcome data are reported for groups in which the mean years ‘at risk’ in the community are similar (8.3 years for treatment (n = 259) compared to 8.4 in the control group (n = 225)). There was no difference between these groups in terms of the risk of reoffending as measured by reconviction for sexual offences (risk ratio (RR) 1.10; 95% CI 0.78 to 1.56). Four trials (n = 70) compared one behavioural programme with an alternative behavioural programme or with wait list control. No meta-analysis was possible for this comparison. For two studies (both cross-over, n = 29) no disaggregated data were available. The remaining two behavioural studies compared imaginal desensitisation with either covert sensitisation or as part of adjunctive drug therapy (n = 20 and 21, respectively). In these two studies, results for the primary outcome (being ‘charged with anomalous behaviour’) were encouraging, with only one new charge for the treated groups over one year in the former study, and in the latter study, only one new charge (in the drug-only group) over two years. One study compared psychodynamic intervention with probation. Results for this study (n = 231) indicate a slight trend in favour of the control group (probation) over the intervention (group therapy) in terms of sexual offending as measured by rearrest (RR 1.87; 95% CI 0.78 to 4.47) at 10-year follow-up. Data for adverse events, ‘sexually anomalous urges’ and for secondary outcomes thought to be ‘dynamic’ risk factors for reoffending, including anger and cognitive distortions, were limited. Authors’ conclusions The inescapable conclusion of this review is the need for further randomised controlled trials. While we recognise that randomisation is considered by some to be unethical or politically unacceptable (both of which are based on the faulty premise that the experimental treatment is superior to the control - this being the point of the trial to begin with), without such evidence, the area will fail to progress. Not only could this result in the continued use of ineffective (and potentially harmful) interventions, but it also means that society is lured into a false sense of security in the belief that once the individual has been treated, their risk of reoffending is reduced. Current available evidence does not support this belief. Future trials should concentrate on minimising risk of bias, maximising quality of reporting and including follow-up for a minimum of five years ‘at risk’ in the community.

Keywords: Adverse Childhood Experiences, Alternative, Analysis, Anti-Androgens, Authors, Aversion Therapy, Behaviour, Belief, Bias, Bibliography, Care, Cbt, Charge, Citation, Clinical, Collection, Community, Comparison, Concentrate, Conditioning, Control, Coping, Criteria, Cyproterone-Acetate, Data, Data Collection, Deviant Hypersexuality, Drug, Drug Therapy, Dynamic, Effects, Environment, Events, Evidence, Experimental, Experimental Treatment, Experts, Field, Follow-Up, Group Therapy, Health, Imaginal Desensitization, Incidence, Information, Intervention, Interventions, ISI, Learning, Legal, Libido, Male, Male Sex Offenders, Medicine, MEDLINE, Medroxyprogesterone Acetate, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Minimum, Modification, Morbidity, Network, Outcome, Outcomes, Placebo-Controlled Trial, Preference, Prevalence, Primary, Progress, Psychological, Psychological Intervention, Psycinfo, Public, Public Health, Quality, Quality Of, Randomisation, Randomised, Randomised Controlled Trials, Reasoning, Reporting, Research, Review, Risk, Risk Factors, SCI, Science, Science Citation Index, Science Citation Index Expanded, Search, Security, Sex, Social, Social Sciences, Social Sciences Citation Index, Society, SSCI, Standard, Support, Surveys, Teaching, Theory, Therapy, Treatment, Treatment Program, Trend, Trial, UK

? Adams, S.P., Tsang, M. and Wright, J.M. (2012), Lipid lowering efficacy of atorvastatin. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD008226.

Full Text: 2012\Coc Dat Sys Rev2012, CD008226.pdf

Abstract: Background Atorvastatin is one of the most widely prescribed drugs and the most widely prescribed statin in the world. It is therefore important to know the dose-related magnitude of effect of atorvastatin on blood lipids. Objectives To quantify the dose-related effects of atorvastatin on blood lipids and withdrawals due to adverse effects (WDAE). Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) on The Cochrane Library Issue 4, 2011, MEDLINE (1966 to November 2011), EMBASE (1980 to November 2011), ISI Web of Science (1899 to November 2011) and BIOSIS Previews (1969 to November 2011). No language restrictions were applied. Selection criteria Randomised controlled and uncontrolled before-and-after trials evaluating the dose response of different fixed doses of atorvastatin on blood lipids over a duration of 3 to 12 weeks. Data collection and analysis Two review authors independently assessed trial quality and extracted data. WDAE information was collected from the placebo-controlled trials. Main results Two hundred fifty-four trials evaluated the dose-related efficacy of atorvastatin in 33,505 participants. Log dose-response data revealed linear dose-related effects on blood total cholesterol, low-density lipoprotein (LDL)-cholesterol and triglycerides. Combining all the trials using the generic inverse variance fixed-effect model for doses of 10 to 80 mg/day resulted in decreases of 36% to 53% for LDL-cholesterol. There was no significant dose-related effects of atorvastatin on blood high-density lipoprotein (HDL)-cholesterol. WDAE were not statistically different between atorvastatin and placebo for these short-term trials (risk ratio 0.99; 95% confidence interval 0.68 to 1.45). Authors’ conclusions Blood total cholesterol, LDL-cholesterol and triglyceride lowering effect of atorvastatin was dependent on dose. Log dose-response data was linear over the commonly prescribed dose range. Manufacturer-recommended atorvastatin doses of 10 to 80 mg/day resulted in 36% to 53% decreases of LDL-cholesterol. The review did not provide a good estimate of the incidence of harms associated with atorvastatin because of the short duration of the trials and the lack of reporting of adverse effects in 37% of the placebo-controlled trials.

Keywords: Adverse Effects, Analysis, Authors, Blood, Cholesterol, Collection, Confidence, Criteria, Data, Data Collection, Drugs, Duration, Effects, Efficacy, Embase, Incidence, Information, Interval, Isi, Isi Web of Science, Language, Lipids, Magnitude, Medline, Methods, Model, Placebo, Quality, Reporting, Response, Restrictions, Review, Risk, Science, Search, Statin, Trial, Triglyceride, Triglycerides, Web of Science, World

? McArthur, G., Eve, P.M., Jones, K., Banales, E., Kohnen, S., Anandakumar, T., Larsen, L., Marinus, E., Wang, H.C. and Castles, A. (2012), Phonics training for English-speaking poor readers. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD009115.

Full Text: 2012\Coc Dat Sys Rev2012, CD009115.pdf

Abstract: Background Around 5% of English speakers have a significant problem with learning to read words. Poor word readers are often trained to use letter-sound rules to improve their reading skills. This training is commonly called phonics. Well over 100 studies have administered some form of phonics training to poor word readers. However, there are surprisingly few systematic reviews or meta-analyses of these studies. The most well-known review was done by the National Reading Panel (Ehri 2001) 12 years ago and needs updating. The most recent review (Suggate 2010) focused solely on children and did not include unpublished studies. Objectives The primary aim of this review was to measure the effect that phonics training has on the literacy skills of English-speaking children, adolescents, and adults whose reading was at least one standard deviation (SD), one year, or one grade below the expected level, despite no reported problems that could explain their impaired ability to learn to read. A secondary objective was to explore the impact of various factors, such as length of training or training group size, that might moderate the effect of phonics training on poor word reading skills. Search methods We searched the following databases in July 2012: CENTRAL 2012 (Issue 6), MEDLINE 1948 to June week 3 2012, EMBASE 1980 to 2012 week 26, DARE 2013 (Issue 6), ERIC (1966 to current), PsycINFO (1806 to current), CINAHL (1938 to current), Science Citation Index (1970 to 29 June 2012), Social Science Citation Index (1970 to 29 June 2012), Conference Proceedings Citation Index - Science (1990 to 29 June 2012), Conference Proceedings Citation Index - Social Science & Humanities (1990 to 29 June 2012), ZETOC, Index to Theses-UK and Ireland, ClinicalTrials.gov, ICTRP, the metaRegister of Controlled Trials, ProQuest Dissertations and Theses, DART Europe E-theses Portal, Australasian Digital Theses Program, Education Research Theses, Electronic Theses Online System, Networked Digital Library of Theses and Dissertations. Theses Canada portal, www.dissertation.com, and www.thesisabstracts.com. We also contacted experts and examined the reference lists of published studies. Selection criteria We included studies that use randomisation, quasi-randomisation, or minimisation to allocate participants to either a phonics intervention group (phonics alone, phonics and phoneme awareness training, or phonics and irregular word reading training) or a control group (no training or alternative training, such as maths). Participants were English-speaking children, adolescents, or adults whose word reading was below the level expected for their age for no known reason (that is, they had adequate attention and no known physical, neurological, or psychological problems). Data collection and analysis Two review authors independently selected studies, assessed risk of bias, and extracted data. Main results We found 11 studies that met the criteria for this review. They involved 736 participants. We measured the effect of phonics training on eight outcomes. The amount of evidence for each outcome varied considerably, ranging from 10 studies for word reading accuracy to one study for nonword reading fluency. The effect sizes for the outcomes were: word reading accuracy standardised mean difference (SMD) 0.47 (95% confidence interval (CI) 0.06 to 0.88; 10 studies), nonword reading accuracy SMD 0.76 (95% CI 0.25 to 1.27; eight studies), word reading fluency SMD -0.51 (95% CI -1.14 to 0.13; two studies), reading comprehension SMD 0.14 (95% CI -0.46 to 0.74; three studies), spelling SMD 0.36 (95% CI -0.27 to 1.00; two studies), letter-sound knowledge SMD 0.35 (95% CI 0.04 to 0.65; three studies), and phonological output SMD 0.38 (95% -0.04 to 0.80; four studies). There was one result in a negative direction for nonword reading fluency SMD 0.38 (95% CI -0.55 to 1.32; one study), though this was not statistically significant. We did five subgroup analyses on two outcomes that had sufficient data (word reading accuracy and nonword reading accuracy). The efficacy of phonics training was not moderated significantly by training type (phonics alone versus phonics and phoneme awareness versus phonics and irregular word training), training intensity (less than two hours per week versus at least two hours per week), training duration (less than three months versus at least three months), training group size (one-on-one versus small group training), or training administrator (human administration versus computer administration). Authors’ conclusions Phonics training appears to be effective for improving some reading skills. Specifically, statistically significant effects were found for nonword reading accuracy (large effect), word reading accuracy (moderate effect), and letter-sound knowledge (small-to-moderate effect). For several other outcomes, there were small or moderate effect sizes that did not reach statistical significance but may be meaningful: word reading fluency, spelling, phonological output, and reading comprehension. The effect for nonword reading fluency, which was measured in only one study, was in a negative direction, but this was not statistically significant. Future studies of phonics training need to improve the reporting of procedures used for random sequence generation, allocation concealment, and blinding of participants, personnel, and outcome assessment.

Keywords: Accuracy, Administration, Adolescents, Age, Allocation, Alternative, Analyses, Analysis, Assessment, At-Risk Children, Authors, Bias, Canada, Children, Citation, Collection, Computer-Assisted-Instruction, Conference, Confidence, Control, Criteria, Data, Data Collection, Databases, Developmental Dyslexia, Disabled-Children, Duration, Dyslexic Childrens Response, Effects, Efficacy, Embase, Europe, Evidence, Experts, Generation, Human, Humanities, Impact, Interval, Intervention, Ireland, Knowledge, Learning, Learning Support Assistants, Length, Long-Term Outcomes, Measure, MEDLINE, Methods, Needs, Neurological, Outcome, Outcome Assessment, Outcomes, Personnel, Phonological Awareness Intervention, Physical, Preventing Reading Failure, Primary, Procedures, Psycinfo, Randomisation, Reading, Recent, Reference, Reference Lists, Reporting, Research, Review, Reviews, Risk, Science, Science Citation Index, Search, Significance, Size, Small, Social Science Citation Index, Spoken Language Impairment, Standard, Systematic Reviews, Theses, Training, Well

? Tan, M.L., Ho, J.J. and Teh, K.H. (2012), Polyunsaturated fatty acids (PUFAs) for children with specific learning disorders. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD009398.

Full Text: 2012\Coc Dat Sys Rev2012, CD009398.pdf

Abstract: Background About 5% of schoolchildren have a specific learning disorder, defined as an unexpected failure to acquire adequate abilities in reading, writing or mathematic skills not as a result of reduced intellectual ability, inadequate teaching or social deprivation. of these, 80% are reading disorders. Polyunsaturated fatty acids (PUFAs), in particular omega-3 and omega-6 fatty acids, which are found abundantly in the brain and retina are important for learning. Some children with specific learning disorders have been found to be deficient in these PUFAs, and it is argued that supplementation of PUFAs may help these children improve their learning abilities. Objectives To assess the effects of polyunsaturated fatty acids (PUFAs) supplementation for children with specific learning disorders, on learning outcomes. Search methods We searched the following databases in April 2012: CENTRAL (2012, Issue 4), MEDLINE (1948 to April Week 2 2012), EMBASE (1980 to 2012 Week 16), PsycINFO (1806 to April 2012), ERIC (1966 to April 2012), Science Citation Index (1970 to 20 April 2012), Social Science Citation Index (1970 to 20 April 2012), Conference Proceedings Citation Index-Science (1970 to 20 April 2012), Conference Proceedings Citation Index-Social Sciences and Humanites (1970 to 20 April 2012), Cochrane Database of Systematic Reviews (2012, Issue 4), DARE (2012, Issue 2), ZETOC (24 April 2012) and WorldCat (24 April 2012). We searched the WHO International Clinical Trials Registry Platform and ClinicalTrials.gov on 24 April 2012. We also searched the reference lists of relevant articles identified by the searches. Selection criteria Randomised or quasi-randomised controlled trials comparing polyunsaturated fatty acids (PUFAs) with placebo or no treatment in children aged below 18 years with specific learning disabilities diagnosed using DSM-IV, ICD-10 or equivalent criteria. We intended to include participants with co-existing developmental disorders such as attention deficit hyperactivity disorder (ADHD) or autism. Data collection and analysis Two authors (ML and KH) independently screened the titles and abstracts of the search results and eliminated all studies that did not meet the inclusion criteria. Authors were contacted for missing information and clarifications when needed. Main results We did not find any studies suitable for inclusion in the review. One study is awaiting classification as we were unable to get any information from the study author. Authors’ conclusions There is insufficient evidence to draw any conclusion about the use of PUFAs for children with specific learning disorders. There is a need for well designed randomised studies to support or refute the use of PUFAs in this group of children.

Keywords: Adhd, Aged, Analysis, Authors, Autistic Spectrum, Brain, Children, Citation, Classification, Clinical Trials, Collection, Conference, Criteria, Data Collection, Databases, Deprivation, Disabilities, Docosahexaenoic Acid, Dsm-Iv, Dyslexia, Effects, Embase, Evidence, Failure, Icd-10, Information, Learning, MEDLINE, Methods, Outcomes, Placebo, Placebo-Controlled Trial, Psycinfo, Randomised, Randomized Double-Blind, Reading, Reading Difficulties, Reference, Reference Lists, Review, Science, Science Citation Index, Search, Social, Social Science Citation Index, Supplementation, Support, Systematic Analysis, Teaching, Treatment, WHO

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Full Text: 2013\Coc Dat Sys Rev2013, CD000313.pdf

Abstract: Background Discharge planning is a routine feature of health systems in many countries. The aim of discharge planning is to reduce hospital length of stay and unplanned readmission to hospital, and improve the co-ordination of services following discharge from hospital. Objectives To determine the effectiveness of planning the discharge of individual patients moving from hospital. Search methods We updated the review using the Cochrane EPOC Group Trials Register, MEDLINE, EMBASE and the Social Science Citation Index (last searched in March 2012). Selection criteria Randomised controlled trials (RCTs) that compared an individualised discharge plan with routine discharge care that was not tailored to the individual patient. Participants were hospital inpatients. Data collection and analysis Two authors independently undertook data analysis and quality assessment using a pre designed data extraction sheet. Studies are grouped according to patient group (elderly medical patients, patients recovering from surgery and those with a mix of conditions) and by outcome. Our statistical analysis was done on an intention to treat basis, we calculated risk ratios for dichotomous outcomes and mean differences for continuous data using fixed-effect meta-analysis. When combining outcome data was not possible, because of differences in the reporting of outcomes, we have presented the data in narrative summary tables. Main results We included twenty-four RCTs (8098 patients); three RCTS were identified in this update. Sixteen studies recruited older patients with a medical condition, four recruited patients with a mix of medical and surgical conditions, one recruited patients from a psychiatric hospital, one from both a psychiatric hospital and from a general hospital, and two trials patients admitted to hospital following a fall (110 patients). Hospital length of stay and readmissions to hospital were statistically significantly reduced for patients admitted to hospital with a medical diagnosis and who were allocated to discharge planning (mean difference length of stay -0.91, 95% CI -1.55 to -0.27, 10 trials; readmission rates RR 0.82, 95% CI 0.73 to 0.92, 12 trials). For elderly patients with a medical condition there was no statistically significant difference between groups for mortality (RR 0.99, 95% CI 0.78 to 1.25, five trials) or being discharged from hospital to home (RR 1.03, 95% CI 0.93 to 1.14, two trials). This was also the case for trials recruiting patients recovering from surgery and a mix of medical and surgical conditions. In three trials, patients allocated to discharge planning reported increased satisfaction. There was little evidence on overall healthcare costs. Authors’ conclusions The evidence suggests that a discharge plan tailored to the individual patient probably brings about reductions in hospital length of stay and readmission rates for older people admitted to hospital with a medical condition. The impact of discharge planning on mortality, health outcomes and cost remains uncertain.

Keywords: Acute-Care, Analysis, Assessment, Authors, Care, Citation, Clinical-Trial, Collection, Combining, Congestive-Heart-Failure, Controlled Clinical Trials As Topic, Coordination, Cost, Costs, Criteria, Data, Data Analysis, Data Collection, Diagnosis, Discharge, Effectiveness, Elderly, Embase, Evidence, Extraction, Feature, Follow-Up, Frail Elderly-Patients, General, Geriatric Consultation Team, Groups, Health, Health Care Costs, Health Outcomes, Health Systems, Healthcare Costs, Hospital, Humans, Impact, Inpatients, Intervention Team, Length, Length of Stay, Medical, Medicare Population, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Older People, Outcome, Outcome Assessment (Health Care), Outcomes, Patient Discharge, Patient Readmission, Patients, Planning, Quality, Quality-Of-Life, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Rates, Rct, Readmission, Readmissions, Reporting, Review, Risk, Satisfaction, Science, Science Citation Index, Search, Services, Social Science Citation Index, Statistical Analysis, Surgery, Systems

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Full Text: 2013\Coc Dat Sys Rev2013, CD001775.pdf

Abstract: Background Ginkgo is used in the treatment of peripheral vascular disease and ‘cerebral insufficiency’. It is thought to have several potential mechanisms of action including increased blood flow, platelet activating factor antagonism, and prevention of membrane damage caused by free radicals. Vascular factors and oxidative damage are thought to be two potential mechanisms in the pathology of age-related macular degeneration (AMD). Objectives The objective of this review was to determine the effect of Ginkgo biloba extract on the progression of AMD. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2012, Issue 10), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE (January 1946 to October 2012), EMBASE (January 1980 to October 2012), Allied and Complementary Medicine Database (AMED) (January 1985 to October 2012), OpenGrey (System for Information on Grey Literature in Europe) (www.opengrey.eu/), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 5 October 2012. We searched the reference lists of identified reports and the Science Citation Index. We also contacted investigators of included studies for additional information. Selection criteria All randomised trials in people with AMD where Ginkgo biloba extract had been compared to control were included. Data collection and analysis The review author extracted data using a standardised form. The data were verified with the trial investigators. Trial quality was assessed. Main results Two published trials were identified that randomised a total of 119 people. In one study conducted in France, 20 people were randomly allocated to Gingko biloba extract EGb 761 80 mg twice daily or placebo. In the other study conducted in Germany, 99 people were randomly allocated to two different doses of Ginkgo biloba extract EGb 761 (240 mg per day and 60 mg per day). Treatment duration in both studies was six months. Both trials reported some positive effects of Ginkgo biloba on vision however their results could not be pooled. Adverse effects and quality of life for people with AMD were not reported. Authors’ conclusions The question as to whether people with AMD should take Ginkgo biloba extract to prevent progression of the disease has not been answered by research to date. Two small trials have suggested possible benefit of Gingko biloba on vision and further trials are warranted. Ginkgo biloba is widely used in China, Germany, and France. Future trials should be larger, and last longer, in order to provide a more robust measure of the effect of Gingko biloba extract on AMD.

Keywords: Analysis, Blood, Blood Flow, Cerebral, China, Citation, Citations, Clinical Trials, Collection, Control, Criteria, Damage, Data, Data Collection, Database, Databases, Disease, Double-Blind, Duration, Effects, Egb-761, Embase, England, Europe, Flow, France, Free Radicals, Germany, Ginkgo Biloba, Ginkgo Biloba [Therapeutic Use], Grey Literature, Humans, Information, Ingestion, Language, Life, Literature, Macular Degeneration [Therapy], Measure, Mechanisms, Medicine, MEDLINE, Membrane, Methods, Pathology, Phytotherapy, Placebo, Plants,Medicinal, Potential, Prevent, Prevention, Progression, Quality, Quality Of, Quality of Life, Randomised, Reference, Reference Lists, Research, Restrictions, Retina, Review, River, Science, Science Citation Index, Search, Small, Treatment, Trial, Trials, USA, Vascular Disease, WHO

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Full Text: 2013\Coc Dat Sys Rev2013, CD003617.pdf

Abstract: Background The widely-accepted treatment outcome for chronic hepatitis C is the sustained viral response (that is, no measurable viral RNA in blood six months after treatment). However, this surrogate outcome (as well as the previously employed biochemical and histologic ones) has never been validated. This situation exists because there are very few randomized clinical trials that have used clinical events (mortality or manifestations of decompensated cirrhosis) as outcomes, because those clinical events only occur after many years of infection. Patients in whom initial therapy fails to produce sustained viral responses do become potential candidates for retreatment; some of these individuals are not candidates for ribavirin or protease inhibitors and consideration could be given to retreatment with interferon alone. Objectives To assess the benefits and harms of interferon monotherapy retreatment in chronic hepatitis C patients and to validate the currently employed surrogate outcomes in this group of patients. Search methods We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until 16 August 2012. Selection criteria Randomized trials comparing interferon versus placebo or no treatment in chronic hepatitis C nonresponders and relapsers to previous interferon. Data collection and analysis The primary outcomes were mortality (all-cause and hepatic), quality of life, and adverse events. Secondary outcomes were liver-related morbidity, sustained viral responses, biochemical responses, histologic improvements, and costs. We used both fixed-effect and random-effects model meta-analyses, reporting only the former if no difference existed. Main results Seven trials were identified. Two of them were at low risk of bias (the HALT-C and EPIC3 trials) and included 1676 patients. Both of these trials addressed the role of long-term low-dose pegylated interferon therapy in patients with severe fibrosis (demonstrated on liver biopsy) and were designed to assess the clinical outcomes. The remaining five trials included 300 patients and were at high risk of bias. Based on all trials reporting the outcomes, no significant difference was observed in either all-cause mortality (78/843 (9.3%) versus 62/867 (7.2%); risk ratio (RR) 1.30, 95% confidence interval (CI) 0.95 to 1.79; 3 trials) or hepatic mortality (41/532 (7.7%) versus 40/552 (7.2%); RR 1.07, 95% CI 0.70 to 1.63; 2 trials); however, when only the two trials at low risk of bias were combined, all-cause mortality was significantly higher in the recipients of the pegylated interferon (78/828 (9.4%) versus 57/848 (6.7%); RR 1.41, 95% CI 1.02 to 1.96) although trial sequential analysis could not exclude the possibility of random error. There was less variceal bleeding in the recipients of the interferon (4/843 (0.5%) versus 18/867 (2.1%); RR 0.24, 95% CI 0.09 to 0.67; 3 trials), although again trial sequential analysis could not exclude the presence of a type I error and the effect could not be confirmed in a random-effects model meta-analysis. No significant differences were seen with regard to the development of ascites, encephalopathy, hepatocellular carcinoma, or the need for liver transplantation. One trial reported quality of life data; the pain score was significantly worse in the recipients of the pegylated interferon. Adverse effects tended to be more common in the interferon recipients; the ones that were significantly more common included hematologic complications, infections, flu-like symptoms, and rash. The recipients of interferon had significantly more sustained viral responses (20/557 (3.6%) versus 1/579 (0.2%); RR 15.38, 95% CI 2.93 to 80.71; 4 trials) and a type I error was excluded by trial sequential analysis. The METAVIR activity score also improved (36/55 (65%) versus 20/46 (43.5%); RR 1.49, 95% CI 1.02 to 2.18; 2 trials). No significant differences were seen with regard to histologic fibrosis assessments. Authors’ conclusions The clinical data were limited to patients with histologic evidence of severe fibrosis who were retreated with pegylated interferon. In this scenario, retreatment with interferon did not appear to provide significant clinical benefit and, when only the trials at low risk of bias were considered, retreatment for several years may even have increased all-cause mortality. Such treatment also produced adverse events. On the other hand, the treatment did result in improvement in some surrogate outcomes, namely sustained viral responses and histologic evidence of inflammation. Interferon monotherapy retreatment cannot be recommended for these patients. No clinical data are available for patients with less severe fibrosis. The sustained viral response cannot be used as a surrogate marker for hepatitis C treatment in this clinical setting with low sustained viral response rates and needs to be validated in others in which higher sustained viral response rates are reported.

Keywords: Analysis, Antiviral Agents [Therapeutic Use], Assessments, Bias, Biopsy, Bleeding, Blood, Chronic, Chronic Hepatitis, Cirrhosis, Citation, Clinical, Clinical Outcomes, Clinical Trials, Collection, Complications, Confidence, Costs, Criteria, Daily Consensus Interferon, Data, Data Collection, Development, Effects, Embase, Encephalopathy, Error, Events, Evidence, Fibrosis, Hcv-Genotype 1b, Hematologic, Hepatitis, Hepatitis C, Hepatitis C,Chronic [Drug Therapy], Hepatocellular Carcinoma, High-Dose Interferon, Humans, Improvement, Infection, Infections, Inflammation, Interferon, Interferons [Therapeutic Use], Interval, Life, Liver, Liver Transplantation, Long Term, Long-Term, Low Risk, Low-Dose, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Morbidity, Mortality, Needs, Outcome, Outcomes, Pain, Pain Score, Patients, Pegintron Maintenance Therapy, Placebo, Potential, Prevent Hepatocellular-Carcinoma, Primary, Quality, Quality Of, Quality of Life, Random Effects Model, Randomized, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Rates, Recombinant Alpha-Interferon, Reporting, Ribavirin Combination Therapy, Risk, Rna, Role, Scenario, Science, Science Citation Index, Science Citation Index Expanded, Search, Surrogate, Sustained Virological Response, Symptoms, Therapy, Transplantation, Treatment, Treatment Outcome, Trial, Viral, Virus-Related Cirrhosis

? Shortt, A.J., Allan, B.D.S. and Evans, J.R. (2013), Laser-assisted in-situ keratomileusis (LASIK) versus photorefractive keratectomy (PRK) for myopia. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD005135.

Full Text: 2013\Coc Dat Sys Rev2013, CD005135.pdf

Abstract: Background Myopia (also known as short-sightedness or near-sightedness) is an ocular condition in which the refractive power of the eye is greater than is required, resulting in light from distant objects being focused in front of the retina instead of directly on it. The two most commonly used surgical techniques to permanently correct myopia are photorefractive keratectomy (PRK) and laser-assisted in-situ keratomileusis (LASIK). Objectives To compare the effectiveness and safety of LASIK and PRK for correction of myopia by examining post-treatment uncorrected visual acuity, refractive outcome, loss of best spectacle-corrected visual acuity, pain scores, flap complications in LASIK, subepithelial haze, adverse events, quality of life indices and higher order aberrations. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2012, Issue 11), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE (January 1946 to November 2012), EMBASE (January 1980 to November 2012), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to November 2012), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 15 November 2012. We also searched the reference lists of the studies and the Science Citation Index. Selection criteria We included randomised controlled trials comparing LASIK and PRK for the correction of any degree of myopia. Data collection and analysis Two authors independently assessed trial quality and extracted data. We summarised data using the odds ratio and mean difference. We combined odds ratios using a random-effects model after testing for heterogeneity. Main results We included 13 trials (1135 participants, 1923 eyes) in this review. Nine of these trials randomised eyes to treatment, two trials randomised people to treatment and treated both eyes, and two trials randomised people to treatment and treated one eye. None of the paired trials reported an appropriate paired analysis. We considered the overall quality of evidence to be low for most outcomes because of the risk of bias in the included trials. There was evidence that LASIK gives a faster visual recovery than PRK and is a less painful technique. Results at one year after surgery were comparable: most analyses favoured LASIK but they were not statistically significant. Authors’ conclusions LASIK gives a faster visual recovery and is a less painful technique than PRK. The two techniques appear to give similar outcomes one year after surgery. Further trials using contemporary techniques are required to determine whether LASIK and PRK as currently practised are equally safe. Randomising eyes to treatment is an efficient design, but only if analysed properly. In future trials, more efforts could be made to mask the assessment of outcome.

Keywords: Analyses, Analysis, Assessment, Authors, Bias, Citation, Citations, Clinical Trials, Collection, Complications, Contralateral Eye, Criteria, Data, Data Collection, Databases, Design, Effectiveness, Embase, Events, Evidence, Excimer-Laser, Femtosecond Laser, Flap Complications, Follow-Up, Heterogeneity, Humans, In Situ, Indices, Insitu Keratomileusis, Keratomileusis,Laser In Situ, Language, Lasers,Excimer, Lasik, Life, Literature, Mechanical Microkeratome, MEDLINE, Methods, Model, Myopia [Surgery], Odds Ratio, Outcome, Outcomes, Pain, Photorefractive Keratectomy, Power, Quality, Quality Of, Quality of Life, Random Effects Model, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trials, Recovery, Reference, Reference Lists, Refractive Surgery, Restrictions, Results, Review, Risk, Risk-Factors, Safety, Science, Science Citation Index, Search, Surgery, Surgical Techniques, Techniques, Testing, Treatment, Trial, WHO

? Marti-Carvajal, A.J., Sola, I., Lathyris, D., Karakitsiou, D.E. and Simancas-Racines, D. (2013), Homocysteine-lowering interventions for preventing cardiovascular events. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD006612.

Full Text: 2013\Coc Dat Sys Rev2013, CD006612.pdf

Abstract: Background Cardiovascular disease (including coronary artery disease, stroke and congestive heart failure), is a leading cause of death worldwide. Homocysteine is an amino acid with biological functions in methionine metabolism. A postulated risk factor is elevated circulating total homocysteine levels, which are associated with cardiovascular events. This is an update of a review previously published in 2009. Objectives To assess the clinical effectiveness of homocysteine-lowering interventions in people with or without pre-existing cardiovascular disease. Search methods We searched The Cochrane Central Register of Controlled Trials (CENTRAL) on The Cochrane Library (2012, Issue 2), MEDLINE (1950 to Feb week 2 2012), EMBASE (1980 to 2012 week 07), and LILACS (1986 to February 2012). We also searched ISI Web of Science (1970 to February 2012). We handsearched the reference lists of included papers. We also contacted researchers in the field. There was no language restriction in the search. Selection criteria We included randomised controlled trials assessing the effects of homocysteine-lowering interventions for preventing cardiovascular events with a follow-up period of one year or longer. We considered myocardial infarction and stroke as the primary outcomes. We excluded studies in patients with end-stage renal disease. Data collection and analysis We performed study selection, ‘Risk of bias’ assessment and data extraction in duplicate. We estimated risk ratios (RR) for dichotomous outcomes. We measured statistical heterogeneity using I-2. We used a random-effects model. Main results In this updated systematic review, we identified four new randomised trials, resulting in a total of 12 randomised controlled trials involving 47,429 participants. In general terms, the trials had a low risk of bias. Homocysteine-lowering interventions compared with placebo did not significantly affect non-fatal or fatal myocardial infarction (pooled RR 1.02, 95% CI 0.95 to 1.10, I-2 = 0%), stroke (pooled RR 0.91, 95% CI 0.82 to 1.0, I-2 = 11%) or death by any cause (pooled RR 1.01 (95% CI 0.96 to 1.07, I-2: 6%)). Homocysteine-lowering interventions compared with placebo did not significantly affect serious adverse events (cancer) (1 RR 1.06, 95% CI 0.98 to 1.13; I-2 = 0%). Authors’ conclusions This updated Cochrane review found no evidence to suggest that homocysteine-lowering interventions in the form of supplements of vitamins B6, B9 or B12 given alone or in combination should be used for preventing cardiovascular events. Furthermore, there is no evidence suggesting that homocysteine-lowering interventions are associated with an increased risk of cancer.

Keywords: Amino Acid, Analysis, Artery, Assessing, Assessment, Bias, Biological, Cancer, Cardiovascular, Cardiovascular Disease, Cause of Death, Clinical, Collection, Congestive Heart Failure, Coronary Artery, Coronary Artery Disease, Criteria, Data, Data Collection, Death, Disease, Effectiveness, Effects, Embase, Events, Evidence, Extraction, Failure, Field, Follow-Up, Functions, General, Heart, Heart Failure, Heterogeneity, Homocysteine, Infarction, Interventions, ISI, ISI Web of Science, Language, Low Risk, MEDLINE, Metabolism, Methods, Model, Myocardial Infarction, Outcomes, Papers, Patients, Placebo, Primary, Random Effects Model, Randomised, Randomised Controlled Trials, Reference, Reference Lists, Renal, Review, Risk, Risk Factor, Risk of Bias, Science, Search, Selection, Stroke, Systematic Review, Web of Science

? Borthwick, E.M.J., Hill, C.J., Rabindranath, K.S., Maxwell, A.P., McAuley, D.F. and Blackwood, B. (2013), High-volume haemofiltration for sepsis. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD008075.

Full Text: 2013\Coc Dat Sys Rev2013, CD008075.pdf

Abstract: Background Severe sepsis and septic shock are leading causes of death in the intensive care unit (ICU). This is despite advances in the management of patients with severe sepsis and septic shock including early recognition, source control, timely and appropriate administration of antimicrobial agents, and goal directed haemodynamic, ventilatory and metabolic therapies. High-volume haemofiltration (HVHF) is a blood purification technique which may improve outcomes in critically ill patients with severe sepsis or septic shock. The technique of HVHF has evolved from renal replacement therapies used to treat acute kidney injury (AKI) in critically ill patients in the ICU. Objectives This review assessed whether HVHF improves clinical outcome in adult critically ill patients with sepsis in an ICU setting. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library, 2011, Issue 7); MEDLINE (1990 to August 2011), EMBASE (1990 to August 2011); LILACS (1982 to August 2011), Web of Science (1990 to August 2011), CINAHL (1982 to August 2011) and specific websites. Selection criteria We included randomized controlled trials (RCTs) and quasi-randomized trials comparing HVHF or high-volume haemodiafiltration to standard or usual dialysis therapy; and RCTs and quasi-randomized trials comparing HVHF or high-volume haemodiafiltration to no similar dialysis therapy. The studies involved adults in critical care units. Data collection and analysis Three review authors independently extracted data and assessed trial quality. We sought additional information as required from trialists. Main results We included three randomized trials involving 64 participants. Due to the small number of studies and participants, it was not possible to combine data or perform sub-group analyses. One trial reported ICU and 28-day mortality, one trial reported hospital mortality and in the third, the number of deaths stated did not match the quoted mortality rates. No trials reported length of stay in ICU or hospital and one reported organ dysfunction. No adverse events were reported. Overall, the included studies had a low risk of bias. Authors’ conclusions There were no adverse effects of HVHF reported. There is insufficient evidence to recommend the use of HVHF in critically ill patients with severe sepsis and or septic shock except as interventions being investigated in the setting of a randomized clinical trial. These trials should be large, multi-centred and have clinically relevant outcome measures. Financial implications should also be assessed.

Keywords: Acute Kidney Injury, Acute-Renal-Failure, Administration, Adsorption, Adult, Advances, Adverse Effects, Aki, Analyses, Analysis, Antimicrobial, Antimicrobial Agents, Authors, Bias, Blood, Care, Clinical, Clinical Trial, Collection, Continuous Venovenous Hemofiltration, Control, Criteria, Critical Care, Critically-Ill Patients, Data, Data Collection, Death, Dialysis, Effects, Embase, Events, Evidence, Hospital, Human Septic Shock, Icu, Impact, Information, Injury, Intensive Care, Intensive Care Unit, Interventions, Kidney, Length, Length of Stay, Low Risk, Management, Measures, Medline, Methods, Mortality, Organ Failure, Outcome, Outcome Measures, Outcomes, Patients, Purification, Quality, Randomized, Randomized Clinical Trial, Randomized Controlled Trials, Randomized-Trial, Rates, Renal, Replacement Therapy, Review, Risk, Science, Search, Sepsis, Septic Shock, Shock, Small, Source, Source Control, Standard, Therapy, Trial, Web of Science, Websites

? Cheng, Y., Lu, J., Xiong, X.Z., Wu, S.J., Lin, Y.X., Wu, T.X. and Cheng, N.S. (2013), Gases for establishing pneumoperitoneum during laparoscopic abdominal surgery. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD009569.

Full Text: 2013\Coc Dat Sys Rev2013, CD009569.pdf

Abstract: Background Laparoscopic surgery is now widely performed to treat various abdominal diseases. Currently, carbon dioxide is the most frequently used gas for insufflation of the abdominal cavity (pneumoperitoneum). Many other gases have been introduced as alternatives to carbon dioxide for establishing pneumoperitoneum. Objectives To assess the safety, benefits, and harms of different gases for establishing pneumoperitoneum in patients undergoing laparoscopic abdominal surgery. Search methods We searched The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and Chinese Biomedical Literature Database (CBM) until September 2012. Selection criteria We only included randomized controlled trials comparing different gases for establishing pneumoperitoneum in patients undergoing laparoscopic abdominal surgery under general anaesthesia. Data collection and analysis Two review authors identified the trials for inclusion, collected the data, and assessed the risk of bias independently. We performed the meta-analyses using Review Manager 5. We calculated the risk ratio (RR) for dichotomous outcomes and the mean difference (MD) or standardized mean difference (SMD) for continuous outcomes with 95% confidence intervals (CI). Main results Carbon dioxide pneumoperitoneum versus nitrous oxide pneumoperitoneum Three trials randomized 196 participants (the majority with low anaesthetic risk) to carbon dioxide pneumoperitoneum (n=96) or nitrous oxide pneumoperitoneum (n=100). All of the trials were of high risk of bias. Two trials (n=143) showed lower pain scores in nitrous oxide pneumoperitoneum at various time points on the first post-operative day. One trial (n=53) showed no difference in the pain scores between the groups. There were no significant differences in cardiopulmonary complications, surgical morbidity, or cardiopulmonary changes between the groups. There were no serious adverse events related to either carbon dioxide or nitrous oxide pneumoperitoneum. Carbon dioxide pneumoperitoneum versus helium pneumoperitoneum Four trials randomized 144 participants (the majority with low anaesthetic risk) to carbon dioxide pneumoperitoneum (n=75) or helium pneumoperitoneum (n=69). All of the trials were of high risk of bias. Fewer cardiopulmonary changes were observed with helium pneumoperitoneum than carbon dioxide pneumoperitoneum. There were no significant differences in cardiopulmonary complications, surgical morbidity, or pain scores. There were three serious adverse events (subcutaneous emphysema) related to helium pneumoperitoneum. Carbon dioxide pneumoperitoneum versus any other gas pneumoperitoneum There were no randomized controlled trials comparing carbon dioxide pneumoperitoneum to any other gas pneumoperitoneum. Authors’ conclusions 1. Nitrous oxide pneumoperitoneum during laparoscopic abdominal surgery appears to decrease post-operative pain in patients with low anaesthetic risk. 2. Helium pneumoperitoneum decreases the cardiopulmonary changes associated with laparoscopic abdominal surgery. However, this did not translate into any clinical benefit over carbon dioxide pneumoperitoneum in patients with low anaesthetic risk. 3. The safety of nitrous oxide and helium pneumoperitoneum has yet to be established. More randomized controlled trials on this topic are needed. Future trials should include more patients with high anaesthetic risk. Furthermore, such trials need to use adequate methods to reduce the risk of bias.

Keywords: Abdominal, Abdominal Surgery, Alternatives, Anaesthesia, Analysis, Authors, Bias, Carbon, Carbon Dioxide, Carbon-Dioxide Pneumoperitoneum, Cardiopulmonary, Changes, Chinese, Cholecystectomy, Citation, Clinical, Collection, Complications, Confidence, Confidence Intervals, Criteria, Data, Data Collection, Diseases, Embase, Emphysema, Events, First, General, General Anaesthesia, Groups, Helium Insufflation, Intervals, Laparoscopic, Literature, Local-Anesthesia, MEDLINE, Metaanalysis, Methods, Morbidity, Nitrous Oxide, Nitrous-Oxide Pneumoperitoneum, Outcomes, Oxide, Pain, Patients, Postoperative, Postoperative Pain, Randomized, Randomized Controlled Trials, Review, Risk, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Surgery, Topic, Trial, Trials

? Rees, K., Hartley, L., Day, C., Flowers, N., Clarke, A. and Stranges, S. (2013), Selenium supplementation for the primary prevention of cardiovascular disease (Review). *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD009671.

Full Text: 2013\Coc Dat Sys Rev2013, CD009671.pdf

Abstract: Background Selenium is a key component of a number of selenoproteins which protect against oxidative stress and have the potential to prevent chronic diseases including cardiovascular disease (CVD). However, observational studies have shown inconsistent associations between selenium intake and CVD risk; in addition, there is concern around a possible increased risk of type 2 diabetes with high selenium exposure. Objectives To determine the effectiveness of selenium only supplementation for the primary prevention of CVD and examine the potential adverse effect of type 2 diabetes. Search methods The following electronic databases were searched: the Cochrane Central Register of Controlled Trials (CENTRAL) (Issue 10 of 12, October 2012) on The Cochrane Library; MEDLINE (Ovid) (1946 to week 2 October 2012); EMBASE Classic + EMBASE (Ovid) (1947 to 2012 Week 42); CINAHL (EBSCO) (to 24 October 2012); ISI Web of Science (1970 to 24 October 2012); PsycINFO (Ovid) (1806 to week 3 October 2012); Database of Abstracts of Reviews of Effects (DARE), Health Technology Assessment Database and Health Economics Evaluations Database (Issue 4 of 4, October 2012) on The Cochrane Library. Trial registers and reference lists of reviews and articles were searched and experts in the field were approached. No language restrictions were applied. Selection criteria Randomised controlled trials on the effects of selenium only supplementation on major CVD end-points, mortality, changes in CVD risk factors, and type 2 diabetes were included both in adults of all ages from the general population and in those at high risk of CVD. Trials were only considered where the comparison group was placebo or no intervention. Only studies with at least three months follow-up were included in the meta-analyses, shorter term studies were dealt with descriptively. Data collection and analysis Two review authors independently assessed trial quality and extracted data. Study authors were contacted for additional information. Main results Twelve trials (seven with duration of at least three months) met the inclusion criteria, with 19,715 participants randomised. The two largest trials that were conducted in the USA (SELECT and NPC) reported clinical events. There were no statistically significant effects of selenium supplementation on all cause mortality (RR 0.97, 95% CI 0.88 to 1.08), CVD mortality (RR 0.97, 95% CI 0.79 to 1.2), non-fatal CVD events (RR 0.96, 95% CI 0.89 to 1.04) or all CVD events (fatal and non-fatal) (RR 1.03, 95% CI 0.95 to 1.11). There was a small increased risk of type 2 diabetes with selenium supplementation but this did not reach statistical significance (RR 1.06, 95% CI 0.97 to 1.15). Other adverse effects that increased with selenium supplementation, as reported in the SELECT trial, included alopecia (RR 1.28, 95% CI 1.01 to 1.62) and dermatitis grade 1 to 2 (RR 1.17, 95% CI 1.0 to 1.35). Selenium supplementation reduced total cholesterol but this did not reach statistical significance (WMD - 0.11 mmol/L, 95% CI - 0.3 to 0.07). Mean high density lipoprotein (HDL) levels were unchanged. There was a statistically significant reduction in non-HDL cholesterol (WMD - 0.2 mmol/L, 95% CI - 0.41 to 0.00) in one trial of varying selenium dosage. None of the longer term trials examined effects on blood pressure. Overall, the included studies were regarded as at low risk of bias. Authors’ conclusions The limited trial evidence that is available to date does not support the use of selenium supplements in the primary prevention of CVD.

Keywords: Adverse Effects, Alopecia, Analysis, Antioxidant Vitamins, Assessment, Authors, Bias, Blood, Blood Pressure, Cardiovascular, Cardiovascular Disease, Changes, Cholesterol, Chronic, Clinical, Collection, Comparison, Coronary-Heart-Disease, Criteria, Data, Data Collection, Database, Databases, Density-Lipoprotein, Diabetes, Disease, Diseases, Double-Blind, Duration, Economics, Effectiveness, Effects, Embase, Events, Evidence, Experts, Exposure, Field, Follow-Up, General, Glutathione-Peroxidase Activity, Hdl, Health, Human Health, Information, Intervention, Isi, Isi Web of Science, Language, Low Risk, Medline, Methods, Mortality, Myocardial-Infarction, Nutrition Intervention Trials, Observational, Observational Studies, Oxidative Stress, Placebo, Population, Potential, Pressure, Prevent, Prevention, Primary, Primary Prevention, Prostate-Cancer, Psycinfo, Quality, Randomised, Randomised Controlled Trials, Reduction, Reference, Reference Lists, Restrictions, Review, Reviews, Risk, Risk Factors, Science, Search, Selenium, Serum Selenium, Significance, Small, Stress, Support, Technology, Technology Assessment, Term, Trial, Type 2 Diabetes, Usa, Web of Science

? Perel, P., Ker, K., Uribe, C.H.M. and Roberts, I. (2013), Tranexamic acid for reducing mortality in emergency and urgent surgery (Review). *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD010245.

Full Text: 2013\Coc Dat Sys Rev2013, CD010245.pdf

Abstract: Background Emergency or urgent surgery, which can be defined as surgery which must be done promptly to save life, limb, or functional capacity, is associated with a high risk of bleeding and death. Antifibrinolytic agents, such as tranexamic acid, inhibit blood clot breakdown (fibrinolysis) and can reduce perioperative bleeding. Tranexamic acid has been shown to reduce the need for a blood transfusion in adult patients undergoing elective surgery but its effects in patients undergoing emergency or urgent surgery is unclear. Objectives To assess the effects of tranexamic acid on mortality, blood transfusion and thromboembolic events in adults undergoing emergency or urgent surgery. Search methods We searched the following electronic databases: the Cochrane Injuries Group’s Specialised Register (22 August 2012); Cochrane Central Register of Controlled Trials (2012, issue 8 of 12); MEDLINE (Ovid SP) 1950 to August Week 2, 2012; PubMed 1 June 2012 to 22 August 2012; EMBASE (Ovid SP) 1980 to 2012 Week 33; ISI Web of Science: Conference Proceedings Citation Index-Science (CPCI-S) 1990 to 22 August 2012; ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED) 1970 to 22 August 2012. We also searched online trial registers on 22 August 2012 to identify unpublished studies. Selection criteria Randomised controlled trials comparing tranexamic acid with no tranexamic acid or placebo in adults undergoing emergency or urgent surgery. Data collection and analysis Two authors examined titles, abstracts and keywords of citations from the electronic databases for eligibility and extracted data for analysis and risk of bias assessment. Outcome measures of interest were mortality, receipt of a blood transfusion, units of blood transfused, reoperation, seizures and thromboembolic events (myocardial infarction, stroke, deep vein thrombosis and pulmonary embolism). Main results We identified five trials involving 372 people that met the inclusion criteria. Three trials (260 patients) contributed data to the analyses. The effect of tranexamic acid on mortality (RR 1.01; 95% CI 0.14 to 7.3) is uncertain. However, tranexamic acid reduces the probability of receiving a blood transfusion by 30% although the estimate is imprecise (RR 0.70; 95% CI 0.52 to 0.94). The effect on deep venous thrombosis (RR 2.29; 95% CI 0.68 to 7.66), and stroke (RR 2.79; 95% CI 0.12 to 67.10) is uncertain. There were no events of pulmonary embolism or myocardial infarction. None of the trials reported units of blood transfused, reoperation, or seizure outcomes. Authors’ conclusions There is evidence that tranexamic acid reduces blood transfusion in patients undergoing emergency or urgent surgery. There is a need for a large pragmatic clinical trial to assess the effects of routine use of tranexamic acid on mortality in a heterogeneous group of urgent and emergency surgical patients.

Keywords: Adult, Analyses, Analysis, Assessment, Authors, Bias, Bleeding, Blood, Blood Transfusion, Blood-Loss, Capacity, Citation, Citations, Clinical, Clinical Trial, Collection, Conference, Controlled-Trial, Criteria, Data, Data Collection, Databases, Death, Deep Vein Thrombosis, Deep Venous Thrombosis, Effects, Elective, Embase, Embolism, Emergency, Events, Evidence, Fibrinolysis, Infarction, ISI, ISI Web of Science, Life, MEDLINE, Methods, Mortality, Myocardial Infarction, Outcomes, Patients, Placebo, Pubmed, Pulmonary Embolism, Randomised Controlled Trials, Reoperation, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Seizure, Seizures, Stroke, Surgery, Thrombosis, Transfusion, Trial, Vein Thrombosis, Venous Thrombosis, Web of Science

? Perel, P., Roberts, I. and Ker, K. (2013), Colloids versus crystalloids for fluid resuscitation in critically ill patients. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD000567.

Full Text: 2013\Coc Dat Sys Rev2013, CD000567.pdf

Abstract: Background Colloid solutions are widely used in fluid resuscitation of critically ill patients. There are several choices of colloid, and there is ongoing debate about the relative effectiveness of colloids compared to crystalloid fluids. Objectives To assess the effects of colloids compared to crystalloids for fluid resuscitation in critically ill patients. Search methods We searched the Cochrane Injuries Group Specialised Register (17 October 2012), the Cochrane Central Register of Controlled Trials (The Cochrane Library) (Issue 10, 2012), MEDLINE (Ovid) 1946 to October 2012, EMBASE (Ovid) 1980 to October 2012, ISI Web of Science: Science Citation Index Expanded (1970 to October 2012), ISI Web of Science: Conference Proceedings Citation Index-Science (1990 to October 2012), PubMed (October 2012), www.clinicaltrials.gov and www.controlled-trials.com. We also searched the bibliographies of relevant studies and review articles. Selection criteria Randomised controlled trials (RCTs) of colloids compared to crystalloids, in patients requiring volume replacement. We excluded crossover trials and trials involving pregnant women and neonates. Data collection and analysis Two review authors independently extracted data and rated quality of allocation concealment. We analysed trials with a ‘double-intervention’, such as those comparing colloid in hypertonic crystalloid to isotonic crystalloid, separately. We stratified the analysis according to colloid type and quality of allocation concealment. Main results We identified 78 eligible trials; 70 of these presented mortality data. Colloids compared to crystalloids Albumin or plasma protein fraction - 24 trials reported data on mortality, including a total of 9920 patients. The pooled risk ratio (RR) from these trials was 1.01 (95% confidence interval (CI) 0.93 to 1.10). When we excluded the trial with poor-quality allocation concealment, pooled RR was 1.00 (95% CI 0.92 to 1.09). Hydroxyethyl starch - 25 trials compared hydroxyethyl starch with crystalloids and included 9147 patients. The pooled RR was 1.10 (95% CI 1.02 to 1.19). Modified gelatin - 11 trials compared modified gelatin with crystalloid and included 506 patients. The pooled RR was 0.91 (95% CI 0.49 to 1.72). (When the trials by Boldt et al were removed from the three preceding analyses, the results were unchanged.) Dextran - nine trials compared dextran with a crystalloid and included 834 patients. The pooled RR was 1.24 (95% CI 0.94 to 1.65). Colloids in hypertonic crystalloid compared to isotonic crystalloid Nine trials compared dextran in hypertonic crystalloid with isotonic crystalloid, including 1985 randomised participants. Pooled RR for mortality was 0.91 (95% CI 0.71 to 1.06). Authors’ conclusions There is no evidence from randomised controlled trials that resuscitation with colloids reduces the risk of death, compared to resuscitation with crystalloids, in patients with trauma, burns or following surgery. Furthermore, the use of hydroxyethyl starch might increase mortality. As colloids are not associated with an improvement in survival and are considerably more expensive than crystalloids, it is hard to see how their continued use in clinical practice can be justified.

Keywords: 7.5-Percent Sodium-Chloride, Albumin, Albumins [Therapeutic Use], Allocation, Analyses, Analysis, Authors, Bibliographies, Blood Proteins [Therapeutic Use], Burns, Citation, Clinical, Clinical Practice, Collection, Colloid, Colloids, Colloids [Therapeutic Use], Conference, Confidence, Controlled Clinical-Trial, Coronary-Artery-Bypass, Criteria, Critical Illness [Mortality, Crystalloid, Data, Data Collection, Death, Dextran, Dextrans [Therapeutic Use], Effectiveness, Effects, Embase, Evidence, Fluid Therapy [Methods], Gelatin, Gelatin [Therapeutic Use], Hetastarch [Therapeutic Use], Humans, Hydroxyethyl Starch 130, 0.4, Improvement, Intensive-Care-Unit, Interval, ISI, ISI Web of Science, Isotonic Solutions [Therapeutic Use], Lactated Ringers Solution, Major Abdominal-Surgery, MEDLINE, Methods, Modified, Mortality, Neonates, Patients, Plasma, Plasma Substitutes [Therapeutic Use], Practice, Pregnant, Pregnant Women, Protein, Pubmed, Quality, Quality Of, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Rehydration Solutions [Therapeutic Use], Respiratory-Distress-Syndrome, Resuscitation, Resuscitation [Methods], Review, Risk, Saline-Dextran Solution, Science, Science Citation Index, Science Citation Index Expanded, Search, Solutions, Starch, Surgery, Survival, Therapy], Trauma, Trial, Volume, Volume Replacement Strategy, Web of Science, Women

? Edwards, A.G.K., Naik, G., Ahmed, H., Elwyn, G.J., Pickles, T., Hood, K. and Playle, R. (2013), Personalised risk communication for informed decision making about taking screening tests. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD001865.

Full Text: 2013\Coc Dat Sys Rev2013, CD001865.pdf

Abstract: Background There is a trend towards greater patient involvement in healthcare decisions. Although screening is usually perceived as good for the health of the population, there are risks associated with the tests involved. Achieving both adequate involvement of consumers and informed decision making are now seen as important goals for screening programmes. Personalised risk estimates have been shown to be effective methods of risk communication. Objectives To assess the effects of personalised risk communication on informed decision making by individuals taking screening tests. We also assess individual components that constitute informed decisions. Search methods Two authors searched the Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library, Issue 3, 2012), MEDLINE (OvidSP), EMBASE (OvidSP), CINAHL (EbscoHOST) and PsycINFO (OvidSP) without language restrictions. We searched from 2006 to March 2012. The date ranges for the previous searches were from 1989 to December 2005 for PsycINFO and from 1985 to December 2005 for other databases. For the original version of this review, we also searched CancerLit and Science Citation Index (March 2001). We also reviewed the reference lists and conducted citation searches of included studies and other systematic reviews in the field, to identify any studies missed during the initial search. Selection criteria Randomised controlled trials incorporating an intervention with a ‘personalised risk communication element’ for individuals undergoing screening procedures, and reporting measures of informed decisions and also cognitive, affective, or behavioural outcomes addressing the decision by such individuals, of whether or not to undergo screening. Data collection and analysis Two authors independently assessed each included trial for risk of bias, and extracted data. We extracted data about the nature and setting of interventions, and relevant outcome data. We used standard statistical methods to combine data using RevMan version 5, including analysis according to different levels of detail of personalised risk communication, different conditions for screening, and studies based only on high-risk participants rather than people at ‘average’ risk. Main results We included 41 studies involving 28,700 people. Nineteen new studies were identified in this update, adding to the 22 studies included in the previous two iterations of the review. Three studies measured informed decision with regard to the uptake of screening following personalised risk communication as a part of their intervention. All of these three studies were at low risk of bias and there was strong evidence that the interventions enhanced informed decision making, although with heterogeneous results. Overall 45.2% (592/1309) of participants who received personalised risk information made informed choices, compared to 20.2% (229/1135) of participants who received generic risk information. The overall odds ratio (ORs) for informed decision were 4.48 (95% confidence interval (CI) 3.62 to 5.53 for fixed effect) and 3.65 (95% CI 2.13 to 6.23 for random effects). Nine studies measured increase in knowledge, using different scales. All of these studies showed an increase in knowledge with personalised risk communication. In three studies the intervention showed a trend towards more accurate risk perception, but the evidence was of poor quality. Four out of six studies reported non-significant changes in anxiety following personalised risk communication to the participants. Overall there was a small non-significant decrease in the anxiety scores. Most studies (32/41) measured the uptake of screening tests following interventions. Our results (OR 1.15 (95% CI 1.02 to 1.29)) constitute low quality evidence, consistent with a small effect, that personalised risk communication in which a risk score was provided (6 studies) or the participants were given their categorised risk (6 studies), increases uptake of screening tests. Authors’ conclusions There is strong evidence from three trials that personalised risk estimates incorporated within communication interventions for screening programmes enhance informed choices. However the evidence for increasing the uptake of such screening tests with similar interventions is weak, and it is not clear if this increase is associated with informed choices. Studies included a diverse range of screening programmes. Therefore, data from this review do not allow us to draw conclusions about the best interventions to deliver personalised risk communication for enhancing informed decisions. The results are dominated by findings from the topic area of mammography and colorectal cancer. Caution is therefore required in generalising form these results, and particularly for clinical topics other than mammography and colorectal cancer screening.

Keywords: 1st-Degree Relatives, African-American Women, Analysis, Anxiety, Authors, Bias, Breast-Cancer Risk, Cancer, Cancer Screening, Cervical-Cancer, Changes, Citation, Clinical, Collection, Colorectal Cancer, Colorectal-Cancer, Communication, Confidence, Consumer Participation [Methods], Criteria, Data, Data Collection, Databases, Decision, Decision Making, Decision-Making, Effects, Embase, Estimates, Evidence, Field, Health, Health Behavior-Change, Humans, Information, Interval, Intervention, Interventions, Knowledge, Language, Low Risk, Mammography, Mammography Use, Mass Screening, MEDLINE, Methods, Odds Ratio, Outcome, Outcomes, Patient Education As Topic, Perception, Population, Procedures, Programmes, Psycinfo, Public-Health, Quality, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Reference, Reference Lists, Reporting, Restrictions, Review, Reviews, Risk, Risk Information, Risks, Scales, Science, Science Citation Index, Screening, Screening Tests, Search, Small, Standard, Systematic Reviews, Tailored Interventions, Topic, Trend, Trial, Uptake, Version

? GurUSAmy, K.S., Kumar, S. and Davidson, B.R. (2013), Prophylactic gastrojejunostomy for unresectable periampullary carcinoma. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD008533.

Full Text: 2013\Coc Dat Sys Rev2013, CD008533.pdf

Abstract: Background The role of prophylactic gastrojejunostomy in patients with unresectable periampullary cancer is controversial. Objectives To determine whether prophylactic gastrojejunostomy should be performed routinely in patients with unresectable periampullary cancer. Search methods For the initial version of this review, we searched the Cochrane Upper Gastrointestinal and Pancreatic Diseases Group Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2010, issue 3), MEDLINE, EMBASE and Science Citation Index Expanded until April 2010. Literature searches were re-run in August 2012. Selection criteria We included randomised controlled trials comparing prophylactic gastrojejunostomy versus no gastrojejunostomy in patients with unresectable periampullary cancer (irrespective of language or publication status). Data collection and analysis Two review authors independently assessed trials for inclusion and independently extracted data. We analysed data with both the fixed-effect and the random-effects models using Review Manager (RevMan). We calculated the hazard ratio (HR), risk ratio (RR), and mean difference (MD) with 95% confidence intervals (CI) based on an intention-to-treat or available case analysis. Main results We identified two trials (of high risk of bias) involving 152 patients randomised to gastrojejunostomy (80 patients) and no gastrojejunostomy (72 patients). In both trials, patients were found to be unresectable during exploratory laparotomy. Most of the patients also underwent biliary-enteric drainage. There was no evidence of difference in the overall survival (HR 1.02; 95% CI 0.84 to 1.25), peri-operative mortality or morbidity, quality of life, or hospital stay (MD 0.97 days; 95% CI -0.18 to 2.12) between the two groups. The proportion of patients who developed long-term gastric outlet obstruction was significantly lower in the prophylactic gastrojejunostomy group (2/80; 2.5%) compared with no gastrojejunostomy group (20/72; 27.8%) (RR 0.10; 95% CI 0.03 to 0.37). The operating time was significantly longer in the gastrojejunostomy group compared with no gastrojejunostomy group (MD 45.00 minutes; 95% CI 21.39 to 68.61). Authors’ conclusions Routine prophylactic gastrojejunostomy is indicated in patients with unresectable periampullary cancer undergoing exploratory laparotomy (with or without hepaticojejunostomy).

Keywords: Ampulla of Vater [Surgery], Analysis, Authors, Bias, Cancer, Case Analysis, Citation, Clinical-Trials, Collection, Common Bile Duct Neoplasms [Surgery], Confidence, Confidence Intervals, Criteria, Data, Data Collection, Drainage, Embase, Empirical-Evidence, Evidence, Gastric Bypass [Methods], Gastric Outlet Obstruction, Gastric Outlet Obstruction [Prevention & Control], Gastrointestinal, Groups, Hazard, Hospital, Hospital Stay, Humans, Intervals, Jaundice [Prevention & Control, Language, Laparotomy, Life, Literature, Long Term, Long-Term, MEDLINE, Metaanalysis, Methods, Models, Morbidity, Mortality, Palliation, Pancreatic-Cancer, Patients, Prophylactic, Prospective Randomized-Trial, Publication, Quality, Quality Of, Quality of Life, Quality-Of-Life, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Review, Risk, Role, Science, Science Citation Index, Science Citation Index Expanded, Search, Surgery], Surgical Complications, Survival, Version

? Livingstone, N., Macdonald, G. and Carr, N. (2013), Restorative justice conferencing for reducing recidivism in young offenders (aged 7 to 21). *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD008898.

Full Text: 2013\Coc Dat Sys Rev2013, CD008898.pdf

Abstract: Background Restorative justice is “a process whereby parties with a stake in a specific offence resolve collectively how to deal with the aftermath of the offence and its implications for the future” (Marshall 2003). Despite the increasing use of restorative justice programmes as an alternative to court proceedings, no systematic review has been undertaken of the available evidence on the effectiveness of these programmes with young offenders. Recidivism in young offenders is a particularly worrying problem, as recent surveys have indicated the frequency of re-offences for young offenders has ranged from 40.2% in 2000 to 37.8% in 2007 (Ministry of Justice 2009) Objectives To evaluate the effects of restorative justice conferencing programmes for reducing recidivism in young offenders. Search methods We searched the following databases up to May 2012: CENTRAL, 2012 Issue 5, MEDLINE (1978 to current), Bibliography of Nordic Criminology (1999 to current), Index to Theses (1716 to current), PsycINFO (1887 to current), Social Sciences Citation Index (1970 to current), Sociological Abstracts (1952 to current), Social Care Online (1985 to current), Restorative Justice Online (1975 to current), Scopus (1823 to current), Science Direct (1823 to current), LILACS (1982 to current), ERIC (1966 to current), Restorative Justice Online (4 May 2012), WorldCat (9 May 2012), ClinicalTrials.gov (19 May 2012) and ICTRP (19 May 2012). ASSIA, National Criminal Justice Reference Service and Social Services Abstracts were searched up to May 2011. Relevant bibliographies, conference programmes and journals were also searched. Selection criteria Randomised controlled trials (RCTs) or quasi-RCTs of restorative justice conferencing versus management as usual, in young offenders. Data collection and analysis Two authors independently assessed the risk of bias of included trials and extracted the data. Where necessary, original investigators were contacted to obtain missing information. Main results Four trials including a total of 1447 young offenders were included in the review. Results failed to find a significant effect for restorative justice conferencing over normal court procedures for any of the main analyses, including number re-arrested (odds ratio (OR) 1.00, 95% confidence interval (CI) 0.59 to 1.71; P = 0.99), monthly rate of reoffending (standardised mean difference (SMD) -0.06, 95% CI -0.28 to 0.16; P = 0.61), young person’s remorse following conference (OR 1.73, 95% CI 0.97 to 3.10; P = 0.06), young person’s recognition of wrongdoing following conference (OR 1.97, 95% CI 0.81 to 4.80; P = 0.14), young person’s self-perception following conference (OR 0.95, 95% CI 0.55 to 1.63; P = 0.85), young person’s satisfaction following conference (OR 0.42, 95% CI 0.04 to 4.07; P = 0.45) and victim’s satisfaction following conference (OR 4.05, 95% CI 0.56 to 29.04; P = 0.16). A small number of sensitivity analyses did indicate significant effects, although all are to be interpreted with caution. Authors’ conclusions There is currently a lack of high quality evidence regarding the effectiveness of restorative justice conferencing for young offenders. Caution is urged in interpreting the results of this review considering the small number of included studies, subsequent low power and high risk of bias. The effects may potentially be more evident for victims than offenders. The need for further research in this area is highlighted.

Keywords: Aged, Alternative, Analyses, Analysis, Authors, Bias, Bibliographies, Bibliography, Citation, Collection, Confidence, Criteria, Data, Data Collection, Databases, Effectiveness, Effects, Evidence, Impact, Information, Interval, Journals, Justice, Juvenile Probation Program, Management, MEDLINE, Methods, Normal, Odds Ratio, Outcomes, P, Police, Power, Procedures, Programmes, Psycinfo, Quality, Randomised Controlled Trials, Recent, Recidivism, Research, Results, Review, Risk, Satisfaction, Science, Scopus, Search, Sensitivity, Small, Social Sciences, Social Sciences Citation Index, Surveys, Systematic Review, Theses

? Malviya, M.N., Ohlsson, A. and Shah, S.S. (2013), Surgical versus medical treatment with cyclooxygenase inhibitors for symptomatic patent ductus arteriosus in preterm infants. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD003951.

Full Text: 2013\Coc Dat Sys Rev2013, CD003951.pdf

Abstract: Background A patent ductus arteriosus (PDA) with significant left to right shunt increases morbidity and mortality in preterm infants. Early closure of the ductus arteriosus may be achieved pharmacologically or by surgery. The preferred initial treatment of a symptomatic PDA, surgical ligation or treatment with indomethacin, is not clear. Objectives To compare the effect of surgical ligation of PDA versus medical treatment with cyclooxygenase inhibitors (indomethacin, ibuprofen or mefenamic acid), each used as the initial treatment, on neonatal mortality in preterm infants with a symptomatic PDA. Search methods For this update we searched The Cochrane Library 2012, Issue 2, MEDLINE, EMBASE, CINAHL, Clinicaltrials.gov, Controlled-trials.com, Proceedings of the Annual Meetings of the Pediatric Academic Societies (2000 to 2011) (Abstracts2View (TM)) and Web of Science on 8 February 2012. Selection criteria Randomised or quasi-randomised trials in preterm or low birth weight neonates with symptomatic PDA and comparing surgical ligation with medical treatment with cyclooxygenase inhibitors, each used as the initial treatment for closure of PDA. Data collection and analysis The authors independently assessed methodological quality and extracted data for the included trial. We used RevMan 5.1 for analyses of the data. Main results One study reporting on 154 neonates was found eligible. No significant difference between surgical closure and indomethacin treatment was found for in-hospital mortality, chronic lung disease, necrotising enterocolitis, sepsis, creatinine level or intraventricular haemorrhage. There was a significant increase in the surgical group in the incidence of pneumothorax (risk ratio (RR) 2.68; 95% confidence interval (CI) 1.45 to 4.93; risk difference (RD) 0.25; 95% CI 0.11 to 0.38; number needed to treat to harm (NNTH) 4 (95% CI 3 to 9)) and retinopathy of prematurity stage III and IV (RR 3.80; 95% CI 1.12 to 12.93; RD 0.11; 95% CI 0.02 to 0.20; NNTH 9 (95% CI 5 to 50)) compared to the indomethacin group. There was a statistically significant decrease in failure of ductal closure rate in the surgical group as compared to the indomethacin group (RR 0.04; 95% CI 0.01 to 0.27; RD -0.32; 95% CI -0.43 to -0.21, number needed to treat to benefit (NNTB) 3 (95% CI 2 to 4)). No new trials were identified for inclusion in the 2012 update. Authors’ conclusions There are insufficient data to conclude whether surgical ligation or medical treatment with indomethacin is preferred as the initial treatment for symptomatic PDA in preterm infants.

Keywords: Academic, Analyses, Analysis, Authors, Birth, Birth Weight, Birth-Weight Infants, Blood-Flow-Velocity, Cerebral Hemodynamics, Chronic, Chronic Lung Disease, Closure, Collection, Confidence, Controlled-Trial, Creatinine, Criteria, Cyclooxygenase, Cyclooxygenase Inhibitors, Cyclooxygenase Inhibitors [Therapeutic Use], Data, Data Collection, Disease, Ductus Arteriosus, Ductus Arteriosus,Patent [Drug Therapy, Embase, Failure, Haemorrhage, Humans, Incidence, Increased Risk, Indomethacin, Indomethacin [Therapeutic Use], Infant,Newborn, Infant,Premature, Infant,Very Low Birth Weight, Infants, Inhibitors, Interval, Iv, Ligation, Low Birth Weight, Low-Dose Indomethacin, Lung, Medical, Medical Treatment, Medline, Meetings, Methods, Morbidity, Mortality, Necrotizing Enterocolitis, Neonatal, Neonatal Mortality, Neonates, Number Needed To Treat, Patent, Patent Ductus Arteriosus, Premature-Infants, Prematurity, Preterm, Preterm Infants, Prophylactic Indomethacin, Quality, Randomized Controlled Trials As Topic, Reporting, Respiratory-Distress-Syndrome, Retinopathy of Prematurity, Right, Risk, Science, Search, Sepsis, Surgery, Surgery], Surgical, Treatment, Trial, Web of Science

? Visser, J., Snel, M. and Van Vliet, H.A.A.M. (2013), Hormonal versus non-hormonal contraceptives in women with diabetes mellitus type 1 and 2. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD003990.

Full Text: 2013\Coc Dat Sys Rev2013, CD003990.pdf

Abstract: Background Adequate contraceptive advice is important in both women with diabetes mellitus type 1 and type 2 to reduce the risk of maternal and infant morbidity and mortality in unplanned pregnancies. A wide variety of contraceptives are available for these women. However, hormonal contraceptives might influence carbohydrate and lipid metabolism and increase micro-and macrovascular complications, so caution in selecting a contraceptive method is required. Objectives To investigate whether progestogen-only, combined estrogen and progestogen or non-hormonal contraceptives differ in terms of effectiveness in preventing pregnancy, in their side effects on carbohydrate and lipid metabolism, and in long-term complications such as micro- and macrovascular disease when used in women with diabetes mellitus. Search methods The search was performed in CENTRAL, MEDLINE, EMBASE, POPLINE, CINAHL, WorldCat, ECO, ArticleFirst, the Science Citation Index, the British Library Inside, and reference lists of relevant articles. The last search was performed in January 2013. In addition, experts in the field and pharmaceutical companies marketing contraceptives were contacted to identify published, unpublished or ongoing studies. Selection criteria Randomised and quasi-randomised controlled trials that studied women with diabetes mellitus comparing: 1. hormonal versus non-hormonal contraceptives; 2. progestogen-only versus estrogen and progestogen contraceptives; 3. contraceptives containing < 50 mu g estrogen versus contraceptives containing >= 50 mu g estrogen; and 4. contraceptives containing first-, second-and third-generation progestogens, drospirenone and cyproterone acetate. The principal outcomes were contraceptive effectiveness, diabetes control, lipid metabolism and micro-and macrovascular complications. Data collection and analysis Two investigators evaluated the titles and abstracts identified from the literature search. Quality assessment was performed independently with discrepancies resolved by discussion or consulting a third review author. Because the trials differed in studied contraceptives, participant characteristics and methodological quality, we could not combine the data in a meta-analysis. The trials were therefore examined on an individual basis and narrative summaries were provided. Main results Four randomised controlled trials were included. No unintended pregnancies were reported during the study periods. Only one trial was of good methodological quality. It compared the influence of a levonorgestrel-releasing intrauterine device (IUD) versus a copper IUD on carbohydrate metabolism in women with type 1 diabetes mellitus. No significant difference was found between the two groups. The other three trials were of limited methodological quality. Two compared progestogen-only pills with different estrogen and progestogen combinations, and one also included the levonorgestrel-releasing IUD and copper IUD. The trials reported that blood glucose levels remained stable during treatment with most regimens. Only high-dose combined oral contraceptives and 30 mu g ethinylestradiol + 75 mu g gestodene were identified as slightly impairing glucose homeostasis. The three studies found conflicting results regarding lipid metabolism. Some combined oral contraceptives appeared to have a minor adverse effect while others appeared to slightly improve lipid metabolism. The copper IUD and progestogen-only oral contraceptives also slightly improved lipid metabolism and no influence was seen while using the levonorgestel-releasing IUD. Only one study reported on micro-and macrovascular complications. It observed no signs or symptoms of thromboembolic incidents or visual disturbances, however study duration was short. Only minor adverse effects were reported in two studies. Authors’ conclusions The four included randomised controlled trials in this systematic review provided insufficient evidence to assess whether progestogen-only and combined contraceptives differ from non-hormonal contraceptives in diabetes control, lipid metabolism and complications. Three of the four studies were of limited methodological quality, sponsored by pharmaceutical companies and described surrogate outcomes. Ideally, an adequately reported, high-quality randomised controlled trial analysing both intermediate outcomes (that is glucose and lipid metabolism) and true clinical endpoints (micro-and macrovascular disease) in users of combined, progestogen-only and non-hormonal contraceptives should be conducted. However, due to the low incidence of micro-and macrovascular disease and accordingly the large sample size and long follow-up period needed to observe differences in risk, a randomised controlled trial might not be the ideal design.

Keywords: Acetate, Adverse Effects, Analysis, Assessment, Blood, Blood Glucose, Blood Glucose [Metabolism], Carbohydrate-Metabolism, Characteristics, Citation, Clinical, Collection, Complications, Contraceptive Agents,Female [Administration & Dosage], Contraceptives, Contraceptives,Oral,Hormonal [Administration & Dosage], Control, Controlled Trial, Copper, Criteria, Data, Data Collection, Design, Diabetes, Diabetes Mellitus, Diabetes Mellitus,Type 1 [Blood], Diabetes Mellitus,Type 2 [Blood], Disease, Disturbances, Duration, Effectiveness, Effects, Embase, Estrogen, Ethinylestradiol, Evidence, Experts, Female, Field, First, Follow-Up, Formulations, Glucose, Glucose-Tolerance, Groups, Healthy Population, Heart-Disease Mortality, High Dose, Humans, Incidence, Infant, Infant Morbidity, Intrauterine, Intrauterine Device, Lipid, Lipid Metabolism, Lipid Metabolism [Drug Effects], Literature, Long Term, Long-Term, Marketing, Maternal, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolism, Methods, Minor, Morbidity, Mortality, Oral, Oral-Contraceptives, Outcomes, Pregnancy, Progestins [Administration & Dosage], Progestogen, Quality, Quality Assessment, Randomised, Randomised Controlled Trial, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized-Trials, Reference, Reference Lists, Reproductive-Age Women, Review, Risk, Sample Size, Science, Science Citation Index, Search, Side Effects, Size, Surrogate, Symptoms, System, Systematic Review, Treatment, Trial, Type 1 Diabetes Mellitus, Women

? Mason, A.R., Mason, J., Cork, M., Dooley, G. and Hancock, H. (2013), Topical treatments for chronic plaque psoriasis. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD005028.

Full Text: 2013\Coc Dat Sys Rev2013, CD005028.pdf

Abstract: Background Chronic plaque psoriasis is the most common type of psoriasis, and it is characterised by redness, thickness, and scaling. First-line management of chronic plaque psoriasis is with topical treatments, including vitamin D analogues, topical corticosteroids, tar-based preparations, dithranol, salicylic acid, and topical retinoids. Objectives To compare the effectiveness, tolerability, and safety of topical treatments for chronic plaque psoriasis, relative to placebo, and to similarly compare vitamin D analogues (used alone or in combination) with other topical treatments. Search methods We updated our searches of the following databases to February 2011: the Cochrane Skin Group Specialised Register, CENTRAL in The Cochrane Library (2011, Issue 2), MEDLINE (from 1948), EMBASE (from 1980), Science Citation Index (from 2008), Conference Proceedings Citation Index - Science (from 2008), BIOSIS (from 1993), Dissertation Abstracts via DialogClassic (all publication years), and Inside Conferences (all publication years). We identified ongoing and unpublished studies from the UK Clinical Research Network Study Portfolio and the metaRegister of Controlled Trials. We checked the bibliographies of published studies and reviews for further references to relevant trials, and we contacted trialists and companies for information about newly published studies. A separate search for adverse effects was undertaken in February 2011 using MEDLINE and EMBASE (from 2005). Final update searches for both RCTs and adverse effects were undertaken in August 2012. Although it has not been possible to incorporate RCTs and adverse effects studies identified through these final searches within this review, we will incorporate these into the next update. Selection criteria Randomised trials comparing active topical treatments against placebo or against vitamin D analogues (used alone or in combination) in people with chronic plaque psoriasis. Data collection and analysis One author extracted study data and assessed study quality. A second author checked these data. We routinely contacted trialists and companies for missing data. We also extracted data on withdrawals and on local and systemic adverse events. We defined long-term trials as those with a duration of at least 24 weeks. Main results This update added 48 trials and provided evidence on 7 new active treatments. In total, the review included 177 randomised controlled trials, with 34,808 participants, including 26 trials of scalp psoriasis and 6 trials of inverse psoriasis, facial psoriasis, or both. The number of included studies counted by Review Manager (RevMan) is higher than these figures (190) because we entered each study reporting a placebo and an active comparison into the ‘Characteristics of included studies’ table as 2 studies. When used on the body, most vitamin Danalogues were significantly more effective than placebo, with the standardised mean difference (SMD) ranging from -0.67 (95% CI -1.04 to -0.30; 1 study, 119 participants) for twice-daily becocalcidiol to SMD -1.66 (95% CI -2.66 to -0.67; 1 study, 11 participants) for once-daily paricalcitol. On a 6-point global improvement scale, these effects translate into 0.8 and 1.9 points, respectively. Most corticosteroids also performed better than placebo; potent corticosteroids (SMD -0.89; 95% CI -1.06 to -0.72; I-2 statistic = 65.1%; 14 studies, 2011 participants) had smaller benefits than very potent corticosteroids (SMD - 1.56; 95% CI -1.87 to -1.26); I-2 statistic = 81.7%; 10 studies, 1264 participants). On a 6-point improvement scale, these benefits equate to 1.0 and 1.8 points, respectively. Dithranol, combined treatment with vitamin D/corticosteroid, and tazarotene all performed significantly better than placebo. Head-to-head comparisons of vitamin D for psoriasis of the body against potent or very potent corticosteroids had mixed findings. For both body and scalp psoriasis, combined treatment with vitamin D and corticosteroid performed significantly better than vitamin D alone or corticosteroid alone. Vitamin D generally performed better than coal tar, but findings relative to dithranol were mixed. When applied to psoriasis of the scalp, vitamin D was significantly less effective than both potent corticosteroids and very potent corticosteroids. Indirect evidence from placebo-controlled trials supported these findings. For both body and scalp psoriasis, potent corticosteroids were less likely than vitamin D to cause local adverse events, such as burning or irritation. Combined treatment with vitamin D/corticosteroid on either the body or the scalp was tolerated as well as potent corticosteroids, and significantly better than vitamin D alone. Only 25 trials assessed clinical cutaneous dermal atrophy; few cases were detected, but trials reported insufficient information to determine whether assessment methods were robust. Clinical measurements of dermal atrophy are insensitive and detect only the most severe cases. No comparison of topical agents found a significant difference in systemic adverse effects. Authors’ conclusions Corticosteroids perform at least as well as vitamin D analogues, and they are associated with a lower incidence of local adverse events. However, for people with chronic plaque psoriasis receiving long-term treatment with corticosteroids, there remains a lack of evidence about the risk of skin dermal atrophy. Further research is required to inform long-term maintenance treatment and provide appropriate safety data.

Keywords: 3 Mu-G, G, Administration,Topical, Adrenal Cortex Hormones [Adverse Effects, Adverse Effects, Analogs & Derivatives, Analysis, Assessment, Atrophy, Bibliographies, Bone Density Conservation Agents [Adverse Effects, Chronic, Chronic Disease, Citation, Clinical, Clobetasol Propionate Spray, Coal, Collection, Combined Treatment, Comparison, Conference, Corticosteroids, Criteria, Data, Data Collection, Databases, Duration, Effectiveness, Effects, Embase, Events, Evidence, Global, Humans, Improvement, Incidence, Information, Local, Long Term, Long-Term, Long-Term Efficacy, Management, MEDLINE, Methods, Network, Once-Daily Treatment, Placebo, Plus Betamethasone Dipropionate, Psoriasis, Psoriasis [Drug Therapy], Publication, Quality, Quality-Of-Life, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, References, Reporting, Research, Retinoids, Review, Reviews, Risk, Safety, Salicylic Acid, Scale, Scaling, Scalp, Science, Science Citation Index, Search, Short-Contact Dithranol, Skin, Tazarotene 0.1-Percent Gel, Therapeutic Use], To-Moderate Psoriasis, Topical, Treatment, UK, Vitamin D, Vitamin D [Adverse Effects

? Kendrick, D., Mulvaney, C.A., Ye, L., Stevens, T., Mytton, J.A. and Stewart-Brown, S. (2013), Parenting interventions for the prevention of unintentional injuries in childhood. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD006020.

Full Text: 2013\Coc Dat Sys Rev2013, CD006020.pdf

Abstract: Background Parent education and training programmes can improve maternal psychosocial health, child behavioural problems and parenting practices. This review assesses the effects of parenting interventions for reducing child injury. Objectives To assess the effects of parenting interventions for preventing unintentional injury in children aged under 18 years and for increasing possession and use of safety equipment and safety practices by parents. Search methods We searched CENTRAL, MEDLINE, EMBASE, BIOSIS Preview, PsycINFO, Sociological Abstracts, Social Science Citation Index, CINAHL, ProQuest Dissertations and Theses, ERIC, DARE, ASSIA, Web of Science, SIGLE and ZETOC. We also handsearched abstracts from the World Conferences on Injury Prevention & Control and the journal Injury Prevention. The searches were conducted in January 2011. Selection criteria We included randomised controlled trials (RCTs), non-randomised controlled trials (non-RCTs) and controlled before and after studies (CBAs), which evaluated parenting interventions administered to parents of children aged 18 years and under, and reported outcome data on injuries for children (unintentional or unspecified intent), possession and use of safety equipment or safety practices (including the Home Observation for Measurement of the Environment (HOME) scale which contained an assessment of home safety) by parents. Parenting interventions were defined as those with a specified protocol, manual or curriculum aimed at changing knowledge, attitudes or skills covering a range of parenting topics. Data collection and analysis Studies were selected, data were extracted and quality appraised independently by two authors. Pooled relative risks (RR) were estimated using random effect models. Main results Twenty two studies were included in the review: 16 RCTs, two non-RCTs, one partially randomised trial which contained two randomised intervention arms and one non-randomised control arm, two CBA studies and one quasi randomised controlled trial. Seventeen studies provided interventions comprising parenting education and other support services; 15 of which were home visiting programmes and two of which were paediatric practice-based interventions. Two provided solely educational interventions. Nineteen studies recruited families who were from socio-economically disadvantaged populations, were at risk of adverse child outcomes or people who may benefit from extra support, such as single mothers, teenage mothers, first time mothers and mothers with learning difficulties. Ten RCTs involving 5074 participants were included in the meta-analysis, which indicated that intervention families had a statistically significant lower risk of injury than control families (RR 0.83, 95% CI 0.73 to 0.94). Sensitivity analyses undertaken including only RCTs at low risk of various sources of bias found the findings to be robust to including only those studies at low risk of detection bias in terms of blinded outcome assessment and attrition bias in terms of follow up of fewer than 80% of participants in each arm. When analyses were restricted to studies at low risk of selection bias in terms of inadequate allocation concealment the effect size was no longer statistically significant. Several studies found statistically significant fewer home hazards or a greater number of safety practices in intervention families. of ten studies reporting scores on the HOME scale, data from three RCTs were included in a meta-analysis which found no evidence of a difference in quality of the home environment between treatment arms (mean difference 0.57, 95% CI -0.59 to 1.72). Most of the studies reporting home safety practices, home hazards or composite home safety scores found statistically significant effects favouring intervention arm families. Overall, using GRADE, the quality of the evidence was rated as moderate. Authors’ conclusions Parenting interventions, most commonly provided within the home using multi-faceted interventions are effective in reducing child injury. There is fairly consistent evidence that they also improve home safety. The evidence relates mainly to interventions provided to families from disadvantaged populations, who are at risk of adverse child health outcomes or whose families may benefit from extra support. Further research is required to explore mechanisms by which these interventions may reduce injury, the features of parenting interventions that are necessary or sufficient to reduce injury and the generalisability to different population groups.

Keywords: 1st 3 Years, Accident Prevention, Accidents,Home [Prevention & Control], Adolescent, Aged, Allocation, Analyses, Analysis, Assessment, Attitudes, Authors, Bias, Child, Child Health, Child,Preschool, Childhood, Children, Citation, Collection, Community Mothers Program, Composite, Control, Controlled Trial, Criteria, Curriculum, Data, Data Collection, Dissertations, Education, Education and Training, Effect Size, Effects, Embase, Environment, Equipment, Evidence, Families, First, Follow-Up, Groups, Health, Health Outcomes, Healthy Steps, Home, Home Visitation Program, Humans, Infant, Injury, Intervention, Interventions, Journal, Knowledge, Learning, Low Risk, Maternal, Mechanisms, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Mothers, Nonprofessional Intervention, Outcome, Outcome Assessment, Outcomes, Parenting, Parents, Population, Populations, Practices, Prevention, Primary-Care, Programmes, Protective Devices, Psychosocial, Psycinfo, Quality, Quality Of, Randomised, Randomised Controlled Trial, Randomised Controlled Trials, Randomised Trial, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Reporting, Research, Review, Risk, Risks, Safety, Scale, School-Age-Children, Science, Science Citation Index, Search, Selection, Services, Size, Social Science Citation Index, Social-Class, Sources, Support, Teenage, Teenage Mothers, Theses, Training, Training Programmes, Treatment, Trial, Visiting Program, Web of Science, Wounds and Injuries [Prevention & Control]

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Full Text: 2013\Coc Dat Sys Rev2013, CD007438.pdf

Abstract: Background Trauma is one of the leading causes of death in any age group. The ‘lethal triad’ of acidosis, hypothermia, and coagulopathy has been recognized as a significant cause of death in patients with traumatic injuries. In order to prevent the lethal triad two factors are essential, early control of bleeding and prevention of further heat loss. In patients with major abdominal trauma, damage control surgery (DCS) avoids extensive procedures on unstable patients, stabilizes potentially fatal problems at initial operation, and applies staged surgery after successful initial resuscitation. It is not currently known whether DCS is superior to immediate surgery for patients with major abdominal trauma. Objectives To assess the effects of damage control surgery compared to traditional immediate definitive surgical treatment for patients with major abdominal trauma. Search methods We searched the Cochrane Injuries Group Specialised Register, CENTRAL (The Cochrane Library 2012, Issue 12 of 12), MEDLINE, EMBASE, Web of Science: Science Citation Index & ISI Proceedings, Current Controlled Trials MetaRegister, Clinicaltrials.gov, Zetoc, and CINAHL for all published and unpublished randomised controlled trials. We did not restrict the searches by language, date, or publication status. The search was through December 2012. Selection criteria Randomised controlled trials of damage control surgery versus immediate traditional surgical repair were included in this review. We included patients with major abdominal trauma (Abbreviated Injury Scale > 3) who were undergoing surgery. Patient selection was crucial as patients with relatively simple abdominal injuries should not undergo unnecessary procedures. Data collection and analysis Two authors independently evaluated the search results. Main results A total of 2551 studies were identified by our search. No randomised controlled trials comparing DCS with immediate and definitive repair in patients with major abdominal trauma were found. A total of 2551 studies were excluded because they were not relevant to the review topic and two studies were excluded with reasons after examining the full-text. Authors’ conclusions Evidence that supports the efficacy of damage control surgery with respect to traditional laparotomy in patients with major abdominal trauma is limited.

Keywords: Abdominal, Abdominal Injuries [Surgery], Acidosis, Acidosis [Prevention & Control], Age, Analysis, Authors, Bleeding, Blood Coagulation Disorders [Prevention & Control], Cause of Death, Citation, Coagulopathy, Collection, Consecutive Patients, Control, Criteria, Damage, Data Collection, Dc, Death, Effects, Efficacy, Embase, Experience, Hemorrhage, Humans, Hypothermia, Hypothermia [Prevention & Control], Injury, Intensive Care [Methods], ISI, Language, Laparotomy, Management, MEDLINE, Methods, Operation, Packing, Patients, Prevent, Prevention, Procedures, Publication, Randomised, Randomised Controlled Trials, Resuscitation, Review, Scale, Science, Science Citation Index, Search, Selection, Surgery, Surgical Treatment, Survival, Topic, Trauma, Traumatic, Treatment, Web of Science

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Full Text: 2013\Coc Dat Sys Rev2013, CD008303.pdf

Abstract: Background Trauma is a leading causes of death and disability in young people. Venous thromboembolism (VTE) is a principal cause of death. Trauma patients are at high risk of deep vein thrombosis (DVT). The incidence varies according to the method used to measure the DVT and the location of the thrombosis. Due to prolonged rest and coagulation abnormalities, trauma patients are at increased risk of thrombus formation. Thromboprohylaxis, either mechanical or pharmacological, may decrease mortality and morbidity in trauma patients who survive beyond the first day in hospital, by decreasing the risk of VTE in this population. A previous systematic review did not find evidence of effectiveness for either pharmacological or mechanical interventions. However, this systematic review was conducted 10 years ago and most of the included studies were of poor quality. Since then new trials have been conducted. Although current guidelines recommend the use of thromboprophylaxis in trauma patients, there has not been a comprehensive and updated systematic review since the one published. Objectives To assess the effects of thromboprophylaxis in trauma patients on mortality and incidence of deep vein thrombosis and pulmonary embolism. To compare the effects of different thromboprophylaxis interventions and their effects according to the type of trauma. Search methods We searched The Cochrane Injuries Group Specialised Register (searched April 30 2009), Cochrane Central Register of Controlled Trials 2009, issue 2 (The Cochrane Library), MEDLINE (Ovid) 1950 to April (week 3) 2009, EMBASE (Ovid) 1980 to (week 17) April 2009, PubMed (searched 29 April 2009), ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED) (1970 to April 2009), ISI Web of Science: Conference Proceedings Citation Index-Science (CPCI-S) (1990 to April 2009). Selection criteria Randomized controlled clinical trials involving people of any age with major trauma defined by one or more of the following criteria: physiological: penetrating or blunt trauma with more than two organs and unstable vital signs, anatomical: people with an Injury Severity Score (ISS) higher than 9, mechanism: people who are involved in a ‘high energy’ event with a risk for severe injury despite stable or normal vital signs. We excluded trials that only recruited outpatients, trials that recruited people with hip fractures only, or people with acute spinal injuries. Data collection and analysis Four authors, in pairs (LB and CM, EF and RC), independently examined the titles and the abstracts, extracted data, assessed the risk of bias of the trials and analysed the data. PP resolved any disagreement between the authors. Main results Sixteen studies were included (n=3005). Four trials compared the effect of any type (mechanical and/or pharmacological) of prophylaxis versus no prophylaxis. Prophylaxis reduced the risk of DVT in people with trauma (RR 0.52; 95% CI 0.32 to 0.84). Mechanical prophylaxis reduced the risk of DVT (RR=0.43; 95% CI 0.25 to 0.73). Pharmacological prophylaxis was more effective than mechanical methods at reducing the risk of DVT (RR 0.48; 95% CI 0.25 to 0.95). LMWH appeared to reduce the risk of DVT compared to UH (RR 0.68; 95% CI 0.50 to 0.94). People who received both mechanical and pharmacological prophylaxis had a lower risk of DVT (RR 0.34; 95% CI 0.19 to 0.60) Authors’ conclusions We did not find evidence that thromboprophylaxis reduces mortality or PE in any of the comparisons assessed. However, we found some evidence that thromboprophylaxis prevents DVT. Although the strength of the evidence was not high, taking into account existing information from other related conditions such as surgery, we recommend the use of any DVT prophylactic method for people with severe trauma.

Keywords: Age, Analysis, Authors, Bias, Cause of Death, Citation, Clinical, Clinical Trials, Coagulation, Collection, Conference, Criteria, Data, Data Collection, Death, Deep Vein Thrombosis, Deep Venous Thrombosis, Disability, Effectiveness, Effects, Embase, Embolism, Energy, Evidence, First, Guidelines, Hip Fractures, Hospital, Incidence, Information, Injury, Intermittent Pneumatic Compression, Interventions, Is, ISI, ISI Web of Science, Location, Low-Dose Heparin, Major Trauma, Measure, Mechanism, MEDLINE, Methods, Molecular-Weight Heparin, Morbidity, Mortality, Normal, Outpatients, Patients, Population, Prevention, Prolonged, Prophylactic, Prophylaxis, Pubmed, Pulmonary Embolism, Pulmonary-Embolism, Quality, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Spinal, Strength, Surgery, Systematic Review, Thromboembolism, Thromboembolism Prophylaxis, Thromboprophylaxis, Thrombosis, Trauma, Vein Thrombosis, Vena-Caval Filters, Web of Science

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Full Text: 2013\Coc Dat Sys Rev2013, CD008481.pdf

Abstract: Background Intravenous broad-spectrum antibiotics are indicated for the treatment of severe infections. However, the emergence of infections caused by multi-drug resistant organisms in conjunction with a lack of novel antibiotics has prompted the investigation of alternative dosing strategies to improve clinical efficacy and tolerability. To optimise pharmacokinetic and pharmacodynamic antibiotic parameters, continuous antibiotic infusions have been compared to traditional intermittent antibiotic infusions. Objectives To compare the clinical efficacy and safety of continuous intravenous administration of concentration-dependent and time-dependent antibiotics to traditional intermittent intravenous administration in adults with severe acute bacterial infections. Search methods The following electronic databases were searched in September 2012: The Cochrane Injuries Group Specialised Register, Cochrane Central Register of Controlled Trials (The Cochrane Library), MEDLINE (OvidSP), EMBASE (OvidSP), CINAHL, ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED), ISI Web of Science: Conference Proceedings Citation Index-Science (CPCIS). The reference lists of all relevant material, the Internet and the trials registry www.clinicaltrials.gov for completed and ongoing trials were also searched. Selection criteria Randomized controlled trials in adults with a bacterial infection requiring intravenous antibiotic therapy comparing continuous versus intermittent infusions of antibiotics were included. Both time-dependent and concentration-dependent antibiotics were considered. Data collection and analysis Three independent authors performed data extraction for the included studies. All data was cross-checked and disagreements resolved by consensus. An intention to treat analysis was conducted using a random-effects model. Main results Twenty-nine studies met inclusion criteria with a combined total of over 1,600 patients. The majority of included studies were judged to be at unclear or high risk of bias with regard to randomisation sequence generation, allocation concealment, blinding, management of incomplete outcome data, selective outcome reporting, and other potential threats to validity. No studies were judged to be at low risk of bias for all methodological quality items assessed. There were no differences in all-cause mortality (n=1241, RR 0.89, 95% CI 0.67 - 1.20, p=0.45), infection recurrence (n=398, RR 1.22, 95% CI 0.35 - 4.19, p=0.76), clinical cure (n=975, RR 1.00, 95% CI 0.93 - 1.08, p=0.98), and superinfection post-therapy (n=813, RR 1.08, 95% CI 0.60 - 1.94, p=0.79). There were no differences in safety outcomes including adverse events (n=575, RR 1.02, 95% CI 0.94 - 1.12, p=0.63), serious adverse events (n=871, RR 1.36, 95% CI 0.80 - 2.30, p=0.26), and withdrawal due to adverse events (n=871, RR 2.03, 95% CI 0.52 - 7.95, p=0.31). A difference was observed in the subgroup analyses of clinical cure in septic versus non-septic patients, where intermittent antibiotic infusions were favoured for clinical cure in septic patients. However, this effect was not consistent between random-effects and fixed-effects analyses. No differences were found in sensitivity analyses conducted. Authors’ conclusions There were no differences in mortality, infection recurrence, clinical cure, superinfection post-therapy, and safety outcomes when comparing continuous infusions of intravenous antibiotics to traditional intermittent infusions of antibiotics. However, the wide confidence intervals suggest that beneficial or harmful effects cannot be ruled out for all outcomes. Therefore, the current evidence is insufficient to recommend the widespread adoption of continuous infusion antibiotics in the place of intermittent infusions of antibiotics. Further large prospective randomised trials, with consistent and complete reporting of clinical outcome measures, conducted with concurrent pharmacokinetic and pharmacodynamic studies in special populations are required to determine whether adoption of continuous antibiotic infusions is warranted in specific circumstances.

Keywords: Administration, Adoption, Allocation, Alternative, Analyses, Analysis, Antibiotic Therapy, Antibiotics, Authors, Bacterial Infection, Beta-Lactam Antibiotics, Bias, Ceftazidime Continuous-Infusion, Citation, Clinical, Collection, Complete, Complicated Intraabdominal Infection, Conference, Confidence, Confidence Intervals, Consensus, Criteria, Critically-Ill Patients, Data, Data Collection, Databases, Effects, Efficacy, Embase, Events, Evidence, Extraction, Generation, Gram-Negative Bacilli, Infection, Infections, Infusion, Intensive-Care Patients, Internet, Intervals, Intravenous, Investigation, ISI, ISI Web of Science, Low Risk, Management, MEDLINE, Methods, Model, Mortality, Nosocomial Pneumonia, Outcome, Outcome Measures, Outcomes, Patients, Piperacillin-Tazobactam, Populations, Potential, Prospective, Quality, Random Effects Model, Randomisation, Randomised, Randomized Controlled Trials, Recurrence, Reference, Reference Lists, Registry, Reporting, Resistant Staphylococcus-Aureus, Risk, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Sensitivity, Therapy, Time-Dependent, Treatment, Validity, Ventilator-Associated Pneumonia, Web of Science

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Full Text: 2013\Coc Dat Sys Rev2013, CD006132.pdf

Abstract: Background Poor adherence to therapy is a significant healthcare issue, particularly in patients with chronic disease such as open-angle glaucoma. Treatment failure may necessitate unwarranted changes of medications, increased healthcare expenditure and risk to the patient if surgical intervention is required. Simplifying eye drop regimes, providing adequate information, teaching drop instillation technique and ongoing support according to the patient need may have a positive effect on improving adherence. Objectives To summarise the effects of interventions for improving adherence to ocular hypotensive therapy in people with ocular hypertension (OHT) or glaucoma. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2012, Issue 6), MEDLINE (June 1946 to June 2012), EMBASE (June 1980 to June 2012), Cumulative Index to Nursing and Allied Health Literature (CINAHL) (June 1937 to June 2012), PsycINFO (1806 to June 2012), PsycEXTRA (1908 to June 2012), Web of Science (1970 to June 2012), ZETOC (1993 to June 2012), OpenGrey (System for Information on Grey Literature in Europe) (www.opengrey.eu/), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform(ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. The electronic databases were last searched on 26 June 2012. We did not search the National Research Register (NNR) as this resource has now been now archived. We contacted pharmaceutical manufacturers to request unpublished data and searched conference proceedings for the Association for Research in Vision and Ophthalmology (ARVO), and the Annual Congress for the Royal College of Ophthalmologists (RCO). Selection criteria We included randomised controlled trials (RCTs) and quasi-RCTs that compared interventions to improve adherence to ocular hypotensive therapy for patients with OHT or glaucoma. Data collection and analysis At least two authors independently assessed the search results for eligibility and extracted data for included trials onto specifically designed forms. We did not pool data due to clinical and methodological heterogeneity. Main results Sixteen trials (1565 participants) met the inclusion criteria. Seven studies investigated some form of patient education. In six of these studies this education was combined with other behavioural change interventions including tailoring daily routines to promote adherence to eye drops. Eight studies compared different drug regimens (one of these trials also compared open and masked monitoring) and one study investigated a reminder device. The studies were of variable quality and some were at considerable risk of bias; in general, the length of follow-up was short at less than six months with only two studies following up to 12 months. Different interventions and outcomes were reported and so it was not possible to produce an overall estimate of effect. There was some evidence from three studies that education combined with personalised interventions, that is, more complex interventions, improved adherence to ocular hypotensive therapy. There was less information on other outcomes such as persistence and intraocular pressure, and no information on visual field defects, quality of life and cost. There was weak evidence as to whether people on simpler drug regimens were more likely to adhere and persist with their ocular hypotensive therapy. A particular problem was the interpretation of cross-over studies, which in general were not reported correctly. One study investigated a reminder device and monitoring but the study was small and inconclusive. Authors’ conclusions Although complex interventions consisting of patient education combined with personalised behavioural change interventions, including tailoring daily routines to promote adherence to eye drops, may improve adherence to glaucoma medication, overall there is insufficient evidence to recommend a particular intervention. The interventions varied between studies and none of the included studies reported on the cost of the intervention. Simplified drug regimens also could be of benefit but again the current published studies do not provide conclusive evidence. Future studies should follow up for at least one year, and could benefit from standardised outcomes.

Keywords: 0.5-Percent Fixed Combination, Adherence, Analysis, Association, Authors, Bias, Changes, Chronic, Chronic Disease, Clinical, Clinical Trials, Collection, Conference Proceedings, Cost, Criteria, Data, Data Collection, Databases, Disease, Dosing Aid, Drug, Education, Effects, Embase, Europe, Evidence, Failure, Field, Follow-Up, Forms, Gel-Forming Solution, General, Glaucoma [Drug Therapy], Grey Literature, Health, Heterogeneity, Humans, Hypertension, Information, Intervention, Interventions, Intraocular-Pressure, Language, Length, Life, Literature, Medication Adherence, Medline, Methods, Monitoring, Nursing, Ocular Hypertension [Drug Therapy], Open, Open-Angle Glaucoma, Ophthalmic Solution, Ophthalmic Solutions [Administration & Dosage], Ophthalmology, Outcomes, Patient Compliance, Patient Education, Patients, Persistence, Pressure, Psycinfo, Quality, Quality Of, Quality of Life, Quality-Of-Life, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trials, Research, Restrictions, Risk, Science, Search, Self-Reported Adherence, Small, Support, Teaching, Therapy, Treatment, Web of Science, Who

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Full Text: 2013\Coc Dat Sys Rev2013, CD008370.pdf

Abstract: Background Pancreatic resections are associated with high morbidity (30% to 60%) and mortality (5%). Synthetic analogues of somatostatin are advocated by some surgeons to reduce complications following pancreatic surgery; however, their use is controversial. Objectives To determine whether prophylactic somatostatin analogues should be used routinely in pancreatic surgery. Search methods We searched the Cochrane Upper Gastrointestinal and Pancreatic Diseases Group Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2013, Issue 1), MEDLINE, EMBASE and Science Citation Index Expanded to February 2013. Selection criteria We included randomised controlled trials comparing prophylactic somatostatin or one of its analogues versus no drug or placebo during pancreatic surgery (irrespective of language or publication status). Data collection and analysis Two review authors independently assessed trials for inclusion and independently extracted data. We analysed data with both the fixed-effect and random-effects models using Review Manager (RevMan). We calculated the risk ratio (RR), mean difference (MD) or standardised mean difference (SMD) with 95% confidence intervals (CI) based on an intention-to-treat or available case analysis. When it was not possible to perform either of the above, we performed a per protocol analysis. Main results We identified 21 trials (19 trials of high risk of bias) involving 2348 people. There was no significant difference in the perioperative mortality (RR 0.80; 95% CI 0.56 to 1.16; n = 2210) or the number of people with drug-related adverse effects between the two groups (RR 2.09; 95% CI 0.83 to 5.24; n = 1199). Quality of life was not reported in any of the trials. The overall number of participants with postoperative complications was significantly lower in the somatostatin analogue group (RR 0.70; 95% CI 0.61 to 0.80; n = 1903) but there was no significant difference in the re-operation rate (RR 1.26; 95% CI 0.58 to 2.70; n = 687) or hospital stay (MD -1.29 days; 95% CI -2.60 to 0.03; n = 1314) between the groups. The incidence of pancreatic fistula was lower in the somatostatin analogue group (RR 0.66; 95% CI 0.55 to 0.79; n = 2206). The proportion of these fistulas that were clinically significant was not mentioned in most trials. On inclusion of trials that clearly distinguished clinically significant fistulas, there was no significant difference between the two groups (RR 0.69; 95% CI 0.38 to 1.28; n = 292). Authors’ conclusions Somatostatin analogues may reduce perioperative complications but do not reduce perioperative mortality. Further adequately powered trials with low risk of bias are necessary. Based on the current available evidence, somatostatin and its analogues are recommended for routine use in people undergoing pancreatic resection.

Keywords: Adverse Effects, Analysis, Authors, Bias, Case Analysis, Citation, Collection, Complications, Confidence, Confidence Intervals, Criteria, Data, Data Collection, Drug, Effects, Embase, Evidence, Fistula, Gastrointestinal, Groups, Hospital, Hospital Stay, Incidence, Intervals, Language, Life, Low Risk, MEDLINE, Methods, Models, Morbidity, Mortality, Pancreatic Fistula, Pancreatic Resection, Perioperative Complications, Placebo, Postoperative, Postoperative Complications, Prophylactic, Protocol, Publication, Quality, Quality of Life, Randomised, Randomised Controlled Trials, Reoperation, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Somatostatin, Surgery

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Full Text: 2013\Coc Dat Sys Rev2013, CD009004.pdf

Abstract: Background Phyllanthus species for patients with chronic hepatitis B virus (HBV) infection have been assessed in clinical trials, but no consensus regarding their usefulness exists. When compared with placebo or no intervention, we were unable to identify convincing evidence that phyllanthus species are beneficial in patients with chronic hepatitis B. Some randomised clinical trials have compared phyllanthus species versus antiviral drugs. Objectives To evaluate the benefits and harms of phyllanthus species compared with antiviral drugs for patients with chronic HBV infection. Search methods Searches were performed in The Cochrane Hepato-Biliary Gorup Controlled Trials Register, The Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expended, and the Chinese Biomedical CD Database, China Network Knowledge Information, Chinese Science Journal Database, TCM Online, and Wanfang Database. Conference proceedings in Chinese were handsearched. All searches were conducted until 31st October 2012. Selection criteria Randomised clinical trials comparing phyllanthus species with antiviral drugs for patients with chronic HBV infection. We included trials irrespective of blinding, publication status, or language. Data collection and analysis Two authors selected the trials and extracted the data independently. The RevMan software was used for statistical analysis of dichotomous data with risk ratio (RR) with 95% confidence intervals (CI). We assessed the risk of bias to control for systematic errors. We calculated the number of patients needed (required information size) to be randomised in order to make reliable conclusions. We assessed the cumulative findings with trial sequential analysis to control for random errors. Main results We identified five randomised clinical trials with 290 patients. All trials were considered to have high risk of bias. Patients in the experimental group received compound phyllanthus for three months to 12 months. Patients in the antiviral drug group received lamivudine, interferon alpha, thymosin, or thymosin alpha 1. None of the trials reported mortality, hepatitis B-related morbidity, quality of life, or liver histology. Phyllanthus seemed to have a superior effect on clearance of serum HBeAg at the end of treatment in conventional meta-analysis (RR 0.76; 95% CI 0.64 to 0.91, P = 0.002; I-2 = 0%), but not when trial sequential analysis was applied. Phyllanthus had no significant effect on clearance of serum HBsAg (RR 1.00; 95% CI 0.93 to 1.08, P = 0.92; I-2 = 0%) or HBV DNA (RR 0.83; 95% CI 0.53 to 1.31, P = 0.43; I-2 = 70%) when compared with antiviral drugs. Data on HBeAg seroconversion was reported in one trial and no significant difference was found comparing phyllanthus versus lamivudine (RR 0.89; 95% CI 0.71 to 1.11). No data were reported on adverse events in the five trials. Authors’ conclusions There is currently insufficient evidence to support or refute the use of phyllanthus for patients with chronic hepatitis B virus infection. Researchers who are interested in conducting further randomised clinical trials on phyllanthus ought to monitor both beneficial and harmful effects and should primarily test the herb against placebo in addition to antiviral drugs that are known to offer more benefit than harm. Only in this way new interventions can be assessed without compromising personal ethical considerations.

Keywords: Analysis, Antiviral, Authors, Benefits, Bias, Cd, China, Chinese, Chronic, Chronic Hepatitis, Citation, Clinical, Clinical Trials, Collection, Conference, Confidence, Confidence Intervals, Consensus, Control, Conventional, Criteria, Cumulative, Data, Data Collection, Database, Dna, Drug, Drugs, Effects, Embase, Errors, Ethical, Events, Evidence, Experimental, Hbv, Hepatitis, Hepatitis B, Hepatitis B Virus, Histology, Infection, Information, Interferon, Interferon-Alpha, Intervals, Intervention, Interventions, Journal, Knowledge, Lamivudine, Language, Life, Liver, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Morbidity, Mortality, Network, P, Patients, Placebo, Publication, Quality, Quality Of, Quality of Life, Randomised, Researchers, Risk, Science, Science Citation Index, Search, Serum, Size, Software, Species, Statistical Analysis, Support, Treatment, Trial

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Full Text: 2013\Coc Dat Sys Rev2013, CD009008.pdf

Abstract: Background Type 2 diabetes mellitus (T2DM) is a growing health problem worldwide. Whether sulphonylureas show better, equal or worse therapeutic effects in comparison with other antidiabetic interventions for patients with T2DM remains controversial. Objectives To assess the effects of sulphonylurea monotherapy versus placebo, no intervention or other antidiabetic interventions for patients with T2DM. Search methods We searched publications in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, LILACS and CINAHL (all until August 2011) to obtain trials fulfilling the inclusion criteria for our review. Selection criteria We included clinical trials that randomised patients 18 years old or more with T2DM to sulphonylurea monotherapy with a duration of 24 weeks or more. Data collection and analysis Two authors independently assessed the risk of bias. The primary outcomes were all-cause and cardiovascular mortality. Secondary outcomes were other patient-important outcomes and metabolic variables. Where possible, we used risk ratios (RR) with 95% confidence intervals (95% CI) to analyse the treatment effect of dichotomous outcomes. We used mean differences with 95% CI to analyse the treatment effect of continuous outcomes. We evaluated the risk of bias. We conducted trial sequential analyses to assess whether firm evidence could be established for a 10% relative risk reduction (RRR) between intervention groups. Main results We included 72 randomised controlled trials (RCTs) with 22,589 participants; 9707 participants randomised to sulphonylureas versus 12,805 participants randomised to control interventions. The duration of the interventions varied from 24 weeks to 10.7 years. We judged none of the included trials as low risk of bias for all bias domains. Patient-important outcomes were seldom reported. First-generation sulphonylureas (FGS) versus placebo or insulin did not show statistical significance for all-cause mortality (versus placebo: RR 1.46, 95% CI 0.87 to 2.45; P = 0.15; 2 trials; 553 participants; high risk of bias (HRB); versus insulin: RR 1.18, 95% CI 0.88 to 1.59; P = 0.26; 2 trials; 1944 participants; HRB). FGS versus placebo showed statistical significance for cardiovascular mortality in favour of placebo (RR 2.63, 95% CI 1.32 to 5.22; P = 0.006; 2 trials; 553 participants; HRB). FGS versus insulin did not show statistical significance for cardiovascular mortality (RR 1.36, 95% CI 0.68 to 2.71; P = 0.39; 2 trials; 1944 participants; HRB). FGS versus alpha-glucosidase inhibitors showed statistical significance in favour of FGS for adverse events (RR 0.63, 95% CI 0.52 to 0.76; P = 0.01; 2 trials; 246 participants; HRB) and for drop-outs due to adverse events (RR 0.28, 95% CI 0.12 to 0.67; P = 0.004; 2 trials; 246 participants; HRB). Second-generation sulphonylureas (SGS) versus metformin (RR 0.98, 95% CI 0.61 to 1.58; P = 0.68; 6 trials; 3528 participants; HRB), thiazolidinediones (RR 0.92, 95% CI 0.60 to 1.41; P = 0.70; 7 trials; 4955 participants; HRB), insulin (RR 0.96, 95% CI 0.79 to 1.18; P = 0.72; 4 trials; 1642 participants; HRB), meglitinides (RR 1.44, 95% CI 0.47 to 4.42; P = 0.52; 7 trials; 2038 participants; HRB), or incretin-based interventions (RR 1.39, 95% CI 0.52 to 3.68; P = 0.51; 2 trials; 1503 participants; HRB) showed no statistically significant effects regarding all-cause mortality in a random-effects model. SGS versus metformin (RR 1.47; 95% CI 0.54 to 4.01; P = 0.45; 6 trials; 3528 participants; HRB), thiazolidinediones (RR 1.30, 95% CI 0.55 to 3.07; P = 0.55; 7 trials; 4955 participants; HRB), insulin (RR 0.96, 95% CI 0.73 to 1.28; P = 0.80; 4 trials; 1642 participants; HRB) or meglitinide (RR 0.97, 95% CI 0.27 to 3.53; P = 0.97; 7 trials, 2038 participants, HRB) showed no statistically significant effects regarding cardiovascular mortality. Mortality data for the SGS versus placebo were sparse. SGS versus thiazolidinediones and meglitinides did not show statistically significant differences for a composite of non-fatal macrovascular outcomes. SGS versus metformin showed statistical significance in favour of SGS for a composite of non-fatal macrovascular outcomes (RR 0.67, 95% CI 0.48 to 0.93; P = 0.02; 3018 participants; 3 trials; HRB). The definition of non-fatal macrovascular outcomes varied among the trials. SGS versus metformin, thiazolidinediones and meglitinides showed no statistical significance for non-fatal myocardial infarction. No meta-analyses could be performed for microvascular outcomes. SGS versus placebo, metformin, thiazolidinediones, alpha-glucosidase inhibitors or meglitinides showed no statistical significance for adverse events. SGS versus alpha-glucosidase inhibitors showed statistical significance in favour of SGS for drop-outs due to adverse events (RR 0.48, 95% CI 0.24 to 0.96; P = 0.04; 9 trials; 870 participants; HRB). SGS versus meglitinides showed no statistical significance for the risk of severe hypoglycaemia. SGS versus metformin and thiazolidinediones showed statistical significance in favour of metformin (RR 5.64, 95% CI 1.22 to 26.00; P = 0.03; 4 trials; 3637 participants; HRB) and thiazolidinediones (RR 6.11, 95% CI 1.57 to 23.79; P = 0.009; 6 trials; 5660 participants; HRB) for severe hypoglycaemia. Third-generation sulphonylureas (TGS) could not be included in any meta-analysis of all-cause mortality, cardiovascular mortality or non-fatal macro- or microvascular outcomes. TGS versus thiazolidinediones showed statistical significance regarding adverse events in favour of TGS (RR 0.88, 95% CI 0.78 to 0.99; P = 0.03; 3 trials; 510 participants; HRB). TGS versus thiazolidinediones did not show any statistical significance for drop-outs due to adverse events. TGS versus other comparators could not be performed due to lack of data. For the comparison of SGS versus FGS no meta-analyses of all-cause mortality, cardiovascular mortality, non-fatal macro- or microvascular outcomes, or adverse events could be performed. Health-related quality of life and costs of intervention could not be meta-analysed due to lack of data. In trial sequential analysis, none of the analyses of mortality outcomes, vascular outcomes or severe hypoglycaemia met the criteria for firm evidence of a RRR of 10% between interventions. Authors’ conclusions There is insufficient evidence from RCTs to support the decision as to whether to initiate sulphonylurea monotherapy. Data on patient-important outcomes are lacking. Therefore, large-scale and long-term randomised clinical trials with low risk of bias, focusing on patient-important outcomes are required.

Keywords: Analyses, Analysis, Authors, Bias, Cardiovascular, Citation, Clinical, Clinical Trials, Collection, Comparison, Composite, Confidence, Confidence Intervals, Control, Costs, Criteria, Data, Data Collection, Decision, Diabetes, Diabetes Mellitus, Duration, Effects, Embase, Events, Evidence, Groups, Health, Health Problem, Hypoglycaemia, Infarction, Inhibitors, Insulin, Intervals, Intervention, Interventions, Life, Long Term, Long-Term, Low Risk, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Metformin, Methods, Model, Mortality, Myocardial Infarction, Outcomes, P, Patients, Placebo, Primary, Publications, Quality, Quality Of, Quality of Life, Random Effects Model, Randomised, Randomised Controlled Trials, Reduction, Relative Risk, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Significance, Support, Therapeutic, Treatment, Trial, Type 2 Diabetes, Type 2 Diabetes Mellitus

? Rana, F., Gormez, A. and Varghese, S. (2013), Pharmacological interventions for self-injurious behaviour in adults with intellectual disabilities. *Cochrane Database of Systematic Reviews*, **4**, Article Number: CD009084.

Full Text: 2013\Coc Dat Sys Rev2013, CD009084.pdf

Abstract: Background Self-injurious behaviour among people with intellectual disability is relatively common and often persistent. Self-injurious behaviour continues to present a challenge to clinicians. It remains poorly understood and difficult to ameliorate despite advances in neurobiology and psychological therapies. There is a strong need for a better evidence base in prescribing and monitoring of drugs in this population, especially since none of the drugs are actually licensed for self-injurious behaviour. Objectives To determine clinical effectiveness of pharmacological interventions inmanagement of self-injurious behaviour in adults with intellectual disability. Search methods We searched the following databases on 19 February 2012: CENTRAL, MEDLINE, EMBASE, PsycINFO, CINAHL, Science Citation Index, Social Science Citation Index, Conference Proceedings Citation Index - Science, Conference Proceedings Citation Index - Social Science and Humanities, ZETOC and WorldCat. We also searched ClinicalTrials.gov, ICTRP and the reference lists of included trials. Selection criteria We included randomised controlled trials that examined drug interventions versus placebo for self-injurious behaviour (SIB) in adults with intellectual disability. Data collection and analysis Two review authors independently extracted data and assessed risk of bias for each trial using a data extraction form. We present a narrative summary of the results is presented. We did not consider meta-analysis was appropriate due to differences in study designs, differences between interventions and heterogeneous outcome measures. Main results We found five double-blind placebo-controlled trials that met our inclusion criteria. These trials assessed effectiveness and safety of drugs in a total of 50 people with intellectual disability demonstrating SIB. Four trials compared the effects of naltrexone versus placebo and one trial compared clomipramine versus placebo. One of the naltrexone versus placebo trials reported that naltrexone had clinically significant effects (>= 33% reduction) on the daily rates of three of the four participants’ most severe form of SIB and modest to substantial reductions in SIB for all participants; however, this study did not report on statistical significance. Another trial reported that naltrexone attenuated SIB in all four participants, with 25 mg and 50 mg doses producing a statistically significant decrease in SIB (P value < 0.05). Another trial (eight people) indicated that naltrexone administration was associated with significantly fewer days of high frequency self injury and significantly more days with low frequency self injury. Naltrexone had different effects depending on the form and location of self injury. Another trial with only 26 participants found that neither single-dose (100 mg) nor long-term (50 and 150 mg) naltrexone treatment had any therapeutic effect on SIB. Comparison of clomipramine versus placebo found no statistically significant benefit for any outcome measure, which included SIB rate and intensity, stereotypy and adverse events. However, it showed clinically significant improvement in the rate and intensity of SIB and stereotypy. There were very few noteworthy adverse events to report in any of the four trials in which these were reported. All trials were at high risk of bias, apart from one trial (Lewis 1996), which was probably at low risk of bias. The short period of follow-up was a significant drawback in the design of all five trials, as it did not allow long-term assessment of behaviour over time. We were unable to examine the efficacy of antidepressants other than clomipramine, antipsychotics, mood stabilisers or beta-blockers as we did not identify any relevant placebo-controlled trials. Authors’ conclusions There was weak evidence in included trials that any active drug was more effective than placebo for people with intellectual disability demonstrating SIB. Due to sparse data, an absence of power and statistical significance, and high risk of bias for four of the included trials, we are unable to reach any definite conclusions about the relative benefits of naltrexone or clomipramine compared to placebo.

Keywords: Administration, Advances, Analysis, Antipsychotics, Assessment, Authors, Behaviour, Benefits, Betablockers, Bias, Challenge, Citation, Clinical, Collection, Comparison, Conference, Criteria, Data, Data Collection, Databases, Design, Disability, Double-Blind, Drug, Drugs, Effectiveness, Effects, Efficacy, Embase, Events, Evidence, Extraction, Follow-Up, Humanities, Improvement, Injury, Interventions, Location, Long Term, Long-Term, Low Risk, Measure, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Monitoring, Outcome, Outcome Measure, Outcome Measures, P, Placebo, Population, Power, Prescribing, Psycinfo, Randomised, Randomised Controlled Trials, Rates, Reduction, Reference, Reference Lists, Review, Risk, Safety, Science, Science Citation Index, Search, Self, Significance, Social Science Citation Index, Therapeutic, Treatment, Trial, Value

? Riemsma, R.P., Bala, M.M., Wolff, R. and Kleijnen, J. (2013), Transarterial (chemo)embolisation versus no intervention or placebo intervention for liver metastases. *Cochrane Database of Systematic Reviews*, **4**, Article Number: CD009498.

Full Text: 2013\Coc Dat Sys Rev2013, CD009498.pdf

Abstract: Background Primary liver tumours and liver metastases from colorectal carcinoma are the two most common malignant tumours to affect the liver. The liver is second only to the lymph nodes as the most common site for metastatic disease. More than half of the patients with metastatic liver disease will die from metastatic complications. Chemoembolisation is based on the concept that the blood supply to hepatic tumours originates predominantly from the hepatic artery. Therefore, embolisation of the hepatic artery can lead to selective necrosis of the liver tumour while it may leave normal parenchyma virtually unaffected. Objectives To study the beneficial and harmful effects of transarterial (chemo) embolisation compared with no intervention or placebo intervention in patients with liver metastases. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, LILACS, and CINAHL up to December 2012. Selection criteria We included all randomised clinical trials assessing beneficial and harmful effects of transarterial (chemo) embolisation compared with no intervention or placebo intervention in patients with liver metastases, no matter the location of the primary tumour. Data collection and analysis We extracted relevant information on participant characteristics, interventions, study outcome measures, and data on the outcome measures for our review as well as information on the design and methodology of the studies. Bias risk assessment of the trials, fulfilling the inclusion criteria, and data extraction from the retrieved final evaluation trials were done by one author and checked by a second author. Main results One randomised clinical trial fulfilled the inclusion criteria of the review. Sixty-one patients with colorectal liver metastases were randomised into three intervention groups: 22 received hepatic artery embolisation, 19 received hepatic artery infusion chemotherapy, and 20 were randomised to control, described as “no active therapeutic intervention, although symptomatic treatment was provided whenever necessary”. As hepatic artery infusion chemotherapy is not in the scope of this review, we have not included the data from this intervention group. In the remaining two groups that were of interest to the review, 43 of the participants were men and 18 women. Most tumours were synchronous metastases involving up to 75% of the liver and non-resectable. The risk of bias in the trial was judged to be high. Patients were followed-up for a minimum of seven months. Mortality at last follow-up was 86%(19/22) in the hepatic artery embolisation group versus 95% (19/20) in the control group (RR 0.91; 95% CI 0.75 to 1.1), that is, no statistically significant difference was observed. Median survival after trial entry was 7.0 months (range 2 to 44) in the hepatic artery embolisation group and 7.9 months (range 1 to 26) in the control group. Nine out of 22 (41%) in the hepatic artery embolisation group and five out of 20 (25%) in the control group developed evidence of extrahepatic disease (RR 1.64; 95% CI 0.60 to 4.07). Local recurrence was reported for 10 patients in the trial without details about the trial group. Most patients in the embolisation group experienced post-embolic syndrome (82%), and one patient had local haematoma. No other adverse events were reported. The authors did not report if there were any adverse events in the control group. Authors’ conclusions On the basis of one small randomised trial that did not describe sequence generation, allocation concealment or blinding, it can be concluded that in patients with liver metastases no significant survival benefit or benefit on extrahepatic recurrence was found in the embolisation group in comparison with the palliation group. The probability for selective outcome reporting bias in the trial is high. At present, transarterial (chemo) embolisation cannot be recommended outside randomised clinical trials.

Keywords: Allocation, Analysis, Artery, Assessing, Assessment, Authors, Bias, Blood, Characteristics, Chemotherapy, Citation, Clinical, Clinical Trial, Clinical Trials, Collection, Comparison, Complications, Control, Criteria, Data, Data Collection, Design, Disease, Effects, Embase, Evaluation, Events, Evidence, Extraction, Follow-Up, Generation, Groups, Information, Infusion, Intervention, Interventions, Lead, Liver, Local, Location, Median, MEDLINE, Men, Metastases, Metastatic Disease, Methodology, Methods, Minimum, Mortality, Necrosis, Normal, Outcome, Outcome Measures, Palliation, Patients, Placebo, Primary, Randomised, Randomised Trial, Recurrence, Reporting, Review, Risk, Risk Assessment, Science, Science Citation Index, Science Citation Index Expanded, Scope, Search, Site, Small, Survival, Syndrome, Therapeutic, Treatment, Trial, Women

? Rooney, A. and Grant, R. (2013), Pharmacological treatment of depression in patients with a primary brain tumour. *Cochrane Database of Systematic Reviews*, **5**, Article Number: CD006932.

Full Text: 2013\Coc Dat Sys Rev2013, CD006932.pdf

Abstract: Background This is an updated version of the original Cochrane review published in Issue 3, 2010. Patients with a primary brain tumour often experience depression, for which drug treatment may be prescribed. However, these patients are also at high risk of epileptic seizures, cognitive impairment and fatigue, all of which are potential side effects of antidepressants. The benefit, or harm, of pharmacological treatment of depression in brain tumour patients is unclear. Objectives To assess the benefits and harms of pharmacological treatment of depression in patients with a primary brain tumour. Search methods We updated the search to include the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2012, Issue 10), MEDLINE to October 2012, EMBASE to October 2012 and PsycINFO to October 2012. We searched the British Nursing Index, LILACS, PSYNDEX, the NHS National Research Register, the NHS Centre for Reviews and Dissemination’s Database of Abstracts of Reviews of Effectiveness (DARE) and Web of Knowledge (covering Science Scisearch, Social Sciences Citation Index and Biological Abstracts) for the original review (to July 2009). In the original review we also handsearched Neuro-oncology, the Journal of Neuro-oncology, the Journal of Neurology, Neurosurgery and Psychiatry and the Journal of Clinical Oncology (July 1999 to June 2009) and wrote to all the pharmaceutical companies manufacturing antidepressants for use in the UK. Selection criteria We searched for all randomised controlled trials (RCTs), controlled clinical trials, cohort studies and case-control studies of any pharmacological treatment of depression in patients with a histologically diagnosed primary brain tumour. Data collection and analysis No studies met the inclusion criteria. Main results We found no eligible studies evaluating the benefits of any pharmacological treatment of depression in brain tumour patients. Authors’ conclusions No high-quality studies have examined the value of pharmacological treatment of depression in patients with a primary brain tumour. RCTs and detailed prospective studies are required to inform the effective pharmacological treatment of this common and important complication of brain tumours. Since the last version of this review none of the new relevant studies have provided additional information to change these conclusions.

Keywords: Adults, Analysis, Benefits, Brain, Brain Neoplasms [Psychology], Cancer-Patients, Case-Control, Case-Control Studies, Citation, Clinical, Clinical Trials, Cohort, Collection, Complication, Criteria, Data, Data Collection, Database, Depression, Depression [Drug Therapy, Drug, Effects, Embase, Etiology], Experience, Fatigue, Follow-Up, Grade Glioma, Humans, Information, Journal, Knowledge, Major Depression, Manufacturing, Medline, Methods, Mood, Neuro-Oncology, Nhs, Nursing, Oncology, Patients, Potential, Primary, Prospective, Prospective Studies, Psychiatry, Psycinfo, Quality-Of-Life, Radiotherapy, Randomised, Randomised Controlled Trials, Research, Review, Risk, Science, Sciences, Search, Seizures, Side Effects, Social Sciences, Social Sciences Citation Index, Survival, Treatment, Uk, Value, Version, Web of Knowledge

? Riemsma, R.P., Bala, M.M., Wolff, R. and Kleijnen, J. (2013), Percutaneous ethanol injection for liver metastases. *Cochrane Database of Systematic Reviews*, **5**, Article Number: CD008717.

Full Text: 2013\Coc Dat Sys Rev2013, CD008717.pdf

Abstract: Background Primary liver tumours and liver metastases from colorectal carcinoma are the two most common malignant tumours to affect the liver. The liver is second only to the lymph nodes as the most common site for metastatic disease. More than half of the patients with metastatic liver disease will die from metastatic complications. Percutaneous ethanol injection (PEI) causes dehydration and necrosis of tumour cells accompanied by small vessel thrombosis, leading to tumour ischaemia and destruction. Objectives To study the beneficial and harmful effects of percutaneous ethanol injection compared with no intervention, other ablation methods, or systemic treatments in patients with liver metastases. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, LILACS, and CINAHL up to December 2012. Selection criteria We included all randomised clinical trials assessing the beneficial and harmful effects of percutaneous ethanol injection versus no intervention, other ablation methods, or systemic treatments in patients with liver metastases. Data collection and analysis We extracted the relevant information on participant characteristics, interventions, study outcome measures, and data on the outcome measures for our review, as well as information on the design and methodology of the studies. Quality assessment of the trials fulfilling the inclusion criteria and data extraction from the trials retrieved for final evaluation were done by one author and checked by a second author. Main results One randomised clinical trial was included, comparing transcatheter arterial chemoembolisation (TACE) + percutaneous intratumour ethanol injection (PEI) versus TACE alone. Forty-eight patients with liver metastases were included; 25 received the intervention with PEI and 23 received TACE alone. Mortality data were not reported. The trial reported the survival data after one, two, and three years. In the TACE + PEI group, 92%, 80%, and 64% of the patients survived after 1, 2, and 3 years respectively; in the TACE group, 78.3%, 65.2%, and 47.8% of the patients survived after 1, 2, and 3 years respectively. The hazard ratio was 0.57 (95% CI 0.19 to 1.67). The local recurrence was 16% in the TACE + PEI group and 39.1% in the TACE group, resulting in a relative risk (RR) of 0.41 (95% CI 0.15 to 1.07). Forty-five tumours (66.2%) out of 68 tumours in total shrunk by at least 25% in the TACE + PEI group versus 31 tumours (48.4%) out of 64 tumours in total in the TACE group (RR 2.08; 95% CI 1.03 to 4.2). The authors reported some adverse events, but with very few details. Authors’ conclusions On the basis of one small randomised trial, it can be concluded that addition of PEI to TACE, as compared with TACE alone, in patients with liver metastases seems to bring no clear benefit in terms of survival and local recurrence. The size of the tumour necrosis was larger in the combined treatment group. No intervention-related mortality or major complications were reported. More trials are needed.

Keywords: Analysis, Assessing, Assessment, Authors, Business, Characteristics, Citation, Clinical, Clinical Trial, Clinical Trials, Clinical-Trials, Collection, Combined Treatment, Complications, Criteria, Data, Data Collection, Dehydration, Design, Design Characteristics, Disease, Effects, Embase, Empirical-Evidence, England, Ethanol, Evaluation, Events, Extraction, Hazard, Information, Information Size, Intervention, Interventions, Ischaemia, Liver, Local, Management, Medicine, MEDLINE, Metaanalyses, Metastases, Metastatic Disease, Methodology, Methods, Mortality, N, Necrosis, Outcome, Outcome Measures, Patients, Pei, Percutaneous, Quality, Quality Assessment, Radiofrequency Ablation, Randomised, Randomised Trial, Randomized Controlled-Trials, Recurrence, Relative Risk, Review, Risk, River, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Site, Size, Small, Survival, Thrombosis, Treatment, Trial, Unresectable Hepatocellular-Carcinoma, USA

? Penninga, L., Penninga, E.I., Moller, C.H., Iversen, M., Steinbruchel, D.A. and Gluud, C. (2013), Tacrolimus versus cyclosporin as primary immunosuppression for lung transplant recipients. *Cochrane Database of Systematic Reviews*, **5**, Article Number: CD008817.

Full Text: 2013\Coc Dat Sys Rev2013, CD008817.pdf

Abstract: Background Lung transplantation is a well-accepted treatment for people with most end-stage lung diseases. Although both tacrolimus and cyclosporin are used as primary immunosuppressive agents in lung transplant recipients, it is unclear which of these drugs is better in reducing rejection and death without causing adverse effects. Objectives To assess the benefits and harms of tacrolimus versus cyclosporin for primary immunosuppression in lung transplant recipients. Search methods We searched the Cochrane Renal Group’s Specialised Register to 10 April 2013 through contact with the Trials Search Co-ordinator using search terms relevant to this review. We also searched Science Citation Index Expanded and the Transplant Library to 20 April 2013. Selection criteria We included all randomised controlled trials (RCT) that compared any dose and duration of administration of tacrolimus versus cyclosporin as primary immunosuppressive treatment in lung transplant recipients. Our selection criteria required that all included patients received the same additional immunosuppressive therapy within each study. Data collection and analysis Three authors extracted data. For dichotomous data we used risk ratio (RR) and used mean difference (MD) for continuous data, each with 95% confidence intervals (CI). Methodological components of the included studies were used to assess risk of systematic errors (bias). Trial sequential analysis was used to assess risk of random errors (play of chance). Main results We included three studies that enrolled a total of 413 adult patients that compared tacrolimus with microemulsion or oral solution cyclosporin. All studies were found to be at high risk of bias. Tacrolimus seemed to be significantly superior to cyclosporin regarding the incidence of bronchiolitis obliterans syndrome (RR 0.46, 95% CI 0.29 to 0.74), lymphocytic bronchitis score (MD -0.60, 95% CI -1.04 to -0.16), treatment withdrawal (RR 0.27, 95% CI 0.16 to 0.46), and arterial hypertension (RR 0.67, 95% CI 0.50 to 0.89). However, the finding for arterial hypertension was not confirmed when analysed using a random-effects model (RR 0.54, 95% CI 0.17 to 1.73). Furthermore, trial sequential analysis found that none of the meta-analyses reached the required information sizes and cumulative Z-curves did not cross trial sequential monitoring boundaries. Diabetes mellitus occurred more frequently among people in the tacrolimus group compared with the cyclosporin group when the fixed-effect model was applied (RR 4.24, 95% CI 1.58 to 11.40), but no difference was found when the random-effects model was used for analysis (RR 4.43, 95% CI 0.75 to 26.05). Again, trial sequential analysis found that the required information threshold was not reached and cumulative Z-curve did not cross the trial sequential monitoring boundary. No significant difference between treatment groups was observed regarding mortality (RR 1.06, 95% CI 0.75 to 1.49), incidence of acute rejection (RR 0.89, 95% CI 0.77 to 1.03), numbers of infections/100 patient-days (MD -0.15, 95% CI -0.30 to 0.00), cancer (RR 0.21, 95% CI 0.04 to 1.16), kidney dysfunction (RR 1.41, 95% CI 0.93 to 2.14), kidney failure (RR 1.57, 95% CI 0.28 to 8.94), neurotoxicity (RR 7.06, 95% CI 0.37 to 135.19), and hyperlipidaemia (RR 0.60, 95% CI 0.30 to 1.20). Trial sequential analysis showed the required information thresholds were not reached for any of these outcome measures. Authors’ conclusions Tacrolimus may be superior to cyclosporin regarding bronchiolitis obliterans syndrome, lymphocytic bronchitis, treatment withdrawal, and arterial hypertension, but may be inferior regarding development of diabetes. No difference in mortality and acute rejection was observed between patients treated with tacrolimus and cyclosporin. There were few studies comparing tacrolimus and cyclosporin after lung transplantation, and the numbers of patients and events in the included studies were limited. Furthermore, the included studies were deemed to be at high risk of bias. Hence, more RCTs are needed to assess the results of the present review. Such studies ought to be conducted with low risks of systematic errors (bias) and of random errors (play of chance).

Keywords: Administration, Adult, Adult Lung, Adverse Effects, Analysis, Arterial Hypertension, Authors, Benefits, Bias, Boundaries, Bronchiolitis Obliterans Syndrome, Calcineurin Inhibitors, Cancer, Citation, Collection, Confidence, Confidence Intervals, Criteria, Cumulative, Data, Data Collection, Death, Denmark, Development, Diabetes, Diabetes Mellitus, Diseases, Drugs, Duration, Effects, Errors, Events, Failure, Groups, Heart, Hypertension, Immunosuppression, Immunosuppressive Therapy, Incidence, Information, Intervals, Kidney, Kidney Failure, Lung, Lung Diseases, Lung Transplantation, Medicine, Metaanalysis, Methods, Microemulsion, Model, Monitoring, Mortality, Neurotoxicity, Oral, Outcome, Outcome Measures, Patients, Primary, Quality, Random Effects Model, Randomised, Randomised Controlled Trials, Randomized International Trial, Rct, Rejection, Review, Risk, Risks, River, Science, Science Citation Index, Science Citation Index Expanded, Search, Selection, Selection Criteria, Solid-Organ Transplantation, Solution, Syndrome, Tacrolimus, Therapy, Threshold, Thresholds, Transplantation, Treatment, Trial, USA

? Moazzami, K., Roohi, A. and Moazzami, B. (2013), Granulocyte colony stimulating factor therapy for acute myocardial infarction. *Cochrane Database of Systematic Reviews*, **5**, Article Number: CD008844.

Full Text: 2013\Coc Dat Sys Rev2013, CD008844.pdf

Abstract: Background Acute myocardial infarction (AMI) is the leading cause of death in developed countries, and current treatment modalities have failed to regenerate the dead myocardium resulting from the ischemic damage. Stem cells have the potential to regenerate the damaged myocardium. These cells can be mobilized from the bone marrow by factors such as granulocyte colony stimulating factor (G-CSF). Objectives To assess the effects of stem cell mobilization following granulocyte colony stimulating factor therapy in patients with acute myocardial infarction. Search methods We searched CENTRAL (The Cochrane Library Issue 4, 2010), MEDLINE (1950 to November week 3, 2010), EMBASE (1980 to 2010 week 48), BIOSIS Previews (1969 to 30 November 2010), ISI Science Citation Index Expanded (1970 to 4 December 2010) and ISI Conference Proceedings Citation Index - Science (1990 to 4 December 2010). We also checked reference lists of articles. Selection criteria We included randomized controlled trials including participants with a clinical diagnosis of AMI who were randomly allocated to the subcutaneous administration of G-CSF through a daily dose of 2.5, 5 or 10 microgram/kg for four to six days or placebo. No age or other restrictions were applied for the selection of patients. Data collection and analysis Two authors independently selected trials, assessed trials for eligibility and methodological quality, and extracted data regarding the clinical efficacy and adverse outcomes. Disagreements were resolved by the third author. Main results We included seven trials reported in 30 references in the review (354 participants). In all trials, G-CSF was compared with placebo preparations. Dosage of G-CSF varied among studies, ranging from 2.5 to 10 microgram/kg/day. Regarding overall risk of bias, data regarding the generation of randomization sequence and incomplete outcome data were at a low risk of bias; however, data regarding binding of personnel were not conclusive. The rate of mortality was not different between the two groups (RR 0.64, 95% CI 0.15 to 2.80, P = 0.55). Regarding safety, the limited amount of evidence is inadequate to reach any conclusions regarding the safety of G-CSF therapy. Moreover, the results did not show any beneficial effects of G-CSF in patients with AMI regarding left ventricular function parameters, including left ventricular ejection fraction (RR 3.41, 95% CI - 0.61 to 7.44, P = 0.1), end systolic volume (RR - 1.35, 95% CI - 4.68 to 1.99, P = 0.43) and end diastolic volume (RR - 4.08, 95% CI - 8.28 to 0.12, P = 0.06). It should also be noted that the study was limited since the trials included lacked long enough follow up durations. Authors’ conclusions Limited evidence from small trials suggested a lack of benefit of G-CSF therapy in patients with AMI. Since data of the risk of bias regarding blinding of personnel were not conclusive, larger RCTs with appropriate power calculations and longer follow up durations are required in order to address current uncertainties regarding the clinical efficacy and therapy-related adverse events of G-CSF treatment.

Keywords: Acute Myocardial Infarction, Administration, Adverse Outcomes, Age, Analysis, Authors, Bias, Binding, Bone, Bone Marrow, Bone-Marrow-Cells, Cardiac-Function, Cause of Death, Chronic Heart-Failure, Citation, Clinical, Collection, Conference, Coronary-Artery-Disease, Criteria, Damage, Data, Data Collection, Death, Diagnosis, Effects, Efficacy, Embase, Endothelial Progenitor Cells, Events, Evidence, Follow-Up, Function, G-Csf, Generation, Granulocyte, Groups, Infarction, Intracoronary Infusion, ISI, Left Ventricular Ejection Fraction, Low Risk, Massachusetts, Medicine, MEDLINE, Methods, Mobilization, Modalities, Mortality, Myocardial Infarction, Outcome, Outcomes, P, Patients, Personnel, Placebo, Potential, Power, Quality, Randomization, Randomized, Randomized Controlled Trials, Randomized Controlled-Trials, Reference, Reference Lists, References, Restrictions, Review, Risk, River, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Selection, Small, Stem Cell, Stem Cells, Stem-Cell Mobilization, Therapy, Treatment, Uncertainties, USA, Ventricular-Function, Volume

? Hao, Z.L., Wang, D.R., Zeng, Y. and Liu, M. (2013), Repetitive transcranial magnetic stimulation for improving function after stroke. *Cochrane Database of Systematic Reviews*, **5**, Article Number: CD008862.

Full Text: 2013\Coc Dat Sys Rev2013, CD008862.pdf

Abstract: Background It had been assumed that suppressing the undamaged contralesional motor cortex by repetitive low-frequency transcranial magnetic stimulation (rTMS) or increasing the excitability of the damaged hemisphere cortex by high-frequency rTMS will promote function recovery after stroke. Objectives To assess the efficacy and safety of rTMS for improving function in people with stroke. Search methods We searched the Cochrane Stroke Group Trials Register (April 2012), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2012, Issue 4), the Chinese Stroke Trials Register (April 2012), MEDLINE (1950 to May 2012), EMBASE (1980 to May 2012), Science Citation Index (1981 to April 2012), Conference Proceedings Citation Index-Science (1990 to April 2012), CINAHL (1982 to May 2012), AMED (1985 to May 2012), PEDro (April 2012), REHABDATA (April 2012) and CIRRIE Database of International Rehabilitation Research (April 2012). In addition, we searched five Chinese databases, ongoing trials registers and relevant reference lists. Selection criteria We included randomised controlled trials comparing rTMS therapy with sham therapy or no therapy. We excluded trials that reported only laboratory parameters. Data collection and analysis Two review authors independently selected trials, assessed trial quality and extracted the data. We resolved disagreements by discussion. Main results We included 19 trials involving a total of 588 participants in this review. Two heterogenous trials with a total of 183 participants showed that rTMS treatment was not associated with a significant increase in the Barthel Index score (mean difference (MD) 15.92, 95% CI -2.11 to 33.95). Four trials with a total of 73 participants were not found to have a statistically significant effect on motor function (standardised mean difference (SMD) 0.51, 95% CI -0.99 to 2.01). Subgroup analyses of different stimulation frequencies or duration of illness also showed no significant difference. Few mild adverse events were observed in the rTMS groups, with the most common events being transient or mild headaches (2.4%, 8/327) and local discomfort at the site of the stimulation. Authors’ conclusions Current evidence does not support the routine use of rTMS for the treatment of stroke. Further trials with larger sample sizes are needed to determine a suitable rTMS protocol and the long-term functional outcome.

Keywords: Acute Ischemic-Stroke, Analyses, Analysis, Authors, Cerebrovascular-Disease, China, Chinese, Citation, Collection, Conference, Corticomotor Excitability, Criteria, Data, Data Collection, Database, Databases, Duration, Efficacy, Embase, Events, Evidence, Function, Groups, Laboratory Parameters, Local, Long Term, Long-Term, Low-Frequency Rtms, Magnetic, Magnetic Stimulation, Medicine, MEDLINE, Methods, Motor Function, Outcome, Poststroke Aphasia, Primary Motor Cortex, Protocol, Quality, R, Randomised, Randomised Controlled Trials, Randomized-Trial, Recovery, Reference, Reference Lists, Rehabilitation, Research, Review, River, Safety, Science, Science Citation Index, Search, Site, Stroke, Subcortical Stroke, Support, Therapy, Theta-Burst Stimulation, Transient, Treatment, Trial, Unaffected Hemisphere, USA

? Minakaran, N. and Ezra, D.G. (2013), Rituximab for thyroid-associated ophthalmopathy. *Cochrane Database of Systematic Reviews*, **5**, Article Number: CD009226.

Full Text: 2013\Coc Dat Sys Rev2013, CD009226.pdf

Abstract: Background Thyroid associated ophthalmopathy (TAO) is the most frequent extrathyroidal manifestation of Graves’ disease, affecting up to 50% of patients, and has a great impact on quality of life. Rituximab is a human/murine chimeric monoclonal antibody that targets CD20, a transmembrane protein expressed on the surface of pre-B and mature B lymphocytes, but not on stem cells, pro-B lymphocytes or plasma cells. Preliminary work has shown that blocking the CD20 receptor on B-lymphocytes with rituximab affects the clinical course of TAO, by reducing inflammation and the degree of proptosis. Objectives The aim of this review was to investigate the effectiveness and safety of rituximab for the treatment of TAO. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2013, Issue 3), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE, (January 1950 to April 2013), EMBASE (January 1980 to April 2013), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to April 2013), OpenGrey (System for Information on Grey Literature in Europe) (www.opengrey.eu/), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov), the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en) and the EU Clinical Trials Register (www.clinicaltrialsregister.eu). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 15 April 2013. We manually searched references of review articles and used the Science Citation Index to identify additional studies citing trials. We contacted the lead investigators of relevant trials on ClinicalTrials.gov and the WHO ICTRP for information and data from as yet unpublished clinical trials. We contacted experts in the field for information about any ongoing trials. We contacted the manufacturers of rituximab for details of any sponsored trials. Selection criteria We sought to include randomised controlled trials (RCTs) of rituximab treatment by intravenous infusion for the treatment of patients with TAO, compared with placebo or intravenous glucocorticoid treatment. Data collection and analysis Two review authors independently scanned titles and abstracts, as well as independently screened the full reports of the potentially relevant studies. At each stage, the results were compared and disagreements were solved by discussion. Main results No studies were identified that met the inclusion criteria. There are three ongoing studies which are likely to meet inclusion criteria once published, and thus be included in future updates of this review. Authors’ conclusions There is currently insufficient evidence to support the use of rituximab in patients with TAO. There is a need for large RCTs, investigating rituximab versus placebo or corticosteroids in patients with active TAO to make adequate judgement on the efficacy and safety of this novel therapy for this condition.

Keywords: Analysis, Antibody, Authors, B-Lymphocyte Depletion, Cell Depletion, Citation, Citations, Clinical, Clinical Trials, Collection, Consensus Statement, Corticosteroids, Course, Criteria, Data, Data Collection, Databases, Disease, Effectiveness, Efficacy, Embase, England, Eu, Europe, Evidence, Experts, Eye Disease, Field, Glucocorticoid, Graves-Disease, Grey Literature, Impact, Inflammation, Information, Infusion, Intravenous, Language, Lead, Life, Literature, Medicine, MEDLINE, Methods, Monoclonal-Antibody Rituximab, N, Orbital Fibroblasts, Patients, Placebo, Plasma, Protein, Quality, Quality Of, Quality of Life, Randomised, Randomised Controlled Trials, References, Restrictions, Review, Rheumatoid-Arthritis, Rituximab, River, Safety, Science, Science Citation Index, Search, Stem Cells, Support, Surface, T-Cells, Targeted Therapy, Therapy, Treatment, USA, WHO, Work

? Riemsma, R.P., Bala, M.M., Wolff, R. and Kleijnen, J. (2013), Electro-coagulation for liver metastases. *Cochrane Database of Systematic Reviews*, **5**, Article Number: CD009497.

Full Text: 2013\Coc Dat Sys Rev2013, CD009497.pdf

Abstract: Background Primary liver tumours and liver metastases from colorectal carcinoma are the two most common malignant tumours to affect the liver. The liver is second only to the lymph nodes as the most common site for metastatic disease. More than half of the patients with metastatic liver disease will die from metastatic complications. Electro-coagulation is the coagulation (clotting) of tissue using a high-frequency electrical current applied locally with a metal instrument or needle with the aim of stopping bleeding. The object of this technique is to destroy the tumour completely, if possible, in a single surgical session. Objectives To study the beneficial and harmful effects of electro-coagulation compared with no intervention, to other ablation methods, or systemic treatments in patients with liver metastases. Search methods We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, LILACS, and CINAHL up to December 2012. Selection criteria We included one randomised clinical trial that assessed beneficial and harmful effects of electro-coagulation and its comparators in patients with liver metastases, irrespective of the location of the primary tumour. Data collection and analysis We extracted relevant information on participant characteristics, interventions, study outcome measures, and data on the outcome measures as well as information on the design and methodology of the trials. Risk of bias of the trials and data extraction was carried out by one author and checked by a second author. Main results We included one randomised clinical trial that compared four groups: electro-coagulation alone, electro-coagulation + dimethyl sulphoxide, electro-coagulation + allopurinol, and control (Salim 1993). The risk of bias in the trial is high. In three groups, patients had their metastases destroyed with diathermy electro-coagulation (current set at No 5) and received: 1) solution of allopurinol by mouth 5 mL 4 x a day or 2) allopurinol by mouth 5 mL (50 mg) 4 x a day or 3) dimethyl sulphoxide by mouth 5 mL (500 mg) 4 x a day. In the control group patients received a solution of allopurinol by mouth 5 mL 4 x a day. The treatment was started in the fifth postoperative day and was continued for five years. Three hundred and six patients who had undergone resection of the sigmoid colon and who had five or more hepatic metastases were included; 75 received electro-coagulation alone (58 were evaluable), 76 received electro-coagulation plus allopurinol (53 were evaluable), 78 received electro-coagulation plus dimethyl sulphoxide (57 were evaluable), and 77 were in the control group (55 evaluable). The authors reported the number of deaths due to disease spread (100% in the control, 98% in electro-coagulation, 87% in electrocoagulation + allopurinol, and 86% in the electro-coagulation + dimethyl sulphoxide groups). There was a significant benefit in favour of the electro-coagulation + allopurinol (risk ratio (RR) 0.87 (95% confidence interval (CI) 0.78 to 0.96)) and electro-coagulation + dimethyl sulphoxide (RR 0.86 (95% CI 0.77 to 0.95)) groups compared to the control group, but no such benefit in the electrocoagulation alone group (RR 0.98 (95% CI 0.95 to 1.02)) compared to the control group. There were no local recurrences, no positive tests for occult blood, and observed pulmonary metastases were always with ultrasonographic evidence of hepatic secondaries and were not significantly different for the experimental groups compared to the control group (electro-coagulation: RR 1.11 (95% CI 0.4 to 3.09)), electro-coagulation + allopurinol (RR 0.86 (95% CI 0.28 to 2.66)), electro-coagulation + dimethyl sulphoxide (RR 0.8 (95% CI 0.26 to 2.48)). None of the adverse events were significantly associated with treatment. Authors’ conclusions On the basis of one randomised trial which did not describe its methodology in sufficient detail to assess risk of bias and quality, excluded 27% of patients after randomisation due to various reasons, and is probably not free from selective outcome reporting bias, there is insufficient evidence to conclude that in patients with colonic cancer liver metastases, electro-coagulation alone brings any significant benefit in terms of survival or recurrence compared with the control. In addition, there is insufficient evidence for the effectiveness of adding allopurinol or dimethyl sulphoxide to electro-coagulation. The probability for selective outcome reporting bias in the trial is high. More randomised trials are needed in order to sufficiently validate electro-coagulation with or without co-interventions.

Keywords: Analysis, Authors, Bias, Bleeding, Blood, Business, Cancer, Characteristics, Citation, Clinical, Clinical Trial, Clinical-Trials, Coagulation, Collection, Complications, Confidence, Control, Criteria, Data, Data Collection, Design, Design Characteristics, Disease, Effectiveness, Effects, Electro-Coagulation, Electrocoagulation, Embase, Empirical-Evidence, England, Events, Evidence, Experimental, Extraction, Groups, Information, Information Size, Interval, Intervention, Interventions, Liver, Local, Location, Medicine, MEDLINE, Metaanalyses, Metal, Metastases, Metastatic Disease, Methodology, Methods, N, Outcome, Outcome Measures, Patients, Postoperative, Primary, Quality, Radiofrequency Ablation, Randomisation, Randomised, Randomised Trial, Randomized Controlled-Trials, Recurrence, Recurrences, Reporting, Review, Risk, Risk of Bias, River, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Site, Solution, Survival, Treatment, Trial, Tumors, Unresectable Hepatocellular-Carcinoma, USA

? Okwundu, C.I., Nagpal, S., Musekiwa, A. and Sinclair, D. (2013), Home- or community-based programmes for treating malaria. *Cochrane Database of Systematic Reviews*, **5**, Article Number: CD009527.

Full Text: 2013\Coc Dat Sys Rev2013, CD009527.pdf

Abstract: Background Malaria is an important cause of morbidity and mortality, in particular among children and pregnant women in sub-Saharan Africa. Prompt access to diagnosis and treatment with effective antimalarial drugs is a central component of the World Health Organization’s (WHO) strategy for malaria control. Home-or community-based programmes for managing malaria are one strategy that has been proposed to overcome the geographical barrier to malaria treatment. Objectives To evaluate home-and community-based management strategies for treating malaria. Search methods We searched the Cochrane Central Register of Controlled Trials published in The Cochrane Library; MEDLINE; EMBASE; Science Citation Index; PsycINFO/LIT; CINAHL; WHO clinical trial registry platform; and the metaRegister of Controlled Trials up to September 2012. Selection criteria Randomized controlled trials (RCTs) and non-RCTs that evaluated the effects of a home-or community-based programme for treating malaria in a malaria endemic setting. Data collection and analysis Two authors independently screened and selected studies, extracted data, and assessed the risk of bias. Where possible the effects of interventions are compared using risk ratios (RR), and presented with 95% confidence intervals (CI). The quality of the evidence was assessed using the GRADE approach. Main results We identified 10 trials that met the inclusion criteria. The interventions involved brief training of basic-level health workers or mothers, and most provided the antimalarial for free or at a highly subsidized cost. In eight of the studies, fevers were treated presumptively without parasitological confirmation with microscopy or a rapid diagnostic test (RDT). Two studies trained community health workers to use RDTs as a component of community management of fever. Home-or community-based strategies probably increase the number of people with fever who receive an appropriate antimalarial within 24 hours (RR 2.27, 95% CI 1.79 to 2.88 in one trial; RR 9.79, 95% CI 6.87 to 13.95 in a second trial; 3099 participants, moderate quality evidence). They may also reduce all-cause mortality, but to date this has only been demonstrated in rural Ethiopia (RR 0.58, 95% CI 0.44 to 0.77, one trial, 13,677 participants, moderate quality evidence). Hospital admissions in children were reported in one small trial from urban Uganda, with no effect detected (437 participants, very low quality evidence). No studies reported on severe malaria. For parasitaemia prevalence, the study from urban Uganda demonstrated a reduction in community parasite prevalence (RR 0.22, 95% CI 0.08 to 0.64, 365 participants), but a second study in rural Burkina Faso did not (1006 participants). Home-or community-based programmes may have little or no effect on the prevalence of anaemia (three trials, 3612 participants, low quality evidence). None of the included studies reported on adverse effects of using home-or community-based programmes for treating malaria. In two studies which trained community health workers to only prescribe antimalarials after a positive RDT, prescriptions of antimalarials were reduced compared to the control group where community health workers used clinical diagnosis (RR 0.39, 95% CI 0.18 to 0.84, two trials, 5944 participants, moderate quality evidence). In these two studies, mortality and hospitalizations remained very low in both groups despite the lower use of antimalarials (two trials, 5977 participants, low quality evidence). Authors’ conclusions Home-or community-based interventions which provide antimalarial drugs free of charge probably improve prompt access to antimalarials, and there is moderate quality evidence from rural Ethiopia that they may impact on childhood mortality when implemented in appropriate settings. Programmes which treat all fevers presumptively with antimalarials lead to overuse antimalarials, and potentially undertreat other causes of fever such as pneumonia. Incorporating RDT diagnosis into home-or community-based programmes for malaria may help to reduce this overuse of antimalarials, and has been shown to be safe under trial conditions.

Keywords: Access, Adverse Effects, Africa, Anaemia, Analysis, Approach, Artemether-Lumefantrine, Authors, Barrier, Bias, Care, Charge, Childhood, Childhood Fevers, Children, Citation, Clinical, Clinical Trial, Collection, Community, Community Based, Confidence, Confidence Intervals, Control, Cost, Criteria, Data, Data Collection, Diagnosis, Diagnostic Test, Drugs, Effects, Embase, Ethiopia, Evidence, Fever, Ghana, Grade, Groups, Health, Impact, Intervals, Interventions, Kenya, Lead, Malaria, Management, Medicine, MEDLINE, Methods, Morbidity, Mortality, Mothers, Pneumonia, Pregnant, Pregnant Women, Prescriptions, Prevalence, Programmes, Quality, Quality Of, Randomized Controlled Trials, Randomized Controlled-Trial, Reduction, Registry, Review, Risk, River, Rural, Science, Science Citation Index, Search, Small, South Africa, Strategy, Sub-Saharan Africa, Training, Transmission, Treatment, Trial, Uganda, Urban, USA, WHO, Women

? Rao, A.M. and Ahmed, I. (2013), Laparoscopic versus open liver resection for benign and malignant hepatic lesions in adults. *Cochrane Database of Systematic Reviews*, **5**, Article Number: CD010162.

Full Text: 2013\Coc Dat Sys Rev2013, CD010162.pdf

Abstract: Background Liver (hepatic) resection refers to removal of the whole liver, or one or more of its vascular segments. Elective liver resection is mainly performed for benign and malignant liver tumours. The operation can be performed as an open procedure or with a laparoscopic approach. With the advancement of laparoscopic skills and equipment, liver resection is selectively being carried out with this approach. A laparoscopic procedure is intended to be less severe, allowing for quicker healing, fewer complications, and a shorter hospital stay as the insult to the body is minimised. However, evidence about the efficacy of this approach when compared to an open procedure is still scattered. Current practice at different hepato-pancreato-biliary centres is based on the clinical judgement of experts in their field, which is highly insufficient in terms of evidence. Objectives To assess the benefits and harms of laparoscopic versus open liver resection for benign or malignant lesions on the liver in adult patients. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, Cochrane Central Register of Controlled Trials in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until February 2013. We also conducted searches of reference lists of relevant articles and reviews, conference proceedings, and ongoing trial databases. Selection criteria We searched for randomised clinical trials of participants undergoing liver resection for benign or malignant lesions which reported on benefits and harms. We searched for quasi-randomised or observational studies for reports of harm. Data collection and analysis No data from randomised clinical trials could be collected. Main results Two authors performed study selection independently. We were not able to identify any randomised clinical trials that met the inclusion criteria of our review protocol. We identified two ongoing randomised clinical trials performed in Europe with data yet to be published. We retrieved a few observational studies (prospective and retrospective) with the searches for randomised clinical trials. They included a limited number of participants in whom laparoscopic and open liver resection was compared. Since these studies were non-randomised observational studies, the results for any adverse events are not included in the review as the risk of bias in such studies is high. Authors’ conclusions No conclusions can be made at this time as no randomised clinical trials are available. In addition to the two ongoing randomised clinical trials for which results are expected to be published in the near future, well-designed, prospective, randomised clinical trials are needed in order to evaluate the benefits and harms of the laparoscopic procedure versus open liver resection.

Keywords: Aberdeen, Adult, Analysis, Approach, Authors, Benefits, Bias, Citation, Clinical, Clinical Trials, Collection, Complications, Conference Proceedings, Criteria, Data, Data Collection, Databases, Design Characteristics, Efficacy, Embase, Empirical-Evidence, Equipment, Europe, Events, Evidence, Experts, Field, Healing, Hepatocellular-Carcinoma, Hospital, Hospital Stay, Information Size, Laparoscopic, Liver, Medicine, MEDLINE, Metaanalyses, Methods, Nhs, Observational, Observational Studies, Open, Open Hepatectomy, Operation, Patients, Practice, Procedure, Prospective, Protocol, Quality, Randomised, Randomized-Trials, Reference, Reference Lists, Removal, Review, Reviews, Risk, River, Science, Science Citation Index, Science Citation Index Expanded, Search, Selection, Trial, Trial Sequential-Analysis, Tumors, USA

? Lau, H.L.C., Kwong, J.S.W., Yeung, F., Chau, P.H. and Woo, J. (2012), Yoga for secondary prevention of coronary heart disease. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD009506.

Full Text: 2012\Coc Dat Sys Rev2012, CD009506.pdf

Abstract: Background Coronary heart disease (CHD) is the major cause of early morbidity and mortality in most developed countries. Secondary prevention aims to prevent repeat cardiac events and death in people with established CHD. Lifestyle modifications play an important role in secondary prevention. Yoga has been regarded as a kind of physical activity as well as stress management strategy. Growing evidence suggests the beneficial effects of yoga on various ailments. Objectives To determine the effectiveness of yoga for secondary prevention of mortality, morbidity, and health related quality of life of patients with CHD. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) on The Cochrane Library (2012, Issue 1), MEDLINE (1948 to January 2012), EMBASE (1980 to January 2012), ISI Web of Science for conference proceedings (1970 to January 2012), China Journal Net (CJN) (1994 to March 2012), WanFang Data (1990 to March 2012), and HKInChiP (from 1980). Ongoing studies were identified in the metaRegister of Controlled Trials (April 2012) and the World Health Organization (WHO) International Clinical Trials Registry Platform (April 2012). No language restrictions were applied. Selection criteria We included randomized controlled trials (RCTs) investigating the influence of yoga practice on CHD outcomes. We included studies that had at least a six months follow-up period. Men and women (aged 18 years and above) with a diagnosis of acute or chronic CHD were included. We included studies with one group practicing a type of yoga compared to the control group receiving either no intervention or interventions other than yoga. Data collection and analysis Two authors independently selected studies according to the pre-specified inclusion criteria. Disagreements were resolved by consensus or discussion with a third author. Main results We found no eligible RCTs that met the inclusion criteria of the review and thus we were unable to perform a meta-analysis. Authors’ conclusions The effectiveness of yoga for secondary prevention in CHD remains uncertain. Large RCTs of high quality are needed.

Keywords: Activity, Aged, Analysis, Authors, China, Chronic, Clinical Trials, Collection, Conference Proceedings, Consensus, Control, Coronary Heart Disease, Criteria, Data Collection, Death, Diagnosis, Disease, Effectiveness, Effects, Embase, Events, Evidence, Follow-Up, Health, Heart, Influence, Intervention, Interventions, ISI, ISI Web of Science, Journal, Language, Life, Management, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Morbidity, Mortality, Outcomes, Patients, Physical, Physical Activity, Practice, Prevent, Prevention, Quality, Quality Of, Quality of Life, Randomized, Randomized Controlled Trials, Restrictions, Review, Role, Science, Search, Strategy, Stress, Web of Science, WHO, Women, World Health Organization

? Shepperd, S., Lannin, N.A., Clemson, L.M., McCluskey, A., Cameron, I.D. and Barras, S.L. (2013), Discharge planning from hospital to home. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD000313.

Full Text: 2013\Coc Dat Sys Rev2013, CD000313.pdf

Abstract: Background Discharge planning is a routine feature of health systems in many countries. The aim of discharge planning is to reduce hospital length of stay and unplanned readmission to hospital, and improve the co-ordination of services following discharge from hospital. Objectives To determine the effectiveness of planning the discharge of individual patients moving from hospital. Search methods We updated the review using the Cochrane EPOC Group Trials Register, MEDLINE, EMBASE and the Social Science Citation Index (last searched in March 2012). Selection criteria Randomised controlled trials (RCTs) that compared an individualised discharge plan with routine discharge care that was not tailored to the individual patient. Participants were hospital inpatients. Data collection and analysis Two authors independently undertook data analysis and quality assessment using a pre designed data extraction sheet. Studies are grouped according to patient group (elderly medical patients, patients recovering from surgery and those with a mix of conditions) and by outcome. Our statistical analysis was done on an intention to treat basis, we calculated risk ratios for dichotomous outcomes and mean differences for continuous data using fixed-effect meta-analysis. When combining outcome data was not possible, because of differences in the reporting of outcomes, we have presented the data in narrative summary tables. Main results We included twenty-four RCTs (8098 patients); three RCTS were identified in this update. Sixteen studies recruited older patients with a medical condition, four recruited patients with a mix of medical and surgical conditions, one recruited patients from a psychiatric hospital, one from both a psychiatric hospital and from a general hospital, and two trials patients admitted to hospital following a fall (110 patients). Hospital length of stay and readmissions to hospital were statistically significantly reduced for patients admitted to hospital with a medical diagnosis and who were allocated to discharge planning (mean difference length of stay -0.91, 95% CI -1.55 to -0.27, 10 trials; readmission rates RR 0.82, 95% CI 0.73 to 0.92, 12 trials). For elderly patients with a medical condition there was no statistically significant difference between groups for mortality (RR 0.99, 95% CI 0.78 to 1.25, five trials) or being discharged from hospital to home (RR 1.03, 95% CI 0.93 to 1.14, two trials). This was also the case for trials recruiting patients recovering from surgery and a mix of medical and surgical conditions. In three trials, patients allocated to discharge planning reported increased satisfaction. There was little evidence on overall healthcare costs. Authors’ conclusions The evidence suggests that a discharge plan tailored to the individual patient probably brings about reductions in hospital length of stay and readmission rates for older people admitted to hospital with a medical condition. The impact of discharge planning on mortality, health outcomes and cost remains uncertain.

Keywords: Analysis, Assessment, Authors, Care, Citation, Collection, Combining, Coordination, Cost, Costs, Criteria, Data, Data Analysis, Data Collection, Diagnosis, Discharge, Effectiveness, Elderly, Embase, Evidence, Extraction, Feature, General, Groups, Health, Health Outcomes, Health Systems, Healthcare Costs, Hospital, Impact, Inpatients, Length, Length of Stay, Medical, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Older People, Outcome, Outcomes, Patients, Planning, Quality, Randomised Controlled Trials, Rates, RCT, Readmission, Readmissions, Reporting, Review, Risk, Satisfaction, Science, Science Citation Index, Search, Services, Social Science Citation Index, Statistical Analysis, Surgery, Systems

? Wang, B., Zhan, S.Y., Gong, T. and Lee, L. (2013), Iron therapy for improving psychomotor development and cognitive function in children under the age of three with iron deficiency anaemia. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD001444.

Full Text: 2013\Coc Dat Sys Rev2013, CD001444.pdf

Abstract: Background Iron deficiency and iron deficiency anaemia (IDA) are common in young children. It has been suggested that the lack of iron may have deleterious effects on children’s psychomotor development and cognitive function. To evaluate the benefits of iron therapy on psychomotor development and cognitive function in children with IDA, a Cochrane review was carried out in 2001. This is an update of that review. Objectives To determine the effects of iron therapy on psychomotor development and cognitive function in iron deficient anaemic children less than three years of age. Search methods We searched the following databases in April 2013: Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, CINAHL, PsycINFO, LILACS, ClinicalTrials.gov and World Health Organization International Clinical Trials Registry Platform (ICTRP). We also searched the reference lists of review articles and reports, and ran citation searches in the Science Citation Index for relevant studies identified by the primary search. We also contacted key authors. Selection criteria Studies were included if children less than three years of age with evidence of IDA were randomly allocated to iron or iron plus vitamin C versus a placebo or vitamin C alone, and assessment of developmental status or cognitive function was carried out using standardised tests by observers blind to treatment allocation. Data collection and analysis Two review authors independently screened titles and abstracts retrieved from the searches and assessed full-text copies of all potentially relevant studies against the inclusion criteria. The same review authors independently extracted data and assessed the risk of bias of the eligible studies. Data were analysed separately depending on whether assessments were performed within one month of beginning iron therapy or after one month. Main results We identified one eligible study in the update search that had not been included in the original review. In total, we included eight trials. Six trials, including 225 children with IDA, examined the effects of iron therapy on measures of psychomotor development and cognitive function within 30 days of commencement of therapy. We could pool data from five trials. The pooled difference in pre-to post-treatment change in Bayley Scale Psychomotor Development Index (PDI) between iron and placebo groups was -1.25 (95% confidence interval (CI) -4.56 to 2.06, P value = 0.65; I-2 = 33% for heterogeneity, random-effects meta-analysis; low quality evidence) and in Bayley Scale Mental Development Index (MDI) was 1.04 (95% CI -1.30 to 3.39, P value = 0.79; I-2 = 31% for heterogeneity, random-effects meta-analysis; low quality evidence). Two studies, including 160 randomised children with IDA, examined the effects of iron therapy on measures of psychomotor development and cognitive function more than 30 days after commencement of therapy. One of the studies reported the mean number of skills gained after two months of iron therapy using the Denver Developmental Screening Test. The intervention group gained 0.8 (95% CI -0.18 to 1.78, P value = 0.11, moderate quality of evidence) more skills on average than the control group. The other study reported that the difference in pre-to post-treatment change in Bayley Scale PDI between iron-treated and placebo groups after four months was 18.40 (95% CI 10.16 to 26.64, P value < 0.0001; moderate quality evidence) and in Bayley Scale MDI was 18.80 (95% CI 10.17 to 27.43, P value < 0.0001; moderate quality evidence). Authors’ conclusions There is no convincing evidence that iron treatment of young children with IDA has an effect on psychomotor development or cognitive function within 30 days after commencement of therapy. The effect of longer-term treatment remains unclear. There is an urgent need for further large randomised controlled trials with long-term follow-up.

Keywords: Age, Allocation, Anaemia, Analysis, Anemia,Iron-Deficiency [Complications, Ascorbic Acid [Therapeutic Use], Assessment, Assessments, Authors, Behavior, Benefits, Bias, Brain Iron, Child, Children, China, Citation, Clinical Trials, Cognition [Drug Effects], Collection, Confidence, Control, Criteria, Data, Data Collection, Databases, Development, Drug Therapy], Effects, Embase, Evidence, Follow-Up, Function, Groups, Heterogeneity, Humans, Infant, Infants, Interval, Intervention, Iron, Iron [Therapeutic Use], Long Term, Long-Term, Long-Term Follow-Up, Medicine, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Motor, Observers, P, Performance, Placebo, Preschool, Primary, Psychomotor Performance [Drug Effects], Psycinfo, Quality, Quality Of, R, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Reference, Reference Lists, Review, Risk, River, Scale, Science, Science Citation Index, Scores, Screening, Search, Supplementation, Test, Therapy, Time Factors, Treatment, Treatment Outcome, Trials, USA, Value, Vitamin, Vitamin C, World Health Organization

? Gan, T., Chen, J., Jin, S.L.J. and Wang, Y.P. (2013), Chinese medicinal herbs for cholelithiasis. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD004547.

Full Text: 2013\Coc Dat Sys Rev2013, CD004547.pdf

Abstract: Background Cholelithiasis is a common disease of the biliary tract. Chinese medicinal herbs are being used widely as an alternative treatment in people with cholelithiasis, but their beneficial or harmful effects have not been assessed systematically. Objectives To assess the beneficial and harmful effects of Chinese medicinal herbs in people with cholelithiasis. Search methods We conducted searches in the Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, Chinese Medicine Conference Disc, and Chinese Bio-Medicine Disc to January 2013. We handsearched four Chinese journals. No language or year of publication restrictions were applied. Selection criteria Randomised clinical trials studying Chinese medicinal herbs for treatment of cholelithiasis. Data collection and analysis Two review authors (SJ, TG) independently extracted data. For dichotomous data, we estimated the risk ratio (RR), and for continuous data, we calculated the mean difference. We also calculated 95% confidence intervals (CI). Main results Eleven randomised trials with 1205 participants with asymptomatic or mild-to-moderate cholelithiasis were included. None of the randomised clinical trials compared a single Chinese medicinal herb with a Western medicine or with surgery. No placebo-controlled trials were identified. In the trials comparing one Chinese herbal medicine (Gandanxiaoshi tablet) versus another (Aihuodantong tablet), there was no significant difference in the improvement of upper abdominal pain after the end of treatment (RR 1.21; 95% CI 0.71 to 2.05), and the heterogeneity among trials was not substantial. No other outcomes could be assessed. The remaining trials of Chinese medicinal herbs (Qingdan capsule, Danshu capsule, Paishi capsule, Rongdanpaishi capsule), did not offer specific data on symptoms, signs, or change in gallstones that would permit assessment of significant differences in curative effects between the treatment and control groups. No serious adverse events were reported. Authors’ conclusions This review reveals no strong evidence that the analysed Chinese medicinal herbs have any beneficial effects on asymptomatic or mild-to-moderate cholelithiasis. Definitive conclusions will require much better designed randomised trials to reduce risk of bias and allow detailed assessment of clinical outcomes.

Keywords: Abdominal, Alternative, Analysis, Assessment, Authors, Bias, Bile, China, Chinese, Citation, Clinical, Clinical Outcomes, Clinical Trials, Collection, Conference, Confidence, Confidence Intervals, Control, Control Groups, Controlled-Trials, Criteria, Data, Data Collection, Design Characteristics, Disease, Effects, Embase, Empirical-Evidence, Events, Evidence, Groups, Herbal Medicine, Heterogeneity, Improvement, Intervals, Journals, Language, Medicinal Herbs, Medicine, MEDLINE, Metaanalysis, Methods, Outcomes, Pain, Publication, Quality, R, Randomised, Randomized-Trials, Restrictions, Review, Risk, River, Science, Science Citation Index, Science Citation Index Expanded, Search, Surgery, Symptoms, Treatment, USA

? Ziganshina, L.E., Titarenko, A.F. and Davies, G.R. (2013), Fluoroquinolones for treating tuberculosis (presumed drug-sensitive). *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD004795.

Full Text: 2013\Coc Dat Sys Rev2013, CD004795.pdf

Abstract: Background Currently the World Health Organization only recommend fluoroquinolones for people with presumed drug-sensitive tuberculosis (TB) who cannot take standard first-line drugs. However, use of fluoroquinolones could shorten the length of treatment and improve other outcomes in these people. This review summarises the effects of fluoroquinolones in first-line regimens in people with presumed drug-sensitive TB. Objectives To assess fluoroquinolones as substitute or additional components in antituberculous drug regimens for drug-sensitive TB. Search methods We searched the Cochrane Infectious Diseases Group Specialized Register; CENTRAL (The Cochrane Library 2013, Issue 1); MEDLINE; EMBASE; LILACS; Science Citation Index; Databases of Russian Publications; and metaRegister of Controlled Trials up to 6 March 2013. Selection criteria Randomized controlled trials (RCTs) of antituberculous regimens based on rifampicin and pyrazinamide and containing fluoroquinolones in people with presumed drug-sensitive pulmonary TB. Data collection and analysis Two authors independently applied inclusion criteria, assessed the risk of bias in the trials, and extracted data. We used the risk ratio (RR) for dichotomous data and the fixed-effect model when it was appropriate to combine data and no heterogeneity was present. We assessed the quality of evidence using the GRADE approach. Main results We identified five RCTs (1330 participants) that met the inclusion criteria. None of the included trials examined regimens of less than six months duration. Fluoroquinolones added to standard regimens A single trial (174 participants) added levofloxacin to the standard first-line regimen. Relapse and treatment failure were not reported. For death, sputum conversion, and adverse events we are uncertain if there is an effect (one trial, 174 participants, very low quality evidence for all three outcomes). Fluoroquinolones substituted for ethambutol in standard regimens Three trials (723 participants) substituted ethambutol with moxifloxacin, gatifloxacin, and ofloxacin into the standard first-line regimen. For relapse, we are uncertain if there is an effect (one trial, 170 participants, very low quality evidence). No trials reported on treatment failure. For death, sputum culture conversion at eight weeks, or serious adverse events we do not know if there was an effect (three trials, 723 participants, very low quality evidence for all three outcomes). Fluoroquinolones substituted for isoniazid in standard regimens A single trial (433 participants) substituted moxifloxacin for isoniazid. Treatment failure and relapse were not reported. For death, sputum culture conversion, or serious adverse events the substitution may have little or no difference (one trial, 433 participants, low quality evidence for all three outcomes). Fluoroquinolines in four month regimens Six trials are currently in progress testing shorter regimens with fluoroquinolones. Authors’ conclusions Ofloxacin, levofloxacin, moxifloxacin, and gatifloxacin have been tested in RCTs of standard first-line regimens based on rifampicin and pyrazinamide for treating drug-sensitive TB. There is insufficient evidence to be clear whether addition or substitution of fluoroquinolones for ethambutol or isoniazid in the first-line regimen reduces death or relapse, or increases culture conversion at eight weeks. Much larger trials with fluoroquinolones in short course regimens of four months are currently in progress.

Keywords: Analysis, Antitubercular Agents [Therapeutic Use], Approach, Authors, Bias, Ciprofloxacin [Therapeutic Use], Citation, Collection, Conversion, Course, Criteria, Culture, Data, Data Collection, Databases, Death, Diarylquinoline Tmc207, Drug, Drugs, Duration, Early Bactericidal Activity, Effects, Embase, Events, Evidence, Failure, Fluoroquinolones [Therapeutic Use], Grade, Health, Heterogeneity, Human-Immunodeficiency-Virus, Humans, Length, Medline, Methods, Model, Multidrug-Resistant Tuberculosis, Mycobacterium-Tuberculosis, Ofloxacin [Therapeutic Use], Outcomes, Phase-Ii, Population Pharmacokinetics, Progress, Publications, Pulmonary Tuberculosis, Quality, Quality Of, Randomized Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Relapse, Review, Rifampicin, Risk, Science, Science Citation Index, Search, Standard, Sterilizing Activities, Substitution, Tb, Testing, Treatment, Trial, Tuberculosis, Tuberculosis,Multidrug-Resistant [Drug Therapy], Tuberculosis,Pulmonary [Drug Therapy], World Health Organization

? Bath, P.M.W., Sprigg, N. and England, T. (2013), Colony stimulating factors (including erythropoietin, granulocyte colony stimulating factor and analogues) for stroke. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD005207.

Full Text: 2013\Coc Dat Sys Rev2013, CD005207.pdf

Abstract: Background Colony stimulating factors (CSFs), also called haematopoietic growth factors, regulate bone marrow production of circulating red and white cells, and platelets. Some CSFs also mobilise the release of bone marrow stem cells into the circulation. CSFs have been shown to be neuroprotective in experimental stroke. Objectives To assess (1) the safety and efficacy of CSFs in people with acute or subacute ischaemic or haemorrhagic stroke, and (2) the effect of CSFs on circulating stem and blood cell counts. Search methods We searched the Cochrane Stroke Group Trials Register (last searched September 2012), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2012, Issue 4), MEDLINE (1985 to September 2012), EMBASE (1985 to September 2012) and Science Citation Index (1985 to September 2012). In an attempt to identify further published, unpublished and ongoing trials we contacted manufacturers and principal investigators of trials (last contacted April 2012). We also searched reference lists of relevant articles and reviews. Selection criteria We included randomised controlled trials recruiting people with acute or subacute ischaemic or haemorrhagic stroke. CSFs included stem cell factor (SCF), erythropoietin (EPO), granulocyte colony stimulating factor (G-CSF), granulocyte-macrophage colony stimulating factor (GM-CSF), macrophage-colony stimulating factor (M-CSF, CSF-1), thrombopoietin (TPO), or analogues of these. The primary outcome was functional outcome at the end of the trial. Secondary outcomes included safety at the end of treatment, death at the end of follow-up, infarct volume and haematology measures. Data collection and analysis Two review authors (TE and NS) independently extracted data and assessed trial quality. We contacted study authors for additional information. Main results We included a total of 11 studies involving 1275 participants. In three trials (n = 782), EPO therapy was associated with a significant increase in death by the end of the trial (odds ratio (OR) 1.98, 95% confidence interval (CI) 1.19 to 3.3, P = 0.009) and a nonsignificant increase in serious adverse events. EPO significantly increased the red cell count with no effect on platelet or white cell count, or infarct volume. Two small trials of carbamylated EPO have been completed but have yet to be reported. We included eight small trials (n = 548) of G-CSF. G-CSF was associated with a non-significant reduction in early impairment (mean difference (MD) -0.4, 95% CI -1.82 to 1.01, P = 0.58) but had no effect on functional outcome at the end of the trial. G-CSF significantly elevated the white cell count and the CD34+ cell count, but had no effect on infarct volume. Further trials of G-CSF are ongoing. Authors’ conclusions There are significant safety concerns regarding EPO therapy for stroke. It is too early to know whether other CSFs improve functional outcome.

Keywords: Acute Ischemic-Stroke, Analysis, Authors, Blood, Blood-Brain-Barrier, Bone, Bone Marrow, Bone Marrow Stem Cells, Bone-Marrow, Citation, Collection, Colony-Stimulating Factors [Therapeutic Use], Confidence, Criteria, Data, Data Collection, Death, Efficacy, Embase, England, Erythropoietin, Erythropoietin [Therapeutic Use], Events, Experimental, Focal Cerebral-Ischemia, Follow-Up, G-Csf, Gm-Csf, Granulocyte, Granulocyte Colony-Stimulating Factor [Therapeutic Use], Growth, Growth Factors, Humans, In-Vivo, Information, Interval, Marrow Stem-Cells, Medicine, MEDLINE, Methods, Odds Ratio, Outcome, Outcomes, P, Platelets, Primary, Programmed Cell-Death, Quality, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Recovery Enhancement, Reduction, Reference, Reference Lists, Release, Review, Reviews, River, Safety, Science, Science Citation Index, Search, Small, Stem Cell, Stem Cell Factor, Stem Cells, Stroke, Stroke [Drug Therapy], Therapy, Treatment, Trial, USA, Volume

? GurUSAmy, K.S., Davidson, C., Gluud, C. and Davidson, B.R. (2013), Early versus delayed laparoscopic cholecystectomy for people with acute cholecystitis. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD005440.

Full Text: 2013\Coc Dat Sys Rev2013, CD005440.pdf

Abstract: Background Gallstones are present in about 10% to 15% of the adult western population. Between 1% and 4% of these adults become symptomatic in a year (the majority due to biliary colic but a significant proportion due to acute cholecystitis). Laparoscopic cholecystectomy for acute cholecystitis is mainly performed after the acute cholecystitis episode settles because of the fear of higher morbidity and of need for conversion from laparoscopic to open cholecystectomy. However, delaying surgery exposes the people to gallstone-related complications. Objectives The aim of this systematic review was to compare early laparoscopic cholecystectomy (less than seven days of clinical presentation with acute cholecystitis) versus delayed laparoscopic cholecystectomy (more than six weeks after index admission with acute cholecystitis) with regards to benefits and harms. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register and the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and World Health Organization International Clinical Trials Registry Platform until July 2012. Selection criteria We included all randomised clinical trials comparing early versus delayed laparoscopic cholecystectomy in participants with acute cholecystitis. Data collection and analysis We used standard methodological procedures expected by The Cochrane Collaboration. Main results We identified seven trials that met the inclusion criteria. Out of these, six trials provided data for the meta-analyses. A total of 488 participants with acute cholecystitis and fit to undergo laparoscopic cholecystectomy were randomised to early laparoscopic cholecystectomy (ELC) (244 people) and delayed laparoscopic cholecystectomy (DLC) (244 people) in the six trials. Blinding was not performed in any of the trials and so all the trials were at high risk of bias. Other than blinding, three of the six trials were at low risk of bias in the other domains such as sequence generation, allocation concealment, incomplete outcome data, and selective outcome reporting. The proportion of females ranged between 43.3% and 80% in the trials that provided this information. The average age of participants ranged between 40 years and 60 years. There was no mortality in any of the participants in five trials that reported mortality. There was no significant difference in the proportion of people who developed bile duct injury in the two groups (ELC 1/219 (adjusted proportion 0.4%) versus DLC 2/219 (0.9%); Peto OR 0.49; 95% CI 0.05 to 4.72 (5 trials)). There was no significant difference between the two groups (ELC 14/219 (adjusted proportion 6.5%) versus DLC 11/219 (5.0%); RR 1.29; 95% CI 0.61 to 2.72 (5 trials)) in terms of other serious complications. None of the trials reported quality of life from the time of randomisation. There was no significant difference between the two groups in the proportion of people who required conversion to open cholecystectomy (ELC 49/244 (adjusted proportion 19.7%) versus DLC 54/244 (22.1%); RR 0.89; 95% CI 0.63 to 1.25 (6 trials)). The total hospital stay was shorter in the early group than the delayed group by four days (MD -4.12 days; 95% CI -5.22 to -3.03 (4 trials; 373 people)). There was no significant difference in the operating time between the two groups (MD -1.22 minutes; 95% CI -3.07 to 0.64 (6 trials; 488 people)). Only one trial reported return to work. The people belonging to the ELC group returned to work earlier than the DLC group (MD -11.00 days; 95% CI -19.61 to -2.39 (1 trial; 36 people)). Four trials did not report any gallstone-related morbidity during the waiting period. One trial reported five gallstone-related morbidities (cholangitis: two; biliary colic not requiring urgent operation: one; acute cholecystitis not requiring urgent operation: two). There were no reports of pancreatitis during the waiting time. Gallstone-related morbidity was not reported in the remaining trials. Forty (18.3%) of the people belonging to the delayed group had either non-resolution of symptoms or recurrence of symptoms before their planned operation and had to undergo emergency laparoscopic cholecystectomy in five trials. The proportion with conversion to open cholecystectomy was 45% (18/40) in this group of people. Authors’ conclusions We found no significant difference between early and late laparoscopic cholecystectomy on our primary outcomes. However, trials with high risk of bias indicate that early laparoscopic cholecystectomy during acute cholecystitis seems safe and may shorten the total hospital stay. The majority of the important outcomes occurred rarely, and hence the confidence intervals are wide. It is unlikely that future randomised clinical trials will be powered to measure differences in bile duct injury and other serious complications since this might involve performing a trial of more than 50,000 people, but several smaller randomised trials may answer the questions through meta-analyses.

Keywords: Acute Gallbladder-Disease, Adult, Age, Allocation, Analysis, Benefits, Bias, Bile-Duct Injuries, Cholecystectomy, Cholecystectomy,Laparoscopic [Adverse Effects], Cholecystitis,Acute [Surgery], Citation, Clinical, Clinical Trials, Clinical-Trials, Cochrane Collaboration, Colic, Collaboration, Collection, Complications, Confidence, Confidence Intervals, Conversion, Criteria, Data, Data Collection, Design Characteristics, Embase, Emergency, Empirical-Evidence, England, Fear, Gallstone Disease, Gallstones, Generation, Groups, Hospital, Hospital Stay, Humans, Index, Information, Injury, Intervals, Laparoscopic, Laparoscopic Cholecystectomy, Life, Low Risk, Measure, Medicine, MEDLINE, Methods, Morbidity, Mortality, Open, Operation, Outcome, Outcomes, Pancreatitis, Population, Presentation, Primary, Procedures, Quality, Quality Of, Quality of Life, Quality-Of-Life, Randomisation, Randomised, Randomized Controlled Trials As Topic, Randomized Controlled-Trials, Recurrence, Reporting, Review, Risk, River, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Standard, Surgery, Surgical-Management, Symptoms, Systematic Review, Time Factors, Trial, USA, Work, World Health Organization

? GurUSAmy, K.S., Koti, R. and Davidson, B.R. (2013), T-tube drainage versus primary closure after open common bile duct exploration. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD005640.

Full Text: 2013\Coc Dat Sys Rev2013, CD005640.pdf

Abstract: Background Between 5% and 11% of people undergoing cholecystectomy have common bile duct stones. Stones may be removed at the time of cholecystectomy by opening and clearing the common bile duct. The optimal technique is unclear. Objectives The aim is to assess the benefits and harms of T-tube drainage versus primary closure without biliary stent after open common bile duct exploration for common bile duct stones. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until April 2013. Selection criteria We included all randomised clinical trials comparing T-tube drainage versus primary closure after open common bile duct exploration. Data collection and analysis Two of four authors independently identified the studies for inclusion and extracted data. We analysed the data with both the fixed-effect and the random-effects model using Review Manager (RevMan) analyses. For each outcome we calculated the risk ratio (RR), rate ratio (RaR), or mean difference (MD) with 95% confidence interval (CI) based on intention-to-treat analysis. Main results We included six trials randomising 359 participants, 178 to T-tube drainage and 181 to primary closure. All trials were at high risk of bias. There was no significant difference in mortality between the two groups (4/178 (weighted percentage 1.2%) in the T-tube group versus 1/181 (0.6%) in the primary closure group; RR 2.25; 95% CI 0.55 to 9.25; six trials). There was no significant difference in the serious morbidity rate between the two groups (24/136 (weighted serious morbidity rate, 145 events per 1000 patients) in the T-tube group versus 9/136 (weighted serious morbidity rate, 66 events per 1000 patients) in the primary closure group; RaR 2.19; 95% CI 0.98 to 4.91; four trials). Quality of life and return to work were not reported in any of the trials. The operating time was significantly longer in the T-tube drainage group compared with the primary closure group (MD 28.90 minutes; 95% CI 17.18 to 40.62 minutes; one trial). The hospital stay was significantly longer in the T-tube drainage group compared with the primary closure group (MD 4.72 days; 95% CI 0.83 days to 8.60 days; five trials). Authors’ conclusions T-tube drainage appeared to result in significantly longer operating time and hospital stay compared with primary closure without any apparent evidence of benefit on clinically important outcomes after open common bile duct exploration. Based on the currently available evidence, there is no justification for the routine use of T-tube drainage after open common bile duct exploration in patients with common bile duct stones. T-tube drainage should not be used outside well designed randomised clinical trials. More randomised trials comparing the effects of T-tube drainage versus primary closure after open common bile duct exploration may be needed. Such trials should be conducted with low risk of bias and assessing the long-term beneficial and harmful effects of T-tube drainage, including long-term complications such as bile stricture and recurrence of common bile duct stones.

Keywords: Analyses, Analysis, Assessing, Authors, Benefits, Bias, Biliary Lithiasis, Cholecystectomy, Choledocholithiasis [Surgery], Citation, Clinical, Clinical Trials, Closure, Collection, Common Bile Duct Stones, Common Bile Duct [Surgery], Complications, Confidence, Criteria, Data, Data Collection, Design Characteristics, Drainage, Drainage [Adverse Effects, Effects, Embase, Empirical-Evidence, England, Events, Evidence, Gallstone Disease, Groups, Hospital, Hospital Stay, Humans, Information Size, Instrumentation], Interval, Laparoscopic Cholecystectomy, Life, Long Term, Long-Term, Low Risk, Medicine, MEDLINE, Methods, Model, Morbidity, Mortality, Open, Outcome, Outcomes, Patients, Postoperative Complications [Etiology], Primary, Primary Closure, Quality, Random Effects Model, Randomised, Randomized Clinical-Trials, Randomized Controlled Trials As Topic, Recurrence, Recurrent Choledocholithiasis, Review, Risk, River, Science, Science Citation Index, Science Citation Index Expanded, Search, Stents, Surgical Complications, T-Tube Drainage, Trial, Trial Sequential-Analysis, USA, Work

? Yu-Wai-Man, P. and Griffiths, P.G. (2013), Steroids for traumatic optic neuropathy. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD006032.

Full Text: 2013\Coc Dat Sys Rev2013, CD006032.pdf

Abstract: Background Traumatic optic neuropathy (TON) is an important cause of severe visual loss following blunt or penetrating head trauma. Following the initial injury, optic nerve swelling within the optic nerve canal can result in secondary retinal ganglion cell loss. Optic nerve decompression with steroids or surgical interventions or both has therefore been advocated as a means of improving visual prognosis in TON. Objectives The aim of this review was to examine the effectiveness and safety of using steroids in TON. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2013, Issue 4), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE, (January 1950 to May 2013), EMBASE (January 1980 to May 2013), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to May 2013), Web of Science Conference Proceedings Citation Index-Science (CPCI-S) (January 1990 to May 2013), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (http://clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 21 May 2013. We also searched the reference lists of included studies, other reviews and book chapters on TON to find references to additional trials. The Science Citation Index was used to look for papers that cited the studies included in this review. We did not manually search any journals or conference proceedings. We contacted trial investigators and experts in the field to identify additional published and unpublished studies. Selection criteria We planned to include only randomised controlled trials (RCTs) of TON in which any steroid regime, either on its own or in combination with surgical optic nerve decompression, was compared to surgery alone or no treatment. Data collection and analysis Two review authors independently assessed the titles and abstracts identified from the electronic searches. Main results We included one study that met our selection criteria; a double-masked, placebo-controlled, randomised trial of high dose intravenous steroids in patients with indirect TON diagnosed within seven days of the initial injury. A total of 31 eligible participants were randomised to receive either high dose intravenous steroids (n = 16) or placebo (n = 15), and they were all followed-up for three months. Mean final best corrected visual acuity (BCVA) was 1.78 +/- 1.23 Logarithm of the Minimum Angle of Resolution (LogMAR) in the placebo group, and 1.11 +/- 1.14 LogMAR in the steroid group. The mean difference in BCVA between the placebo and steroid groups was 0.67 LogMAR (95% confidence interval -1.54 to 0.20), and this difference was not statistically significant (P = 0.13). At three months follow-up, an improvement in BCVA of 0.40 LogMAR occurred in eight eyes (8/15, 53.3%) in the placebo group, and in 11 eyes (11/16, 68.8%) in the treatment group. This difference was not statistically significant (P = 0.38). Authors’ conclusions There is a relatively high rate of spontaneous visual recovery in TON and there is no convincing data that steroids provide any additional visual benefit over observation alone. Recent evidence also suggests a possible detrimental effect of steroids in TON and further studies are urgently needed to clarify this important issue. Each case therefore needs to be assessed on an individual basis and proper informed consent is paramount.

Keywords: Analysis, Authors, Blindness, Cell, Citation, Citations, Clinical Trials, Collection, Conference, Conference Proceedings, Confidence, Consent, Controlled-Trial, Counting Fingers, Criteria, Data, Data Collection, Databases, Effectiveness, Embase, Evidence, Experts, Field, Follow-Up, Groups, Hand Motion, Head Trauma, Head-Injury, Health, High Dose, Humans, Improvement, Informed Consent, Injections,Intravenous, Injury, Interval, Interventions, Intravenous, Journals, Language, Literature, Medline, Methods, Methylprednisolone, Methylprednisolone [Administration & Dosage], Needs, Nerve Trauma, Neuropathy, Nonsurgical Treatment, Observation, Optic Neuropathy, Opticnerve Injuries [Drug Therapy], P, Papers, Patients, Placebo, Prognosis, Randomised, Randomised Controlled Trials, Randomised Trial, Randomized Controlled Trials As Topic, Recent, Recovery, Reference, Reference Lists, References, Restrictions, Review, Reviews, Safety, Science, Science Citation Index, Sciences, Search, Selection, Selection Criteria, Spinal-Cord-Injury, Spontaneous, Steroids, Steroids [Administration & Dosage, Surgery, Swelling, Therapeutic Use], Trauma, Traumatic, Treatment, Trial, Visual Acuity [Physiology], Visual-Acuity Test, Web of Science, Who

? Svircevic, V., Passier, M.M., Nierich, A.P., van Dijk, D., Kalkman, C.J. and van der Heijden, G.J. (2013), Epidural analgesia for cardiac surgery. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD006715.

Full Text: 2013\Coc Dat Sys Rev2013, CD006715.pdf

Abstract: Background A combination of general anaesthesia (GA) with thoracic epidural analgesia (TEA) may have a beneficial effect on clinical outcomes by reducing the risk of perioperative complications after cardiac surgery. Objectives The objective of this review was to determine the impact of perioperative epidural analgesia in cardiac surgery on perioperative mortality and cardiac, pulmonary or neurological morbidity. We performed a meta-analysis to compare the risk of adverse events and mortality in patients undergoing cardiac surgery under general anaesthesia with and without epidural analgesia. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (2012, Issue 12) in The Cochrane Library; MEDLINE (PubMed) (1966 to November 2012); EMBASE (1989 to November 2012); CINHAL (1982 to November 2012) and the Science Citation Index (1988 to November 2012). Selection criteria We included randomized controlled trials comparing outcomes in adult patients undergoing cardiac surgery with either GA alone or GA in combination with TEA. Data collection and analysis All publications found during the search were manually and independently reviewed by the two authors. We identified 5035 titles, of which 4990 studies did not satisfy the selection criteria or were duplicate publications, that were retrieved from the five different databases. We performed a full review on 45 studies, of which 31 publications met all inclusion criteria. These 31 publications reported on a total of 3047 patients, 1578 patients with GA and 1469 patients with GA plus TEA. Main results Through our search (November 2012) we have identified 5035 titles, of which 31 publications met our inclusion criteria and reported on a total of 3047 patients. Compared with GA alone, the pooled risk ratio (RR) for patients receiving GA with TEA showed an odds ratio (OR) of 0.84 (95% CI 0.33 to 2.13, 31 studies) for mortality; 0.76 (95% CI 0.49 to 1.19, 17 studies) for myocardial infarction; and 0.50 (95% CI 0.21 to 1.18, 10 studies) for stroke. The relative risks (RR) for respiratory complications and supraventricular arrhythmias were 0.68 (95% CI 0.54 to 0.86, 14 studies) and 0.65 (95% CI 0.50 to 0.86, 15 studies) respectively. Authors’ conclusions This meta-analysis of studies, identified to 2010, showed that the use of TEA in patients undergoing coronary artery bypass graft surgery may reduce the risk of postoperative supraventricular arrhythmias and respiratory complications. There were no effects of TEA with GA on the risk of mortality, myocardial infarction or neurological complications compared with GA alone.

Keywords: Adult, Anaesthesia, Analgesia, Analysis, Artery, Artery-Bypass-Surgery, Authors, Cardiac Surgery, Cardiopulmonary Bypass, Citation, Clinical, Clinical Outcomes, Collection, Complications, Coronary Artery, Coronary Artery Bypass Graft, Criteria, Data Collection, Databases, Effects, Embase, Epidural, Epidural Analgesia, Events, Fast-Track, General, General Anaesthesia, General-Anesthesia, Graft, Graft-Surgery, Impact, Infarction, Inflammatory Response, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Morbidity, Mortality, Myocardial Infarction, Neurological, Odds Ratio, Open-Heart-Surgery, Outcomes, Patients, Perioperative Complications, Postoperative, Postoperative Atrial-Fibrillation, Publications, Pubmed, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Review, Risk, Risks, Science, Science Citation Index, Search, Selection, Selection Criteria, Stroke, Supraventricular, Surgery, Ventilation-Perfusion Relationships

? Sarai, M., Tejani, A.M., Chan, A.H.W., Kuo, I.F. and Li, J. (2013), Magnesium for alcohol withdrawal. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD008358.

Full Text: 2013\Coc Dat Sys Rev2013, CD008358.pdf

Abstract: Background Patients have been given magnesium to treat or prevent alcohol withdrawal syndrome (AWS). Evidence to support this practice is limited, and is often based on the controversial link between hypomagnesaemia and AWS. Objectives To assess the effects of magnesium for the prevention or treatment of AWS in hospitalised adults. Search methods We searched the Cochrane Drugs and Alcohol Group Register of Controlled Trials (August 2012), PubMed (from 1966 to August 2012), EMBASE (from 1988 to August 2012), CINAHL (from 1982 to March 2010), Web of Science (1965 to August 2012). We also carried out Internet searches. Selection criteria Randomised or quasi-randomised trials of magnesium for hospitalised adults with, or at risk for, acute alcohol withdrawal. Data collection and analysis Two review authors independently extracted data with a standardised data extraction form, contacting the correspondence investigator if the necessary information was not available in the reports. Dichotomous outcomes were analysed by calculating the risk ratio (RR) for each trial, with the uncertainty in each result expressed with a 95% confidence interval (CI). Continuous outcomes were to be analysed by calculating the standardised mean difference (SMD) with 95% CI. For outcomes assessed by scales we compared and pooled the mean score differences from the end of treatment to baseline (post minus pre) in the experimental and control groups. Main results Four trials involving 317 people met the inclusion criteria. Three trials studied oral magnesium, with doses ranging from 12.5 mmol/day to 20 mmol/day. One trial studied parenteral magnesium (16.24 mEq q6h for 24 hours). Each trial demonstrated a high risk of bias in at least one domain. There was significant clinical and methodological variation between trials. We found no study that measured all of the identified primary outcomes and met the objectives of this review. Only one trial measured clinical symptoms of seizure, delirium tremens or components of the Clinical Institute Withdrawal Assessment for Alcohol (CIWA) score. A single outcome (handgrip strength) in three trials (113 people), was amenable to meta-analysis. There was no significant increase in handgrip strength in the magnesium group (SMD 0.04; 95% CI -0.22 to 0.30). No clinically important changes in adverse events were reported. Authors’ conclusions There is insufficient evidence to determine whether magnesium is beneficial or harmful for the treatment or prevention of alcohol withdrawal syndrome.

Keywords: Alcohol, Analysis, Assessment, Authors, Bias, Blood-Pressure, Changes, Clinical, Collection, Confidence, Control, Control Groups, Criteria, Data, Data Collection, Delirium, Delirium-Tremens, Double-Blind, Drugs, Effects, Embase, Events, Evidence, Experimental, Extraction, Groups, Information, Internet, Interval, Ionized Magnesium, Magnesium, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Muscle Strength, Oral, Outcome, Outcomes, Placebo-Controlled Trial, Population, Practice, Practice Guideline, Prevent, Prevention, Primary, Pubmed, Review, Risk, Scales, Science, Search, Seizure, Serum, Strength, Sulfate, Support, Symptoms, Syndrome, Treatment, Trial, Uncertainty, Web of Science

? Schoonees, A., Lombard, M., Musekiwa, A., Nel, E. and Volmink, J. (2013), Ready-to-use therapeutic food for home-based treatment of severe acute malnutrition in children from six months to five years of age. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD009000.

Full Text: 2013\Coc Dat Sys Rev2013, CD009000.pdf

Abstract: Background Malnourished children have a higher risk of death and illness. Treating severe acute malnourished children in hospitals is not always desirable or practical in rural settings, and home treatment may be better. Home treatment can be food prepared by the carer, such as flour porridge, or commercially manufactured food such as ready-to-use therapeutic food (RUTF). RUTF is made according to a standard, energy-rich composition defined by the World Health Organization (WHO). The benefits of RUTF include a low moisture content, long shelf life without needing refrigeration and that it requires no preparation. Objectives To assess the effects of home-based RUTF on recovery, relapse and mortality in children with severe acute malnutrition. Search methods We searched the following electronic databases up to April 2013: Cochrane Central Register of Clinical Trials (CENTRAL), MEDLINE, MEDLINE In-process, EMBASE, CINAHL, Science Citation Index, African Index Medicus, LILACS, ZETOC and three trials registers. We also contacted researchers and clinicians in the field and handsearched bibliographies of included studies and relevant reviews. Selection criteria We included randomised and quasi-randomised controlled trials where children between six months and five years of age with severe acute malnutrition were treated at home with RUTF compared to a standard diet, or different regimens and formulations of RUTFs compared to each other. We assessed recovery, relapse and mortality as primary outcomes, and anthropometrical changes, time to recovery and adverse outcomes as secondary outcomes. Data collection and analysis Two review authors independently assessed trial eligibility using prespecified criteria, and three review authors independently extracted data and assessed trial risk of bias. Main results We included four trials (three having a high risk of bias), all conducted in Malawi with the same contact author. One small trial included children infected with human immunodeficiency virus (HIV). We found the risk of bias to be high for the three quasi-randomised trials while the fourth trial had a low to moderate risk of bias. Because of the sparse data for HIV, we reported below the main results for all children together. RUTF meeting total daily requirements versus standard diet When comparing RUTF with standard diet (flour porridge), we found three quasi-randomised cluster trials (n = 599). RUTF may improve recovery slightly (risk ratio (RR) 1.32; 95% confidence interval (CI) 1.16 to 1.50; low quality evidence), but we do not know whether RUTF improves relapse, mortality or weight gain (very low quality evidence). RUTF supplement versus RUTF meeting total daily requirements When comparing RUTF supplement with RUTF that meets total daily nutritional requirements, we found two quasi-randomised cluster trials (n = 210). For recovery, relapse, mortality and weight gain the quality of evidence was very low; therefore, the effects of RUTF are unknown. RUTF containing less milk powder versus standard RUTF When comparing a cheaper RUTF containing less milk powder (10%) versus standard RUTF (25% milk powder), we found one trial that randomised 1874 children. For recovery, there was probably little or no difference between the groups (RR 0.97; 95% CI 0.93 to 1.01; moderate quality evidence). RUTF containing less milk powder may lead to slightly more children relapsing (RR 1.33; 95% CI 1.03 to 1.72; low quality evidence) and to less weight gain (mean difference (MD) -0.5 g/kg/day; 95% CI -0.75 to -0.25; low-quality evidence) than standard RUTF. We do not know whether the cheaper RUTF improved mortality (very low quality evidence). Authors’ conclusions Given the limited evidence base currently available, it is not possible to reach definitive conclusions regarding differences in clinical outcomes in children with severe acute malnutrition who were given home-based ready-to-use therapeutic food (RUTF) compared to the standard diet, or who were treated with RUTF in different daily amounts or formulations. For this reason, either RUTF or flour porridge can be used to treat children at home depending on availability, affordability and practicality. Well-designed, adequately powered pragmatic randomised controlled trials of HIV-uninfected and HIV-infected children with severe acute malnutrition are needed.

Keywords: Adverse Outcomes, Affordability, Age, Analysis, Authors, Availability, Benefits, Bias, Bibliographies, Changes, Childhood Malnutrition, Children, Citation, Clinical, Clinical Outcomes, Clinical Trials, Cluster, Collection, Composition, Confidence, Corn, Soy-Blend, Criteria, Data, Data Collection, Databases, Death, Diet, Effects, Efficacy, Embase, Evidence, Field, Food, Fortified Spreads, Groups, Health, Hiv, Hospitals, Human, Human Immunodeficiency Virus, Infected, Interval, Lead, Life, Malawi, Malnourished Malawian Children, Malnutrition, Medline, Methods, Milk, Moderate Acute Malnutrition, Moisture, Mortality, Outcomes, Preparation, Primary, Quality, Quality Of, Randomised, Randomised Controlled Trials, Recovery, Refrigeration, Rehabilitation, Relapse, Review, Reviews, Risk, Rural, Science, Science Citation Index, Search, Small, Standard, Therapeutic, Treatment, Trial, Undernutrition, Weight Gain, Weight-Gain, Who, World Health Organization

? Rose, L., Schultz, M.J., Cardwell, C.R., Jouvet, P., McAuley, D.F. and Blackwood, B. (2013), Automated versus non-automated weaning for reducing the duration of mechanical ventilation for critically ill adults and children. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD009235.

Full Text: 2013\Coc Dat Sys Rev2013, CD009235.pdf

Abstract: Background Automated closed loop systems may improve adaptation of the mechanical support to a patient’s ventilatory needs and facilitate systematic and early recognition of their ability to breathe spontaneously and the potential for discontinuation of ventilation. Objectives To compare the duration of weaning from mechanical ventilation for critically ill ventilated adults and children when managed with automated closed loop systems versus non-automated strategies. Secondary objectives were to determine differences in duration of ventilation, intensive care unit (ICU) and hospital length of stay (LOS), mortality, and adverse events. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 2); MEDLINE (OvidSP) (1948 to August 2011); EMBASE (OvidSP) (1980 to August 2011); CINAHL (EBSCOhost) (1982 to August 2011); and the Latin American and Caribbean Health Sciences Literature (LILACS). In addition we received and reviewed auto-alerts for our search strategy in MEDLINE, EMBASE, and CINAHL up to August 2012. Relevant published reviews were sought using the Database of Abstracts of Reviews of Effects (DARE) and the Health Technology Assessment Database (HTA Database). We also searched the Web of Science Proceedings; conference proceedings; trial registration websites; and reference lists of relevant articles. Selection criteria We included randomized controlled trials comparing automated closed loop ventilator applications to non-automated weaning strategies including non-protocolized usual care and protocolized weaning in patients over four weeks of age receiving invasive mechanical ventilation in an intensive care unit (ICU). Data collection and analysis Two authors independently extracted study data and assessed risk of bias. We combined data into forest plots using random-effects modelling. Subgroup and sensitivity analyses were conducted according to a priori criteria. Main results Pooled data from 15 eligible trials (14 adult, one paediatric) totalling 1173 participants (1143 adults, 30 children) indicated that automated closed loop systems reduced the geometric mean duration of weaning by 32% (95% CI 19% to 46%, P = 0.002), however heterogeneity was substantial (I-2 = 89%, P < 0.00001). Reduced weaning duration was found with mixed or medical ICU populations (43%, 95% CI 8% to 65%, P = 0.02) and Smartcare/PS (TM) (31%, 95% CI 7% to 49%, P = 0.02) but not in surgical populations or using other systems. Automated closed loop systems reduced the duration of ventilation (17%, 95% CI 8% to 26%) and ICU length of stay (LOS) (11%, 95% CI 0% to 21%). There was no difference in mortality rates or hospital LOS. Overall the quality of evidence was high with the majority of trials rated as low risk. Authors’ conclusions Automated closed loop systems may result in reduced duration of weaning, ventilation, and ICU stay. Reductions are more likely to occur in mixed or medical ICU populations. Due to the lack of, or limited, evidence on automated systems other than Smartcare/PS (TM) and Adaptive Support Ventilation no conclusions can be drawn regarding their influence on these outcomes. Due to substantial heterogeneity in trials there is a need for an adequately powered, high quality, multi-centre randomized controlled trial in adults that excludes ‘simple to wean’ patients. There is a pressing need for further technological development and research in the paediatric population.

Keywords: Acute Respiratory-Failure, Adaptation, Adaptive Support Ventilation, Adult, Age, Analyses, Analysis, Assessment, Authors, Bias, Care, Children, Closed-Loop Control, Collection, Computerized Decision-Support, Conference Proceedings, Controlled Trial, Criteria, Critical Illness, Data, Data Collection, Database, Development, Duration, Embase, Events, Evidence, Forest, Health, Heterogeneity, Hospital, Hta, Icu, Influence, Intensive Care, Intensive Care Unit, Intensive-Care, Invasive, Length, Length of Stay, Literature, Low Risk, Mechanical Ventilation, Medical, Medline, Methods, Modelling, Mortality, Needs, Outcomes, P, Patients, Population, Populations, Posttraumatic-Stress-Disorder, Potential, Pressure Support, Quality, Quality Of, Quality-Of-Life, Randomized, Randomized Controlled Trial, Randomized Controlled Trials, Randomized Controlled-Trial, Rates, Reference, Reference Lists, Research, Reviews, Risk, Science, Sciences, Search, Search Strategy, Sensitivity, Strategy, Support, Systems, Technology, Technology Assessment, Trial, Ventilation, Web of Science, Websites

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Full Text: 2013\Coc Dat Sys Rev2013, CD006935.pdf

Abstract: Background Hepatocellular carcinoma is a major worldwide health problem, involving more than half a million new patients yearly, with a different incidence in different parts of the world. Hepatocellular carcinoma develops in about 80% of cirrhotic patients, and cirrhosis is considered the strongest predisposing factor for it. Surgical resection and liver transplantation are conventional treatment modalities that can offer long-term survival for patients with hepatocellular carcinoma. Objectives To assess the benefits and harms of surgical resection compared with those of liver transplantation in patients with hepatocellular carcinoma. Search methods We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded (SCI-EXPANDED) at ISI Web of Science (last search February 2013). We also searched the abstracts from annual meetings of the American Society of Clinical Oncology, the American Association for the Study of Liver Diseases (AASLD), and the European Association for the Study of the Liver (EASL), provided through The Cochrane Hepato-Biliary Group until February 2013. Selection criteria Randomised clinical trials comparing surgical resection and hepatic transplantation. Data collection and analysis The search strategies were run and two authors individually evaluated whether the retrieved studies fulfilled the inclusion criteria. Main results No randomised clinical trials comparing surgical resection and liver transplantation as the major methods of treating hepatocellular carcinoma were found. Authors’ conclusions There are no randomised clinical trials comparing surgical resection and liver transplantation for hepatocellular carcinoma treatment.

Keywords: Acetic-Acid Injection, Analysis, Authors, Benefits, Cirrhosis, Cirrhotic-Patients, Citation, Clinical, Clinical Trials, Clinical-Trials, Collection, Conventional, Criteria, Data Collection, DC, Design Characteristics, Embase, Empirical-Evidence, Health, Health Problem, Hepatocellular Carcinoma, Incidence, Intrahepatic Recurrence, ISI, ISI Web of Science, Liver, Liver Transplantation, Long Term, Long-Term, Long-Term-Survival, Medicine, MEDLINE, Methods, Modalities, Patients, Percutaneous Ethanol Injection, Randomised, Randomized-Trials, Review, River, Science, Science Citation Index, Science Citation Index Expanded, Search, Search Strategies, Surgical, Surgical Resection, Survival, Transplantation, Treatment, Trial Sequential-Analysis, USA, Washington, Web of Science, World

? Dong, Z.Y., Xu, J., Wang, Z. and Petrov, M.S. (2013), Stents for the prevention of pancreatic fistula following pancreaticoduodenectomy. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD008914.

Full Text: 2013\Coc Dat Sys Rev2013, CD008914.pdf

Abstract: Background Several studies have demonstrated that the use of pancreatic duct stents following pancreaticoduodenectomy is associated with a lower risk of pancreatic fistula. However, to date, there is a lack of accord in the literature on whether the use of stents is beneficial and, if so, whether internal or external stenting is preferable. Objectives To determine the efficacy of pancreatic stents in preventing pancreatic fistula after pancreaticoduodenectomy. Search methods The Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, ISI Web of Science and four major Chinese biomedical databases were searched up to February 2011. We also searched four major trials registers. Selection criteria Randomized controlled trials (RCTs) comparing the use of stents (either internal or external) versus no stents, and comparing internal stents versus external stents following pancreaticoduodenectomy. Data collection and analysis Two authors extracted the data independently. The outcomes studied were incidence of pancreatic fistula, need for reoperation, length of hospital stay, overall complications, and in-hospital mortality. The results were shown as relative risk (RR) with 95% confidence interval (CI). Main results A total of 656 patients were included in the systematic review. Overall, the use of stents (both external and internal) was not associated with a statistically significant change in any of the studied outcomes. In a subgroup analysis, it was found that the use of external, but not internal, stents is associated with a significant reduction in the incidence of pancreatic fistulae (RR 0.33; 95% CI 0.11 to 0.98, P = 0.04), the incidence of complications (RR 0.48; 95% CI 0.25 to 0.92, P = 0.03) and length of hospital stay (RR -0.57; 95% CI -0.94 to -0.21, P = 0.002). In RCTs on the use of internal versus external stents, no statistically significant difference was found in terms of any of the studied outcomes. Authors’ conclusions This systematic review suggests that the use of external stents following pancreaticoduodenectomy may be beneficial. However, only a limited number of RCTs with rather small sample sizes were available. Further RCTs on the use of stents after pancreaticoduodenectomy are warranted.

Keywords: Analysis, Authors, Biomedical, Chinese, Collection, Complications, Confidence, Criteria, Data, Data Collection, Databases, Decrease, Drainage, Duct, Efficacy, Embase, Fistula, Head Resection, Hospital, Hospital Stay, Improve Outcomes, Incidence, Interval, Isi, Isi Web of Science, Length, Literature, Medline, Metaanalysis, Methods, Morbidity, Mortality, Outcomes, P, Pancreatic Fistula, Pancreaticojejunostomy, Patients, Prevention, Prospective Randomized-Trial, Randomized Controlled Trials, Reduction, Relative Risk, Reoperation, Review, Risk, Science, Search, Small, Stenting, Stents, Systematic Review, Web of Science

? Schoonees, A., Lombard, M., Musekiwa, A., Nel, E. and Volmink, J. (2013), Ready-to-use therapeutic food for home-based treatment of severe acute malnutrition in children from six months to five years of age. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD009000.

Full Text: 2013\Coc Dat Sys Rev2013, CD009000.pdf

Abstract: Background Malnourished children have a higher risk of death and illness. Treating severe acute malnourished children in hospitals is not always desirable or practical in rural settings, and home treatment may be better. Home treatment can be food prepared by the carer, such as flour porridge, or commercially manufactured food such as ready-to-use therapeutic food (RUTF). RUTF is made according to a standard, energy-rich composition defined by the World Health Organization (WHO). The benefits of RUTF include a low moisture content, long shelf life without needing refrigeration and that it requires no preparation. Objectives To assess the effects of home-based RUTF on recovery, relapse and mortality in children with severe acute malnutrition. Search methods We searched the following electronic databases up to April 2013: Cochrane Central Register of Clinical Trials (CENTRAL), MEDLINE, MEDLINE In-process, EMBASE, CINAHL, Science Citation Index, African Index Medicus, LILACS, ZETOC and three trials registers. We also contacted researchers and clinicians in the field and handsearched bibliographies of included studies and relevant reviews. Selection criteria We included randomised and quasi-randomised controlled trials where children between six months and five years of age with severe acute malnutrition were treated at home with RUTF compared to a standard diet, or different regimens and formulations of RUTFs compared to each other. We assessed recovery, relapse and mortality as primary outcomes, and anthropometrical changes, time to recovery and adverse outcomes as secondary outcomes. Data collection and analysis Two review authors independently assessed trial eligibility using prespecified criteria, and three review authors independently extracted data and assessed trial risk of bias. Main results We included four trials (three having a high risk of bias), all conducted in Malawi with the same contact author. One small trial included children infected with human immunodeficiency virus (HIV). We found the risk of bias to be high for the three quasi-randomised trials while the fourth trial had a low to moderate risk of bias. Because of the sparse data for HIV, we reported below the main results for all children together. RUTF meeting total daily requirements versus standard diet When comparing RUTF with standard diet (flour porridge), we found three quasi-randomised cluster trials (n = 599). RUTF may improve recovery slightly (risk ratio (RR) 1.32; 95% confidence interval (CI) 1.16 to 1.50; low quality evidence), but we do not know whether RUTF improves relapse, mortality or weight gain (very low quality evidence). RUTF supplement versus RUTF meeting total daily requirements When comparing RUTF supplement with RUTF that meets total daily nutritional requirements, we found two quasi-randomised cluster trials (n = 210). For recovery, relapse, mortality and weight gain the quality of evidence was very low; therefore, the effects of RUTF are unknown. RUTF containing less milk powder versus standard RUTF When comparing a cheaper RUTF containing less milk powder (10%) versus standard RUTF (25% milk powder), we found one trial that randomised 1874 children. For recovery, there was probably little or no difference between the groups (RR 0.97; 95% CI 0.93 to 1.01; moderate quality evidence). RUTF containing less milk powder may lead to slightly more children relapsing (RR 1.33; 95% CI 1.03 to 1.72; low quality evidence) and to less weight gain (mean difference (MD) -0.5 g/kg/day; 95% CI -0.75 to -0.25; low-quality evidence) than standard RUTF. We do not know whether the cheaper RUTF improved mortality (very low quality evidence). Authors’ conclusions Given the limited evidence base currently available, it is not possible to reach definitive conclusions regarding differences in clinical outcomes in children with severe acute malnutrition who were given home-based ready-to-use therapeutic food (RUTF) compared to the standard diet, or who were treated with RUTF in different daily amounts or formulations. For this reason, either RUTF or flour porridge can be used to treat children at home depending on availability, affordability and practicality. Well-designed, adequately powered pragmatic randomised controlled trials of HIV-uninfected and HIV-infected children with severe acute malnutrition are needed.

Keywords: Adverse Outcomes, Affordability, Age, Analysis, Authors, Availability, Benefits, Bias, Bibliographies, Changes, Children, Citation, Clinical, Clinical Outcomes, Clinical Trials, Cluster, Collection, Composition, Confidence, Criteria, Data, Data Collection, Databases, Death, Diet, Effects, Embase, Evidence, Field, Food, Groups, HIV, Hospitals, Human, Human Immunodeficiency Virus, Infected, Interval, Lead, Life, Malawi, Malnutrition, MEDLINE, Methods, Milk, Moisture, Mortality, Outcomes, Preparation, Primary, Quality, Quality Of, Randomised, Randomised Controlled Trials, Recovery, Refrigeration, Relapse, Review, Reviews, Risk, Rural, Science, Science Citation Index, Search, Small, Standard, Therapeutic, Treatment, Trial, Weight Gain, WHO, World Health Organization

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Full Text: 2013\Coc Dat Sys Rev2013, CD009503.pdf

Abstract: Background Primary percutaneous coronary intervention (PPCI) is the preferred treatment for ST segment elevation myocardial infarction. Although there is restoration of coronary flow after PPCI, impaired myocardial perfusion (known as no-reflow) is frequently observed, and is related to poor clinical outcomes. In order to overcome this phenomenon, drugs have been tried as adjunctive treatments to PPCI. Among them, verapamil and adenosine are two of the most promising drugs. There are no systematic reviews of these two drugs in people with acute myocardial infarction (AMI) undergoing PPCI. Objectives To study the impact of adenosine and verapamil on people with AMI who are undergoing PPCI. Search methods We searched the following databases in February 2012: the Cochrane Central Register of Controlled Trials (CENTRAL) on The Cochrane Library, MEDLINE, EMBASE, Web of Science and BIOSIS, China National Knowledge Infrastructure, Clinical Trials registers (Clinical Trials.gov, Current Controlled Trials, Australian & New Zealand Clinical Trials Registry, the WHO International Clinical Trials Registry Platform). We also handsearched the American Journal of Cardiology. Selection criteria We selected randomised controlled trials (RCTs) where adenosine or verapamil was the primary intervention. Participants were individuals diagnosed with AMI who were undergoing PPCI. Data collection and analysis Two review authors collected studies and extracted data. Where necessary, we contacted the trial authors to obtain the relevant information. We calculated risk ratios (RRs), P values, and 95% confidence intervals (CIs) of dichotomous data. Main results We included 10 RCTs involving 939 participants in our review. Nine RCTs were associated with adenosine and one with verapamil. We considered the overall risk of bias of included studies to be moderate. There was no evidence that adenosine reduced short-term all-cause mortality (RR 0.61, 95% CI 0.23 to 1.61, P = 0.32), long-term all-cause mortality (RR 1.20, 95% CI 0.27 to 5.22, P = 0.81), short-term non-fatal myocardial infarction (RR 1.38, 95% 0.28 to 6.96, P = 0.69) or the incidence of angiographic no-reflow (TIMI flow grade < 3 after PPCI: RR 0.72, 95% CI 0.49 to 1.07, P = 0.11, and myocardial blush grade (MBG) 0 to 1 after PPCI: RR 0.96, 95% CI 0.76 to 1.22, P=0.75). But the incidence of adverse events with adenosine, such as bradycardia (RR 6.57, 95% CI 2.94 to 14.67, P<0.00001), hypotension (RR 11.43, 95% CI 2.75 to 47.57, P=0.0008) and atrioventricular (AV) block (RR 6.67, 95% CI 1.52 to 29.21, P=0.01) was significantly increased. Meta-analysis of verapamil as treatment for no-reflow during PPCI was not calculated due to lack of data. Authors’ conclusions We found no evidence that adenosine and verapamil as treatments for no-reflow during PPCI can reduce all-cause mortality, non-fatal myocardial infarction or the incidence of angiographic no-reflow (TIMI flow grade < 3 and MBG 0 to1), but there was some evidence of increased adverse events. Further clinical research into adenosine and verapamil is needed because of the limited numbers of included trials and participants.

Keywords: Acute Myocardial Infarction, Analysis, Australian, Authors, Bias, Blood-Flow, Cardiac-Arrhythmias, Cardiology, China, Clinical, Clinical Outcomes, Clinical Research, Clinical Trials, Collection, Confidence, Confidence Intervals, Controlled-Trial, Criteria, Data, Data Collection, Databases, Dose Intracoronary Adenosine, Drugs, Embase, Events, Evidence, Flow, Hypotension, Impact, Incidence, Infarction, Information, Intervals, Intervention, Intravenous Thrombolytic Therapy, Journal, Knowledge, Long Term, Long-Term, Medline, Meta-Analysis, Methods, Microvascular Reflow, Mortality, Myocardial Infarction, New Zealand, Outcomes, P, Percutaneous, Percutaneous Coronary Intervention, Primary, Primary Angioplasty, Randomised, Randomised Controlled Trials, Reperfusion, Research, Restoration, Review, Reviews, Risk, Science, Search, Sodium-Nitroprusside, St-Segment Elevation, Systematic Reviews, Treatment, Trial, Web of Science, Who

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Full Text: 2013\Coc Dat Sys Rev2013, CD009058.pdf

Abstract: Background Primary liver tumours and liver metastases from colorectal carcinoma are the two most common malignant tumours to affect the liver. The liver is second only to the lymph nodes as the most common site for metastatic disease. More than half of the patients with metastatic liver disease will die from metastatic complications. In cryoablation, liquid nitrogen or argon gas is delivered to the liver tumour, guided by ultrasound using a specially designed probe. Ice crystal formation during the rapid freezing process causes destruction of cellular structure and kills the tumour cells. Objectives To study the beneficial and harmful effects of cryotherapy compared with no intervention, other ablation methods, or systemic treatments in patients with liver metastases. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, LILACS, and CINAHL up to December 2012. Selection criteria We included all randomised clinical trials assessing the beneficial and harmful effects of cryotherapy and its comparators, irrespective of the location of the primary tumour. Data collection and analysis We extracted relevant information on participant characteristics, interventions, study outcomes, and data on the outcomes for our review, as well as information on the design and methodology of the trials. Bias risk assessment of and data extraction from the trials fulfilling the inclusion criteria were done by one author and checked by a second author. Main results One randomised clinical trial fulfilled the inclusion criteria of the review. The trial was judged as a trial with high risk of bias due to the unclear report on the generation of the allocation sequence and allocation concealment, blinding, incomplete outcome data and the selective outcome reporting domain. The trial included 123 consecutive patients with solitary or multiple unilobar or bilobar liver metastases who were randomised into two groups, 63 received cryotherapy and 60 received conventional surgery. There were 36 females and 87 males. The primary sites for the metastases were colorectal (66.6%), stomach (7.3%), breast (6.5%), melanoma (4.9%), ovarian adenocarcinoma (4.1%), uterus (3.3%), kidney (3.3%), intestinal (1.6%), pancreatic (1.6%), and unknown (0.8%). The tumours were resectable and non-resectable. The patients were followed for up to 10 years (minimum five months). Mortality at the last follow-up was 81% (51/63) in the cryotherapy group and 92% (55/60) in the conventional surgery group (RR 0.88; 95% CI 0.77 to 1.02); that is, no statistically significant difference was observed. In the cryotherapy group, 60%, 44%, and 19% of the participants survived 3, 5, and 10 years respectively, while in the conventional surgery group the percentages were 51%, 36%, and 8%. The hazard ratio calculated using the Parmar method was 0.71 (95% confidence interval (CI) 0.47 to 1.09). Recurrence in the liver was observed in 86% (54/63) of the patients in the cryotherapy group and 95% (57/60) of the patients in the conventional surgery group (relative risk (RR) 0.9; 95% CI 0.8 to 1.01); that is, no statistically significant difference was observed. Frequency of reported complications was similar between the cryotherapy group and the conventional surgery group except for postoperative pain. Both insignificant and pronounced pain were reported to be more common in the cryotherapy group while intense pain was reported to be more common in the control group. However, it was not reported by the authors whether the differences were significant. No intervention-related mortality and no bile leakage were observed. Authors’ conclusions On the basis of one randomised clinical trial with high risk of bias, there is insufficient evidence to conclude if in patients with liver metastases from various primary sites cryotherapy brings any significant benefit in terms of survival or recurrence compared with conventional surgery. In addition, there is no evidence for the effectiveness of cryotherapy when compared with no intervention. At present, cryotherapy cannot be recommended outside randomised clinical trials.

Keywords: Adenocarcinoma, Allocation, Analysis, Assessing, Assessment, Authors, Bias, Characteristics, Citation, Clinical, Clinical Trial, Clinical Trials, Collection, Complications, Confidence, Control, Conventional, Criteria, Data, Data Collection, Design, Disease, Effectiveness, Effects, Embase, Evidence, Extraction, Follow-Up, Generation, Groups, Hazard, Information, Interval, Intervention, Interventions, Kidney, Liquid, Liver, Location, MEDLINE, Melanoma, Metastases, Metastatic Disease, Methodology, Methods, Minimum, Mortality, Nitrogen, Outcome, Outcomes, Pain, Patients, Postoperative, Postoperative Pain, Primary, Randomised, Recurrence, Relative Risk, Reporting, Review, Risk, Risk Assessment, Science, Science Citation Index, Science Citation Index Expanded, Search, Site, Structure, Surgery, Survival, Trial, Ultrasound, Uterus

? Cruz, R.S., Rojas, J.I., Nervi, R., Heredia, R. and Ciapponi, A. (2013), High versus low positive end-expiratory pressure (PEEP) levels for mechanically ventilated adult patients with acute lung injury and acute respiratory distress syndrome. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD009098.

Full Text: 2013\Coc Dat Sys Rev2013, CD009098.pdf

Abstract: Background Mortality in patients with acute lung injury (ALI) and acute respiratory distress syndrome (ARDS) remains high. These patients require mechanical ventilation, but this modality has been associated with ventilator-induced lung injury. High levels of positive end-expiratory pressure (PEEP) could reduce this condition and improve patient survival. Objectives To assess the benefits and harms of high versus low levels of PEEP in patients with ALI and ARDS. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library, 2013, Issue 4), MEDLINE (1950 to May 2013), EMBASE (1982 to May 2013), LILACS (1982 to May 2013) and SCI (Science Citation Index). We used the Science Citation Index to find references that have cited the identified trials. We did not specifically conduct manual searches of abstracts of conference proceedings for this review. We also searched for ongoing trials (www.trialscentral.org;www.clinicaltrial.gov and www.controlled-trials.com). Selection criteria We included randomized controlled trials that compared the effects of two levels of PEEP in ALI and ARDS participants who were intubated and mechanically ventilated in intensive care for at least 24 hours. Data collection and analysis Two review authors assessed the trial quality and extracted data independently. We contacted investigators to identify additional published and unpublished studies. Main results We included seven studies that compared high versus low levels of PEEP (2565 participants). In five of the studies (2417 participants), a comparison was made between high and low levels of PEEP with the same tidal volume in both groups, but in the remaining two studies (148 participants), the tidal volume was different between high-and low-level groups. We saw evidence of risk of bias in three studies, and the remaining studies fulfilled all criteria for adequate trial quality. In the main analysis, we assessed mortality occurring before hospital discharge only in those studies that compared high versus low PEEP with the same tidal volume in both groups. With the three studies that were included, the meta-analysis revealed no statistically significant differences between the two groups (relative risk (RR) 0.90, 95% confidence interval (CI) 0.81 to 1.01), nor was any statistically significant difference seen in the risk of barotrauma (RR 0.97, 95% CI 0.66 to 1.42). Oxygenation was improved in the high-PEEP group, although data derived from the studies showed a considerable degree of statistical heterogeneity. The number of ventilator-free days showed no significant difference between the two groups. Available data were insufficient to allow pooling of length of stay in the intensive care unit (ICU). The subgroup of participants with ARDS showed decreased mortality in the ICU, although it must be noted that in two of the three included studies, the authors used a protective ventilatory strategy involving a low tidal volume and high levels of PEEP. Authors’ conclusions Available evidence indicates that high levels of PEEP, as compared with low levels, did not reduce mortality before hospital discharge. The data also show that high levels of PEEP produced no significant difference in the risk of barotrauma, but rather improved participants’ oxygenation to the first, third, and seventh days. This review indicates that the included studies were characterized by clinical heterogeneity.

Keywords: Adult, Analysis, Authors, Barotrauma, Benefits, Bias, Care, Citation, Clinical, Collection, Comparison, Conference Proceedings, Confidence, Criteria, Data, Data Collection, Discharge, Distress, Effects, Embase, Evidence, First, Groups, Heterogeneity, Hospital, ICU, Injury, Intensive Care, Intensive Care Unit, Interval, Length, Length of Stay, Lung, Mechanical Ventilation, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Oxygenation, Patients, Pressure, Quality, Randomized, Randomized Controlled Trials, References, Relative Risk, Respiratory Distress Syndrome, Review, Risk, SCI, Science, Science Citation Index, Search, Strategy, Survival, Syndrome, Trial, Ventilation, Volume

? Elsner, B., Kugler, J., Pohl, M. and Mehrholz, J. (2013), Transcranial direct current stimulation (tDCS) for improving aphasia in patients after stroke. *Cochrane Database of Systematic Reviews*, **6**, Article Number: CD009760.

Full Text: 2013\Coc Dat Sys Rev2013, CD009760.pdf

Abstract: Background Stroke is one of the leading causes of disability worldwide. Aphasia among stroke survivors is common. Current speech and language therapy (SLT) strategies have only limited effectiveness in improving aphasia. A possible adjunct to SLT for improving SLT outcomes might be non-invasive brain stimulation by transcranial direct current stimulation (tDCS) to modulate cortical excitability and hence to improve aphasia. Objectives To assess the effects of tDCS for improving aphasia in patients after stroke. Search methods We searched the Cochrane Stroke Group Trials Register (April 2013), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library, March 2012), MEDLINE (1948 to March 2012), EMBASE (1980 to March 2012), CINAHL (1982 to March 2012), AMED (1985 to April 2012), Science Citation Index (1899 to April 2012) and seven additional databases. We also searched trials registers and reference lists, handsearched conference proceedings and contacted authors and equipment manufacturers. Selection criteria We included only randomised controlled trials (RCTs) and randomised controlled cross-over trials (from which we only analysed the first period as a parallel group design) comparing tDCS versus control in adults with aphasia due to stroke. Data collection and analysis Two review authors independently assessed trial quality and extracted the data. If necessary, we contacted study authors for additional information. We collected information on dropouts and adverse events from the trials. Main results We included five trials involving 54 participants. None of the included studies used any formal outcome measure for measuring functional communication, that is measuring aphasia in a real-life communicative setting. All five trials measured correct picture naming as a surrogate for aphasia. There was no evidence that tDCS enhanced SLT outcomes. No adverse events were reported and the proportion of dropouts was comparable between groups. Authors’ conclusions Currently there is no evidence of the effectiveness of tDCS (anodal tDCS, cathodal tDCS) versus control (sham tDCS). However, it appears that cathodal tDCS over the non-lesioned hemisphere might be the most promising approach.

Keywords: Analysis, Aphasia, Approach, Authors, Brain, Citation, Collection, Communication, Conference Proceedings, Control, Criteria, Data, Data Collection, Databases, Design, Disability, Effectiveness, Effects, Embase, Equipment, Events, Evidence, First, Groups, Information, Language, Measure, MEDLINE, Methods, Outcome, Outcomes, Patients, Quality, Randomised, Randomised Controlled Trials, Reference, Reference Lists, Review, Science, Science Citation Index, Search, Stroke, Surrogate, Therapy, Trial

? Gantasala, S., Sullivan, P.B. and Thomas, A.G. (2013), Gastrostomy feeding versus oral feeding alone for children with cerebral palsy. *Cochrane Database of Systematic Reviews*, **7**, Article Number: CD003943.

Full Text: 2013\Coc Dat Sys Rev2013, CD003943.pdf

Abstract: Background Children with cerebral palsy can be significantly disabled in terms of their ability to suck, chew and swallow. This can lead to significant impairment in feeding and, eventually, to undernutrition. It can also result in aspiration of food into the lungs. Length of feeding time may be considerably increased and, instead of being an enjoyable experience, mealtimes may be distressing for both child and carer. For children unable to maintain a normal nutritional state feeding by mouth, gastrostomy or jejunostomy tubes are increasingly being used to provide the digestive system with nutrients. A gastrostomy tube is a feeding tube inserted surgically through the abdominal wall directly into the stomach. A jejunostomy feeding tube is inserted into the jejunum, part of the small intestine, either directly or via a previous gastrostomy. Although gastrostomy or jejunostomy placement may greatly facilitate the feeding of children with cerebral palsy, many carers find it very emotionally difficult to accept this intervention. Moreover, the intervention is costly and there is the possibility of complications. The effectiveness and safety of the treatment requires further assessment. This review is an update of one previously published in 2004. Objectives To assess the effects of nutritional supplementation given via gastrostomy or jejunostomy to children with feeding difficulties due to cerebral palsy. Search methods For this update, we searched the following databases in July 2012: CENTRAL, MEDLINE, Embase, CINAHL, Science Citation Index, Conference Proceedings Citation Index, LILACS and Zetoc. We searched for trials in ICTRP and Clinicaltrials.gov, and for theses in WorldCat and Proquest Index to Theses. We also contacted other researchers and experts in this field. Selection criteria We looked for randomised controlled trials that compared delivery of nutrition via a gastrostomy or jejunostomy tube compared with oral feeding alone for children up to the age of 16 years. Data collection and analysis Screening of search results was undertaken independently by two review authors. No data extraction was possible as there were no included studies. Main results No trials were identified that met the inclusion criteria for this review. Authors’ conclusions Considerable uncertainty about the effects of gastrostomy for children with cerebral palsy remains. A well designed and conducted randomised controlled trial should be undertaken to resolve the current uncertainties about medical management for children with cerebral palsy and physical difficulties in eating.

Keywords: Abdominal, Abdominal Wall, Adolescent, Age, Analysis, Aspiration, Assessment, Authors, Cerebral, Cerebral Palsy, Cerebral Palsy [Complications], Child, Children, Citation, Collection, Complications, Conference, Controlled Trial, Criteria, Data, Data Collection, Databases, Delivery, Disabilities, Disabled, Eating, Effectiveness, Effects, England, Experience, Experts, Extraction, Feeding, Field, Food, Gastroesophageal-Reflux, Gastrostomy [Adverse Effects], Growth, Humans, Infant, Intervention, Intestine, Lead, Management, Medical, Medicine, MEDLINE, Metaanalysis, Methods, Normal, Nutrients, Nutrition, Nutrition Disorders [Etiology, Oral, Physical, Placement, Preschool, Prevention & Control], Quality-Of-Life, Randomised, Randomised Controlled Trial, Randomised Controlled Trials, Review, River, Safety, Science, Science Citation Index, Screening, Search, Severe Neurological Impairment, Small, State, Theses, Treatment, Trial, Tube, Uncertainties, Uncertainty, USA

? Thomas, R.E., Jefferson, T. and Lasserson, T.J. (2013), Influenza vaccination for healthcare workers who care for people aged 60 or older living in long-term care institutions. *Cochrane Database of Systematic Reviews*, **7**, Article Number: CD005187.

Full Text: 2013\Coc Dat Sys Rev2013, CD005187.pdf

Abstract: Background Healthcare workers’ influenza rates are unknown but may be similar to those of the general public. Healthcare workers may transmit influenza to patients. Objectives To identify all randomised controlled trials (RCTs) and non-RCTs assessing the effects of vaccinating healthcare workers on the incidence of laboratory-proven influenza, pneumonia, death from pneumonia and admission to hospital for respiratory illness in those aged 60 years or older resident in long-term care institutions (LTCIs). Search methods We searched CENTRAL 2013, Issue 2, MEDLINE (1966 to March week 3, 2013), EMBASE (1974 to March 2013), Biological Abstracts (1969 to March 2013), Science Citation Index-Expanded (1974 to March 2013) and Web of Science (2006 to March 2013). Selection criteria Randomised controlled trials (RCTs) and non-RCTs of influenza vaccination of healthcare workers caring for individuals aged 60 years or older in LTCIs and the incidence of laboratory-proven influenza and its complications (lower respiratory tract infection, or hospitalisation or death due to lower respiratory tract infection) in individuals aged 60 years or older in LTCIs. Data collection and analysis Two authors independently extracted data and assessed risk of bias. Main results We identified four cluster-RCTs (C-RCTs) (n = 7558) and one cohort study (n = 12,742) of influenza vaccination for HCWs caring for individuals >= 60 years in LTCFs. Three RCTs (5896 participants) provided outcome data that met our criteria. These three studies were comparable in study populations, intervention and outcome measures. The studies did not report adverse events. The principal sources of bias in the studies related to attrition and blinding. The pooled risk difference (RD) from the three cluster-RCTs for laboratory-proven influenza was 0 (95% confidence interval (CI) -0.03 to 0.03) and for hospitalisation was RD 0 (95% CI -0.02 to 0.02). The estimated risk of death due to lower respiratory tract infection was also imprecise (RD -0.02, 95% CI -0.06 to 0.02) in individuals aged 60 years or older in LTCIs. Adjusted analyses which took into account the cluster design did not differ substantively from the pooled analysis with unadjusted data. Authors’ conclusions The results for specific outcomes: laboratory-proven influenza or its complications (lower respiratory tract infection, or hospitalisation or death due to lower respiratory tract illness) did not identify a benefit of healthcare worker vaccination on these key outcomes. This review did not find information on co-interventions with healthcare worker vaccination: hand-washing, face masks, early detection of laboratory-proven influenza, quarantine, avoiding admissions, antivirals and asking healthcare workers with influenza or influenza-like-illness (ILI) not to work. This review does not provide reasonable evidence to support the vaccination of healthcare workers to prevent influenza in those aged 60 years or older resident in LTCIs. High-quality RCTs are required to avoid the risks of bias in methodology and conduct identified by this review and to test further these interventions in combination.

Keywords: A H3n2, Adult, Aged, Analyses, Analysis, Assessing, Authors, Bias, Canada, Care, Caring, Citation, Cluster, Cohort, Cohort Study, Collection, Complications, Confidence, Criteria, Data, Data Collection, Death, Design, Effects, Elderly-People, Embase, Events, Evidence, Facilities, General, Health Personnel, Homes For The Aged, Hospital, Humans, Illness, Incidence, Infection, Infections, Infectious Disease Transmission,Professional-To-Patient [Prevention & Control], Influenza, Influenza Vaccines [Administration & Dosage], Influenza,Human [Prevention & Control, Information, Institutions, Interval, Intervention, Interventions, Living, Long Term, Long-Term, Medicine, MEDLINE, Methodology, Methods, Middle Aged, Mortality, Nursing-Home Residents, Outcome, Outcome Measures, Outcomes, Patients, Pneumonia, Populations, Prevent, Prevention, Public, Quarantine, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Rates, Re, Resident, Review, Risk, Risks, River, Science, Science Citation Index Expanded, Science Citation Index-Expanded, Search, Sources, Support, Surveillance, Transmission], USA, Vaccination, Vaccines,Inactivated [Administration & Dosage], Web of Science, Work

? Gower, E.W., Lindsley, K., Nanji, A.A., Leyngold, I. and McDonnell, P.J. (2013), Perioperative antibiotics for prevention of acute endophthalmitis after cataract surgery. *Cochrane Database of Systematic Reviews*, **7**, Article Number: CD006364.

Full Text: 2013\Coc Dat Sys Rev2013, CD006364.pdf

Abstract: Background Endophthalmitis is a severe inflammation of the anterior and/or posterior chambers of the eye that may be sterile or associated with infection. It is a potentially vision-threatening complication of cataract surgery. Prophylactic measures for endophthalmitis are targeted against various sources of infection. Objectives The objective of this review was to evaluate the effects of perioperative antibiotic prophylaxis for endophthalmitis following cataract surgery. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2012, Issue 10), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE, (January 1950 to October 2012), EMBASE (January 1980 to October 2012), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to October 2012), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 25 October 2012. We also searched for additional studies that cited any included trials using the Science Citation Index. Selection criteria We included randomized controlled trials that enrolled adults undergoing cataract surgery (any method and incision type) for lens opacities due to any origin. Trials that evaluated preoperative antibiotics, intraoperative (intracameral, subconjunctival or systemic) or postoperative antibiotic prophylaxis for acute endophthalmitis were included. We did not include studies that evaluated antiseptic preoperative preparations using agents such as povidone iodine, nor did we include studies that evaluated antibiotics for treating acute endophthalmitis after cataract surgery. Data collection and analysis Two review authors independently reviewed abstracts and full-text articles for eligibility, assessed the risk of bias for each included study, and abstracted data. Main results Four studies met the inclusion criteria for this review, including 100,876 adults and 131 endophthalmitis cases. While the sample size is very large, the heterogeneity of the study designs and modes of antibiotic delivery made it impossible to conduct a formal meta-analysis. Interventions investigated in the studies included the utility of adding vancomycin and gentamycin to the irrigating solution compared with standard balanced saline solution irrigation alone, use of intracameral cefuroxime and/or topical levofloxacin perioperatively, periocular penicillin injections and topical chloramphenicol-sulphadimidine drops compared with topical antibiotics alone, and mode of antibiotic delivery (subconjunctival versus retrobulbar injections). Two studies with adequate sample sizes to evaluate a rare outcome found reduced risk of endophthalmitis with antibiotic injections during surgery compared with topical antibiotics alone: risk ratio (RR) 0.33, 95% confidence interval (CI) 0.12 to 0.92 (periocular penicillin versus topical chloramphenicol-sulphadimidine) and RR 0.21, 95% CI 0.06 to 0.74 (intracameral cefuroxime versus topical levofloxacin). Another study found no significant difference in endophthalmitis when comparing subconjunctival versus retrobulbar antibiotic injections (RR 0.85, 95% CI 0.55 to 1.32). The fourth study which compared irrigation with balanced salt solution (BSS) alone versus BSS with antibiotics was not sufficiently powered to detect differences in endophthalmitis between groups. The risk of bias among studies was low to unclear due to information not being reported. Authors’ conclusions Multiple measures for preventing endophthalmitis following cataract surgery have been studied. One of the included studies, the ESCRS (European Society of Cataract and Refractive Surgeons) study, was performed using contemporary surgical technique and employed cefuroxime, an antibiotic commonly used in many parts of the world. Clinical trials with rare outcomes require very large sample sizes and are quite costly to conduct; thus, it is unlikely that additional clinical trials will be conducted to evaluate currently available prophylaxis. Practitioners should rely on current evidence to make informed decisions regarding prophylaxis choices.

Keywords: Analysis, Antibiotic Prophylaxis, Antibiotics, Authors, Bias, Cataract Surgery, Cefuroxime, Citation, Citations, Clinical, Clinical Trials, Collection, Complication, Confidence, Criteria, Data, Data Collection, Databases, Delivery, Effects, Embase, Evidence, Gentamycin, Groups, Heterogeneity, Infection, Inflammation, Information, Injections, Interval, Irrigation, Language, Literature, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mode, Origin, Outcome, Outcomes, Penicillin, Perioperative Antibiotic Prophylaxis, Postoperative, Povidone-Iodine, Preoperative, Prevention, Prophylaxis, Randomized, Randomized Controlled Trials, Restrictions, Review, Risk, Salt, Sample Size, Science, Science Citation Index, Search, Size, Solution, Sources, Standard, Surgery, Surgical Technique, Topical, Utility, Vancomycin, Who, World

? Vaughan, J., GurUSAmy, K.S. and Davidson, B.R. (2013), Day-surgery versus overnight stay surgery for laparoscopic cholecystectomy. *Cochrane Database of Systematic Reviews*, **7**, Article Number: CD006798.

Full Text: 2013\Coc Dat Sys Rev2013, CD006798.pdf

Abstract: Background Laparoscopic cholecystectomy is used to manage symptomatic gallstones. There is considerable controversy regarding whether it should be done as day-surgery or as an overnight stay surgery with regards to patient safety. Objectives To assess the impact of day-surgery versus overnight stay laparoscopic cholecystectomy on patient-oriented outcomes such as mortality, severe adverse events, and quality of life. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register and the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and mRCT until September 2012. Selection criteria We included randomised clinical trials comparing day-surgery versus overnight stay surgery for laparoscopic cholecystectomy, irrespective of language or publication status. Data collection and analysis Two authors independently assessed trials for inclusion and independently extracted the data. We analysed the data with both the fixed-effect and the random-effects models using Review Manager 5 analysis. We calculated the risk ratio (RR), mean difference (MD), or standardised mean difference (SMD) with 95% confidence intervals (CI) based on intention-to-treat or available case analysis. Main results We identified a total of six trials at high risk of bias involving 492 participants undergoing day-case laparoscopic cholecystectomy (n = 239) versus overnight stay laparoscopic cholecystectomy (n = 253) for symptomatic gallstones. The number of participants in each trial ranged from 28 to 150. The proportion of women in the trials varied between 74% and 84%. The mean or median age in the trials varied between 40 and 47 years. With regards to primary outcomes, only one trial reported short-term mortality. However, the trial stated that there were no deaths in either of the groups. We inferred from the other outcomes that there was no short-term mortality in the remaining trials. Long-term mortality was not reported in any of the trials. There was no significant difference in the rate of serious adverse events between the two groups (4 trials; 391 participants; 7/191 (weighted rate 1.6%) in the day-surgery group versus 1/200 (0.5%) in the overnight stay surgery group; rate ratio 3.24; 95% CI 0.74 to 14.09). There was no significant difference in quality of life between the two groups (4 trials; 333 participants; SMD -0.11; 95% CI -0.33 to 0.10). There was no significant difference between the two groups regarding the secondary outcomes of our review: pain (3 trials; 175 participants; MD 0.02 cm visual analogue scale score; 95% CI -0.69 to 0.73); time to return to activity (2 trials, 217 participants; MD -0.55 days; 95% CI -2.18 to 1.08); and return to work (1 trial, 74 participants; MD -2.00 days; 95% CI -10.34 to 6.34). No significant difference was seen in hospital readmission rate (5 trials; 464 participants; 6/225 (weighted rate 0.5%) in the day-surgery group versus 5/239 (2.1%) in the overnight stay surgery group (rate ratio 1.25; 95% CI 0.43 to 3.63) or in the proportion of people requiring hospital readmissions (3 trials; 290 participants; 5/136 (weighted proportion 3.5%) in the day-surgery group versus 5/154 (3.2%) in the overnight stay surgery group; RR 1.09; 95% CI 0.33 to 3.60). No significant difference was seen in the proportion of failed discharge (failure to be discharged as planned) between the two groups (5 trials; 419 participants; 42/205 (weighted proportion 19.3%) in the day-surgery group versus 43/214 (20.1%) in the overnight stay surgery group; RR 0.96; 95% CI 0.65 to 1.41). For all outcomes except pain, the accrued information was far less than the diversity-adjusted required information size to exclude random errors. Authors’ conclusions Day-surgery appears just as safe as overnight stay surgery in laparoscopic cholecystectomy. Day-surgery does not seem to result in improvement in any patient-oriented outcomes such as return to normal activity or earlier return to work. The randomised clinical trials backing these statements are weakened by risks of systematic errors (bias) and risks of random errors (play of chance). More randomised clinical trials are needed to assess the impact of day-surgery laparoscopic cholecystectomy on the quality of life as well as other outcomes of patients.

Keywords: Activity, Age, Analysis, Authors, Bias, Case Analysis, Cholecystectomy, Citation, Clinical, Clinical Trials, Collection, Confidence, Confidence Intervals, Criteria, Data, Data Collection, Discharge, Embase, Errors, Events, Failure, Groups, Hospital, Impact, Improvement, Information, Intervals, Language, Laparoscopic, Laparoscopic Cholecystectomy, Life, MEDLINE, Methods, Models, Mortality, Normal, Outcomes, Pain, Patient Safety, Patients, Primary, Publication, Quality, Quality Of, Quality of Life, Randomised, Readmission, Readmissions, Review, Risk, Risks, Safety, Scale, Science, Science Citation Index, Science Citation Index Expanded, Search, Size, Surgery, Trial, Women, Work

? Parker, B. and Turner, W. (2013), Psychoanalytic/psychodynamic psychotherapy for children and adolescents who have been sexually abused. *Cochrane Database of Systematic Reviews*, **7**, Article Number: CD008162.

Full Text: 2013\Coc Dat Sys Rev2013, CD008162.pdf

Abstract: Background The sexual abuse of children and adolescents is a significant worldwide problem. It is associated with a wide variety of negative psychological, social and physical consequences for the victims. These effects can often be seen immediately following sexual abuse, but they may manifest later on and sometimes only in adult life. There are a number of different interventions aimed at helping children and adolescents who have been sexually abused, and psychoanalytic/psychodynamic psychotherapy has a long-established tradition of being used for such victims. In this review, we set out to find the evidence for its effectiveness specifically in children and adolescents who have been sexually abused. Objectives To assess the effectiveness of psychoanalytic/psychodynamic psychotherapy for children and adolescents who have been sexually abused. Search methods We searched the following databases in May 2013: CENTRAL, Ovid MEDLINE, Embase, PsycINFO, CINAHL, Sociological Abstracts, Social Science Citation Index, Conference Proceedings Citation Index - Social Science and Humanities, LILACS and World Cat. We also searched three trials registers, checked the reference lists of relevant studies and contacted known experts. Selection criteria Randomised and quasi-randomised trials comparing psychoanalytic/psychodynamic psychotherapy with treatment as usual or no treatment/waiting list control for children and adolescents up to age of 18 who had experienced sexual abuse at any time prior to the intervention. Data collection and analysis The review authors (BP and WT) independently screened search results to identify studies that met eligibility criteria. Main results No studies were identified that met the inclusion criteria for this review. Authors’ conclusions There are no randomised and quasi-randomised trials that compare psychoanalytic/psychodynamic therapy with treatment as usual, no treatment or waiting list control for children and adolescents who have been sexually abused. As a result, we cannot draw any conclusions as to the effectiveness of psychoanalytic/psychodynamic psychotherapy for this population. This important gap emphasises the need for further research into the effectiveness of psychoanalytic/psychodynamic psychotherapy in this population. Such research should ideally be in the form of methodologically high-quality, large-scale randomised controlled trials. If these are not conducted, future systematic reviews on this subject may need to consider including other lower quality evidence in order to avoid overlooking important research.

Keywords: Abuse, Adolescents, Adult, Age, Analysis, Authors, Children, Citation, Collection, Conference, Control, Criteria, Data Collection, Databases, Effectiveness, Effects, Evidence, Experts, Humanities, Intervention, Interventions, Life, MEDLINE, Methods, Physical, Population, Psychotherapy, Psycinfo, Quality, Randomised, Randomised Controlled Trials, Reference, Reference Lists, Research, Review, Reviews, Science, Science Citation Index, Search, Sexual Abuse, Social, Social Science Citation Index, Systematic Reviews, Therapy, Treatment

? Clement, S., Lassman, F., Barley, E., Evans-Lacko, S., Williams, P., Yamaguchi, S., Slade, M., Rusch, N. and Thornicroft, G. (2013), Mass media interventions for reducing mental health-related stigma. *Cochrane Database of Systematic Reviews*, **7**, Article Number: CD009453.

Full Text: 2013\Coc Dat Sys Rev2013, CD009453.pdf

Abstract: Background Mental health-related stigma is widespread and has major adverse effects on the lives of people with mental health problems. Its two major components are discrimination (being treated unfairly) and prejudice (stigmatising attitudes). Anti-stigma initiatives often include mass media interventions, and such interventions can be expensive. It is important to know if mass media interventions are effective. Objectives To assess the effects of mass media interventions on reducing stigma (discrimination and prejudice) related to mental ill health compared to inactive controls, and to make comparisons of effectiveness based on the nature of the intervention (e. g. number of mass media components), the content of the intervention (e. g. type of primary message), and the type of media (e. g. print, internet). Search methods We searched eleven databases: the Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library, Issue 7, 2011); MEDLINE (OvidSP), 1966 to 15 August 2011; EMBASE (OvidSP), 1947 to 15 August 2011; PsycINFO (OvidSP), 1806 to 15 August 2011; CINAHL (EBSCOhost) 1981 to 16 August 2011; ERIC (CSA), 1966 to 16 August 2011; Social Science Citation Index (ISI), 1956 to 16 August 2011; OpenSIGLE (http://www.opengrey.eu/), 1980 to 18 August 2012; Worldcat Dissertations and Theses (OCLC), 1978 to 18 August 2011; metaRegister of Controlled Trials (http://www.controlled-trials.com/mrct/mrct\_about.asp), 1973 to 18 August 2011; and Ichushi (OCLC), 1903 to 11 November 2011. We checked references from articles and reviews, and citations from included studies. We also searched conference abstracts and websites, and contacted researchers. Selection criteria Randomised controlled trials (RCTs), cluster RCTs or interrupted time series studies of mass media interventions compared to inactive controls in members of the general public or any of its constituent groups (excluding studies in which all participants were people with mental health problems), with mental health as a subject of the intervention and discrimination or prejudice outcome measures. Data collection and analysis Two authors independently extracted data and assessed the risk of bias of included studies. We contacted study authors for missing information. Information about adverse effects was collected from study reports. Primary outcomes were discrimination and prejudice, and secondary outcomes were knowledge, cost, reach, recall, and awareness of interventions, duration/sustainability of media effects, audience reactions to media content, and unforeseen adverse effects. We calculated standardised mean differences and odds ratios. We conducted a primarily narrative synthesis due to the heterogeneity of included studies. Subgroup analyses were undertaken to examine the effects of the nature, content and type of mass media intervention. Main results We included 22 studies involving 4490 participants. All were randomised trials (3 were cluster RCTs), and 19 of the 22 studies had analysable outcome data. Seventeen of the studies had student populations. Most of the studies were at unclear or high risk of bias for all forms of bias except detection bias. Findings from the five trials with discrimination outcomes (n = 1196) were mixed, with effects showing a reduction, increase or consistent with no evidence of effect. The median standardised mean difference (SMD) for the three trials (n = 394) with continuous outcomes was -0.25, with SMDs ranging from -0.85 (95% confidence interval (CI) -1.39 to -0.31) to -0.17 (95% CI -0.53 to 0.20). Odds ratios (OR) for the two studies (n = 802) with dichotomous discrimination outcomes showed no evidence of effect: results were 1.30 (95% CI 0.53 to 3.19) and 1.19 (95% CI 0.85 to 1.65). The 19 trials (n = 3176) with prejudice outcomes had median SMDs favouring the intervention, at the three following time periods: -0.38 (immediate), -0.38 (1 week to 2 months) and -0.49 (6 to 9 months). SMDs for prejudice outcomes across all studies ranged from -2.94 (95% CI -3.52 to -2.37) to 2.40 (95% CI 0.62 to 4.18). The median SMDs indicate that mass media interventions may have a small to medium effect in decreasing prejudice, and are equivalent to reducing the level of prejudice from that associated with schizophrenia to that associated with major depression. The studies were very heterogeneous, statistically, in their populations, interventions and outcomes, and only two meta-analyses within two subgroups were warranted. Data on secondary outcomes were sparse. Cost data were provided on request for three studies (n = 416), were highly variable, and did not address cost-effectiveness. Two studies (n = 455) contained statements about adverse effects and neither reported finding any. Authors’ conclusions Mass media interventions may reduce prejudice, but there is insufficient evidence to determine their effects on discrimination. Very little is known about costs, adverse effects or other outcomes. Our review found few studies in middle-and low-income countries, or with employers or health professionals as the target group, and none targeted at children or adolescents. The findings are limited by the quality of the evidence, which was low for the primary outcomes for discrimination and prejudice, low for adverse effects and very low for costs. More research is required to establish the effects of mass media interventions on discrimination, to better understand which types of mass media intervention work best, to provide evidence about cost-effectiveness, and to fill evidence gaps about types of mass media not covered in this review. Such research should use robust methods, report data more consistently with reporting guidelines and be less reliant on student populations.

Keywords: Adolescents, Adverse Effects, Analyses, Analysis, Attitudes, Authors, Bias, Children, Citation, Citations, Cluster, Collection, Confidence, Cost, Cost Effectiveness, Cost-Effectiveness, Costs, Criteria, Data, Data Collection, Databases, Depression, Discrimination, Dissertations, Effectiveness, Effects, Embase, Evidence, Forms, General, Groups, Guidelines, Health, Health Professionals, Heterogeneity, Information, Interrupted Time Series, Interval, Intervention, Interventions, ISI, Knowledge, Mass Media, Media, MEDLINE, Mental Health, Methods, On Request, Outcome, Outcome Measures, Outcomes, Populations, Prejudice, Primary, Psycinfo, Public, Quality, Quality Of, Randomised, Randomised Controlled Trials, Recall, Reduction, References, Reporting, Research, Review, Reviews, Risk, Schizophrenia, Science, Science Citation Index, Search, Small, Social Science Citation Index, Stigma, Student, Synthesis, Theses, Time Series, Websites, Work

? Deng, J., Huo, D.M., Wu, Q.Y., Zhu, L. and Liao, Y.H. (2013), Xuebijing for paraquat poisoning. *Cochrane Database of Systematic Reviews*, **7**, Article Number: CD010109.

Full Text: 2013\Coc Dat Sys Rev2013, CD010109.pdf

Abstract: Background At present, there is a lack of effective treatments for paraquat poisoning. Xuebijing injection is a complex traditional Chinese prescription consisting of Flos Carthami, Radix Paeoniae Rubra, Rhizoma Chuanxiong, Radix Salviae Miltiorrhizae and Radix Angelicae Sinensis. Although clinical experience suggests that Xuebijing injection might have potential in the management of paraquat poisoning, there is no conclusion on the effectiveness of this treatment. Objectives To assess the effects of Xuebijing injection in patients with paraquat poisoning. Search methods We searched the Cochrane Injuries Group’s Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library), MEDLINE (OvidSP), EMBASE (OvidSP), CINAHL (EBSCO), ISI Web of Science: Science Citation Index Expanded, ISI Web of Science: Conference Proceedings Citation Index-Science, Chinese bio-medical literature and retrieval system (CBM), China National Knowledge Infrastructure Database (CNKI), and the Traditional Chinese Medicine Database. The search was run on the 29th May 2013. Selection criteria We included all randomised controlled trials (RCTs) comparing Xuebijing injection combined with conventional care against conventional care alone. Data collection and analysis Two or three authors independently selected studies, assessed study quality and extracted data. We calculated the mortality risk ratio (RR) and 95% confidence interval (CI). Data on all-cause mortality at the end of follow-up were summarised in a meta-analysis. Main results We identified two trials including 84 people. Although there were fewer deaths in people treated with Xuebijing injection, meta-analysis showed that it did not provide a statistically significant benefit in reducing all-cause mortality in people with paraquat poisoning as compared to control (RR 0.71; 95% CI 0.48 to 1.04; P = 0.08). Authors’ conclusions Based on the findings of two small RCTs, Xuebijing injection did not have a statistically significant benefit on reducing all-cause mortality in people with paraquat poisoning. However, both included studies involved small numbers of participants and were considered to be of poor methodological quality. The results are imprecise and easily compatible with the play of chance. Xuebijing injection may be effective for people with paraquat poisoning; however, this needs to be proven by further high-quality evidence.

Keywords: Analysis, Authors, Biomedical, Care, China, Chinese, Citation, Clinical, Clinical Experience, Collection, Conference, Confidence, Control, Conventional, Criteria, Data, Data Collection, Database, Effectiveness, Effects, Embase, Evidence, Experience, Follow-Up, Interval, ISI, Isi Web of Science, Knowledge, Literature, Management, Medicine, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Needs, P, Paraquat, Patients, Poisoning, Potential, Prescription, Quality, Randomised, Randomised Controlled Trials, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Small, Treatment, Web of Science

? Ker, K., Beecher, D. and Roberts, I. (2013), Topical application of tranexamic acid for the reduction of bleeding. *Cochrane Database of Systematic Reviews*, **7**, Article Number: CD010562.

Full Text: 2013\Coc Dat Sys Rev2013, CD010562.pdf

Abstract: Background Intravenous tranexamic acid reduces bleeding in surgery, however, its effect on the risk of thromboembolic events is uncertain and an increased risk remains a theoretical concern. Because there is less systemic absorption following topical administration, the direct application of tranexamic acid to the bleeding surface has the potential to reduce bleeding with minimal systemic effects. Objectives To assess the effects of the topical administration of tranexamic acid in the control of bleeding. Search methods We searched the Cochrane Injuries Group Specialised Register; Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library; Ovid MEDLINE (R), Ovid MEDLINE (R) In-Process & Other Non-Indexed Citations, Ovid MEDLINE (R) Daily and Ovid OLDMEDLINE (R); Embase Classic + Embase (OvidSP); PubMed and ISI Web of Science (including Science Citation Index Expanded and Social Science Citation Index (SCI-EXPANDED & CPCI-S)). We also searched online trials registers to identify ongoing or unpublished trials. The search was run on the 31st May 2013. Selection criteria Randomised controlled trials comparing topical tranexamic acid with no topical tranexamic acid or placebo in bleeding patients. Data collection and analysis Two authors examined the titles and abstracts of citations from the electronic databases for eligibility. Two authors extracted the data and assessed the risk of bias for each trial. Outcome measures of interest were blood loss, mortality, thromboembolic events (myocardial infarction, stroke, deep vein thrombosis and pulmonary embolism) and receipt of a blood transfusion. Main results We included 29 trials involving 2612 participants. Twenty-eight trials involved patients undergoing surgery and one trial involved patients with epistaxis (nosebleed). Tranexamic acid (TXA) reduced blood loss by 29% (pooled ratio 0.71, 95% confidence interval (CI) 0.69 to 0.72; P < 0.0001). There was uncertainty regarding the effect on death (risk ratio (RR) 0.28, 95% CI 0.06 to 1.34; P = 0.11), myocardial infarction (RR 0.33, 95% CI 0.04 to 3.08; P = 0.33), stroke (RR 0.33, 95% CI 0.01 to 7.96; P = 0.49), deep vein thrombosis (RR 0.69, 95% CI 0.31 to 1.57; P = 0.38) and pulmonary embolism (RR 0.52, 95% CI 0.09 to 3.15; P = 0.48). TXA reduced the risk of receiving a blood transfusion by a relative 45% (RR 0.55, 95% CI 0.55 to 0.46; P < 0.0001). There was substantial statistical heterogeneity between trials for the blood loss and blood transfusion outcomes. Authors’ conclusions There is reliable evidence that topical application of tranexamic acid reduces bleeding and blood transfusion in surgical patients, however the effect on the risk of thromboembolic events is uncertain. The effects of topical tranexamic acid in patients with bleeding from non-surgical causes has yet to be reliably assessed. Further high-quality trials are warranted to resolve these uncertainties before topical tranexamic acid can be recommended for routine use.

Keywords: Absorption, Administration, Analysis, Application, Authors, Bias, Bleeding, Blood, Blood Loss, Blood Transfusion, Citation, Citations, Collection, Confidence, Control, Criteria, Data, Data Collection, Databases, Death, Deep Vein Thrombosis, Effects, Embolism, Events, Evidence, Heterogeneity, Infarction, Interval, ISI, Isi Web of Science, MEDLINE, Methods, Mortality, Myocardial Infarction, Online, Outcomes, P, Patients, Placebo, Potential, Pubmed, Pulmonary Embolism, R, Randomised Controlled Trials, Reduction, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Social Science Citation Index, Stroke, Surface, Surgery, Theoretical, Thrombosis, Topical, Transfusion, Trial, Uncertainties, Uncertainty, Vein Thrombosis, Web of Science

? Jorge, E.C., Jorge, E.N. and El Dib, R.P. (2013), Early light reduction for preventing retinopathy of prematurity in very low birth weight infants. *Cochrane Database of Systematic Reviews*, **8**, Article Number: CD000122.

Full Text: 2013\Coc Dat Sys Rev2013, CD000122.pdf

Abstract: Background Retinopathy of prematurity (ROP) is a complex condition of the developing retinal blood vessels and is one of the leading causes of preventable childhood blindness. Several risk factors for ROP have been studied over the past 50 years. Among them, general immaturity (low birth weight and low gestational age) and prolonged oxygen therapy have been consistently related to disease onset. However, it is understood that the progression of the disease is multifactorial and may be associated with others risk factors, such as multiple gestation, apnoea, intracranial haemorrhage, anaemia, sepsis, prolonged mechanical ventilation, multiple transfusions and light exposure. Furthermore, the precise role of these individual factors in the development of the disease has not yet been well established. Objectives To determine whether the reduction of early environmental light exposure reduces the incidence of retinopathy of prematurity (ROP) or poor ROP outcomes among very low birth weight infants. Search methods We searched the following databases: the Cochrane Neonatal Group Specialised Register, CENTRAL (The Cochrane Library), MEDLINE, EMBASE, CINAHL, HealthSTAR, Science Citation Index Database, CANCERLIT, the Oxford Database of Perinatal Trials and www.clinicaltrials.gov. We also searched previous reviews including cross-references, abstracts, conference and symposia proceedings, and contacted expert informants. This search was updated in October 2012. Selection criteria Randomised or quasi-randomised controlled trials that reduced light exposure to premature infants within the first seven days following birth were considered for this review. We also considered cluster-randomised controlled trials. Data collection and analysis Data on clinical outcomes including any acute ROP and poor ROP outcome were extracted by both review authors independently and consensus reached. We conducted data analysis according to the standards of the Cochrane Neonatal Review Group. Main results Data from four randomised trials with a total of 897 participants failed to show any reduction in acute ROP or poor ROP outcome with the reduction of ambient light to premature infants’ retinas. The overall methodological quality of the included studies was about evenly split between those in which the classification was unclear and those in which the studies were categorised as low risk of bias. There was no report on the secondary outcomes considered in this review: quality of life measures; and time of exposure to oxygen. Authors’ conclusions The evidence shows that bright light is not the cause of retinopathy of prematurity and that the reduction of exposure of the retinas of premature infants to light has no effect on the incidence of the disease.

Keywords: Age, Anaemia, Analysis, Authors, Bias, Birth, Birth Weight, Blood, Childhood, Citation, Classification, Clinical, Clinical Outcomes, Collection, Consensus, Controlled Clinical-Trial, Criteria, Data, Data Analysis, Data Collection, Database, Databases, Developing, Development, Disease, Efficacy, Embase, Environmental, Evidence, Exposure, First, General, Gestation, Gestational, Gestational Age, Haemorrhage, Humans, Incidence, Infant, Premature, Infant, Very Low Birth Weight, Infant, Newborn, Infants, Informants, Intracranial Haemorrhage, Life, Lighting, Low Birth Weight, Low Risk, Mechanical Ventilation, MEDLINE, Methods, Multiple Gestation, Onset, Outcome, Outcomes, Oxygen, Oxygen-Induced Retinopathy, Premature, Premature Infants, Prematurity, Progression, Prolonged, Quality, Quality Of, Quality of Life, Randomised, Randomized Controlled Trials As Topic, Rat, Reduction, Retinopathy of Prematurity, Retinopathy of Prematurity [Prevention & Control], Review, Reviews, Risk, Risk Factors, Role, Science, Science Citation Index, Search, Sepsis, Standards, Therapy, Ventilation, Very Low Birth Weight

? GurUSAmy, K.S., Koti, R. and Davidson, B.R. (2013), Abdominal lift for laparoscopic cholecystectomy. *Cochrane Database of Systematic Reviews*, **8**, Article Number: CD006574.

Full Text: 2013\Coc Dat Sys Rev2013, CD006574.pdf

Abstract: Background Laparoscopic cholecystectomy (key-hole removal of the gallbladder) is now the most often used method for treatment of symptomatic gallstones. Several cardiopulmonary changes (decreased cardiac output, pulmonary compliance, and increased peak airway pressure) occur during pneumoperitoneum, which is now introduced to allow laparoscopic cholecystectomy. These cardiopulmonary changes may not be tolerated in individuals with poor cardiopulmonary reserve. Objectives To assess the benefits and harms of abdominal wall lift compared to pneumoperitoneum in patients undergoing laparoscopic cholecystectomy. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until February 2013. Selection criteria We included all randomised clinical trials comparing abdominal wall lift (with or without pneumoperitoneum) versus pneumoperitoneum. Data collection and analysis We calculated the risk ratio (RR), rate ratio (RaR), or mean difference (MD) with 95% confidence intervals (CI) based on intentionto- treat analysis with both the fixed-effect and the random-effects models using the Review Manager (RevMan) software. Main results For abdominal wall lift with pneumoperitoneum versus pneumoperitoneum, a total of 130 participants (all with low anaesthetic risk) scheduled for elective laparoscopic cholecystectomy were randomised in five trials to abdominal wall lift with pneumoperitoneum (n = 53) versus pneumoperitoneum only (n = 52). One trial which included 25 people did not state the number of participants in each group. All five trials had a high risk of bias. There was no mortality or conversion to open cholecystectomy in any of the participants in the trials that reported these outcomes. There was no significant difference in the rate of serious adverse events between the two groups (two trials; 2/29 events (0.069 events per person) versus 2/29 events (0.069 events per person); rate ratio 1.00; 95% CI 0.17 to 5.77). None of the trials reported quality of life, the proportion of people discharged as day-patient laparoscopic cholecystectomies, or pain between four and eight hours after the operation. There was no significant difference in the operating time between the two groups (four trials; 53 participants versus 54 participants; 13.39 minutes longer (95% CI 2.73 less to 29.51 minutes longer) in the abdominal wall lift with pneumoperitoneum group and 100 minutes in the pneumoperitoneum group). For abdominal wall lift versus pneumoperitoneum, a total of 774 participants (the majority with low anaesthetic risk) scheduled for elective laparoscopic cholecystectomy were randomised in 18 trials to abdominal wall lift without pneumoperitoneum (n = 332) versus pneumoperitoneum (n = 358). One trial which included 84 people did not state the number in each group. All the trials had a high risk of bias. There was no mortality in any of the trials that reported this outcome. There was no significant difference in the proportion of participants with serious adverse events (six trials; 5/172 (weighted proportion 2.4%) versus 2/171 (1.2%); RR 2.01; 95% CI 0.52 to 7.80). There was no significant difference in the rate of serious adverse events between the two groups (three trials; 5/99 events (weighted number of events per person = 0.346 events) versus 2/99 events (0.020 events per person); rate ratio 1.73; 95% CI 0.35 to 8.61). None of the trials reported quality of life or pain between four and eight hours after the operation. There was no significant difference in the proportion of people who underwent conversion to open cholecystectomy (11 trials; 5/225 (weighted proportion 2.3%) versus 7/235 (3.0%); RR 0.76; 95% CI 0.26 to 2.21). The operating time was significantly longer in the abdominal wall lift group than in the pneumoperitoneum group (16 trials; 6.87 minutes longer (95% CI 4.74 minutes to 9.00 minutes longer) in the abdominal wall lift group versus 75 minutes in the pneumoperitoneum group). There was no significant difference in the proportion of people discharged as laparoscopic cholecystectomy day-patients (two trials; 15/31 (weighted proportion 48.5%) versus 9/31 (29%); RR 1.67; 95% CI 0.85 to 3.26). Authors’ conclusions Abdominal wall lift with or without pneumoperitoneum does not seem to offer an advantage over pneumoperitoneum in any of the patient-oriented outcomes for laparoscopic cholecystectomy in people with low anaesthetic risk. Hence it cannot be recommended routinely. The safety of abdominal wall lift is yet to be established. More research on the topic is needed because of the risk of bias in the included trials and because of the risk of type I and type II random errors due to the few participants included in the trials. Future trials should include people at higher anaesthetic risk. Furthermore, such trials should include blinded assessment of outcomes.

Keywords: Abdominal, Abdominal Wall, Analysis, Artificial [Adverse Effects], Assessment, Benefits, Bias, Blood Pressure, Carbon-Dioxide Pneumoperitoneum, Cardiac Output, Cardiac-Function, Cardiopulmonary, Changes, Cholecystectomy, Cholecystectomy,Laparoscopic [Methods], Citation, Clinical, Clinical Trials, Clinical-Trial, Collection, Combined Modality Therapy [Methods], Compliance, Confidence, Confidence Intervals, Conventional Pneumoperitoneum, Conversion, Criteria, Data Collection, Design Characteristics, Elective, Embase, Errors, Events, Groups, Heart Rate, Humans, Intervals, J-Surg 2004, Laparoscopic, Laparoscopic Cholecystectomy, Life, Lifting [Adverse Effects], Lung Compliance, MEDLINE, Methods, Models, Mortality, Neuroendocrine Response, Open, Operation, Outcome, Outcomes, Pain, Patients, Person, Pneumoperitoneum, Pressure, Quality, Quality Of, Quality of Life, Randomised, Randomized Controlled Trials As Topic, Randomized Controlled-Trials, Removal, Research, Review, Risk, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Software, State, Topic, Treatment, Trial, Wall Lift

? Nagendran, M., GurUSAmy, K.S., Aggarwal, R., Loizidou, M. and Davidson, B.R. (2013), Virtual reality training for surgical trainees in laparoscopic surgery. *Cochrane Database of Systematic Reviews*, **8**, Article Number: CD006575.

Full Text: 2013\Coc Dat Sys Rev2013, CD006575.pdf

Abstract: Background Standard surgical training has traditionally been one of apprenticeship, where the surgical trainee learns to perform surgery under the supervision of a trained surgeon. This is time-consuming, costly, and of variable effectiveness. Training using a virtual reality simulator is an option to supplement standard training. Virtual reality training improves the technical skills of surgical trainees such as decreased time for suturing and improved accuracy. The clinical impact of virtual reality training is not known. Objectives To assess the benefits (increased surgical proficiency and improved patient outcomes) and harms (potentially worse patient outcomes) of supplementary virtual reality training of surgical trainees with limited laparoscopic experience. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE and Science Citation Index Expanded until July 2012. Selection criteria We included all randomised clinical trials comparing virtual reality training versus other forms of training including box-trainer training, no training, or standard laparoscopic training in surgical trainees with little laparoscopic experience. We also planned to include trials comparing different methods of virtual reality training. We included only trials that assessed the outcomes in people undergoing laparoscopic surgery. Data collection and analysis Two authors independently identified trials and collected data. We analysed the data with both the fixed-effect and the random-effects models using Review Manager 5 analysis. For each outcome we calculated the mean difference (MD) or standardised mean difference (SMD) with 95% confidence intervals based on intention-to-treat analysis. Main results We included eight trials covering 109 surgical traineeswith limited laparoscopic experience. of the eight trials, six compared virtual reality versus no supplementary training. One trial compared virtual reality training versus box-trainer training and versus no supplementary training, and one trial compared virtual reality training versus box-trainer training. There were no trials that compared different forms of virtual reality training. All the trials were at high risk of bias. Operating time and operative performance were the only outcomes reported in the trials. The remaining outcomes such as mortality, morbidity, quality of life (the primary outcomes of this review) and hospital stay (a secondary outcome) were not reported. Virtual reality training versus no supplementary training: The operating time was significantly shorter in the virtual reality group than in the no supplementary training group (3 trials; 49 participants; MD -11.76 minutes; 95% CI -15.23 to -8.30). Two trials that could not be included in the meta-analysis also showed a reduction in operating time (statistically significant in one trial). The numerical values for operating time were not reported in these two trials. The operative performance was significantly better in the virtual reality group than the no supplementary training group using the fixed-effect model (2 trials; 33 participants; SMD 1.65; 95% CI 0.72 to 2.58). The results became non-significant when the random-effects model was used (2 trials; 33 participants; SMD 2.14; 95% CI -1.29 to 5.57). One trial could not be included in the meta-analysis as it did not report the numerical values. The authors stated that the operative performance of virtual reality group was significantly better than the control group. Virtual reality training versus box-trainer training: The only trial that reported operating time did not report the numerical values. In this trial, the operating time in the virtual reality group was significantly shorter than in the box-trainer group. of the two trials that reported operative performance, only one trial reported the numerical values. The operative performance was significantly better in the virtual reality group than in the box-trainer group (1 trial; 19 participants; SMD 1.46; 95% CI 0.42 to 2.50). In the other trial that did not report the numerical values, the authors stated that the operative performance in the virtual reality group was significantly better than the box-trainer group. Authors’ conclusions Virtual reality training appears to decrease the operating time and improve the operative performance of surgical trainees with limited laparoscopic experience when compared with no training or with box-trainer training. However, the impact of this decreased operating time and improvement in operative performance on patients and healthcare funders in terms of improved outcomes or decreased costs is not known. Further well-designed trials at low risk of bias and random errors are necessary. Such trials should assess the impact of virtual reality training on clinical outcomes.

Keywords: Accuracy, Analysis, Authors, Benefits, Bias, Citation, Clinical, Clinical Impact, Clinical Outcomes, Clinical Trials, Clinical-Trials, Collection, Computer Simulation, Confidence, Confidence Intervals, Control, Costs, Criteria, Data, Data Collection, Design Characteristics, Effectiveness, Embase, Errors, Experience, Forms, General Surgery [Education], Hospital, Hospital Stay, Humans, Impact, Improvement, Improves Performance, Inguinal-Hernia Repair, Intervals, Laparoscopic, Laparoscopic Surgery, Laparoscopy, Learning-Curve, Life, Low Risk, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Models, Morbidity, Mortality, Operating-Room Performance, Operative, Outcome, Outcomes, Patients, Performance, Primary, Quality, Quality Of, Quality of Life, Random Effects Model, Randomised, Randomized Controlled Trials As Topic, Randomized-Controlled-Trial, Reduction, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Standard, Structured Assessment, Surgery, Training, Trial, Virtual Reality, Warm-Up Exercises

? GurUSAmy, K.S., Vaughan, J., Ramamoorthy, R., FUSAi, G. and Davidson, B.R. (2013), Miniports versus standard ports for laparoscopic cholecystectomy. *Cochrane Database of Systematic Reviews*, **8**, Article Number: CD006804.

Full Text: 2013\Coc Dat Sys Rev2013, CD006804.pdf

Abstract: Background In conventional (standard) port laparoscopic cholecystectomy, four abdominal ports (two of 10 mm diameter and two of 5 mm diameter) are used. Recently, use of smaller ports, miniports, have been reported. Objectives To assess the benefits and harms of miniport (defined as ports smaller than the standard ports) laparoscopic cholecystectomy versus standard port laparoscopic cholecystectomy. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until February 2013 to identify randomised clinical trials of relevance to this review. Selection criteria Only randomised clinical trials (irrespective of language, blinding, or publication status) comparing miniport versus standard port laparoscopic cholecystectomy were considered for the review. Data collection and analysis Two review authors collected the data independently. We analysed the data with both fixed-effect and random-effects models using RevMan analysis. For each outcome we calculated the risk ratio (RR), mean difference (MD), or standardised mean difference (SMD) with 95% confidence intervals (CI). Main results We included 12 trials with 734 patients randomised to miniport laparoscopic cholecystectomy (380 patients) versus standard laparoscopic cholecystectomy (351 patients). Only one trial which included 70 patients was of low risk of bias. Miniport laparoscopic cholecystectomy could be completed successfully in more than 80% of patients in most trials. The remaining patients were mostly converted to standard port laparoscopic cholecystectomy but some were also converted to open cholecystectomy. These patients were included for the outcome conversion to open cholecystectomy but excluded from other outcomes. Accordingly, the results of the other outcomes are on 343 patients in the miniport laparoscopic cholecystectomy group and 351 patients in the standard port laparoscopic cholecystectomy group, and therefore the results have to be interpreted with extreme caution. There was no mortality in the seven trials that reported mortality (0/194 patients in miniport laparoscopic cholecystectomy versus 0/203 patients in standard port laparoscopic cholecystectomy). There were no significant differences between miniport laparoscopic cholecystectomy and standard laparoscopic cholecystectomy in the proportion of patients who developed serious adverse events (eight trials; 460 patients; RR 0.33; 95% CI 0.04 to 3.08) (miniport laparoscopic cholecystectomy: 1/226 (adjusted proportion 0.4%) versus standard laparoscopic cholecystectomy: 3/234 (1.3%); quality of life at 10 days after surgery (one trial; 70 patients; SMD -0.20; 95% CI -0.68 to 0.27); or in whom the laparoscopic operation had to be converted to open cholecystectomy (11 trials; 670 patients; RR 1.23; 95% CI 0.44 to 3.45) (miniport laparoscopic cholecystectomy: 8/351 (adjusted proportion 2.3%) versus standard laparoscopic cholecystectomy 6/319 (1.9%)). Miniport laparoscopic cholecystectomy took fiveminutes longer to complete than standard laparoscopic cholecystectomy (12 trials; 695 patients; MD 4.91 minutes; 95% CI 2.38 to 7.44). There were no significant differences between miniport laparoscopic cholecystectomy and standard laparoscopic cholecystectomy in the length of hospital stay (six trials; 351 patients; MD -0.00 days; 95% CI -0.12 to 0.11); the time taken to return to activity (one trial; 52 patients; MD 0.00 days; 95% CI -0.31 to 0.31); or in the time taken for the patient to return to work (two trials; 187 patients; MD 0.28 days; 95% CI -0.44 to 0.99) between the groups. There was no significant difference in the cosmesis scores at six months to 12 months after surgery between the two groups (two trials; 152 patients; SMD 0.13; 95% CI -0.19 to 0.46). Authors’ conclusions Miniport laparoscopic cholecystectomy can be completed successfully in more than 80% of patients. There appears to be no advantage of miniport laparoscopic cholecystectomy in terms of decreasing mortality, morbidity, hospital stay, return to activity, return to work, or improving cosmesis. On the other hand, there is a modest increase in operating time after miniport laparoscopic cholecystectomy compared with standard port laparoscopic cholecystectomy and the safety of miniport laparoscopic cholecystectomy is yet to be established. Miniport laparoscopic cholecystectomy cannot be recommended routinely outside well-designed randomised clinical trials. Further trials of low risks of bias and low risks of random errors are necessary.

Keywords: Abdominal, Activity, Analysis, Authors, Benefits, Bias, Cholecystectomy, Cholecystectomy [Utilization], Cholecystectomy,Laparoscopic [Methods, Citation, Clinical, Clinical Trials, Clinical-Trials, Collection, Complete, Confidence, Confidence Intervals, Conventional, Conversion, Criteria, Data, Data Collection, Design Characteristics, Embase, Empirical-Evidence, Errors, Events, Groups, Hospital, Hospital Stay, Humans, Information Size, Intervals, Language, Laparoscopic, Laparoscopic Cholecystectomy, Length, Life, Low Risk, MEDLINE, Metaanalysis, Methods, Microlaparoscopic Cholecystectomy, Models, Morbidity, Mortality, Open, Operation, Outcome, Outcomes, Patients, Port, Prevalence, Publication, Quality, Quality Of, Quality of Life, Randomised, Randomized Controlled Trials As Topic, Randomized Controlled-Trials, Relevance, Review, Risk, Risks, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Standard, Standards], Surgery, Trial, Work

? GurUSAmy, K.S., Rossi, M. and Davidson, B.R. (2013), Percutaneous cholecystostomy for high-risk surgical patients with acute calculous cholecystitis. *Cochrane Database of Systematic Reviews*, **8**, Article Number: CD007088.

Full Text: 2013\Coc Dat Sys Rev2013, CD007088.pdf

Abstract: Background The management of people at high risk of perioperative death due to their general condition (high-risk surgical patients) with acute calculous cholecystitis is controversial, with no clear guidelines. In particular, the role of percutaneous cholecystostomy in these patients has not been defined. Objectives To compare the benefits (temporary or permanent relief of symptoms) and harms (recurrence of symptoms, procedure-related morbidity) of percutaneous cholecystostomy in the management of high-risk individuals with symptomatic gallstones. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded to December 2012 to identify the randomised clinical trials. We also handsearched the references lists of identified trials. Selection criteria We included only randomised clinical trials (irrespective of language, blinding, or publication status) addressing this issue. Data collection and analysis Two review authors collected data independently. For each outcome, we calculated the P values using Fisher’s exact test or mean difference (MD) with 95% confidence intervals (CI). Main results We included two trials with 156 participants for this review. The comparisons included in these two trials were percutaneous cholecystostomy followed by early laparoscopic cholecystectomy versus delayed laparoscopic cholecystectomy (1 trial; 70 participants) and percutaneous cholecystostomy versus conservative treatment (1 trial; 86 participants). Both trials had high risk of bias. Percutaneous cholecystostomy with early laparoscopic cholecystectomy versus delayed laparoscopic cholecystectomy: There was no significant difference in mortality between the two intervention groups (0/37 versus 1/33; Fisher’s exact test: P value = 0.47). There was nosignificant difference in overall morbidity between the two intervention groups (1/31 versus 2/30; Fisher’s exact test: P value = 0.61). This trial did not report on quality of life. There was no significant difference in the proportion of participants requiring conversion to open cholecystectomy between the two intervention groups (2/31 percutaneous cholecystostomy followed by early laparoscopic cholecystectomy versus 4/30 delayed laparoscopic cholecystectomy; Fisher’s exact test: P value = 0.43). The mean total hospital stay was significantly lower in the percutaneous cholecystostomy followed by early laparoscopic cholecystectomy group compared with the delayed laparoscopic cholecystectomy group (1 trial; 61 participants; MD -9.90 days; 95% CI -12.31 to -7.49). The mean total costs were significantly lower in the percutaneous cholecystostomy followed by early laparoscopic cholecystectomy group compared with the delayed laparoscopic cholecystectomy group (1 trial; 61 participants; MD -1123.00 USD; 95% CI -1336.60 to -909.40). Percutaneous cholecystostomy versus conservative treatment: Nine of the 44 participants underwent delayed cholecystectomy in the percutaneous cholecystostomy group. Seven of the 42 participants underwent delayed cholecystectomy in the conservative treatment group. There was no significant difference in mortality between the two intervention groups (6/44 versus 7/42; Fisher’s exact test: P value = 0.77). There was no significant difference in overall morbidity between the two intervention groups (6/44 versus 3/42; Fisher’s exact test: P value = 0.49). The number of participants who underwent laparoscopic cholecystectomy was not reported in this trial. Therefore, we were unable to calculate the proportion of participants who underwent conversion to open cholecystectomy. The other outcomes, total hospital stay, quality of life, and total costs, were not reported in this trial. Authors’ conclusions Based on the current available evidence from randomised clinical trials, we are unable to determine the role of percutaneous cholecystostomy in the clinical management of high-risk surgical patients with acute cholecystitis. There is a need for adequately powered randomised clinical trials of low risk of bias on this issue.

Keywords: Analysis, Authors, Benefits, Bias, Cholecystectomy, Citation, Clinical, Clinical Management, Clinical Trials, Collection, Confidence, Confidence Intervals, Conservative, Conservative Treatment, Conversion, Costs, Criteria, Data, Data Collection, Death, Design Characteristics, Elderly-Patients, Embase, Evidence, General, Groups, Guidelines, Hospital, Hospital Stay, Information Size, Intervals, Intervention, Language, Laparoscopic, Laparoscopic Cholecystectomy, Life, Low Risk, Management, MEDLINE, Metaanalyses, Methods, Morbidity, Mortality, Open, Outcome, Outcomes, P, Patients, Percutaneous, Permanent, Publication, Quality, Quality Of, Quality of Life, Randomised, Randomized Clinical-Trials, Recurrence, References, Review, Risk, Role, Science, Science Citation Index, Science Citation Index Expanded, Search, Surgery, Symptoms, Temporary, Treatment, Trial, Trial Sequential-Analysis, Value

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Full Text: 2013\Coc Dat Sys Rev2013, UNSP CD008322.pdf

Abstract: Background Fatigue is a common and potentially distressing symptom for people with rheumatoid arthritis with no accepted evidence based management guidelines. Non-pharmacological interventions, such as physical activity and psychosocial interventions, have been shown to help people with a range of other long-term conditions to manage subjective fatigue. Objectives To evaluate the benefit and harm of non-pharmacological interventions for the management of fatigue in people with rheumatoid arthritis. This included any intervention that was not classified as pharmacological in accordance with European Union (EU) Directive 2001/83/EEC. Search methods The following electronic databases were searched up to October 2012, Cochrane Central Register of Controlled Trials (CENTRAL); MEDLINE; EMBASE; AMED; CINAHL; PsycINFO; Social Science Citation Index; Web of Science; Dissertation Abstracts International; Current Controlled Trials Register; The National Research Register Archive; The UKCRN Portfolio Database. In addition, reference lists of articles identified for inclusion were checked for additional studies and key authors were contacted. Selection criteria Randomised controlled trials were included if they evaluated a non-pharmacological intervention in people with rheumatoid arthritis with self-reported fatigue as an outcome measure. Data collection and analysis Two review authors selected relevant trials, assessed risk of bias and extracted data. Where appropriate, data were pooled using meta-analysis with a random-effects model. Main results Twenty-four studies met the inclusion criteria, with a total of 2882 participants with rheumatoid arthritis. Included studies investigated physical activity interventions (n = 6 studies; 388 participants), psychosocial interventions (n = 13 studies; 1579 participants), herbal medicine (n = 1 study; 58 participants), omega-3 fatty acid supplementation (n = 1 study; 81 participants), Mediterranean diet (n = 1 study; 51 participants), reflexology (n = 1 study; 11 participants) and the provision of Health Tracker information (n = 1 study; 714 participants). Physical activity was statistically significantly more effective than the control at the end of the intervention period (standardized mean difference (SMD) -0.36, 95% confidence interval (CI) -0.62 to -0.10; back translated to mean difference of 14.4 points lower, 95% CI -4.0 to -24.8 on a 100 point scale where a lower score means less fatigue; number needed to treat for an additional beneficial outcome (NNTB) 7, 95% CI 4 to 26) demonstrating a small beneficial effect upon fatigue. Psychosocial intervention was statistically significantly more effective than the control at the end of the intervention period (SMD -0.24, 95% CI -0.40 to -0.07; back translated to mean difference of 9.6 points lower, 95% CI -2.8 to -16.0 on a 100 point scale, lower score means less fatigue; NNTB 10, 95% CI 6 to 33) demonstrating a small beneficial effect upon fatigue. For the remaining interventions meta-analysis was not possible and there was either no statistically significant difference between trial arms or findings were not reported. Only three studies reported any adverse events and none of these were serious, however, it is possible that the low incidence was in part due to poor reporting. The quality of the evidence ranged from moderate quality for physical activity interventions and Mediterranean diet to low quality for psychosocial interventions and all other interventions. Authors’ conclusions This review provides some evidence that physical activity and psychosocial interventions provide benefit in relation to self-reported fatigue in adults with rheumatoid arthritis. There is currently insufficient evidence of the effectiveness of other non-pharmacological interventions.

Keywords: Activity, Aerobic Fitness, Analysis, Arthritis, Authors, Bias, Chinese Medicine, Citation, Cognitive-Behavioral Therapy, Collection, Confidence, Control, Criteria, Data, Data Collection, Database, Databases, Diet, Disease-Activity, Dissertation, Effectiveness, Embase, EU, European Union, Events, Evidence, Evidence Based, Evidence-Based, Fatigue, Fatty Acid, Guidelines, Health-Status, Herbal Medicine, Home Exercise, Incidence, Information, Interval, Intervention, Interventions, Long Term, Long-Term, Management, Measure, Medicine, Mediterranean, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Number Needed To Treat, Omega-3 Fatty Acid, Outcome, Patient Education, Physical, Physical Activity, Psychosocial, Psycinfo, Quality, Quality Of, Quality-Of-Life, Random Effects Model, Randomised Controlled Trials, Randomized Controlled-Trial, Reference, Reference Lists, Reporting, Research, Review, Rheumatoid Arthritis, Risk, Scale, Science, Science Citation Index, Search, Self-Management Program, Small, Social Science Citation Index, Trial, Web of Science

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Full Text: 2013\Coc Dat Sys Rev2013, CD009059.pdf

Abstract: Background Fatty liver disease is potentially a reversible condition that may lead to end-stage liver disease. Since herbal medicines such as Crataegus pinnatifida and Salvia miltiorrhiza have increasingly been used in the management of fatty liver disease, a systematic review on herbal medicine for fatty liver disease is needed. Objectives To assess the beneficial and harmful effects of herbal medicines for people with alcoholic or non-alcoholic fatty liver disease. Search methods We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) (Issue 3, 2012), MEDLINE, EMBASE, and Science Citation Index Expanded to 1 March 2012. We also searched the Chinese BioMedical Database, Traditional Chinese Medical Literature Analysis and Retrieval System, China National Knowledge Infrastructure, Chinese VIP Information, Chinese Academic Conference Papers Database and Chinese Dissertation Database, and the Allied and Complementary Medicine Database to 2 March 2012. Selection criteria We included randomised clinical trials comparing herbal medicines with placebo, no treatment, a pharmacological intervention, or a non-pharmacological intervention such as diet or lifestyle, or Western interventions in participants with fatty liver disease. Data collection and analysis Two review authors extracted data independently. We used the ‘risk of bias’ tool to assess the risk of bias of the included trials. We assessed the following domains: random sequence generation, allocation concealment, blinding, incomplete outcome data, selective outcome reporting, and other sources of bias. We presented the effects estimates as risk ratios (RR) with 95% confidence intervals (CI) or as mean differences (MD) with 95% CI, depending on the variables of the outcome measures. Main results We included 77 randomised clinical trials, which included 6753 participants with fatty liver disease. The risks of bias (overestimation of benefits and underestimation of harms) was high in all trials. The mean sample size was 88 participants (ranging from 40 to 200 participants) per trial. Seventy-five different herbal medicine products were tested. Herbal medicines tested in the randomised trials included single-herb products (Gynostemma pentaphyllum, Panax notoginseng, and Prunus armeniaca), proprietary herbal medicines commercially available, and combination formulas prescribed by practitioners. The most commonly used herbs were Crataegus pinnatifida, Salvia miltiorrhiza, Alisma orientalis, Bupleurum chinense, Cassia obtusifolia, Astragalus membranaceous, and Rheum palmatum. None of the trials reported death, hepatic-related morbidity, quality of life, or costs. A large number of trials reported positive effects on putative surrogate outcomes such as serum aspartate aminotransferase, alanine aminotransferase, glutamyltransferase, alkaline phosphatases, ultrasound, and computed tomography scan. Twenty-seven trials reported adverse effects and found no significant difference between herbal medicines versus control. However, the risk of bias of the included trials was high. The outcomes were ultrasound findings in 22 trials, liver computed tomography findings in eight trials, aspartate aminotransferase levels in 64 trials, alanine aminotransferase activity in 77 trials, and glutamyltransferase activities in 44 trials. Six herbal medicines showed statistically significant beneficial effects on ultrasound, four on liver computed tomography, 42 on aspartate aminotransferase activity, 49 on alanine aminotransferase activity, three on alkaline phosphatases activity, and 32 on glutamyltransferase activity compared with control interventions. Authors’ conclusions Some herbal medicines seemed to have positive effects on aspartate aminotransferase, alanine aminotransferase, ultrasound, and computed tomography. We found no significant difference on adverse effects between herbal medicine and control groups. The findings are not conclusive due to the high risk of bias of the included trials and the limited number of trials testing individual herbal medicines. Accordingly, there is also high risk of random errors.

Keywords: Academic, Activity, Adverse Effects, Alanine Aminotransferase, Allocation, Analysis, Aspartate Aminotransferase, Authors, Benefits, Bias, China, Chinese, Citation, Clinical, Clinical Trials, Collection, Computed Tomography, Conference, Confidence, Confidence Intervals, Control, Control Groups, Costs, Criteria, Data, Data Collection, Database, Death, Design Characteristics, Diet, Disease, Diseases, Dissertation, Effects, Embase, Empirical-Evidence, Errors, Estimates, Generation, Groups, Hepatic Steatosis, Herbal Medicine, Herbal Medicines, Information, Information Size, Intervals, Intervention, Interventions, Knowledge, Lead, Life, Literature, Liver, Management, Medical, Medicine, MEDLINE, Metaanalyses, Methods, Morbidity, Nonalcoholic Steatohepatitis, Outcome, Outcome Measures, Outcomes, Placebo, Quality, Quality Of, Quality of Life, Randomised, Randomized-Trials, Reporting, Review, Risk, Risks, Sample Size, Science, Science Citation Index, Science Citation Index Expanded, Search, Serum, Size, Sources, Surrogate, Systematic Review, Testing, Treatment, Trial, Trial Sequential-Analysis, Ultrasound, United-States, Vitamin-E

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Full Text: 2013\Coc Dat Sys Rev2013, CD009327.pdf

Abstract: Background Theoretically, autologous serum tears (AST) have a potential advantage over traditional therapies based on the assumption that AST serve not only as a lacrimal substitute to provide lubrication, but also contain other biochemical components mimicking natural tears more closely. The application of AST in dry eye treatment has gained popularity as an adjunctive treatment for dry eye. However, thus far there has been no systematic review assessing the effectiveness of AST in the treatment for dry eye. Objectives To assess the safety and effectiveness of AST eye drops compared to artificial tears for treating dry eye. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2013, Issue 3), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE, (January 1950 to April 2013), EMBASE (January 1980 to April 2013), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to April 2013), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We also searched the Science Citation Index Expanded database and reference lists of included studies. We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 15 April 2013. Selection criteria We included randomized controlled trials (RCTs) in which AST was compared to artificial tears in the treatment of dry eye. Data collection and analysis Two review authors independently screened all retrieved articles. Methodological quality and study characteristics of the included trials were assessed by two review authors. We contacted investigators for missing data. For both primary and secondary outcomes, we reported mean differences with corresponding 95% confidence intervals (CIs) for continuous outcomes. Main results Four eligible trials randomized individuals (n = 72 participants) with dry eye of various etiologies (Sjogren’s syndrome-related dry eye, non-Sjogren’s syndrome dry eye and postoperative dry eye induced by laser-assisted in situ keratomileusis (LASIK)) to either AST or artificial tear treatment. The quality of the evidence provided by these trials was variable. Incomplete outcome reporting and heterogeneity in the participant populations prevented the inclusion of these trials in a summary meta-analysis. Based on the results of two trials in 32 participants, 20% AST may provide some improvement in participant-reported symptoms compared to traditional artificial tears after two weeks of treatment. One trial also showed promising results with a mean difference in tear break-up time (TBUT) of 2.00 seconds (95% CI 0.99 to 3.01 seconds) between 20% AST and artificial tears after two weeks. These findings in participant-reported symptom improvement and tear film stability were not consistent in the other trials. Based on additional objective clinical assessments, AST was not associated with improvements in aqueous tear production measured by Schirmer’s test (two trials, 33 participants), ocular surface condition with fluorescein (four trials, 72 participants) or Rose Bengal staining (three trials, 60 participants), and epithelial metaplasia by impression cytology compared to artificial tears (one trial, 13 participants). Data on adverse effects were not reported consistently in the included studies; however, there were no reported serious adverse events associated with the collection of and treatment with AST. Authors’ conclusions Although 20% AST may provide some benefit in improving participant-reported symptoms in the short-term (two weeks), there is still a lack of sufficient and strong evidence to determine whether the application of AST offers a significant advantage over artificial tears on dry eye. Well-planned, large, high-quality RCTs are warranted, comparing different concentrations of AST to artificial tears using standardized questionnaires to measure patient-reported outcomes and objective clinical tests as well as objective biomarkers, to provide a robust and reliable clinical evidence base.

Keywords: Adverse Effects, Analysis, Antiinflammatory Therapy, Application, Assessing, Assessments, Authors, Biomarkers, Characteristics, Citation, Citations, Clinical, Clinical Trials, Collection, Confidence, Confidence Intervals, Criteria, Cytology, Data, Data Collection, Database, Databases, Dry Eye, Effectiveness, Effects, Embase, Epithelial Defects, Events, Evidence, Heterogeneity, Improvement, In Situ, Induced, Intervals, Keratoconjunctivitis Sicca, Language, Lasik, Literature, Measure, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methodological Quality, Methods, Natural, Neurotrophic Keratopathy, Ocular Surface Disorders, Ophthalmic Emulsion, Outcome, Outcomes, Populations, Postoperative, Potential, Primary, Quality, Quality Of, Questionnaires, Randomized, Randomized Controlled Trials, Reference, Reference Lists, Reporting, Restrictions, Review, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Serum, Sjogrens-Syndrome, Stability, Stevens-Johnson Syndrome, Surface, Symptoms, Syndrome, Systematic Review, Tear, Tear Film, Topical Fibronectin, Treatment, Trial, Versus-Host-Disease, WHO

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Full Text: 2013\Coc Dat Sys Rev2013, CD003327.pdf

Abstract: Background Between 10% to 18% of people undergoing cholecystectomy for gallstones have common bile duct stones. Treatment of the bile duct stones can be conducted as open cholecystectomy plus open common bile duct exploration or laparoscopic cholecystectomy plus laparoscopic common bile duct exploration (LC + LCBDE) versus pre- or post-cholecystectomy endoscopic retrograde cholangiopancreatography (ERCP) in two stages, usually combined with either sphincterotomy (commonest) or sphincteroplasty (papillary dilatation) for common bile duct clearance. The benefits and harms of the different approaches are not known. Objectives We aimed to systematically review the benefits and harms of different approaches to the management of common bile duct stones. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, Cochrane Central Register of Controlled Trials (CENTRAL, Issue 7 of 12, 2013) in The Cochrane Library, MEDLINE (1946 to August 2013), EMBASE (1974 to August 2013), and Science Citation Index Expanded (1900 to August 2013). Selection criteria We included all randomised clinical trials which compared the results from open surgery versus endoscopic clearance and laparoscopic surgery versus endoscopic clearance for common bile duct stones. Data collection and analysis Two review authors independently identified the trials for inclusion and independently extracted data. We calculated the odds ratio (OR) or mean difference (MD) with 95% confidence interval (CI) using both fixed-effect and random-effects models meta-analyses, performed with Review Manager 5. Main results Sixteen randomised clinical trials with a total of 1758 randomised participants fulfilled the inclusion criteria of this review. Eight trials with 737 participants compared open surgical clearance with ERCP; five trials with 621 participants compared laparoscopic clearance with pre-operative ERCP; and two trials with 166 participants compared laparoscopic clearance with postoperative ERCP. One trial with 234 participants compared LCBDE with intra-operative ERCP. There were no trials of open or LCBDE versus ERCP in people without an intact gallbladder. All trials had a high risk of bias. There was no significant difference in the mortality between open surgery versus ERCP clearance (eight trials; 733 participants; 5/371 (1%) versus 10/358 (3%) OR 0.51; 95% CI 0.18 to 1.44). Neither was there a significant difference in the morbidity between open surgery versus ERCP clearance (eight trials; 733 participants; 76/371 (20%) versus 67/358 (19%) OR 1.12; 95% CI 0.77 to 1.62). Participants in the open surgery group had significantly fewer retained stones compared with the ERCP group (seven trials; 609 participants; 20/313 (6%) versus 47/296 (16%) OR 0.36; 95% CI 0.21 to 0.62), P = 0.0002. There was no significant difference in the mortality between LC + LCBDE versus pre-operative ERCP + LC (five trials; 580 participants; 2/285 (0.7%) versus 3/295 (1%) OR 0.72; 95% CI 0.12 to 4.33). Neither was there was a significant difference in the morbidity between the two groups (five trials; 580 participants; 44/285 (15%) versus 37/295 (13%) OR 1.28; 95% CI 0.80 to 2.05). There was no significant difference between the two groups in the number of participants with retained stones (five trials; 580 participants; 24/285 (8%) versus 31/295 (11%) OR 0.79; 95% CI 0.45 to 1.39). There was only one trial assessing LC + LCBDE versus LC+intra-operative ERCP including 234 participants. There was no reported mortality in either of the groups. There was no significant difference in the morbidity, retained stones, procedure failure rates between the two intervention groups. Two trials assessed LC + LCBDE versus LC+post-operative ERCP. There was no reported mortality in either of the groups. There was no significant difference in the morbidity between laparoscopic surgery and postoperative ERCP groups (two trials; 166 participants; 13/81 (16%) versus 12/85 (14%) OR 1.16; 95% CI 0.50 to 2.72). There was a significant difference in the retained stones between laparoscopic surgery and postoperative ERCP groups (two trials; 166 participants; 7/81 (9%) versus 21/85 (25%) OR 0.28; 95% CI 0.11 to 0.72; P = 0.008. In total, seven trials including 746 participants compared single staged LC + LCBDE versus two-staged pre-operative ERCP + LC or LC + post-operative ERCP. There was no significant difference in the mortality between single and two-stage management (seven trials; 746 participants; 2/366 versus 3/380 OR 0.72; 95% CI 0.12 to 4.33). There was no a significant difference in the morbidity (seven trials; 746 participants; 57/366 (16%) versus 49/380 (13%) OR 1.25; 95% CI 0.83 to 1.89). There were significantly fewer retained stones in the single-stage group (31/366 participants; 8%) compared with the two-stage group (52/380 participants; 14%), but the difference was not statistically significantOR 0.59; 95% CI 0.37 to 0.94). There was no significant difference in the conversion rates of LCBDE to open surgery when compared with pre-operative, intra-operative, and postoperative ERCP groups. Meta-analysis of the outcomes duration of hospital stay, quality of life, and cost of the procedures could not be performed due to lack of data. Authors’ conclusions Open bile duct surgery seems superior to ERCP in achieving common bile duct stone clearance based on the evidence available from the early endoscopy era. There is no significant difference in the mortality and morbidity between laparoscopic bile duct clearance and the endoscopic options. There is no significant reduction in the number of retained stones and failure rates in the laparoscopy groups compared with the pre-operative and intra-operative ERCP groups. There is no significant difference in themortality, morbidity, retained stones, and failure rates between the single-stage laparoscopic bile duct clearance and two-stage endoscopic management. More randomised clinical trials without risks of systematic and random errors are necessary to confirm these findings.

Keywords: Analysis, Assessing, Authors, Benefits, Bias, Cholecystectomy, Citation, Clinical, Clinical Trials, Collection, Common Bile Duct Stones, Confidence, Conversion, Cost, Criteria, Data, Data Collection, Duration, Duration of Hospital Stay, Embase, Endoscopy, ERCP, Errors, Evidence, Failure, Groups, Hospital, Hospital Stay, Interval, Intervention, Laparoscopic, Laparoscopic Cholecystectomy, Laparoscopic Surgery, Laparoscopy, Life, Management, MEDLINE, Meta-Analysis, Methods, Models, Morbidity, Mortality, Odds Ratio, Open, Options, Outcomes, P, Postoperative, Preoperative, Procedure, Procedures, Quality, Quality Of, Quality of Life, Randomised, Rates, Reduction, Review, Risk, Risks, Science, Science Citation Index, Science Citation Index Expanded, Search, Sphincteroplasty, Surgery, Surgical, Treatment, Trial

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Full Text: 2013\Coc Dat Sys Rev2013, CD006004.pdf

Abstract: Background Laparoscopic cholecystectomy is the main method of treatment of symptomatic gallstones. Drains are used after laparoscopic cholecystectomy to prevent abdominal collections. However, drain use may increase infective complications and delay discharge. Objectives The aim is to assess the benefits and harms of routine abdominal drainage in uncomplicated laparoscopic cholecystectomy. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until February 2013. Selection criteria We included all randomised clinical trials comparing drainage versus no drainage after uncomplicated laparoscopic cholecystectomy irrespective of language and publication status. Data collection and analysis We used standard methodological procedures defined by The Cochrane Collaboration. Main results A total of 1831 participants were randomised to drain (915 participants) versus ‘no drain’ (916 participants) in 12 trials included in this review. Only two trials including 199 participants were of low risk of bias. Nine trials included patients undergoing elective laparoscopic cholecystectomy exclusively. One trial included patients undergoing laparoscopic cholecystectomy for acute cholecystitis exclusively. One trial included patients undergoing elective and emergency laparoscopic cholecystectomy, and one trial did not provide this information. The average age of participants in the trials ranged between 48 years and 63 years in the 10 trials that provided this information. The proportion of females ranged between 55.0% and 79.0% in the 11 trials that provided this information. There was no significant difference between the drain group (1/840) (adjusted proportion: 0.1%) and the ‘no drain’ group (2/841) (0.2%) (RR 0.41; 95% CI 0.04 to 4.37) in short-term mortality in the ten trials with 1681 participants reporting on this outcome. There was no significant difference between the drain group (7/567) (adjusted proportion: 1.1%) and the ‘no drain’ group (3/576) (0.5%) in the proportion of patients who developed serious adverse events in the seven trials with 1143 participants reporting on this outcome (RR 2.12; 95% CI 0.67 to 7.40) or in the number of serious adverse events in each group reported by eight trials with 1286 participants; drain group (12/646) (adjusted rate: 1.5 events per 100 participants) versus ‘no drain’ group (6/640) (0.9 events per 100 participants); rate ratio 1.60; 95% CI 0.66 to 3.87). There was no significant difference in the quality of life between the two groups (one trial; 93 participants; SMD 0.22; 95% CI -0.19 to 0.63). The proportion of patients who were discharged as day-procedure laparoscopic cholecystectomy seemed significantly lower in the drain group than the ‘no drain’ group (one trial; 68 participants; drain group (0/33) (adjusted proportion: 0.2%) versus ‘no drain’ group (11/35) (31.4%); RR 0.05; 95% CI 0.00 to 0.75). There was no significant difference in the length of hospital stay between the two groups (five trials; 449 participants; MD 0.22 days; 95% CI -0.06 days to 0.51 days). The operating time was significantly longer in the drain group than the ‘no drain’ group (seven trials; 775 participants; MD 5.00 minutes; 95% CI 2.69 minutes to 7.30 minutes). There was no significant difference in the return to normal activity and return to work between the groups in one trial involving 100 participants. This trial did not provide any information from which the standard deviation could be imputed and so the confidence intervals could not be calculated for these outcomes. Authors’ conclusions There is currently no evidence to support the routine use of drain after laparoscopic cholecystectomy. Further well designed randomised clinical trials are necessary.

Keywords: Abdomen, Abdominal, Abdominal Pain [Etiology], Activity, Age, Analysis, Benefits, Bias, Cholecystectomy, Cholecystectomy,Laparoscopic, Cholecystolithiasis [Surgery], Citation, Clinical, Clinical Trials, Clinical-Trials, Cochrane Collaboration, Collaboration, Collection, Complications, Confidence, Confidence Intervals, Criteria, Data Collection, Design Characteristics, Discharge, Drainage, Drainage [Adverse Effects], Drains, Elective, Embase, Emergency, Empirical-Evidence, England, Events, Evidence, Female, Gallstone Disease, Gas Drain, Groups, Hospital, Hospital Stay, Humans, Information, Information Size, Intervals, Intraperitoneal Normal Saline, Language, Laparoscopic, Laparoscopic Cholecystectomy, Length, Life, Low Risk, Male, Medicine, MEDLINE, Methods, Mortality, Normal, Outcome, Outcomes, Patients, Postoperative Nausea and Vomiting [Etiology], Postoperative Pain, Prevent, Procedures, Publication, Quality, Quality Of, Quality of Life, Randomised, Randomized Controlled Trials As Topic, Randomized-Trials, Reporting, Review, Risk, River, Science, Science Citation Index, Science Citation Index Expanded, Search, Shoulder Pain [Etiology], Standard, Support, Surgical Wound Infection [Etiology], Treatment, Trial, Trial Sequential-Analysis, USA, Work

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Full Text: 2013\Coc Dat Sys Rev2013, CD007510.pdf

Abstract: Background Benign masseter muscle hypertrophy is an uncommon clinical phenomenon of uncertain aetiology which is characterised by a soft swelling near the angle of the mandible. The swelling may on occasion be associated with facial pain and can be prominent enough to be considered cosmetically disfiguring. Varying degrees of success have been reported for some of the treatment options for masseter hypertrophy, which range from simple pharmacotherapy to more invasive surgical reduction. Injection of botulinum toxin type A into the masseter muscle is generally considered a less invasive modality and has been advocated for cosmetic sculpting of the lower face. Botulinum toxin type A is a powerful neurotoxin which is produced by the anaerobic organism Clostridium botulinum and when injected into a muscle causes interference with the neurotransmitter mechanism producing selective paralysis and subsequent atrophy of the muscle. This review is an update of a previously published Cochrane review. Objectives To assess the efficacy and safety of botulinum toxin type A compared to placebo or no treatment, for the management of benign bilateral masseter hypertrophy. Search methods We searched the following databases from inception to April 2013: the Cochrane Central Register of Controlled Trials (CENTRAL); MEDLINE (via PubMed); EMBASE (via embase.com); Web of Science; CINAHL; Academic Search Premier (via EBSCOhost); ScienceDirect; LILACS (via BIREME); PubMed Central and Google Scholar (from 1700 to 19 April 2013). We searched two bibliographic databases of regional journals (IndMED and Iranmedex) which were expected to contain relevant trials. We also searched reference lists of relevant articles and contacted investigators to identify additional published and unpublished studies. Selection criteria Randomised controlled trials (RCTs) and controlled clinical trials (CCTs) comparing intra-masseteric injections of botulinum toxin versus placebo administered for cosmetic facial sculpting in individuals of any age with bilateral benign masseter hypertrophy, which had been self-evaluated and confirmed by clinical and radiological examination were considered for inclusion. We excluded participants with unilateral or compensatory contralateral masseter hypertrophy resulting from head and neck radiotherapy. Data collection and analysis Two review authors independently screened the search results. For future updates, two authors will independently extract data and assess trial quality using the Cochrane risk of bias tool. Risk ratios (RR) and corresponding 95% confidence intervals (CI) will be calculated for all dichotomous outcomes and the mean difference (MD) and 95% CI will be calculated for continuous outcomes. Main results We retrieved 683 unique references to studies. After screening these references 660 were excluded for being non-applicable. We assessed 23 full text articles for eligibility and all of these studies were excluded from the review. Authors’ conclusions We were unable to identify any RCTs or CCTs assessing the efficacy and safety of intra-masseteric injections of botulinum toxin for people with bilateral benign masseter hypertrophy. The absence of high level evidence for the effectiveness of this intervention emphasises the need for well-designed, adequately powered RCTs.

Keywords: Academic, Aetiology, Age, Analysis, Assessing, Atrophy, Authors, Bias, Bibliographic, Bibliographic Databases, Botulinum Toxin, Clinical, Clinical Trials, Collection, Confidence, Confidence Intervals, Criteria, Data, Data Collection, Databases, Effectiveness, Efficacy, Embase, Evidence, Examination, Google, Google Scholar, Injections, Intervals, Intervention, Invasive, Journals, Management, Mechanism, MEDLINE, Methods, Muscle, Neck, Options, Outcomes, Pain, Pharmacotherapy, Placebo, Pubmed, Pubmed Central, Quality, Radiotherapy, Randomised Controlled Trials, Reduction, Reference, Reference Lists, References, Regional, Review, Risk, Safety, Science, Screening, Search, Swelling, Toxin, Treatment, Trial, Web of Science

? Diaz-Nieto, R., Orti-Rodriguez, R. and Winslet, M. (2013), Post-surgical chemotherapy versus surgery alone for resectable gastric cancer. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD008415.

Full Text: 2013\Coc Dat Sys Rev2013, CD008415.pdf

Abstract: Background For gastric cancer surgery is the mainstay treatment. Chemotherapy seems to improve the survival results. But chemotherapy is not a complication-free therapy and its role has been questioned by some trials. Objectives To determine whether post-surgical chemotherapy should be used routinely in resectable gastric cancer. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded (July 2013). Selection criteria Randomised controlled trials (RCT) comparing post-surgical chemotherapy versus surgery alone for resectable gastric cancer. Data collection and analysis Two authors independently assessed trials for inclusion and independently extracted the data. We analysed the data with both the fixed-effect and the random-effects models using the RevMan analysis software. We calculated the hazard ratio (HR) with 95% confidence interval (CI) based on intention-to-treat or available case analysis. Main results The authors identified 34 studies (7824 patients) reporting overall survival (OS) and only 15 reporting disease free survival (DFS) as well. Post-surgical chemotherapy showed an improvement in OS (HR 0.85; 95% CI 0.80 to 0.90) and an improvement in DFS (HR 0.79; 95% CI 0.72 to 0.87), although all the trials had a high risk of bias. The planned analysis of quality of life, return to work, and number of hospital admissions was impossible to complete as the outcome data for the analysis were not available from any trials. Authors’ conclusions Post-surgical chemotherapy should be used routinely for resectable gastric cancer where possible. Further RCTs are needed to determine the role at each stage of disease.

Keywords: 5-Year Follow-Up, Analysis, Authors, Bias, Cancer, Case Analysis, Chemotherapy, Citation, Clinical-Trials, Collection, Complete, Confidence, Criteria, Curative Resection, Data, Data Collection, Disease, Embase, Gastric Cancer, Hazard, Hospital, Improvement, Interval, Life, MEDLINE, Methods, Mitomycin-C, Models, Oncology-Group, Outcome, Patients, Phase-Iii Trial, Postoperative Adjuvant Immunotherapy, Quality, Quality Of, Quality of Life, Quality-Of-Life, Randomised Controlled Trials, Randomized Controlled-Trial, Rct, Reporting, Risk, Role, Science, Science Citation Index, Science Citation Index Expanded, Search, Software, Stomach-Cancer, Surgery, Survival, Therapy, Treatment, Work

? GurUSAmy, K.S., Nagendran, M. and Davidson, B.R. (2013), Early versus delayed laparoscopic cholecystectomy for acute gallstone pancreatitis. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD010326.

Full Text: 2013\Coc Dat Sys Rev2013, CD010326.pdf

Abstract: Background Gallstones and alcohol account for more than 80% of acute pancreatitis. Cholecystectomy is the definitive treatment for gallstones. Laparoscopic cholecystectomy is the preferred route for performing cholecystectomy. The timing of laparoscopic cholecystectomy after an attack of acute biliary pancreatitis is controversial. Objectives To compare the benefits and harms of early versus delayed laparoscopic cholecystectomy in people with acute biliary pancreatitis. For mild acute pancreatitis, we considered ‘early’ laparoscopic cholecystectomy to be laparoscopic cholecystectomy performed within three days of onset of symptoms. We considered all laparoscopic cholecystectomies performed beyond three days of onset of symptoms as ‘delayed’. For severe acute pancreatitis, we considered ‘early’ laparoscopic cholecystectomy as laparoscopic cholecystectomy performed within the index admission. We considered all laparoscopic cholecystectomies performed in a later admission as ‘delayed’. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2012, issue 12), MEDLINE, EMBASE, Science Citation Index Expanded, and trial registers until January 2013. Selection criteria We included randomised controlled trials, irrespective of language or publication status, comparing early versus delayed laparoscopic cholecystectomy for people with acute biliary pancreatitis. Data collection and analysis Two authors independently assessed trials for inclusion and independently extracted data. We planned to analyse data with both the fixed-effect and the random-effects models using Review Manager 5 (RevMan 2011). We calculated the risk ratio (RR), or mean difference (MD) with 95% confidence intervals (CI) based on an intention-to-treat analysis. Main results We identified one trial comparing early versus delayed laparoscopic cholecystectomy for people with mild acute pancreatitis. Fifty participants with mild acute gallstone pancreatitis were randomised either to early laparoscopic cholecystectomy (within 48 hours of admission irrespective of whether the abdominal symptoms were resolved or the laboratory values had returned to normal) (n = 25), or to delayed laparoscopic cholecystectomy (surgery after resolution of abdominal pain and after the laboratory values had returned to normal) (n = 25). This trial is at high risk of bias. There was no short-term mortality in either group. There was no significant difference between the groups in the proportion of participants who developed serious adverse events (RR 0.33; 95% CI 0.01 to 7.81). Health-related quality of life was not reported in this trial. There were no conversions to open cholecystectomy in either group. The total hospital stay was significantly shorter in the early laparoscopic cholecystectomy group than in the delayed laparoscopic cholecystectomy group (MD -2.30 days; 95% CI -4.40 to -0.20). This trial reported neither the number of work-days lost nor the costs. We did not identify any trials comparing early versus delayed laparoscopic cholecystectomy after severe acute pancreatitis. Authors’ conclusions There is no evidence of increased risk of complications after early laparoscopic cholecystectomy. Early laparoscopic cholecystectomy may shorten the total hospital stay in people with mild acute pancreatitis. If appropriate facilities and expertise are available, early laparoscopic cholecystectomy appears preferable to delayed laparoscopic cholecystectomy in those with mild acute pancreatitis. There is currently no evidence to support or refute early laparoscopic cholecystectomy for people with severe acute pancreatitis. Further randomised controlled trials at low risk of bias are necessary in people with mild acute pancreatitis and severe acute pancreatitis.

Keywords: 1st Attack, Abdominal, Acute Pancreatitis, Alcohol, Analysis, Authors, Benefits, Bias, Bile-Duct Stones, Cholecystectomy, Citation, Classification, Clinical-Trials, Collection, Complications, Confidence, Confidence Intervals, Costs, Criteria, Data, Data Collection, Embase, Empirical-Evidence, Events, Evidence, Facilities, Gallstones, Groups, Hospital, Hospital Stay, Index, Intervals, Language, Laparoscopic, Laparoscopic Cholecystectomy, Life, Low Risk, Management, MEDLINE, Metaanalysis, Methods, Models, Mortality, Normal, Onset, Open, Pain, Pancreatitis, Publication, Quality, Quality Of, Quality of Life, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Review, Risk, Route, Science, Science Citation Index, Science Citation Index Expanded, Search, Support, Surgery, Symptoms, Timing, Treatment, Trial

? Virgili, G., Acosta, R., Grover, L.L., Bentley, S.A. and Giacomelli, G. (2013), Reading aids for adults with low vision. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD003303.

Full Text: 2013\Coc Dat Sys Rev2013, CD003303.pdf

Abstract: Background The purpose of low-vision rehabilitation is to allow people to resume or to continue to perform daily living tasks, with reading being one of the most important. This is achieved by providing appropriate optical devices and special training in the use of residual-vision and low-vision aids, which range from simple optical magnifiers to high-magnification video magnifiers. Objectives To assess the effects of reading aids for adults with low vision. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2013, Issue 1), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE, (January 1950 to January 2013), EMBASE (January 1980 to January 2013), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to January 2013), OpenGrey (System for Information on Grey Literature in Europe) (www.opengrey.eu/), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov/) and the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 31 January 2013. We searched the reference lists of relevant articles and used the Science Citation Index to find articles that cited the included studies and contacted investigators and manufacturers of low-vision aids. We handsearched the British Journal of Visual Impairment from 1983 to 1999 and the Journal of Visual Impairment and Blindness from 1976 to 1991. Selection criteria This review includes randomised and quasi-randomised trials in which any device or aid used for reading had been compared to another device or aid in people aged 16 or over with low vision as defined by the study investigators. Data collection and analysis At least two authors independently assessed trial quality and extracted data. Main results We included nine small studies with a cross-over-like design (181 people overall) and one study with three parallel arms (243 participants) in the review. All studies reported the primary outcome, results for reading speed. Two studies including 92 participants found moderate-or low-quality evidence suggesting that reading speed is higher with stand-mounted electronic devices or electronic devices with the camera mounted in a ‘mouse’ than with optical magnifiers, which in these trials were generally stand-mounted or, less frequently, hand-held magnifiers or microscopic lenses. In another study of 20 participants there was moderate-quality evidence that optical devices are better than head-mounted electronic devices (four types). There was low-quality evidence from three studies (93 participants) that reading using head-mounted electronic devices is slower than with stand-based electronic devices. The technology of electronic devices may have changed and improved since these studies were conducted. One study suggested no difference between a diffractive spectacle-mounted magnifier and either refractive (15 participants) or aplanatic (15 participants) magnifiers. One study of 10 people suggested that several overlay coloured filters were no better and possibly worse than a clear filter. A parallel-arm study including 243 participants with age-related macular degeneration found that custom or standard prism spectacles were no different from conventional reading spectacles, although the data did not allow precise estimates of performance to be made. Authors’ conclusions There is insufficient evidence on the effect of different types of low-vision aids on reading performance. It would be necessary to investigate which patient characteristics predict performance with different devices, including costly electronic devices. Better-quality research should also focus on assessing sustained long-term use of each device. Authors of studies testing several devices on the same person should consider design and reporting issues related to their sequential presentation and to the cross-over-like study design.

Keywords: Adult, Aged, Aids, Analysis, Assessing, Authors, Characteristics, Citation, Citations, Clinical Trials, Closed-Circuit Television, Collection, Conventional, Criteria, Data, Data Collection, Databases, Design, Effects, Embase, Enhancement Systems, Estimates, Europe, Evidence, Fresnel Prisms, Grey Literature, Humans, Information, Issues, Journal, Language, Lenses, Literature, Living, Long Term, Long-Term, Macular Degeneration, MEDLINE, Methods, Mouse, Outcome, Performance, Person, Presentation, Primary, Psychophysics, Purpose, Quality, Randomised, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Reading, Reference, Reference Lists, Rehabilitation, Reporting, Research, Restrictions, Review, Science, Science Citation Index, Sciences, Search, Sensoryaids, Small, Stand Magnifiers, Standard, Study Design, Technology, Testing, Training, Trial, Video, Vision,Low [Rehabilitation], Visual Acuity, Visual Impairment, Visually Impaired Persons [Rehabilitation], Who

? Chen, H.S., Wang, W., Wu, S.N. and Liu, J.P. (2013), Corticosteroids for viral myocarditis. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD004471.

Full Text: 2013\Coc Dat Sys Rev2013, CD004471.pdf

Abstract: Background Myocarditis is defined as inflammation of the myocardium accompanied by myocellular necrosis. Experimental evidence suggests that autoimmune mechanisms follow viral infection, resulting in inflammation and necrosis in the myocardium. However, the use of corticosteroids as immunosuppressives for this condition remains controversial. Objectives The existing review was updated. The primary objective of this review is to assess the beneficial and harmful effects of treating acute or chronic viral myocarditis with corticosteroids. The secondary objective is to determine the best dose regimen. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL, Issue 7 of 12, 2012) on The Cochrane Library, MEDLINE OVID (1946 to July Week 2, 2012), EMBASE OVID (1980 to Week 29, 2012), BIOSIS Previews (1969 to 20 July 2012), ISI Web of Science (1970 to 20th July, 2012), and LILACS (from its inception to 25 July, 2012), Chinese Biomed Database, CNKI and WANFANG Databases (from their inception to 31 December 2012). We applied no language restrictions. Selection criteria Randomised controlled trials (RCTs) of corticosteroids for viral myocarditis compared with no intervention, placebo, supportive therapy, antiviral agents therapy or conventional therapy, including trials of corticosteroids plus other treatment versus other treatment alone, irrespective of blinding, publication status, or language. Data collection and analysis Two review authors extracted data independently. Results were presented as risk ratios (RRs) and mean differences (MDs), both with 95% confidence intervals (CIs). Main results Eight RCTs (with 719 participants) were included in this update. The trials were small in size and methodological quality was poor. Viral detection was performed in 38% of participants, among whom 56% had positive results. Mortality between corticosteroids and control groups was non-significant (RR, 0.93, 95% CI 0.70 to 1.24). At 1 to 3 months follow-up, left ventricular ejection fraction (LVEF) was higher in the corticosteroids group compared to the control group (MD 7.36%, 95% CI 4.94 to 9.79), but there was substantial heterogeneity. Benefits were observed in LVEF in two trials with 200 children given corticosteroids (MD 9.00%, 95% CI 7.48 to 10.52). New York Heart Association (NYHA) class and left ventricular end-stage systole diameter (LVESD) were not affected. Creatine phosphokinase (CPK) (MD -104.00 U/L, 95% CI -115.18 to -92.82), Isoenzyme of creatine phosphate MB (CKMB) (MD 10.35 U/L, 95% CI 8.92 to 11.78), were reduced in the corticosteroids group compared to the control group, although the evidence is limited to small participant numbers. There were insufficient data on adverse events. Authors’ conclusions For people diagnosed with viral myocarditis and low LVEF, corticosteroids do not reduce mortality. They may improve cardiac function but the trials were of low quality and small size so this finding must be regarded as uncertain. High-quality, large-scale RCTs should be careful designed to determine the role of corticosteroid treatment for viral myocarditis. Adverse events should also be carefully evaluated.

Keywords: Adrenal Cortex Hormones [Therapeutic Use], Analysis, Antiviral, Authors, Benefits, Cardiac Function, Children, Chinese, Chronic, Clinical-Trial, Collection, Confidence, Confidence Intervals, Control, Control Groups, Conventional, Corticosteroids, Creatine, Criteria, Cytomegalovirus Reactivation, Data, Data Collection, Database, Databases, Diagnosis, Dilated Cardiomyopathy, Effects, Embase, Events, Evidence, Follow-Up, Fulminant Myocarditis, Function, Groups, Heterogeneity, Humans, Immunosuppressive Therapy, Infection, Inflammation, Influenza-A Virus, Intervals, Intervention, ISI, Isi Web of Science, Language, Left Ventricular Ejection Fraction, Mb, Mechanisms, MEDLINE, Methods, Mortality, Myocarditis [Drug Therapy, Necrosis, New York, Phosphate, Placebo, Primary, Publication, Quality, Randomised Controlled Trials, Restrictions, Results, Review, Risk, Role, Science, Search, Severe Sepsis, Size, Small, Supportive Therapy, Therapy, Treatment, Viral, Virology], Virus Diseases [Drug Therapy], Web of Science

? Verra, W.C., van den Boom, L.G.H., Jacobs, W., Clement, D.J., Wymenga, A.A.B. and Nelissen, R.G.H.H. (2013), Retention versus sacrifice of the posterior cruciate ligament in total knee arthroplasty for treating osteoarthritis. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD004803.

Full Text: 2013\Coc Dat Sys Rev2013, CD004803.pdf

Abstract: Background The functional and clinical basis on which to choose whether or not to retain the posterior cruciate ligament during total knee arthroplasty surgery remained unclear after a Cochrane systematic review and meta-analysis in 2005, which contained eight clinical trials. Several new trials have been conducted since then. Hence, an update of the review was performed. Objectives Our aim was to assess the benefits and harms of retention compared to sacrifice of the posterior cruciate ligament in total knee arthroplasty in patients with osteoarthritis of the knee. Search methods An extensive search was conducted in CENTRAL, MEDLINE (PubMed), EMBASE, Web of Science, CINAHL, Academic Search Premier, Current Contents Connect and Science Direct. All databases were searched, without any limitations, up to 6 December 2012. References of the articles were checked and citation tracking was performed. Selection criteria Randomised and quasi-randomised controlled trials comparing retention with sacrifice of the posterior cruciate ligament in primary total knee arthroplasty in patients with osteoarthritis of the knee. Data collection and analysis Data were collected with a pre-developed form. Risk of bias was assessed independently by two authors (WV, LB). The level of evidence was graded using the GRADE approach. Meta-analysis was performed by pooling the results of the selected studies, when possible. Subgroup analyses were performed for posterior cruciate ligament retention versus sacrifice using the same total knee arthroplasty design, and for studies using a posterior cruciate ligament retaining or posterior stabilised design, and when sufficient studies were available subgroup analyses were performed for the same brand. Main results Seventeen randomised controlled trials (with 1810 patients and 2206 knees) were found, described in 18 articles. Ten of these were new studies compared to the previous Cochrane Review. One study from the original Cochrane review was excluded. Most new studies compared a posterior cruciate ligament retaining design with a posterior stabilised design, in which the posterior cruciate ligament is sacrificed (a posterior stabilised design has an insert with a central post which can engage on a femoral cam during flexion). The quality of evidence (graded with the GRADE approach) and the risk of bias were highly variable, ranging from moderate to low quality evidence and with unclear or low risk of bias for most domains, respectively. The performance outcome ‘range of motion’ was 2.4 degrees higher in favour of posterior cruciate ligament sacrifice (118.3 degrees versus 115.9 degrees; 95% confidence interval (CI) of the difference 0.13 to 4.67; P = 0.04), however the results were heterogeneous. On the item ‘knee pain’ as experienced by patients, meta-analysis could be performed on the Knee Society knee pain score; this score was 48.3 in both groups, yielding no difference between the groups. Implant survival rate could not be meta-analysed adequately since randomised controlled trials lack the longer term follow-up in order to evaluate implant survival. A total of four revisions in the cruciate-retention and four revisions in the cruciate-sacrifice group were found. The well-validated Western Ontario and McMaster Universities osteoarthritis index (WOMAC) total score was not statistically significantly different between the groups (16.6 points for cruciate-retention versus 15.0 points for cruciate-sacrifice). One study reported a patient satisfaction grade (7.7 points for cruciate-retention versus 7.9 points for cruciate-sacrifice on a scale from 0 to 10, 10 being completely satisfied) which did not differ statistically significantly. Complications were distributed equally between both groups. Only one study reported several re-operations other than revision surgery; that is patella luxations, surgical manipulation because of impaired flexion. The mean functional Knee Society Score was 2.3 points higher (81.2 versus 79.0 points; 95% CI of the difference 0.37 to 4.26; P = 0.02) in the posterior cruciate ligament sacrificing group. Results from the outcome Knee Society functional score were homogeneous. All other outcome measures (extension angle, knee pain, adverse effects, clinical questionnaire scores, Knee Society clinical scores, radiological rollback, radiolucencies, femorotibial angle and tibial slope) showed no statistically significant differences between the groups. In the subgroup analyses that allowed pooling of the results of the different studies, no homogeneous statistically significant differences were identified. Authors’ conclusions The methodological quality and the quality of reporting of the studies were highly variable. With respect to range of motion, pain, clinical, and radiological outcomes, no clinically relevant differences were found between total knee arthroplasty with retention or sacrifice of the posterior cruciate ligament. Two statistically significant differences were found; range of motion was 2.4 degrees higher in the posterior cruciate ligament sacrificing group, however results were heterogeneous; and the mean functional Knee Society Score was 2.3 points higher in the posterior cruciate ligament sacrificing group. These differences are clinically not relevant.

Keywords: Academic, Adverse Effects, Analyses, Analysis, Approach, Arthritis,Rheumatoid [Surgery], Arthroplasty, Arthroplasty,Replacement,Knee [Methods], Authors, Benefits, Bias, Citation, Clinical, Clinical Trials, Collection, Complications, Confidence, Criteria, Data Collection, Databases, Design, Distributed, Effects, Embase, Evidence, Femoral Rollback, Follow-Up, Gait Analysis, Grade, Groups, Humans, Index, Interval, Low Risk, Measures, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mobile-Bearing, Motion, Multicenter Analysis, Ontario, Osteoarthritis,Knee [Surgery], Outcome, Outcome Measures, Outcomes, P, Pain, Pain Score, Patient Satisfaction, Patients, Performance, Posterior Cruciate Ligament [Surgery], Primary, Proprioception, Prostheses, Pubmed, Quality, Quality Of, Questionnaire, Randomised, Randomised Controlled Trials, Randomized Clinical-Trial, Randomized Controlled Trials As Topic, Range, Range of Motion,Articular, References, Replacement, Reporting, Results, Retention, Review, Risk, Risk of Bias, Satisfaction, Scale, Science, Search, Surgery, Survival, Survival Rate, Systematic Review, Term, Universities, Web of Science, Womac

? Uman, L.S., Birnie, K.A., Noel, M., Parker, J.A., Chambers, C.T., McGrath, P.J. and Kisely, S.R. (2013), Psychological interventions for needle-related procedural pain and distress in children and adolescents. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD005179.

Full Text: 2013\Coc Dat Sys Rev2013, CD005179.pdf

Abstract: Background This review is an updated version of the original Cochrane review published in Issue 4, 2006. Needle-related procedures are a common source of pain and distress for children. Our previous review on this topic indicated that a number of psychological interventions were efficacious in managing pediatric needle pain, including distraction, hypnosis, and combined cognitive behavioural interventions. Considerable additional research in the area has been published since that time. Objectives To provide an update to our 2006 review assessing the efficacy of psychological interventions for needle-related procedural pain and distress in children and adolescents. Search methods Searches of the following databases were conducted for relevant randomized controlled trials (RCTs): Cochrane Central Register of Controlled Trials (CENTRAL); MEDLINE; EMBASE; PsycINFO; the Cumulative Index to Nursing and Allied Health Literature (CINAHL); and Web of Science. Requests for relevant studies were also posted on various electronic list servers. We ran an updated search in March 2012, and again in March 2013. Selection criteria Participants included children and adolescents aged two to 19 years undergoing needle-related procedures. Only RCTs with at least five participants in each study arm comparing a psychological intervention group with a control or comparison group were eligible for inclusion. Data collection and analysis Two review authors extracted data and assessed trial quality and a third author helped with data extraction and coding for one non-English study. Included studies were coded for quality using the Cochrane Risk of bias tool. Standardized mean differences with 95% confidence intervals were computed for all analyses using Review Manager 5.2 software. Main results Thirty-nine trials with 3394 participants were included. The most commonly studied needle procedures were venipuncture, intravenous (IV) line insertion, and immunization. Studies included children aged two to 19 years, with the most evidence available for children under 12 years of age. Consistent with the original review, the most commonly studied psychological interventions for needle procedures were distraction, hypnosis, and cognitive behavioural therapy (CBT). The majority of included studies (19 of 39) examined distraction only. The additional studies from this review update continued to provide strong evidence for the efficacy of distraction and hypnosis. No evidence was available to support the efficacy of preparation and information, combined CBT (at least two or more cognitive or behavioural strategies combined), parent coaching plus distraction, suggestion, or virtual reality for reducing children’s pain and distress. No conclusions could be drawn about interventions of memory alteration, parent positioning plus distraction, blowing out air, or distraction plus suggestion, as evidence was available from single studies only. In addition, the Risk of bias scores indicated several domains with high or unclear bias scores (for example, selection, detection, and performance bias) suggesting that the methodological rigour and reporting of RCTs of psychological interventions continue to have considerable room for improvement. Authors’ conclusions Overall, there is strong evidence supporting the efficacy of distraction and hypnosis for needle-related pain and distress in children and adolescents, with no evidence currently available for preparation and information or both, combined CBT, parent coaching plus distraction, suggestion, or virtual reality. Additional research is needed to further assess interventions that have only been investigated in one RCT to date (that is, memory alteration, parent positioning plus distraction, blowing out air, and distraction plus suggestion). There are continuing issues with the quality of trials examining psychological interventions for needle-related pain and distress.

Keywords: Adolescent, Adolescents, Adult, Age, Aged, Air, Analyses, Analysis, Anxiety [Prevention & Control, Assessing, Authors, Bias, Cbt, Child, Child,Preschool, Children, Clinical-Trial, Coding, Cognitive Therapy [Methods], Cognitive-Behavior Therapy, Collection, Comparison, Confidence, Confidence Intervals, Control, Criteria, Data, Data Collection, Databases, Distress, Efficacy, Embase, Evidence, Extraction, Humans, Hypnosis, Immunization, Improvement, Information, Intervals, Intervention, Interventions, Intravenous, Issues, Iv, Iv Insertion, Literature, Medical Procedures, MEDLINE, Memory, Methods, Needles, Nursing, Oncology Patients, Pain, Pain [Prevention & Control, Pediatric, Pediatric Emergency-Department, Performance, Preparation, Procedures, Psychological, Psychological Intervention, Psychology], Psycinfo, Punctures [Psychology], Quality, Quality Of, Randomized, Randomized Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trials, Rct, Reporting, Research, Review, Risk, Risk of Bias, Routine Childhood Immunizations, Science, Search, Selection, Self-Report, Software, Source, Suggestion, Support, Therapy, Topic, Trial, Venous Cannulation Pain, Version, Virtual Reality, Web of Science

? Timmer, A., Gunther, J., Motschall, E., Rucker, G., Antes, G. and Kern, W.V. (2013), Pelargonium sidoides extract for treating acute respiratory tract infections. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD006323.

Full Text: 2013\Coc Dat Sys Rev2013, CD006323.pdf

Abstract: Background Pelargonium sidoides (P. sidoides), also known as Umckaloabo, is a herbal remedy thought to be effective in the treatment of acute respiratory infections (ARIs). Objectives To assess the efficacy and safety of P. sidoides for the treatment of ARIs in children and adults. Search methods In April 2013 we searched MEDLINE, Journals@Ovid, The Cochrane Library, Biosis Previews, Web of Science, CINAHL, CCMed, XToxline, Global Health, AMED, Derwent Drug File and Backfile, IPA, ISTPB + ISTP/ISSHP, EMBASE, Cambase, LILACS, PubMed component “Supplied by Publisher”, TRIPdatabase, the publisher databases: Deutsches Arzteblatt, Thieme, Springer, ScienceDirect from Elsevier. We conducted a cited reference search (forward) in Web of Science of relevant papers for inclusion. In addition we searched the study registries ClinicalTrials.gov, Deutsches Register klinischer Studien DRKS (German Clinical Trials Register), International Clinical Trials Registry Platform (ICTRP) - WHO ICTRP, Current Controlled Trials and EU Clinical Trials Register. Selection criteria Double-blind, randomized controlled trials (RCTs) examining the efficacy of P. sidoides preparations in ARIs compared to placebo or any other treatment. Complete resolution of all symptoms was defined as the primary outcome; in addition, we examined resolution of predefined key symptoms. Data collection and analysis At least two review authors (AT, JG, WK) independently extracted and quality scored the data. We performed separate analyses by age group and disease entity. Subanalysis considered type of preparation (liquid, tablets). We examined heterogeneity using the I-2 statistic. We calculated pooled risk ratios (RR) using a fixed-effect model if heterogeneity was absent (I-2 < 5%; P > 0.1), or a random-effects model in the presence of heterogeneity. If heterogeneity was substantial (I-2 > 50%; P < 0.10), a pooled effect was not calculated. Main results of 10 eligible studies eight were included in the analyses; two were of insufficient quality. Three trials (746 patients, low quality of evidence) of efficacy in acute bronchitis in adults showed effectiveness for most outcomes in the liquid preparation but not for tablets. Three other trials (819 children, low quality of evidence) showed similar results for acute bronchitis in children. For both meta-analyses, we did not pool subtotals due to relevant heterogeneity induced by type of preparation. One study in patients with sinusitis (n = 103 adults, very low quality of evidence) showed significant treatment effects (complete resolution at day 21; RR 0.43, 95% confidence interval (CI) 0.30 to 0.62). One study in the common cold demonstrated efficacy after 10 days, but not five days (very low quality of evidence). We rated the study quality as moderate for all studies (unvalidated outcome assessment, minor attrition problems, investigator-initiated trials only). Based on the funnel plot there was suspicion of publication bias. There were no valid data for the treatment of other acute respiratory tract infections. Adverse events were more common with P. sidoides, but none were serious. Authors’ conclusions P. sidoides may be effective in alleviating symptoms of acute rhinosinusitis and the common cold in adults, but doubt exists. It may be effective in relieving symptoms in acute bronchitis in adults and children, and sinusitis in adults. The overall quality of the evidence was considered low for main outcomes in acute bronchitis in children and adults, and very low for acute sinusitis and the common cold. Reliable data on treatment for other ARIs were not identified.

Keywords: Acute Bronchitis, Acute Disease, Acute Maxillary Sinusitis, Adult, Age, Analyses, Analysis, Assessment, At, Authors, Bias, Biosis, Bronchitis [Drug Therapy], Child, Children, Clinical Trials, Collection, Complete, Confidence, Controlled Clinical-Trial, Criteria, Data, Data Collection, Databases, Diagnosed Acute Rhinosinusitis, Disease, Double-Blind, Drug, Effectiveness, Effects, Efficacy, Embase, Eps 7630, Eu, Events, Evidence, Fixed Combination, Herbal Drug Preparation, Heterogeneity, Humans, Induced, Infections, Interval, Liquid, MEDLINE, Methods, Minor, Model, Outcome, Outcome Assessment, Outcomes, P, Papers, Patients, Pelargonium [Chemistry], Phytotherapy [Methods], Placebo, Placebo-Controlled Trial, Plant Extracts [Therapeutic Use], Preparation, Primary, Publication, Publication Bias, Publisher, Pubmed, Quality, Quality Of, Random Effects Model, Randomized, Randomized Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Reference, Registries, Respiratory Tract Infections [Drug Therapy], Review, Risk, Safety, Science, Search, Springer, Symptoms, Tablets, Treatment, Web of Science, Who

? Bjornson, C., Russell, K., Vandermeer, B., Klassen, T.P. and Johnson, D.W. (2013), Nebulized epinephrine for croup in children. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD006619.

Full Text: 2013\Coc Dat Sys Rev2013, CD006619.pdf

Abstract: Background Croup is a common childhood illness characterized by barky cough, stridor, hoarseness and respiratory distress. Children with severe croup are at risk for intubation. Nebulized epinephrine may prevent intubation. Objectives To assess the efficacy (measured by croup scores, rate of intubation and health care utilization such as rate of hospitalization) and safety (frequency and severity of side effects) of nebulized epinephrine versus placebo in children with croup, evaluated in an emergency department (ED) or hospital setting. Search methods We searched CENTRAL 2013, Issue 6, MEDLINE (1966 to June week 3, 2013), EMBASE (1980 to July 2013), Web of Science (1974 to July 2013), CINAHL (1982 to July 2013) and Scopus (1996 to July 2013). Selection criteria Randomized controlled trials (RCTs) or quasi-RCTs of children with croup evaluated in an ED or admitted to hospital. Comparisons were: nebulized epinephrine versus placebo, racemic nebulized epinephrine versus L-epinephrine (an isomer) and nebulized epinephrine delivered by intermittent positive pressure breathing (IPPB) versus nebulized epinephrine without IPPB. Primary outcome was change in croup score post-treatment. Secondary outcomes were rate and duration of intubation and hospitalization, croup return visit, parental anxiety and side effects. Data collection and analysis Two authors independently identified potentially relevant studies by title and abstract (when available) and examined relevant studies using a priori inclusion criteria, followed by methodological quality assessment. One author extracted data while the second checked accuracy. We use the standard methodological procedures expected by the Cochrane Collaboration. Main results Eight studies (225 participants) were included. In general, children included in the studies were young (average age less than two years in the majority of included studies). Severity of croup was described as moderate to severe in all included studies. Six studies took place in the inpatient setting, one in the ED and one setting was not specified. Six of the eight studies were deemed to have a low risk of bias and the risk of bias was unclear in the remaining two studies. Nebulized epinephrine was associated with croup score improvement 30 minutes post-treatment (three RCTs, standardized mean difference (SMD) -0.94; 95% confidence interval (CI) -1.37 to -0.51; I-2 statistic = 0%). This effect was not significant two and six hours post-treatment. Nebulized epinephrine was associated with significantly shorter hospital stay than placebo (one RCT, MD - 32.0 hours; 95% CI -59.1 to -4.9). Comparing racemic and L-epinephrine, no difference in croup score was found after 30 minutes (SMD 0.33; 95% CI -0.42 to 1.08). After two hours, L-epinephrine showed significant reduction compared with racemic epinephrine (one RCT, SMD 0.87; 95% CI 0.09 to 1.65). There was no significant difference in croup score between administration of nebulized epinephrine via IPPB versus nebulization alone at 30 minutes (one RCT, SMD -0.14; 95% CI -1.24 to 0.95) or two hours (SMD - 0.72; 95% CI -1.86 to 0.42). None of the studies sought or reported data on adverse effects. Authors’ conclusions Nebulized epinephrine is associated with clinically and statistically significant transient reduction of symptoms of croup 30 minutes post-treatment. Evidence does not favor racemic epinephrine or L-epinephrine, or IPPB over simple nebulization. The authors note that data and analyses were limited by the small number of relevant studies and total number of participants and thus most outcomes contained data from very few or even single studies.

Keywords: Accuracy, Acute Laryngitis, Administration, Adrenergic Alpha-Agonists [Therapeutic Use], Adrenergic Beta-Agonists [Therapeutic Use], Adverse Effects, Age, Analyses, Analysis, Anxiety, Assessment, Authors, Bias, Care, Child, Childhood, Children, Cochrane Collaboration, Collaboration, Collection, Confidence, Cough, Criteria, Croup [Drug Therapy], Data, Data Collection, Distress, Double-Blind, Duration, Effects, Efficacy, Embase, Emergency, Emergency Department, Epinephrine, Epinephrine [Administration & Dosage], Evidence, General, Health, Health Care, Hospital, Hospital Stay, Hospitalization, Humans, Improvement, Infectious Croup, Interval, Low Risk, MEDLINE, Methods, Moderately Severe Croup, Nebulizers and Vaporizers, Oral Dexamethasone, Outcome, Outcomes, Placebo, Placebo-Controlled Trial, Pressure, Prevent, Procedures, Quality, Racemic Epinephrine, Randomized Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Rct, Reduction, Risk, Safety, Science, Scopus, Search, Side Effects, Small, Standard, Steroid Treatment, Symptoms, Transient, Utilization, Viral Croup, Web of Science

? Riaz, Y., de Silva, S.R. and Evans, J.R. (2013), Manual small incision cataract surgery (MSICS) with posterior chamber intraocular lens versus phacoemulsification with posterior chamber intraocular lens for age-related cataract. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD008813.

Full Text: 2013\Coc Dat Sys Rev2013, CD008813.pdf

Abstract: Background Age-related cataract is a major cause of blindness and visual morbidity worldwide. It is therefore important to establish the optimal technique of lens removal in cataract surgery. Objectives To compare manual small incision cataract surgery (MSICS) and phacoemulsification techniques. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2013, Issue 6), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE (January 1946 to July 2013), EMBASE (January 1980 to July 2013), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to July 2013), Web of Science Conference Proceedings Citation Index - Science (CPCI-S) (January 1970 to July 2013), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 23 July 2013. Selection criteria We included randomised controlled trials (RCTs) for age-related cataract that compared MSICS and phacoemulsification. Data collection and analysis Two authors independently assessed all studies. We defined two primary outcomes: ‘good functional vision’ (presenting visual acuity of 6/12 or better) and ‘poor visual outcome’ (best corrected visual acuity of less than 6/60). We collected data on these outcomes at three and 12 months after surgery. Complications such as posterior capsule rupture rates and other intra-and postoperative complications were also assessed. In addition, we examined cost effectiveness of the two techniques. Where appropriate, we pooled data using a random-effects model. Main results We included eight trials in this review with a total of 1708 participants. Trials were conducted in India, Nepal and South Africa. Followup ranged from one day to six months, but most trials reported at six to eight weeks after surgery. Overall the trials were judged to be at risk of bias due to unclear reporting of masking and follow-up. No studies reported presenting visual acuity so data were collected on both best-corrected (BCVA) and uncorrected (UCVA) visual acuity. Most studies reported visual acuity of 6/18 or better (rather than 6/12 or better) so this was used as an indicator of good functional vision. Seven studies (1223 participants) reported BCVA of 6/18 or better at six to eight weeks (pooled risk ratio (RR) 0.99 95% confidence interval (CI) 0.98 to 1.01) indicating no difference between the MSICS and phacoemulsification groups. Three studies (767 participants) reported UCVA of 6/18 or better at six to eight weeks, with a pooled RR indicating a more favourable outcome with phacoemulsification (0.90, 95% CI 0.84 to 0.96). One trial (96 participants) reported UCVA at six months with a RR of 1.07 (95% CI 0.91 to 1.26). Regarding BCVA of less than 6/60: there were only 11/1223 events reported. The pooled Peto odds ratio was 2.48 indicating a more favourable outcome using phacoemulsification but with wide confidence intervals (0.74 to 8.28) which means that we are uncertain as to the true effect. The number of complications reported were also low for both techniques. Again this means the review is underpowered to detect a difference between the two techniques with respect to these complications. One study reported on cost which was more than four times higher using phacoemulsification than MSICS. Authors’ conclusions On the basis of this review, removing cataract by phacoemulsification may result in better UCVA in the short term (up to three months after surgery) compared to MSICS, but similar BCVA. There is a lack of data on long-term visual outcome. The review is currently underpowered to detect differences for rarer outcomes, including poor visual outcome. In view of the lower cost of MSICS, this may be a favourable technique in the patient populations examined in these studies, where high volume surgery is a priority. Further studies are required with longer-term follow-up to better assess visual outcomes and complications which may develop over time such as posterior capsule opacification.

Keywords: Africa, Analysis, Astigmatism, Authors, Bias, Cataract Surgery, Citation, Citations, Clinical Trials, Clinical-Trial, Collection, Complications, Conference, Confidence, Confidence Intervals, Cost, Cost Effectiveness, Cost-Effectiveness, Criteria, Data, Data Collection, Databases, Effectiveness, Embase, Endothelial-Cell Loss, Events, Extraction, Follow-Up, Groups, India, Indicator, Interval, Intervals, Language, Literature, Long Term, Long-Term, MEDLINE, Metaanalysis, Methods, Model, Morbidity, Nepal, Odds Ratio, Outcome, Outcomes, Phacoemulsification, Populations, Postoperative, Postoperative Complications, Primary, Random Effects Model, Randomised, Randomised Controlled Trials, Randomized Controlled-Trials, Rates, Removal, Reporting, Restrictions, Review, Risk, Rupture, Science, Sciences, Search, Small, South Africa, Surgery, Systematic Reviews, Techniques, Term, Trial, Volume, Web of Science, WHO

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Full Text: 2013\Coc Dat Sys Rev2013, CD009456.pdf

Abstract: Background Oropharyngeal dysphagia encompasses problems with the oral preparatory phase of swallowing (chewing and preparing the food), oral phase (moving the food or fluid posteriorly through the oral cavity with the tongue into the back of the throat) and pharyngeal phase (swallowing the food or fluid and moving it through the pharynx to the oesophagus). Populations of children with neurological impairment who commonly experience dysphagia include, but are not limited to, those with acquired brain impairment (for example, cerebral palsy, traumatic brain injury, stroke), genetic syndromes (for example, Down syndrome, Rett syndrome) and degenerative conditions (for example, myotonic dystrophy). Objectives To examine the effectiveness of interventions for oropharyngeal dysphagia in children with neurological impairment. Search methods We searched the following electronic databases in October 2011: CENTRAL 2011(3), MEDLINE (1948 to September Week 4 2011), EMBASE (1980 to 2011 Week 40), CINAHL (1937 to current), ERIC (1966 to current), PsycINFO (1806 to October Week 1 2011), Science Citation Index (1970 to 7 October 2011), Social Science Citation Index (1970 to 7 October 2011), Cochrane Database of Systematic Reviews, 2011(3), DARE 2011(3), Current Controlled Trials (ISRCTN Register) (15 October 2011), ClinicalTrials.gov (15 October 2011) and WHO ICTRP (15 October 2011). We searched for dissertations and theses using Networked Digital Library of Theses and Dissertations, Australasian Digital Theses Program and DART-Europe E-theses Portal (11 October 2011). Finally, additional references were also obtained from reference lists from articles. Selection criteria The review included randomised controlled trials and quasi-randomised controlled trials for children with oropharyngeal dysphagia and neurological impairment. Data collection and analysis All three review authors (AM, PD and EW) independently screened titles and abstracts for inclusion and discussed results. In cases of uncertainty over whether an abstract met inclusion criterion, review authors obtained the full-text article and independently evaluated each paper for inclusion. The data were categorised for comparisons depending on the nature of the control group (for example, oral sensorimotor treatment versus no treatment). Effectiveness of the oropharyngeal dysphagia intervention was assessed by considering primary outcomes of physiological functions of the oropharyngeal mechanism for swallowing (for example, lip seal maintenance), the presence of chest infection and pneumonia, and diet consistency a child is able to consume. Secondary outcomes were changes in growth, child’s level of participation in the mealtime routine and the level of parent or carer stress associated with feeding. Main results Three studies met the inclusion criteria for the review. Two studies were based on oral sensorimotor interventions for participants with cerebral palsy compared to standard care and a third study trialled lip strengthening exercises for children with myotonic dystrophy type 1 compared to no treatment (Sjogreen 2010). A meta-analysis combining results across the three studies was not possible because one of the studies had participants with a different condition, and the remaining two, although using oral sensorimotor treatments, used vastly different approaches with different intensities and durations. The decision not to combine these was in line with our protocol. In this review, we present the results from individual studies for four outcomes: physiological functions of the oropharyngeal mechanism for swallowing, the presence of chest infection and pneumonia, diet consistency, and changes in growth. However, it is not possible to reach definitive conclusions on the effectiveness of particular interventions for oropharyngeal dysphagia based on these studies. One study had a high risk of attrition bias owing to missing data, had statistically significant differences (in weight) across experimental and control groups at baseline, and did not describe other aspects of the trial sufficiently to enable assessment of other potential risks of bias. Another study was at high risk of detection bias as some outcomes were assessed by parents who knew whether their child was in the intervention or control group. The third study overall seemed to be at low risk of bias, but like the other two studies, suffered from a small sample size. Authors’ conclusions The review demonstrates that there is currently insufficient high-quality evidence from randomised controlled trials or quasi-randomised controlled trials to provide conclusive results about the effectiveness of any particular type of oral-motor therapy for children with neurological impairment. There is an urgent need for larger-scale (appropriately statistically powered), randomised trials to evaluate the efficacy of interventions for oropharyngeal dysphagia.

Keywords: Am, Analysis, Appliance Therapy, Assessment, At, Australia, Authors, Bias, Brain, Brain Injury, Care, Cerebral, Cerebral Palsy, Changes, Child, Children, Citation, Collection, Combining, Consistency, Consistent Food Presentation, Control, Control Groups, Criteria, Data, Data Collection, Database, Databases, Decision, Diet, Disabled-Children, Dissertations, Effectiveness, Efficacy, Embase, Evidence, Exercises, Experience, Experimental, Feeding, Feeding Problems, Food, Functions, Genetic, Groups, Growth, Infection, Injury, Intervention, Interventions, Low Risk, Mechanism, Medicine, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Neurological, Oral, Outcomes, Parents, Participation, Pd, Pediatric Dysphagia, Pneumonia, Potential, Primary, Protocol, Psycinfo, Quadriplegic Cerebral-Palsy, Randomised, Randomised Controlled Trials, Reference, Reference Lists, References, Review, Risk, Risks, River, Sample Size, Science, Science Citation Index, Search, Sensorimotor Therapy, Size, Small, Social Science Citation Index, Standard, Stress, Stroke, Stroke Patients, Syndrome, Systematic Reviews, Therapy, Theses, Traumatic, Traumatic Brain Injury, Traumatic Brain-Injury, Treatment, Trial, Uncertainty, USA, WHO

? Bala, M.M., Riemsma, R.P., Wolff, R. and Kleijnen, J. (2013), Microwave coagulation for liver metastases. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD010163.

Full Text: 2013\Coc Dat Sys Rev2013, CD010163.pdf

Abstract: Background Primary liver cancer and liver metastases from colorectal carcinoma are the two most common malignant tumours to affect the liver. The liver is second only to the lymph nodes as the most common site for metastatic disease. More than half of patients with metastatic liver disease will die from metastatic complications. Microwave coagulation involves placing an electrode into a lesion under ultrasound or computed tomography guidance. The microwave coagulator generates and transmits microwave energy to the electrode. Coagulative necrosis causes cellular death and destroys tissue in the treatment area, resulting in reduction of tumour size. Objectives To study the beneficial and harmful effects of microwave coagulation compared with no intervention, other ablation methods, or systemic treatments in patients with liver metastases. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, The Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, LILACS, and CINAHL up to December 2012. Selection criteria We included all randomised clinical trials assessing beneficial and harmful effects of microwave coagulation and its comparators, irrespective of the location of the primary tumour. Data collection and analysis We extracted relevant information on participant characteristics, interventions, and study outcomes and data on outcome measures for our review, as well as information on design and methodology of the studies. Bias risk assessment of trials, determination of whether they fulfilled the inclusion criteria, and data extraction from retrieved for final evaluation trials were done by one review author and were checked by a second review author. Main results One randomised clinical trial fulfilled the inclusion criteria of the review. Forty participants with multiple liver metastases of colorectal cancer and no evidence of extrahepatic disease were randomly assigned. Thirty of these participants (14 females and 16 males) were included in the analysis: 14 participants received microwave coagulation and 16 underwent conventional surgery (hepatectomy or liver resection). The diagnosis of colorectal cancer (Stage IB to IIIC; tumour (T) 2 node (N)0 to T3N2) and liver metastases was confirmed by histological assessment. Mean participant age was 61 years. The tumours were resectable. The risk of bias in the trial was judged to be high. Participants were followed for three years. Mortality at the last follow-up was 64% (9/14) in the microwave group and 75% (12/16) in the conventional surgery group (risk ratio (RR) 0.86; 95% confidence interval (CI) 0.53 to 1.39), that is, no significant difference was observed. In the microwave coagulation group, 71%, 57%, and 14% survived 1, 2, and 3 years, and in the conventional surgery group, the percentages were 69%, 56%, and 23%. The hazard ratio calculated using the Parmar method was 0.91 (0.39 to 2.15). Mean survival time was 27 months in the microwave group and 25 months in the conventional surgery group, and the mean disease-free interval was 11.3 months in the microwave group and 13.3 months in the hepatectomy group. Differences for both outcomes were not statistically significant. Reported frequency of adverse events was similar between the microwave coagulation and conventional surgery groups, except for the required blood transfusion, which was more common in the conventional surgery group. No intervention-related mortality was observed. After treatment, the carcinoembryonic antigen level decreased significantly in both groups. Authors’ conclusions On the basis of one randomised clinical trial, which did not describe allocation concealment or blinding, and which excluded from analysis 25% of participants after random assignment, evidence is insufficient to show whether microwave coagulation brings any significant benefit in terms of survival or recurrence compared with conventional surgery for participants with liver metastases from colorectal cancer. The number of adverse events, except for the requirement for blood transfusion, which was more common in the liver resection group, was similar in both groups. At present, microwave therapy cannot be recommended outside randomised clinical trials.

Keywords: Ablation, Age, Allocation, Analysis, Assessing, Assessment, Bias, Blood, Blood Transfusion, Cancer, Cancer Statistics, Carcinoembryonic Antigen, Characteristics, Citation, Clinical, Clinical Trial, Clinical Trials, Clinical-Trials, Coagulation, Collection, Colorectal Cancer, Complications, Computed Tomography, Confidence, Conventional, Criteria, Data, Data Collection, Death, Design, Design Characteristics, Diagnosis, Differences, Disease, Effects, Embase, Empirical-Evidence, Energy, Evaluation, Events, Evidence, Extraction, Follow-Up, Groups, Guidance, Hazard, Hepatic Metastases, Ib, Information, Information Size, Interval, Intervention, Interventions, Liver, Liver Cancer, Location, Measures, MEDLINE, Metastases, Metastatic Disease, Methodology, Methods, Microwave, Mortality, Necrosis, Outcome, Outcome Measures, Outcomes, Patients, Primary, Radiofrequency Ablation, Randomised, Randomized Controlled-Trials, Recurrence, Reduction, Requirement, Review, Risk, Risk Assessment, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Site, Size, Surgery, Survival, Therapy, Transfusion, Treatment, Trial, Tumour Size, Ultrasound, Unresectable Hepatocellular-Carcinoma

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Full Text: 2013\Coc Dat Sys Rev2013, CD006354.pdf

Abstract: Background Nursing homes for older people provide an environment likely to promote the acquisition and spread of meticillin-resistant Staphylococcus aureus (MRSA), putting residents at increased risk of colonisation and infection. It is recognised that infection prevention and control strategies are important in preventing and controlling MRSA transmission. Objectives To determine the effects of infection prevention and control strategies for preventing the transmission of MRSA in nursing homes for older people. Search methods In August 2013, for this third update, we searched the Cochrane Wounds Group Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library), Database of Abstracts of Reviews of Effects (DARE, The Cochrane Library), Ovid MEDLINE, OVID MEDLINE (In-process and Other Non-Indexed Citations), Ovid EMBASE, EBSCO CINAHL, Web of Science and the Health Technology Assessment (HTA) website. Research in progress was sought through Current Clinical Trials, Gateway to Reseach, and HSRProj (Health Services Research Projects in Progress). Selection criteria All randomised and controlled clinical trials, controlled before and after studies and interrupted time series studies of infection prevention and control interventions in nursing homes for older people were eligible for inclusion. Data collection and analysis Two review authors independently reviewed the results of the searches. Another review author appraised identified papers and undertook data extraction which was checked by a second review author. Main results For this third update only one study was identified, therefore it was not possible to undertake a meta-analysis. A cluster randomised controlled trial in 32 nursing homes evaluated the effect of an infection control education and training programme on MRSA prevalence. The primary outcome was MRSA prevalence in residents and staff, and a change in infection control audit scores which measured adherence to infection control standards. At the end of the 12 month study, there was no change in MRSA prevalence between intervention and control sites, while mean infection control audit scores were significantly higher in the intervention homes compared with control homes. Authors’ conclusions There is a lack of research evaluating the effects on MRSA transmission of infection prevention and control strategies in nursing homes. Rigorous studies should be conducted in nursing homes, involving residents and staff to test interventions that have been specifically designed for this unique environment.

Keywords: Adherence, Aged, Analysis, Antibiotic Use, Assessment, Audit, Authors, Citations, Clinical, Clinical Trials, Cluster, Collection, Colonisation, Colonization, Control, Controlled Trial, Criteria, Cross Infection [Prevention & Control, Data, Data Collection, Database, Education, Education and Training, Effects, Embase, Environment, Extraction, Gram-Negative Bacilli, Hand Hygiene, Health-Care, Homes For The Aged, Hta, Humans, Infection, Infection Control, Infection Control [Methods], Interrupted Time Series, Intervention, Interventions, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methicillin-Resistant, Methicillin-Resistant Staphylococcus Aureus [Drug Effects], Methods, Molecular Epidemiology, Mrsa, Nursing, Nursing Homes, Older People, Outcome, Papers, Prevalence, Prevention, Prevention and Control, Primary, Progress, Randomised, Randomised Controlled Trial, Randomized Controlled Trials As Topic, Research, Residents, Review, Risk, Risk-Factors, Science, Search, Standards, Staphylococcal Infections [Prevention & Control, Staphylococcus Aureus, Technology, Technology Assessment, Term-Care Facility, Time Series, Training, Transmission, Transmission], Trial, Web of Science

? Brand, M. and Grieve, A. (2013), Prophylactic antibiotics for penetrating abdominal trauma. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD007370.

Full Text: 2013\Coc Dat Sys Rev2013, CD007370.pdf

Abstract: Background Penetrating abdominal trauma occurs when the peritoneal cavity is breached. Routine laparotomy for penetrating abdominal injuries began in the 1800s, with antibiotics first being used in World War II to combat septic complications associated with these injuries. This practice was marked with a reduction in sepsis-related mortality and morbidity. Whether prophylactic antibiotics are required in the prevention of infective complications following penetrating abdominal trauma is controversial, however, as no randomised placebo controlled trials have been published to date. There has also been debate about the timing of antibiotic prophylaxis. In 1972 Fullen noted a 7% to 11% post-surgical infection rate with pre-operative antibiotics, a 33% to 57% infection rate with intra-operative antibiotic administration and 30% to 70% infection rate with only post-operative antibiotic administration. Current guidelines state there is sufficient class I evidence to support the use of a single pre-operative broad spectrum antibiotic dose, with aerobic and anaerobic cover, and continuation (up to 24 hours) only in the event of a hollow viscus perforation found at exploratory laparotomy. Objectives To assess the benefits and harms of prophylactic antibiotics administered for penetrating abdominal injuries for the reduction of the incidence of septic complications, such as septicaemia, intra-abdominal abscesses and wound infections. Search methods Searches were not restricted by date, language or publication status. We searched the following electronic databases: the Cochrane Injuries Group Specialised Register, CENTRAL (The Cochrane Library 2013, issue 12 of 12), MEDLINE (OvidSP), Embase (OvidSP), ISI Web of Science: Science Citation Index Expanded (SCI-EXPANDED), ISI Web of Science: Conference Proceedings Citation Index-Science (CPCI-S) and PubMed. Searches were last conducted in January 2013. Selection criteria All randomised controlled trials of antibiotic prophylaxis in patients with penetrating abdominal trauma versus no antibiotics or placebo. Data collection and analysis Two authors screened the literature search results independently. Main results We identified no trials meeting the inclusion criteria. Authors’ conclusions There is currently no information from randomised controlled trials to support or refute the use of antibiotics for patients with penetrating abdominal trauma.

Keywords: Abdominal, Abdominal Injuries [Complications], Administration, Analysis, Antibiotic Prophylaxis, Antibiotics, Authors, Benefits, Bias, Citation, Collection, Complications, Conference, Criteria, Data Collection, Databases, Evidence, First, Guidelines, Incidence, Infection, Infections, Information, ISI, ISI Web of Science, Language, Laparotomy, Literature, Literature Search, MEDLINE, Metaanalysis, Methods, Morbidity, Mortality, Patients, Placebo, Postoperative, Practice, Preoperative, Prevention, Prophylactic, Prophylactic Antibiotics, Prophylaxis, Publication, Pubmed, Quality, Randomised, Randomised Controlled Trials, Randomized-Trials, Reduction, Science, Science Citation Index, Science Citation Index Expanded, Search, State, Support, Surgical Wound Infection [Prevention & Control], Timing, Trauma, War, Web of Science, Wound, Wound Infection [Prevention & Control], Wound Infections, Wounds, Penetrating [Complications]

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Full Text: 2013\Coc Dat Sys Rev2013, UNSP CD008143.pdf

Abstract: Background Patients with type 2 diabetes mellitus (T2D) have an increased risk of cardiovascular disease and mortality compared to the background population. Observational studies report an association between reduced blood glucose and reduced risk of both micro-and macrovascular complications in patients with T2D. Our previous systematic review of intensive glycaemic control versus conventional glycaemic control was based on 20 randomised clinical trials that randomised 29,986 participants with T2D. We now report our updated review. Objectives To assess the effects of targeted intensive glycaemic control compared with conventional glycaemic control in patients with T2D. Search methods Trials were obtained from searches of The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, LILACS, and CINAHL (all until December 2012). Selection criteria We included randomised clinical trials that prespecified targets of intensive glycaemic control versus conventional glycaemic control targets in adults with T2D. Data collection and analysis Two authors independently assessed the risk of bias and extracted data. Dichotomous outcomes were assessed by risk ratios (RR) and 95% confidence intervals (CI). Health-related quality of life and costs of intervention were assessed with standardized mean differences (SMD) and 95% Cl. Main results Twenty-eight trials with 34,912 T2D participants randomised 18,717 participants to intensive glycaemic control versus 16,195 participants to conventional glycaemic control. Only two trials had low risk of bias on all risk of bias domains assessed. The duration of the intervention ranged from three days to 12.5 years. The number of participants in the included trials ranged from 20 to 11,140. There were no statistically significant differences between targeting intensive versus conventional glycaemic control for all-cause mortality (RR 1.00, 95% CI 0.92 to 1.08; 34,325 participants, 24 trials) or cardiovascular mortality (RR 1.06, 95% CI 0.94 to 1.21; 34,177 participants, 22 trials). Trial sequential analysis showed that a 10% relative risk reduction could be refuted for all-cause mortality. Targeting intensive glycaemic control did not show a statistically significant effect on the risks of macrovascular complications as a composite outcome in the random-effects model, but decreased the risks in the fixed-effect model (random RR 0.91, 95% CI 0.82 to 1.02; and fixed RR 0.93, 95% CI 0.87 to 0.99; P = 0.02; 32,846 participants, 14 trials). Targeting intensive versus conventional glycaemic control seemed to reduce the risks of non-fatal myocardial infarction (RR 0.87, 95% CI 0.77 to 0.98; P = 0.02; 30,417 participants, 14 trials), amputation of a lower extremity (RR 0.65, 95% CI 0.45 to 0.94; P = 0.02; 11,200 participants, 11 trials), as well as the risk of developing a composite outcome of microvascular diseases (RR 0.88, 95% CI 0.82 to 0.95; P = 0.0008; 25,927 participants, 6 trials), nephropathy (RR 0.75, 95% CI 0.59 to 0.95; P = 0.02; 28,096 participants, 11 trials), retinopathy (RR 0.79, 95% CI 0.68 to 0.92; P = 0.002; 10,300 participants, 9 trials), and the risk of retinal photocoagulation (RR 0.77, 95% CI 0.61 to 0.97; P = 0.03; 11,212 participants, 8 trials). No statistically significant effect of targeting intensive glucose control could be shown on non-fatal stroke, cardiac revascularization, or peripheral revascularization. Trial sequential analyses did not confirm a reduction of the risk of non-fatal myocardial infarction but confirmed a 10% relative risk reduction in favour of intensive glycaemic control on the composite outcome of microvascular diseases. For the remaining microvascular outcomes, trial sequential analyses could not establish firm evidence for a 10% relative risk reduction. Targeting intensive glycaemic control significantly increased the risk of mild hypoglycaemia, but substantial heterogeneity was present; severe hypoglycaemia (RR 2.18, 95% CI 1.53 to 3.11; 28,794 participants, 12 trials); and serious adverse events (RR 1.06, 95% CI 1.02 to 1.10; P = 0.007; 24,280 participants, 11 trials). Trial sequential analysis for a 10% relative risk increase showed firm evidence for mild hypoglycaemia and serious adverse events and a 30% relative risk increase for severe hypoglycaemia when targeting intensive versus conventional glycaemic control. Overall health-related quality of life, as well as the mental and the physical components of health-related quality of life did not show any statistical significant differences. Authors’ conclusions Although we have been able to expand the number of participants by 16% in this update, we still find paucity of data on outcomes and the bias risk of the trials was mostly considered high. Targeting intensive glycaemic control compared with conventional glycaemic control did not show significant differences for all-cause mortality and cardiovascular mortality. Targeting intensive glycaemic control seemed to reduce the risk of microvascular complications, if we disregard the risks of bias, but increases the risk of hypoglycaemia and serious adverse events.

Keywords: 10-Year Follow-Up, Acute Myocardial-Infarction, Adult, All-Cause Mortality, Analyses, Analysis, Association, Authors, Beta-Cell Function, Bias, Blood, Blood Glucose, Blood Glucose [Analysis], Blood-Glucose Control, Cardiovascular, Cardiovascular Disease, Cardiovascular Diseases [Mortality], Cause of Death, Citation, Clinical, Clinical Trials, Collection, Complications, Composite, Confidence, Confidence Intervals, Control, Control Cardiovascular Risk, Conventional, Costs, Criteria, Data, Data Collection, Developing, Diabetes, Diabetes Mellitus, Diabetes Mellitus,Type 2 [Blood, Disease, Diseases, Drug Therapy, Duration, Effects, Embase, Events, Evidence, Glucose, Health-Related Quality of Life, Heterogeneity, Humans, Hyperglycemia [Complications, Hypoglycaemia, Hypoglycemia [Chemically Induced, Hypoglycemic Agents [Therapeutic Use], Infarction, Intervals, Intervention, Life, Low Risk, MEDLINE, Methods, Middle Aged, Model, Mortality, Mortality], Myocardial Infarction, Nephropathy, Observational Studies, Outcome, Outcomes, P, Patients, Percutaneous Coronary Intervention, Physical, Population, Quality, Quality Of, Quality of Life, Quality-Of-Life, Random Effects Model, Randomised, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Reduction, Relative Risk, Revascularization, Review, Risk, Risks, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential Monitoring Boundaries, Stroke, Systematic Review, Targeting, Trial, Type 2 Diabetes

? van Ginneken, N., Tharyan, P., Lewin, S., Rao, G.N., Meera, S.M., Pian, J., Chandrashekar, S. and Patel, V. (2013), Non-specialist health worker interventions for the care of mental, neurological and substance-abuse disorders in low- and middle-income countries. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD009149.

Full Text: 2013\Coc Dat Sys Rev2013, CD009149.pdf

Abstract: Background Many people with mental, neurological and substance-use disorders (MNS) do not receive health care. Non-specialist health workers (NSHWs) and other professionals with health roles (OPHRs) are a key strategy for closing the treatment gap. Objectives To assess the effect of NSHWs and OPHRs delivering MNS interventions in primary and community health care in low-and middle-income countries. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (including the Cochrane Effective Practice and Organisation of Care (EPOC) Group Specialised Register) (searched 21 June 2012); MEDLINE, OvidSP; MEDLINE In Process & Other Non-Indexed Citations, OvidSP; EMBASE, OvidSP (searched 15 June 2012); CINAHL, EBSCOhost; PsycINFO, OvidSP (searched 18 and 19 June 2012); World Health Organization (WHO) Global Health Library (searched 29 June 2012); LILACS; the International Clinical Trials Registry Platform (WHO); OpenGrey; the metaRegister of Controlled Trials (searched 8 and 9 August 2012); Science Citation Index and Social Sciences Citation Index (ISI Web of Knowledge) (searched 2 October 2012) and reference lists, without language or date restrictions. We contacted authors for additional studies. Selection criteria Randomised and non-randomised controlled trials, controlled before-and-after studies and interrupted-time-series studies of NSHWs/OPHR-delivered interventions in primary/community health care in low-and middle-income countries, and intended to improve outcomes in people with MNS disorders and in their carers. We defined an NSHW as any professional health worker (e. g. doctors, nurses and social workers) or lay health worker without specialised training in MNS disorders. OPHRs included people outside the health sector (only teachers in this review). Data collection and analysis Review authors double screened, double data-extracted and assessed risk of bias using standard formats. We grouped studies with similar interventions together. Where feasible, we combined data to obtain an overall estimate of effect. Main results The 38 included studies were from seven low-and 15 middle-income countries. Twenty-two studies used lay health workers, and most addressed depression or post-traumatic stress disorder (PTSD). The review shows that the use of NSHWs, compared with usual healthcare services: 1. may increase the number of adults who recover from depression or anxiety, or both, two to six months after treatment (prevalence of depression: risk ratio (RR) 0.30, 95% confidence interval (CI) 0.14 to 0.64; low-quality evidence); 2. may slightly reduce symptoms for mothers with perinatal depression (severity of depressive symptoms: standardised mean difference (SMD) -0.42, 95% CI -0.58 to -0.26; low-quality evidence); 3. may slightly reduce the symptoms of adults with PTSD (severity of PTSD symptoms: SMD -0.36, 95% CI -0.67 to -0.05; low-quality evidence); 4. probably slightly improves the symptoms of people with dementia (severity of behavioural symptoms: SMD -0.26, 95% CI -0.60 to 0.08; moderate-quality evidence); 5. probably improves/slightly improves the mental well-being, burden and distress of carers of people with dementia (carer burden: SMD -0.50, 95% CI -0.84 to -0.15; moderate-quality evidence); 6. may decrease the amount of alcohol consumed by people with alcohol-use disorders (drinks/drinking day in last 7 to 30 days: mean difference -1.68, 95% CI -2.79 to -0.57); low-quality evidence). It is uncertain whether lay health workers or teachers reduce PTSD symptoms among children. There were insufficient data to draw conclusions about the cost-effectiveness of using NSHWs or teachers, or about their impact on people with other MNS conditions. In addition, very few studies measured adverse effects of NSHW-led care - such effects could impact on the appropriateness and quality of care. Authors’ conclusions Overall, NSHWs and teachers have some promising benefits in improving people’s outcomes for general and perinatal depression, PTSD and alcohol-use disorders, and patient-and carer-outcomes for dementia. However, this evidence is mostly low or very low quality, and for some issues no evidence is available. Therefore, we cannot make conclusions about which specific NSHW-led interventions are more effective.

Keywords: Adverse Effects, African Refugee Settlement, Alcohol, Alcohol Use, Analysis, Antiepileptic Drug-Treatment, Anxiety, Authors, Benefits, Bias, Burden, Care, Children, Citation, Citations, Clinical Trials, Collection, Community, Community-Based Intervention, Confidence, Cost Effectiveness, Cost-Effectiveness, Criteria, Data, Data Collection, Dementia, Depression, Depressive Symptoms, Distress, Doctors, Effects, Embase, Evidence, General, Group Interpersonal Psychotherapy, Health, Health Care, Impact, Interrupted Time Series, Interval, Interventions, ISI, Issues, Knowledge, Language, Low-And Middle-Income Countries, MEDLINE, Methods, Mn, Moderate Alzheimers-Disease, Mothers, Narrative Exposure Therapy, Neurological, Nurses, Outcomes, Perinatal, Post Traumatic Stress Disorder, Post-Traumatic Stress, Post-Traumatic Stress Disorder, Posttraumatic Stress, Posttraumatic Stress Disorder, Posttraumatic-Stress-Disorder, Prevalence, Primary, Psycinfo, Ptsd, Quality, Quality Of, Quality of Care, Randomized Controlled-Trial, Reference, Reference Lists, Restrictions, Review, Risk, Risk-Reduction Intervention, Science, Science Citation Index, Sciences, Search, Sector, Services, Social, Social Sciences, Social Sciences Citation Index, Standard, Strategy, Stress, Substance Abuse, Substance Use, Substance Use Disorders, Symptoms, Training, Treatment, Web of Knowledge, Well-Being, Who, World Health Organization, Young Methamphetamine Users

? Allen, V.B., GurUSAmy, K.S., Takwoingi, Y., Kalia, A. and Davidson, B.R. (2013), Diagnostic accuracy of laparoscopy following computed tomography (CT) scanning for assessing the resectability with curative intent in pancreatic and periampullary cancer. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD009323.

Full Text: 2013\Coc Dat Sys Rev2013, CD009323.pdf

Abstract: Background Surgical resection is the only potentially curative treatment for pancreatic and periampullary cancer. A considerable proportion of patients undergo unnecessary laparotomy because of underestimation of the extent of the cancer on computed tomography (CT) scanning. Laparoscopy can detect metastases not visualised on CT scanning, enabling better assessment of the spread of cancer (staging of cancer). There has been no systematic review or meta-analysis assessing the role of diagnostic laparoscopy in assessing the resectability with curative intent in patients with pancreatic and periampullary cancer. Objectives To determine the diagnostic accuracy of diagnostic laparoscopy performed as an add-on test to CT scanning in the assessment of curative resectability in pancreatic and periampullary cancer. Search methods We searched the Cochrane Register of Diagnostic Test Accuracy Studies, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE via PubMed, EMBASE via OvidSP (from inception to 13 September 2012), and Science Citation Index Expanded (from 1980 to 13 September 2012). Selection criteria We included diagnostic accuracy studies of diagnostic laparoscopy in patients with potentially resectable pancreatic and periampullary cancer on CT scan, where confirmation of liver or peritoneal involvement was by histopathological examination of suspicious (liver or peritoneal) lesions obtained at diagnostic laparoscopy or laparotomy. We accepted any criteria of resectability used in the studies. We included studies irrespective of language, publication status, or study design (prospective or retrospective). We excluded case-control studies. Data collection and analysis Two authors independently performed data extraction and quality assessment using the QUADAS-2 tool. The specificity of diagnostic laparoscopy in all studies was 1 because there were no false positives since laparoscopy and the reference standard are one and the same if histological examination after diagnostic laparoscopy is positive. Therefore, the sensitivities were meta-analysed using a univariate random-effects logistic regression model. The probability of unresectability in patients who had a negative laparoscopy (post-test probability for patients with a negative test result) was calculated using the median probability of unresectability (pre-test probability) from the included studies and the negative likelihood ratio derived from the model (specificity of 1 assumed). The difference between the pre-test and post-test probabilities gave the overall added value of diagnostic laparoscopy compared to the standard practice of CT scan staging alone. Main results Fifteen studies with a total of 1015 patients were included in the meta-analysis. Only one study including 52 patients had a low risk of bias and low applicability concern in the patient selection domain. The median pre-test probability of unresectable disease after CT scanning across studies was 40.3% (that is 40 out of 100 patients who had resectable cancer after CT scan were found to have unresectable disease on laparotomy). The summary sensitivity of diagnostic laparoscopy was 68.7% (95% CI 54.3% to 80.2%). Assuming a pre-test probability of 40.3%, the post-test probability of unresectable disease for patients with a negative test result was 0.17 (95% CI 0.12 to 0.24). This indicates that if a patient is said to have resectable disease after diagnostic laparoscopy and CT scan, there is a 17% probability that their cancer will be unresectable compared to a 40% probability for those receiving CT alone. A subgroup analysis of patients with pancreatic cancer gave a summary sensitivity of 67.9% (95% CI 41.1% to 86.5%). The post-test probability of unresectable disease after being considered resectable on both CT and diagnostic laparoscopy was 18% compared to 40% for those receiving CT alone. Authors’ conclusions Diagnostic laparoscopy may decrease the rate of unnecessary laparotomy in patients with pancreatic and periampullary cancer found to have resectable disease on CT scan. On average, using diagnostic laparoscopy with biopsy and histopathological confirmation of suspicious lesions prior to laparotomy would avoid 23 unnecessary laparotomies in 100 patients in whom resection of cancer with curative intent is planned.

Keywords: Accuracy, Ampullary Cancer, Analysis, Assessing, Assessment, Authors, Bias, Biopsy, Cancer, Case-Control, Case-Control Studies, Citation, Collection, Computed Tomography, Criteria, Ct, Ct Scan, Data, Data Collection, Design, Diagnostic Accuracy, Digestive Cancers, Disease, Embase, Endoscopic Ultrasonography, Examination, Expert Consensus Statement, Extraction, Head Region, Language, Laparoscopy, Laparotomy, Likelihood Ratio, Liver, Logistic Regression, Low Risk, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Metastases, Methods, Model, Pancreatic Cancer, Patient Selection, Patients, Peritoneal Cytology, Practice, Prognostic-Factors, Prospective, Publication, Pubmed, Quality, Reference, Regression, Regression Model, Review, Risk, Role, Science, Science Citation Index, Science Citation Index Expanded, Search, Selection, Sensitivity, Specificity, Staging Laparoscopy, Standard, Study Design, Surgical, Surgical-Treatment, Systematic Review, Test, Treatment, Upper Gastrointestinal Malignancies, Value

? Hardt, J., Meerpohl, J.J., Metzendorf, M.I., Kienle, P., Post, S. and Herrle, F. (2013), Lateral pararectal versus transrectal stoma placement for prevention of parastomal herniation. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD009487.

Full Text: 2013\Coc Dat Sys Rev2013, CD009487.pdf

Abstract: Background A parastomal hernia is defined as an incisional hernia related to a stoma and belongs to the most common stoma-related complications. Many factors concerning the operative technique which are considered to influence the incidence of parastomal herniation have been investigated. However, it remains unclear whether the enterostomy should be placed through or lateral to the rectus abdominis muscle in order to prevent parastomal herniation and other important stoma complications for people undergoing abdominal wall enterostomy. Objectives To assess if there is a difference regarding the incidence of parastomal herniation and other stomal complications, such as ileus and stenosis, in lateral pararectal versus transrectal stoma placement in people undergoing elective or emergency abdominal wall enterostomy. Search methods In October and November 2012 we searched for all types of published and unpublished randomized and non-randomized studies with no restriction on language, date or country (search dates in brackets). We searched the bibliographic databases The Cochrane Library (4 October 2012), MEDLINE (1 October 2012), EMBASE (10 October 2012), LILACS (29 November 2012), and Science Citation Index Expanded (4 October 2012). We also searched the reference lists of all relevant studies and the trial registers ClinicalTrials.gov (9 October 2012), World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) Search Portal (10 October 2012), as well as three additional trial registers not included in the ICTRP (27 November 2012). Selection criteria Randomized and non-randomized studies comparing lateral pararectal versus transrectal stoma placement with regard to parastomal herniation and other stoma-related complications. Data collection and analysis Two authors independently assessed study quality and extracted data. Data analyses were conducted according to the recommendations of The Cochrane Collaboration and the Cochrane Colorectal Cancer Group (CCCG). Quality of evidence was rated according to GRADE (Grading of Recommendations Assessment, Development and Evaluation). Main results Nine retrospective cohort studies with a total of 761 participants met the inclusion criteria. All included studies reported results for the primary outcome (parastomal herniation), and one study also reported data on one of the secondary outcomes (stomal prolapse). None of the included studies compared the two interventions with regard to other secondary outcomes. There was neither a significant difference in terms of the risk for parastomal herniation (risk ratio (RR) 1.29; 95% confidence interval (CI) 0.79 to 2.1) nor with regard to the occurrence of stomal prolapse (RR 1.23; 95% CI 0.39 to 3.85). An I-2 value of 65% indicated substantial statistical heterogeneity in the meta-analysis. Authors’ conclusions The poor quality of the included evidence does not allow a robust conclusion regarding the objectives of the review. This review highlights a clear uncertainty as to the relative merits of either approach. There is a need for randomized trials to evaluate the effectiveness of the lateral pararectal versus the transrectal approach in preventing parastomal herniation and other stoma-related morbidity in people requiring enterostomy placement.

Keywords: Abdominal, Abdominal Wall, Abdominis Positioned Stoma, Analyses, Analysis, Approach, Assessment, Authors, Bibliographic, Bibliographic Databases, Cancer, Citation, Clinical Trials, Cochrane Collaboration, Cohort, Collaboration, Collection, Colorectal, Colostomy, Complications, Confidence, Country, Criteria, Data, Data Collection, Databases, Effectiveness, Elective, Embase, Emergency, Evaluation, Evidence, Grade, Health-Care Interventions, Heterogeneity, Ileostomy, Ileus, Incidence, Influence, Interval, Interventions, Intestinal Stomas, Language, Life-Table Analysis, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Morbidity, Muscle, Operative, Outcome, Outcomes, Placement, Prevent, Prevention, Primary, Prolapse, Proposal, Prosthetic Mesh, Quality, Quality Of, Randomized, Recommendations, Rectus Abdominis Muscle, Reference, Reference Lists, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Stenosis, Trial, Uncertainty, Value, Who, World Health Organization

? Elsner, B., Kugler, J., Pohl, M. and Mehrholz, J. (2013), Transcranial direct current stimulation (tDCS) for improving function and activities of daily living in patients after stroke. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD009645.

Full Text: 2013\Coc Dat Sys Rev2013, CD009645.pdf

Abstract: Background Stroke is one of the leading causes of disability worldwide. Functional impairment resulting in poor performance in activities of daily living (ADLs) among stroke survivors is common. Current rehabilitation approaches have limited effectiveness in improving ADL performance and function after stroke, but a possible adjunct to stroke rehabilitation might be non-invasive brain stimulation by transcranial direct current stimulation (tDCS) to modulate cortical excitability and hence to improve ADL performance and function. Objectives To assess the effects of tDCS on generic activities of daily living (ADLs) and motor function in people with stroke. Search methods We searched the Cochrane Stroke Group Trials Register (March 2013), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library, May 2013), MEDLINE (1948 to May 2013), EMBASE (1980 to May 2013), CINAHL (1982 to May 2013), AMED (1985 to May 2013), Science Citation Index (1899 to May 2013) and four additional databases. In an effort to identify further published, unpublished and ongoing trials, we searched trials registers and reference lists, handsearched conference proceedings and contacted authors and equipment manufacturers. Selection criteria We included only randomised controlled trials (RCTs) and randomised controlled cross-over trials (from which we analysed only the first period as a parallel-group design) that compared tDCS versus control in adults with stroke for improving ADL performance and function. Data collection and analysis Two review authors independently assessed trial quality (JM and MP) and extracted data (BE and JM). If necessary, we contacted study authors to ask for additional information. We collected information on dropouts and adverse events from the trial reports. Main results We included 15 studies involving a total of 455 participants. Analysis of six studies involving 326 participants regarding our primary outcome, ADL, showed no evidence of an effect in favour of tDCS at the end of the intervention phase (mean difference (MD) 5.31 Barthel Index (BI) points; 95% confidence interval (CI) -0.52 to 11.14; inverse variance method with random-effects model), whereas at follow-up (MD 11.13 BI points; 95% CI 2.89 to 19.37; inverse variance method with random-effects model), we found evidence of an effect. However, the confidence intervals were wide and the effect was not sustained when only studies with low risk of bias were included. For our secondary outcome, upper limb function, we analysed eight trials with 358 participants, which showed evidence of an effect in favour of tDCS at the end of the intervention phase (MD 3.45 Upper Extremity Fugl-Meyer Score points (UE-FM points); 95% CI 1.24 to 5.67; inverse variance method with random-effects model) but not at the end of follow-up three months after the intervention (MD 9.23 UE-FM points; 95% CI -13.47 to 31.94; inverse variance method with random-effects model). These results were sensitive to inclusion of studies at high risk of bias. Adverse events were reported and the proportions of dropouts and adverse events were comparable between groups (risk difference (RD) 0.00; 95% CI -0.02 to 0.03; Mantel-Haenszel method with random-effects model). Authors’ conclusions At the moment, evidence of very low to low quality is available on the effectiveness of tDCS (anodal/cathodal/dual) versus control (sham/any other intervention) for improving ADL performance and function after stroke. Future research should investigate the effects of tDCS on lower limb function and should address methodological issues by routinely reporting data on adverse events and dropouts and allocation concealment, and by performing intention-to-treat analyses.

Keywords: Adl, Allocation, Analyses, Analysis, Authors, Bias, Brain, Citation, Collection, Conference Proceedings, Confidence, Confidence Intervals, Control, Cortical Stimulation, Criteria, Data, Data Collection, Databases, Dc Stimulation, Design, Disability, Effectiveness, Effects, Embase, Equipment, Events, Evidence, First, Follow-Up, Function, Groups, Information, Interval, Intervals, Intervention, Issues, Living, Low Risk, MEDLINE, Methods, Model, Motor Cortex Stimulation, Motor Function, Noninvasive Brain-Stimulation, Outcome, Patients, Performance, Primary, Quality, Random Effects Model, Randomised, Randomised Controlled Trials, Recovery, Reference, Reference Lists, Rehabilitation, Reporting, Research, Review, Risk, Robotic Therapy, Science, Science Citation Index, Search, Simultaneous Occupational-Therapy, Skill Acquisition, Stroke, Subacute Stroke, Trial, Upper-Limb

? Weis, S., Franke, A., Mossner, J., Jakobsen, J.C. and Schoppmeyer, K. (2013), Radiofrequency (thermal) ablation versus no intervention or other interventions for hepatocellular carcinoma. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD003046.

Full Text: 2013\Coc Dat Sys Rev2013, CD003046.pdf

Abstract: Background Hepatocellular carcinoma is the fifth most common cancer worldwide. Percutaneous interventional therapies, such as radiofrequency (thermal) ablation (RFA), have been developed for early hepatocellular carcinoma. RFA competes with other interventional techniques such as percutaneous ethanol injection, surgical resection, and liver transplantation. The potential benefits and harms of RFA compared with placebo, no intervention, chemotherapy, hepatic resection, liver transplantation, or other interventions are unclear. Objectives To assess the beneficial and harmful effects of RFA versus placebo, no intervention, or any other therapeutic approach in patients with hepatocellular carcinoma. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, and ISI Web of Science to September 2012. We hand searched meeting abstracts from ASCO, ESMO, AASLD, EASL, APASL, and references of articles. We also contacted researchers in the field (last search September 2012). Selection criteria We considered for inclusion randomised clinical trials investigating the effects of RFA versus placebo, no intervention, or any other therapeutic approach on hepatocellular carcinoma patients regardless of blinding, language, and publication status. Data collection and analysis Two review authors independently performed the selection of trials, assessment of risk of bias, and data extraction. We contacted principal investigators for missing information. We analysed hazard ratios (HR) as relevant effect measures for overall survival, two-year survival, event-free survival, and local recurrences with 95% confidence intervals (CI). in addition, we analysed dichotomous survival outcomes using risk ratios (RR). We used trial sequential analysis to control the risk of random errors (‘play of chance’). Main results We identified no trials comparing RFA versus placebo, no intervention, or liver transplantation. We identified and included 11 randomised clinical trials with 1819 participants that included four comparisons: RFA versus hepatic resection (three trials, 578 participants); RFA versus percutaneous ethanol injection (six trials, 1088 participants) including one three-armed trial that also investigated RFA versus acetic acid injection; RFA versus microwave ablation (one trial, 72 participants); and RFA versus laser ablation (one trial, 81 participants). Ten of the eleven included trials reported on the primary outcome of this review, overall survival. Rates of major complications or procedure-related deaths were reported in 10 trials. The overall risk of bias was considered low in five trials and high in six trials. For a subgroup analysis, we included only low risk of bias trials. Regarding the comparison RFA versus hepatic resection, there was moderate-quality evidence from two low risk of bias trials that hepatic resection seems more effective than RFA regarding overall survival (HR 0.56; 95% CI 0.40 to 0.78) and two-year survival (HR 0.38; 95% CI 0.17 to 0.84). However, if we included a third trial with high risk of bias, the difference became insignificant (overall survival: HR 0.71; 95% CI 0.44 to 1.15). With regards to the outcomes event-free survival and local progression, hepatic resection also yielded better results than RFA. However, the number of complications was higher in surgically treated participants (odds ratio (OR) 8.24; 95% CI 2.12 to 31.95). RFA seemed superior to percutaneous ethanol or acetic acid injection regarding overall survival (HR 1.64; 95% CI 1.31 to 2.07). The RR for mortality was also in favour of RFA, but did not reach statistical significance (150/490 (30.6%) people in the percutaneous ethanol or acetic acid group versus 119/496 (24.0%) people in the RFA group; RR 1.76; 95% CI 0.97 to 3.22). The proportion of adverse events did not differ significantly between RFA and percutaneous ethanol or acetic acid injection (HR 0.70; 95% CI 0.33 to 1.48). Trial sequential analyses revealed that the number of participants in the included trials was insufficient and that more trials are needed to assess the effects of RFA versus other interventions. Authors’ conclusions The effects of RFA versus no intervention, chemotherapeutic treatment, or liver transplantation are unknown. We found moderate-quality evidence that hepatic resection is superior to RFA regarding survival. However, RFA might be associated with fewer complications and a shorter hospital stay than hepatic resection. We found moderate-quality evidence showing that RFA seems superior to percutaneous ethanol injection regarding survival. There were too sparse data to recommend or refute ablation achieved by techniques other than RFA. More randomised clinical trials with low risk of bias and low risks of random errors assessing the effect of RFA are needed.

Keywords: 3 Cm, Ablation, Acetic-Acid Injection, Analyses, Analysis, Approach, Assessing, Assessment, Authors, Benefits, Bias, Cancer, Carcinoma,Hepatocellular [Surgery, Catheter Ablation, Chemotherapy, Clinical, Clinical Trials, Collection, Comparison, Complications, Confidence, Confidence Intervals, Control, Criteria, Data, Data Collection, Design Characteristics, Effects, Embase, Errors, Ethanol, Ethanol [Administration & Dosage], Events, Evidence, Extraction, Field, Hazard, Hepatocellular Carcinoma, Hospital, Hospital Stay, Humans, Information, Intervals, Intervention, Interventions, Isi, Isi Web of Science, Language, Laser, Liver, Liver Neoplasms [Surgery, Liver Transplantation, Liver-Transplantation, Local, Low Risk, Measures, Medline, Methods, Microwave, Microwave Coagulation Therapy, Mortality, Odds Ratio, Outcome, Outcomes, Patients, Percutaneous, Percutaneous Ethanol Injection, Placebo, Potential, Primary, Progression, Publication, Randomised, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Recurrences, References, Review, Risk, Risks, Science, Search, Selection, Sequential-Analysis, Significance, Surgical Resection, Survival, Techniques, Therapeutic, Therapy], Transcatheter Arterial Chemoembolization, Transplantation, Treatment, Treatment Outcome, Trial, Web of Science

? Dasari, B.V.M., Tan, C.J., Gurusamy, K.S., Martin, D.J., Kirk, G., Mckie, L., Diamond, T. and Taylor, M.A. (2013), Surgical versus endoscopic treatment of bile duct stones. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD003327.

Full Text: 2013\Coc Dat Sys Rev2013, CD003327.pdf

Abstract: Background Between 10% to 18% of people undergoing cholecystectomy for gallstones have common bile duct stones. Treatment of the bile duct stones can be conducted as open cholecystectomy plus open common bile duct exploration or laparoscopic cholecystectomy plus laparoscopic common bile duct exploration (LC + LCBDE) versus pre- or post-cholecystectomy endoscopic retrograde cholangiopancreatography (ERCP) in two stages, usually combined with either sphincterotomy (commonest) or sphincteroplasty (papillary dilatation) for common bile duct clearance. The benefits and harms of the different approaches are not known. Objectives We aimed to systematically review the benefits and harms of different approaches to the management of common bile duct stones. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, Cochrane Central Register of Controlled Trials (CENTRAL, Issue 7 of 12, 2013) in The Cochrane Library, MEDLINE (1946 to August 2013), EMBASE (1974 to August 2013), and Science Citation Index Expanded (1900 to August 2013). Selection criteria We included all randomised clinical trials which compared the results from open surgery versus endoscopic clearance and laparoscopic surgery versus endoscopic clearance for common bile duct stones. Data collection and analysis Two review authors independently identified the trials for inclusion and independently extracted data. We calculated the odds ratio (OR) or mean difference (MD) with 95% confidence interval (CI) using both fixed-effect and random-effects models meta-analyses, performed with Review Manager 5. Main results Sixteen randomised clinical trials with a total of 1758 randomised participants fulfilled the inclusion criteria of this review. Eight trials with 737 participants compared open surgical clearance with ERCP; five trials with 621 participants compared laparoscopic clearance with pre-operative ERCP; and two trials with 166 participants compared laparoscopic clearance with postoperative ERCP. One trial with 234 participants compared LCBDE with intra-operative ERCP. There were no trials of open or LCBDE versus ERCP in people without an intact gallbladder. All trials had a high risk of bias. There was no significant difference in the mortality between open surgery versus ERCP clearance (eight trials; 733 participants; 5/371 (1%) versus 10/358 (3%) OR 0.51; 95% CI 0.18 to 1.44). Neither was there a significant difference in the morbidity between open surgery versus ERCP clearance (eight trials; 733 participants; 76/371 (20%) versus 67/358 (19%) OR 1.12; 95% CI 0.77 to 1.62). Participants in the open surgery group had significantly fewer retained stones compared with the ERCP group (seven trials; 609 participants; 20/313 (6%) versus 47/296 (16%) OR 0.36; 95% CI 0.21 to 0.62), P = 0.0002. There was no significant difference in the mortality between LC + LCBDE versus pre-operative ERCP + LC (five trials; 580 participants; 2/285 (0.7%) versus 3/295 (1%) OR 0.72; 95% CI 0.12 to 4.33). Neither was there was a significant difference in the morbidity between the two groups (five trials; 580 participants; 44/285 (15%) versus 37/295 (13%) OR 1.28; 95% CI 0.80 to 2.05). There was no significant difference between the two groups in the number of participants with retained stones (five trials; 580 participants; 24/285 (8%) versus 31/295 (11%) OR 0.79; 95% CI 0.45 to 1.39). There was only one trial assessing LC + LCBDE versus LC + intra-operative ERCP including 234 participants. There was no reported mortality in either of the groups. There was no significant difference in the morbidity, retained stones, procedure failure rates between the two intervention groups. Two trials assessed LC + LCBDE versus LC + post-operative ERCP. There was no reported mortality in either of the groups. There was no significant difference in the morbidity between laparoscopic surgery and postoperative ERCP groups (two trials; 166 participants; 13/81 (16%) versus 12/85 (14%) OR 1.16; 95% CI 0.50 to 2.72). There was a significant difference in the retained stones between laparoscopic surgery and postoperative ERCP groups (two trials; 166 participants; 7/81 (9%) versus 21/85 (25%) OR 0.28; 95% CI 0.11 to 0.72; P = 0.008. in total, seven trials including 746 participants compared single staged LC + LCBDE versus two-staged pre-operative ERCP + LC or LC + post-operative ERCP. There was no significant difference in the mortality between single and two-stage management (seven trials; 746 participants; 2/366 versus 3/380 OR 0.72; 95% CI 0.12 to 4.33). There was no a significant difference in the morbidity (seven trials; 746 participants; 57/366 (16%) versus 49/380 (13%) OR 1.25; 95% CI 0.83 to 1.89). There were significantly fewer retained stones in the single-stage group (31/366 participants; 8%) compared with the two-stage group (52/380 participants; 14%), but the difference was not statistically significant OR 0.59; 95% CI 0.37 to 0.94). There was no significant difference in the conversion rates of LCBDE to open surgery when compared with pre-operative, intra-operative, and postoperative ERCP groups. Meta-analysis of the outcomes duration of hospital stay, quality of life, and cost of the procedures could not be performed due to lack of data. Authors’ conclusions Open bile duct surgery seems superior to ERCP in achieving common bile duct stone clearance based on the evidence available from the early endoscopy era. There is no significant difference in the mortality and morbidity between laparoscopic bile duct clearance and the endoscopic options. There is no significant reduction in the number of retained stones and failure rates in the laparoscopy groups compared with the pre-operative and intra-operative ERCP groups. There is no significant difference in themortality, morbidity, retained stones, and failure rates between the single-stage laparoscopic bile duct clearance and two-stage endoscopic management. More randomised clinical trials without risks of systematic and random errors are necessary to confirm these findings.

Keywords: Analysis, Assessing, Authors, Benefits, Bias, Cholangiopancreatography,Endoscopic Retrograde, Cholecystectomy, Cholecystectomy,Laparoscopic, Choledocholithiasis [Radiography, Citation, Clinical, Clinical Trials, Collection, Common Bile Duct Stones, Confidence, Consecutive Unselected Patients, Conversion, Cost, Criteria, Data, Data Collection, Duration, Duration of Hospital Stay, Embase, Endoscopy, Ercp, Errors, Evidence, Failure, Gallbladder In-Situ, Gallstone Disease, Groups, Hospital, Hospital Stay, Humans, Interval, Intervention, Laparoscopic, Laparoscopic Cholecystectomy, Laparoscopic Surgery, Laparoscopy, Life, Management, Medline, Meta-Analysis, Methods, Models, Morbidity, Mortality, Odds Ratio, Open, Options, Outcomes, P, Postoperative, Preoperative, Procedure, Procedures, Prospective Randomized-Trial, Quality, Quality Of, Quality of Life, Randomised, Randomized Controlled Trials As Topic, Rates, Reduction, Retrograde Cholangiopancreatography, Review, Risk, Risks, Science, Science Citation Index, Science Citation Index Expanded, Search, Selection Criteria, Sequential-Analysis, Single-Stage Management, Sphincteroplasty, Sphincterotomy,Endoscopic, Surgery, Surgery], Surgical, Term-Follow-Up, Treatment, Trial

? Dasari, B.V.M., Tan, C.J., Gurusamy, K.S., Martin, D.J., Kirk, G., Mckie, L., Diamond, T. and Taylor, M.A. (2013), Surgical versus endoscopic treatment of bile duct stones. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD003327.

Full Text: 2013\Coc Dat Sys Rev2013, CD003327.pdf

Abstract: Background Between 10% to 18% of people undergoing cholecystectomy for gallstones have common bile duct stones. Treatment of the bile duct stones can be conducted as open cholecystectomy plus open common bile duct exploration or laparoscopic cholecystectomy plus laparoscopic common bile duct exploration (LC + LCBDE) versus pre- or post-cholecystectomy endoscopic retrograde cholangiopancreatography (ERCP) in two stages, usually combined with either sphincterotomy (commonest) or sphincteroplasty (papillary dilatation) for common bile duct clearance. The benefits and harms of the different approaches are not known. Objectives We aimed to systematically review the benefits and harms of different approaches to the management of common bile duct stones. 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Authors’ conclusions Open bile duct surgery seems superior to ERCP in achieving common bile duct stone clearance based on the evidence available from the early endoscopy era. There is no significant difference in the mortality and morbidity between laparoscopic bile duct clearance and the endoscopic options. There is no significant reduction in the number of retained stones and failure rates in the laparoscopy groups compared with the pre-operative and intra-operative ERCP groups. There is no significant difference in themortality, morbidity, retained stones, and failure rates between the single-stage laparoscopic bile duct clearance and two-stage endoscopic management. More randomised clinical trials without risks of systematic and random errors are necessary to confirm these findings.

Keywords: Analysis, Assessing, Authors, Benefits, Bias, Cholecystectomy, Citation, Clinical, Clinical Trials, Collection, Common Bile Duct Stones, Confidence, Conversion, Cost, Criteria, Data, Data Collection, Duration, Duration of Hospital Stay, Embase, Endoscopy, Ercp, Errors, Evidence, Failure, Groups, Hospital, Hospital Stay, Interval, Intervention, Laparoscopic, Laparoscopic Cholecystectomy, Laparoscopic Surgery, Laparoscopy, Life, Management, Medline, Meta-Analysis, Methods, Models, Morbidity, Mortality, Odds Ratio, Open, Options, Outcomes, P, Postoperative, Preoperative, Procedure, Procedures, Quality, Quality Of, Quality of Life, Randomised, Rates, Reduction, Review, Risk, Risks, Science, Science Citation Index, Science Citation Index Expanded, Search, Sphincteroplasty, Surgery, Surgical, Treatment, Trial

? Thanaviratananich, S., Laopaiboon, M. and Vatanasapt, P. (2013), Once or twice daily versus three times daily amoxicillin with or without clavulanate for the treatment of acute otitis media. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD004975.

Full Text: 2013\Coc Dat Sys Rev2013, CD004975.pdf

Abstract: Background Acute otitis media (AOM) is a common problem in children, for which amoxicillin, with or without clavulanate, is frequently prescribed as a treatment of choice. The conventional recommendation is either three or four daily doses. However, nowadays it is frequently prescribed as once or twice daily doses. If once or twice daily amoxicillin, with or without clavulanate, is as effective for acute otitis media as three or four times a day, it may be more convenient to give the medication once or twice a day to children and hence improve compliance. Objectives To compare the effectiveness of one or two daily doses with three or four daily doses of amoxicillin, with or without clavulanate, for the treatment of AOM in children; and to compare complication rates and adverse reactions. Search methods We searched CENTRAL 2013, Issue 2, MEDLINE (January 1950 to March week 1, 2013), EMBASE (1974 to March 2013) and the Science Citation Index (2001 to March 2013). Selection criteria We included randomised controlled trials (RCTs) of children aged 12 years or younger with AOM, diagnosed by acute ear pain (otalgia) and inflamed ear drum (confirmed by positive tympanocentesis or tympanogram of type B or C). Data collection and analysis Two review authors independently extracted data on treatment outcomes from individual trials and assessed trial quality based on selection bias, performance bias and detection bias, attrition bias, reporting bias and other biases. We defined the quality grading as low risk of bias, high risk of bias or unclear risk of bias. We summarised the results as risk ratio (RR) with 95% confidence intervals (CI). Main results We included five studies with 1601 children in the review. Pooled analysis demonstrated that the following outcomes were comparable between the two groups: clinical cure at the end of therapy (RR 1.03, 95% CI 0.99 to 1.07); during therapy (RR 1.06, 95% CI 0.85 to 1.33) and at follow-up (RR 1.02, 95% CI 0.95 to 1.09); recurrent AOM (RR 1.21, 95% CI 0.52 to 2.81); compliance rate (RR 1.04, 95% CI 0.98 to 1.10) and overall adverse events (RR 0.92, 95% CI 0.52 to 1.63). When we performed subgroup analysis separately for trials with amoxicillin only and amoxicillin/clavulanate only, it showed that all important outcomes were comparable between once or twice daily groups and the three times daily group. The risk of bias amongst the five included studies was as follows: for random sequence generation we graded two studies as low and three unclear risk of bias; for allocation concealment all studies were at unclear risk of bias; for blinding (performance and detection bias) we graded four as high and one as unclear risk of bias; for incomplete outcome data (attrition bias) we graded two low, two high and one as unclear risk of bias; for reporting bias four were at low and one at high risk; and for ‘other’ bias four were at low and one at unclear risk of bias. Authors’ conclusions This review showed that the results of using once or twice daily doses of amoxicillin, with or without clavulanate, were comparable with three doses for the treatment of AOM.

Keywords: Acute Disease, Aged, Allocation, Amoxicillin [Administration & Dosage], Analysis, Anti-Bacterial Agents [Administration & Dosage], Antibiotic-Therapy, Authors, Bias, Child, Children, Choice, Citation, Clavulanic Acid [Administration & Dosage], Clinical, Collection, Compliance, Complication, Confidence, Confidence Intervals, Conventional, Criteria, Data, Data Collection, Drug Administration Schedule, Drug Therapy,Combination, Effectiveness, Efficacy, Embase, Epidemiology, Events, Follow-Up, Generation, Groups, Humans, Intervals, Low Risk, Management, Media, Medline, Metaanalysis, Methods, Otitis Media [Drug Therapy], Outcome, Outcomes, Pain, Patient Compliance, Performance, Pharmacodynamics, Pharmacokinetics, Quality, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Rates, Recurrent, Reporting, Respiratory-Tract Infections, Review, Risk, Science, Science Citation Index, Search, Selection, Therapy, Treatment, Trial

? Gurusamy, K.S., Tsochatzis, E., Toon, C.D., Davidson, B.R. and Burroughs, A.K. (2013), Antiviral prophylaxis for the prevention of chronic hepatitis C virus in patients undergoing liver transplantation. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD006573.

Full Text: 2013\Coc Dat Sys Rev2013, CD006573.pdf

Abstract: Background It is not clear whether prophylactic antiviral therapy is indicated to improve patient and graft survival in patients undergoing liver transplantation for chronic decompensated hepatitis C virus (HCV) infection. Objectives To compare the benefits and harms of different prophylactic antiviral therapies for patients undergoing liver transplantation for chronic HCV infection. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL; Issue 1, 2013), MEDLINE, EMBASE, and Science Citation Index Expanded to February 2013. Selection criteria Only randomised clinical trials irrespective of language, blinding, or publication status and comparing various prophylactic antiviral therapies (alone or in combination) in the prophylactic treatment of patients undergoing liver transplantation for chronic HCV infection. Data collection and analysis Two authors collected the data independently. We calculated the risk ratio (RR) or mean difference (MD) or hazard ratio (HR) with 95% confidence intervals (CI) using the fixed-effect and the random-effects models based on available case analysis. Main results A total of 501 liver transplant recipients undergoing liver transplantation for chronic HCV infection were randomised in 12 trials to various experimental interventions and control interventions. The proportion of genotype I varied between 49% and 100% in the seven trials that reported the genotype. Only one or two trials were included under each comparison. All the trials were of high risk of bias. Ten trials including 441 liver transplant recipients provided data for this review. There were no significant differences in the 90-day mortality (1 trial; 81 participants; 5/35 (adjusted proportion: 14.2%) in interferon group versus 5/46 (10.9%) in control group; RR 1.31; 95% CI 0.41 to 4.19); mortality at maximal follow-up (2 trials; 105 participants; 7/47 (adjusted proportion: 14.8%) in interferon group versus 10/58 (17.2%) in control group; RR 0.86; 95% CI 0.36 to 2.08); long-term mortality (1 trial; 81 participants; HR 0.45; 95% CI 0.13 to 1.56); mortality at maximal follow-up (1 trial; 54 participants; 1/26 (3.9%) in pegylated interferon group versus 2/28 (7.1%) in control group; RR 0.54; 95% CI 0.05 to 5.59); 90-day mortality (1 trial; 115 participants; 5/55 (9.1%) in pegylated interferon plus ribavirin group versus 3/60 (5.0%) in control group; RR 1.82; 95% 0.46 to 7.25); 90-day mortality (3 trials; 53 participants; 3/37 (adjusted proportion: 4.3%) in HCV antibody group versus 1/16 (6.3%) in placebo group; RR 0.69; 95% CI 0.15 to 3.11); or 90-day mortality (2 trials; 31 participants; 2/14 (adjusted proportion: 16.2%) in HCV antibody high-dose group versus 1/17 (5.9%) in HCV antibody low-dose group; RR 2.75; 95% CI; 0.30 to 25.35). There were no significant differences in the retransplantation at maximal follow-up (2 trials; 105 participants; 2/47 (adjusted proportion: 4.0%) in interferon group versus 2/58 (3.4%) in control group; RR 1.17; 95% CI 0.22 to 6.2); 90-day retransplantation (1 trial; 18 participants; 1/12 (8.3%) in HCV antibody group versus 0/6 (0%) in control group; RR 1.71; 95% CI 0.09 to 32.93); or 90-day retransplantation (1 trial; 12 participants; 1/6 (17.7%) in HCV antibody high-dose group versus 0/6 (0%) in HCV antibody low-dose group; RR 3.00; 95% CI 0.15 to 61.74). There were no significant differences in serious adverse events, graft rejection, worsening of fibrosis, or HCV recurrence between intervention and control groups in any of the comparisons that reported these outcomes. None of the trials reported quality of life, liver decompensation, intensive therapy unit stay, or hospital stay. Life-threatening adverse events were not reported in either group in any of the comparisons. Authors’ conclusions There is currently no evidence to recommend prophylactic antiviral treatment to prevent recurrence of HCV infection either in primary liver transplantation or retransplantation. Further randomised clinical trials with adequate trial methodology and adequate duration of follow-up are necessary.

Keywords: Analysis, Antibody, Antiviral, Antiviral Agents [Adverse Effects, Antiviral Therapy, Authors, Benefits, Bias, Case Analysis, Chronic, Chronic Hepatitis, Citation, Clinical, Clinical Trials, Collection, Combination Therapy, Comparison, Confidence, Confidence Intervals, Control, Control Groups, Criteria, Data, Data Collection, Design Characteristics, Duration, Embase, Empirical-Evidence, Events, Evidence, Experimental, Fibrosis, Follow-Up, Genotype, Graft, Graft Rejection [Epidemiology], Graft Survival, Groups, Hazard, Hcv, Hepacivirus [Genetics], Hepatitis, Hepatitis C, Hepatitis C Virus, Hepatitis C,Chronic [Drug Therapy, High Dose, Hospital, Hospital Stay, Humans, Infected Patients, Infection, Interferon, Interferon-Alpha, Interferon-Alpha [Adverse Effects, Intervals, Intervention, Interventions, Language, Life, Liver, Liver Transplantation, Long Term, Long-Term, Low-Dose, Medline, Methodology, Methods, Models, Mortality, Multicenter Trial, Outcomes, Patients, Peginterferon Alpha-2a, Pegylated Interferon, Placebo, Plus Ribavirin, Polyethylene Glycols [Adverse Effects, Prevent, Prevention, Prevention & Control, Primary, Prophylactic, Prophylaxis, Prospective Randomized-Trial, Publication, Quality, Quality Of, Quality of Life, Randomised, Recombinant Proteins, Recurrence, Recurrence [Prevention & Control], Rejection, Review, Ribavirin, Ribavirin [Adverse Effects, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Surgery], Survival, Therapeutic Use], Therapy, Transplantation, Treatment, Trial

? Bradt, J., Dileo, C. and Potvin, N. (2013), Music for stress and anxiety reduction in coronary heart disease patients. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD006577.

Full Text: 2013\Coc Dat Sys Rev2013, CD006577.pdf

Abstract: Background Individuals with coronary heart disease (CHD) often suffer from severe distress due to diagnosis, hospitalization, surgical procedures, uncertainty of outcome, fear of dying, doubts about progress in recovery, helplessness and loss of control. Such adverse effects put the cardiac patient at greater risk for complications, including sudden cardiac death. It is therefore of crucial importance that the care of people with CHD focuses on psychological as well as physiological needs. Music interventions have been used to reduce anxiety and distress and improve physiological functioning in medical patients; however its efficacy for people with CHD needs to be evaluated. Objectives To update the previously published review that examined the effects of music interventions with standard care versus standard care alone on psychological and physiological responses in persons with CHD. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) on The Cochrane Library (2012, Issue 10), MEDLINE (OvidSP, 1950 to October week 4 2012), EMBASE (OvidSP, 1974 to October week 5 2012), CINAHL (EBSCOhost, 1982 to 9 November 2012), PsycINFO (OvidSP, 1806 to October week 5 2012), LILACS (Virtual Health Library, 1982 to 15 November 2012), Social Science Citation Index (ISI, 1974 to 9 November 2012), a number of other databases, and clinical trial registers. We also conducted handsearching of journals and reference lists. We applied no language restrictions. Selection criteria We included all randomized controlled trials and quasi-randomized trials that compared music interventions and standard care with standard care alone for persons with confirmed CHD. Data collection and analysis Two review authors independently extracted data and assessed methodological quality, seeking additional information from the trial researchers when necessary. We present results using weighted mean differences for outcomes measured by the same scale, and standardized mean differences for outcomes measured by different scales. We used post-intervention scores. in cases of significant baseline difference, we used change scores (changes from baseline). Main results We identified four new trials for this update. in total, the evidence for this review rests on 26 trials (1369 participants). Listening to music was the main intervention used, and 23 of the studies did not include a trained music therapist. Results indicate that music interventions have a small beneficial effect on psychological distress in people with CHD and this effect is consistent across studies (MD = -1.26, 95% CI -2.30 to -0.22, P = 0.02, I-2 = 0%). Listening to music has a moderate effect on anxiety in people with CHD; however results were inconsistent across studies (SMD = -0.70, 95% CI -1.17 to -0.22, P = 0.004, I-2 = 77%). Studies that used music interventions in people with myocardial infarction found more consistent anxiety-reducing effects of music, with an average anxiety reduction of 5.87 units on a 20 to 80 point score range (95% CI -7.99 to -3.75, P < 0.00001, I-2 = 53%). Furthermore, studies that used patient-selected music resulted in greater anxiety-reducing effects that were consistent across studies (SMD = -0.89, 95% CI -1.42 to -0.36, P = 0.001, I-2 = 48%). Findings indicate that listening to music reduces heart rate (MD = -3.40, 95% CI -6.12 to -0.69, P = 0.01), respiratory rate (MD = -2.50, 95% CI -3.61 to -1.39, P < 0.00001) and systolic blood pressure (MD = -5.52 mmHg, 95% CI -7.43 to -3.60, P < 0.00001). Studies that included two or more music sessions led to a small and consistent pain-reducing effect (SMD = -0.27, 95% CI -0.55 to -0.00, P = 0.05). The results also suggest that listening to music may improve patients’ quality of sleep following a cardiac procedure or surgery (SMD = 0.91, 95% CI 0.03 to 1.79, P = 0.04). We found no strong evidence for heart rate variability and depression. Only one study considered hormone levels and quality of life as an outcome variable. A small number of studies pointed to a possible beneficial effect of music on opioid intake after cardiac procedures or surgery, but more research is needed to strengthen this evidence. Authors’ conclusions This systematic review indicates that listening to music may have a beneficial effect on anxiety in persons with CHD, especially those with a myocardial infarction. Anxiety-reducing effects appear to be greatest when people are given a choice of which music to listen to. Furthermore, listening to music may have a beneficial effect on systolic blood pressure, heart rate, respiratory rate, quality of sleep and pain in persons with CHD. However, the clinical significance of these findings is unclear. Since many of the studies are at high risk of bias, these findings need to be interpreted with caution. More research is needed into the effects of music interventions offered by a trained music therapist.

Keywords: Adverse Effects, Analysis, Angiographic Procedures, Anxiety, Anxiety [Therapy], Authors, Bias, Blood, Blood Pressure, Blood Pressure [Physiology], C-Clamp Procedure, Cardiac Rehabilitation, Care, Care Unit, Changes, Choice, Citation, Clinical, Clinical Trial, Collection, Complications, Control, Coronary Disease [Psychology], Criteria, Data, Data Collection, Databases, Death, Depression, Diagnosis, Disease, Distress, Dying, Effects, Efficacy, Embase, Evidence, Fear, Health, Heart, Heart Rate, Heart Rate Variability, Heart Rate [Physiology], Hospitalization, Humans, Infarction, Information, Intervention, Interventions, Isi, Journals, Language, Life, Medical, Medline, Methods, Music Therapy, Myocardial Infarction, Needs, Opioid, Outcome, Outcomes, P, Pain, Patients, Physiological-Responses, Pressure, Procedure, Procedures, Progress, Psychological, Psychological Distress, Psychological Outcomes, Psycinfo, Quality, Quality Of, Quality of Life, Randomized, Randomized Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Recovery, Reduction, Reference, Reference Lists, Research, Respiratory Mechanics [Physiology], Restrictions, Results, Review, Risk, Scale, Scales, Science, Science Citation Index, Search, Significance, Sleep, Small, Social Science Citation Index, Standard, Stress, Stress,Psychological [Therapy], Surgery, Surgical Procedures, Systematic Review, Therapy, Trial, Uncertainty, Variability

? Gurusamy, K.S., Tsochatzis, E., Toon, C.D., Xirouchakis, E., Burroughs, A.K. and Davidson, B.R. (2013), Antiviral interventions for liver transplant patients with recurrent graft infection due to hepatitis C virus. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD006803.

Full Text: 2013\Coc Dat Sys Rev2013, CD006803.pdf

Abstract: Background Antiviral therapy for recurrent hepatitis C infection after liver transplantation is controversial due to unresolved balance between benefits and harms. Objectives To compare the therapeutic benefits and harms of different antiviral regimens in patients with hepatitis C re-infected grafts after liver transplantation. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL; Issue 1, 2013), MEDLINE, EMBASE, and Science Citation Index Expanded to February 2013. Selection criteria We considered only randomised clinical trials (irrespective of language, blinding, or publication status) comparing various antiviral therapies (alone or in combination) in the treatment of hepatitis C virus recurrence in liver transplantation for the review. Data collection and analysis Two authors collected the data independently. We calculated the risk ratio (RR) or mean difference (MD) with 95% confidence intervals (CI) using the fixed-effect and the random-effects models based on available case-analysis. in the presence of only trials for a dichotomous outcome, we performed the Fisher’s exact test. Main results Overall, 17 trials with 736 patients met the inclusion criteria for this review. All trials had high risk of bias. Five hundred and one patients randomised in 11 trials provided information for various comparisons in this systematic review after excluding post-randomisation drop-outs and patients from trials that did not report any of the outcomes of interest for this review. The comparisons for which outcomes were available included pegylated (peg) interferon versus control; peg interferon plus ribavirin versus control; ribavirin plus peg interferon versus peg interferon; peg interferon (1.5 mu g/kg/week) plus ribavirin versus peg interferon (0.5 mu g/kg/week) plus ribavirin; amantadine plus peg interferon plus ribavirin versus peg interferon plus ribavirin; interferon versus control; interferon plus ribavirin versus control; ribavirin versus interferon; and ribavirin versus placebo. Long-term follow-up was not available in these trials. There were no significant differences in mortality, retransplantation, graft rejections requiring retransplantation or medical treatment, or fibrosis worsening between the groups in any of the comparisons in which these outcomes were reported. Quality of life and liver decompensation were not reported in any of the trials. There was a significantly higher proportion of participants who developed serious adverse events in the ribavirin plus peg interferon combination therapy group than in the peg interferon monotherapy group (1 trial; 56 participants; 17/28 (60.7%) in the intervention group versus 5/28 (17.9%) in the control group; RR 3.40; 95% CI 1.46 to 7.94). There was no significant difference in proportion of participants who developed serious adverse events or in the number of serious adverse events between the intervention and control groups in the other comparisons that reported serious adverse events. Authors’ conclusions Considering the lack of clinical benefit, there is currently no evidence to recommend or refute antiviral treatment for recurrent liver graft infection with hepatitis C virus. Further randomised clinical trials with low risk of bias and low risk of random errors with adequate duration of follow-up are necessary.

Keywords: Amantadine [Therapeutic Use], Analysis, Antiviral, Antiviral Agents [Adverse Effects, Authors, Benefits, Bias, Case Analysis, Citation, Clinical, Clinical Trials, Clinical-Trials, Collection, Combination Therapy, Confidence, Confidence Intervals, Control, Control Groups, Criteria, Daily Interferon Therapy, Data, Data Collection, Duration, Embase, Errors, Events, Evidence, Fibrosis, Follow-Up, Graft, Groups, Hepacivirus [Genetics], Hepatitis, Hepatitis C, Hepatitis C Virus, Hepatitis C [Drug Therapy], Humans, Infection, Information, Interferon, Interferons [Therapeutic Use], Intervals, Intervention, Interventions, Language, Life, Liver, Liver Transplantation, Liver Transplantation [Adverse Effects], Low Risk, Medical, Medical Treatment, Medline, Methods, Models, Mortality, Multicenter Randomized-Trial, Outcome, Outcomes, Patients, Peg-Ifn Alpha-2b, Peginterferon Alpha-2a, Pegylated Interferon, Placebo, Plus Ribavirin, Publication, Quality, Quality of Life, Randomised, Randomized Controlled Trials As Topic, Recurrence, Recurrent, Review, Ribavirin, Ribavirin [Therapeutic Use], Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Sustained Virological Response, Systematic Review, Therapeutic, Therapeutic Use], Therapy, Transplantation, Treatment, Trial

? Moraa, I., Sturman, N., McGuire, T. and van Driel, M.L. (2013), Heliox for croup in children. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD006822.

Full Text: 2013\Coc Dat Sys Rev2013, CD006822.pdf

Abstract: Background Croup is thought to be triggered by a viral infection and is characterised by respiratory distress due to upper airway inflammation and swelling of the subglottic mucosa in children. Mostly it is mild and transient and resolves with supportive care. in moderate to severe cases, treatment with corticosteroids and nebulised epinephrine (adrenaline) is required. Corticosteroids improve symptoms but it takes time for a full effect to be achieved. in the interim, the child is at risk of further deterioration. This may rarely result in respiratory failure necessitating emergency intubation and ventilation. Nebulised epinephrine may result in dose-related adverse effects including tachycardia, arrhythmias and hypertension and its benefit may be short-lived. Helium-oxygen (heliox) inhalation has shown therapeutic benefit in initial treatment of acute respiratory syncytial virus (RSV) bronchiolitis and may prevent morbidity and mortality in ventilated neonates. Heliox has been used during emergency transport of children with severe croup and anecdotal evidence suggests that heliox relieves respiratory distress. Objectives To examine the effect of heliox on relieving symptoms and signs of croup, as determined by a croup score (a tool for measuring the severity of croup). To examine the effect of croup on rates of admission or intubation (or both), through comparisons of heliox with placebo or any active intervention(s) in children with croup. Search methods We searched CENTRAL 2013, Issue 10, MEDLINE (1950 to October week 5, 2013), EMBASE (1974 to November 2013), CINAHL (1982 to November 2013), Web of Science (1955 to November 2013) and LILACS (1982 to November 2013). in addition, we searched two clinical trials registries: the World Health Organization International Clinical Trials Registry Platform (WHO ICTRP) and clinicaltrials.gov (searched 12 November 2013). Selection criteria Randomised controlled trials (RCTs) and quasi-RCTs comparing the effect of helium-oxygen mixtures with placebo or any active intervention(s) in children with croup. Data collection and analysis Two review authors independently identified and assessed citations for inclusion. A third review author resolved disagreements. We assessed included trials for allocation concealment, blinding of intervention, completeness of outcome data, selective outcome reporting and other potential sources of bias. We reported mean differences for continuous data and odds ratios for dichotomous data. We descriptively reported data not suitable for statistical analysis. Main results We included three RCTs with a total of 91 participants. One study compared heliox 70%/30% with 30% humidified oxygen administered for 20 minutes in children with mild croup and found no statistically significant differences in the overall change in croup scores between heliox and the comparator. in another study, children with moderate to severe croup were administered intramuscular dexamethasone 0.6 mg/kg and either heliox 70%/30% with one to two doses of nebulised saline, or 100% oxygen with one to two doses of nebulised racaemic epinephrine for three hours. in this study, the heliox group’s croup scores improved significantly more at all time points from 90 minutes onwards. However, overall there were no significant differences in croup scores between the groups after four hours using repeated measures analysis. in a third study, children with moderate croup all received one dose of oral dexamethasone 0.3 mg/kg with heliox 70%/30% for 60 minutes in the intervention group and no treatment in the comparator. There was a statistically significant difference in croup scores at 60 minutes in favour of heliox but no significant difference after 120 minutes. It was not possible to pool outcomes because the included studies compared different interventions and reported different outcomes. No adverse events were reported. Authors’ conclusions There is some evidence to suggest a short-term benefit of heliox inhalation in children with moderate to severe croup who have been administered oral or intramuscular dexamethasone. in one study, the benefit appeared to be similar to a combination of 100% oxygen with nebulised epinephrine. in another study there was a slight change in croup scores between heliox and controls, with unclear clinical significance. in another study in mild croup, the benefit of humidified heliox was equivalent to that of 30% humidified oxygen, suggesting that heliox is not indicated in this group of patients provided that 30% oxygen is available. Adequately powered RCTs comparing heliox with standard treatments are needed to further assess the role of heliox in children with moderate to severe croup.

Keywords: Acute Bronchiolitis, Adverse Effects, Airway Obstruction [Etiology, Airway Resistance [Drug Effects], Allocation, Analysis, Asthma, Authors, Bias, Care, Child, Child,Preschool, Children, Citations, Clinical, Clinical Trials, Collection, Corticosteroids, Criteria, Croup [Complications], Current Diagnosis, Data, Data Collection, Dexamethasone, Distress, Effects, Embase, Emergency, Epinephrine, Events, Evidence, Failure, Gas-Exchange, Groups, Health, Helium[Administration & Dosage], Hospitalizations, Humans, Hypertension, Infant, Infection, Inflammation, Inhalation, Intervention, Interventions, Intubation, Measures, Medline, Methods, Morbidity, Mortality, Nebulized Budesonide, Neonates, Oral, Outcome, Outcomes, Oxygen, Oxygen Inhalation Therapy, Oxygen Mixtures, Oxygen [Administration & Dosage], Patients, Placebo, Potential, Prevent, Racemic Epinephrine, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Rates, Registries, Repeated Measures, Reporting, Respiratory Failure, Review, Risk, Role, Science, Search, Significance, Sources, Standard, Statistical Analysis, Supportive Care, Swelling, Symptoms, Tachycardia, Therapeutic, Therapy], Transient, Transport, Treatment, Upper Airway-Obstruction, Ventilation, Viral, Web of Science, Who, World Health Organization

? Eslami, L., Merat, S., Malekzadeh, R., Nasseri-Moghaddam, S. and Aramin, H. (2013), Statins for non-alcoholic fatty liver disease and non-alcoholic steatohepatitis. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD008623.

Full Text: 2013\Coc Dat Sys Rev2013, CD008623.pdf

Abstract: Background Non-alcoholic fatty liver disease (NAFLD) and non-alcoholic steatohepatitis (NASH) are common causes of elevated liver enzymes in the general population. NASH and to some extent NAFLD have been associated with increased liver-related and all-cause mortality. No effective treatment is yet available. Recent reports have shown that the use of hydroxymethylglutaryl-coenzyme A (HMG-CoA) reductase inhibitors (statins) in patients with elevated plasma aminotransferases may result in normalisation of these liver enzymes. Whether this is a consistent effect or whether it can lead to improved clinical outcomes beyond normalisation of abnormal liver enzymes is not clear. Objectives To assess the beneficial and harmful effects of statins (that is, lovastatin, atorvastatin, simvastatin, pravastatin, rosuvastatin, and fluvastatin) on all-cause and liver-related mortality, adverse events, and histological, biochemical, and imaging responses in patients with NAFLD or NASH. Search methods We performed a computerised literature search in the Cochrane Hepato-Biliary Group Controlled Trials Register, Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded up to March 2013. We did fully recursive searches from the reference lists of all retrieved relevant publications to ensure a complete and comprehensive search of the published literature. We did not apply any restrictions regarding language of publication or publication date. Selection criteria All randomised clinical trials using statins as the primary treatment for NAFLD or NASH versus no treatment, placebo, or other hypolipidaemic agents. Data collection and analysis Data were extracted, and risk of bias of each trial was assessed independently by two or more review authors. Meta-analyses were performed whenever possible. Review Manager 5.2 was used. Main results When the described search method was used and the eligibility criteria of the search results were applied, 653 records were found. Only two of these were randomised clinical trials that were considered eligible for inclusion. We assessed both trials as trials with high risk of bias. One of the trials was a pilot trial in which 16 participants with biopsy-proven NASH were randomised to receive simvastatin 40 mg (n = 10) or placebo (n = 6) once daily for 12 months. No statistically significant improvement in the aminotransferase level was seen in the simvastatin group compared with the placebo group. Liver histology was not significantly affected by simvastatin. The other trial had three arms. The trial compared atorvastatin 20 mg daily (n = 63) versus fenofibrate 200 mg daily (n = 62) versus a group treated with a combination of the two interventions (n = 61). There were no statistically significant differences between any of the three intervention groups regarding the week 54 mean activity levels of aspartate aminotransferase, alanine aminotransferase, gamma-glutamyl transpeptidase, and alkaline phosphatase. The triglyceride levels seemed higher in the fenofibrate group compared with the atorvastatin group. Liver histology was not assessed in this trial. The presence of biochemical and ultrasonographic evidence of NAFLD seemed to be higher in the fenofibrate group compared with the atorvastatin group (58% versus 33%). Three patients discontinued treatment due to myalgia and elevated serum creatine kinase activity; one from the atorvastatin group and two from the combination group. Another patient from the atorvastatin group discontinued treatment due to alanine aminotransferase activity that was over three times the upper normal limit. No data for all-cause mortality and hepatic-related mortality were reported in the included trials. Authors’ conclusions Based on the findings of this review, which included two trials with high risk of bias and a small numbers of participants, it seems possible that statins may improve serum aminotransferase levels as well as ultrasound findings. Neither of the trials reported on possible histological changes, liver-related morbidity or mortality. Trials with larger sample sizes and low risk of bias are necessary before we may suggest statins as an effective treatment for patients with NASH. However, as statins can improve the adverse outcomes of other conditions commonly associated with NASH (for example, hyperlipidaemia, diabetes mellitus, metabolic syndrome), their use in patients with non-alcoholic steatohepatitis may be justified.

Keywords: Activity, Adverse Outcomes, Alanine Aminotransferase, Analysis, Aspartate Aminotransferase, Authors, Bias, Changes, Citation, Clinical, Clinical Outcomes, Clinical Trials, Collection, Complete, Controlled-Trials, Creatine, Criteria, Data, Data Collection, Design Characteristics, Diabetes, Diabetes Mellitus, Disease, Effects, Efficacy, Embase, Empirical-Evidence, Endoplasmic-Reticulum Stress, Enzymes, Events, Evidence, General, Groups, Hepatic Steatosis, Histology, Hmg-Coa Reductase, Hypercholesterolemic Patients, Imaging, Improvement, Inhibitors, Intervention, Interventions, Language, Lead, Literature, Literature Search, Liver, Low Risk, Medline, Metabolic Syndrome, Methods, Morbidity, Mortality, Nonalcoholic Fatty Liver Disease, Normal, Outcomes, Patients, Pilot, Placebo, Plasma, Population, Primary, Publication, Publications, Randomised, Randomized-Trials, Recent, Records, Reference, Reference Lists, Restrictions, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Serum, Simvastatin, Small, Statins, Syndrome, Treatment, Trial, Triglyceride, Ultrasound

? Penninga, L., Moller, C.H., Gustafsson, F., Gluud, C. and Steinbruchel, D.A. (2013), Immunosuppressive T-cell antibody induction for heart transplant recipients. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD008842.

Full Text: 2013\Coc Dat Sys Rev2013, CD008842.pdf

Abstract: Background Heart transplantation has become a valuable and well-accepted treatment option for end-stage heart failure. Rejection of the transplanted heart by the recipient’s body is a risk to the success of the procedure, and life-long immunosuppression is necessary to avoid this. Clear evidence is required to identify the best, safest and most effective immunosuppressive treatment strategy for heart transplant recipients. To date, there is no consensus on the use of immunosuppressive antibodies against T-cells for induction after heart transplantation. Objectives To review the benefits, harms, feasibility and tolerability of immunosuppressive T-cell antibody induction versus placebo, or no antibody induction, or another kind of antibody induction for heart transplant recipients. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (Issue 11, 2012), MEDLINE (Ovid) (1946 to November Week 1 2012), EMBASE (Ovid) (1946 to 2012 Week 45), ISI Web of Science (14 November 2012); we also searched two clinical trial registers and checked reference lists in November 2012. Selection criteria We included all randomised clinical trials (RCTs) assessing immunosuppressive T-cell antibody induction for heart transplant recipients. Within individual trials, we required all participants to receive the same maintenance immunosuppressive therapy. Data collection and analysis Two authors extracted data independently. RevMan analysis was used for statistical analysis of dichotomous data with risk ratio (RR), and of continuous data with mean difference (MD), both with 95% confidence intervals (CI). Methodological components were used to assess risks of systematic errors (bias). Trial sequential analysis was used to assess the risks of random errors (play of chance). We assessed mortality, acute rejection, infection, Cytomegalovirus (CMV) infection, post-transplantation lymphoproliferative disorder, cancer, adverse events, chronic allograft vasculopathy, renal function, hypertension, diabetes mellitus, and hyperlipidaemia. Main results in this review, we included 22 RCTs that investigated the use of T-cell antibody induction, with a total of 1427 heart-transplant recipients. All trials were judged to be at a high risk of bias. Five trials, with a total of 606 participants, compared any kind of T-cell antibody induction versus no antibody induction; four trials, with a total of 576 participants, compared interleukin-2 receptor antagonist (IL-2 RA) versus no induction; one trial, with 30 participants, compared monoclonal antibody (other than IL-2 RA) versus no antibody induction; two trials, with a total of 159 participants, compared IL-2 RA versus monoclonal antibody (other than IL-2 RA) induction; four trials, with a total of 185 participants, compared IL-2 RA versus polyclonal antibody induction; seven trials, with a total of 315 participants, compared monoclonal antibody (other than IL-2 RA) versus polyclonal antibody induction; and four trials, with a total of 162 participants, compared polyclonal antibody induction versus another kind, or dose of polyclonal antibodies. No significant differences were found for any of the comparisons for the outcomes of mortality, infection, CMV infection, post-transplantation lymphoproliferative disorder, cancer, adverse events, chronic allograft vasculopathy, renal function, hypertension, diabetes mellitus, or hyperlipidaemia. Acute rejection occurred significantly less frequently when IL-2 RA induction was compared with no induction (93/284 (33%) versus 132/292 (45%); RR 0.73; 95% CI 0.59 to 0.90; I-2 57%) applying the fixed-effect model. No significant difference was found when the random-effects model was applied (RR 0.73; 95% CI 0.46 to 1.17; I-2 57%). in addition, acute rejection occurred more often statistically when IL-2 RA induction was compared with polyclonal antibody induction (24/90 (27%) versus 10/95 (11%); RR 2.43; 95% CI 1.01 to 5.86; I-2 28%). For all of these differences in acute rejection, trial sequential alpha-spending boundaries were not crossed and the required information sizes were not reached when trial sequential analysis was performed, indicating that we cannot exclude random errors. We observed some occasional significant differences in adverse events in some of the comparisons, however definitions of adverse events varied between trials, and numbers of participants and events in these outcomes were too small to allow definitive conclusions to be drawn. Authors’ conclusions This review shows that acute rejection might be reduced by IL-2 RA compared with no induction, and by polyclonal antibody induction compared with IL-2 RA, though trial sequential analyses cannot exclude random errors, and the significance of our observations depended on the statistical model used. Furthermore, this review does not show other clear benefits or harms associated with the use of any kind of T-cell antibody induction compared with no induction, or when one type of T-cell antibody is compared with another type of antibody. The number of trials investigating the use of antibodies against T-cells for induction after heart transplantation is small, and the number of participants and outcomes in these RCTs is limited. Furthermore, the included trials are at a high risk of bias. Hence, more RCTs are needed to assess the benefits and harms of T-cell antibody induction for heart-transplant recipients. Such trials ought to be conducted with low risks of systematic and random error.

Keywords: Acute Rejection, Analyses, Analysis, Antibodies, Antibody, Assessing, Authors, Benefits, Bias, Boundaries, Cancer, Cardiac Transplantation, Chronic, Clinical, Clinical Trial, Clinical Trials, Collection, Confidence, Confidence Intervals, Consensus, Criteria, Data, Data Collection, Diabetes, Diabetes Mellitus, Embase, Error, Errors, Events, Evidence, Failure, Feasibility, Function, Heart, Heart Failure, Heart Transplant, Heart Transplantation, Hypertension, Il-2, Immunosuppression, Immunosuppressive Therapy, Induction, Infection, Information, Intervals, Isi, Isi Web of Science, Maintenance Immunosuppression, Medline, Methods, Model, Monoclonal-Antibody, Mortality, Observations, Organ-Transplantation, Outcomes, Placebo, Procedure, Prophylactic Okt3, Rabbit-Antithymocyte Globulin, Random Effects Model, Randomised, Randomized-Trial, Receptor Antagonist, Reference, Reference Lists, Rejection, Renal, Renal Function, Review, Risk, Risks, Science, Search, Significance, Single-Center Experience, Small, Statistical Analysis, Strategy, Therapy, Thymocyte Globulin, Transplantation, Treatment, Treatment Option, Trial, Web of Science

? Prabhu, R.K.R., Swaminathan, N. and Harvey, L.A. (2013), Passive movements for the treatment and prevention of contractures. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD009331.

Full Text: 2013\Coc Dat Sys Rev2013, CD009331.pdf

Abstract: Background Contractures, a common complication following immobility, lead to restricted joint range of motion. Passive movements (PMs) are widely used for the treatment and prevention of contractures; however, it is not clear whether they are effective. Objectives The aim of this review was to determine the effects of PMs on persons with contractures or at risk of developing contractures. Specifically, the aim was to determine whether PMs increase joint mobility. Search methods We searched the Cochrane Injuries Group Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (Ovid SP), EMBASE (Ovid SP), ISI Web of Science (SCI-EXPANDED; SSCI; CPCI-S; CPCI-SSH), PEDro and PsycINFO (Ovid SP). The search was run on 21 November 2013. Selection criteria Randomised controlled trials of PMs administered for the treatment or prevention of contractures were included. Studies were included if they compared the effectiveness of PMs versus no intervention, sham intervention or placebo in people with or at risk of contracture. Studies that involved other co-interventions were included, provided the co-interventions were administered in the same way to all groups. Interventions administered through mechanical devices and interventions that involved sustained stretch were excluded. Data collection and analysis Three independent review authors screened studies for inclusion. Two review authors then extracted data and assessed risk of bias. Primary outcomes were joint mobility and occurrence of adverse events such as joint subluxations or dislocations, heterotopic ossification, autonomic dysreflexia and fractures or muscle tears. Secondary outcomes were quality of life, pain, spasticity, activity limitations and participation restrictions. We used standard methodological procedures as advocated by the Cochrane Handbook for Systematic Reviews of Interventions. Main results Two identified studies randomly assigned a total of 122 participants with neurological conditions comparing PMs versus no PMs. Data from 121 participants were available for analysis. Both studies had a low risk of bias. One within-participant study involving 20 participants (40 limbs) measured ankle joint mobility and reported a mean between-group difference of four degrees (95% confidence interval (CI), two to six degrees) favouring the experimental group. Both studies measured spasticity with the Modified Ashworth Scale, but the results were not pooled because of clinical heterogeneity. Neither study reported a clinically or statistically relevant reduction in spasticity with PMs. in one study, the mean difference on a tallied 48-point Modified Ashworth Scale for the upper limbs was one of 48 points (95% CI minus two to four points), and in the other study, the median difference on a six-point Modified Ashworth Scale for the ankle plantar flexor muscles was zero points (95% CI minus one to zero points). in both studies, a negative between-group difference indicated a reduction in spasticity in the experimental group compared with the control group. One study with a total of 102 participants investigated the short-term effects on pain. The mean difference on a zero to 24-point pain scale was -0.4 points in favour of the control group (95% CI -1.4 to 0.6 points). The GRADE level of evidence about the effects of PMs on joint mobility, spasticity and pain is very low. Neither study examined quality of life, activity limitations or participation restrictions or reported any adverse events. Authors’ conclusions It is not clear whether PMs are effective for the treatment and prevention of contractures.

Keywords: Activity, Analysis, Authors, Bias, Cerebral-Palsy, Clinical, Collection, Complication, Confidence, Contractures, Control, Criteria, Data, Data Collection, Developing, Effectiveness, Effects, Embase, Events, Evidence, Experimental, Grade, Groups, Heterogeneity, Interval, Intervention, Interventions, ISI, ISI Web of Science, Joint Contractures, Lead, Life, Low Risk, Medline, Methods, Mobility, Modified, Motion, Muscle, Muscle Spasticity, Muscles, Neurological, Outcomes, Pain, Participation, Physiotherapy, Placebo, Prevention, Procedures, Psycinfo, Quality, Quality Of, Quality of Life, Randomised Controlled Trials, Randomized Clinical-Trial, Range, Reduction, Restrictions, Review, Risk, Scale, Science, Search, Shoulder, Spinal-Cord-Injury, SSCI, Standard, Systematic Reviews, Treatment, Web of Science

? Li, L., Mcgee, R.G., Isbister, G. and Webster, A.C. (2013), Interventions for the symptoms and signs resulting from jellyfish stings. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD009688.

Full Text: 2013\Coc Dat Sys Rev2013, CD009688.pdf

Abstract: Background Jellyfish envenomations are common amongst temperate coastal regions and vary in severity depending on the species. Stings result in a variety of symptoms and signs, including pain, dermatological reactions and, in some species, Irukandji syndrome (including abdominal/back/chest pain, tachycardia, hypertension, sweating, piloerection, agitation and sometimes cardiac complications). Many treatments have been suggested for the symptoms and signs of jellyfish stings. However, it is unclear which interventions are most effective. Objectives To determine the benefits and harms associated with the use of any intervention, in both adults and children, for the treatment of jellyfish stings, as assessed from randomised trials. Search methods We searched the following electronic databases in October 2012 and again in October 2013: the Cochrane Central Register of Controlled Trials (CENTRAL; The Cochrane Library, Issue 9, 2013); MEDLINE via Ovid SP (1948 to 22 October 2013); EMBASE via Ovid SP (1980 to 21 October 2013); and Web of Science (all databases; 1899 to 21 October 2013). We also searched reference lists from eligible studies and guidelines, conference proceedings and the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) and contacted content experts to identify trials. Selection criteria We included randomised controlled trials that compared any intervention(s) to active and/or non-active controls for the treatment of symptoms and signs of jellyfish sting envenomation. No language, publication date or publication status restrictions were applied. Data collection and analysis Two review authors independently conducted study selection and data extraction and assessed risk of bias using a standardised form. Disagreements were resolved by consensus with a third review author when necessary. Main results We included seven trials with a total of 435 participants. Three trials focused on Physalia (Bluebottle) jellyfish, one trial on Carukia jellyfish and three on Carybdea alata (Hawaiian box) jellyfish. Two ongoing trials were identified. Six of the seven trials were judged as having high risk of bias. Blinding was not feasible in four of the included trials because of the nature of the interventions. A wide range of interventions were assessed across trials, and a wide range of outcomes were measured. We reported results from the two trials for which data were available and reported the effects of interventions according to our definition of primary or secondary outcomes. Hot water immersion was superior to ice packs in achieving clinically significant (at least 50%) pain relief at 10 minutes (one trial, 96 participants, risk ratio (RR) 1.66, 95% confidence interval (CI) 1.01 to 2.72; low-quality evidence) and 20 minutes (one trial, 88 participants, RR 2.66, 95% CI 1.71 to 4.15; low-quality evidence). No statistically significant differences between hot water immersion and ice packs were demonstrated for dermatological outcomes. Treatment with vinegar or Adolph’s meat tenderizer compared with hot water made skin appear worse (one trial, 25 participants, RR 0.31, 95% CI 0.14 to 0.72; low-quality evidence). Adverse events due to treatment were not reported in any trial. Authors’ conclusions This review located a small number of trials that assessed a variety of different interventions applied in different ways and in different settings. Although heat appears to be an effective treatment for Physalia (Bluebottle) stings, this evidence is based on a single trial of low-quality evidence. It is still unclear what type of application, temperature, duration of treatment and type of water (salt or fresh) constitute the most effective treatment. in addition, these results may not apply to other species of jellyfish with different envenomation characteristics. Future research should further assess the most effective interventions using standardised research methodology.

Keywords: 1st Aid, Agitation, Analysis, Application, Authors, Benefits, Bias, Box-Jellyfish, Characteristics, Children, Chironex-Fleckeri, Clinical Trials, Coastal, Collection, Complications, Conference Proceedings, Confidence, Consensus, Criteria, Data, Data Collection, Databases, Duration, Effects, Embase, Events, Evidence, Experts, Extraction, First-Aid, Guidelines, Hawaiian, Health, Hypertension, Ice, Immersion, Interval, Intervention, Interventions, Irukandji-Syndrome, Language, Medline, Methodology, Methods, Outcomes, Pain, Pain Relief, Physalia-Physalis Envenomation, Prehospital Treatment, Pressure Immobilization Bandages, Primary, Publication, Randomised, Randomised Controlled Trials, Reference, Reference Lists, Research, Restrictions, Review, Risk, Salt, Science, Search, Selection, Skin, Small, Species, Sublingual Glyceryl Trinitrate, Symptoms, Syndrome, Tachycardia, Temperate, Temperature, Treatment, Trial, Water, Web of Science, Who, World Health Organization

? Poklepovic, T., Worthington, H.V., Johnson, T.M., Sambunjak, D., Imai, P., Clarkson, J.E. and Tugwell, P. (2013), Interdental brushing for the prevention and control of periodontal diseases and dental caries in adults. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD009857.

Full Text: 2013\Coc Dat Sys Rev2013, CD009857.pdf

Abstract: Background Effective oral hygiene is a crucial factor in maintaining good oral health, which is associated with overall health and health-related quality of life. Dental floss has been used for many years in conjunction with toothbrushing for removing dental plaque in between teeth, however, interdental brushes have been developed which many people find easier to use than floss, providing there is sufficient space between the teeth. Objectives To evaluate the effects of interdental brushing in addition to toothbrushing, as compared with toothbrushing alone or toothbrushing and flossing for the prevention and control of periodontal diseases, dental plaque and dental caries. Search methods We searched the following electronic databases: the Cochrane Oral Health Group’s Trials Register (to 7 March 2013), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2013, Issue 2), MEDLINE via OVID (1946 to 7 March 2013), EMBASE via OVID (1980 to 7 March 2013), CINAHL via EBSCO (1980 to 7 March 2013), LILACS via BIREME (1982 to 7 March 2013), ZETOC Conference Proceedings (1980 to 7 March 2013) and Web of Science Conference Proceedings (1990 to 7 March 2013). We searched the US National Institutes of Health Trials Register (http://clinicaltrials.gov) and the metaRegister of Controlled Trials (http://www.controlled-trials.com/mrct/) for ongoing trials to 7 March 2013. No restrictions were placed on the language or date of publication when searching the electronic databases. Selection criteria We included randomised controlled trials (including split-mouth design, cross-over and cluster-randomised trials) of dentate adult patients. The interventions were a combination of toothbrushing and any interdental brushing procedure compared with toothbrushing only or toothbrushing and flossing. Data collection and analysis At least two review authors assessed each of the included studies to confirm eligibility, assessed risk of bias and extracted data using a piloted data extraction form. We calculated standardised mean difference (SMD) and 95% confidence interval (CI) for continuous outcomes where different scales were used to assess an outcome. We attempted to extract data on adverse effects of interventions. Where data were missing or unclear we attempted to contact study authors to obtain further information. Main results There were seven studies (total 354 participants analysed) included in this review. We assessed one study as being low, three studies as being high and three studies as being at unclear risk of bias. Studies only reported the clinical outcome gingivitis and plaque data, with no studies providing data on many of the outcomes: periodontitis, caries, halitosis and quality of life. Three studies reported that no adverse events were observed or reported during the study. Two other studies provided some data on adverse events but we were unable to pool the data due to lack of detail. Two studies did not report whether adverse events occurred. Interdental brushing in addition to toothbrushing, as compared with toothbrushing alone Only one high risk of bias study (62 participants in analysis) looked at this comparison and there was very low-quality evidence for a reduction in gingivitis (0 to 4 scale, mean in control): mean difference (MD) 0.53 (95% CI 0.23 to 0.83) and plaque (0 to 5 scale): MD 0.95 (95% CI 0.56 to 1.34) at one month, favouring of use of interdental brushes. This represents a 34% reduction in gingivitis and a 32% reduction in plaque. Interdental brushing in addition to toothbrushing, as compared with toothbrushing and flossing Seven studies provided data showing a reduction in gingivitis in favour of interdental brushing at one month: SMD -0.53 (95% CI -0.81 to -0.24, seven studies, 326 participants, low-quality evidence). This translates to a 52% reduction in gingivitis (Eastman Bleeding Index). Although a high effect size in the same direction was observed at three months (SMD -1.98, 95% CI -5.42 to 1.47, two studies, 107 participants, very low quality), the confidence interval was wide and did not exclude the possibility of no difference. There was insufficient evidence to claim a benefit for either interdental brushing or flossing for reducing plaque (SMD at one month 0.10, 95% CI -0.13 to 0.33, seven studies, 326 participants, low-quality evidence) and insufficient evidence at three months (SMD -2.14, 95% CI -5.25 to 0.97, two studies, 107 participants very low-quality evidence). Authors’ conclusions Only one study looked at whether toothbrushing with interdental brushing was better than toothbrushing alone, and there was very low-quality evidence for a reduction in gingivitis and plaque at one month. There is also low-quality evidence from seven studies that interdental brushing reduces gingivitis when compared with flossing, but these results were only found at one month. There was insufficient evidence to determine whether interdental brushing reduced or increased levels of plaque when compared to flossing.

Keywords: Adult, Adverse Effects, Analysis, Attempted, Authors, Bias, Caries, Children, Cleaning Device, Clinical, Collection, Comparison, Conference, Confidence, Control, Criteria, Data, Data Collection, Databases, Design, Diseases, Effect Size, Effects, Embase, Events, Evidence, Extraction, Floss, Gingivitis, Health, Health-Related Quality of Life, Hygiene, In-Vitro, Information, Interval, Interventions, Language, Life, Medline, Methods, National Institutes of Health, Oral, Oral-Health, Outcome, Outcomes, Patients, Periodontitis, Plaque-Removal, Prevalence, Prevention, Prevention and Control, Procedure, Publication, Quality, Quality Of, Quality of Life, Quality-Of-Life, Randomised, Randomised Controlled Trials, Reduction, Restrictions, Review, Risk, Scale, Scales, Science, Search, Size, Us, Web of Science

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Full Text: 2013\Coc Dat Sys Rev2013, CD010193.pdf

Abstract: Background Severe traumatic brain injury is a significant cause of morbidity and mortality. Treatment strategies in management of such injuries are directed to the prevention of secondary brain ischaemia, as a consequence of disturbed post-traumatic cerebral blood flow. They are usually concerned with avoiding high intracranial pressure (ICP) or adequate cerebral perfusion pressure (CPP). An alternative to this conventional treatment is the Lund concept, which emphasises a reduction in microvascular pressures. Objectives To assess the role of the Lund concept versus other treatment modalities such as ICP-targeted therapy, CPP-targeted therapy or other possible treatment strategies in the management of severe traumatic brain injury. Search methods We searched the Cochrane Injuries Group’s Specialised Register, Cochrane Central Register of Controlled Trials (CENTRAL; Issue 10, 2013), MEDLINE (OvidSP), EMBASE (OvidSP), CINAHL Plus (EBSCO Host), ISI Web of Science (SCI-EXPANDED and CPCI-S) and trials registries. We searched the reference lists of relevant studies and published reviews found with our search. The most recent search was 5 November 2013. Selection criteria Randomised controlled trials (RCTs, level 1 evidence) exploring the efficacy of the Lund concept in the treatment of traumatic brain injury. Data collection and analysis Two review authors independently selected papers and made decisions about the eligibility of potentially relevant studies. Main results We found no studies that met the inclusion criteria for this review. Authors’ conclusions There is no evidence that the Lund concept is a preferable treatment option in the management of severe traumatic brain injury.

Keywords: Alternative, Analysis, Authors, Blood, Blood Flow, Brain, Brain Injury, Cerebral, Cerebral Perfusion-Pressure, Collection, Concept, Conventional, Criteria, Data Collection, Efficacy, Embase, Evidence, Flow, Injury, Ischaemia, ISI, ISI Web of Science, Management, Medline, Methods, Modalities, Morbidity, Mortality, Papers, Pressure, Pressures, Prevention, Randomised Controlled Trials, Recent, Reduction, Reference, Reference Lists, Registries, Review, Reviews, Role, Science, Search, Severe Head-Injury, Therapy, Traumatic, Traumatic Brain Injury, Treatment, Treatment Option, Web of Science

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Full Text: 2014\Coc Dat Sys Rev2014, CD004476.pdf

Abstract: Background Randomized controlled trials have yielded conflicting results regarding the ability of beta-blockers to influence perioperative cardiovascular morbidity and mortality. Thus routine prescription of these drugs in unselected patients remains a controversial issue. Objectives The objective of this review was to systematically analyse the effects of perioperatively administered beta-blockers for prevention of surgery-related mortality and morbidity in patients undergoing any type of surgery while under general anaesthesia. Search methods We identified trials by searching the following databases from the date of their inception until June 2013: MEDLINE, EMBASE, the Cochrane Central Register of Controlled Trials (CENTRAL), Biosis Previews, CAB Abstracts, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Derwent Drug File, Science Citation Index Expanded, Life Sciences Collection, Global Health and PASCAL. In addition, we searched online resources to identify grey literature. Selection criteria We included randomized controlled trials if participants were randomly assigned to a beta-blocker group or a control group (standard care or placebo). Surgery (any type) had to be performed with all or at least a significant proportion of participants under general anaesthesia. Data collection and analysis Two review authors independently extracted data from all studies. In cases of disagreement, we reassessed the respective studies to reach consensus. We computed summary estimates in the absence of significant clinical heterogeneity. Risk ratios (RRs) were used for dichotomous outcomes, and mean differences (MDs) were used for continuous outcomes. We performed subgroup analyses for various potential effect modifiers. Main results We included 89 randomized controlled trials with 19,211 participants. Six studies (7%) met the highest methodological quality criteria (studies with overall low risk of bias: adequate sequence generation, adequate allocation concealment, double/triple-blinded design with a placebo group, intention-to-treat analysis), whereas in the remaining trials, some form of bias was present or could not be definitively excluded (studies with overall unclear or high risk of bias). Outcomes were evaluated separately for cardiac and non-cardiac surgery. CARDIAC SURGERY (53 trials) We found no clear evidence of an effect of beta-blockers on the following outcomes. All-cause mortality: RR 0.73, 95% CI 0.35 to 1.52, 3783 participants, moderate quality of evidence. Acute myocardial infarction (AMI): RR 1.04, 95% CI 0.71 to 1.51, 3553 participants, moderate quality of evidence. Myocardial ischaemia: RR 0.51, 95% CI 0.25 to 1.05, 166 participants, low quality of evidence. Cerebrovascular events: RR 1.52, 95% CI 0.58 to 4.02, 1400 participants, low quality of evidence. Hypotension: RR 1.54, 95% CI 0.67 to 3.51, 558 participants, low quality of evidence. Bradycardia: RR 1.61, 95% CI 0.97 to 2.66, 660 participants, low quality of evidence. Congestive heart failure: RR 0.22, 95% CI 0.04 to 1.34, 311 participants, low quality of evidence. Beta-blockers significantly reduced the occurrence of the following endpoints. Ventricular arrhythmias: RR 0.37, 95% CI 0.24 to 0.58, number needed to treat for an additional beneficial outcome (NNTB) 29, 2292 participants, moderate quality of evidence. Supraventricular arrhythmias: RR 0.44, 95% CI 0.36 to 0.53, NNTB six, 6420 participants, high quality of evidence. On average, beta-blockers reduced length of hospital stay by 0.54 days (95% CI -0.90 to -0.19, 2450 participants, low quality of evidence). NON-CARDIAC SURGERY (36 trials) We found a potential increase in the occurrence of the following outcomes with the use of beta-blockers. All-cause mortality: RR 1.24, 95% CI 0.99 to 1.54, 11,463 participants, low quality of evidence. Whereas no clear evidence of an effect was noted when all studies were analysed, restricting the meta-analysis to low risk of bias studies revealed a significant increase in all-cause mortality with the use of beta-blockers: RR 1.27, 95% CI 1.01 to 1.59, number needed to treat for an additional harmful outcome (NNTH) 189, 10,845 participants. Cerebrovascular events: RR 1.59, 95% CI 0.93 to 2.71, 9150 participants, low quality of evidence. Whereas no clear evidence of an effect was found when all studies were analysed, restricting the meta-analysis to low risk of bias studies revealed a significant increase in cerebrovascular events with the use of beta-blockers: RR 2.09, 95% CI 1.14 to 3.82, NNTH 255, 8648 participants. Beta-blockers significantly reduced the occurrence of the following endpoints. AMI: RR 0.73, 95% CI 0.61 to 0.87, NNTB 72, 10,958 participants, high quality of evidence. Myocardial ischaemia: RR 0.43, 95% CI 0.27 to 0.70, NNTB seven, 1028 participants, moderate quality of evidence. Supraventricular arrhythmias: RR 0.72, 95% CI 0.56 to 0.92, NNTB 111, 8794 participants, high quality of evidence. Beta-blockers significantly increased the occurrence of the following adverse events. Hypotension: RR 1.50, 95% CI 1.38 to 1.64, NNTH 15, 10,947 participants, high quality of evidence. Bradycardia: RR 2.24, 95% CI 1.49 to 3.35, NNTH 18, 11,083 participants, moderate quality of evidence. We found no clear evidence of an effect of beta-blockers on the following outcomes. Ventricular arrhythmias: RR 0.64, 95% CI 0.30 to 1.33, 526 participants, moderate quality of evidence. Congestive heart failure: RR 1.17, 95% CI 0.93 to 1.47, 9223 participants, moderate quality of evidence. Length of hospital stay: mean difference -0.27 days, 95% CI -1.29 to 0.75, 601 participants, low quality of evidence. Authors’ conclusions According to our findings, perioperative application of beta-blockers still plays a pivotal role in cardiac surgery, as they can substantially reduce the high burden of supraventricular and ventricular arrhythmias in the aftermath of surgery. Their influence on mortality, AMI, stroke, congestive heart failure, hypotension and bradycardia in this setting remains unclear. In non-cardiac surgery, evidence from low risk of bias trials shows an increase in all-cause mortality and stroke with the use of beta-blockers. As the quality of evidence is still low to moderate, more evidence is needed before a definitive conclusion can be drawn. The substantial reduction in supraventricular arrhythmias and AMI in this setting seems to be offset by the potential increase in mortality and stroke.

Keywords: Acute Myocardial Infarction, Adverse Events, All-Cause Mortality, Allocation, Anaesthesia, Analyses, Analysis, Application, Authors, Betablockers, Bias, Biosis, Bradycardia, Burden, Cab, Cardiac Surgery, Cardiac-Surgery, Cardiovascular, Care, Cerebrovascular, Citation, Clinical, Collection, Congestive Heart Failure, Consensus, Control, Coronary-Bypass Surgery, Criteria, Data, Data Collection, Databases, Design, Double-Blind, Drug, Drugs, Effects, Embase, Estimates, Events, Evidence, Failure, From, General, General Anaesthesia, Generation, Global, Health, Heart, Heart Failure, Heterogeneity, High-Risk Patients, Hospital, Hospital Stay, Hypotension, Infarction, Influence, Ischaemia, Length, Literature, Low Risk, Low-Dose Propranolol, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methodological Quality, Methods, Morbidity, Mortality, Myocardial Infarction, Myocardial-Ischemia, Noncardiac Surgery, Number Needed To Treat, Nursing, Online, Outcome, Outcomes, Patients, Perioperative, Placebo, Postoperative Atrial-Fibrillation, Potential, Prescription, Prevention, Quality, Quality Criteria, Quality Of, Randomized, Randomized Controlled Trials, Randomized-Controlled-Trial, Reduction, Resources, Review, Risk, Role, Science, Science Citation Index, Science Citation Index Expanded, Sciences, Search, Standard, Stroke, Supraventricular, Supraventricular Tachyarrhythmias, Surgery, Vascular-Surgery

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Full Text: 2014\Coc Dat Sys Rev2014, CD007084.pdf

Abstract: Background Sevoflurane is an inhaled volatile anaesthetic that is widely used in paediatric anaesthetic practice. Since its introduction, postoperative behavioural disturbance known as emergence agitation (EA) or emergence delirium (ED) has been recognized as a problem that may occur during recovery from sevoflurane anaesthesia. For the purpose of this systematic review, EA has been used to describe this clinical entity. A child with EA may be restless, may cause self-injury or may disrupt the dressing, surgical site or indwelling devices, leading to the potential for parents to be dissatisfied with their child’s anaesthetic. To prevent such outcomes, the child may require pharmacological or physical restraint. Sevoflurane may be a major contributing factor in the development of EA. Therefore, an evidence-based understanding of the risk/benefit profile regarding sevoflurane compared with other general anaesthetic agents and adjuncts would facilitate its rational and optimal use. Objectives To compare sevoflurane with other general anaesthetic (GA) agents, with or without pharmacological or non-pharmacological adjuncts, with regard to risk of EA in children during emergence from anaesthesia. The primary outcome was risk of EA; secondary outcome was agitation score. Search methods We searched the following databases from the date of inception to 19 January 2013: CENTRAL, Ovid MEDLINE, Ovid EMBASE, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) (EBSCOhost), Evidence-Based Medicine Reviews (EBMR) and the Web of Science, as well as the reference lists of other relevant articles and online trial registers. Selection criteria We included all randomized (or quasi-randomized) controlled trials investigating children < 18 years of age presenting for general anaesthesia with or without surgical intervention. We included any study in which a sevoflurane anaesthetic was compared with any other GA, and any study in which researchers investigated adjuncts (pharmacological or non-pharmacological) to sevoflurane anaesthesia compared with no adjunct or placebo. Data collection and analysis Two review authors independently searched the databases, decided on inclusion eligibility of publications, ascertained study quality and extracted data. They then resolved differences between their results by discussion. Data were entered into RevMan 5.2 for analyses and presentation. Comparisons of the risk of EA were presented as risk ratios (RRs) with 95% confidence intervals (CIs). Sevoflurane is treated as the control anaesthesia in this review. Sensitivity analyses were performed as appropriate, to exclude studies with a high risk of bias and to investigate heterogeneity. Main results We included 158 studies involving 14,045 children. Interventions to prevent EA fell into two broad groups. First, alternative GA compared with sevoflurane anaesthesia (69 studies), and second, use of an adjunct with sevoflurane anaesthesia versus sevoflurane without an adjunct (100 studies). The overall risk of bias in included studies was low. The overall Grades of Recommendation, Assessment, Development and Evaluation Working Group (GRADE) assessment of the quality of the evidence was moderate to high. A wide range of EA scales were used, as were different levels of cutoff, to determine the presence or absence of EA. Some studies involved children receiving potentially inadequate or no analgesia intraoperatively during painful procedures. Halothane (RR 0.51, 95% CI 0.41 to 0.63, 3534 participants, high quality of evidence) and propofol anaesthesia were associated with a lower risk of EA than sevoflurane anaesthesia. Propofol was effective when used throughout anaesthesia (RR 0.35, 95% CI 0.25 to 0.51, 1098 participants, high quality of evidence) and when used only during the maintenance phase of anaesthesia after sevoflurane induction (RR 0.59, 95% CI 0.46 to 0.76, 738 participants, high quality of evidence). No clear evidence was found of an effect on risk of EA of desflurane (RR 1.46, 95% CI 0.92 to 2.31, 408 participants, moderate quality of evidence) or isoflurane (RR 0.76, 95% CI 0.46 to 1.23, 379 participants, moderate quality of evidence) versus sevoflurane. Compared with no adjunct, effective adjuncts for reducing the risk of EA during sevoflurane anaesthesia included dexmedetomidine (RR 0.37, 95% CI 0.29 to 0.47, 851 participants, high quality of evidence), clonidine (RR 0.45, 95% CI 0.31 to 0.66, 739 participants, high quality of evidence), opioids, in particular fentanyl (RR 0.37, 95% CI 0.27 to 0.50, 1247 participants, high quality of evidence) and a bolus of propofol (RR 0.58, 95% CI 0.38 to 0.89, 394 participants, moderate quality of evidence), ketamine (RR 0.30, 95% CI 0.13 to 0.69, 231 participants, moderate quality of evidence) or midazolam (RR 0.57, 95% CI 0.41 to 0.81, 116 participants, moderate quality of evidence) at the end of anaesthesia. Midazolam oral premedication (RR 0.81, 95% CI 0.59 to 1.12, 370 participants, moderate quality of evidence) and parental presence at emergence (RR 0.91, 95% CI 0.51 to 1.60, 180 participants, moderate quality of evidence) did not reduce the risk of EA. One or more factors designated as high risk of biaswere noted in less than 10% of the included studies. Sensitivity analyses of these studies showed no clinically relevant changes in the risk of EA. Heterogeneity was significant with respect to these comparisons: halothane; clonidine; fentanyl; midazolam premedication; propofol 1 mg/kg bolus at end; and ketamine 0.25 mg/kg bolus at end of anaesthesia. With investigation of heterogeneity, the only clinically relevant changes to findings were seen in the context of potential pain, namely, the setting of adenoidectomy/adenotonsillectomy (propofol bolus; midazolam premedication) and the absence of a regional block (clonidine). Authors’ conclusions Propofol, halothane, alpha-2 agonists (dexmedetomidine, clonidine), opioids (e.g. fentanyl) and ketamine reduce the risk of EA compared with sevoflurane anaesthesia, whereas no clear evidence shows an effect for desflurane, isoflurane, midazolam premedication and parental presence at emergence. Therefore anaesthetists can consider several effective strategies to reduce the risk of EA in their clinical practice. Future studies should ensure adequate analgesia in the control group, for which pain may be a contributing or confounding factor in the diagnosis of EA. Regardless of the EA scale used, it would be helpful for study authors to report the risk of EA, so that this might be included in future meta-analyses. Researchers should also consider combining effective interventions as a multi-modal approach to further reduce the risk of EA.

Keywords: Age, Agitation, Alternative, Anaesthesia, Analgesia, Analyses, Analysis, Anesthetized Pediatric-Patients, Approach, Articles, Assessment, Authors, Bias, Changes, Child, Children, Clinical, Clinical Practice, Clonidine, Collection, Combining, Confidence, Confidence Intervals, Confounding, Context, Control, Criteria, Data, Data Collection, Databases, Day-Case Surgery, Delirium, Development, Dexmedetomidine Reduces Agitation, Diagnosis, Disturbance, Embase, Equalization Tube Insertion, Evaluation, Evidence, Evidence Based, Evidence-Based, Factors, Fentanyl, From, General, General Anaesthesia, General Anaesthetic, Grade, Groups, Health, Heterogeneity, Induction, Intervals, Intervention, Interventions, Investigation, Isoflurane, Ketamine, Laryngeal Mask Airway, Literature, Medicine, Medline, Meta-Analyses, Methods, Midazolam, Nursing, Online, Opioids, Oral, Outcome, Outcomes, Pain, Parents, Physical, Physical Restraint, Placebo, Postoperative, Postoperative Behavioral-Changes, Potential, Practice, Preschool-Aged Children, Presentation, Prevent, Primary, Procedures, Propofol, Publications, Purpose, Quality, Quality Of, Randomized, Randomized Clinical-Trial, Recommendation, Recovery, Recovery Characteristics, Reference, Reference Lists, Regional, Researchers, Review, Risk, Scale, Scales, Science, Search, Sensitivity, Sevoflurane, Site, Systematic, Systematic Review, Total Intravenous Anesthesia, Trial, Understanding, Web, Web Of Science

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Full Text: 2014\Coc Dat Sys Rev2014, CD008669.pdf

Abstract: Background Periodic fever, aphthous stomatitis, pharyngitis and cervical adenitis (PFAPA) syndrome is a rare clinical syndrome of unknown cause usually identified in children. Tonsillectomy is considered a potential treatment option for this syndrome. This is an update of a Cochrane review first published in 2010. Objectives To assess the effectiveness and safety of tonsillectomy (with or without adenoidectomy) in children with PFAPA. Search methods We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL); PubMed; EMBASE; CINAHL; Web of Science; Cambridge Scientific Abstracts; ICTRP and additional sources for published and unpublished trials. The date of the search was 30 October 2013. Selection criteria Randomised controlled trials comparing tonsillectomy (with or without adenoidectomy) with non-surgical treatment in children with PFAPA. Data collection and analysis Two authors independently assessed trial quality and extracted data. We used the standard methodological procedures expected by The Cochrane Collaboration. Main results Two trials were included with a total of 67 children randomised (65 analysed); we judged both to be at low risk of bias. One trial of 39 participants recruited children with PFAPA syndrome diagnosed according to rigid, standard criteria. The trial compared adenotonsillectomy to watchful waiting and followed up patients for 18 months. A smaller trial of 28 children applied less stringent criteria for diagnosing PFAPA and probably also included participants with alternative types of recurrent pharyngitis. This trial compared tonsillectomy alone to no treatment and followed up patients for six months. Combining the trial results suggests that patients with PFAPA experience less fever and less severe episodes after surgery compared to those receiving no surgery. The risk ratio (RR) for immediate resolution of symptoms after surgery that persisted until the end of follow-up was 4.38 (95% confidence interval (CI) 0.64 to 30.11); number needed to treat to benefit (NNTB) = 2, calculated based on an estimate that 156 in 1000 untreated children have a resolution). There was a large overall reduction in the average number of episodes over the total length of follow-up in these studies (rate ratio 0.08, 95% CI 0.05 to 0.13), reducing the average frequency of PFAPA episodes from one every two months to slightly less than one every two years. The severity, as indicated by the length of PFAPA symptoms during these episodes, was also reduced. One study reported that the average number of days per PFAPA episode was 1.7 days after receiving surgery, compared to 3.5 days in the control group. The proportion of patients requiring corticosteroids was also lower in the surgery group compared to those receiving no surgery (RR 0.58, 95% CI 0.37 to 0.92). Both trials reported that there were no complications of surgery. However, the numbers of patients randomly allocated to surgery (19 and 14 patients respectively) were too small to detect potentially important complications such as haemorrhage. Other outcomes such as quality of life, number of days with pain after surgery and absence from school were not measured or reported. Authors’ conclusions The evidence for the effectiveness of tonsillectomy in children with PFAPA syndrome is derived from two small randomised controlled trials. These trials reported significant beneficial effects of surgery compared to no surgery on immediate and complete symptom resolution (NNTB=2) and a substantial reduction in the frequency and severity (length of episode) of any further symptoms experienced. However, the evidence is of moderate quality (further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate) due to the relatively small sample sizes of the studies and some concerns about the applicability of the results. Therefore, the parents and carers of children with PFAPA syndrome must weigh the risks and consequences of surgery against the alternative of using medications. It is well established that children with PFAPA syndrome recover spontaneously and medication can be administered to try and reduce the severity of individual episodes. It is uncertain whether adenoidectomy combined with tonsillectomy adds any additional benefit to tonsillectomy alone.

Keywords: Adenoidectomy, Adolescent, Alternative, Analysis, Authors, Bias, Child, Child,Preschool, Children, Clinical, Cochrane Collaboration, Collaboration, Collection, Complete, Complications, Confidence, Control, Corticosteroids, Criteria, Data, Data Collection, Effectiveness, Effects, Embase, Evidence, Experience, Fever, Fever [Surgery], First, Follow-Up, From, Haemorrhage, Humans, Impact, Infant, Interval, Length, Life, Low Risk, Lymphadenitis [Surgery], Methods, Neck, Number Needed To Treat, Outcomes, Pain, Parents, Patients, Periodicity, Pharyngitis, Pharyngitis [Surgery], Potential, Procedures, Pubmed, Quality, Quality Of, Quality Of Life, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Recurrent, Reduction, Remission,Spontaneous, Research, Review, Risk, Risks, Safety, Science, Search, Small, Sources, Standard, Stomatitis,Aphthous [Surgery], Surgery, Symptoms, Syndrome, Tonsillectomy, Treatment, Treatment Option, Trial, Web, Web Of Science

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Full Text: 2014\Coc Dat Sys Rev2014, CD009126.pdf

Abstract: Background Informal carers of people with dementia can suffer from depressive symptoms, emotional distress and other physiological, social and financial consequences. Objectives This review focuses on three main objectives: To: 1) produce a quantitative review of the efficacy of telephone counselling for informal carers of people with dementia; 2) synthesize qualitative studies to explore carers’ experiences of receiving telephone counselling and counsellors’ experiences of conducting telephone counselling; and 3) integrate 1) and 2) to identify aspects of the intervention that are valued and work well, and those interventional components that should be improved or redesigned. Search methods The Cochrane Dementia and Cognitive Improvement Group’s Specialized Register, The Cochrane Library, MEDLINE, MEDLINE in Process, EMBASE, CINAHL, PSYNDEX, PsycINFO, Web of Science, DIMDI databases, Springer database, Science direct and trial registers were searched on 3 May 2011 and updated on 25 February 2013. A Forward Citation search was conducted for included studies in Web of Science and Google Scholar. We used the Related Articles service of PubMed for included studies, contacted experts and hand-searched abstracts of five congresses. Selection criteria Randomised controlled trials (RCTs) or cross-over trials that compared telephone counselling for informal carers of people with dementia against no treatment, usual care or friendly calls for chatting were included evaluation of efficacy. Qualitative studies with qualitative methods of data collection and analysis were also included to address experiences with telephone counselling. Data collection and analysis Two authors independently screened articles for inclusion criteria, extracted data and assessed the quantitative trials with the Cochrane ‘Risk of bias’ tool and the qualitative studies with the Critical Appraisal Skills Program (CASP) tool. The authors conducted meta-analyses, but reported some results in narrative form due to clinical heterogeneity. The authors synthesised the qualitative data and integrated quantitative RCT data with the qualitative data. Main results Nine RCTs and two qualitative studies were included. Six studies investigated telephone counselling without additional intervention, one study combined telephone counselling with video sessions, and two studies combined it with video sessions and a workbook. All quantitative studies had a high risk of bias in terms of blinding of participants and outcome assessment. Most studies provided no information about random sequence generation and allocation concealment. The quality of the qualitative studies (‘thin descriptions’) was assessed as moderate. Meta-analyses indicated a reduction of depressive symptoms for telephone counselling without additional intervention (three trials, 163 participants: standardised mean different (QSMD) 0.32, 95% confidence interval(CI) 0.01 to 0.63, P value 0.04; moderate quality evidence). The estimated effects on other outcomes (burden, distress, anxiety, quality of life, self-efficacy, satisfaction and social support) were uncertain and differences could not be excluded (burden: four trials, 165 participants: SMD 0.45, 95% CI -0.01 to 0.90, P value 0.05; moderate quality evidence; support: two trials, 67 participants: SMD 0.25, 95% CI -0.24 to 0.73, P value 0.32; low quality evidence). None of the quantitative studies included reported adverse effects or harm due to telephone counselling. Three analytical themes (barriers and facilitators for successful implementation of telephone counselling, counsellor’s emotional attitude and content of telephone counselling) and 16 descriptive themes that present the carers’ needs for telephone counselling were identified in the thematic synthesis. Integration of quantitative and qualitative data shows potential for improvement. For example, no RCT reported that the counsellor provided 24-hour availability or that there was debriefing of the counsellor. Also, the qualitative studies covered a limited range of ways of performing telephone counselling. Authors’ conclusions There is evidence that telephone counselling can reduce depressive symptoms for carers of people with dementia and that telephone counselling meets important needs of the carer. This result needs to be confirmed in future studies that evaluate efficacy through robust RCTs and the experience aspect through qualitative studies with rich data.

Keywords: Abstracts, Adverse Effects, Allocation, Alzheimers-Disease, Analysis, Anxiety, Articles, Assessment, Attitude, Authors, Availability, Barriers, Bias, Burden, Care, Caregivers, Citation, Clinical, Cognitive-Behavioral Intervention, Collection, Confidence, Content, Counselling, Criteria, Data, Data Collection, Database, Databases, Dementia, Depressive Symptoms, Distress, Effects, Efficacy, Embase, Evaluation, Evidence, Experience, Experts, From, Generation, Google, Google Scholar, Heterogeneity, Implementation, Improvement, Information, Initial Findings, Integrated, Integration, Intervention, Life, Medline, Meta-Analyses, Methods, Needs, Outcome, Outcome Assessment, Outcomes, P, Physical Health, Potential, Psycinfo, Pubmed, Qualitative, Qualitative Methods, Qualitative Research, Quality, Quality Of, Quality Of Life, Quantitative Studies, Randomised Controlled Trials, Rct, Reduction, Review, Risk, Risk Of Bias, Satisfaction, Science, Search, Service, Social, Social Support, Springer, Strain, Support, Symptoms, Synthesis, Systematic Reviews, Treatment, Trial, Value, Video, Web, Web Of Science, Work

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Full Text: 2014\Coc Dat Sys Rev2014, CD009803.pdf

Abstract: Background Sudden cardiac arrest (SCA) is a common health problem associated with high levels of mortality. Cardiac arrest is caused by three groups of dysrhythmias: ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT), pulseless electric activity (PEA) and asystole. The most common dysrhythmia found in out-of-hospital cardiac arrest (OHCA) is VF. During VF or VT, cardiopulmonary resuscitation (CPR) provides perfusion and oxygenation to the tissues, whilst defibrillation restores a viable cardiac rhythm. Early successful defibrillation is known to improve outcomes in VF/VT. However, it has been hypothesized that a period of CPR before defibrillation creates a more conducive physiological environment, increasing the likelihood of successful defibrillation. The order of priority of CPR versus defibrillation therefore remains in contention. As previous studies have remained inconclusive, we conducted a systematic review of available evidence in an attempt to draw conclusions on whether CPR plus delayed defibrillation or immediate defibrillation resulted in better outcomes in OHCA. Objectives To examine whether an initial one and one-half to three minutes of CPR administered by paramedics before defibrillation versus immediate defibrillation on arrival influenced survival rates, neurological outcomes or rates of return of spontaneous circulation (ROSC) in OHCA. Search methods We searched the following databases: the Cochrane Central Register of Controlled trials (CENTRAL) (2013, Issue 6); MEDLINE (Ovid) (1948 to May 2013); EMBASE (1980 to May 2013); the Institute for Scientific Information (ISI) Web of Science (1980 to May 2013) and the China Academic Journal Network Publishing Database (China National Knowledge Infrastructure (CNKI), 1980 to May 2013). We included studies published in all languages. We also searched the Current Controlled Trials and Clinical Trials databases for ongoing trials. We screened the references lists of studies included in our review against the reference lists of relevant International Liaison Committee on Resuscitation (ILCOR) evidence worksheets. Selection criteria Our participant group consisted of adults over 18 years of age presenting with OHCA who were in VF or pulseless VT at the time of emergency medical service (EMS) paramedic arrival. We included randomized controlled trials (RCTs) and quasi-randomized controlled trials that evaluated the effects of one and one-half to three minutes of CPR versus defibrillation as initial therapy on survival and neurological outcomes of these participants. We excluded observational and cross-over design studies. Data collection and analysis Two review authors independently extracted the data. We contacted study authors to ask for additional data when required. The risk ratio (RR) for each outcome was calculated and summarized in the meta-analysis after heterogeneity was considered. We used Review Manager software for all analyses. Main results We included four RCTs with a total of 3090 enrolled participants (one study used a cluster-randomized design). Three trials were considered to have a relatively low risk of bias, and one trial was considered to have a relatively high risk. When survival to hospital discharge was compared, 38 of 320 (11.88%) participants survived to discharge in the initial CPR plus delayed defibrillation group compared with 39 of 338 participants (11.54%) in the immediate defibrillation group (RR 1.09, 95% CI 0.54 to 2.20, Chi(2) = 10.78, degrees of freedom (df) = 5, P value 0.06, I-2 = 54%, low-quality evidence). When we compared the neurological outcome at hospital discharge (RR 1.12, 95% CI 0.65 to 1.93, low-quality evidence), the rate of return of spontaneous circulation (ROSC) (RR 0.94, 95% CI 0.77 to 1.15, low-quality evidence) and survival at one year (RR 0.77, 95% CI 0.24 to 2.49, low-quality evidence), we could not rule out the superiority of either treatment. Adverse effects were not associated with either treatment. Authors’ conclusions Owing to the low quality of available evidence, we have been unable to determine conclusively whether immediate defibrillation and one and one-half to three minutes of CPR as initial therapy before defibrillation have similar effects on rates of return of spontaneous circulation, survival to discharge or neurological insult. We have also been unable to conclude whether either treatment approach provides a degree of superiority in OHCA. We propose that this is an area that needs further rigorous research through additional high-quality RCTs, including larger sample sizes and proper subgroup analysis.

Keywords: 1st, Academic, Activity, Adverse Effects, Age, American-Heart-Association, Analyses, Analysis, Approach, Authors, Bias, Cardiac Arrest, Cardiopulmonary, Cardiopulmonary Resuscitation, Chest Compression, China, Clinical Trials, Collection, Cpr, Criteria, Data, Data Collection, Database, Databases, Defibrillation, Design, Discharge, Effects, Embase, Emergency, Emergency Cardiovascular Care, Ems, Environment, Evidence, Freedom, Groups, Guidelines, Health, Health Problem, Heterogeneity, Hospital, Information, Institute For Scientific Information, International, Isi, Journal, Knowledge, Languages, Low Risk, Medical, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Needs, Network, Neurological, Observational, Outcome, Outcomes, Oxygenation, P, Pea, Publishing, Quality, Quality Of, Randomized, Randomized Controlled Trials, Randomized-Trial, Rates, Reference, Reference Lists, References, Research, Resuscitation, Review, Risk, Science, Search, Service, Software, Spontaneous, Survival, Survival Rates, Systematic, Systematic Review, Tachycardia, Therapy, Treatment, Trial, Value, Ventricular Fibrillation, Ventricular-Fibrillation, Web, Web Of Science

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Full Text: 2014\Coc Dat Sys Rev2014, CD010010.pdf

Abstract: Background Chronic bronchitis and chronic obstructive pulmonary disease (COPD) are serious conditions in which patients are predisposed to viral and bacterial infections resulting in potentially fatal acute exacerbations. COPD is defined as a lung disease characterised by obstruction to lung airflow that interferes with normal breathing. Antibiotic therapy has not been particularly useful in eradicating bacteria such as non-typeable Haemophilus influenzae (NTHi) because they are naturally occurring flora of the upper respiratory tract in many people. However, they can cause opportunistic infection. An oral NTHi vaccine has been developed to protect against recurrent infective acute exacerbations in chronic bronchitis. Objectives To assess the effectiveness of an oral, whole-cell, non-typeable H. influenzae (NTHi) vaccine in protecting against recurrent episodes of acute exacerbations of chronic bronchitis and COPD in adults. To assess the effectiveness of NTHi vaccine in reducing NTHi colonising the respiratory tract during recurrent episodes of acute exacerbations of COPD. Search methods We searched the following databases: CENTRAL (2014, Issue 6), MEDLINE (1946 to July week 3, 2014), EMBASE (1974 to July 2014), CINAHL (1981 to July 2014), LILACS (1982 to July 2014) and Web of Science (1955 to July 2014). We also searched trials registries and contacted authors of trials requesting unpublished data. Selection criteria We included randomised controlled trials comparing the effects of an oral monobacterial NTHi vaccine in adults with recurrent acute exacerbations of chronic bronchitis or COPD when there was overt matching of the vaccine and placebo groups on clinical grounds. The selection criteria considered populations aged less than 65 years and those older than 65 years. Data collection and analysis Two authors independently assessed trial quality and extracted data from original records and publications for incidence and severity of bronchitis episodes and carriage rate of NTHi measured in the upper respiratory tract, as well as data relevant to other primary and secondary outcomes. Main results We identified six placebo-controlled randomised controlled trials with a total of 557 participants. They investigated the efficacy of enteric-coated, killed preparations of H. influenzae in populations prone to recurrent acute exacerbations of chronic bronchitis or COPD. The vaccine preparation and immunisation regime in all trials consisted of at least three courses of formalin-killed H. influenzae in enteric-coated tablets taken at intervals (for example, days 0, 28 and 56). Each course generally consisted of two tablets taken after breakfast over three consecutive days. In all cases the placebo groups took enteric-coated tablets containing glucose. Risk of bias was moderate across the studies, namely due to the lack of information provided about methods and inadequate presentation of results. Meta-analysis of the oral NTHi vaccine showed a small, non-statistically significant reduction in the incidence of acute exacerbations of chronic bronchitis or COPD by 2.048% (risk ratio (RR) 0.97, 95% confidence interval (CI) 0.84 to 1.12, P value = 0.68). There was no significant difference in mortality rate between the vaccine and placebo groups (odds ratio (OR) 1.62, 95% CI 0.63 to 4.12, P value = 0.31). We were unable to meta-analyse the carriage levels of NTHi in participants as each trial reported this result using different units and tools of measurement. Four trials showed no significant difference in carriage levels, while two trials showed a significant decrease in carriage levels in the vaccinated group compared with placebo. Four trials assessed severity of exacerbations measured by requirement for antibiotics. Three of these trials were comparable and when meta-analysed showed a statistically significant 80% increase in antibiotic courses per person in the placebo group (RR 1.81, 95% CI 1.35 to 2.44, P value < 0.0001). There was no significant difference between the groups with regards to hospital admission rates (OR 0.96, 95% CI 0.13 to 7.04, P value = 0.97). Adverse events were reported in all six trials with a point estimate suggestive that they occurred more frequently in the vaccine group, however, this result was not statistically significant (RR 1.43, 95% CI 0.70 to 2.92, P value = 0.87). Quality of life was not meta-analysed but was reported in two trials, with results at six months showing an improvement in quality of life in the vaccinated group (scoring at least two points better than placebo). Authors’ conclusions Analyses demonstrate that NTHi oral vaccination of patients with recurrent exacerbations of chronic bronchitis or COPD does not yield a significant reduction in the number and severity of exacerbations. Evidence is mixed and the individual trials that show a significant benefit of the vaccine are too small to advocate widespread oral vaccination of people with COPD.

Keywords: Adverse Events, Aged, Airways, Analysis, Antibiotic, Antibiotics, Authors, Bacteria, Bias, Chronic, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease, Clinical, Collection, Colonization, Confidence, Copd, Course, Criteria, Data, Data Collection, Databases, Disease, Effectiveness, Effects, Efficacy, Embase, Events, Evidence, From, Glucose, Groups, Hospital, Immunization, Improvement, Incidence, Infection, Infections, Information, Interval, Intervals, Life, Lung, Matching, Measurement, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Mortality Rate, Normal, Odds Ratio, Older, Oral, Outcomes, P, Patients, Person, Placebo, Populations, Preparation, Presentation, Primary, Protection, Publications, Quality, Quality Of, Quality Of Life, Randomised, Randomised Controlled Trials, Rates, Records, Recurrent, Reduction, Registries, Requirement, Respiratory-Tract, Risk, Risk Of Bias, Science, Search, Selection, Selection Criteria, Small, Tablets, Therapy, Trial, Vaccination, Vaccine, Value, Viral, Web, Web Of Science

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Full Text: 2014\Coc Dat Sys Rev2014, CD010050.pdf

Abstract: Background Glutamine is a non-essential amino acid which is abundant in the healthy human body. There are studies reporting that plasma glutamine levels are reduced in patients with critical illness or following major surgery, suggesting that glutamine may be a conditionally essential amino acid in situations of extreme stress. In the past decade, several clinical trials examining the effects of glutamine supplementation in patients with critical illness or receiving surgery have been done, and the systematic review of this clinical evidence has suggested that glutamine supplementation may reduce infection and mortality rates in patients with critical illness. However, two recent large-scale randomized clinical trials did not find any beneficial effects of glutamine supplementation in patients with critical illness. Objectives The objective of this review was to: 1. assess the effects of glutamine supplementation in critically ill adults and in adults after major surgery on infection rate, mortality and other clinically relevant outcomes; 2. investigate potential heterogeneity across different patient groups and different routes for providing nutrition. Search methods We searched the Cochrane Anaesthesia Review Group (CARG) Specialized Register; Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library (2013, Issue 5); MEDLINE (1950 to May 2013); EMBASE (1980 to May 2013) and Web of Science (1945 to May 2013). Selection criteria We included controlled clinical trials with random or quasi-random allocation that examined glutamine supplementation versus no supplementation or placebo in adults with a critical illness or undergoing elective major surgery. We excluded cross-over trials. Data collection and analysis Two authors independently extracted the relevant information from each included study using a standardized data extraction form. For infectious complications and mortality and morbidity outcomes we used risk ratio (RR) as the summary measure with the 95% confidence interval (CI). We calculated, where appropriate, the number needed to treat to benefit (NNTB) and the number needed to treat to harm (NNTH). We presented continuous data as the difference between means (MD) with the 95% CI. Main results Our search identified 1999 titles, of which 53 trials (57 articles) fulfilled our inclusion criteria. The 53 included studies enrolled a total of 4671 participants with critical illness or undergoing elective major surgery. We analysed seven domains of potential risk of bias. In 10 studies the risk of bias was evaluated as low in all of the domains. Thirty-three trials (2303 patients) provided data on nosocomial infectious complications; pooling of these data suggested that glutamine supplementation reduced the infectious complications rate in adults with critical illness or undergoing elective major surgery (RR 0.79, 95% CI 0.71 to 0.87, P < 0.00001, I-2 = 8%, moderate quality evidence). Thirty-six studies reported short-term(hospital or less than one month) mortality. The combined rate of mortality from these studies was not statistically different between the groups receiving glutamine supplement and those receiving no supplement (RR 0.89, 95% CI 0.78 to 1.02, P = 0.10, I-2 = 22%, low quality evidence). Eleven studies reported long-term (more than six months) mortality; meta-analysis of these studies (2277 participants) yielded a RR of 1.00 (95% CI 0.89 to 1.12, P = 0.94, I-2 = 30%, moderate quality evidence). Subgroup analysis of infectious complications and mortality outcomes did not find any statistically significant differences between the predefined groups. Hospital length of stay was reported in 36 studies. We found that the length of hospital stay was shorter in the intervention group than in the control group (MD -3.46 days, 95% CI -4.61 to -2.32, P < 0.0001, I-2 = 63%, low quality evidence). Slightly prolonged intensive care unit (ICU) stay was found in the glutamine supplemented group from 22 studies (2285 participants) (MD 0.18 days, 95% CI 0.07 to 0.29, P = 0.002, I-2 = 11%, moderate quality evidence). Days on mechanical ventilation (14 studies, 1297 participants) was found to be slightly shorter in the intervention group than in the control group (MD -0.69 days, 95% CI -1.37 to -0.02, P = 0.04, I-2 = 18%, moderate quality evidence). There was no clear evidence of a difference between the groups for side effects and quality of life, however results were imprecise for serious adverse events and few studies reported on quality of life. Sensitivity analysis including only low risk of bias studies found that glutamine supplementation had beneficial effects in reducing the length of hospital stay (MD -2.9 days, 95% CI -5.3 to -0.5, P = 0.02, I-2 = 58%, eight studies) while there was no statistically significant difference between the groups for all of the other outcomes. Authors’ conclusions This review found moderate evidence that glutamine supplementation reduced the infection rate and days on mechanical ventilation, and low quality evidence that glutamine supplementation reduced length of hospital stay in critically ill or surgical patients. It seems to have little or no effect on the risk of mortality and length of ICU stay, however. The effects on the risk of serious side effects were imprecise. The strength of evidence in this review was impaired by a high risk of overall bias, suspected publication bias, and moderate to substantial heterogeneity within the included studies.

Keywords: Adverse Events, Allocation, Amino Acid, Anaesthesia, Analysis, Articles, Authors, Bias, Care, Clinical, Clinical Trials, Collection, Complications, Confidence, Control, Criteria, Critical Illness, Data, Data Collection, Data Support Nutrition, Effects, Elective, Embase, Enriched Enteral Nutrition, Events, Evidence, Extraction, Frequent Intravenous Pulses, From, Groups, Heterogeneity, Hospital, Hospital Stay, Human, ICU, Infection, Infectious Complications, Information, Intensive Care, Intensive Care Unit, Intensive-Care-Unit, Interval, Intervention, Length, Length Of Stay, Life, Long Term, Long-Term, Low Risk, Major Abdominal-Surgery, Measure, Mechanical Ventilation, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Morbidity, Mortality, Number Needed To Treat, Nutrition, Outcomes, P, Patient, Patients, Placebo, Plasma, Potential, Prolonged, Prolonged Critical Illness, Publication, Publication Bias, Quality, Quality Of, Quality Of Life, Randomized, Randomized Clinical-Trials, Rates, Recent, Reporting, Review, Risk, Science, Search, Sensitivity, Sensitivity Analysis, Severe Acute-Pancreatitis, Severely Burned Patients, Side Effects, Strength, Stress, Surgery, Systematic, Systematic Review, Total Parenteral-Nutrition, Ventilation, Web, Web Of Science

? McCaul, M., Lourens, A. and Kredo, T. (2014), Pre-hospital versus in-hospital thrombolysis for ST-elevation myocardial infarction. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD010191.

Full Text: 2014\Coc Dat Sys Rev2014, CD010191.pdf

Abstract: Background Early thrombolysis for individuals experiencing a myocardial infarction is associated with better mortality and morbidity outcomes. While traditionally thrombolysis is given in hospital, pre-hospital thrombolysis is proposed as an effective intervention to save time and reduce mortality and morbidity in individuals with ST-elevation myocardial infarction (STEMI). Despite some evidence that pre-hospital thrombolysis may be delivered safely, there is a paucity of controlled trial data to indicate whether the timing of delivery can be effective in reducing key clinical outcomes. Objectives To assess the morbidity and mortality of pre-hospital versus in-hospital thrombolysis for STEMI. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (OVID), EMBASE (OVID), two citation indexes on Web of Science (Thomson Reuters) and Cumulative Index to Nursing and Allied Health Literature (CINAHL) for randomised controlled trials and grey literature published up to June 2014. We also searched the reference lists of articles identified, clinical trial registries and unpublished thesis sources. We did not contact pharmaceutical companies for any relevant published or unpublished articles. We applied no language, date or publication restrictions. The Cochrane Heart Group conducted the primary electronic search. Selection criteria We included randomised controlled trials of pre-hospital versus in-hospital thrombolysis in adults with ST-elevation myocardial infarction diagnosed by a healthcare provider. Data collection and analysis Two authors independently screened eligible studies for inclusion and carried out data extraction and ‘Risk of bias’ assessments, resolving any disagreement by consulting a third author. We contacted authors of potentially suitable studies if we required missing or additional information. We collected efficacy and adverse effect data from the trials. Main results We included three trials involving 538 participants. We found low quality of evidence indicating uncertainty whether pre-hopsital thrombolysis reduces all-cause mortality in individuals with STEMI compared to in-hospital thrombolysis (risk ratio 0.73, 95% confidence interval 0.37 to 1.41). We found high-quality evidence (two trials, 438 participants) that pre-hospital thrombolysis reduced the time to receipt of thrombolytic treatment compared with in-hospital thrombolysis. For adverse events, we found moderate-quality evidence that the occurrence of bleeding events was similar between participants receiving in-hospital or pre-hospital thrombolysis (two trials, 438 participants), and low-quality evidence that the occurrence of ventricular fibrillation (two trials, 178 participants), stroke (one trial, 78 participants) and allergic reactions (one trial, 100 participants) was also similar between participants receiving in-hospital or pre-hospital thrombolysis. We considered the included studies to have an overall unclear/high risk of bias. Authors’ conclusions Pre-hospital thrombolysis reduces time to treatment, based on studies conducted in higher income countries. In settings where it can be safely and correctly administered by trained staff, pre-hospital thrombolysis may be an appropriate intervention. Pre-hospital thrombolysis has the potential to reduce the burden of STEMI in lower-and middle-income countries, especially in individuals who have limited access to in-hospital thrombolysis or percutaneous coronary interventions. We found no randomised controlled trials evaluating the efficacy of pre-hospital thrombolysis for STEMI in lower-and middle-income countries. Large high-quality multicentre randomised controlled trials implemented in resource-constrained countries will provide additional evidence for the efficacy and safety of this intervention. Local policy makers should consider their local health infrastructure and population distribution needs. These considerations should be taken into account when developing clinical guidelines for pre-hospital thrombolysis.

Keywords: Access, Acute Coronary Syndromes, Adverse Events, All-Cause Mortality, Analysis, Anistreplase Trial Great, Articles, Assessments, Authors, Bias, Bleeding, Burden, Citation, Citation Indexes, Clinical, Clinical Guidelines, Clinical Outcomes, Clinical Trial, Collection, Confidence, Controlled Trial, Criteria, Data, Data Collection, Delivery, Developing, Distribution, Efficacy, Embase, Events, Evidence, Extraction, Fibrinolytic Therapy, Follow-Up, From, Guidelines, Health, Hospital, Income, Infarction, Information, Infrastructure, Interval, Intervention, Interventions, Language, Literature, Local, Medline, Methods, Morbidity, Mortality, Myocardial Infarction, Needs, Nursing, Outcomes, Percutaneous, Plasminogen-Activator, Policy, Population, Potential, Prehospital, Primary, Primary Angioplasty, Publication, Quality, Quality Of, Randomised, Randomised Controlled Trials, Randomized-Trial, Reference, Reference Lists, Registries, Restrictions, Risk, Risk Of Bias, Rural-Community, Safety, Science, Search, Short-Term, Sources, Stroke, Thesis, Thomson Reuters, Thomson-Reuters, Timing, Treatment, Trial, Uncertainty, Undifferentiated Chest-Pain, Ventricular Fibrillation, Web, Web Of Science

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Full Text: 2014\Coc Dat Sys Rev2014, CD010455.pdf

Abstract: Background Anti-tumor necrosis factor (TNF) agents are effective in treating patients with rheumatoid arthritis (RA), but they are associated with (dose-dependent) adverse effects and high costs. To prevent overtreatment, several trials have assessed the effectiveness of down-titration compared with continuation of the standard dose. Objectives To evaluate the benefits and harms of down-titration (dose reduction, discontinuation or disease activity guided dose tapering) of anti-TNF agents (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab) on disease activity, functioning, costs, safety and radiographic damage compared with usual care in patients with RA and low disease activity. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL), Issue 8, 2013; Ovid MEDLINE (1946 to 8 September 2013); EMBASE (1947 to 8 September 2013); Science Citation Index (Web of Science); and conference proceedings of the American College of Rheumatology (2005 to 2012) and European League against Rheumatism (2005 to 2013). We contacted authors of the seven included studies to ask for additional information on their study; five responded. Selection criteria Randomised controlled trials (RCTs) and controlled clinical trials (CCTs) comparing down-titration (dose reduction, discontinuation, disease activity-guided dose tapering) of anti-TNF agents (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab) to usual care/no down-titration in patients with RA and a low disease activity state. Data collection and analysis Two review authors independently selected studies, assessed risk of bias and extracted data. Main results Six RCTs and one CCT (total 1203 participants), reporting anti-TNF down-titration, were included. Three studies (559 participants) reported anti-TNF dose reduction compared with anti-TNF continuation. Five studies (732 participants) reported anti-TNF discontinuation compared with anti-TNF continuation (two studies assessed both anti-TNF discontinuation and dose reduction), and one study assessed disease activity-guided anti-TNF dose tapering (137 participants). These studies include only adalimumab and etanercept; controlled data on other anti-TNF agents are absent. Two studies were available in full text; one was assessed as having low risk of bias and the other high risk. Five studies were available only as one or more abstracts. Because data provided in these abstracts were limited, risk of bias was unclear. Clinical heterogeneity between the trials was high. Dose reduction of anti-TNF (etanercept data only) showed no statistically significant or clinical relevant difference in disease activity score in 28 joints (DAS28) (mean difference(MD) 0.10, 95% confidence interval (CI) -0.11 to 0.31) (scale 0.9 to 8; higher score indicates worse disease activity). The proportion of participants who maintained low disease activity was slightly lower among participants given reduced doses of the anti-TNF agent (risk ratio (RR) 0.87, 95% CI 0.78 to 0.98, absolute risk difference (ARD) 9%). Radiographic outcome was slightly worse, but this was not clinically meaningful, compared with continuation of anti-TNF (MD 0.11, 95% CI 0.08 to 0.14) (scale 0 to 448; higher score indicates greater joint damage). Function was not statistically different between anti-TNF dose reduction and continuation (MD 0.10, 95% CI 0.00 to 0.20) (scale 0 to 3; higher score indicates worse functioning). Reinstalment of anti-TNF after failure of dose reduction showed a 5% risk of persistent flare. Data on numbers of serious adverse events (SAEs) (RR 0.58, 95% CI 0.23 to 1.45, ARD -2%) and withdrawals due to adverse events (AEs) (RR 0.57, 95% CI 0.17 to 1,92, ARD -1%) were inconclusive. Most outcomes were based on moderate quality evidence. Participants who discontinued anti-TNF (adalimumab and etanercept data) had higher mean DAS28 (DAS28-erythrocyte sedimentation rate (ESR): MD 1.10, 95% CI 0.86 to 1.34) and DAS28-C-reactive protein (CRP): MD 0.57 95% CI -0.09 to 1.23) and were less likely to maintain a low disease activity state (RR 0.43, 95% CI 0.27 to 0.68, ARD 40%). Also, radiographic and functional outcomes are worse after anti-TNF discontinuation (MD 0.66, 95% CI 0.63 to 0.69, and MD 0.30, 95% CI 0.19 to 0.41, respectively). Data on numbers of SAEs (RR 1.26, 95% CI 0.61 to 2.63, ARD 2%) and withdrawals due to AEs (RR 0.72, 95% CI 0.23 to 2.24, ARD -1%) were inconclusive. Most outcomes were based on moderate quality evidence. The one study comparing disease activity-guided anti-TNF dose tapering (adalimumab and etanercept data) reported no statistically significant differences in functional outcomes (MD 0.20, 95% CI -0.02 to 0.42). Significantly higher mean disease activity was found among participants with tapered anti-TNF at study end (MD 0.50, 95% CI 0.11 to 0.89). No full text of this trial was available for this review. No other major outcomes were reported. All outcomes were based on low quality evidence. Authors’ conclusions We can conclude, mostly based on moderate quality evidence, that non-disease activity guided dose reduction of etanercept 50 mg weekly to 25 mg weekly, after at least three to 12 months of low disease activity, seems as effective as continuing the standard dose with respect to disease activity and functional outcomes, although dose reduction significantly induces minimal and not clinically meaningful differences in radiological progression. Discontinuation (also without disease activity-guided adaptation) of adalimumab and etanercept is inferior to continuation of treatment with respect to disease activity and radiological outcomes and function. Disease activity-guided dose tapering of adalimumab and etanercept seems slightly inferior to continuation of treatment with respect to disease activity, with no difference in function. However the only study investigating this comparison included lower than projected numbers of participants. Caveats of this review are that available data are limited. Also, the heterogeneity between studies and the suboptimal design choices (including absence of disease activity-guided dose reduction and discontinuation and use of superiority designs) limit definitive conclusions. None of the included studies assessed long-term safety and costs, although these factors are specific reasons why clinicians consider lowering the dose or stopping the administration of anti-TNF agents. Future research should include other anti-TNF agents; assessment of disease activity, function and radiographic outcomes after longer follow-up; and assessment of long-term safety, cost-effectiveness and predictors for successful down-titration. Also use of a validated flare criterion, non-inferiority designs and disease activity-guided instead of fixed-dose tapering or stopping would allow researchers to better interpret study findings and generalise the information to clinical practice.

Keywords: Abstracts, Activity, Activity Index, Activity Score, Adalimumab, Adaptation, Administration, Adverse Effects, Adverse Events, American-College, Analysis, Anti-Tnf, Anti-Tumor, Arthritis, Assessment, Authors, Benefits, Bias, Care, Citation, Clinical, Clinical Practice, Clinical Trials, Clinical-Practice, Collection, Comparison, Conference Proceedings, Confidence, Cost Effectiveness, Cost-Effectiveness, Costs, Criteria, Crp, Damage, Data, Data Collection, Design, Discontinuation, Disease, Disease Activity, Drug-Free Remission, Effectiveness, Effects, Embase, Esr, Etanercept, Events, Evidence, Factors, Failure, Follow-Up, Function, Heterogeneity, Induction Therapy, Infliximab, Information, Interval, Long Term, Long-Term, Low Risk, Low-Dose Etanercept, Medline, Methods, Necrosis, Outcome, Outcomes, Patients, Plus Methotrexate, Practice, Predictors, Prevent, Progression, Protein, Quality, Randomised Controlled Trials, Randomized Controlled-Trial, Reduction, Reporting, Research, Researchers, Review, Rheumatoid Arthritis, Rheumatology, European League, Risk, Safety, Scale, Science, Science Citation Index, Search, Sedimentation, Standard, State, TNF, Treatment, Trial, Tumor, Web, Web Of Science

? Esu, E., Effa, E.E., Opie, O.N., Uwaoma, A. and Meremikwu, M.M. (2014), Artemether for severe malaria. *Cochrane Database of Systematic Reviews*, **9**, Article Number: CD010678.

Full Text: 2014\Coc Dat Sys Rev2014, CD010678.pdf

Abstract: Background In 2011 the World Health Organization (WHO) recommended parenteral artesunate in preference to quinine as first-line treatment for people with severe malaria. Prior to this recommendation, many countries, particularly in Africa, had begun to use artemether, an alternative artemisinin derivative. This review evaluates intramuscular artemether compared with both quinine and artesunate. Objectives To assess the efficacy and safety of intramuscular artemether versus any other parenteral medication in treating severe malaria in adults and children. Search methods We searched the Cochrane Infectious Diseases Group Specialized Register, CENTRAL (The Cochrane Library), MEDLINE, EMBASE and LILACS, ISI Web of Science, conference proceedings and reference lists of articles. We also searched the WHO clinical trial registry platform, ClinicalTrials.gov and the metaRegister of Controlled Trials (mRCT) for ongoing trials up to 9 April 2014. Selection criteria Randomized controlled trials (RCTs) comparing intramuscular artemether with intravenous or intramuscular antimalarial for treating severe malaria. Data collection and analysis The primary outcome was all-cause death. Two authors independently assessed trial eligibility, risk of bias and extracted data. We summarized dichotomous outcomes using risk ratios (RR) and continuous outcomes using mean differences (MD), and presented both measures with 95% confidence intervals (CI). Where appropriate, we combined data in meta-analyses and assessed the quality of the evidence using the GRADE approach. Main results We included 18 RCTs, enrolling 2662 adults and children with severe malaria, carried out in Africa (11) and in Asia (7). Artemether versus quinine For children in Africa, there is probably little or no difference in the risk of death between intramuscular artemether and quinine (RR 0.96, 95% CI 0.76 to 1.20; 12 trials, 1447 participants, moderate quality evidence). Coma recovery may be about five hours shorter with artemether (MD -5.45, 95% CI -7.90 to -3.00; six trials, 358 participants, low quality evidence), and artemether may result in fewer neurological sequelae, but larger trials would be needed to confirm this (RR 0.84, 95% CI 0.66 to 1.07; seven trials, 968 participants, low quality evidence). Artemether probably shortens the parasite clearance time by about nine hours (MD -9.03, 95% CI -11.43 to 6.63; seven trials, 420 participants, moderate quality evidence), and may shorten the fever clearance time by about three hours (MD -3.73, 95% CI -6.55 to -0.92; eight trials, 457 participants, low quality evidence). For adults in Asia, treatment with intramuscular artemether probably results in fewer deaths than treatment with quinine (RR 0.59, 95% CI 0.42 to 0.83; four trials, 716 participants, moderate quality evidence). Artemether versus artesunate Artemether and artesunate have not been directly compared in randomized trials in African children. For adults in Asia, mortality is probably higher with intramuscular artemether (RR1.80, 95% CI 1.09 to 2.97, two trials, 494 participants, moderate quality evidence). Authors’ conclusions Although there is a lack of direct evidence comparing artemether with artesunate, artemether is probably less effective than artesunate at preventing deaths from severe malaria. In circumstances where artesunate is not available, artemether is an alternative to quinine.

Keywords: Africa, African Children, Alternative, Analysis, Approach, Articles, Asia, Authors, Bias, Childhood Cerebral Malaria, Children, Clinical, Clinical Trial, Collection, Coma, Comparative Efficacy, Conference Proceedings, Confidence, Confidence Intervals, Criteria, Data, Data Collection, Death, Efficacy, Embase, Evidence, Fever, First Line, From, Grade, Health, Intervals, Intramuscular Artemether, Intravenous, Intravenous Quinine, Isi, Isi Web Of Science, Malaria, Measures, Medline, Meta-Analyses, Methods, Mortality, Neurological, Nigerian Children, Outcome, Outcomes, Papua-New-Guinea, Plasmodium-Falciparum, Preference, Primary, Quality, Quality Of, Quinine, Randomized, Randomized Controlled Trials, Randomized-Trial, Recovery, Reference, Reference Lists, Registry, Review, Risk, Safety, Science, Search, Severe Falciparum-Malaria, Treatment, Trial, Web, Web Of Science, Who, World Health Organization

? Bath, P.M.W. and Krishnan, K. (2014), Interventions for deliberately altering blood pressure in acute stroke. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD000039.

Full Text: 2014\Coc Dat Sys Rev2014, CD000039.pdf

Abstract: Background It is unclear whether blood pressure should be altered actively during the acute phase of stroke. This is an update of a Cochrane review first published in 1997, and previously updated in 2001 and 2008. Objectives To assess the clinical effectiveness of altering blood pressure in people with acute stroke, and the effect of different vasoactive drugs on blood pressure in acute stroke. Search methods We searched the Cochrane Stroke Group Trials Register (last searched in February 2014), the Cochrane Database of Systematic reviews (CDSR) and the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2014, Issue 2), MEDLINE (Ovid) (1966 to May 2014), EMBASE (Ovid) (1974 to May 2014), Science Citation Index (ISI, Web of Science, 1981 to May 2014) and the Stroke Trials Registry (searched May 2014). Selection criteria Randomised controlled trials of interventions that aimed to alter blood pressure compared with control in participants within one week of acute ischaemic or haemorrhagic stroke. Data collection and analysis Two review authors independently applied the inclusion criteria, assessed trial quality and extracted data. The review authors crosschecked data and resolved discrepancies by discussion to reach consensus. We obtained published and unpublished data where available. Main results We included 26 trials involving 17,011 participants (8497 participants were assigned active therapy and 8514 participants received placebo/control). Not all trials contributed to each outcome. Most data came from trials that had a wide time window for recruitment; four trials gave treatment within six hours and one trial within eight hours. The trials tested alpha-2 adrenergic agonists (A2AA), angiotensin converting enzyme inhibitors (ACEI), angiotensin receptor antagonists (ARA), calcium channel blockers (CCBs), nitric oxide (NO) donors, thiazide-like diuretics, and target-driven blood pressure lowering. One trial tested phenylephrine. At 24 hours after randomisation oral ACEIs reduced systolic blood pressure (SBP, mean difference (MD) -8 mmHg, 95% confidence interval (CI) -17 to 1) and diastolic blood pressure (DBP, MD -3 mmHg, 95% CI -9 to 2), sublingual ACEIs reduced SBP (MD 12.00 mm Hg, 95% CI -26 to 2) and DBP (MD -2, 95% CI -10 to 6), oral ARA reduced SBP (MD -1 mm Hg, 95% CI -3 to 2) and DBP (MD -1 mm Hg, 95% CI -3 to 1), oral beta blockers reduced SBP (MD -14 mm Hg; 95% CI -27 to -1) and DBP (MD -1 mm Hg, 95% CI -9 to 7), intravenous (iv) beta blockers reduced SBP (MD -5 mm Hg, 95% CI -18 to 8) and DBP (-5 mm Hg, 95% CI 13 to 3), oral CCBs reduced SBP (MD -13 mmHg, 95% CI -43 to 17) and DBP (MD -6 mmHg, 95% CI -14 to 2), iv CCBs reduced SBP (MD -32 mmHg, 95% CI -65 to 1) and DBP (MD -13, 95% CI -31 to 6), NO donors reduced SBP (MD -12 mmHg, 95% CI -19 to -5) and DBP (MD -3, 95% CI -4 to -2) while phenylephrine, non-significantly increased SBP (MD 21 mmHg, 95% CI -13 to 55) and DBP (MD 1 mmHg, 95% CI -15 to 16). Blood pressure lowering did not reduce death or dependency either by drug class (OR 0.98, 95% CI 0.92 to 1.05), stroke type (OR 0.98, 95% CI 0.92 to 1.05) or time to treatment (OR 0.98, 95% CI 0.92 to 1.05). Treatment within six hours of stroke appeared effective in reducing death or dependency (OR 0.86, 95% CI 0.76 to 0.99) but not death (OR 0.70, 95% CI 0.38 to 1.26) at the end of the trial. Although death or dependency did not differ between people who continued pre-stroke antihypertensive treatment versus those who stopped it temporarily (worse outcome with continuing treatment, OR 1.06, 95% CI 0.91 to 1.24), disability scores at the end of the trial were worse in participants randomised to continue treatment (Barthel Index, MD -3.2, 95% CI -5.8, -0.6). Authors’ conclusions There is insufficient evidence that lowering blood pressure during the acute phase of stroke improves functional outcome. It is reasonable to withhold blood pressure-lowering drugs until patients are medically and neurologically stable, and have suitable oral or enteral access, after which drugs can than be reintroduced. In people with acute stroke, CCBs, ACEI, ARA, beta blockers and NO donors each lower blood pressure while phenylephrine probably increases blood pressure. Further trials are needed to identify which people are most likely to benefit from early treatment, in particular whether treatment started very early is beneficial.

Keywords: Access, Active, Acute Cerebral-Hemorrhage, Acute Disease, Acute Ischemic-Stroke, Acute Phase, Analysis, Angiotensin, Ara, Authors, Blood, Blood Pressure, Blood Pressure [Drug Effects], Calcium, Calcium Channel Blockers, Calcium Channel Blockers [Therapeutic Use], Citation, Clinical, Clinical Effectiveness, Clinical-Trial, Collection, Confidence, Consensus, Control, Criteria, Data, Data Collection, Database, Death, Dependency, Disability, Double-Blind, Drug, Drugs, Effectiveness, Embase, Enteral, Evidence, First, From, Health-Care Professionals, Humans, Hypertension [Drug Therapy], Inhibitors, Interval, Interventions, Intravenous, Intravenous Nimodipine, Isi, Medline, Methods, Nitric Oxide, No, Oral, Outcome, Oxide, Patients, Phenylephrine, Placebo-Controlled Trial, Pressure, Prevention & Control], Quality, Randomisation, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Recruitment, Review, Reviews, Risk, Science, Science Citation Index, Search, Spontaneous Intracerebral Hemorrhage, Stroke, Stroke [Physiopathology, Sublingual, Systematic, Systematic Reviews, Therapy, Transdermal Glyceryl Trinitrate, Treatment, Trial, Vasoactive Drugs, Vasodilator Agents [Therapeutic Use], Web, Web Of Science

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Full Text: 2014\Coc Dat Sys Rev2014, CD002109.pdf

Abstract: Background Lower respiratory tract infection (LRTI) is the third leading cause of death worldwide and the first leading cause of death in low-income countries. Community-acquired pneumonia (CAP) is a common condition that causes a significant disease burden for the community, particularly in children younger than five years, the elderly and immunocompromised people. Antibiotics are the standard treatment for CAP. However, increasing antibiotic use is associated with the development of bacterial resistance and side effects for the patient. Several studies have been published regarding optimal antibiotic treatment for CAP but many of these data address treatments in hospitalised patients. This is an update of our 2009 Cochrane Review and addresses antibiotic therapies for CAP in outpatient settings. Objectives To compare the efficacy and safety of different antibiotic treatments for CAP in participants older than 12 years treated in outpatient settings with respect to clinical, radiological and bacteriological outcomes. Search methods We searched CENTRAL (2014, Issue 1), MEDLINE (January 1966 to March week 3, 2014), EMBASE (January 1974 to March 2014), CINAHL (2009 to March 2014), Web of Science (2009 to March 2014) and LILACS (2009 to March 2014). Selection criteria We looked for randomised controlled trials (RCTs), fully published in peer-reviewed journals, of antibiotics versus placebo as well as antibiotics versus another antibiotic for the treatment of CAP in outpatient settings in participants older than 12 years of age. However, we did not find any studies of antibiotics versus placebo. Therefore, this review includes RCTs of one or more antibiotics, which report the diagnostic criteria and describe the clinical outcomes considered for inclusion in this review. Data collection and analysis Two review authors (LMB, TJMV) independently assessed study reports in the first publication. In the 2009 update, LMB performed study selection, which was checked by TJMV and MMK. In this 2014 update, two review authors (SP, SM) independently performed and checked study selection. We contacted trial authors to resolve any ambiguities in the study reports. We compiled and analysed the data. We resolved differences between review authors by discussion and consensus. Main results We included 11 RCTs in this review update (3352 participants older than 12 years with a diagnosis of CAP); 10 RCTs assessed nine antibiotic pairs (3321 participants) and one RCT assessed four antibiotics (31 participants) in people with CAP. The study quality was generally good, with some differences in the extent of the reporting. A variety of clinical, bacteriological and adverse events were reported. Overall, there was no significant difference in the efficacy of the various antibiotics. Studies evaluating clarithromycin and amoxicillin provided only descriptive data regarding the primary outcome. Though the majority of adverse events were similar between all antibiotics, nemonoxacin demonstrated higher gastrointestinal and nervous system adverse events when compared to levofloxacin, while cethromycin demonstrated significantly more nervous system side effects, especially dysgeusia, when compared to clarithromycin. Similarly, high-dose amoxicillin (1 g three times a day) was associated with higher incidence of gastritis and diarrhoea compared to clarithromycin, azithromycin and levofloxacin. Authors’ conclusions Available evidence from recent RCTs is insufficient to make new evidence-based recommendations for the choice of antibiotic to be used for the treatment of CAP in outpatient settings. Pooling of study data was limited by the very low number of studies assessing the same antibiotic pairs. Individual study results do not reveal significant differences in efficacy between various antibiotics and antibiotic groups. However, two studies did find significantly more adverse events with use of cethromycin as compared to clarithromycin and nemonoxacin when compared to levofloxacin. Multi-drug comparisons using similar administration schedules are needed to provide the evidence necessary for practice recommendations. Further studies focusing on diagnosis, management, cost-effectiveness and misuse of antibiotics in CAP and LRTI are warranted in high-, middle-and low-income countries.

Keywords: Administration, Adult, Adverse Events, Age, Amoxicillin-Clavulanic Acid, Analysis, Anti-Bacterial Agents [Therapeutic Use], Antibiotics, Assessing, Authors, Azithromycin, Bacterial Pneumonia, Burden, Cap, Cause Of Death, Children, Choice, Clinical, Clinical Outcomes, Collection, Community, Community-Acquired Infections [Drug Therapy], Comparing Clarithromycin, Consensus, Cost Effectiveness, Cost-Effectiveness, Criteria, Data, Data Collection, Death, Development, Diagnosis, Diagnostic, Diagnostic Criteria, Diarrhoea, Disease, Disease Burden, Double-Blind, Effects, Efficacy, Elderly, Embase, Events, Evidence, Evidence Based, Evidence-Based, Extended-Release Clarithromycin, First, From, Groups, High Dose, High-Dose Amoxicillin, Hospitalised, Humans, Incidence, Infection, Journals, Management, Medline, Methods, Mild-To-Moderate, Older, Outcome, Outcomes, Outpatient, Outpatients, Patient, Patients, Peer Reviewed Journals, Peer-Reviewed, Placebo, Pneumonia, Pneumonia [Drug Therapy], Practice, Primary, Publication, Quality, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trials, Rct, Recent, Recommendations, Reporting, Resistance, Resistant Streptococcus-Pneumoniae, Respiratory-Tract Infections, Review, Safety, Science, Search, Selection, Side Effects, Standard, The Elderly, Treatment, Trial, Web, Web Of Science

? Herretes, S., Wang, X. and Reyes, J.M.G. (2014), Topical corticosteroids as adjunctive therapy for bacterial keratitis. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD005430.

Full Text: 2014\Coc Dat Sys Rev2014, CD005430.pdf

Abstract: Background Bacterial keratitis is a serious ocular infectious disease that can lead to severe visual disability. Risk factors for bacterial corneal infection include contact lens wear, ocular surface disease, corneal trauma, and previous ocular or eyelid surgery. Topical antibiotics constitute the mainstay of treatment in cases of bacterial keratitis, whereas the use of topical corticosteroids as an adjunctive therapy to antibiotics remains controversial. Topical corticosteroids are usually used to control inflammation using the smallest amount of the drug. Their use requires optimal timing, concomitant antibiotics, and careful follow-up. Objectives The objective of the review was to assess the effectiveness and safety of corticosteroids as adjunctive therapy for bacterial keratitis. Secondary objectives included evaluation of health economic outcomes and quality of life outcomes. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (2014, Issue 6), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE (January 1946 to July 2014), EMBASE (January 1980 to July 2014), Latin American and Caribbean Health Sciences Literature Database (LILACS) (January 1982 to July 2014), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 14 July 2014. We also searched the Science Citation Index to identify additional studies that had cited the only trial included in the original version of this review, reference lists of included trials, earlier reviews, and the American Academy of Ophthalmology guidelines. We also contacted experts to identify any unpublished and ongoing randomized trials. Selection criteria We included randomized controlled trials (RCTs) that had evaluated adjunctive therapy with topical corticosteroids in people with bacterial keratitis who were being treated with antibiotics. Data collection and analysis We used the standard methodological procedures expected by The Cochrane Collaboration. Main results We found four RCTs that met the inclusion criteria of this review. The total number of included participants was 611 (612 eyes), ranging from 30 to 500 participants per trial. One trial was included in the previous version of the review, and we identified three additional trials through the updated searches in July 2014. One of the three smaller trials was a pilot study of the largest study: the Steroids for Corneal Ulcers Trial (SCUT). All trials compared the treatment of bacterial keratitis with topical corticosteroid and without topical corticosteroid and had follow-up periods ranging from two months to one year. These trials were conducted in the USA, Canada, India, and South Africa. All trials reported data on visual acuity ranging from three weeks to one year, and none of them found any important difference between the corticosteroid group and the control group. The pilot study of the SCUT reported that time to re-epithelialization in the steroid group was 53% slower than the placebo group after adjusting for baseline epithelial defect size (hazard ratio (HR) 0.47; 95% confidence interval (CI) 0.23 to 0.94). However, the SCUT did not find any important difference in time to re-epithelialization (HR 0.92; 95% CI 0.76 to 1.11). For adverse events, none of the three small trials found any important difference between the two treatment groups. The investigators of the largest trial reported that more patients in the control group developed intraocular pressure (IOP) elevation (risk ratio (RR) 0.20; 95% CI 0.04 to 0.90). One trial reported quality of life and concluded that there was no difference between the two groups (data not available). We did not find any reports regarding economic outcomes. Although the four trials were generally of good methodological design, all trials had considerable losses to follow-up (10% or more) in the final analyses. Further, three of the four trials were underpowered to detect treatment effect differences between groups and inconsistency in outcome measurements precluded meta-analyses for most outcomes relevant to this review. Authors’ conclusions There is inadequate evidence as to the effectiveness and safety of adjunctive topical corticosteroids compared with no topical corticosteroids in improving visual acuity, infiltrate/scar size, or adverse events among participants with bacterial keratitis. Current evidence does not support a strong effect of corticosteroid, but may be due to insufficient power to detect a treatment effect.

Keywords: Adrenal Cortex Hormones [Therapeutic Use], Adverse Events, Africa, Analyses, Analysis, Antibiotics, Bacterial [Drug Therapy], Canada, Chemotherapy,Adjuvant [Methods], Citation, Citations, Clinical Trials, Cochrane Collaboration, Collaboration, Collection, Concomitant, Confidence, Contact-Lenses, Control, Corneal-Ulcers-Trial, Corticosteroids, Criteria, Data, Data Collection, Database, Databases, Design, Diffuse Lamellar Keratitis, Disability, Disease, Drug, Economic, Effectiveness, Embase, Evaluation, Events, Evidence, Experts, Eye Infections, Factors, Follow-Up, From, Groups, Guidelines, Hazard, Hazard Ratio, Health, Humans, In-Vitro Susceptibility, India, Infection, Inflammation, International, Interval, Keratitis [Drug Therapy, Language, Latin-American, Lead, Life, Literature, Losses, Medline, Meta-Analyses, Methods, Microbial Keratitis, Microbiology], Ocular Surface Disease, Ophthalmology, Outcome, Outcomes, Patients, Pilot, Placebo, Power, Predisposing Factors, Pressure, Procedures, Quality, Quality Of, Quality Of Life, Randomized, Randomized Controlled Trials, Reference, Reference Lists, Restrictions, Review, Reviews, Risk, Risk Factors, Risk-Factors, Safety, Science, Science Citation Index, Sciences, Search, Situ Keratomileusis, Size, Small, South Africa, Standard, Steroids, Support, Surface, Surgery, Therapy, Timing, Topical, Trauma, Treatment, Trial, Ulcerative Keratitis, Usa, Version, Who, World Health Organization

? Meerpohl, J.J., Schell, L.K., Rucker, G., Fleeman, N., Motschall, E., Niemeyer, C.M. and Bassler, D. (2014), Deferasirox for managing iron overload in people with myelodysplastic syndrome. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD007461.

Full Text: 2014\Coc Dat Sys Rev2014, CD007461.pdf

Abstract: Background The myelodysplastic syndrome (MDS) comprises a diverse group of haematopoietic stem cell disorders. Due to symptomatic anaemia, most people with MDS require supportive therapy including repeated red blood cell (RBC) transfusions. In combination with increased iron absorption, this contributes to the accumulation of iron resulting in secondary iron overload and the risk of organ dysfunction and reduced life expectancy. Since the human body has no natural means of removing excess iron, iron chelation therapy, i.e. the pharmacological treatment of iron overload, is usually recommended. However, it is unclear whether or not the newer oral chelator deferasirox leads to relevant benefit. Objectives To evaluate the effectiveness and safety of oral deferasirox for managing iron overload in people with myelodysplastic syndrome (MDS). Search methods We searched the following databases up to 03 April 2014: MEDLINE, EMBASE, The Cochrane Library, Biosis Previews, Web of Science, Derwent Drug File and four trial registries: Current Controlled Trials (www.controlled-trials.com), ClinicalTrials.gov ( www.clinicaltrials.gov), ICTRP (www.who.int./ictrp/en/), and German Clinical Trial Register (www.drks.de). Selection criteria Randomised controlled trials (RCTs) comparing deferasirox with no therapy, placebo or with another iron-chelating treatment schedule. Data collection and analysis We did not identify any trials eligible for inclusion in this review. Main results No trials met our inclusion criteria. However, we identified three ongoing and one completed trial (published as an abstract only and in insufficient detail to permit us to decide on inclusion) comparing deferasirox with deferoxamine, placebo or no treatment. Authors’ conclusions We planned to report evidence from RCTs that evaluated the effectiveness of deferasirox compared to either placebo, no treatment or other chelating regimens, such as deferoxamine, in people with MDS. However, we did not identify any completed RCTs addressing this question. We found three ongoing and one completed RCT (published as an abstract only and in insufficient detail) comparing deferasirox with deferoxamine, placebo or no treatment and data will hopefully be available soon. These results will be important to inform physicians and patients on the advantages and disadvantages of this treatment option.

Keywords: Absorption, Accumulation, Anaemia, Analysis, Aplastic-Anemia, Benzoates [Therapeutic Use], Beta-Thalassemia, Biosis, Blood, Cell, Chelation, Chelation Therapy [Methods], Clinical Trial, Collection, Criteria, Data, Data Collection, Databases, Drug, Effectiveness, Embase, Evidence, Exjade(R) Treatment, Expectancy, From, German, Human, Iron, Iron Chelating Agents [Therapeutic Use], Iron Overload [Drug Therapy], Life, Mds, Medline, Methods, Myelodysplastic Syndrome, Myelodysplastic Syndromes [Complications], Natural, Oral, Oxidative Stress Parameters, Patients, Physicians, Placebo, Previously Chelated Patients, Randomised Controlled Trials, Rct, Registries, Review, Risk, Safety, Science, Search, Serum Ferritin, Stem Cell, Supportive Therapy, Syndrome, Syndromes Mds, Thalassemia Major, Therapy, Transfusion-Dependent Patients, Treatment, Treatment Option, Trial, Triazoles [Therapeutic Use], Vascular Dysfunction, Web, Web Of Science

? Colli, A., Gana, J.C., Turner, D., Yap, J., Adams-Webber, T., Ling, S.C. and Casazza, G. (2014), Capsule endoscopy for the diagnosis of oesophageal varices in people with chronic liver disease or portal vein thrombosis. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD008760.

Full Text: 2014\Coc Dat Sys Rev2014, CD008760.pdf

Abstract: Background Current guidelines recommend performance of oesophago-gastro-duodenoscopy at the time of diagnosis of hepatic cirrhosis to screen for oesophageal varices. These guidelines require people to undergo an unpleasant invasive procedure repeatedly with its attendant risks, despite the fact that half of the people do not have identifiable oesophageal varices 10 years after the initial diagnosis of cirrhosis. Video capsule endoscopy is a non-invasive test proposed as an alternative method for the diagnosis of oesophageal varices. Objectives To determine the diagnostic accuracy of capsule endoscopy for the diagnosis of oesophageal varices in children or adults with chronic liver disease or portal vein thrombosis, irrespective of the aetiology. To investigate the accuracy of capsule endoscopy as triage or replacement of oesophago-gastro-duodenoscopy. Search methods We searched the Cochrane Hepato-Biliary Group Diagnostic Test Accuracy Studies Register (October 2013), MEDLINE (Ovid SP) (1950 to October 2013), EMBASE (Ovid SP) (1980 to October 2013), ACP Journal Club (Ovid SP) (1991 to October 2013), Database of Abstracts of Reviews of Effects (DARE) (Ovid SP) (third quarter), Health Technology Assessment (HTA) (Ovid SP) (third quarter), NHS Economic Evaluation Database (NHSEED) (Ovid SP) (third quarter), and Science Citation Index Expanded (SCIEXPANDED) (ISI Web of Knowledge) (1955 to October 2013). We applied no language or document type restrictions. Selection criteria Studies that evaluated the diagnostic accuracy of capsule endoscopy for the diagnosis of oesophageal varices using oesophago-gastro-duodenoscopy as the reference standard in children or adults of any age, with chronic liver disease or portal vein thrombosis. Data collection and analysis We followed the available guidelines provided in the Cochrane Handbook for Diagnostic Test of Accuracy Reviews. We calculated the pooled estimates of sensitivity and specificity using the bivariate model due to the absence of a negative correlation in the receiver operating characteristic (ROC) space and of a threshold effect. Main results The search identified 16 eligible studies, in which only adults with cirrhosis were included. In one study, people with portal thrombosis were also included. We classifiedmost of the studies at high risk of bias for the ‘Participants selection’ and the ‘Flow and timing’ domains. One study assessed the accuracy of capsule endoscopy for the diagnosis of large (high-risk) oesophageal varices. In the remaining 15 studies that assessed the accuracy of capsule endoscopy for the diagnosis of oesophageal varices of any size in people with cirrhosis, 936 participants were included; the pooled estimate of sensitivity was 84.8% (95% confidence interval (CI) 77.3% to 90.2%) and of specificity 84.3% (95% CI 73.1% to 91.4%). Eight of these studies included people with suspected varices or people with already diagnosed or even treated varices, or both, introducing a selection bias. Seven studies including only people with suspected but unknown varices were at low risk of bias; the pooled estimate of sensitivity was 79.7% (95% CI 73.1% to 85.0%) and of specificity 86.1% (95% CI 64.5% to 95.5%). Six studies assessed the diagnostic accuracy of capsule endoscopy for the diagnosis of large oesophageal varices, associated with a higher risk of bleeding; the pooled sensitivity was 73.7%(95% CI 52.4% to 87.7%) and of specificity 90.5%(95% CI 84.1% to 94.4%). Two studies also evaluated the presence of red marks, which are another marker of high risk of bleeding; the estimates of sensitivity and specificity varied widely. Two studies obtained similar results with the use of a modified device as index test (string capsule). Due to the absence of data, we could not performall planned subgroup analyses. Interobserver agreement in the interpretation of capsule endoscopy results and any adverse event attributable to capsule endoscopy were poorly assessed and reported. Only four studies evaluated the interobserver agreement in the interpretation of capsule endoscopy results: the concordance was moderate. The participants’ preferences for capsule endoscopy or oesophago-gastro-duodenoscopy were reported differently but seemed in favour of capsule endoscopy in nine of 10 studies. In 10 studies, participants reported some minor discomfort on swallowing the capsule. Only one study identified other significant adverse events, including impaction of the capsule due to previously unidentified oesophageal strictures in two participants. No adverse events were reported as a consequence of the reference standard. Authors’ conclusions We cannot support the use of capsule endoscopy as a triage test in adults with cirrhosis, administered before oesophago-gastroduodenoscopy, despite the low incidence of adverse events and participant reports of being better tolerated. Thus, we cannot conclude that oesophago-gastro-duodenoscopy can be replaced by capsule endoscopy for the detection of oesophageal varices in adults with cirrhosis. We found no data assessing capsule endoscopy in children and in people with portal thrombosis.

Keywords: Accuracy, Acp, Adverse Events, Aetiology, Age, Alternative, Analyses, Analysis, Assessing, Assessment, Beta-Blockers, Bias, Bleeding, Capsule, Children, Chronic, Cirrhosis, Cirrhotic-Patients, Citation, Collection, Confidence, Correlation, Criteria, Data, Data Collection, Database, Detection, Diagnosis, Diagnostic, Diagnostic Accuracy, Disease, Embase, Endoscopy, Esophagogastroduodenoscopy, Estimates, Evaluation, Events, Gastroesophageal Varices, Guidelines, Health, Hta, Hypertension, Incidence, Index, Interobserver Variability, Interval, Invasive, Isi, Journal, Knowledge, Language, Liver, Low Risk, Marker, Medline, Methods, Minor, Model, Modified, Natural-History, Negative, Nhs, Oesophageal Varices, Performance, Pillcam Eso, Primary Prophylaxis, Procedure, Prospective Multicenter, Reference, Restrictions, Risk, Risks, Roc, Science, Science Citation Index, Science Citation Index Expanded, Search, Selection, Sensitivity, Size, Specificity, Standard, Strictures, Support, Technology, Technology Assessment, Test, Threshold, Thrombosis, Timing, Varices, Vein Thrombosis, Web, Web Of Knowledge

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Full Text: 2014\Coc Dat Sys Rev2014, CD009942.pdf

Abstract: Background Pain is the most common symptom in the emergency setting; however, timely management of acute pain in children continues to be suboptimal. Intranasal drug delivery has emerged as an alternative method of achieving quicker drug delivery without adding to the distress of a child by inserting an intravenous cannula. Objectives We identified and evaluated all randomized controlled trials (RCTs) and quasi-randomized trials to assess the effects of intranasal fentanyl (INF) versus alternative analgesic interventions in children with acute pain, with respect to reduction in pain score, occurrence of adverse events, patient tolerability, use of “rescue analgesia,” patient/parental satisfaction and patient mortality. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (2014, Issue 1); MEDLINE (Ovid SP, from 1995 to January 2014); EMBASE (Ovid SP, from 1995 to January 2014); the Cumulative Index to Nursing and Allied Health Literature (CINAHL) (EBSCO Host, from 1995 to January 2014); the Latin American and Caribbean Health Science Information Database (LILACS) (BIREME, from 1995 to January 2014); Commonwealth Agricultural Bureaux (CAB) Abstracts (from 1995 to January 2014); the Institute for Scientific Information (ISI) Web of Science (from 1995 to January 2014); BIOSIS Previews (from 1995 to January 2014); the China National Knowledge Infrastructure (CNKI) (from 1995 to January 2014); International Standard Randomized Controlled Trial Number (ISRCTN) (from 1995 to January 2014); ClinicalTrials.gov (from 1995 to January 2014); and the International Clinical Trials Registry Platform (ICTRP) (to January 2014). Selection criteria We included RCTs comparing INF versus any other pharmacological/non-pharmacological intervention for the treatment of children in acute pain (aged < 18 years). Data collection and analysis Two independent review authors assessed each title and abstract for relevance. Full copies of all studies that met the inclusion criteria were retrieved for further assessment. Mean difference (MD), odds ratio (OR) and 95% confidence interval (CI) were used to measure effect sizes. Two review authors independently assessed and rated themethodological quality of each trial using the tool of The Cochrane Collaboration to assess risk of bias, as per Chapter 8 of the Cochrane Handbook for Systematic Reviews of Interventions. Main results Three studies (313 participants) met the inclusion criteria. One study compared INF versus intramuscular morphine (IMM); another study compared INF versus intravenous morphine (IVM); and another study compared standard concentration INF (SINF) versus high concentration INF (HINF). All three studies reported a reduction in pain score following INF administration. INF produced a greater reduction in pain score at 10 minutes post administration when compared with IMM (INF group pain score: 1/5 vs IMM group pain score: 2/5; P value 0.014). No other statistically significant differences in pain scores were reported at any other time point. When INF was compared with IVM and HINF, no statistically significant differences in pain scores were noted between treatment arms, before analgesia or at 5, 10, 20 and 30 minutes post analgesia. Specifically, when INF was compared with IVM, both agents were seen to produce a statistically significant reduction in pain score up to 20 minutes post analgesia. No further reduction in pain score was noted after this time. When SINF was compared with HINF, a statistically and clinically significant reduction in pain scores over study time was observed (median decrease for both groups 40 mm, P value 0.000). No adverse events (e.g. opiate toxicity, death) were reported in any study following INF administration. One study described better patient tolerance to INF compared with IMM, which achieved statistical significance. The other studies described reports of a “bad taste” and vomiting with INF. Overall the risk of bias in all studies was considered low. Authors’ conclusions INF may be an effective analgesic for the treatment of patients with acute moderate to severe pain, and its administration appears to cause minimal distress to children. However, this review of published studies does not allow any definitive conclusions regarding whether INF is superior, non-inferior or equivalent to intramuscular or intravenous morphine. Limitations of this review include the following: few eligible studies for inclusion (three); no study examined the use of INF in children younger than three years of age; no study included children with pain from a “medical” cause (e.g. abdominal pain seen in appendicitis); and all eligible studies were conducted in Australia. Consequently, the findings may not be generalizable to other healthcare settings, to children younger than three years of age and to those with pain from a “medical” cause.

Keywords: Abdominal, Acute Pain, Administration, Adverse Events, Age, Aged, Alternative, Analgesia, Analgesic, Analysis, Appendicitis, Assessment, Australia, Authors, Bias, Cab, Child, Children, China, Clinical Trials, Clinical-Use, Cochrane Collaboration, Collaboration, Collection, Concentration, Confidence, Criteria, Data, Data Collection, Database, Death, Delivery, Distress, Drug, Drug Delivery, Effects, Embase, Emergency, Events, Fentanyl, From, Groups, Health, Information, Institute For Scientific Information, International, Interval, Intervention, Interventions, Intravenous, Isi, Knowledge, Latin-American, Literature, Management, Mean, Measure, Medicine, Medline, Methods, Morphine, Mortality, Nursing, Odds Ratio, Opiate, P, Pain, Pain Score, Patient, Patients, Pediatric Emergency-Department, Pharmacokinetics, Prevalence, Quality, Quality Of, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Reduction, Relevance, Review, Risk, Satisfaction, Science, Search, Significance, Standard, Systematic, Systematic Reviews, Tolerance, Toxicity, Treatment, Trial, Value, Vomiting, Web, Web Of Science

? Winfield, N.R., Barker, N.J., Turner, E.R. and Quin, G.L. (2014), Non-pharmaceutical management of respiratory morbidity in children with severe global developmental delay. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD010382.

Full Text: 2014\Coc Dat Sys Rev2014, CD010382.pdf

Abstract: Background Children with severe global developmental delay (SGDD) have significant intellectual disability and severe motor impairment; they are extremely limited in their functional movement and are dependent upon others for all activities of daily living. SGDD does not directly cause lung dysfunction, but the combination of immobility, weakness, skeletal deformity and parenchymal damage from aspiration can lead to significant prevalence of respiratory illness. Respiratory pathology is a significant cause of morbidity and mortality for children with SGDD; it can result in frequent hospital admissions and impacts upon quality of life. Although many treatment approaches are available, there currently exists no comprehensive review of the literature to inform best practice. A broad range of treatment options exist; to focus the scope of this review and allow in-depth analysis, we have excluded pharmaceutical interventions. Objectives To assess the effects of non-pharmaceutical treatment modalities for the management of respiratory morbidity in children with severe global developmental delay. Search methods We conducted comprehensive searches of the following databases from inception to November 2013: the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, the Allied and Complementary Medicine Database (AMED) and the Cumulative Index to Nursing and Allied Health Literature (CINAHL). We searched the Web of Science and clinical trials registries for grey literature and for planned, ongoing and unpublished trials. We checked the reference lists of all primary included studies for additional relevant references. Selection criteria Randomised controlled trials, controlled trials and cohort studies of children up to 18 years of age with a diagnosis of severe neurological impairment and respiratory morbidity were included. Studies of airways clearance techniques, suction, assisted coughing, non-invasive ventilation, tracheostomy and postural management were eligible for inclusion. Data collection and analysis We used standard methodological procedures as expected by The Cochrane Collaboration. As the result of heterogeneity, we could not perform meta-analysis. We have therefore presented our results using a narrative approach. Main results Fifteen studies were included in the review. Studies included children with a range of severe neurological impairments in differing settings, for example, home and critical care. Several different treatmentmodalities were assessed, and a wide range of outcome measures were used. Most studies used a non-randomised design and included small sample groups. Only four randomised controlled trials were identified. Non-randomised design, lack of information about how participants were selected and who completed outcome measures and incomplete reporting led to high or unclear risk of bias in many studies. Results from low-quality studies suggest that use of non-invasive ventilation, mechanically assisted coughing, high-frequency chest wall oscillation (HFCWO), positive expiratory pressure and supportive seating may confer potential benefits. No serious adverse effects were reported for ventilatory support or airway clearance interventions other than one incident in a clinically unstable child following mechanically assisted coughing. Night-time positioning equipment and spinal bracing were shown to have a potentially negative effect for some participants. However, these findings must be considered as tentative and require testing in future randomised trials. Authors’ conclusions This review found no high-quality evidence for any single intervention for the management of respiratory morbidity in children with severe global developmental delay. Our search yielded data on a wide range of interventions of interest. Significant differences in study design and in outcome measures precluded the possibility of meta-analysis. No conclusions on efficacy or safety of interventions for respiratory morbidity in children with severe global developmental delay can be made based upon the findings of this review. A co-ordinated approach to future research is vital to ensure that high-quality evidence becomes available to guide treatment for this vulnerable patient group.

Keywords: Adverse Effects, Age, Analysis, Approach, Aspiration, Benefits, Bias, Bracing, Care, Chest Wall, Chest-Wall Oscillation, Child, Children, Clinical, Clinical Trials, Cochrane Collaboration, Cohort, Collaboration, Collection, Criteria, Critical Care, Damage, Data, Data Collection, Database, Databases, Design, Developmental Delay, Diagnosis, Disability, Duchenne Muscular-Dystrophy, Effects, Efficacy, Embase, Equipment, Evidence, From, Global, Groups, Health, Heterogeneity, Hospital, Impacts, Impairment, Information, Intervention, Interventions, Lead, Life, Literature, Living, Lung, Management, Measures, Mechanical Insufflation-Exsufflation, Medicine, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Modalities, Morbidity, Mortality, Movement, Negative, Neurological, Neuromuscular Disease Patients, Noninvasive Ventilation, Nursing, Options, Outcome, Outcome Measures, Pathology, Patient, Pediatric-Patients, Positioning, Positive-Pressure Ventilation, Potential, Practice, Pressure, Prevalence, Primary, Procedures, Pulmonary-Function, Quality, Quality Of, Quality Of Life, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Reference, Reference Lists, References, Registries, Reporting, Research, Respiratory Morbidity, Results, Review, Risk, Safety, Science, Scope, Search, Severe Cerebral-Palsy, Small, Spinal, Standard, Study Design, Suction, Support, Techniques, Testing, Treatment, Ventilation, Web, Web Of Science

? White, A.B., Mirjahangir, J.F., Horvath, H., Anglemyer, A. and Read, J.S. (2014), Antiretroviral interventions for preventing breast milk transmission of HIV. *Cochrane Database of Systematic Reviews*, **10**, Article Number: CD011323.

Full Text: 2014\Coc Dat Sys Rev2014, CD011323.pdf

Abstract: Background An estimated 260,000 children under the age of 15 years acquired HIV infection in 2012. As much as 42% of mother-to-child transmission is related to breastfeeding. Antiretroviral prophylaxis for mothers or infants has the potential to prevent mother-to-child transmission of HIV through breast milk. Objectives To determine which antiretroviral prophylactic regimens are efficacious and safe for reducing mother-to-child transmission of HIV through breastfeeding and thereby avert child morbidity and mortality. Search methods Using Cochrane Collaboration search methods in conjunction with appropriate search terms, we identified relevant studies from January 1, 1994 to January 14, 2014 by searching databases including Cochrane CENTRAL, EMBASE and PubMed, LILACS, and Web of Science/Web of Social Science. Selection criteria Randomized controlled trials in which HIV-infected mothers breastfed their infants, and in which the mothers used antiretroviral prophylaxis while breastfeeding their children or their children received antiretroviral prophylaxis for at least four weeks while breastfeeding, were included. Data collection and analysis Abstracts of all trials identified were examined independently by two authors. We identified 15,922 references and examined 81 in detail. Data were abstracted independently using a standardized form. Main results Seven RCTs were included in the review. One trial compared triple antiretroviral prophylaxis during pregnancy and breastfeeding with short antiretroviral prophylaxis to given to the mother to prevent mother-to-child transmission of HIV. At 12 months, the risks of HIV transmission, and of HIV transmission or death, were lower, but there was no difference in infant mortality alone in the triple arm versus the short arm. Using the GRADE methodology, evidence quality for outcomes in this trial was generally low to moderate. One trial compared six months of breastfeeding using zidovudine, lamivudine, and lopinavir/ritonavir versus zidovudine, lamivudine, and abacavir from 26-34 weeks gestation. At six months, there was no difference in risk of infant HIV infection, infant death, or infant HIV infection or death between the two groups. Evidence quality for outcomes in this trial was generally very low to low. One trial of single dose nevirapine versus six weeks of infant zidovudine found the risk of HIV infection at 12 weeks to be greater in the zidovudine arm than in the single dose nevirapine arm. Evidence quality for outcomes in this trial was generally very low. One multi-country trial compared single dose nevirapine and six weeks of infant nevirapine. After 12 months, infants in the extended nevirapine group had a lower risk of infant mortality compared with the control. There was no difference in the risk of HIV infection or death or in HIV transmission alone in the extended nevirapine group compared with the control. Evidence quality for outcomes in this trial was generally low to moderate. One trial compared single dose nevirapine plus one week zidovudine; the control regimen plus nevirapine up to 14 weeks; or the control regimen with dual prophylaxis up to 14 weeks. At 24 months, the extended nevirapine regimen group had a lower risk of HIV transmission and of HIV transmission or death vs. the control. There was no difference in infant mortality alone. Compared with controls, the dual prophylaxis group had a lower risk of HIV transmission and of HIV transmission or death, but no difference in infant mortality alone. There was no difference in these outcomes between the two intervention arms. Evidence quality for outcomes in this trial was generally moderate to high. One trial compared sixweeks of nevirapine with six months of nevirapine. Among infants of mothers not using highly active antiretroviral therapy, there was no difference in risk of HIV infection among the six month nevirapine group versus the six week nevirapine group. Evidence quality for outcomes in this trial was generally low to moderate. One trial compared a maternal triple-drug antiretroviral regimen, infant nevirapine, or neither intervention. Infants in the maternal prophylaxis arm were at lower risk for HIV, and HIV infection or death when compared with the control group. There was no difference in the risk of infant mortality alone. Infants with extended prophylaxis had a lower risk of HIV infection and of HIV infection or death versus the control group infants. There was no difference in the risk of infant mortality alone in the extended infant nevirapine group versus the control. There was no difference in HIV infection, infant mortality, and HIV infection or death between the maternal and extended infant prophylaxis groups. Evidence quality for outcomes in this trial was generally low to moderate. Authors’ conclusions Antiretroviral prophylaxis, whether used by the HIV-infected mother or the HIV-exposed infant while breastfeeding, is efficacious in preventing mother-to-child transmission of HIV. Further research is needed regarding maternal resistance and response to subsequent antiretroviral therapy after maternal prophylaxis. An ongoing trial (IMPAACT 1077BF) compares the efficacy and safety of maternal triple antiretroviral prophylaxis versus daily infant nevirapine for prevention of mother-to-child transmission through breastfeeding.

Keywords: Active, Age, Analysis, Antiretroviral, Antiretroviral Prophylaxis, Antiretroviral Therapy, Authors, Breast Milk, Breastfeeding, Child, Children, Cochrane Collaboration, Collaboration, Collection, Control, Criteria, Dar-Es-Salaam, Data, Data Collection, Databases, Death, Dose Nevirapine Prophylaxis, Efficacy, Embase, Evidence, From, Gestation, Grade, Groups, Highly Active, Highly Active Antiretroviral Therapy, Hiv, Hiv Infection, Hiv Transmission, Hiv-1-Infected Women, Immunodeficiency-Virus Type-1, Infant, Infant Death, Infant Mortality, Infants, Infected Women, Infection, Intervention, Interventions, Lamivudine, Maternal, Methodology, Methods, Milk, Morbidity, Mortality, Mother, Mother-To-Child Transmission, Mother-To-Child Transmission Of Hiv, Mothers, Outcomes, Potential, Pregnancy, Prevent, Prevention, Prevention Of Mother To Child Transmission, Prevention Of Mother-To-Child Transmission, Prophylactic, Prophylaxis, Pubmed, Quality, Randomized, Randomized Clinical-Trial, Randomized Controlled Trials, References, Research, Resistance, Response, Review, Risk, Risks, Safety, Science, Search, South-Africa, Sub-Saharan Africa, Therapy, To-Child Transmission, Transmission, Trial, Vertical Transmission, Web, Zidovudine

? Page, M.J., McKenzie, J.E., Kirkham, J., Dwan, K., Kramer, S., Green, S. and Forbes, A. (2014), Bias due to selective inclusion and reporting of outcomes and analyses in systematic reviews of randomised trials of healthcare interventions. *Cochrane Database of Systematic Reviews*, **10**, Article Number: UNSP MR000035.

Full Text: 2014\Coc Dat Sys Rev2014, UNSP MR000035.pdf

Abstract: Background Systematic reviews may be compromised by selective inclusion and reporting of outcomes and analyses. Selective inclusion occurs when there are multiple effect estimates in a trial report that could be included in a particular meta-analysis (e. g. from multiple measurement scales and time points) and the choice of effect estimate to include in the meta-analysis is based on the results (e. g. statistical significance, magnitude or direction of effect). Selective reporting occurs when the reporting of a subset of outcomes and analyses in the systematic review is based on the results (e. g. a protocol-defined outcome is omitted from the published systematic review). Objectives To summarise the characteristics and synthesise the results of empirical studies that have investigated the prevalence of selective inclusion or reporting in systematic reviews of randomised controlled trials (RCTs), investigated the factors (e. g. statistical significance or direction of effect) associated with the prevalence and quantified the bias. Search methods We searched the Cochrane Methodology Register (to July 2012), Ovid MEDLINE, Ovid EMBASE, Ovid PsycINFO and ISI Web of Science (each up to May 2013), and the US Agency for Healthcare Research and Quality (AHRQ) Effective Healthcare Program’s Scientific Resource Center (SRC) Methods Library (to June 2013). We also searched the abstract books of the 2011 and 2012 Cochrane Colloquia and the article alerts for methodological work in research synthesis published from 2009 to 2011 and compiled in Research Synthesis Methods. Selection criteria We included both published and unpublished empirical studies that investigated the prevalence and factors associated with selective inclusion or reporting, or both, in systematic reviews of RCTs of healthcare interventions. We included empirical studies assessing any type of selective inclusion or reporting, such as investigations of how frequently RCT outcome data is selectively included in systematic reviews based on the results, outcomes and analyses are discrepant between protocol and published review or non-significant outcomes are partially reported in the full text or summary within systematic reviews. Data collection and analysis Two review authors independently selected empirical studies for inclusion, extracted the data and performed a risk of bias assessment. A third review author resolved any disagreements about inclusion or exclusion of empirical studies, data extraction and risk of bias. We contacted authors of included studies for additional unpublished data. Primary outcomes included overall prevalence of selective inclusion or reporting, association between selective inclusion or reporting and the statistical significance of the effect estimate, and association between selective inclusion or reporting and the direction of the effect estimate. We combined prevalence estimates and risk ratios (RRs) using a random-effects meta-analysis model. Main results Seven studies met the inclusion criteria. No studies had investigated selective inclusion of results in systematic reviews, or discrepancies in outcomes and analyses between systematic review registry entries and published systematic reviews. Based on a meta-analysis of four studies (including 485 Cochrane Reviews), 38% (95% confidence interval (CI) 23% to 54%) of systematic reviews added, omitted, upgraded or downgraded at least one outcome between the protocol and published systematic review. The association between statistical significance and discrepant outcome reporting between protocol and published systematic review was uncertain. The meta-analytic estimate suggested an increased risk of adding or upgrading (i.e. changing a secondary outcome to primary) when the outcome was statistically significant, although the 95% CI included no association and a decreased risk as plausible estimates (RR 1.43, 95% CI 0.71 to 2.85; two studies, n = 552 meta-analyses). Also, the meta-analytic estimate suggested an increased risk of downgrading (i. e. changing a primary outcome to secondary) when the outcome was statistically significant, although the 95% CI included no association and a decreased risk as plausible estimates (RR 1.26, 95% CI 0.60 to 2.62; two studies, n = 484 meta-analyses). None of the included studies had investigated whether the association between statistical significance and adding, upgrading or downgrading of outcomes was modified by the type of comparison, direction of effect or type of outcome; or whether there is an association between direction of the effect estimate and discrepant outcome reporting. Several secondary outcomes were reported in the included studies. Two studies found that reasons for discrepant outcome reporting were infrequently reported in published systematic reviews (6% in one study and 22% in the other). One study (including 62 Cochrane Reviews) found that 32% (95% CI 21% to 45%) of systematic reviews did not report all primary outcomes in the abstract. Another study (including 64 Cochrane and 118 non-Cochrane reviews) found that statistically significant primary outcomes weremore likely to be completely reported in the systematic review abstract than non-significant primary outcomes (RR 2.66, 95% CI 1.81 to 3.90). None of the studies included systematic reviews published after 2009 when reporting standards for systematic reviews (Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) Statement, and Methodological Expectations of Cochrane Intervention Reviews (MECIR)) were disseminated, so the results might not be generalisable to more recent systematic reviews. Authors’ conclusions Discrepant outcome reporting between the protocol and published systematic review is fairly common, although the association between statistical significance and discrepant outcome reporting is uncertain. Complete reporting of outcomes in systematic review abstracts is associated with statistical significance of the results for those outcomes. Systematic review outcomes and analysis plans should be specified prior to seeing the results of included studies to minimise post-hoc decisions that may be based on the observed results. Modifications that occur once the review has commenced, along with their justification, should be clearly reported. Effect estimates and CIs should be reported for all systematic review outcomes regardless of the results. The lack of research on selective inclusion of results in systematic reviews needs to be addressed and studies that avoid the methodological weaknesses of existing research are also needed.

Keywords: Abstracts, Agency, Agency For Healthcare Research And Quality, Analyses, Analysis, Article, Assessing, Assessment, Association, Authors, Bias, Characteristics, Choice, Clinical-Trials, Cochrane Reviews, Collection, Comparison, Conference Abstracts, Confidence, Criteria, Data, Data Collection, Effect, Embase, Empirical Studies, Empirical-Evidence, Estimates, Extraction, Factors, From, Full-Text Articles, Healthcare, Interval, Intervention, Interventions, Investigations, Isi, Isi Web Of Science, Magnitude, Measurement, Medline, Meta Analysis, Meta-Analyses, Meta-Analysis, Metaanalyses, Metaanalysis, Methodological Quality, Methodology, Methods, Model, Modified, Needs, Outcome, Outcomes, Prevalence, Primary, Protocol, Protocols, Psycinfo, Publication Bias, Quality, Randomised, Randomised Controlled Trials, Rapidly Evolving Technologies, Rct, Recent, Registry, Reporting, Research, Review, Reviews, Risk, Scales, Science, Search, Selective, Significance, Standards, Synthesis, Systematic, Systematic Review, Systematic Reviews, Trial, Us, Web, Web Of Science, Work

? Burton, M.J., Glasziou, P.P., Chong, L.Y. and Venekamp, R.P. (2014), Tonsillectomy or adenotonsillectomy versus non-surgical treatment for chronic/recurrent acute tonsillitis. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD001802.

Full Text: 2014\Coc Dat Sys Rev2014, CD001802.pdf

Abstract: Background Surgical removal of the tonsils, with orwithout adenoidectomy (adeno-/tonsillectomy), is a common ENToperation, but the indications for surgery are controversial. This is an update of a Cochrane review first published in The Cochrane Library in Issue 3, 1999 and previously updated in 2009. Objectives To assess the effectiveness of tonsillectomy (with and without adenoidectomy) in children and adults with chronic/recurrent acute tonsillitis in reducing the number and severity of episodes of tonsillitis or sore throat. Search methods We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL); PubMed; EMBASE; CINAHL; Web of Science; Cambridge Scientific Abstracts; ISRCTN and additional sources for published and unpublished trials. The date of the most recent search was 30 June 2014. Selection criteria Randomised controlled trials comparing tonsillectomy (with or without adenoidectomy) with non-surgical treatment in adults and children with chronic/recurrent acute tonsillitis. Data collection and analysis We used the standard methodological procedures expected by The Cochrane Collaboration. Main results This review includes seven trials with low to moderate risk of bias: five undertaken in children (987 participants) and two in adults (156 participants). An eighth trial in adults (40 participants) was at high risk of bias and did not provide any data for analysis. Good information about the effectiveness of adeno-/tonsillectomy is only available for the first year following surgery in children and for a shorter period (five to six months) in adults. We combined data from five trials in children; these trials included children who were ‘severely affected’(based on the specific ‘Paradise’ criteria) and less severely affected. Children who had an adeno-/tonsillectomy had an average of three episodes of sore throats (of any severity) in the first postoperative year, compared to 3.6 episodes in the control group; a difference of 0.6 episodes (95% confidence interval (CI) -1 to -0.1; moderate quality evidence). One of the three episodes in the surgical group was the ‘predictable’ one that occurred in the immediate postoperative period. When we analysed only episodes of moderate/severe sore throat, children who had been more severely affected and had adeno-/ tonsillectomy had on average 1.1 episodes of sore throat in the first postoperative year, compared with 1.2 episodes in the control group (low quality evidence). This is not a significant difference but one episode in the surgical group was that occurring immediately after surgery. Less severely affected children had more episodes of moderate/severe sore throat after surgery (1.2 episodes) than in the control group (0.4 episodes: difference 0.8, 95% CI 0.7 to 0.9), but again one episode was the predictable postoperative episode (moderate quality evidence). Data on the number of sore throat days is only available for moderately affected children and is consistent with the data on episodes. In the first year after surgery children undergoing surgery had an average of 18 days of sore throat (of which some -between five and seven on average -will be in the immediate postoperative period), compared with 23 days in the control group (difference 5.1 days, 95% CI 2.2 to 8.1; moderate quality evidence). When we pooled the data from two studies in adults (156 participants), there were 3.6 fewer episodes (95% CI 7.9 fewer to 0.70 more; low quality evidence) in the group receiving surgery within six months post-surgery. However, statistical heterogeneity was significant. The pooled mean difference for number of days with sore throat in a follow-up period of about six months was 10.6 days fewer in favour of the group receiving surgery (95% CI 5.8 fewer to 15.8 fewer; low quality evidence). However, there was also significant statistical heterogeneity in this analysis and the number of days with postoperative pain (which appeared to be on average 13 to 17 days in the two trials) was not included. Given the short duration of follow-up and the differences between studies, we considered the evidence for adults to be of low quality. Two studies in children reported that there was “ no statistically significant difference” in quality of life outcomes, but the data could not be pooled. One study reported no difference in analgesics consumption. We found no evidence for prescription of antibiotics. Limited data are available from the included studies to quantify the important risks of primary and secondary haemorrhage. Authors’ conclusions Adeno-/tonsillectomy leads to a reduction in the number of episodes of sore throat and days with sore throat in children in the first year after surgery compared to (initial) non-surgical treatment. Children who were more severely affected were more likely to benefit as they had a small reduction in moderate/severe sore throat episodes. The size of the effect is very modest, but there may be a benefit to knowing the precise timing of one episode of pain lasting several days -it occurs immediately after surgery as a direct consequence of the procedure. It is clear that some children get better without any surgery, and that whilst removing the tonsils will always prevent ‘tonsillitis’, the impact of the procedure on ‘sore throats’ due to pharyngitis is much less predictable. Insufficient information is available on the effectiveness of adeno-/tonsillectomy versus non-surgical treatment in adults to draw a firm conclusion. The impact of surgery, as demonstrated in the included studies, is modest. Many participants in the non-surgical group improve spontaneously (although some people randomised to this group do in fact undergo surgery). The potential ‘benefit’ of surgery must be weighed against the risks of the procedure as adeno-/tonsillectomy is associated with a small but significant degree of morbidity in the form of primary and secondary haemorrhage and, even with good analgesia, is particularly uncomfortable for adults.

Keywords: Acute Disease, Adenoidectomy, Adults, Analgesia, Analgesics, Analysis, Antibiotics, Bias, Children, Chronic Disease, Cochrane Collaboration, Collaboration, Collection, Confidence, Consumption, Control, Criteria, Data, Data Collection, Duration, Effectiveness, Efficacy, Embase, Evidence, First, Follow-Up, From, Haemorrhage, Heterogeneity, Hypertrophy, Impact, Indications, Information, Interval, Life, Methods, Mild Symptoms, Morbidity, Outcomes, Pain, Pharyngitis, Pharyngitis [Diagnosis], Postoperative, Postoperative Pain, Potential, Prescription, Prevent, Primary, Procedure, Procedures, Pubmed, Quality, Quality Of, Quality Of Life, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Recent, Recurrence, Recurrent Throat Infection, Reduction, Removal, Review, Risk, Risks, Science, Search, Size, Small, Sources, Standard, Surgery, Surgical, Therapy], Timing, Tonsillectomy, Tonsillitis [Surgery, Treatment, Trial, Web, Web Of Science

? Smith, S.M., Schroeder, K. and Fahey, T. (2014), Over-the-counter (OTC) medications for acute cough in children and adults in community settings. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD001831.

Full Text: 2014\Coc Dat Sys Rev2014, CD001831.pdf

Abstract: Background Acute cough due to upper respiratory tract infection (URTI) is a common symptom. Non-prescription, over-the-counter (OTC) medicines are frequently recommended as a first-line treatment, but there is little evidence as to whether these drugs are effective. Objectives To assess the effects of oral OTC cough preparations for acute cough in children and adults in community settings. Search methods We searched CENTRAL (2014, Issue 1), MEDLINE (January 1966 to March week 3 2014), EMBASE (January 1974 to March 2014), CINAHL (January 2010 to March 2014), LILACS (January 2010 to March 2014), Web of Science (January 2010 to March 2014) and the UK Department of Health National Research Register (March 2010). Selection criteria Randomised controlled trials (RCTs) comparing oral OTC cough preparations with placebo in children and adults suffering from acute cough in community settings. We considered all cough outcomes; secondary outcomes of interest were adverse effects. Data collection and analysis Two review authors independently screened potentially relevant citations, extracted data and assessed study quality. We performed quantitative analysis where appropriate. Main results Due to the small numbers of trials in each category, the limited quantitative data available and the marked differences between trials in terms of participants, interventions and outcome measurement, we felt that pooling of the results was inappropriate. We included 29 trials (19 in adults, 10 in children) involving 4835 people (3799 adults and 1036 children). All studies were placebocontrolled RCTs. However, assessment of the risk of bias of the included studies was limited by poor reporting, particularly for the earlier studies. In the adult studies, six trials compared antitussives with placebo and had variable results. Three trials compared the expectorant guaifenesin with placebo; one indicated significant benefit, whereas the other two did not. One trial found that a mucolytic reduced cough frequency and symptom scores. Two studies examined antihistamine-decongestant combinations and found conflicting results. Four studies compared other combinations of drugs with placebo and indicated some benefit in reducing cough symptoms. Three trials found that antihistamines were no more effective than placebo in relieving cough symptoms. In the child studies, antitussives (data from three studies), antihistamines (data from three studies), antihistamine-decongestants (two studies) and antitussive/bronchodilator combinations (one study) were no more effective than placebo. No studies using expectorants met our inclusion criteria. The results of one trial favoured active treatment withmucolytics over placebo. One trial tested two paediatric cough syrups and both preparations showed a ‘ satisfactory response’ in 46% and 56% of children compared to 21% of children in the placebo group. One new trial indicated that three types of honey were more effective than placebo over a three-day period. Twenty-one studies reported adverse effects. There was a wide range across studies, with higher numbers of adverse effects in participants taking preparations containing antihistamines and dextromethorphan. Authors’ conclusions The results of this review have to be interpreted with caution because the number of studies in each category of cough preparations was small. Availability, dosing and duration of use of over-the-counter cough medicines vary significantly in different countries. Many studies were poorly reported making assessment of risk of bias difficult and studies were also very different from each other, making evaluation of overall efficacy difficult. There is no good evidence for or against the effectiveness of OTC medicines in acute cough. This should be taken into account when considering prescribing antihistamines and centrally active antitussive agents in children; drugs that are known to have the potential to cause serious harm.

Keywords: Active, Acute Disease, Acute Transient Cough, Administration,Oral, Adult, Adverse Effects, Adverse Effects], Ambulatory Care, Analysis, Antihistamine-Decongestant Combination, Antitussive Agents [Administration & Dosage, Antitussive Efficacy, Assessment, Authors, Availability, Bias, Child, Children, Citations, Collection, Common Cold, Community, Cough, Cough [Drug Therapy], Criteria, Data, Data Collection, Double-Blind, Doxylamine Succinate, Drug Therapy,Combination [Methods], Drugs, Duration, Effectiveness, Effects, Efficacy, Embase, Ephedrine Sulfate, Evaluation, Evidence, Expectorants [Administration & Dosage, First Line, From, Health, Histamine H1 Antagonists [Administration & Dosage], Humans, Infection, Interventions, Measurement, Medline, Methods, Nocturnal Cough, Nonprescription Drugs [Administration & Dosage, Oral, Otc, Outcome, Outcomes, Over-The-Counter, Placebo, Potential, Prescribing, Quality, Quantitative Analysis, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Reporting, Research, Respiratory-Tract Infection, Response, Review, Risk, Science, Search, Sleep Quality, Small, Suffering, Symptoms, Treatment, Trial, Uk, Web, Web Of Science

? Daley, A., Stokes-Lampard, H., Thomas, A. and MacArthur, C. (2014), Exercise for vasomotor menopausal symptoms. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD006108.

Full Text: 2014\Coc Dat Sys Rev2014, CD006108.pdf

Abstract: Background Evidence suggests that many perimenopausal and early postmenopausal women will experience menopausal symptoms; hot flushes are themost common. Symptoms caused by fluctuating levels of oestrogenmay be alleviated by hormone therapy (HT), but amarked global decline in its use has resulted from concerns about the risks and benefits of HT. Consequently, many women are seeking alternatives. As large numbers of women are choosing not to take HT, it is increasingly important to identify evidence-based lifestyle modifications that have the potential to reduce vasomotor menopausal symptoms. Objectives To examine the effectiveness of any type of exercise intervention in the management of vasomotor symptoms in symptomatic perimenopausal and postmenopausal women. Search methods Searches of the following electronic bibliographic databases were performed to identify randomised controlled trials (RCTs): Cochrane MenstrualDisorders and SubfertilityGroup Specialised Trials Register, theCochrane Central Register of Controlled Trials (CENTRAL) (Wiley Internet interface), MEDLINE (Ovid), EMBASE (Ovid), PsycINFO (Ovid), the Science Citation Index and the Social Science Citation Index (Web of Science), the Cumulative Index toNursing and AlliedHealth Literature (CINAHL) (Ovid) and SPORTDiscus. Searches include findings up to 3 March 2014. Selection criteria RCTs in which any type of exercise intervention was compared with no treatment/control or other treatments in the management of menopausal vasomotor symptoms in symptomatic perimenopausal/postmenopausal women. Data collection and analysis Five studies were deemed eligible for inclusion. Two review authors independently selected the studies, and three review authors independently extracted the data. The primary review outcome was vasomotor symptoms, defined as hot flushes and/or night sweats. We combined data to calculate standardised mean differences (SMDs) with 95% confidence intervals (CIs). Statistical heterogeneity was assessed using the I2 statistic. We assessed the overall quality Main results We included five RCTs (733 women) comparing exercise with no active treatment, exercise with yoga and exercise with HT. The evidence was of low quality: Limitations in study design were noted, along with inconsistency and imprecision. In the comparison of exercise versus no active treatment (three studies, n = 454 women), no evidence was found of a difference between groups in frequency or intensity of vasomotor symptoms (SMD -0.10, 95% CI -0.33 to 0.13, three RCTs, 454 women, I2 = 30%, low-quality evidence). Nor was any evidence found of a difference between groups in the frequency or intensity of vasomotor symptoms when exercise was compared with yoga (SMD -0.03, 95% CI -0.45 to 0.38, two studies, n = 279 women, I2 = 61%, low-quality evidence). It was not possible to include one of the trials in the meta-analyses; this trial compared three groups: exercise plus soy milk, soy milk only and control; results favoured exercise relative to the comparators, but study numbers were small. One trial compared exercise with HT, and the HT group reported significantly fewer flushes in 24 hours than the exercise group (mean difference 5.8, 95% CI 3.17 to 8.43, 14 participants). None of the trials found evidence of a difference between groups with respect to adverse effects, but data were very scanty. Authors’ conclusions Evidence was insufficient to show whether exercise is an effective treatment for vasomotor menopausal symptoms. One small study suggested thatHT is more effective than exercise. Evidence was insufficient to show the relative effectiveness of exercise when compared with HT or yoga.

Keywords: Active, Adverse Effects, Alternatives, Analysis, Authors, Benefits, Bibliographic, Bibliographic Databases, Bone-Mineral Density, Citation, Collection, Comparison, Complementary Therapies, Confidence, Confidence Intervals, Control, Criteria, Data, Data Collection, Databases, Design, Effectiveness, Effects, Embase, Estrogen Plus Progestin, Estrogen Replacement Therapy, Evidence, Evidence Based, Evidence-Based, Exercise, Experience, Female, From, Global, Groups, Health-Education Intervention, Heterogeneity, Hormone Therapy, Hormone-Replacement Therapy, Hot Flashes [Therapy], Humans, Intensity, Interface, Internet, Intervals, Intervention, Literature, Management, Medline, Menopause, Meta-Analyses, Methods, Mid-Aged Women, Middle Aged, Milk, Obese Postmenopausal Women, Oral Estradiol Treatment, Outcome, Placebo-Controlled Trial, Postmenopausal, Postmenopausal Women, Potential, Primary, Psycinfo, Quality, Quality-Of-Life, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Review, Risks, Science, Science Citation Index, Search, Small, Social Science Citation Index, Study Design, Sweat Gland Diseases [Therapy], Sweating, Symptoms, Therapy, Treatment, Trial, Walking, Web, Web Of Science, Women, Yoga

? Sharma, R., Lakhani, R., Rimmer, J. and Hopkins, C. (2014), Surgical interventions for chronic rhinosinusitis with nasal polyps. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD006990.

Full Text: 2014\Coc Dat Sys Rev2014, CD006990.pdf

Abstract: Background Surgical treatment of chronic rhinosinusitis with nasal polyps is an established treatment for medically resistant nasal polyp disease. Whether a nasal polypectomy with additional sinus dissection offers any advantage over an isolated nasal polypectomy has not been systematically reviewed. Objectives To assess the effectiveness of simple polyp surgery versus more extensive surgical clearance in chronic rhinosinusitis with nasal polyps. Search methods We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL 2014, Issue 1); PubMed; EMBASE; CINAHL; Web of Science; Cambridge Scientific Abstracts; ICTRP and additional sources for published and unpublished trials. The date of the search was 20 February 2014. Selection criteria Randomised and quasi-randomised controlled trials in patients over 16 with chronic rhinosinusitis with nasal polyps, who have failed a course of medical management and who have not previously undergone any previous surgical intervention for their nasal disease. Studies compared nasal polypectomy with more extensive sinus clearance in this patient cohort. Data collection and analysis We used the standard methodological procedures expected by The Cochrane Collaboration. Main results We identified no trials which met our inclusion criteria. Six controlled trials (five randomised) met some but not all of the inclusion criteria and were therefore excluded from the review. Authors’ conclusions We are unable to reach any conclusions as to whether isolated nasal polypectomy or more extensive sinus surgery is a superior surgical treatment modality for chronic rhinosinusitis with nasal polyps. There is a need for high-quality randomised controlled trials to assess whether additional sinus surgery confers any benefit when compared to nasal polypectomy performed in isolation.

Keywords: Analysis, Chronic, Chronic Sinusitis, Clinimetric Validity, Cochrane Collaboration, Cohort, Collaboration, Collection, Course, Criteria, Data, Data Collection, Disease, Dissection, Effectiveness, Embase, Enterotoxins, From, Ige, Instruments, Intervention, Interventions, Management, Medical, Methods, Pathogenesis, Patients, Prevalence, Procedures, Pubmed, Randomised, Randomised Controlled Trials, Review, Rhinosinusitis, Science, Search, Sinonasal Outcome Test, Sources, Standard, Surgery, Surgical, Surgical Treatment, Treatment, Update, Web, Web Of Science

? Tighe, M., Afzal, N.A., Bevan, A., Hayen, A., Munro, A. and Beattie, R.M. (2014), Pharmacological treatment of children with gastro-oesophageal reflux. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD008550.

Full Text: 2014\Coc Dat Sys Rev2014, CD008550.pdf

Abstract: Background Gastro-oesophageal reflux (GOR) is a common disorder, characterised by regurgitation of gastric contents into the oesophagus. GOR is a very common presentation in infancy in both primary and secondary care settings. GOR can affect approximately 50% of infants younger than three months old (Nelson 1997). The natural history of GOR in infancy is generally that of a functional, selflimiting condition that improves with age; <5% of children with vomiting or regurgitation continue to have symptoms after infancy (Martin 2002). Older children and children with co-existing medical conditions can have a more protracted course. The definition of gastro-oesophageal reflux disease (GORD) and its precise distinction from GOR are debated, but consensus guidelines from the North American Society of Gastroenterology, Hepatology and Nutrition (NASPGHAN-ESPGHAN guidelines 2009) define GORD as ‘ troublesome symptoms or complications of GOR.’ Objectives This Cochrane review aims to provide a robust analysis of currently available pharmacological interventions used to treat children with GOR by assessing all outcomes indicating benefit or harm. Search methods We sought to identify relevant published trials by searching the Cochrane Central Register of Controlled Trials (CENTRAL) (2014, Issue 5), MEDLINE and EMBASE (1966 to 2014), the Centralised Information Service for Complementary Medicine (CISCOM), the Institute for Scientific Information (ISI) Science Citation Index (on BIDS-UK General Science Index) and the ISIWeb of Science. We also searched for ongoing trials in the metaRegister of Controlled Trials (mRCT) (www. controlled-trials. com). Reference lists from trials selected by electronic searching were handsearched for relevant paediatric studies on medical treatment of childrenwith gastro-oesophageal reflux, aswere published abstracts fromconference proceedings (published inGut andGastroenterology) and reviews published over the past five years. No language restrictions were applied. Selection criteria Abstracts were reviewed by two review authors, and relevant RCTs on study participants (birth to 16 years) with GOR receiving a pharmacological treatment were selected. Subgroup analysis was considered for children up to 12 months of age, and for children 12 months to 16 years of age, and for those with neurological impairment. Data collection and analysis Trials were critically appraised and data collected by two review authors. Risk of bias was assessed. Meta-analysis data were independently extracted by two review authors, and suitable outcome data were analysed using RevMan. Main results A total of 24 studies (1201 participants) contributed data to the review. The review authors had several concerns regarding the studies. Pharmaceutical company support for manuscript preparation was a common feature; also, because common endpoints were lacking, study populations were heterogenous and variations in study design were noted, individual drug meta-analysis was not possible. Moderate-quality evidence from individual studies suggests that proton pump inhibitors (PPIs) can reduce GOR symptoms in children with confirmed erosive oesophagitis. It was not possible to demonstrate statistical superiority of one PPI agent over another. Some evidence indicates that H antagonists are effective in treating children with GORD. Methodological differences precluded performance of meta-analysis on individual agents or on these agents as a class, in comparison with placebo or head-to-head versus PPIs, and additional studies are required. RCTevidence is insufficient to permit assessment of the efficacy of prokinetics. Given the diversity of study designs and the heterogeneity of outcomes, it was not possible to perform a meta-analysis of the efficacy of domperidone. In younger children, the largest RCT of 80 children (one to 18 months of age) with GOR showed no evidence of improvement in symptoms and 24-hour pH probe, but improvement in symptoms and reflux index was noted in a subgroup treated with domperidone and co-magaldrox(Maalox r). In anotherRCTof 17 children, after eightweeks of therapy. 33% of participants treatedwith domperidone noted an improvement in symptoms (P value was not significant). In neonates, the evidence is even weaker; one RCT of 26 neonates treated with domperidone over 24 hours showed that although reflux frequency was significantly increased, reflux duration was significantly improved. Diversity of RCT evidence was found regarding efficacy of compound alginate preparations(Gaviscon Infant r) in infants, although as a result of these studies, Gaviscon Infant r was changed to become aluminium-free and has been assessed in its current form in only two studies since 1999. Given the diversity of study designs and the heterogeneity of outcomes, as well as the evolution in formulation, it was not possible to perform a meta-analysis on the efficacy of Gaviscon Infant r. Moderate evidence indicates that Gaviscon Infant r improves symptoms in infants, including those with functional reflux; the largest study of the current formulation showed improvement in symptom control but was limited by length of follow-up. No serious side effects were reported. No RCTs on pharmacological treatments for children with neurodisability were identified. Authors’ conclusions Moderate evidence was found to support the use of PPIs, along with some evidence to support the use of H antagonists in older children with GORD, based on improvement in symptom scores, pH indices and endoscopic/histological appearances. However, lack of independent placebo-controlled and head-to-head trials makes conclusions as to relative efficacy difficult to determine. Further RCTs are recommended. No robust RCT evidence is available to support the use of domperidone, and further studies on prokinetics are recommended, including assessments of erythromycin. Pharmacological treatment of infants with reflux symptoms is problematic, as many infants have GOR, and little correlation has been noted between reported symptoms and endoscopic and pH findings. Better evidence has been found to support the use of PPIs in infants with GORD, but heterogeneity in outcomes and in study design impairs interpretation of placebo-controlled data regarding efficacy. Some evidence is available to support the use of Gaviscon Infant r, but further studies with longer follow-up times are recommended. Studies of omeprazole and lansoprazole in infants with functional GOR have demonstrated variable benefit, probably because of differences in inclusion criteria. No robust RCT evidence has been found regarding treatment of preterm babies with GOR/GORD or children with neurodisabilities. Initiation of RCTs with common endpoints is recommended, given the frequency of treatment and the use of multiple antireflux agents in these children.

Keywords: Abstracts, Affect, Age, Aged 1, Alginate, Analysis, Assessing, Assessment, Assessments, Authors, Bias, Birth, Care, Children, Citation, Clinical-Trial, Collection, Comparison, Complications, Consensus, Control, Correlation, Course, Criteria, Data, Data Collection, Definition, Design, Disease, Diversity, Domperidone Therapy, Double-Blind, Drug, Duration, Effects, Efficacy, Embase, Erosive Esophagitis, Erythromycin, Evidence, Evolution, Feature, Follow-Up, Formulation, From, Gastric, Gastric-Acid-Secretion, Guidelines, Heterogeneity, History, Impairment, Improvement, Index, Indices, Infancy, Infant, Infants, Information, Inhibitors, Initiation, Institute For Scientific Information, Interventions, Isi, Language, Length, Medical, Medical Treatment, Medicine, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Natural, Natural History, Natural-History, Neonates, Neurological, North, Nutrition, Older, Open-Label, Outcome, Outcomes, P, Peptic Esophagitis, Performance, Ph, Pharmaceutical, Placebo, Placebo-Controlled Trial, Populations, Preparation, Presentation, Preterm, Primary, Pump, Rct, Reference, Reference Lists, Regurgitation, Restrictions, Review, Reviews, Risk, Risk Of Bias, Science, Science Citation Index, Search, Side Effects, Study Design, Support, Symptom Control, Symptoms, Therapy, Treatment, Value, Vomiting

? Ang, M., Evans, J.R. and Mehta, J.S. (2014), Manual small incision cataract surgery (MSICS) with posterior chamber intraocular lens versus extracapsular cataract extraction (ECCE) with posterior chamber intraocular lens for age-related cataract. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD008811.

Full Text: 2014\Coc Dat Sys Rev2014, CD008811.pdf

Abstract: Background Age-related cataract is the opacification of the lens, which occurs as a result of denaturation of lens proteins. Age-related cataract remains the leading cause of blindness globally, except in the most developed countries. A key question is what is the best way of removing the lens, especially in lower income settings. Objectives To compare two different techniques of lens removal in cataract surgery: manual small incision surgery (MSICS) and extracapsular cataract extraction (ECCE). Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (2014, Issue 8), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE (January 1946 to September 2014), EMBASE (January 1980 to September 2014), Latin American and Caribbean Health Sciences Literature Database (LILACS) (January 1982 to September 2014), Web of Science Conference Proceedings Citation Index-Science (CPCIS), (January 1990 to September 2014), the metaRegister of Controlled Trials (mRCT) (www. controlled-trials. com), ClinicalTrials. gov (www.clinicaltrials.gov) and the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 23 September 2014. Selection criteria We included randomised controlled trials (RCTs) only. Participants in the trials were people with age-related cataract. We included trials where MSICS with a posterior chamber intraocular lens (IOL) implant was compared to ECCE with a posterior chamber IOL implant. Data collection and analysis Data were collected independently by two authors. We aimed to collect data on presenting visual acuity 6/12 or better and best-corrected visual acuity of less than 6/60 at three months and one year after surgery. Other outcomes included intraoperative complications, longterm complications (one year or more after surgery), quality of life, and cost-effectiveness. There were not enough data available from the included trials to perform a meta-analysis. Main results Three trials randomly allocating people with age-related cataract toMSICS or ECCE were included in this review (n = 953 participants). Two trials were conducted in India and one in Nepal. Trial methods, such as random allocation and allocation concealment, were not clearly described; in only one trial was an effort made to mask outcome assessors. The three studies reported follow-up six to eight weeks after surgery. In two studies, more participants in the MSICS groups achieved unaided visual acuity of 6/12 or 6/18 or better compared to the ECCE group, but overall not more than 50% of people achieved good functional vision in the two studies. 10/806 (1.2%) of people enrolled in two trials had a poor outcome after surgery (best-corrected vision less than 6/60) with no evidence of difference in risk between the two techniques (risk ratio (RR) 1.58, 95% confidence interval (CI) 0.45 to 5.55). Surgically induced astigmatism was more common with the ECCE procedure thanMSICS in the two trials that reported this outcome. In one study there were more intra-and postoperative complications in the MSICS group. One study reported that the costs of the two procedures were similar. Authors’ conclusions There are no other studies from other countries other than India and Nepal and there are insufficient data on cost-effectiveness of each procedure. Better evidence is needed before any change may be implemented. Future studies need to have longer-term follow-up and be conducted to minimize biases revealed in this review with a larger sample size to allow examination of adverse events.

Keywords: 80 And Over, Adult, Adverse Events, Age Factors, Age-Related, Age-Related Cataract, Aged, Allocation, Analysis, Authors, Blindness, Cataract Extraction [Adverse Effects, Cataract Surgery, Citation, Citations, Clinical Trials, Collection, Complications, Conference, Confidence, Cost, Cost Effectiveness, Cost-Effectiveness, Costs, Criteria, Data, Data Collection, Database, Databases, Embase, Events, Evidence, Examination, Extraction, Follow-Up, From, Groups, Health, Humans, Implant, Income, India, India, Induced, International, Interval, Intraoperative Complications, Language, Latin-American, Lens Implantation, Intraocular [Methods], Lenses,Intraocular, Life, Literature, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Methods], Middle Aged, Nepal, Outcome, Outcomes, Phacoemulsification, Posterior Eye Segment, Postoperative, Postoperative Complications, Procedure, Procedures, Proceedings, Proteins, Quality, Quality Of, Quality Of Life, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Removal, Restrictions, Review, Risk, Sample Size, Science, Sciences, Search, Size, Small, Surgery, Techniques, Trial, Web, Web Of Science, Who, World Health Organization

? Cakmakkaya, O.S., Kolodzie, K., Apfel, C.C. and Pace, N.L. (2014), Anaesthetic techniques for risk of malignant tumour recurrence. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD008877.

Full Text: 2014\Coc Dat Sys Rev2014, CD008877.pdf

Abstract: Background Surgery remains amainstay of treatment for malignant tumours; however, surgical manipulation leads to a significant systemic release of tumour cells. Whether these cells lead to metastases is largely dependent on the balance between aggressiveness of the tumour cells and resilience of the body. Surgical stress per se, anaesthetic agents and administration of opioid analgesics perioperatively can compromise immune function and might shift the balance towards progression of minimal residual disease. Regional anaesthesia techniques provide perioperative pain relief; they therefore reduce the quantity of systemic opioids and of anaesthetic agents used. Additionally, regional anaesthesia techniques are known to prevent or attenuate the surgical stress response. In recent years, the potential benefit of regional anaesthesia techniques for tumour recurrence has received major attention and has been discussed many times in the literature. In preparing this review, we aimed to summarize the current evidence systematically and comprehensively. Objectives To establish whether anaesthetic technique (general anaesthesia versus regional anaesthesia or a combination of the two techniques) influences the long-term prognosis for individuals with malignant tumours. Search methods We searched The Cochrane Library (2013, Issue 12), PubMed (1950 to 15 December 2013), EMBASE (1974 to 15 December 2013), BIOSIS (1926 to 15 December 2013) and Web of Science (1965 to 15 December 2013). We handsearched relevant websites and conference proceedings and reference lists of cited articles. We applied no language restrictions. Selection criteria We included all randomized controlled trials or controlled clinical trials that investigated the effects of general versus regional anaesthesia on the risk of malignant tumour recurrence in patients undergoing resection of primary malignant tumours. Comparisons of interventions consisted of (1) general anaesthesia alone versus general anaesthesia combined with one or more regional anaesthetic techniques; (2) general anaesthesia combined with one or more regional anaesthetic techniques versus one or more regional anaesthetic techniques; and (3) general anaesthesia alone versus one or more regional anaesthetic techniques. Primary outcomes included (1) overall survival, (2) progression-free survival and (3) time to tumour progression. Data collection and analysis Two review authors independently scanned the titles and abstracts of identified reports and extracted study data. All primary outcome variables are time-to-event data. If the individual trial report provided summary statistics with odds ratios, relative risks or Kaplan-Meier curves, extracted data enabled us to calculate the hazard ratio using the hazard ratio calculating spreadsheet. To assess risk of bias, we used the standard methodological procedures expected by The Cochrane Collaboration. Main results We included four studies with a total of 746 participants. All studies included adult patients undergoing surgery for primary tumour resection. Two studies enrolled male and female participants undergoing major abdominal surgery for cancer. One study enrolled male participants undergoing surgery for prostate cancer, and one study male participants undergoing surgery for colon cancer. Follow-up time ranged fromnine to 17 years. All four studies compared general anaesthesia alone versus general anaesthesia combinedwith epidural anaesthesia and analgesia. All four studies are secondary data analyses of previously conducted prospective randomized controlled trials. Of the four included studies, only three contributed to the outcome of overall survival, and two each to the outcomes of progression-free survival and time to tumour progression. In our meta-analysis, we could not find an advantage for either study group for the outcomes of overall survival (hazard ratio (HR) 1.03, 95% confidence interval (CI) 0.86 to 1.24) and progression-free survival (HR 0.88, 95% CI 0.56 to 1.38). For progression-free survival, the level of inconsistency was high. Pooled data for time to tumour progression showed a slightly favourable outcome for the control group (general anaesthesia alone) compared with the intervention group (epidural and general anaesthesia) (HR 1.50, 95% CI 1.00 to 2.25). Quality of evidence was graded low for overall survival and very low for progression-free survival and time to tumour progression. The outcome of overall survival was downgraded for serious imprecision and serious indirectness. The outcomes of progression-free survival and time to tumour progression were also downgraded for serious inconsistency and serious risk of bias, respectively. Reporting of adverse events was sparse, and data could not be analysed. Authors’ conclusions Currently, evidence for the benefit of regional anaesthesia techniques on tumour recurrence is inadequate. An encouraging number of prospective randomized controlled trials are ongoing, and it is hoped that their results, when reported, will add evidence for this topic in the near future.

Keywords: Abdominal, Abdominal Surgery, Abstracts, Administration, Adult, Adverse Events, Anaesthesia, Anaesthetic Technique, Anaesthetic Techniques, Analgesia, Analgesics, Analyses, Analysis, Articles, Attention, Authors, Balance, Bias, Breast-Cancer Surgery, Cancer, Clinical, Clinical Trials, Cochrane Collaboration, Collaboration, Collection, Colon Cancer, Colorectal-Cancer, Conference Proceedings, Confidence, Control, Criteria, Data, Data Collection, Disease, Effects, Embase, Endothelial Growth-Factor, Epidural, Epidural Anaesthesia, Epidural-Anesthesia, Events, Evidence, Female, Function, General, General Anaesthesia, Hazard, Hazard Ratio, Immune, Interval, Intervention, Interventions, Killer-Cell Cytotoxicity, Language, Lead, Literature, Long Term, Long-Term, Long-Term Prognosis, Major Abdominal-Surgery, Male, Meta Analysis, Meta-Analysis, Metaanalysis, Metastases, Methods, Neuraxial Anesthesia, Opioid, Opioid Analgesics, Opioids, Outcome, Outcomes, Overall Survival, Pain, Pain Relief, Patients, Perioperative Intravenous Lidocaine, Potential, Prevent, Primary, Procedures, Prognosis, Progression, Prospective, Prostate Cancer, Pubmed, Quality, Radical Prostatectomy, Randomized, Randomized Controlled Trials, Recent, Recurrence, Reference, Reference Lists, Regional, Regional Anaesthesia, Release, Resilience, Response, Restrictions, Retrospective Analysis, Review, Risk, Risks, Science, Search, Standard, Statistics, Stress, Surgery, Surgical, Surgical Stress, Survival, Techniques, Topic, Treatment, Trial, Web, Web Of Science, Websites

? Patel, N., Kellezi, B. and Williams, A.C.D. (2014), Psychological, social and welfare interventions for psychological health and well-being of torture survivors. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD009317.

Full Text: 2014\Coc Dat Sys Rev2014, CD009317.pdf

Abstract: Background Torture is widespread, with potentially broad and long-lasting impact across physical, psychological, social and other areas of life. Its complex and diverse effects interact with ethnicity, gender, and refugee experience. Health and welfare agencies offer varied rehabilitation services, from conventional mental health treatment to eclectic or needs-based interventions. This review is needed because relatively little outcome research has been done in this field, and no previous systematic review has been conducted. Resources are scarce, and the challenges of providing services can be considerable. Objectives To assess beneficial and adverse effects of psychological, social and welfare interventions for torture survivors, and to compare these effects with those reported by active and inactive controls. Search methods Randomised controlled trials (RCTs) were identified through a search of PsycINFO, MEDLINE, EMBASE, Web of Science, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), the Cochrane Central Register of Controlled Trials (CENTRAL) and the Cochrane Depression, Anxiety and Neurosis Specialised Register (CCDANCTR), the Latin American and Caribbean Health Science Information Database (LILACS), the Open System for Information on Grey Literature in Europe (OpenSIGLE), the World Health Organization International Clinical Trials Registry Platform (WHO ICTRP) and Published International Literature On Traumatic Stress (PILOTS) all years to 11 April 2013; searches of Cochrane resources, international trial registries and the main biomedical databases were updated on 20 June 2014. We also searched the Online Library of Dignity (Danish Institute against Torture), reference lists of reviews and included studies and the most frequently cited journals, up to April 2013 but not repeated for 2014. Investigators were contacted to provide updates or details as necessary. Selection criteria Full publications of RCTs or quasi-RCTs of psychological, social or welfare interventions for survivors of torture against any active or inactive comparison condition. Data collection and analysis We included allmajor sources of grey literature in our search and used standard methodological procedures as expected by TheCochrane Collaboration for collecting data, evaluating risk of bias and using GRADE (Grades of Recommendation, Assessment, Development and Evaluation) methods to assess the quality of evidence. Main results Nine RCTs were included in this review. All were of psychological interventions; none provided social or welfare interventions. The nine trials provided data for 507 adults; none involved children or adolescents. Eight of the nine studies described individual treatment, and one discussed group treatment. Six trials were conducted in Europe, and three in different African countries. Most people were refugees in their thirties and forties; most met the criteria for post-traumatic stress disorder (PTSD) at the outset. Four trials used narrative exposure therapy (NET), one cognitive-behavioural therapy (CBT) and the other four used mixed methods for trauma symptoms, one of which included reconciliation methods. Five interventions were compared with active controls, such as psychoeducation; four used treatment as usual or waiting list/no treatment; we analysed all control conditions together. Duration of therapy varied from one hour to longer than 20 hours with a median of around 12 to 15 hours. All trials reported effects on distress and on PTSD, and two reported on quality of life. Five studies followed up participants for at least six months. No immediate benefits of psychological therapy were noted in comparison with controls in terms of our primary outcome of distress (usually depression), nor for PTSD symptoms, PTSD caseness, or quality of life. At six-month follow-up, three NET and one CBT study (86 participants) showed moderate effect sizes for intervention over control in reduction of distress (standardised mean difference (SMD) -0.63, 95% confidence interval (CI) -1.07 to -0.19) and of PTSD symptoms (SMD -0.52, 95% CI -0.97 to -0.07). However, the quality of evidence was very low, and risk of bias resulted from researcher/therapist allegiance to treatment methods, effects of uncertain asylum status of some people and real-time non-standardised translation of assessment measures. No measures of adverse events were described, nor of participation, social functioning, quantity of social or family relationships, proxy measures by third parties or satisfaction with treatment. Too few studies were identified for review authors to attempt sensitivity analyses. Authors’ conclusions Very low-quality evidence suggests no differences between psychological therapies and controls in terms of immediate effects on posttraumatic symptoms, distress or quality of life; however, NET and CBT were found to confer moderate benefits in reducing distress and PTSD symptoms over the medium term (six months after treatment). Evidence was of very low quality, mainly because nonstandardised assessment methods using interpreters were applied, and sample sizes were very small. Most eligible trials also revealed medium to high risk of bias. Further, attention to the cultural appropriateness of interventions or to their psychometric qualities was inadequate, and assessment measures used were unsuitable. As such, these findings should be interpreted with caution. No data were available on whether symptom reduction enabled improvements in quality of life, participation in community life, or in social and family relationships in the medium term. Details of adverse events and treatment satisfaction were not available immediately after treatment nor in the medium term. Future research should aim to address these gaps in the evidence and should include larger sample sizes when possible. Problems of torture survivors need to be defined farmore broadly than by PTSDsymptoms, and recognition given to the contextual influences of being a torture survivor, including as an asylum seeker or refugee, on psychological and social health.

Keywords: Active, Adolescents, Adult Survivors, Adverse Effects, Adverse Events, African Countries, Analyses, Analysis, Anxiety, Assessment, Asylum-Seekers, Attention, Authors, Benefits, Bias, Biomedical, Cbt, Children, Clinical Trials, Clinical-Trial, Collaboration, Collection, Community, Comparison, Confidence, Control, Conventional, Criteria, Cultural, Data, Data Collection, Database, Databases, Depression, Development, Distress, Effects, Embase, Ethnicity, Europe, Evaluation, Events, Evidence, Experience, Exposure, Family, Field, Follow-Up, From, Gender, Grade, Grey Literature, Group Treatment, Health, Impact, Information, International, Interval, Intervention, Interventions, Journals, Latin-American, Life, Literature, Measures, Medline, Mental Health, Mental-Health, Methods, Mixed Methods, Narrative Exposure Therapy, Nursing, Organized Violence, Outcome, Participation, Physical, Post Traumatic Stress Disorder, Post-Traumatic Stress, Post-Traumatic Stress Disorder, Posttraumatic Stress, Posttraumatic Stress Disorder, Posttraumatic-Stress-Disorder, Primary, Procedures, Psychiatric-Disorders, Psychoeducation, Psychological, Psycinfo, Ptsd, Publications, Quality, Quality Of, Quality Of Life, Randomised Controlled Trials, Randomized Controlled-Trial, Recommendation, Reduction, Reference, Reference Lists, Refugee, Registries, Rehabilitation, Research, Resources, Review, Reviews, Risk, Satisfaction, Science, Search, Sensitivity, Services, Small, Social, Sources, Standard, Stress, Symptoms, Systematic, Systematic Review, Term, Therapy, Translation, Trauma, Traumatized Refugees, Treatment, Trial, Web, Web Of Science, Welfare, Well-Being, Who, World Health Organization

? Adams, S.P., Sekhon, S.S. and Wright, J.M. (2014), Lipid-lowering efficacy of rosuvastatin. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD010254.

Full Text: 2014\Coc Dat Sys Rev2014, CD010254.pdf

Abstract: Background Rosuvastatin is one of the most potent statins and is currently widely prescribed. It is therefore important to know the dose-related magnitude of effect of rosuvastatin on blood lipids. Objectives Primary objective To quantify the effects of various doses of rosuvastatin on serum total cholesterol, low-density lipoprotein (LDL)-cholesterol, high-density lipoprotein (HDL)-cholesterol, non-HDL-cholesterol and triglycerides in participants with and without evidence of cardiovascular disease. Secondary objectives To quantify the variability of the effect of various doses of rosuvastatin. To quantify withdrawals due to adverse effects (WDAEs) in the randomized placebo-controlled trials. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) Issue 10 of 12, 2014 in The Cochrane Library, MEDLINE (1946 to October week 5 2014), EMBASE (1980 to 2014 week 44), Web of Science Core Collection (1970 to 5 November 2014) and BIOSIS Citation Index (1969 to 31 October 2014). No language restrictions were applied. Selection criteria Randomized controlled and uncontrolled before-and-after trials evaluating the dose response of different fixed doses of rosuvastatin on blood lipids over a duration of three to 12 weeks. Data collection and analysis Two review authors independently assessed eligibility criteria for studies to be included and extracted data. WDAEs information was collected from the placebo-controlled trials. Main results One-hundred and eight trials (18 placebo-controlled and 90 before-and-after) evaluated the dose-related efficacy of rosuvastatin in 19,596 participants. Rosuvastatin 10 to 40 mg/day caused LDL-cholesterol decreases of 46% to 55%, when all the trials were combined using the generic inverse variance method. The quality of evidence for these effects is high. Log dose-response data over doses of 1 to 80 mg, revealed strong linear dose-related effects on blood total cholesterol, LDL-cholesterol and non-HDL-cholesterol. When compared to atorvastatin, rosuvastatin was about three-fold more potent at reducing LDL-cholesterol. There was no dose-related effect of rosuvastatin on blood HDL-cholesterol, but overall, rosuvastatin increased HDL by 7%. There is a high risk of bias for the trials in this review, which would affect WDAEs, but unlikely to affect the lipid measurements. WDAEs were not statistically different between rosuvastatin and placebo in 10 of 18 of these short-term trials (risk ratio 0.84; 95% confidence interval 0.48 to 1.47). Authors’ conclusions The total blood total cholesterol, LDL-cholesterol and non-HDL-cholesterol-lowering effect of rosuvastatin was linearly dependent on dose. Rosuvastatin log dose-response data were linear over the commonly prescribed dose range. Based on an informal comparison with atorvastatin, this represents a three-fold greater potency. This review did not provide a good estimate of the incidence of harms associated with rosuvastatin because of the short duration of the trials and the lack of reporting of adverse effects in 44% of the placebo-controlled trials.

Keywords: Active Antiretroviral Therapy, Adverse Effects, Affect, Analysis, Authors, Bias, Blood, C-Reactive Protein, Cardiovascular, Cardiovascular Disease, Cholesterol, Chronic Heart-Failure, Citation, Collection, Comparison, Confidence, Coronary-Artery-Disease, Cost-Effectiveness Analysis, Criteria, Data, Data Collection, Density-Lipoprotein-Cholesterol, Disease, Duration, Effects, Efficacy, Embase, Evidence, From, HDL, High-Risk Patients, HIV-Infected Patients, Incidence, Information, Interval, Intima-Media Thickness, Language, Lipid, Lipids, Magnitude, Medline, Methods, Placebo, Quality, Quality Of, Randomized, Reporting, Response, Restrictions, Review, Risk, Science, Search, Serum, Stenosis Progression Observation, Triglycerides, Variability, Web, Web Of Science

? Grillo-Ardila, C.F., Angel-Muller, E., Salazar-Diaz, L.C., Gaitan, H.G., Ruiz-Parra, A.I. and Lethaby, A. (2014), Imiquimod for anogenital warts in non-immunocompromised adults. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD010389.

Full Text: 2014\Coc Dat Sys Rev2014, CD010389.pdf

Abstract: Background 30% of people with anogenital warts (AGW) have spontaneous regression of lesions but there is no way to determine whether a specific lesion will remain. There are a wide range of options available for treating people with AGW and selection is based on clinician’s experience, patient preferences and adverse effects. The imiquimod could offer the advantages of patient-applied therapies without incurring the limitations of provider-administered treatments. Objectives To assess the effectiveness and safety of imiquimod for the treatment of AGW in non-immunocompromised adults. Search methods We searched the Cochrane Sexually Transmitted Infections Group Specialized Register (15 April 2014), CENTRAL (1991 to 15 April 2014), MEDLINE (1946 to 15 April 2014), EMBASE (1947 to 15 April 2014), LILACS (1982 to 15 April 2014), World Health Organization International Clinical Trials Registry (ICTRP) (15 April 2014), ClinicalTrials.gov (15 April 2014), Web of Science (2001 to 15 April 2014) and OpenGrey (15 April 2014). We also handsearched conference proceedings, contacted trial authors and reviewed the reference lists of retrieved studies. Selection criteria Randomized controlled trials (RCTs) comparing the use of imiquimod with placebo, any other patient-applied or any other provider-administered treatment (excluding interferon and 5-fluorouracil which are assessed in other Cochrane Reviews) for the treatment of AGW in non-immunocompromised adults. Data collection and analysis Three review authors independently assessed trials for inclusion, extracted data and assessed risk of bias. We resolved any disagreements through consensus. The quality of the evidence was assessed using the GRADE approach. Main results Ten RCTs (1734 participants) met our inclusion criteria of which six were funded by industry. We judged the risk of bias of the included trials as high. Six trials (1294 participants) compared the use of imiquimod versus placebo. There was very low quality evidence that imiquimod was superior to placebo in achieving complete and partial regression (RR 4.03, 95% CI 2.03 to 7.99; RR 2.56, 95% CI 2.05 to 3.20, respectively). When compared with placebo, the effects of imiquimod on recurrence (RR 2.76, 95% CI 0.70 to 10.91), appearance of new warts (RR 0.76, 95% CI 0.58 to 1.00) and frequency of systemic adverse reactions (RR 0.91, 95% CI 0.63 to 1.32) were imprecise. We downgraded the quality of evidence to low or very low. There was low quality evidence that imiquimod led to more local adverse reactions (RR 1.73, 95% CI 1.18 to 2.53) and pain (RR 11.84, 95% CI 3.36 to 41.63). Two trials (105 participants) compared the use of imiquimod versus any other patient-applied treatment (podophyllotoxin and podophyllin). The estimated effects of imiquimod on complete regression (RR 1.09, 95% CI 0.80 to 1.48), partial regression (RR 0.77, 95% CI 0.40 to 1.47), recurrence (RR 0.49, 95% CI 0.21 to 1.11) or the presence of local adverse reactions (RR 1.24, 95% CI 1.00 to 1.54) were imprecise (very low quality evidence). There was low quality evidence that systemic adverse reactions were less frequent with imiquimod (RR 0.30, 95% CI 0.09 to 0.98). Finally, two trials (335 participants) compared imiquimod with any other provider-administered treatment (ablative methods and cryotherapy). There was very low quality of evidence that imiquimod did not have a lower frequency of complete regression (RR 0.84, 95% CI 0.56 to 1.28). There was very low quality evidence that imiquimod led to a lower rate of recurrence during six-month follow-up (RR 0.24, 95% CI 0.10 to 0.56) but this did not translate in to a lower recurrence from six to 12 months (RR 0.71, 95% CI 0.40 to 1.25; very low quality evidence). There was very low quality evidence that imiquimod was associated with less pain (RR 0.30, 95% CI 0.17 to 0.54) and fewer local reactions (RR 0.55, 95% CI 0.40 to 0.74). Authors’ conclusions The benefits and harms of imiquimod compared with placebo should be regarded with caution due to the risk of bias, imprecision and inconsistency for many of the outcomes we assessed in this Cochrane Review. The evidence for many of the outcomes that show imiquimod and patient-applied treatment (podophyllotoxin or podophyllin) confer similar benefits but fewer systematic reactions with the Imiquimod, is of low or very low quality. The quality of evidence for the outcomes assessing imiquimod and other provider-administered treatment were of very low quality.

Keywords: 5-Fluorouracil, 5-Percent Cream, Adverse Effects, Analysis, Anogenital Warts, Applied 3 Times, Approach, Assessing, Authors, Benefits, Bias, Clinical Trials, Collection, Complete, Condylomata Acuminata, Conference Proceedings, Consensus, Controlled-Trials, Cost-Effectiveness Analysis, Criteria, Data, Data Collection, Effectiveness, Effects, Embase, Evidence, Experience, External Genital Warts, Follow-Up, From, Grade, Health, Immune-Response Modifier, Interferon, International, Local, Medline, Methods, Options, Outcomes, Pain, Papillomavirus Infection, Patient Preferences, Placebo, Quality, Quality Of, Randomized, Randomized Controlled Trials, Recurrence, Reference, Reference Lists, Regression, Review, Risk, Safety, Science, Search, Selection, Sexually-Transmitted-Diseases, Spontaneous, Systematic, Topical Imiquimod, Treatment, Trial, Warts, Web, Web Of Science, World Health Organization

? Grande, A.J., Silva, V., Riera, R., Medeiros, A., Vitoriano, S.G.P., Peccin, M.S. and Maddocks, M. (2014), Exercise for cancer cachexia in adults. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD010804.

Full Text: 2014\Coc Dat Sys Rev2014, CD010804.pdf

Abstract: Background Cancer cachexia is amulti-factorial syndrome characterised by an ongoing loss of skeletal muscle mass, with or without a loss of fat mass, which leads to progressive functional impairment. Physical exercise may attenuate the effects of cancer cachexia via several mechanisms, including the modulation of muscle metabolism, insulin sensitivity and levels of inflammation. Objectives The primary objective was to determine the effects of exercise, compared to usual care or no treatment, on lean body mass, the main biomarker of cachexia, in adults with cancer. Secondary objectives, subject to the availability of data, were to examine the acceptability and safety of exercise in this setting and to compare effects according to the characteristics of the exercise intervention or patient population. Search methods We searched the databases CENTRAL (Issue 6, 2014), MEDLINE (1946 to June 2014), EMBASE (1974 to June 2014), DARE and HTA (Issue 6, 2014), ISI Web of Science (1900 to June 2014), LILACS (1985 to 28 June 2014), PEDro (inception to 28 June 2014), SciVerse SCOPUS (inception to 28 June 2014), Biosis Previews PreMEDLINE (1969 to June 2014) and Open Grey (inception to 28 June 2014). We also searched for ongoing studies, checked reference lists and contacted experts to seek potentially relevant research. Selection criteria We included randomised controlled trials (RCTs) in adults meeting the clinical criteria for cancer cachexia comparing a programme of exercise as a sole or adjunct intervention to no treatment or an active control. We imposed no language restriction. Data collection and analysis Two review authors independently assessed titles and abstracts of articles for relevance and extracted data on study design, participants, interventions and outcomes from potentially relevant articles. Main results We screened 3154 individual references, of which we removed 3138 after title screening and read 16 in full. We found no trials that met the inclusion criteria. Authors’ conclusions There is insufficient evidence to determine the safety and effectiveness of exercise for patients with cancer cachexia. Randomised controlled trials (i.e., preferably parallel-group or cluster-randomised trials) are required to test the effectiveness of exercise in this group. There are ongoing studies on the topic, so we will update this review to incorporate the findings.

Keywords: Abstracts, Acceptability, Active, Analysis, Articles, Authors, Availability, Biomarker, Biosis, Bone-Mineral Density, Cancer, Care, Cell Lung-Cancer, Characteristics, Chemotherapy Toxicity, Clinical, Clinical Criteria, Clinical-Implications, Collection, Control, Criteria, Data, Data Collection, Databases, Design, Effectiveness, Effects, Embase, Evidence, Exercise, Experts, Fat, From, Functional Impairment, HTA, Impairment, Inflammation, Insulin, Insulin Sensitivity, Intervention, Interventions, ISI, ISI Web Of Science, Language, Mechanisms, Medline, Metabolism, Methods, Multimodal Therapy, Muscle, Muscle Mass, Outcomes, Patients, Physical-Exercise, Population, Primary, Quality-Of-Life, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Reference, Reference Lists, References, Relevance, Research, Resistance Exercise, Review, Safety, Science, Scopus, Screening, Search, Sensitivity, Study Design, Syndrome, Topic, Treatment, Web, Web Of Science

? van Dessel, N., den Boeft, M., van der Wouden, J.C., Kleinstauber, M., Leone, S.S., Terluin, B., Numans, M.E., van der Horst, H.E. and van Marwijk, H. (2014), Non-pharmacological interventions for somatoform disorders and medically unexplained physical symptoms (MUPS) in adults. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD011142.

Full Text: 2014\Coc Dat Sys Rev2014, CD011142.pdf

Abstract: Background Medically unexplained physical symptoms (MUPS) are physical symptoms for which no adequate medical explanation can be found after proper examination. The presence of MUPS is the key feature of conditions known as ‘somatoformdisorders’. Various psychological and physical therapies have been developed to treat somatoform disorders and MUPS. Although there are several reviews on non-pharmacological interventions for somatoform disorders and MUPS, a complete overview of the whole spectrum is missing. Objectives To assess the effects of non-pharmacological interventions for somatoform disorders (specifically somatisation disorder, undifferentiated somatoform disorder, somatoform disorders unspecified, somatoform autonomic dysfunction, pain disorder, and alternative somatoform diagnoses proposed in the literature) and MUPS in adults, in comparison with treatment as usual, waiting list controls, attention placebo, psychological placebo, enhanced or structured care, and other psychological or physical therapies. Search methods We searched the Cochrane Depression, Anxiety and Neurosis Review Group’s Specialised Register (CCDANCTR) to November 2013. This register includes relevant randomised controlled trials (RCTs) from The Cochrane Library, EMBASE, MEDLINE, and PsycINFO. We ran an additional search on the Cochrane Central Register of Controlled Trials and a cited reference search on the Web of Science. We also searched grey literature, conference proceedings, international trial registers, and relevant systematic reviews. Selection criteria We included RCTs and cluster randomised controlled trials which involved adults primarily diagnosed with a somatoform disorder or an alternative diagnostic concept of MUPS, who were assigned to a non-pharmacological intervention compared with usual care, waiting list controls, attention or psychological placebo, enhanced care, or another psychological or physical therapy intervention, alone or in combination. Data collection and analysis Four review authors, working in pairs, conducted data extraction and assessment of risk of bias. We resolved disagreements through discussion or consultation with another review author. We pooled data from studies addressing the same comparison using standardised mean differences (SMD) or risk ratios (RR) and a random-effects model. Primary outcomes were severity of somatic symptoms and acceptability of treatment. Main results We included 21 studies with 2658 randomised participants. All studies assessed the effectiveness of some form of psychological therapy. We found no studies that included physical therapy. Fourteen studies evaluated forms of cognitive behavioural therapy (CBT); the remainder evaluated behaviour therapies, third-wave CBT (mindfulness), psychodynamic therapies, and integrative therapy. Fifteen included studies compared the studied psychological therapy with usual care or a waiting list. Five studies compared the intervention to enhanced or structured care. Only one study compared cognitive behavioural therapy with behaviour therapy. Across the 21 studies, the mean number of sessions ranged from one to 13, over a period of one day to nine months. Duration of follow-up varied between two weeks and 24 months. Participants were recruited from various healthcare settings and the open population. Duration of symptoms, reported by nine studies, was at least several years, suggesting most participants had chronic symptoms at baseline. Due to the nature of the intervention, lack of blinding of participants, therapists, and outcome assessors resulted in a high risk of bias on these items for most studies. Eleven studies (52% of studies) reported a loss to follow-up of more than 20%. For other items, most studies were at low risk of bias. Adverse events were seldom reported. For all studies comparing some form of psychological therapy with usual care or a waiting list that could be included in the meta-analysis, the psychological therapy resulted in less severe symptoms at end of treatment (SMD-0.34; 95% confidence interval (CI) -0.53 to -0.16; 10 studies, 1081 analysed participants). This effect was considered small to medium; heterogeneity was moderate and overall quality of the evidence was low. Compared with usual care, psychological therapies resulted in a 7% higher proportion of drop-outs during treatment (RR acceptability 0.93; 95% CI 0.88 to 0.99; 14 studies, 1644 participants; moderate-quality evidence). Removing one outlier study reduced the difference to 5%. Results for the subgroup of studies comparing CBT with usual care were similar to those in the whole group. Five studies (624 analysed participants) assessed symptom severity comparing some psychological therapy with enhanced care, and found no clear evidence of a difference at end of treatment (pooled SMD -0.19; 95% CI -0.43 to 0.04; considerable heterogeneity; low-quality evidence). Five studies (679 participants) showed that psychological therapies were somewhat less acceptable in terms of drop-outs than enhanced care (RR 0.93; 95% CI 0.87 to 1.00; moderate-quality evidence). Authors’ conclusions When all psychological therapies included this review were combined they were superior to usual care or waiting list in terms of reduction of symptom severity, but effect sizes were small. As a single treatment, only CBT has been adequately studied to allow tentative conclusions for practice to be drawn. Compared with usual care or waiting list conditions, CBT reduced somatic symptoms, with a small effect and substantial differences in effects between CBT studies. The effects were durable within and after one year of follow-up. Compared with enhanced or structured care, psychological therapies generally were not more effective for most of the outcomes. Compared with enhanced care, CBT was not more effective. The overall quality of evidence contributing to this review was rated low to moderate. The intervention groups reported no major harms. However, as most studies did not describe adverse events as an explicit outcome measure, this result has to be interpreted with caution. An important issue was that all studies in this review included participants who were willing to receive psychological treatment. In daily practice, there is also a substantial proportion of participants not willing to accept psychological treatments for somatoform disorders or MUPS. It is unclear how large this group is and how this influences the relevance of CBT in clinical practice. The number of studies investigating various treatment modalities (other than CBT) needs to be increased; this is especially relevant for studies concerning physical therapies. Future studies should include participants from a variety of age groups; they should also make efforts to blind outcome assessors and to conduct follow-up assessments until at least one year after the end of treatment.

Keywords: Abridged Somatization Disorder, Acceptability, Adverse Events, Age, Alternative, Analysis, Anxiety, Assessment, Assessments, Attention, Authors, Behaviour, Bias, Care, Cbt, Chronic, Clinical, Clinical Practice, Clinical-Trial, Cluster, Cognitive, Cognitive-Behavioral Therapy, Collection, Comparison, Complete, Concept, Conference Proceedings, Confidence, Consultation, Cost-Effectiveness, Criteria, Data, Data Collection, Depression, Diagnostic, Effectiveness, Effects, Embase, Events, Evidence, Examination, Explanation, Extraction, Feature, Follow-Up, Forms, From, Functional Somatic Syndromes, General-Practice, Groups, Health-Care-Utilization, Heterogeneity, Integrative, Integrative Therapy, International, Interval, Intervention, Interventions, Literature, Loss To Follow-Up, Low Risk, Low-Back-Pain, Measure, Medical, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mindfulness, Modalities, Model, Needs, Nonpharmacological Intervention, Open, Outcome, Outcome Measure, Outcomes, Outlier, Outpatient Group-Therapy, Overview, Pain, Physical, Physical Therapy, Placebo, Population, Practice, Psychological, Psychological Treatment, Psycinfo, Quality, Quality Of, Random Effects Model, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Reduction, Reference, Relevance, Results, Review, Reviews, Risk, Science, Search, Small, Symptoms, Systematic, Systematic Reviews, Therapy, Treatment, Trial, Web, Web Of Science

? Lopez, L.M., Grey, T.W., Chen, M. and Hiller, J.E. (2014), Strategies for improving postpartum contraceptive use: Evidence from non-randomized studies. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD011298.

Full Text: 2014\Coc Dat Sys Rev2014, CD011298.pdf

Abstract: Background Nearly two-thirds of women in their first postpartum year have an unmet need for family planning. Adolescents often have repeat pregnancies within a year of giving birth. Women may receive counseling on family planning both antepartum and postpartum. Decisions about contraceptive use made right after counseling may differ considerably from actual postpartum use. In earlier work, we found limited evidence of effectiveness from randomized trials on postpartum contraceptive counseling. For educational interventions, non-randomized studies may be conducted more often than randomized trials. Objectives We reviewed non-randomized studies of educational strategies to improve postpartum contraceptive use. Our intent was to examine associations between specific interventions and postpartum contraceptive use or subsequent pregnancy. Search methods We searched for eligible non-randomized studies until 3 November 2014. Sources included CENTRAL, PubMed, POPLINE, and Web of Science. We also sought current trials via ClinicalTrials. gov and ICTRP. For additional citations, we examined reference lists of relevant reports and reviews. Selection criteria The studies had to be comparative, i. e., have intervention and comparison groups. The educational component could be counseling or another behavioral strategy to improve contraceptive use among postpartum women. The intervention had to include contact within six weeks postpartum. The comparison condition could be another behavioral strategy to improve contraceptive use, usual care, other health education, or no intervention. Our primary outcomes were postpartum contraceptive use and subsequent pregnancy. Data collection and analysis Two authors evaluated abstracts for eligibility and extracted data from included studies. We computed the Mantel-Haenszel odds ratio (OR) for dichotomous outcomes and the mean difference (MD) for continuous measures, both with 95% Confidence Intervals (CI). Where studies used adjusted analyses for continuous outcomes, we presented the results as reported by the investigators. Due to differences in interventions and outcome measures, we did not conduct meta-analysis. To assess the evidence quality, we used the Newcastle-Ottawa Quality Assessment Scale. Main results Six studies met our inclusion criteria and included a total of 5143 women. Of three studies with self-reported pregnancy data, two showed pregnancy to be less likely in the experimental group than in the comparison group (OR 0.48, 95% CI 0.27 to 0.87) (OR 0.60, 95% CI 0.41 to 0.87). The interventions included a clinic-based counseling program and a community-based communication project. All studies showed some association of the intervention with contraceptive use. Two showed that treatment-group women were more likely to use a modern method than the control group: ORs were 1.77 (95% CI 1.08 to 2.89) and 3.08 (95% CI 2.36 to 4.02). In another study, treatment-group women were more likely than control-group women to use pills (OR 1.78, 95% CI 1.26 to 2.50) or an intrauterine device (IUD) (OR 3.72, 95% CI 1.27 to 10.86) but less likely to use and injectable method (OR 0.23, 95% CI 0.05 to 1.00). One study used a score for method effectiveness. The methods of the special-intervention group scored higher than those of the comparison group at three months (MD 13.26, 95% CI 3.16 to 23.36). A study emphasizing IUDs showed women in the intervention group were more likely to use an IUD (OR 1.79, 95% CI 1.20 to 2.69) and less likely to use no method (OR 0.48, 95% CI 0.31 to 0.75). In another study, contraceptive use was more likely among women in a health service intervention compared to women in a community awareness program at four months (OR 1.79, 95% CI 1.40 to 2.30) or women receiving standard care at 10 to 12 months (OR 2.08, 95% CI 1.58 to 2.74). That study was the only one with a specific component on the lactational amenorrhea method (LAM) that had sufficient data on LAMuse. Women in the health service group were more likely than those in the community awareness group to use LAM (OR 41.36, 95% CI 10.11 to 169.20). Authors’ conclusions We considered the quality of evidence to be very low. The studies had limitations in design, analysis, or reporting. Three did not adjust for potential confounding and only two had sufficient information on intervention fidelity. Outcomes were self reported and definitions varied for contraceptive use. All studies had adequate follow-up periods but most had high losses, as often occurs in contraception studies.

Keywords: Abstracts, Adolescent Mothers, Adolescents, Africa, Analyses, Analysis, Antepartum, Assessment, Association, Authors, Awareness, Birth, Care, Citations, Collection, Communication, Community, Community Based, Comparison, Confounding, Contraception, Control, Criteria, Data, Data Collection, Design, Education, Effectiveness, Evidence, Experimental, Family, First, Follow-Up, From, Groups, Health, Health Education, Health-Education Program, Hiv, Information, Intervention, Interventions, Intrauterine, Intrauterine Device, Kenya, Losses, Measures, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Odds Ratio, Outcome, Outcome Measures, Outcomes, Planning, Postpartum, Potential, Pregnancy, Primary, Pubmed, Quality, Quality Of, Randomized, Reference, Reference Lists, Reporting, Reviews, Right, Scale, Science, Search, Self, Service, Services, Standard, Strategy, Swaziland, Web, Web Of Science, Women, Work

? Warner, L., Chudasama, J., Kelly, C.G., Loughran, S., McKenzie, K., Wight, R. and Dey, P. (2014), Radiotherapy versus open surgery versus endolaryngeal surgery (with or without laser) for early laryngeal squamous cell cancer. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD002027.

Full Text: 2014\Coc Dat Sys Rev2014, CD002027.pdf

Abstract: Background This is an update of a Cochrane review first published in The Cochrane Library in Issue 2, 2002 and previously updated in 2004, 2007 and 2010. Radiotherapy, open surgery and endolaryngeal excision (with or without laser) are all accepted modalities of treatment for early-stage glottic cancer. Case series suggest that they confer a similar survival advantage, however radiotherapy and endolaryngeal surgery offer the advantage of voice preservation. There has been an observed trend away from open surgery in recent years, however equipoise remains between radiotherapy and endolaryngeal surgery as both treatment modalities offer laryngeal preservation with similar survival rates. Opinions on optimal therapy vary across disciplines and between countries. Objectives To compare the effectiveness of open surgery, endolaryngeal excision (with or without laser) and radiotherapy in the management of early glottic laryngeal cancer. Search methods We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL 2014, Issue 8); PubMed; EMBASE; CINAHL; Web of Science; Cambridge Scientific Abstracts; ICTRP and additional sources for published and unpublished trials. The date of the most recent search was 18 September 2014. Selection criteria Randomised controlled trials comparing open surgery, endolaryngeal resection (with or without laser) and radiotherapy. Data collection and analysis We used the standard methodological procedures expected by The Cochrane Collaboration. Main results We identified only one randomised controlled trial, which compared open surgery and radiotherapy in 234 patients with early glottic laryngeal cancer. The overall risk of bias in this study was high. For T1 tumours, the five-year survival was 91.7% following radiotherapy and 100% following surgery and for T2 tumours, 88.8% following radiotherapy and 97.4% following surgery. There were no significant differences in survival between the two groups. For T1 tumours, the five-year disease-free survival rate was 71.1% following radiotherapy and 100.0% following surgery, and for the T2 tumours, 60.1% following radiotherapy and 78.7% following surgery. Only the latter comparison was statistically significant (P value = 0.036), but statistical significance would not have been achieved with a two-sided test. Data were not available on side effects, quality of life, voice outcomes or cost. We identified no randomised controlled trials that included endolaryngeal surgery. A number of trials comparing endolaryngeal resection and radiotherapy have terminated early because of difficulty recruiting participants. One randomised controlled trial is still ongoing. Authors’ conclusions There is only one randomised controlled trial comparing open surgery and radiotherapy but its interpretation is limited because of concerns about the adequacy of treatment regimens and deficiencies in the reporting of the study design and analysis.

Keywords: Adequacy, Analysis, Anterior Commissure Involvement, Bias, Cancer, Carcinoma,Squamous Cell [Pathology, Cell, Co2-Laser Microsurgery, Cochrane Collaboration, Collaboration, Collection, Comparison, Controlled Trial, Cost, Criteria, Data, Data Collection, Design, Disciplines, Early Glottic Carcinoma, Effectiveness, Effects, Embase, First, From, Glottis [Surgery], Groups, Humans, Laryngeal Cancer, Laryngeal Neoplasms [Pathology, Laser, Laser Therapy, Life, Local-Control, Management, Methods, Modalities, Open, Outcomes, P, Patients, Preservation, Procedures, Pubmed, Quality, Quality Of, Quality Of Life, Quality-Of-Life, Radiation-Therapy, Radiotherapy, Randomised, Randomised Controlled Trial, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Rates, Recent, Reporting, Review, Risk, Science, Search, Side Effects, Significance, Sources, Standard, Study Design, Surgery, Surgery], Survival, Survival Rate, Survival Rates, T1, Therapy, Treatment, Trend, Trial, United-States, Value, Vocal Cord Carcinoma, Voice Quality, Web, Web Of Science

? Warttig, S., Alderson, P., Campbell, G. and Smith, A.F. (2014), Interventions for treating inadvertent postoperative hypothermia. *Cochrane Database of Systematic Reviews*, **11**, Article Number: CD009892.

Full Text: 2014\Coc Dat Sys Rev2014, CD009892.pdf

Abstract: Background Inadvertent postoperative hypothermia (a drop in core body temperature to below 36 degrees C) occurs as an effect of surgery when anaesthetic drugs and exposure of the skin for long periods of time during surgery result in interference with normal temperature regulation. Once hypothermia has occurred, it is important that patients are rewarmed promptly to minimise potential complications. Several different interventions are available for rewarming patients. Objectives To estimate the effectiveness of treating inadvertent perioperative hypothermia through postoperative interventions to decrease heat loss and apply passive and active warming systems in adult patients who have undergone surgery. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (2014, Issue 2), MEDLINE (Ovid SP) (1956 to 21 February 2014), EMBASE (Ovid SP) (1982 to 21 February 2014), the Institute for Scientific Information (ISI) Web of Science (1950 to 21 February 2014) and the Cumulative Index to Nursing and Allied Health Literature (CINAHL), EBSCO host (1980 to 21 February 2014), as well as reference lists of articles. We also searched www.controlled-trials.com and www.clincialtrials.gov. Selection criteria Randomized controlled trials of postoperative warming interventions aiming to reverse hypothermia compared with control or with each other. Data collection and analysis Three review authors identified studies for inclusion in this review. One review author extracted data and completed risk of bias assessments; two review authors checked the details. Meta-analysis was conducted when appropriate by using standard methodological procedures as expected by The Cochrane Collaboration. Main results We included 11 trials with 699 participants. Ten trials provided data for analysis. Trials varied in the numbers and types of participants included and in the types of surgery performed. Most trials were at high or unclear risk of bias because of inappropriate or unclear randomization procedures, and because blinding of assessors and participants generally was not possible. This may have influenced results, but it is unclear how the results may have been influenced. Active warming was found to reduce the mean time taken to achieve normothermia by about 30 minutes in comparison with use of warmed cotton blankets (mean difference (MD) -32.13 minutes, 95% confidence interval (CI) -42.55 to -21.71; moderate-quality evidence), but no significant difference in shivering was noted. Active warming was found to reduce mean time taken to achieve normothermia by almost an hour and a half in comparison with use of unwarmed cotton blankets (MD -88.86 minutes, 95% CI -123.49 to -54.23; moderate-quality evidence), and people in the active warming group were less likely to shiver than those in the unwarmed cotton blanket group (Relative Risk=0.61 95% CI=0.42 to 0.86; low quality evidence). There was no effect on mean temperature difference in degrees celsius at 60 minutes (MD=0.18 degrees C, 95% CI=-0.10 to 0.46; moderate quality evidence), and no data were available in relation to major cardiovascular complications. Forced air warming was found to reduce time taken to achieve normothermia by about one hour in comparison to circulating hot water devices (MD=-54.21 minutes 95% CI=-94.95, -13.47). There was no statistically significant difference between thermal insulation and cotton blankets on mean time to achieve normothermia (MD=-0.29 minutes, 95% CI=-25.47 to 24.89; moderate quality evidence) or shivering (Relative Risk=1.36 95% CI=0.69 to 2.67; moderate quality evidence), and no data were available for mean temperature difference or major cardiovascular complications. Insufficient evidence was available about other comparisons, adverse effects or any other secondary outcomes. Authors’ conclusions Active warming, particularly forced air warming, appears to offer a clinically important reduction in mean time taken to achieve normothermia (normal body temperature between 36 degrees C and 37.5 degrees C) in patients with postoperative hypothermia. However, high-quality evidence on other important clinical outcomes is lacking; therefore it is unclear whether active warming offers other benefits and harms. High-quality evidence on other warming methods is also lacking; therefore it is unclear whether other rewarming methods are effective in reversing postoperative hypothermia.

Keywords: Active, Adult, Adverse Effects, Air, Analysis, Articles, Assessments, Authors, Benefits, Bias, Cardiovascular, Clinical, Clinical Outcomes, Cochrane Collaboration, Collaboration, Collection, Comparison, Complications, Confidence, Control, Cotton, Criteria, Data, Data Collection, Drugs, Duration, Effectiveness, Effects, Efficiency, Embase, Evidence, Exposure, Guidelines, Health, Host, Hypothermia, Inadvertent, Increases, Information, Institute For Scientific Information, Interval, Interventions, Isi, Literature, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mild Hypothermia, Normal, Normothermia, Nursing, Outcomes, Patients, Perioperative Hypothermia, Postoperative, Potential, Procedures, Quality, Radiant Heater, Randomization, Randomized, Randomized Controlled Trials, Recovery, Reduction, Reference, Reference Lists, Regulation, Relative, Review, Risk, Science, Search, Shivering, Skin, Standard, Surgery, Systems, Temperature, Water, Web, Web Of Science, Wound-Infection

? Yeoh, B., Woolfenden, S., Lanphear, B., Ridley, G.F., Livingstone, N. and Jorgensen, E. (2014), Household interventions for preventing domestic lead exposure in children. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD006047.

Full Text: 2014\Coc Dat Sys Rev2014, CD006047.pdf

Abstract: Background Lead poisoning is associated with physical, cognitive and neurobehavioural impairment in children and trials have tested many household interventions to prevent lead exposure. This is an update of the original review by the same authors first published in 2008. Objectives To determine the effectiveness of household interventions in preventing or reducing lead exposure in children as measured by reductions in blood lead levels and/or improvements in cognitive development. Search methods We identified trials through electronic searches of CENTRAL (2012, Issue 1), MEDLINE (1948 to January Week 1 2012), EMBASE (1980 to Week 2 2012), CINAHL (1937 to January 2012), PsycINFO (1887 to January Week 2 2012), ERIC (1966 to January 2012), Sociological Abstracts (1952 to January 2012), Science Citation Index (1970 to 20 January 2012), ZETOC (20 January 2012), LILACS (20 January 2012), Dissertation Abstracts (late 1960s to January 2012), ClinicalTrials.gov (19 January 2012), Current Controlled Trials (19 January 2012), Australian New Zealand Clinical Trials Registry (19 January 2012) and the National Research Register Archive. We also contacted experts to find unpublished studies. Selection criteria Randomised and quasi-randomised controlled trials of household educational or environmental interventions to prevent lead exposure in children where at least one standardised outcome measure was reported. Data collection and analysis Two authors independently reviewed all eligible studies for inclusion, assessed risk of bias and extracted data. We contacted trialists to obtain missing information. Main results We included 14 studies (involving 2656 children). All studies reported blood lead level outcomes and none reported on cognitive or neurobehavioural outcomes. We put studies into subgroups according to their intervention type. We performed meta-analysis of both continuous and dichotomous data for subgroups where appropriate. Educational interventions were not effective in reducing blood lead levels (continuous: mean difference (MD) 0.02, 95% confidence interval (CI) -0.09 to 0.12, I-2 = 0 (log transformed); dichotomous >= 10 mu g/dL (>= 0.48 mu mol/L): relative risk (RR) 1.02, 95% CI 0.79 to 1.30, I-2 = 0; dichotomous >= 15 mu g/dL (>= 0.72 mu mol/L): RR 0.60, 95% CI 0.33 to 1.09, I-2 = 0). Meta-analysis for the dust control subgroup also found no evidence of effectiveness (continuous: MD 0.15, 95% CI -0.42 to 0.11, I-2 = 0.9 (log transformed); dichotomous >= 10 mu g/dL (>= 0.48 mu mol/L): RR 0.93, 95% CI 0.73 to 1.18, I-2 = 0; dichotomous >= 15 mu g/dL (>= 0.72 mu mol/L): RR 0.86, 95% CI 0.35 to 2.07, I-2 = 0.56). When meta-analysis for the dust control subgroup was adjusted for clustering, no statistical significant benefit was incurred. The studies using soil abatement (removal and replacement) and combination intervention groups were not able to be meta-analysed due to substantial differences between studies. Authors’ conclusions Based on current knowledge, household educational or dust control interventions are ineffective in reducing blood lead levels in children as a population health measure. There is currently insufficient evidence to draw conclusions about the effectiveness of soil abatement or combination interventions. Further trials are required to establish the most effective intervention for prevention of lead exposure. Key elements of these trials should include strategies to reduce multiple sources of lead exposure simultaneously using empirical dust clearance levels. It is also necessary for trials to be carried out in developing countries and in differing socioeconomic groups in developed countries.

Keywords: Abatement, Analysis, Australian, Authors, Bias, Blood, Blood Lead, Chelation-Therapy, Child, Children, Citation, Clinical Trials, Clustering, Cognitive, Collection, Confidence, Control, Criteria, Data, Data Collection, Developing, Developing Countries, Development, Dissertation, Dust, Dust [Prevention & Control], Dust-Control, Education, Effectiveness, Embase, Environmental, Environmental Exposure [Adverse Effects, Environmental Remediation [Methods], Evidence, Experts, Exposure, First, Groups, Health, Household, Humans, Impact, Impairment, Information, Interval, Intervention, Interventions, Knowledge, Lead, Lead Poisoning [Prevention & Control], Lead [Blood], Measure, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, New Zealand, Outcome, Outcome Measure, Outcomes, Paint [Toxicity], Physical, Poisoning, Population, Prevent, Prevention, Prevention & Control], Psycinfo, Randomized-Trial, Relative Risk, Remediation, Removal, Research, Review, Risk, Science, Science Citation Index, Search, Soil, Soil, Sources

? Ruotsalainen, J.H., Verbeek, J.H., Marine, A. and Serra, C. (2014), Preventing occupational stress in healthcare workers. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD002892.

Full Text: 2014\Coc Dat Sys Rev2014, CD002892.pdf

Abstract: Background Healthcare workers can suffer from occupational stress as a result of lack of skills, organisational factors, and low social support at work. which may lead to distress, burnout and psychosomatic problems, and deterioration in quality of life and service provision. Objectives To evaluate the effectiveness of work-and person-directed interventions compared to no intervention or alternative interventions in preventing stress at work in healthcare workers. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, PsycINFO, CINAHL, NIOSHTIC-2 and Web of Science up to November 2013. Selection criteria Randomised controlled trials (RCTs) of interventions aimed at preventing psychological stress in healthcare workers. For organisational interventions, interrupted time-series and controlled before-and-after (CBA) studies were also eligible. Data collection and analysis Two review authors independently extracted data and assessed trial quality. We used Standardised Mean Differences (SMDs) where authors of trials used different scales to measure stress or burnout. We combined studies that were similar in meta-analyses. We used the GRADE system to rate the quality of the evidence. Main results In this update, we added 39 studies, making a total of 58 studies (54 RCTs and four CBA studies), with 7188 participants. We categorised interventions as cognitive-behavioural training (CBT) (n = 14), mental and physical relaxation (n = 21), combined CBT and relaxation (n = 6) and organisational interventions (n = 20). Follow-up was less than one month in 24 studies, one to six in 22 studies and more than six months in 12 studies. We categorised outcomes as stress, anxiety or general health. There was low-quality evidence that CBT with or without relaxation was no more effective in reducing stress symptoms than no intervention at one month follow-up in six studies (SMD -0.27 (95% Confidence Interval (CI) -0.66 to 0.13; 332 participants). But at one to six months follow-up in seven studies (SMD -0.38, 95% CI -0.59 to -0.16; 549 participants, 13% relative risk reduction), and at more than six months follow-up in two studies (SMD -1.04, 95% CI -1.37 to -0.70; 157 participants) CBT with or without relaxation reduced stress more than no intervention. CBT interventions did not lead to a considerably greater effect than an alternative intervention, in three studies. Physical relaxation (e.g. massage) was more effective in reducing stress than no intervention at one month follow-up in four studies (SMD -0.48, 95% CI -0.89 to -0.08; 97 participants) and at one to six months follow-up in six studies (SMD -0.47; 95% CI -0.70 to -0.24; 316 participants). Two studies did not find a considerable difference in stress between massage and taking extra breaks. Mental relaxation (e.g. meditation) led to similar stress symptom levels as no intervention at one to six months follow-up in six studies (SMD -0.50, 95% CI -1.15 to 0.15; 205 participants) but to less stress in one study at more than six months follow-up. One study showed that mental relaxation reduced stress more effectively than attending a course on theory analysis and another that it was more effective than just relaxing in a chair. Organisational interventions consisted of changes in working conditions, organising support, changing care, increasing communication skills and changing work schedules. Changing work schedules (from continuous to having weekend breaks and from a four-week to a two-week schedule) reduced stress with SMD -0.55 (95% CI -0.84 to -0.25; 2 trials, 180 participants). Other organisational interventions were not more effective than no intervention or an alternative intervention. We graded the quality of the evidence for all but one comparison as low. For CBT this was due to the possibility of publication bias, and for the other comparisons to a lack of precision and risk of bias. Only for relaxation versus no intervention was the evidence of moderate quality. Authors’ conclusions There is low-quality evidence that CBT and mental and physical relaxation reduce stress more than no intervention but not more than alternative interventions. There is also low-quality evidence that changing work schedules may lead to a reduction of stress. Other organisational interventions have no effect on stress levels. More randomised controlled trials are needed with at least 120 participants that compare the intervention to a placebo-like intervention. Organisational interventions need better focus on reduction of specific stressors.

Keywords: Alternative, Analysis, Anxiety, Authors, Bias, Burnout, Care, Cbt, Changes, Cognitive-Behavioral Interventions, Collection, Communication, Communication Skills, Comparison, Course, Criteria, Data, Data Collection, Differences, Distress, Effectiveness, Embase, Emotion-Oriented Care, Evidence, Factors, Follow-Up, From, General, Grade, Health, Health Personnel [Psychology], Healthcare, Humans, Interrupted Time Series, Intervention, Interventions, Lead, Life, Massage, Mean, Measure, Meditation, Medline, Mental-Health, Meta-Analyses, Methods, Mindfulness Meditation Program, Occupational, Occupational Diseases [Prevention & Control, Occupational Stress, Outcomes, Participative Intervention, Perceived Stress, Physical, Precision, Psychological, Psychological Stress, Psychological Training-Program, Psychology], Psycinfo, Publication, Publication Bias, Quality, Quality Of, Quality Of Life, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized-Controlled-Trial, Reduce Burnout, Reduction, Relative Risk, Relaxation, Review, Risk, Scales, Science, Search, Service, Social, Social Support, Stress, Stress,Psychological [Prevention & Control], Stressors, Student Nurses, Support, Symptoms, Theory, Time Series, Training, Trial, Web, Web Of Science, Work, Working Conditions

? Hilton, M.P. and Pinder, D.K. (2014), The Epley (canalith repositioning) manoeuvre for benign paroxysmal positional vertigo. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD003162.

Full Text: 2014\Coc Dat Sys Rev2014, CD003162.pdf

Abstract: Background This is an update of a Cochrane Review first published in The Cochrane Library in Issue 1, 2002 and previously updated in 2004 and 2007. Benign paroxysmal positional vertigo (BPPV) is a syndrome characterised by short-lived episodes of vertigo in association with rapid changes in head position. It is a common cause of vertigo presenting to primary care and specialist otolaryngology clinics. Current treatment approaches include rehabilitative exercises and physical manoeuvres, including the Epley manoeuvre. Objectives To assess the effectiveness of the Epley manoeuvre for posterior canal BPPV. Search methods We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; CENTRAL; PubMed; EMBASE; CINAHL; Web of Science; Cambridge Scientific Abstracts; ICTRP and additional sources for published and unpublished trials. The date of the most recent search was 23 January 2014. Selection criteria Randomised controlled trials of the Epley manoeuvre versus placebo, no treatment or other active treatment for adults diagnosed with posterior canal BPPV (including a positive Dix-Hallpike test). The primary outcome of interest was complete resolution of vertigo symptoms. Secondary outcomes were conversion of a ‘positive’ Dix-Hallpike test to a ‘negative’ Dix-Hallpike test and adverse effects of treatment. Data collection and analysis We used the standard methodological procedures expected by The Cochrane Collaboration. Main results We included 11 trials in the review with a total of 745 patients. Five studies compared the efficacy of the Epley manoeuvre against a sham manoeuvre, three against other particle repositioning manoeuvres (Semont, Brandt-Daroff and Gans) and three against a control (no treatment, medication only, postural restriction). Patients were treated in hospital otolaryngology departments in eight studies and family practices in two studies. All patients were adults aged 18 to 90 years old, with a sex ratio of 1:1.5 male to female. There was a low risk of overall bias in the studies included. All studies were randomised with six applying sealed envelope or external allocation techniques. Eight of the trials blinded the assessors to the participants’ treatment group and data on all outcomes for all participants were reported in eight of the 11 studies. Complete resolution of vertigo Complete resolution of vertigo occurred significantly more often in the Epley treatment group when compared to a sham manoeuvre or control (odds ratio (OR) 4.42, 95% confidence interval (CI) 2.62 to 7.44; five studies, 273 participants); the proportion of patients resolving increased from 21% to 56%. None of the trials comparing Epley versus other particle repositioning manoeuvres reported vertigo resolution as an outcome. Conversion of Dix-Hallpike positional test result from positive to negative Conversion from a positive to a negative Dix-Hallpike test significantly favoured the Epley treatment group when compared to a sham manoeuvre or control (OR 9.62, 95% CI 6.0 to 15.42; eight studies, 507 participants). There was no difference when comparing the Epley with the Semont manoeuvre (two studies, 117 participants) or the Epley with the Gans manoeuvre (one study, 58 participants). In one study a single Epley treatment was more effective than a week of three times daily Brandt-Daroff exercises (OR 12.38, 95% CI 4.32 to 35.47; 81 participants). Adverse effects Adverse effects were infrequently reported. There were no serious adverse effects of treatment. Rates of nausea during the repositioning manoeuvre varied from 16.7% to 32%. Some patients were unable to tolerate the manoeuvres because of cervical spine problems. Authors’ conclusions There is evidence that the Epley manoeuvre is a safe, effective treatment for posterior canal BPPV, based on the results of 11, mostly small, randomised controlled trials with relatively short follow-up. There is a high recurrence rate of BPPV after treatment (36%). Outcomes for Epley manoeuvre treatment are comparable to treatment with Semont and Gans manoeuvres, but superior to Brandt-Daroff exercises.

Keywords: Active, Adverse Effects, Aged, Allocation, Analysis, Association, Benign Paroxysmal Positional Vertigo, Bias, Bppv, Care, Changes, Cochrane Collaboration, Collaboration, Collection, Complete, Confidence, Control, Conversion, Criteria, Data, Data Collection, Diagnosis, Effectiveness, Effects, Efficacy, Embase, Evidence, Exercises, Family, Female, First, Follow-Up, From, Hospital, Humans, Interval, Low Risk, Male, Methods, Nausea, Negative, Odds Ratio, Otolaryngology, Outcome, Outcomes, Patients, Physical, Placebo, Position, Practices, Primary, Primary Care, Procedures, Pubmed, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized-Trial, Recent, Recurrence, Review, Risk, Science, Search, Semicircular Canals, Sex, Small, Sources, Spine, Standard, Symptoms, Syndrome, Techniques, Treatment, Vertigo, Vertigo [Rehabilitation], Web, Web Of Science

? Oduwole, O., Meremikwu, M.M., Oyo-Ita, A. and Udoh, E.E. (2014), Honey for acute cough in children. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD007094.

Full Text: 2014\Coc Dat Sys Rev2014, CD007094.pdf

Abstract: Background Cough causes concern for parents and is a major cause of outpatient visits. It can impact on quality of life, cause anxiety and affect sleep in parents and children. Several remedies, including honey, have been used to alleviate cough symptoms. Objectives To evaluate the effectiveness of honey for acute cough in children in ambulatory settings. Search methods We searched CENTRAL (2014, Issue 10), MEDLINE (1950 to October week 4, 2014), EMBASE (1990 to November 2014), CINAHL (1981 to November 2014), Web of Science (2000 to November 2014), AMED (1985 to November 2014), LILACS (1982 to November 2014) and CAB abstracts (2009 to January 2014). Selection criteria Randomised controlled trials (RCTs) comparing honey given alone, or in combination with antibiotics, versus nothing, placebo or other over-the-counter (OTC) cough medications to participants aged from one to 18 years for acute cough in ambulatory settings. Data collection and analysis Two review authors independently screened search results for eligible studies and extracted data on reported outcomes. Main results We included three RCTs, two at high risk of bias and one at low risk of bias, involving 568 children. The studies compared honey with dextromethorphan, diphenhydramine, ‘no treatment’ and placebo for the effect on symptomatic relief of cough using a seven-point Likert scale. The lower the score, the better the cough symptom being assessed. Moderate quality evidence showed that honey may be better than ‘no treatment’ in reducing the frequency of cough (mean difference (MD) -1.05; 95% confidence interval (CI) -1.48 to -0.62; I-2 statistic 23%; two studies, 154 participants). High quality evidence also suggests that honey may be better than placebo for reduction of cough frequency (MD -1.85; 95% Cl -3.36 to -0.33; one study, 300 participants). Moderate quality evidence suggests that honey does not differ significantly from dextromethorphan in reducing cough 1 frequency (MD -0.07; 95% CI -1.07 to 0.94; two studies, 149 participants). Low quality evidence suggests that honey may be slightly better than diphenhydramine in reducing cough frequency (MD -0.57; 95% CI -0.90 to -0.24; one study, 80 participants). Adverse events included mild reactions (nervousness, insomnia and hyperactivity) experienced by seven children (9.3%) from the honey group and two (2.7%) from the dextromethorphan group; the difference was not significant (risk ratio (RR) 2.94; 95% Cl 0.74 to 11.71; two studies, 149 participants). Three children (7.5%) in the diphenhydramine group experienced somnolence (RR 0.14; 95% Cl 0.01 to 2.68; one study, 80 participants). When honey was compared with placebo, four children (1.8%) in the honey group and one (1.3%) from the placebo group complained of gastrointestinal symptoms (RR 1.33; 95% Cl 0.15 to 11.74). However, there was no significant difference between honey versus dextromethorphan, honey versus diphenhydramine or honey versus placebo. No adverse event was reported in the ‘no treatment’ group. Authors’ conclusions Honey may be better than ‘no treatment’, diphenhydramine and placebo for the symptomatic relief of cough, but it is not better than dextromethorphan. None of the included studies assessed the effect of honey on ‘cough duration’ because intervention and follow-up were for one night only. There is no strong evidence for or against the use of honey.

Keywords: Abstracts, Adolescent, Adverse Events, Affect, Aged, Ambulatory, Analysis, Antibiotics, Antimicrobial Activity, Antitussive Agents [Adverse Effects, Anxiety, Apitherapy [Adverse Effects, Authors, Bactericidal Activity, Bias, Cab, Child, Child,Preschool, Children, Cold Medications, Collection, Confidence, Cough, Cough [Therapy], Criteria, Data, Data Collection, Dextromethorphan [Adverse Effects, Double-Blind, Duration, Effectiveness, Embase, Events, Evidence, Follow-Up, From, Honey, Honey [Adverse Effects], Humans, Hyperactivity, Impact, Insomnia, Interval, Intervention, Life, Liquid-Chromatography, Low Risk, Medline, Methods, Methods], Mild, Mineral-Content, Nocturnal Cough, Otc, Outcomes, Outpatient, Over-The-Counter, Parents, Placebo, Quality, Quality Of, Quality Of Life, Quality-Of-Life, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Reduction, Review, Risk, Scale, Science, Search, Sleep, Sleep Quality, Symptoms, Therapeutic Use], Treatment, Web, Web Of Science

? McNab, S., Ware, R.S., Neville, K.A., Choong, K., Coulthard, M.G., Duke, T., Davidson, A. and Dorofaeff, T. (2014), Isotonic versus hypotonic solutions for maintenance intravenous fluid administration in children. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD009457.

Full Text: 2014\Coc Dat Sys Rev2014, CD009457.pdf

Abstract: Background Maintenance intravenous fluids are frequently used in hospitalised children who cannot maintain adequate hydration through enteral intake. Traditionally used hypotonic fluids have been associated with hyponatraemia and subsequent morbidity and mortality. Use of isotonic fluid has been proposed to reduce complications. Objectives To establish and compare the risk of hyponatraemia by systematically reviewing studies where isotonic is compared with hypotonic intravenous fluid for maintenance purposes in children. Secondly, to compare the risk of hypernatraemia, the effect on mean serum sodium concentration and the rate of attributable adverse effects of both fluid types in children. Search methods We ran the search on 17 June 2013. We searched the Cochrane Injuries Group Specialised Register, Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library), MEDLINE (OvidSP), Embase (OvidSP), and ISI Web of Science. We also searched clinical trials registers and screened reference lists. We updated this search in October 2014 but these results have not yet been incorporated. Selection criteria We included randomised controlled trials that compared isotonic versus hypotonic intravenous fluids for maintenance hydration in children. Data collection and analysis At least two authors assessed and extracted data for each trial. We presented dichotomous outcomes as risk ratios (RR) with 95% confidence intervals (CIs) and continuous outcomes as mean differences with 95% CIs. Main results Ten studies met the inclusion criteria, with a total of 1106 patients. The majority of the studies were performed in surgical or intensive care populations (or both). There was considerable variation in the composition of intravenous fluid, particularly hypotonic fluid, used in the studies. There was a low risk of bias for most of the included studies. Ten studies provided data for our primary outcome, a total of 449 patients in the analysis received isotonic fluid, while 521 received hypotonic fluid. Those who received isotonic fluid had a substantially lower risk of hyponatraemia (17% versus 34%; RR 0.48; 95% CI 0.38 to 0.60, high quality evidence). It is unclear whether there is an increased risk of hypernatraemia when isotonic fluids are used (4% versus 3%; RR 1.24; 95% CI 0.65 to 2.38, nine studies, 937 participants, low quality evidence), although the absolute number of patients developing hypernatraemia was low. Most studies had safety restrictions included in their methodology, preventing detailed investigation of serious adverse events. Authors’ conclusions Isotonic intravenous maintenance fluids with sodium concentrations similar to that of plasma reduce the risk of hyponatraemia when compared with hypotonic intravenous fluids. These results apply for the first 24 hours of administration in a wide group of primarily surgical paediatric patients with varying severities of illness.

Keywords: Acute Hyponatremia, Administration, Adverse Effects, Adverse Events, Analysis, Authors, Bias, Care, Children, Clinical, Clinical Trials, Collection, Complications, Composition, Concentration, Confidence, Confidence Intervals, Criteria, Data, Data Collection, Developing, Effects, Enteral, Events, Evidence, First, Hospitalised, Hospitalized Children, Hydration, Inappropriate, Intensive Care, Intervals, Intravenous, Investigation, Isi, Isi Web Of Science, Low Risk, Maintenance, Medline, Methodology, Methods, Morbidity, Mortality, Outcome, Outcomes, Patients, Plasma, Populations, Primary, Quality, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Reference, Reference Lists, Restrictions, Risk, Safety, Saline, Science, Search, Serum, Sodium, Solutions, Therapy, Trial, Water, Web, Web Of Science

? Parekh, S., Gardener, C., Ashley, P.F. and Walsh, T. (2014), Intraoperative local anaesthesia for reduction of postoperative pain following general anaesthesia for dental treatment in children and adolescents. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD009742.

Full Text: 2014\Coc Dat Sys Rev2014, CD009742.pdf

Abstract: Background Whilst carrying out dental procedures under general anaesthesia (GA), practitioners routinely give local anaesthetics (LA) intraoperatively to children. Local anaesthetics are used to help manage postoperative pain and reduce bleeding and the physiological response to procedures. Studies of effectiveness of intraoperative LA to date have reported contradictory results. Objectives To assess the effects of intraoperative local anaesthesia for reducing postoperative pain following general anaesthesia for dental treatment in children and young people aged 17 years or younger. Search methods We searched the following electronic databases: the Cochrane Oral Health Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library, 2013, Issue 12), MEDLINE via OVID (1946 to 02 January 2014), EMBASE via OVID (1980 to 02 January 2014) and Web of Science Conference Proceedings (1990 to 02 January 2014). We searched for ongoing trials in the US National Institutes of Health Register, the metaRegister of Controlled Trials (mRCT) and the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) Clinical Trials Portal. We did not place any restrictions on the language or date of publication when searching the electronic databases. Selection criteria Randomised controlled trials in which local anaesthetic was given intraoperatively under general anaesthesia for dental treatment of children and young people aged 17 years or younger. Data collection and analysis We used standard methodological procedures expected by The Cochrane Collaboration. We performed data extraction and assessment of risk of bias independently and in duplicate. We contacted authors to clarify omissions in trial reports. In the ‘Summary of findings’ tables, we elected to report the outcomes pain, distress, postoperative bleeding, and physiological parameters related to the general anaesthetic, as we considered these to be the outcomes of greatest importance to readers of the review. Main results We included 14 trials in this review, with 1152 randomised participants. The studies were published between 1990 and 2009 and were conducted in the United Kingdom, Egypt, Saudi Arabia, and the United States. The age of participants ranged from 2 to 40 years. Three studies were at an overall high risk of bias, seven studies were at an unclear risk of bias, and we judged four studies to be at low risk of bias. The clinical heterogeneity of the included studies precluded pooling of studies in terms of method of administration of LA (e.g., intraligamental injection, infiltration injection, or topical delivery) and variation in the use of supplementary analgesics and follow-up time. Of the seven studies where administration of LA was by infiltration injection, six studies (very low-quality body of evidence, 542 participants analysed, 1 study had overall high risk of bias, 4 studies had overall unclear risk of bias, 1 study had overall low risk of bias) measured postoperative pain. The results were equivocal. There was a decrease in bleeding and increase in soft tissue damage in the LA groups, but we did not judge this to be clinically significant. In the 2 studies where administration of LA was by intraligamental injection, there was no difference in mean pain scores, and they did not report any soft tissue damage (very low-quality body of evidence, 115 participants analysed, 1 study had overall high risk of bias, 1 study had overall unclear risk of bias). One 3-armed study (very low-quality body of evidence, 54 participants analysed, overall high risk of bias) compared the effects of intraligamental and infiltration LA injection with no treatment. There was no evidence of a mean difference in pain, distress, or postoperative anxiety among the three groups. Four studies (very low-quality body of evidence, 343 participants analysed, 2 studies had overall low risk of bias, 2 studies had overall unclear risk of bias) evaluated the effects of topical LA compared with no treatment or placebo. One study (overall unclear risk of bias) with a no-treatment comparator reported lower mean pain in the LA group; all other studies reported no difference in mean pain scores. Two studies reported on bleeding (overall unclear risk of bias): One study reported a clinically insignificant increase in bleeding with no treatment; the other reported no difference. None of the studies reported on participant or child satisfaction. Authors’ conclusions In this review, it was difficult to reach firm conclusions as to the benefit of using local anaesthetic for dental treatment under general anaesthesia. The information reported in the included studies was comprehensive and applicable to the review question, but ultimately it was not sufficient to address the objective of the review. We were unable to pool the included studies in a meta-analysis because of substantial variation in outcome measures, interventions, and treatment types. The use of supplementary analgesia further obscured the effect of local anaesthetics. Based on the literature review and the results of this review, we recommend further randomised controlled trials that minimise bias through adequate allocation concealment and blinding of participants and assessors, and assess the effect of intraoperative local anaesthetic on the volume and type of anaesthetic used and on the cardiovascular system in participants receiving supplementary analgesics as well. Researchers should give consideration to the impact of any changes on the health and well-being of the participant and report baseline measures of pain or distress, or both, and preoperative anxiety.

Keywords: Administration, Adolescents, Age, Aged, Allocation, Anaesthesia, Anaesthetics, Analgesia, Analgesics, Analysis, Anxiety, Assessment, Authors, Bias, Bleeding, Bupivacaine, Cardiovascular, Cardiovascular System, Changes, Child, Children, Clinical, Clinical Trials, Cochrane Collaboration, Collaboration, Collection, Conference, Criteria, Damage, Data, Data Collection, Databases, Delivery, Dental Treatment, Distress, Effectiveness, Effects, Egypt, Embase, Evidence, Extraction, Follow-Up, From, General, General Anaesthesia, General Anaesthetic, Groups, Health, Heterogeneity, Impact, Infiltration, Information, International, Interventions, Language, Literature, Literature Review, Local, Local Anaesthesia, Local Anaesthetics, Low Risk, Measures, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, National Institutes Of Health, Oral, Oral-Surgery, Outcome, Outcome Measures, Outcomes, Pain, Pharmaceutical, Placebo, Postoperative, Postoperative Pain, Preoperative, Procedures, Proceedings, Publication, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Reduction, Researchers, Response, Restrictions, Review, Risk, Satisfaction, Saudi Arabia, Science, Search, Soft Tissue, Standard, Tooth Extraction, Topical, Treatment, Trial, United Kingdom, United States, US, Volume, Web, Web Of Science, Well-Being, Young

? Muzevic, D., Legcevic, J., Splavski, B. and Caye-Thomasen, P. (2014), Stereotactic radiotherapy for vestibular schwannoma. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD009897.

Full Text: 2014\Coc Dat Sys Rev2014, CD009897.pdf

Abstract: Background Vestibular schwannomas (acoustic neuromas) are common benign tumours that arise from the Schwann cells of the vestibular nerve. Management options include observation with neuroradiological follow-up, microsurgical resection and stereotactic radiotherapy. Objectives To assess the effect of stereotactic radiotherapy compared to observation, microsurgical resection, any other treatment modality, or a combination of two or more of the above approaches for vestibular schwannoma. Search methods We searched the Cochrane Central Register of Controlled Trials; PubMed; EMBASE; CINAHL; Web of Science; CAB Abstracts; ISRCTN and additional sources for published and unpublished trials. The date of the search was 24 July 2014. Selection criteria Randomised controlled trials (RCTs) exploring the efficacy of stereotactic radiotherapy compared with observation alone, microsurgical resection or any other possible treatment or combination of treatments in patients with a cerebellopontine angle tumour up to 3 cm in diameter, presumed to be a vestibular schwannoma. Data collection and analysis We used the standard methodological procedures expected by The Cochrane Collaboration. Main results No studies met the inclusion criteria for this review. Authors’ conclusions There is no high quality evidence in the literature from RCTs to determine whether stereotactic radiotherapy is better than microsurgical resection or observation alone for patients with a vestibular schwannoma. In the absence of such evidence, the treatment method should be chosen on an individual basis, taking into consideration the patient’s preferences, clinician experience and the availability of radiotherapeutic equipment. With the growing availability of radiotherapeutic equipment, randomised controlled trials should be undertaken to evaluate the role of stereotactic radiotherapy in comparison with other treatment options.

Keywords: Acoustic Neuromas, Analysis, Availability, Cab, Clinician, Cochrane Collaboration, Collaboration, Collection, Comparison, Conservative Management, Criteria, Data, Data Collection, Efficacy, Embase, Equipment, Evidence, Experience, Follow-Up, From, Gamma-Knife Radiosurgery, Growth, Literature, Management, Methods, Natural-History, Nerve, Observation, Options, Patients, Preservation, Procedures, Pubmed, Quality, Quality-Of-Life, Radiation, Radiotherapy, Randomised, Randomised Controlled Trials, Review, Role, Schwannomas, Science, Search, Sources, Standard, Stereotactic Radiotherapy, Surgery, Treatment, Web, Web Of Science

? Ullman, A.J., Aitken, L.M., Rattray, J., Kenardy, J., Le Brocque, R., MacGillivray, S. and Hull, A.M. (2014), Diaries for recovery from critical illness. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD010468.

Full Text: 2014\Coc Dat Sys Rev2014, CD010468.pdf

Abstract: Background During intensive care unit (ICU) admission, patients experience extreme physical and psychological stressors, including the abnormal ICU environment. These experiences impact on a patient’s recovery from critical illness and may result in both physical and psychological disorders. One strategy that has been developed and implemented by clinical staff to treat the psychological distress prevalent in ICU survivors is the use of patient diaries. These provide a background to the cause of the patient’s ICU admission and an ongoing narrative outlining day-to-day activities. Objectives To assess the effect of a diary versus no diary on patients, and their caregivers or families, during the patient’s recovery from admission to an ICU. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL; 2014, Issue 1), Ovid MEDLINE (1950 to January 2014), EBSCOhost CINAHL (1982 to January 2014), Ovid EMBASE (1980 to January 2014), PsycINFO(1950 to January 2014), Published International Literature on Traumatic Stress (PILOTS) database (1971 to January 2014); Web of Science Conference Proceedings Citation Index - Science and Social Science and Humanities (1990 to January 2014); seven clinical trial registries and reference lists of identified trials. We applied no language restriction. Selection criteria We included randomized controlled trials (RCTs) or clinical controlled trials (CCTs) that evaluated the effectiveness of patient diaries, when compared to no ICU diary, for patients or family members to promote recovery after admission to ICU. Outcome measures for describing recovery from ICU included the risk of post-traumatic stress disorder (PTSD), anxiety, depression and post-traumatic stress symptomatology, health-related quality of life and costs. Data collection and analysis We used standard methodological approaches as expected by The Cochrane Collaboration. Two review authors independently reviewed titles for inclusion, extracted data and undertook risk of bias according to prespecified criteria. Main results We identified three eligible studies; two describing ICU patients (N = 358), and one describing relatives of ICU patients (N = 30). The study involving relatives of ICU patients was a substudy of family members from one of the ICU patient studies. There was a mixed risk of bias within the included studies. Blinding of participants to allocation was not possible and blinding of the outcome assessment was not adequately achieved or reported. Overall the quality of the evidence was low to very low. The patient diary intervention was not identical between studies. However, each provided a prospectively prepared, day-to-day description of the participants’ ICU admission. No study adequately reported on risk of PTSD as described using a clinical interview, family or caregiver anxiety or depression, health-related quality of life or costs. Within a single study there was no clear evidence of a difference in risk for developing anxiety (risk ratio (RR) 0.29, 95% confidence interval (CI) 0.07 to 1.19) or depression (RR 0.38, 95% CI 0.12 to 1.19) in participants who received ICU diaries, in comparison to those that did not receive a patient diary. However, the results were imprecise and consistent with benefit in either group, or no difference. Within a single study there was no evidence of difference in median post-traumatic stress symptomatology scores (diaries 24, SD 11.6; no diary 24, SD 11.6) and delusional ICU memory recall (RR 1.04, 95% CI 0.84 to 1.28) between the patients recovering from ICU admission who received patient diaries, and those who did not. One study reported reduced post-traumatic stress symptomatology in family members of patients recovering from admission to ICU who received patient diaries (median 19; range 14 to 28), in comparison to no diary (median 28; range 14 to 38). Authors’ conclusions Currently there is minimal evidence from RCTs of the benefits or harms of patient diaries for patients and their caregivers or family members. A small study has described their potential to reduce post-traumatic stress symptomatology in family members. However, there is currently inadequate evidence to support their effectiveness in improving psychological recovery after critical illness for patients and their family members.

Keywords: Admission To Icu, Allocation, Analysis, Anxiety, Assessment, Authors, Benefits, Bias, Care, Caregivers, Citation, Clinical, Clinical Trial, Cochrane Collaboration, Collaboration, Collection, Comparison, Conference, Confidence, Controlled-Trial, Costs, Criteria, Critical Illness, Data, Data Collection, Database, Depression, Developing, Distress, Effectiveness, Embase, Environment, Evidence, Experience, Families, Family, Family Members, Follow-Up, From, Health-Related Quality Of Life, Humanities, Icu, Impact, Intensive Care, Intensive Care Unit, Intensive-Care-Unit, International, Interval, Intervention, Language, Life, Literature, Measures, Medline, Memory, Methods, N, Outcome, Outcome Assessment, Outcomes, Patient Diaries, Patients, Physical, Post Traumatic Stress Disorder, Post-Traumatic Stress, Post-Traumatic Stress Disorder, Posttraumatic Stress, Posttraumatic Stress Disorder, Posttraumatic-Stress-Disorder, Potential, Proceedings, Psychological, Psychological Distress, Ptsd, Quality, Quality Of, Quality Of Life, Quality-Of-Life, Randomized, Randomized Controlled Trials, Recall, Recovery, Reference, Reference Lists, Registries, Review, Risk, Science, Search, Small, Standard, Strategy, Stress, Stressors, Support, Symptoms, Trial, Web, Web Of Science

? Ashby, M., Haug, G., Mulcahy, P., Ogden, K.J., Jensen, O. and Walters, J.A.E. (2014), Conservative versus interventional management for primary spontaneous pneumothorax in adults. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD010565.

Full Text: 2014\Coc Dat Sys Rev2014, CD010565.pdf

Abstract: Background Primary spontaneous pneumothorax is widely managed according to size with interventional techniques based on practice guidelines. Interventional management is not without complications and observational data suggest conservative management works. The current guidelines are based on expert consensus rather than evidence, and a systematic review may help in identifying evidence for this practice. Objectives The objective of the review is to compare conservative and interventional treatments of adult primary spontaneous pneumothorax for outcomes of clinical efficacy, tolerability and safety. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL), (The Cochrane Library, Issue 6, 2014); MEDLINE via Ovid SP (1920 to 26th June 2014); EMBASE via Ovid SP (1947 to 26th June 2014); CINAHL via EBSCO host (1980 to 26th June 2014); and ISI Web of Science (1945 to 26th June 2014). We searched ongoing trials via the relevant databases and contacted authors. We also searched the ‘grey literature’. Selection criteria We included randomized controlled trials (RCTs) and we accepted quasi-RCTs if a systematic method of allocation was used. Participants were limited to adults aged 18 to 50 years, with their first symptomatic primary spontaneous pneumothorax with radiological evidence and no underlying lung disease. Data collection and analysis Two of five authors independently reviewed all studies in the search criteria and made inclusions and exclusions according to the selection criteria. No statistical methods were necessary as there were no included trials. Main results We identified 358 studies with duplicates removed. There were three potentially relevant studies that we excluded as they were not randomized controlled trials. There was one ongoing trial that was relevant and we contacted the authors and confirmed the study is ongoing at June 2014. We will update this review when this ongoing study is completed. Authors’ conclusions There are no completed randomized controlled trials comparing conservative and interventional management for primary spontaneous pneumothorax in adults. There is a lack of high-quality evidence for current guidelines in management and a need for randomized controlled trials comparing conservative and interventional management for this condition.

Keywords: Adult, Aged, Allocation, Analysis, Authors, Clinical, Collection, Complications, Consensus, Conservative, Conservative Management, Criteria, Data, Data Collection, Databases, Disease, Efficacy, Embase, Evidence, First, Guidelines, Host, ISI, ISI Web Of Science, Literature, Lung, Management, Medline, Methods, Observational, Outcomes, Practice, Practice Guidelines, Primary, Randomized, Randomized Controlled Trials, Review, Safety, Science, Search, Selection, Selection Criteria, Size, Spontaneous, Systematic, Systematic Review, Techniques, Trial, Web, Web Of Science

? Gurusamy, K.S., Nagendran, M., Broadhurst, J.F., Anker, S.D. and Richards, T. (2014), Iron therapy in anaemic adults without chronic kidney disease. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD010640.

Full Text: 2014\Coc Dat Sys Rev2014, CD010640.pdf

Abstract: Background Anaemia affects about a quarter of the world’s population. An estimated 50% of anaemic people have anaemia due to iron deficiency. Objectives To assess the safety and efficacy of iron therapies for the treatment of adults with anaemia who are not pregnant or lactating and do not have chronic kidney disease. Search methods We ran the search on 11 July 2013. We searched the Cochrane Central Register of Controlled Trials (CENTRAL), PubMed, EMBASE (Ovid SP), the Cumulative Index to Nursing and Allied Health Literature (CINAHL) Plus (EBSCO Host), the Institute for Scientific Information Web of Science (ISI WOS) Scientific Citation Index (SCI)-EXPANDED (1970) and Conference Proceedings Citation Index (CPCI)-Science (1990) and Clinicaltrials.gov; we also screened reference lists. An updated search was run on 24 November 2014 but the results have not yet been incorporated into the review. Selection criteria Two review authors independently selected references for further assessment by going through all titles and abstracts. Further selection was based on review of full-text articles for selected references. Data collection and analysis Two review authors independently extracted study data. We calculated the risk ratio (RR) with 95% confidence interval (CI) for binary outcomes and the mean difference (MD) or the standardised mean difference (SMD) with 95% CI for continuous outcomes. We performed meta-analysis when possible, when I-2 was less than or equal to 80% using a fixed-effect or random-effects model, using Review Manager software. The range of point estimates for individual studies is presented when I-2 > 80%. Main results We included in this systematic review 4745 participants who were randomly assigned in 21 trials. Trials were conducted in a wide variety of clinical settings. Most trials included participants with mild to moderate anaemia and excluded participants who were allergic to iron therapy. All trials were at high risk of bias for one or more domains. We compared both oral iron and parenteral iron versus inactive controls and compared different iron preparations. The comparison between oral iron and inactive control revealed no evidence of clinical benefit in terms of mortality (RR 1.05, 95% CI 0.68 to 1.61; four studies, N = 659; very low-quality evidence). The point estimate of the mean difference in haemoglobin levels in individual studies ranged from 0.3 to 3.1 g/dL higher in the oral iron group than in the inactive control group. The proportion of participants who required blood transfusion was lower with oral iron than with inactive control (RR 0.74, 95% CI 0.55 to 0.99; three studies, N = 546; very low-quality evidence). Evidence was inadequate for determination of the effect of parenteral iron on mortality versus oral iron (RR 1.49, 95% CI 0.56 to 3.94; 10 studies, N = 2141; very low-quality evidence) or inactive control (RR 1.04, 95% CI 0.63 to 1.69; six studies, N = 1009; very low-quality evidence). Haemoglobin levels were higher with parenteral iron than with oral iron (MD -0.50 g/dL, 95% CI -0.73 to -0.27; six studies, N = 769; very low-quality evidence). The point estimate of the mean difference in haemoglobin levels in individual studies ranged between 0.3 and 3.0 g/dL higher in the parenteral iron group than in the inactive control group. Differences in the proportion of participants requiring blood transfusion between parenteral iron and oral iron groups (RR 0.61, 95% CI 0.24 to 1.58; two studies, N = 371; very low-quality evidence) or between parenteral iron groups and inactive controls (RR 0.84, 95% CI 0.66 to 1.06; eight studies, N = 1315; very low-quality evidence) were imprecise. Average blood volume transfused was less in the parenteral iron group than in the oral iron group (MD -0.54 units, 95% CI -0.96 to -0.12; very low-quality evidence) based on one study involving 44 people. Differences between therapies in quality of life or in the proportion of participants with serious adverse events were imprecise (very low-quality evidence). No trials reported severe allergic reactions due to parenteral iron, suggesting that these are rare. Adverse effects related to oral iron treatment included nausea, diarrhoea and constipation; most were mild. Comparisons of one iron preparation over another for mortality, haemoglobin or serious adverse events were imprecise. No information was available on quality of life. Thus, little evidence was found to support the use of one preparation or regimen over another. Subgroup analyses did not reveal consistent results; therefore we were unable to determine whether iron is useful in specific clinical situations, or whether iron therapy might be useful for people who are receiving erythropoietin. Authors’ conclusions Very low-quality evidence suggests that oral iron might decrease the proportion of people who require blood transfusion, and no evidence indicates that it decreases mortality. Oral iron might be useful in adults who can tolerate the adverse events, which are usually mild. Very low-quality evidence suggests that intravenous iron results in a modest increase in haemoglobin levels compared with oral iron or inactive control without clinical benefit. No evidence can be found to show any advantage of one iron preparation or regimen over another. Additional randomised controlled trials with low risk of bias and powered to measure clinically useful outcomes such as mortality, quality of life and blood transfusion requirements are needed.

Keywords: Abstracts, Adverse Effects, Adverse Events, Anaemia, Analyses, Analysis, Articles, Assessment, Authors, Bias, Blood, Blood Transfusion, Blood Volume, Chemotherapy-Induced Anemia, Chronic, Chronic Heart-Failure, Chronic Kidney Disease, Citation, Clinical, Collection, Comparison, Conference, Confidence, Constipation, Control, Correcting Preoperative Anemia, Criteria, Data, Data Collection, Diarrhoea, Differences, Disease, Effects, Efficacy, Embase, Erythropoietin, Estimates, Events, Every 3 Weeks, Evidence, From, Groups, Haemoglobin Levels, Health, Inflammatory-Bowel-Disease, Information, Institute For Scientific Information, Interval, Intravenous, Intravenous Ferric Carboxymaltose, Iron, Isi, Kidney, Kidney Disease, Lactating, Life, Literature, Low Risk, Lower-Limb Arthroplasty, Measure, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mild, Model, Mortality, N, Nausea, Not Pregnant, Nursing, Observer-Blinded Trial, Oral, Outcomes, Placebo-Controlled Trial, Population, Pregnant, Preparation, Proceedings, Pubmed, Quality, Quality Of, Quality Of Life, Random Effects Model, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Reference, Reference Lists, References, Review, Risk, Safety, Science, Search, Selection, Software, Support, Systematic, Systematic Review, Therapy, Transfusion, Treatment, Volume, Web, Web Of Science, Wos

? Abba, K., Kirkham, A.J., Olliaro, P.L., Deeks, J.J., Donegan, S., Garner, P. and Takwoingi, Y. (2014), Rapid diagnostic tests for diagnosing uncomplicated non-falciparum or Plasmodium vivax malaria in endemic countries. *Cochrane Database of Systematic Reviews*, **12**, Article Number: CD011431.

Full Text: 2014\Coc Dat Sys Rev2014, CD011431.pdf

Abstract: Background In settings where both Plasmodium vivax and Plasmodium falciparum infection cause malaria, rapid diagnostic tests (RDTs) need to distinguish which species is causing the patients’ symptoms, as different treatments are required. Older RDTs incorporated two test lines to distinguish malaria due to P. falciparum, from malaria due to any other Plasmodium species (non-falciparum). These RDTs can be classified according to which antibodies they use: Type 2 RDTs use HRP-2 (for P. falciparum) and aldolase (all species); Type 3 RDTs use HRP-2 (for P. falciparum) and pLDH (all species); Type 4 use pLDH (fromP. falciparum) and pLDH (all species). More recently, RDTs have been developed to distinguish P. vivax parasitaemia by utilizing a pLDH antibody specific to P. vivax. Objectives To assess the diagnostic accuracy of RDTs for detecting non-falciparum or P. vivax parasitaemia in people living in malaria-endemic areas who present to ambulatory healthcare facilities with symptoms suggestive of malaria, and to identify which types and brands of commercial test best detect non-falciparum and P. vivax malaria. Search methods We undertook a comprehensive search of the following databases up to 31 December 2013: Cochrane Infectious Diseases Group Specialized Register; MEDLINE; EMBASE; MEDION; Science Citation Index; Web of Knowledge; African Index Medicus; LILACS; and IndMED. Selection criteria Studies comparing RDTs with a reference standard (microscopy or polymerase chain reaction) in blood samples from a random or consecutive series of patients attending ambulatory health facilities with symptoms suggestive of malaria in non-falciparum endemic areas. Data collection and analysis For each study, two review authors independently extracted a standard set of data using a tailored data extraction form. We grouped comparisons by type of RDT (defined by the combinations of antibodies used), and combined in meta-analysis where appropriate. Average sensitivities and specificities are presented alongside 95% confidence intervals (95% CI). Main results We included 47 studies enrolling 22,862 participants. Patient characteristics, sampling methods and reference standard methods were poorly reported in most studies. RDTs detecting ‘non-falciparum’ parasitaemia Eleven studies evaluated Type 2 tests compared with microscopy, 25 evaluated Type 3 tests, and 11 evaluated Type 4 tests. In metaanalyses, average sensitivities and specificities were 78% (95% CI 73% to 82%) and 99% (95% CI 97% to 99%) for Type 2 tests, 78% (95% CI 69% to 84%) and 99% (95% CI 98% to 99%) for Type 3 tests, and 89% (95% CI 79% to 95%) and 98% (95% CI 97% to 99%) for Type 4 tests, respectively. Type 4 tests were more sensitive than both Type 2 (P = 0.01) and Type 3 tests (P = 0.03). Five studies compared Type 3 tests with PCR; in meta-analysis, the average sensitivity and specificity were 81% (95% CI 72% to 88%) and 99% (95% CI 97% to 99%) respectively. RDTs detecting P. vivax parasitaemia Eight studies compared pLDH tests to microscopy; the average sensitivity and specificity were 95% (95% CI 86% to 99%) and 99% (95% CI 99% to 100%), respectively. Authors’ conclusions RDTs designed to detect P. vivax specifically, whether alone or as part of a mixed infection, appear to be more accurate than older tests designed to distinguish P. falciparum malaria from non-falciparum malaria. Compared to microscopy, these tests fail to detect around 5% of P. vivax cases. This Cochrane Review, in combination with other published information about in vitro test performance and stability in the field, can assist policy-makers to choose between the available RDTs.

Keywords: Accuracy, Ambulatory, Analysis, Antibodies, Antibody, Antigen-Capture Assay, Authors, Blood, Characteristics, Citation, Collection, Confidence, Confidence Intervals, Criteria, Data, Data Collection, Databases, Diagnostic, Diagnostic Accuracy, Diagnostic Tests, Embase, Extraction, Facilities, Field, From, Guiding Outpatient Treatment, Health, Histidine-Rich Protein-2, In Vitro, Infection, Information, Intervals, Knowledge, Laboratory Comparative-Evaluation, Living, Malaria, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Microscopy, Older, P, P.F, P.V Immunochromatographic Test, Parasight(Tm)-F Dipstick Test, Parasite Lactate-Dehydrogenase, Patient, Patients, Pcr, Performance, Plasmodium Falciparum, Plasmodium Vivax, Polymerase Chain Reaction, Polymerase-Chain-Reaction, Primary-Health-Care, Rapid Diagnostic Tests, Real-Time Pcr, Reference, Review, Sampling, Sampling Methods, Science, Science Citation Index, Search, Sensitivity, Species, Specificity, Stability, Standard, Symptoms, Web, Web Of Knowledge

? Bellolio, M.F., Gilmore, R.M. and Ganti, L. (2014), Insulin for glycaemic control in acute ischaemic stroke. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD005346.

Full Text: 2014\Coc Dat Sys Rev2014, CD005346.pdf

Abstract: Background People with hyperglycaemia concomitant with an acute stroke have greater mortality, stroke severity, and functional impairment when compared with those with normoglycaemia at stroke presentation. This is an update of a Cochrane Review first published in 2011. Objectives To determine whether intensively monitoring insulin therapy aimed at maintaining serum glucose within a specific normal range (4 to 7.5 mmol/L) in the first 24 hours of acute ischaemic stroke influences outcome. Search methods We searched the Cochrane Stroke Group Trials Register (September 2013), CENTRAL (The Cochrane Library 2013, Issue 8), MEDLINE (1950 to September 2013), EMBASE (1980 to September 2013), CINAHL (1982 to September 2013), Science Citation Index (1900 to September 2013), and Web of Science (ISI Web of Knowledge) (1993 to September 2013). We also searched ongoing trials registers and SCOPUS. Selection criteria Randomised controlled trials (RCTs) comparing intensively monitored insulin therapy versus usual care in adults with acute ischaemic stroke. Data collection and analysis We obtained a total of 1565 titles through the literature search. Two review authors independently selected the included articles and extracted the study characteristics, study quality, and data to estimate the odds ratio (OR) and 95% confidence interval (CI), mean difference (MD) and standardised mean difference (SMD) of outcome measures. We resolved disagreements by discussion. Main results We included 11 RCTs involving 1583 participants (791 participants in the intervention group and 792 in the control group). We found that there was no difference between the treatment and control groups in the outcomes of death or dependency (OR 0.99, 95% CI 0.79 to 1.23) or final neurological deficit (SMD -0.09, 95% CI -0.19 to 0.01). The rate of symptomatic hypoglycaemia was higher in the intervention group (OR 14.6, 95% CI 6.6 to 32.2). In the subgroup analyses of diabetes mellitus (DM) versus non-DM, we found no difference for the outcomes of death and disability or neurological deficit. The number needed to treat was not significant for the outcomes of death and final neurological deficit. The number needed to harm was nine for symptomatic hypoglycaemia. Authors’ conclusions After updating the results of our previous review, we found that the administration of intravenous insulin with the objective of maintaining serum glucose within a specific range in the first hours of acute ischaemic stroke does not provide benefit in terms of functional outcome, death, or improvement in final neurological deficit and significantly increased the number of hypoglycaemic episodes. Specifically, those people whose glucose levels were maintained within a tighter range with intravenous insulin experienced a greater risk of symptomatic and asymptomatic hypoglycaemia than those people in the control group.

Keywords: Administration, Aged, Analyses, Analysis, Authors, Blood Glucose [Metabolism], Blood-Glucose, Brain-Damage, Care, Characteristics, Citation, Collection, Complications, Complications], Concomitant, Confidence, Control, Control Groups, Criteria, Critically-Ill Patients, Data, Data Collection, Death, Dependency, Diabetes, Diabetes Mellitus, Disability, Drug Therapy], Embase, Female, First, Functional Impairment, Glucose, Glucose Control, Groups, Humans, Hyperglycemia [Blood, Hypoglycaemia, Hypoglycemia [Blood, Hypoglycemic Agents [Administration & Dosage], Improvement, Independent Predictor, Insulin, Insulin Therapy, Insulin [Administration & Dosage], Interval, Intervention, Intravenous, Isi, Knowledge, Literature, Literature Search, Male, Measures, Medline, Methods, Moderate Hyperglycemia, Monitoring, Mortality, Neurological, Normal, Number Needed To Treat, Odds Ratio, Outcome, Outcome Measures, Outcomes, Poststroke Hyperglycemia, Presentation, Prognosis, Quality, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Reference Values, Review, Risk, Science, Science Citation Index, Scopus, Search, Serum, Spreading Depression, Stress Hyperglycemia, Stroke, Stroke [Blood, Therapy, Transient Forebrain Ischemia, Treatment, Web of Knowledge, Web of Science

? Johnston, C., Campbell-Yeo, M., Fernandes, A., Inglis, D., Streiner, D. and Zee, R. (2014), Skin-to-skin care for procedural pain in neonates. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD008435.

Full Text: 2014\Coc Dat Sys Rev2014, CD008435.pdf

Abstract: Background Skin-to-skin care (SSC), otherwise known as Kangaroo Care (KC) due to its similarity with marsupial behaviour of ventral maternal-infant contact, is one non-pharmacological intervention for pain control in infants. Objectives The primary objectives were to determine the effect of SSC alone on pain from medical or nursing procedures in neonates undergoing painful procedures compared to no intervention, sucrose or other analgesics, or additions to simple SSC such as rocking; and the effects of the amount of SSC (duration in minutes) and the method of administration (who provided the SSC, positioning of caregiver and neonate pair). The secondary objectives were to determine the incidence of untoward effects of SSC and to compare the SSC effect in different postmenstrual age subgroups of infants. Search methods The standard methods of the Cochrane Neonatal Collaborative Review Group were used. Databases searched in August 2011: Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library); Evidence-Based Medicine Reviews; MEDLINE (1950 onwards); PubMed (1975 onwards); EMBASE (1974 onwards); CINAHL (1982 onwards); Web of Science (1980 onwards); LILACS database (1982 onwards); SCIELO database (1982 onwards); PsycInfo (1980 onwards); AMED(1985 onwards); Dissertation-Abstracts International (1980 onwards). Searches were conducted throughout September 2012. Selection criteria Studies with randomisation or quasi-randomisation, double or single-blinded, involving term infants (>= 37 completed weeks postmenstrual age (PMA)) to a maximum of 44 weeks PMA and preterm infants (< 37 completed weeks PMA) receiving SSC for painful procedures conducted by doctors, nurses, or other healthcare professionals. Data collection and analysis The main outcome measures were physiological or behavioural pain indicators and composite pain scores. A weighted mean difference (WMD) with 95% confidence interval (CI) using a fixed-effect model was reported for continuous outcome measures. We included variations on type of tissue-damaging procedure, provider of care, and duration of SSC. Main results Nineteen studies (n = 1594 infants) were included. Fifteen studies (n = 744) used heel lance as the painful procedure, one study combined venepuncture and heel stick (n = 50), two used intramuscular injection, and one used ‘vaccination’ (n = 80). The studies that were included were generally strong and free from bias. Eleven studies (n = 1363) compared SSC alone to a no-treatment control. Although 11 studies measured heart rate during painful procedures, data from only four studies (n = 121) could be combined to give a mean difference (MD) of 0.35 beats per minute (95% CI -6.01 to 6.71). Three other studies that were not included in meta-analyses also reported no difference in heart rate after the painful procedure. Two studies reported heart rate variability outcomes and found no significant differences. Five studies used the Premature Infant Pain Profile (PIPP) as a primary outcome, which favoured SCC at 30 seconds (n = 268) (MD -3.21, 95% CI -3.94 to -2.48), 60 seconds (n = 164) (MD -1.85, 95% CI -3.03 to -0.68), and 90 seconds (n = 163) (MD -1.34, 95% CI -2.56 to -0.13), but at 120 seconds (n = 157) there was no difference. No studies provided findings on return of heart rate to baseline level, oxygen saturation, cortisol levels, duration of crying, and facial actions that could be combined for analysis. Eight studies compared SSC to another intervention with or without a no-treatment control. Two cross-over studies (n = 80) compared mother versus other provider on PIPP scores at 30, 60, 90, and 120 seconds with no significant difference. When SSC was compared to other interventions, there were not enough similar studies to pool results in an analysis. One study compared SSC with and without dextrose and found that the combination was most effective and that SSC alone was more effective than dextrose alone. Similarly, in another study SSC was more effective than oral glucose for heart rate but not oxygen saturation. SSC either in combination with breastfeeding or alone was favoured over a no-treatment control, but was not different to breastfeeding. There were not enough participants with similar outcomes and painful procedures to compare age groups or duration of SSC. No adverse events were reported in any of the studies. Authors’ conclusions SSC appears to be effective, as measured by composite pain indicators and including both physiological and behavioural indicators, and safe for a single painful procedure such as a heel lance. Purely behavioural indicators tended to favour SSC but there remains questionable bias regarding behavioural indicators. Physiological indicators were typically not different between conditions. Only two studies compared mother providers to others, with non-significant results. There was more heterogeneity in the studies with behavioural or composite outcomes. There is a need for replication studies that use similar, clearly defined outcomes. New studies examining optimal duration of SSC, gestational age groups, repeated use, and long-term effects of SSC are needed.

Keywords: Administration, Age, Analgesics, Analysis, Behaviour, Bias, Breastfeeding, Care, Collection, Composite, Confidence, Control, Cortisol, Cortisol Levels, Criteria, Data, Data Collection, Database, Databases, Doctors, Duration, Effects, Embase, Events, Gestational, Gestational Age, Glucose, Groups, Heart, Heart Rate, Heart Rate Variability, Heterogeneity, Incidence, Indicators, Infant, Infants, Interval, Intervention, Interventions, Intramuscular Injection, Kangaroo Care, Long Term, Long-Term, Measures, Medical, Medicine, Medline, Methods, Model, Mother, Neonate, Neonates, Nurses, Nursing, Oral, Outcome, Outcome Measures, Outcomes, Oxygen, Oxygen Saturation, Pain, Pain Control, Preterm, Preterm Infants, Primary, Procedure, Procedures, Providers, Pubmed, Randomisation, Replication, Review, Saturation, Scielo, Science, Search, Similarity, Standard, Sucrose, Term, Vaccination, Variability, Venepuncture, Web of Science

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Full Text: 2014\Coc Dat Sys Rev2014, CD008812.pdf

Abstract: Background Age-related cataract is one of the leading causes of blindness worldwide. Therefore, it is important to establish the most effective surgical technique for cataract surgery. Objectives The aim of this review is to examine the effects of two types of cataract surgery for age-related cataract: phacoemulsification and extracapsular cataract extraction (ECCE). Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2013, Issue 4), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE (January 1946 to May 2013), EMBASE (January 1980 to May 2013), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to May 2013), Web of Science Conference Proceedings Citation Index - Science (CPCI-S) (January 1970 to May 2013), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 13 May 2013. Selection criteria We included randomised controlled trials of phacoemulsification compared to ECCE for age-related cataract. Data collection and analysis Two authors independently selected and assessed all studies. We defined two primary outcomes: ‘good functional vision’ (presenting visual acuity of 6/12 or better) and ‘poor visual outcome’ (best corrected visual acuity of less than 6/60) at three and 12 months after surgery. We also collected data on intra and postoperative complications, and the cost of the procedures. Main results We included 11 trials in this review with a total of 1228 participants, ranging from age 45 to 94. The studies were generally at unclear risk of bias due to poorly reported trial methods. No study reported presenting visual acuity, so we report both uncorrected (UCVA) and best corrected visual acuity (BCVA). Studies varied in visual acuity assessment methods and time frames at which outcomes were reported. Participants in the phacoemulsification group were more likely to achieve UCVA of 6/12 or more at three months (risk ratio (RR) 1.81, 95% confidence interval (CI) 1.36 to 2.41, two studies, 492 participants) and one year (RR 1.99, 95% CI 1.45 to 2.73, one study, 439 participants). People in the phacoemulsification group were also more likely to achieve BCVA of 6/12 or more at three months (RR 1.12, 95% CI 1.03 to 1.22, four studies, 645 participants) and one year (RR 1.06, 95% CI 0.99 to 1.14, one study, 439 participants), but the difference between the two groups was smaller. No trials reported BCVA less than 6/60 but three trials reported BCVA worse than 6/9 and 6/18: there were fewer events of this outcome in the phacoemulsification group than the ECCE group at both the three-month (RR 0.33, 95% CI 0.20 to 0.55, three studies, 604 participants) and 12-month time points (RR 0.62, 95% CI 0.36 to 1.05, one study, 439 participants). Three trials reported posterior capsule rupture: this occurred more commonly in the ECCE group than the phacoemulsification group but small numbers of events mean the true effect is uncertain (Peto odds ratio (OR) 0.56, 95% CI 0.26 to 1.22, three studies, 688 participants). Iris prolapse, cystoid macular oedema and posterior capsular opacification were also higher in the ECCE group than the phacoemulsification group. Phacoemulsification surgical costs were higher than ECCE in two studies. A third study reported similar costs for phacoemulsification and ECCE up to six weeks postoperatively, but following this time point ECCE incurred additional costs due to additional visits, spectacles and laser treatment to achieve a similar outcome. Authors’ conclusions Removing cataract by phacoemulsification may result in a better visual acuity compared to ECCE, with a lower complication rate. The review is currently underpowered to detect differences for rarer outcomes, including poor visual outcome. The lower cost of ECCE may justify its use in a patient population where high-volume surgery is a priority, however, there are a lack of data comparing phacoemulsification and ECCE in lower-income settings.

Keywords: Age, Age-Related, Age-Related Cataract, Analysis, Assessment, Authors, Bias, Cataract Surgery, Causes of Blindness, Citation, Citations, Clinical Trials, Collection, Complication, Complications, Conference, Confidence, Cost, Costs, Criteria, Data, Data Collection, Databases, Effects, Embase, Events, Extraction, Groups, Health, Interval, Iris, Language, Laser, Literature, Medline, Methods, Odds Ratio, Outcome, Outcomes, Phacoemulsification, Population, Postoperative, Postoperative Complications, Primary, Procedures, Prolapse, Randomised, Randomised Controlled Trials, Restrictions, Review, Risk, Rupture, Science, Sciences, Search, Small, Surgery, Surgical Technique, Treatment, Trial, Web of Science, Who

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Full Text: [2014\Coc Dat Sys Rev2014, CD006546.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD006546.pdf)

Abstract: Background Every year a large number of children around the world are removed from their homes because they are maltreated. Child welfare agencies are responsible for placing these children in out-of-home settings that will facilitate their safety, permanency, and well-being. However, children in out-of-home placements typically display more educational, behavioural, and psychological problems than do their peers, although it is unclear whether this results from the placement itself, the maltreatment that precipitated it, or inadequacies in the child welfare system. Objectives To evaluate the effect of kinship care placement compared to foster care placement on the safety, permanency, and well-being of children removed from the home for maltreatment. Search methods We searched the following databases for this updated review on 14 March 2011: the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, PsycINFO, CINAHL, Sociological Abstracts, Social Science Citation Index, ERIC, Conference Proceedings Citation Index-Social Science and Humanities, ASSIA, and Dissertation Express. We handsearched relevant social work journals and reference lists of published literature reviews, and contacted authors. Selection criteria Controlled experimental and quasi-experimental studies, in which children removed from the home for maltreatment and subsequently placed in kinship foster care were compared with children placed in non-kinship foster care for child welfare outcomes in the domains of well-being, permanency, or safety. Data collection and analysis Two review authors independently read the titles and abstracts identified in the searches, and selected appropriate studies. Two review authors assessed the eligibility of each study for the evidence base and then evaluated the methodological quality of the included studies. Lastly, we extracted outcome data and entered them into Review Manager 5 software (RevMan) for meta-analysis with the results presented in written and graphical forms. Main results One-hundred-and-two quasi-experimental studies, with 666,615 children are included in this review. The ‘Risk of bias’ analysis indicates that the evidence base contains studies with unclear risk for selection bias, performance bias, detection bias, reporting bias, and attrition bias, with the highest risk associated with selection bias and the lowest associated with reporting bias. The outcome data suggest that children in kinship foster care experience fewer behavioural problems (standardised mean difference effect size -0.33, 95% confidence interval (CI) -0.49 to -0.17), fewer mental health disorders (odds ratio (OR) 0.51, 95% CI 0.42 to 0.62), better well-being (OR 0.50, 95% CI 0.38 to 0.64), and less placement disruption (OR 0.52, 95% CI 0.40 to 0.69) than do children in non-kinship foster care. For permanency, there was no difference on reunification rates, although children in non-kinship foster care were more likely to be adopted (OR 2.52, 95% CI 1.42 to 4.49), while children in kinship foster care were more likely to be in guardianship (OR 0.26, 95% CI 0.17 to 0.40). Lastly, children in non-kinship foster care were more likely to utilise mental health services (OR 1.79, 95% CI 1.35 to 2.37). Authors’ conclusions This review supports the practice of treating kinship care as a viable out-of-home placement option for children removed from the home for maltreatment. However, this conclusion is tempered by the pronounced methodological and design weaknesses of the included studies.

Keywords: Analysis, Authors, Bias, Care, Child, Child Welfare, Children, Citation, Collection, Conference, Confidence, Criteria, Data, Data Collection, Databases, Design, Dissertation, Effect Size, Evidence, Experience, Experimental, Forms, Guardianship, Health, Health Services, Humanities, Interval, Journals, Literature, Medline, Mental Health, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Odds Ratio, Outcome, Outcomes, Performance, Placement, Practice, Psychological, Psycinfo, Quality, Quality Of, Rates, Reference, Reference Lists, Reporting, Review, Reviews, Risk, Risk of Bias, Safety, Science, Science Citation Index, Search, Selection, Services, Size, Social, Social Science Citation Index, Social Work Journals, Software, Welfare, Well-Being, Work, World

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Full Text: [2014\Coc Dat Sys Rev2014, CD009609.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD009609.pdf)

Abstract: Background Bronchiolitis is a common lower respiratory tract illness, usually of viral aetiology, affecting infants younger than 24 months of age and is a frequent cause of hospitalisation. It causes airway inflammation, mucus production and mucous plugging, resulting in airway obstruction. Effective pharmacotherapy is lacking and bronchiolitis is a major cause of morbidity and mortality. Conventional treatment consists of supportive therapy in the form of fluids, supplemental oxygen and respiratory support. Traditionally oxygen delivery is as a dry gas at 100% concentration via low-flow nasal prongs. However, the use of heated, humidified, high-flow nasal cannula (HFNC) therapy enables delivery of higher inspired gas flows of an air/oxygen blend, up to 12 L/min in infants and 30 L/min in children. Its use provides some level of continuous positive airway pressure to improve ventilation in a minimally invasive manner. This may reduce the need for invasive respiratory support thus potentially lowering costs, with clinical advantages and fewer adverse effects. Objectives To assess the effects of HFNC therapy compared with conventional respiratory support in the treatment of infants with bronchiolitis. Search methods We searched CENTRAL (2013, Issue 4), MEDLINE (1946 to May week 1, 2013), EMBASE (January 2010 to May 2013), CINAHL (1981 to May 2013), LILACS (1982 to May 2013) and Web of Science (1985 to May 2013). In addition we consulted ongoing trial registers and experts in the field to identify ongoing studies, checked reference lists of relevant articles and searched conference abstracts. Selection criteria We included randomised controlled trials (RCTs) or quasi-RCTs which assessed the effects of HFNC (delivering oxygen or oxygen/room air blend at flow rates greater than 4 L/min) compared to conventional treatment in infants (< 24 months) with a clinical diagnosis of bronchiolitis. Data collection and analysis Two review authors independently used a standard template to assess trials for inclusion and extract data on study characteristics, ‘Risk of bias’ elements and outcomes. We contacted trial authors to request missing data. Outcome measures included the need for invasive respiratory support and time until discharge, clinical severity measures, oxygen saturation, duration of oxygen therapy and adverse events. Main results We included one RCT which was a pilot study with 19 participants that compared HFNC therapy with oxygen delivery via a head box. In this study, we judged the risk of selection, attrition and reporting bias to be low, and we judged the risk of performance and detection bias to be unclear due to lack of blinding. The median oxygen saturation (SpO(2)) was higher in the HFNC group at eight hours (100% versus 96%, P = 0.04) and at 12 hours (99% versus 96%, P = 0.04) but similar at 24 hours. There was no clear evidence of a difference in total duration of oxygen therapy, time to discharge or total length of stay between groups. No adverse events were reported in either group and no participants in either group required further respiratory support. Five ongoing trials were identified but no data were available in May 2013. We were not able to perform a meta-analysis. Authors’ conclusions There is insufficient evidence to determine the effectiveness of HFNC therapy for treating infants with bronchiolitis. The current evidence in this review is of low quality, from one small study with uncertainty about the estimates of effect and an unclear risk of performance and detection bias. The included study provides some indication that HFNC therapy is feasible and well tolerated. Further research is required to determine the role of HFNC in the management of bronchiolitis in infants. The results of the ongoing studies identified will contribute to the evidence in future updates of this review.

Keywords: Adverse Effects, Aetiology, Age, Air, Airway Obstruction, Analysis, Authors, Bias, Characteristics, Children, Clinical, Collection, Concentration, Conventional, Costs, Criteria, Data, Data Collection, Delivery, Diagnosis, Discharge, Duration, Effectiveness, Effects, Embase, Estimates, Events, Evidence, Experts, Field, Flow, Groups, Indication, Infants, Inflammation, Invasive, Length, Length of Stay, Low Flow, Management, Measures, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Morbidity, Mortality, Outcome, Outcomes, Oxygen, Oxygen Saturation, P, Performance, Pharmacotherapy, Pilot, Pressure, Quality, Randomised, Randomised Controlled Trials, Rates, Rct, Reference, Reference Lists, Reporting, Research, Review, Risk, Risk of Bias, Role, Saturation, Science, Search, Selection, Small, Standard, Support, Supportive Therapy, Template, Therapy, Treatment, Trial, Uncertainty, Ventilation, Viral, Web of Science

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Full Text: [2014\Coc Dat Sys Rev2014, CD009669.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD009669.pdf)

Abstract: Background The recently published German-Austrian S3 Guideline for the treatment of infarct related cardiogenic shock (CS) revealed a lack of evidence for all recommended therapeutic measures. Objectives To determine the effects in terms of efficacy, efficiency and safety of cardiac care with inotropic agents and vasodilator strategies versus placebo or against each other for haemodynamic stabilisation following surgical treatment, interventional therapy (angioplasty, stent implantation) and conservative treatment (that is no revascularization) on mortality and morbidity in patients with acute myocardial infarction (AMI) complicated by CS or low cardiac output syndrome (LCOS). Search methods We searched CENTRAL, MEDLINE (Ovid), EMBASE (Ovid) and ISI Web of Science, registers of ongoing trials and proceedings of conferences in January 2013. Reference lists were scanned and experts in the field were contacted to obtain further information. No language restrictions were applied. Selection criteria Randomised controlled trials in patients with AMI complicated by CS or LCOS. Data collection and analysis Data collection and analysis were performed according to the published protocol. All trials were analysed individually. Hazard ratios (HRs) and odds ratios with 95% confidence intervals (CI) were extracted but not pooled because of high heterogeneity between the control group interventions. Main results Four eligible, very small studies were identified from a total of 4065 references. Three trials with high overall risk of bias compared levosimendan to standard treatment (enoximone or dobutamine) or placebo. Data from a total of 63 participants were included in our comparisons, 31 were treated with levosimendan and 32 served as controls. Levosimendan showed an imprecise survival benefit in comparison with enoximone based on a very small trial with 32 participants (HR 0.33; 95% CI 0.11 to 0.97). Results from the other similarly small trials were too imprecise to provide any meaningful information about the effect of levosimendan in comparison with dobutamine or placebo. Only small differences in haemodynamics, length of hospital stay and the frequency of major adverse cardiac events or adverse events overall were found between study groups. Only one small randomised controlled trial with three participants was found for vasodilator strategies (nitric oxide gas versus placebo) in AMI complicated by CS or LCOS. This study was too small to draw any conclusions on the effects on our key outcomes. Authors’ conclusions At present there are no robust and convincing data to support a distinct inotropic or vasodilator drug based therapy as a superior solution to reduce mortality in haemodynamically unstable patients with CS or low cardiac output complicating AMI.

Keywords: Acute Myocardial Infarction, Analysis, Bias, Cardiac Output, Care, Collection, Comparison, Conferences, Confidence, Confidence Intervals, Conservative, Conservative Treatment, Control, Controlled Trial, Criteria, Data, Data Collection, Drug, Effects, Efficacy, Efficiency, Embase, Events, Evidence, Experts, Field, Groups, Heterogeneity, Hospital, Hospital Stay, Implantation, Infarction, Information, Intervals, Interventions, Isi, Isi Web of Science, Language, Length, Measures, Medline, Methods, Morbidity, Mortality, Myocardial Infarction, Nitric Oxide, Outcomes, Oxide, Patients, Placebo, Protocol, Randomised, Randomised Controlled Trial, Randomised Controlled Trials, Reference, Reference Lists, References, Restrictions, Results, Revascularization, Risk, Safety, Science, Search, Shock, Small, Solution, Stabilisation, Standard, Support, Surgical Treatment, Survival, Syndrome, Therapeutic, Therapy, Treatment, Trial, Web of Science

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Full Text: [2014\Coc Dat Sys Rev2014, CD009784.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD009784.pdf)

Abstract: Background Day surgery involves admission of selected patients to hospital for a planned surgical procedure with the patients returning home on the same day. An anaesthetic regimen usually involves a combination of an anxiolytic, an induction agent, a maintenance agent, a method of maintaining the airway (laryngeal mask versus endotracheal intubation), and a muscle relaxant. The effect of anaesthesia may continue after the completion of surgery and can delay discharge. Various regimens of anaesthesia have been suggested for day-procedure laparoscopic cholecystectomy. Objectives To compare the benefits and harms of different anaesthetic regimens (risks of mortality and morbidity, measures of recovery after surgery) in patients undergoing day-procedure laparoscopic cholecystectomy. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library (Issue 10, 2013), MEDLINE (PubMed) (1987 to November 2013), EMBASE (OvidSP) (1987 to November 2013), Science Citation Index Expanded (ISI Web of Knowledge) (1987 to November 2013), LILACS (Virtual Health Library) (1987 to November 2013), metaRegister of Controlled Trials (http://www.controlled-trials.com/mrct/) (November 2013), World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) portal (November 2013), and ClinicalTrials.gov (November 2013). Selection criteria We included randomized clinical trials comparing different anaesthetic regimens during elective day-procedure laparoscopic cholecystectomy (irrespective of language or publication status). Data collection and analysis Two authors independently assessed trials for inclusion and independently extracted the data. We calculated the risk ratio, rate ratio or mean difference with 95% confidence intervals based on intention-to-treat or available data analysis. Main results We included 11 trials involving 1069 participants at low anaesthetic risk. The sample size varied from 40 to 300 participants. We included 23 comparisons. All trials were at a high risk of bias. We were unable to perform a meta-analysis because there were no two trials involving the same comparison. Primary outcomes included perioperative mortality, serious morbidity and proportion of patients who were discharged on the same day. There were no perioperative deaths or serious adverse events in either group in the only trial that reported this information (0/60). There was no clear evidence of a difference in the proportion of patients who were discharged on the same day between any of the comparisons. Overall, 472/554 patients (85%) included in this review were discharged as day-procedure laparoscopic cholecystectomy patients. Secondary outcomes included hospital readmissions, health-related quality of life, pain, return to activity and return to work. There was no clear evidence of a difference in hospital readmissions within 30 days in the only comparison in which this outcome was reported. One readmission was reported in the 60 patients (2%) in whom this outcome was assessed. Quality of life was not reported in any of the trials. There was no clear evidence of a difference in the pain intensity, measured by a visual analogue scale, between comparators in the only trial which reported the pain intensity at between four and eight hours after surgery. Times to return to activity and return to work were not reported in any of the trials. Authors’ conclusions There is currently insufficient evidence to conclude that one anaesthetic regimen for day-procedure laparoscopic cholecystectomy is to be preferred over another. However, the data are sparse (that is, there were few trials under each comparison and the trials had few participants) and further well designed randomized trials at low risk of bias and which are powered to measure differences in clinically important outcomes are necessary to determine the optimal anaesthetic regimen for day-procedure laparoscopic cholecystectomy, one of the commonest procedures performed in the western world.

Keywords: Activity, Anaesthesia, Analysis, Authors, Benefits, Bias, Cholecystectomy, Citation, Clinical, Clinical Trials, Collection, Comparison, Confidence, Confidence Intervals, Criteria, Data, Data Analysis, Data Collection, Discharge, Elective, Embase, Events, Evidence, Health, Health-Related Quality of Life, Hospital, Induction, Information, Intensity, Intervals, Intubation, Isi, Knowledge, Language, Laparoscopic, Laparoscopic Cholecystectomy, Laryngeal Mask, Life, Low Risk, Measure, Measures, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Morbidity, Mortality, Muscle, Outcome, Outcomes, Pain, Patients, Procedure, Procedures, Publication, Pubmed, Quality, Quality Of, Quality of Life, Randomized, Readmission, Readmissions, Recovery, Review, Risk, Risks, Sample Size, Scale, Science, Science Citation Index, Science Citation Index Expanded, Search, Size, Surgery, Surgical Procedure, Trial, Web of Knowledge, Who, Work, World, World Health Organization

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Full Text: [2014\Coc Dat Sys Rev2014, CD009798.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD009798.pdf)

Abstract: Background Awake fibreoptic intubation (AFOI) frequently requires sedation, anxiolysis and relief of discomfort without impairing ventilation and depressing cardiovascular function. The goal is to allow the patient to be responsive and co-operative. Medications such as fentanyl, remifentanil, midazolam and propofol have been reported to assist AFOI; however, these agents are associated with cardiovascular or respiratory adverse effects. Dexmedetomidine has been proposed as an alternative to facilitate AFOI. Objectives The primary objective of this review is to evaluate and compare the efficacy and safety of dexmedetomidine in the management of patients with a difficult or unstable airway undergoing awake fibreoptic intubation (AFOI). Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL; 2012, Issue 5), MEDLINE (1966 to May 2012) through Ovid, EMBASE (1980 to May 2012) and Web of Science (1945 to May 2012); we screened the reference lists of all eligible trials and reviews to look for further trials and contacted authors of trials to ask for additional information. We searched for ongoing trials at http://www.controlledtrials.com/ and http://clinicaltrials.gov/. We reran our search of all databases listed above on 21 November 2013. Selection criteria We included published and unpublished randomized controlled trials, regardless of blinding or language of publication, in participants 18 years of age or older who were scheduled for an elective AFOI because of an anticipated difficult airway. Participants received dexmedetomidine or control medications. Data collection and analysis Three review authors independently extracted data on study design, participants, interventions and outcomes. We assessed risk of bias using The Cochrane Collaboration’s tool. We estimated risk ratios (RRs) or mean differences (MDs) with 95% confidence internals (CIs) for outcomes with sufficient data; for other outcomes, we performed a qualitative analysis. Main results We identified four randomized controlled trials (RCTs), which included 211 participants. The four trials compared dexmedetomidine with midazolam, fentanyl, propofol or a sodium chloride placebo, respectively. The trials showed low or unclear risk of bias primarily because information provided on allocation concealment and other potential sources of bias was inadequate. Owing to clinical heterogeneity and potential methodological heterogeneity, it was impossible to conduct a full meta-analysis. We described findings from individual studies or presented them in tabular form. Limited evidence was available for assessment of the outcomes of interest for this review. Results of the limited included trials showed that dexmedetomidine significantly reduced participants’ discomfort with no significant differences in airway obstruction, low oxygen levels or treatment-emergent cardiovascular adverse events noted during AFOI compared with control groups. When the search was rerun (from May 2012 to November 2013), it was noted that four studies are awaiting assessment. We will deal with these studies when we update the review. Authors’ conclusions Small, limited trials provide weak evidence to support dexmedetomidine as an option for patients with an anticipated difficult airway who undergo AFOI. The findings of this review should be further corroborated by additional controlled investigations.

Keywords: Adverse Effects, Age, Airway Obstruction, Allocation, Alternative, Analysis, Assessment, Authors, Bias, Cardiovascular, Cardiovascular Function, Chloride, Clinical, Collection, Confidence, Control, Control Groups, Criteria, Data, Data Collection, Databases, Design, Difficult Airway, Effects, Efficacy, Elective, Embase, Events, Evidence, Fentanyl, Function, Groups, Heterogeneity, Information, Interventions, Intubation, Investigations, Language, Management, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Midazolam, Outcomes, Oxygen, Patients, Placebo, Potential, Primary, Propofol, Publication, Qualitative, Qualitative Analysis, Randomized, Randomized Controlled Trials, Reference, Reference Lists, Remifentanil, Results, Review, Reviews, Risk, Safety, Science, Search, Sedation, Sodium, Sodium Chloride, Sources, Study Design, Support, Ventilation, Web of Science

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Full Text: [2014\Coc Dat Sys Rev2014, CD010151.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD010151.pdf)

Abstract: Background Tinnitus is described as the perception of sound or noise in the absence of real acoustic stimulation. In the current absence of a cure for tinnitus, clinical management typically focuses on reducing the effects of co-morbid symptoms such as distress or hearing loss. Hearing loss is commonly co-morbid with tinnitus and so logic implies that amplification of external sounds by hearing aids will reduce perception of the tinnitus sound and the distress associated with it. Objectives To assess the effects of hearing aids specifically in terms of tinnitus benefit in patients with tinnitus and co-existing hearing loss. Search methods We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL); PubMed; EMBASE; CINAHL; Web of Science; Cambridge Scientific Abstracts; ICTRP and additional sources for published and unpublished trials. The date of the search was 19 August 2013. Selection criteria Randomised controlled trials and non-randomised controlled trials recruiting adults with subjective tinnitus and some degree of hearing loss, where the intervention involves amplification with hearing aids and this is compared to interventions involving other medical devices, other forms of standard or complementary therapy, or combinations of therapies, no intervention or placebo interventions. Data collection and analysis Three authors independently screened all selected abstracts. Two authors independently extracted data and assessed those potentially suitable studies for risk of bias. For studies meeting the inclusion criteria, we used the mean difference (MD) to compare hearing aids with other interventions and controls. Main results One randomised controlled trial (91 participants) was included in this review. We judged the trial to have a low risk of bias for method of randomisation and outcome reporting, and an unclear risk of bias for other criteria. No non-randomised controlled trials meeting our inclusion criteria were identified. The included study measured change in tinnitus severity (primary measure of interest) using a tinnitus questionnaire measure, and change in tinnitus loudness (secondary measure of interest) on a visual analogue scale. Other secondary outcome measures of interest, namely change in the psychoacoustic characteristics of tinnitus, change in self reported anxiety, depression and quality of life, and change in neurophysiological measures, were not investigated in this study. The included study compared hearing aid use to sound generator use. The estimated effect on change in tinnitus loudness or severity as measured by the Tinnitus Handicap Inventory score was compatible with benefits for both hearing aids or sound generators but no difference was found between the two alternative treatments (MD -0.90, 95% confidence interval (CI) -7.92 to 6.12) (100-point scale); moderate quality evidence. No negative or adverse events were reported. Authors’ conclusions The current evidence base for hearing aid prescription for tinnitus is limited. To be useful, future studies should make appropriate use of blinding and be consistent in their use of outcome measures. Whilst hearing aids are sometimes prescribed as part of tinnitus management, there is currently no evidence to support or refute their use as a more routine intervention for tinnitus.

Keywords: Aids, Alternative, Analysis, Anxiety, Authors, Benefits, Bias, Characteristics, Clinical, Clinical Management, Collection, Complementary, Confidence, Controlled Trial, Criteria, Data, Data Collection, Depression, Distress, Effects, Embase, Events, Evidence, Forms, Interval, Intervention, Interventions, Life, Logic, Low Risk, Management, Measure, Measures, Medical, Medical Devices, Methods, Noise, Outcome, Outcome Measures, Patients, Perception, Placebo, Prescription, Primary, Pubmed, Quality, Quality Of, Quality of Life, Questionnaire, Randomisation, Randomised, Randomised Controlled Trial, Randomised Controlled Trials, Reporting, Review, Risk, Scale, Science, Search, Self, Sound, Sources, Standard, Support, Symptoms, Therapy, Trial, Web of Science

? Nagendran, M., Toon, C.D., Davidson, B.R. and GurUSAmy, K.S. (2014), Laparoscopic surgical box model training for surgical trainees with no prior laparoscopic experience. *Cochrane Database of Systematic Reviews*, **1**, Article Number: CD010478.

Full Text: [2014\Coc Dat Sys Rev2014, CD010478.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD010478.pdf)

Abstract: Background Surgical training has traditionally been one of apprenticeship, where the surgical trainee learns to perform surgery under the supervision of a trained surgeon. This is time consuming, costly, and of variable effectiveness. Training using a box model physical simulator either a video box or a mirrored box - is an option to supplement standard training. However, the impact of this modality on trainees with no prior laparoscopic experience is unknown. Objectives To compare the benefits and harms of box model training versus no training, another box model, animal model, or cadaveric model training for surgical trainees with no prior laparoscopic experience. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, and Science Citation Index Expanded to May 2013. Selection criteria We included all randomised clinical trials comparing box model trainers versus no training in surgical trainees with no prior laparoscopic experience. We also included trials comparing different methods of box model training. Data collection and analysis Two authors independently identified trials and collected data. We analysed the data with both the fixed-effect and the random-effects models using Review Manager for analysis. For each outcome, we calculated the standardised mean difference (SMD) with 95% confidence intervals (CI) based on intention-to-treat analysis whenever possible. Main results Twenty-five trials contributed data to the quantitative synthesis in this review. All but one trial were at high risk of bias. Overall, 16 trials (464 participants) provided data for meta-analysis of box training (248 participants) versus no supplementary training (216 participants). All the 16 trials in this comparison used video trainers. Overall, 14 trials (382 participants) provided data for quantitative comparison of different methods of box training. There were no trials comparing box model training versus animal model or cadaveric model training. Box model training versus no training: The meta-analysis showed that the time taken for task completion was significantly shorter in the box trainer group than the control group (8 trials; 249 participants; SMD -0.48 seconds; 95% CI -0.74 to -0.22). Compared with the control group, the box trainer group also had lower error score (3 trials; 69 participants; SMD -0.69; 95% CI -1.21 to 0.17), better accuracy score (3 trials; 73 participants; SMD 0.67; 95% CI 0.18 to 1.17), and better composite performance scores (SMD 0.65; 95% CI 0.42 to 0.88). Three trials reported movement distance but could not be meta-analysed as they were not in a format for meta-analysis. There was significantly lower movement distance in the box model training compared with no training in one trial, and there were no significant differences in the movement distance between the two groups in the other two trials. None of the remaining secondary outcomes such as mortality and morbidity were reported in the trials when animal models were used for assessment of training, error in movements, and trainee satisfaction. Different methods of box training: One trial (36 participants) found significantly shorter time taken to complete the task when box training was performed using a simple cardboard box trainer compared with the standard pelvic trainer (SMD -3.79 seconds; 95% CI -4.92 to -2.65). There was no significant difference in the time taken to complete the task in the remaining three comparisons (reverse alignment versus forward alignment box training; box trainer suturing versus box trainer drills; and single incision versus multiport box model training). There were no significant differences in the error score between the two groups in any of the comparisons (box trainer suturing versus box trainer drills; single incision versus multiport box model training; Z-maze box training versus U-maze box training). The only trial that reported accuracy score found significantly higher accuracy score with Z-maze box training than U-maze box training (1 trial; 16 participants; SMD 1.55; 95% CI 0.39 to 2.71). One trial (36 participants) found significantly higher composite score with simple cardboard box trainer compared with conventional pelvic trainer (SMD 0.87; 95% CI 0.19 to 1.56). Another trial (22 participants) found significantly higher composite score with reverse alignment compared with forward alignment box training (SMD 1.82; 95% CI 0.79 to 2.84). There were no significant differences in the composite score between the intervention and control groups in any of the remaining comparisons. None of the secondary outcomes were adequately reported in the trials. Authors’ conclusions The results of this review are threatened by both risks of systematic errors (bias) and risks of random errors (play of chance). Laparoscopic box model training appears to improve technical skills compared with no training in trainees with no previous laparoscopic experience. The impacts of this decreased time on patients and healthcare funders in terms of improved outcomes or decreased costs are unknown. There appears to be no significant differences in the improvement of technical skills between different methods of box model training. Further well-designed trials of low risk of bias and random errors are necessary. Such trials should assess the impacts of box model training on surgical skills in both the short and long term, as well as clinical outcomes when the trainee becomes competent to operate on patients.

Keywords: Accuracy, Alignment, Analysis, Animal Model, Assessment, Authors, Benefits, Bias, Citation, Clinical, Clinical Outcomes, Clinical Trials, Collection, Comparison, Complete, Composite, Confidence, Confidence Intervals, Control, Control Groups, Conventional, Costs, Criteria, Data, Data Collection, Effectiveness, Embase, Error, Errors, Experience, Groups, Impact, Impacts, Improvement, Intervals, Intervention, Laparoscopic, Long Term, Long-Term, Low Risk, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Models, Morbidity, Mortality, Movement, Outcome, Outcomes, Patients, Pelvic, Performance, Physical, Randomised, Review, Risk, Risks, Satisfaction, Science, Science Citation Index, Science Citation Index Expanded, Search, Standard, Surgery, Surgical, Synthesis, Term, Threatened, Training, Trial, Video

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Full Text: [2014\Coc Dat Sys Rev2014, CD007470.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD007470.pdf)

Abstract: Background Available evidence on the effects of vitamin D on mortality has been inconclusive. In a recent systematic review, we found evidence that vitamin D-3 may decrease mortality in mostly elderly women. The present systematic review updates and reassesses the benefits and harms of vitamin D supplementation used in primary and secondary prophylaxis of mortality. Objectives To assess the beneficial and harmful effects of vitamin D supplementation for prevention of mortality in healthy adults and adults in a stable phase of disease. Search methods We searched The Cochrane Library, MEDLINE, EMBASE, LILACS, the Science Citation Index-Expanded and Conference Proceedings Citation Index-Science (all up to February 2012). We checked references of included trials and pharmaceutical companies for unidentified relevant trials. Selection criteria Randomised trials that compared any type of vitamin D in any dose with any duration and route of administration versus placebo or no intervention in adult participants. Participants could have been recruited from the general population or from patients diagnosed with a disease in a stable phase. Vitamin D could have been administered as supplemental vitamin D (vitamin D3 (cholecalciferol) or vitamin D-2 (ergocalciferol)) or as an active form of vitamin D (1 alpha t-hydroxyvitamin D (alfacalcidol) or 1,25-dihydroxyvitamin D (calcitriol)). Data collection and analysis Six review authors extracted data independently. Random-effects and fixed-effect meta-analyses were conducted. For dichotomous outcomes, we calculated the risk ratios (RRs). To account for trials with zero events, we performed meta-analyses of dichotomous data using risk differences (RDs) and empirical continuity corrections. We used published data and data obtained by contacting trial authors. To minimise the risk of systematic error, we assessed the risk of bias of the included trials. Trial sequential analyses controlled the risk of random errors possibly caused by cumulative meta-analyses. Main results We identified 159 randomised clinical trials. Ninety-four trials reported no mortality, and nine trials reported mortality but did not report in which intervention group the mortality occurred. Accordingly, 56 randomised trials with 95,286 participants provided usable data on mortality. The age of participants ranged from 18 to 107 years. Most trials included women older than 70 years. The mean proportion of women was 77%. Forty-eight of the trials randomly assigned 94,491 healthy participants. of these, four trials included healthy volunteers, nine trials included postmenopausal women and 35 trials included older people living on their own or in institutional care. The remaining eight trials randomly assigned 795 participants with neurological, cardiovascular, respiratory or rheumatoid diseases. Vitamin D was administered for a weighted mean of 4.4 years. More than half of the trials had a low risk of bias. All trials were conducted in high-income countries. Forty-five trials (80%) reported the baseline vitamin D status of participants based on serum 25-hydroxyvitamin D levels. Participants in 19 trials had vitamin D adequacy (at or above 20 ng/mL). Participants in the remaining 26 trials had vitamin D insufficiency (less than 20 ng/mL). Vitamin D decreased mortality in all 56 trials analysed together (5,920/47,472 (12.5%) vs 6,077/47,814 (12.7%); RR 0.97 (95% confidence interval (CI) 0.94 to 0.99); P = 0.02; I-2 = 0%). More than 8% of participants dropped out. ‘Worst-best case’ and ‘best-worst case’ scenario analyses demonstrated that vitamin D could be associated with a dramatic increase or decrease in mortality. When different forms of vitamin D were assessed in separate analyses, only vitamin D-3 decreased mortality (4,153/37,817 (11.0%) vs 4,340/38,110 (11.4%); RR 0.94 (95% CI 0.91 to 0.98); P = 0.002; I-2 = 0%; 75,927 participants; 38 trials). Vitamin D-2, alfacalcidol and calcitriol did not significantly affect mortality. A subgroup analysis of trials at high risk of bias suggested that vitamin D-2 may even increase mortality, but this finding could be due to random errors. Trial sequential analysis supported our finding regarding vitamin D3, with the cumulative Z-score breaking the trial sequential monitoring boundary for benefit, corresponding to 150 people treated over five years to prevent one additional death. We did not observe any statistically significant differences in the effect of vitamin D on mortality in subgroup analyses of trials at low risk of bias compared with trials at high risk of bias; of trials using placebo compared with trials using no intervention in the control group; of trials with no risk of industry bias compared with trials with risk of industry bias; of trials assessing primary prevention compared with trials assessing secondary prevention; of trials including participants with vitamin D level below 20 ng/mL at entry compared with trials including participants with vitamin D levels equal to or greater than 20 ng/mL at entry; of trials including ambulatory participants compared with trials including institutionalised participants; of trials using concomitant calcium supplementation compared with trials without calcium; of trials using a dose below 800 IU per day compared with trials using doses above 800 IU per day; and of trials including only women compared with trials including both sexes or only men. Vitamin D3 statistically significantly decreased cancer mortality (RR 0.88 (95% CI 0.78 to 0.98); P = 0.02; I-2 = 0%; 44,492 participants; 4 trials). Vitamin D-3 combined with calcium increased the risk of nephrolithiasis (RR 1.17 (95% CI 1.02 to 1.34); P = 0.02; I-2 = 0%; 42,876 participants; 4 trials). Alfacalcidol and calcitriol increased the risk of hypercalcaemia (RR 3.18 (95% CI 1.17 to 8.68); P = 0.02; I-2 = 17%; 710 participants; 3 trials).

Keywords: Adequacy, Administration, Adult, Age, Ambulatory, Analyses, Analysis, Assessing, Authors, Benefits, Bias, Bone-Mineral Density, Calcitriol [Therapeutic Use], Calcium, Cancer, Cardiovascular, Cardiovascular Risk-Factors, Care, Cause of Death, Cholecalciferol [Therapeutic Use], Citation, Clinical, Clinical Trials, Collection, Concomitant, Conference, Confidence, Control, Corticosteroid-Induced Osteoporosis, Criteria, Cumulative, Data, Data Collection, Death, Dietary Supplements, Disease, Diseases, Duration, Early Postmenopausal Women, Effects, Elderly, Embase, Ergocalciferols [Therapeutic Use], Error, Errors, Events, Evidence, Forms, General, Hormone-Replacement Therapy, Hydroxycholecalciferols [Therapeutic Use], Interval, Intervention, Living, Long-Term Treatment, Low Risk, Medline, Men, Methods, Monitoring, Mortality, Neurological, Nursing-Home Residents, Older People, Outcomes, P, Patients, Placebo, Placebo-Controlled Trial, Population, Postmenopausal, Postmenopausal Women, Prevent, Prevention, Primary, Primary Prevention, Prophylaxis, Randomised, Randomized Controlled Trials As Topic, Randomized-Controlled-Trial, Recent, References, Review, Risk, Route, Route of Administration, Scenario, Science, Science Citation Index Expanded, Science Citation Index-Expanded, Search, Serum, Serum 25-Hydroxyvitamin D, Systematic Review, Trial, Vitamin, Vitamin D, Vitamin D Supplementation, Vitamins [Therapeutic Use], Women

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Full Text: [2014\Coc Dat Sys Rev2014, CD009300.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD009300.pdf)

Abstract: Background Given the relatively high prevalence of age-related macular degeneration (AMD) and the increased incidence of AMD as populations age, the results of trials of novel treatments are awaited with much anticipation. The complement cascade describes a series of proteolytic reactions occurring throughout the body that generate proteins with a variety of roles including the initiation and promotion of immune reactions against foreign materials or micro-organisms. The complement cascade is normally tightly regulated, but much evidence implicates complement overactivity in AMD and so it is a logical therapeutic target in the treatment of AMD. Objectives To assess the effects and safety of complement inhibitors in the prevention or treatment of advanced AMD. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2013, Issue 11), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE (January 1946 to November 2013), EMBASE (January 1980 to November 2013), Allied and Complementary Medicine Database (AMED) (January 1985 to November 2013), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to November 2013), OpenGrey (System for Information on Grey Literature in Europe) (www.opengrey.eu/), Web of Science Conference Proceedings Citation Index - Science (CPCI-S) (January 1990 to November 2013), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 21 November 2013. We also performed handsearching of proceedings, from 2012 onwards, of meetings and conferences of specific professional organisations. Selection criteria We planned to include randomised controlled trials (RCTs) with parallel treatment groups which investigated either the prevention or treatment of advanced AMD by inhibition of the complement cascade. Data collection and analysis Two authors (MW and GMcK) independently evaluated all the titles and abstracts resulting from the searches. We contacted companies running clinical trials which had not yet reported results to request information. Since no trials met our inclusion criteria, we undertook no assessment of quality or meta-analysis. Main results We identified and screened 317 references but there were no published RCTs that met the inclusion criteria. We identified two ongoing studies: one phase I study and one phase II study. Authors’ conclusions There is insufficient information at present to generate evidence-based recommendations on the potential safety and efficacy of complement inhibitors for prevention or treatment of AMD. However we anticipate the results of ongoing trials.

Keywords: Age, Age-Related, Analysis, Assessment, Authors, Citation, Citations, Clinical, Clinical Trials, Collection, Conference, Conferences, Criteria, Data Collection, Database, Databases, Effects, Efficacy, Embase, Europe, Evidence, Evidence Based, Evidence-Based, Grey Literature, Groups, Health, Immune, Incidence, Information, Inhibition, Inhibitors, Initiation, Language, Literature, Macular Degeneration, Medicine, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Microorganisms, Phase I, Phase Ii, Populations, Potential, Prevalence, Prevention, Promotion, Proteins, Quality, Randomised, Randomised Controlled Trials, Recommendations, References, Restrictions, Safety, Science, Sciences, Search, Therapeutic, Treatment, Web of Science, WHO

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Full Text: [2014\Coc Dat Sys Rev2014, CD000530.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD000530.pdf)

Abstract: Background Echinacea plant preparations (family Asteraceae) are widely used in Europe and North America for common colds. Most consumers and physicians are not aware that products available under the term Echinacea differ appreciably in their composition, mainly due to the use of variable plant material, extraction methods and the addition of other components. Objectives To assess whether there is evidence that Echinacea preparations are effective and safe compared to placebo in the prevention and treatment of the common cold. Search methods We searched CENTRAL 2013, Issue 5, MEDLINE (1946 to May week 5, 2013), EMBASE (1991 to June 2013), CINAHL (1981 to June 2013), AMED (1985 to February 2012), LILACS (1981 to June 2013), Web of Science (1955 to June 2013), CAMBASE (no time limits), the Centre for Complementary Medicine Research (1988 to September 2007), WHO ICTRP and clinicaltrials.gov (last searched 5 June 2013), screened references and asked experts in the field about published and unpublished studies. Selection criteria Randomized controlled trials (RCTs) comparing mono-preparations of Echinacea with placebo. Data collection and analysis At least two review authors independently assessed eligibility and trial quality and extracted data. The primary efficacy outcome was the number of individuals with at least one cold in prevention trials and the duration of colds in treatment trials. For all included trials the primary safety and acceptability outcome was the number of participants dropping out due to adverse events. We assessed trial quality using the Cochrane ‘Risk of bias’ tool. Main results Twenty-four double-blind trials with 4631 participants including a total of 33 comparisons of Echinacea preparations and placebo met the inclusion criteria. A variety of different Echinacea preparations based on different species and parts of plant were used. Evidence from seven trials was available for preparations based on the aerial parts of Echinacea purpurea. Ten trials were considered to have a low risk of bias, six to have an unclear risk of bias and eight to have a high risk of bias. Ten trials with 13 comparisons investigated prevention and 15 trials with 20 comparisons investigated treatment of colds (one trial addressed both prevention and treatment). Due to the strong clinical heterogeneity of the studies we refrained from pooling for the main analysis. None of the 12 prevention comparisons reporting the number of patients with at least one cold episode found a statistically significant difference. However a post hoc pooling of their results, suggests a relative risk reduction of 10% to 20%. of the seven treatment trials reporting data on the duration of colds, only one showed a significant effect of Echinacea over placebo. The number of patients dropping out or reporting adverse effects did not differ significantly between treatment and control groups in prevention and treatment trials. However, in prevention trials there was a trend towards a larger number of patients dropping out due to adverse events in the treatment groups. Authors’ conclusions Echinacea products have not here been shown to provide benefits for treating colds, although, it is possible there is a weak benefit from some Echinacea products: the results of individual prophylaxis trials consistently show positive (if non-significant) trends, although potential effects are of questionable clinical relevance.

Keywords: \*Echinacea, \*Phytotherapy, \*Therapy], Acceptability, Adverse Effects, Analysis, Authors, Benefits, Bias, Clinical, Collection, Common Cold [\*Prevention & Control, Composition, Control, Control Groups, Controlled Clinical-Trial, Criteria, Data, Data Collection, Double-Blind, Duration, Effects, Efficacy, Embase, Europe, Events, Evidence, Experimental Rhinovirus Colds, Experts, Extraction, Family, Field, Fixed Combination, Groups, Herbal Extracts, Heterogeneity, Humans, Immune-Response, Low Risk, Medicine, Medline, Methods, North, North America, Outcome, Patients, Physicians, Placebo, Placebo-Controlled Trial, Plant, Plant Extracts [\*Therapeutic Use], Potential, Prevention, Primary, Prophylaxis, Purpurea Preparations, Quality, Randomized Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Reduction, References, Relative Risk, Relevance, Reporting, Research, Respiratory-Tract Infections, Review, Risk, Risk of Bias, Safety, Science, Search, Species, Term, Treatment, Trend, Trends, Trial, Web of Science, Who

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Full Text: [2014\Coc Dat Sys Rev2014, CD001132.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD001132.pdf)

Abstract: Background Trabeculectomy is performed as a treatment for many types of glaucoma in an attempt to lower the intraocular pressure. The surgery involves creating a channel through the sclera, through which intraocular fluid can leave the eye. If scar tissue blocks the exit of the surgically created channel, intraocular pressure rises and the operation fails. Antimetabolites such as 5-Fluorouracil (5-FU) are used to inhibit wound healing to prevent the conjunctiva scarring down on to the sclera. This is an update of a Cochrane review first published in 2000, and previously updated in 2009. Objectives To assess the effects of both intraoperative application and postoperative injections of 5-FU in eyes of people undergoing surgery for glaucoma at one year. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2013, Issue 6), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE (January 1946 to July 2013), EMBASE (January 1980 to July 2013), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 25 July 2013. We also searched the reference lists of relevant articles and the Science Citation Index and contacted investigators and experts for details of additional relevant trials. Selection criteria We included randomised trials of intraoperative application and postoperative 5-FU injections compared with placebo or no treatment in trabeculectomy for glaucoma. Data collection and analysis Two authors independently assessed trial quality and extracted data. We used standard methodological procedures expected by The Cochrane Collaboration. We contacted trial investigators for missing information. Data were summarised using risk ratio (RR), Peto odds ratio and mean difference, as appropriate. The participants were divided into three separate subgroup populations (high risk of failure, combined surgery and primary trabeculectomy) and the interventions were divided into three subgroups of 5-FU injections (intraoperative, regular dose postoperative and low dose postoperative). The low dose was defined as a total dose less than 19 mg. Main results Twelve trials, which randomised 1319 participants, were included in the review. As far as can be determined from the trial reports, the methodological quality of the trials was not high, including a high risk of detection bias in many. of note, only one study reported low-dose postoperative 5-FU and this paper was at high risk of reporting bias. Not all studies reported population characteristics, of those that did mean age ranged from 61 to 75 years. 83% of participants were white and 40% were male. All studies were a minimum of one year long. A significant reduction in surgical failure in the first year after trabeculectomy was detected in eyes at high risk of failure and those undergoing surgery for the first time receiving regular-dose 5-FU postoperative injections (RR 0.44, 95% confidence interval (CI) 0.29 to 0.68 and 0.21, 0.06 to 0.68, respectively). No surgical failures were detected in studies assessing combined surgery. No difference was detected in the low-dose postoperative 5-FU injection group in patients undergoing primary trabeculectomy (RR 0.93, 95% CI 0.70 to 1.24). Peroperative 5-FU in patients undergoing primary trabeculectomy significantly reduced risk of failure (RR 0.67, 95% CI 0.51 to 0.88). This translates to a number needed to treat for an additional beneficial outcome of 4.1 for the high risk of failure patients, and 5.0 for primary trabeculectomy patients receiving postoperative 5-FU. Intraocular pressure was also reduced in the primary trabeculectomy group receiving intraoperative 5-FU (mean difference (MD) -1.04, 95% CI -1.65 to -0.43) and regular-dose postoperative 5-FU (MD -4.67, 95% CI -6.60 to -2.73). No significant change occurred in the primary trabeculectomy group receiving low-dose postoperative 5-FU (MD -0.50, 95% CI -2.96 to 1.96). Intraocular pressure was particularly reduced in the high risk of failure population receiving regular-dose postoperative 5-FU (MD -16.30, 95% CI -18.63 to -13.97). No difference was detected in the combined surgery population receiving regular-dose postoperative 5-FU (MD -1.02, 95% CI -2.40 to 0.37). Whilst no evidence was found of an increased risk of serious sight-threatening complications, other complications are more common after 5-FU injections. None of the trials reported on the participants’ perspective of care. The quality of evidence varied between subgroups and outcomes, most notably the evidence for combined surgery and low-dose postoperative 5-FU was found to be very low using GRADE. The combined surgery postoperative 5-FU subgroup because no surgical failures have been reported and the sample size is small (n = 118), and the low-dose postoperative 5-FU group because of the small sample size (n = 76) and high risk of bias of the only contributing study. Authors’ conclusions Postoperative injections of 5-FU are now rarely used as part of routine packages of postoperative care but are increasingly used on an ad hoc basis. This presumably reflects an aspect of the treatment that is unacceptable to both patients and doctors. None of the trials reported on the participants’ perspective of care, which constitutes a serious omission for an invasive treatment such as this. The small but statistically significant reduction in surgical failures and intraocular pressure at one year in the primary trabeculectomy group and high-risk group must be weighed against the increased risk of complications and patient preference.

Keywords: \*Surgery], \*Trabeculectomy, 5-Fu, Age, Analysis, Antimetabolites [\*Therapeutic Use], Application, Assessing, Authors, Bias, Bleb-Related Endophthalmitis, Care, Characteristics, Cicatrix [Prevention & Control], Citation, Citations, Clinical Trials, Cochrane Collaboration, Collaboration, Collection, Combined Trabeculectomy, Complications, Confidence, Criteria, Data, Data Collection, Databases, Doctors, Effects, Embase, Evidence, Experts, Failure, Failures, Filtration Surgery, First, Fluorouracil Filtering Surgery, Fluorouracil [\*Therapeutic Use], Follow-Up, Glaucoma [\*Drug Therapy, Grade, Healing, Humans, Information, Injections, Interval, Interventions, Invasive, Language, Low-Dose, Male, Medline, Methods, Minimum, Number Needed To Treat, Ocular Hypertension, Odds Ratio, Open-Angle Glaucoma, Operation, Outcome, Outcomes, Patient Preference, Patients, Placebo, Population, Populations, Postoperative, Postoperative Care, Preference, Pressure, Prevent, Primary, Procedures, Quality, Quality Of, Randomised, Randomized Controlled-Trials, Reduction, Reference, Reference Lists, Regular, Reporting, Restrictions, Review, Risk, Sample Size, Science, Science Citation Index, Search, Size, Small, Standard, Striate Melanokeratosis, Subconjunctival 5-Fluorouracil, Surgery, Treatment, Trial, Who, Wound, Wound Healing, Wound Healing [Drug Effects]

? Junker, A.E., Als-Nielsen, B., Gluud, C. and Gluud, L.L. (2014), Dopamine agents for hepatic encephalopathy. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD003047.

Full Text: [2014\Coc Dat Sys Rev2014, CD003047.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD003047.pdf)

Abstract: Background Patients with hepatic encephalopathy may present with extrapyramidal symptoms and changes in basal ganglia. These changes are similar to those seen in patients with Parkinson’s disease. Dopamine agents (such as bromocriptine and levodopa, used for patients with Parkinson’s disease) have therefore been assessed as a potential treatment for patients with hepatic encephalopathy. Objectives To evaluate the beneficial and harmful effects of dopamine agents versus placebo or no intervention for patients with hepatic encephalopathy. Search methods Trials were identified through the Cochrane Hepato-Biliary Group Controlled Trials Register (January 2014), the Cochrane Central Register of Controlled Trials (CENTRAL) (Issue 12 of 12, 2013), MEDLINE (1946 to January 2014), EMBASE (1974 to January 2014), and Science Citation Index-Expanded (1900 to January 2014). Manual searches in reference lists, conference proceedings, and online trial registers were also performed. Selection criteria Randomised trials were included, irrespective of publication status or language. The primary analyses included data from randomised trials using a parallel-group design or the first period of cross-over trials. Paired data from cross-over trials were included in sensitivity analyses. Data collection and analysis Three review authors extracted data independently. Random-effects meta-analyses were performed as the result of an expected clinical heterogeneity. Fixed-effect meta-analyses, meta-regression analyses, subgroup analyses, and sensitivity analyses were performed to evaluate sources of heterogeneity and bias (systematic errors). Trial sequential analysis was used to control the risk of play of chance (random errors). Main results Five trials that randomly assigned 144 participants with overt hepatic encephalopathy that were published during 1979 to 1982 were included. Three trials assessed levodopa, and two trials assessed bromocriptine. The mean daily dose was 4 grams for levodopa and 15 grams for bromocriptine. The median duration of treatment was 14 days (range seven to 56 days). None of the trials followed participants after the end of treatment. Only one trial reported adequate bias control; the remaining four trials were considered to have high risk of bias. Random-effects model meta-analyses showed that dopamine agents had no beneficial or detrimental effect on hepatic encephalopathy in the primary analyses (15/80 (19%) versus 14/80 (18%); odds ratio (OR) 2.99, 95% confidence interval (CI) 0.09 to 100.55; two trials) or when paired data from cross-over trials were included (OR 1.04, 95% CI 0.75 to 1.43). Clear evidence of intertrial heterogeneity was identified both in the primary analysis (I-2 = 65%) and when paired data from cross-over trials were included (I-2 = 40%). Dopamine agents had no beneficial or harmful effect on mortality (42/144 (29%) versus 38/144 (26%); OR 1.11, 95% CI 0.35 to 3.54; five trials). Trial sequential analyses demonstrated that we lacked information to refute or recommend the interventions for all outcomes. Dopamine agonists did not seem to increase the risk of adverse events. Authors’ conclusions This review found no evidence to recommend or refute the use of dopamine agents for hepatic encephalopathy. More randomised placebo-controlled clinical trials without risks of systematic errors and risks of random errors seem necessary to permit firm decisions on dopamine agents for patients with hepatic encephalopathy.

Keywords: Analyses, Analysis, Authors, Bias, Bromocriptine, Changes, Citation, Clinical, Clinical Trials, Clinical-Trials, Collection, Conference Proceedings, Confidence, Control, Criteria, Data, Data Collection, Design, Design Characteristics, Disease, Dopamine, Dopamine Agonists [Therapeutic Use], Duration, Effects, Embase, Empirical-Evidence, Encephalopathy, Errors, Events, Evidence, First, Grade Cerebral Edema, Hepatic Encephalopathy, Hepatic Encephalopathy [Drug Therapy], Heterogeneity, Humans, Information, Information Size, Interval, Intervention, Interventions, Ishen Practice Guidelines, Language, Levodopa-Benserazide, Medline, Meta-Regression, Methods, Model, Mortality, Odds Ratio, Online, Outcomes, Parkinson’S Disease, Patients, Placebo, Portal-Systemic Encephalopathy, Potential, Primary, Publication, Randomised, Randomized Controlled Trials As Topic, Randomized-Trials, Reference, Reference Lists, Review, Risk, Risks, Science, Science Citation Index Expanded, Science Citation Index-Expanded, Search, Sensitivity, Sources, Symptoms, Treatment, Trial, Trial Sequential-Analysis

? Hauser, G., Awad, T., Brok, J., Thorlund, K., Stimac, D., Mabrouk, M., Gluud, C. and Gluud, L.L. (2014), Peginterferon plus ribavirin versus interferon plus ribavirin for chronic hepatitis C. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD005441.

Full Text: [2014\Coc Dat Sys Rev2014, CD005441.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD005441.pdf)

Abstract: Background Pegylated interferon (peginterferon) plus ribavirin is the recommended treatment for patients with chronic hepatitis C, but systematic assessment of the effect of this treatment compared with interferon plus ribavirin is needed. Objectives To systematically evaluate the benefits and harms of peginterferon plus ribavirin versus interferon plus ribavirin for patients with chronic hepatitis C. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, Science Citation Index-Expanded, and LILACS. We also searched conference abstracts, journals, and grey literature. The last searches were conducted in September 2013. Selection criteria We included randomised clinical trials comparing peginterferon plus ribavirin versus interferon plus ribavirin with or without co-intervention(s) (e. g., other antiviral drugs) for chronic hepatitis C. Quasi-randomised and observational studies retrieved through the searches for randomised clinical trials were also considered for reports of harms. Our primary outcomes were liver-related morbidity, all-cause mortality, serious adverse events, adverse events leading to treatment discontinuation, other adverse events, and quality of life. Our secondary outcome was sustained virological response in serum, that is, undetectable hepatitis C virus RNA in serum by sensitive tests six months after the end of treatment. Data collection and analysis Two review authors independently used a standardised data collection form. We meta-analysed data with both fixed-effect and random-effects models. For each outcome, we calculated the odds ratio (OR) (for liver-related morbidity or all-cause mortality) or the risk ratio (RR) along with 95% confidence interval (CI) based on intention-to-treat analysis. We used domains of the trials to assess the risk of systematic errors (bias) and trial sequential analyses to assess the risk of random errors (play of chance). For each outcome, we calculated the RR with 95% CI based on intention-to-treat analysis. Effects of interventions on outcomes were assessed according to GRADE. Main results We included 27 randomised trials with 5938 participants. All trials had high risk of bias. We considered that the risk of bias did not impact on the quality of evidence for liver-related mortality and adverse event outcomes, but it did for virological response. All trials compared peginterferon alpha-2a or peginterferon alpha-2b plus ribavirin versus interferon plus ribavirin for participants with chronic hepatitis C. Three trials administered co-interventions (amantadine hydrochloride 200 mg daily to both intervention groups), and 24 trials were conducted without co-interventions. The effect observed between the two intervention groups regarding liver-related morbidity plus all-cause mortality (5/907 (0.55%) versus 4/882 (0.45%) was imprecise: OR 1.14 (95% CI 0.38 to 3.42; five trials; low quality of evidence), as was the risk of adverse events leading to treatment discontinuation (332/2692 (12.3%) versus 409/2176 (18.8%); RR 0.86, 95% CI 0.68 to 1.09; 15 trials; low quality of evidence) or regarding adverse events leading to treatment discontinuation (332/2692 (12.3%) versus 409/2176 (18.8%); RR 0.86, 95% CI 0.66 to 1.12; 17 trials; low quality of evidence). However, peginterferon plus ribavirin versus interferon plus ribavirin significantly increased the risk of neutropenia (332/2202 (15.1%) versus 117/1653 (7.1%); RR 2.15, 95% CI 1.76 to 2.61; 13 trials), thrombocytopenia (65/1113 (5.8%) versus 23/1082 (2.1%); RR 2.63, 95% CI 1.68 to 4.11; 10 trials), arthralgia (517/1740 (29.7%) versus 282/1194 (23.6%); RR 1.19, 95% CI 1.05 to 1.35; four trials), injection site reaction (627/1168 (53.7%) versus 186/649 (28.7%); RR 1.71, 95% CI 1.50 to 1.93; four trials), and nausea (606/1784 (34.0%) versus 354/1239 (28.6%); RR 1.13, 95% CI 1.01 to 1.26; four trials). The most frequent adverse event was fatigue, which occurred in 57% of participants (2024/3608). No significant difference was noted between peginterferon plus ribavirin versus interferon plus ribavirin in terms of fatigue (1177/2062 (57.1%) versus 847/1546 (54.8%); RR 1.01, 95% CI 0.96 to 1.07; 12 trials). No significant differences were reported between the two treatment groups regarding anaemia, headache, rigours, myalgia, pyrexia, weight loss, asthenia, depression, insomnia, irritability, alopecia, pruritus, skin rash, thyroid malfunction, decreased appetite, or diarrhoea. We were unable to identify any data on quality of life. Peginterferon plus ribavirin versus interferon plus ribavirin seemed to significantly increase the number of participants achieving sustained virological response (1673/3300 participants (50.7%) versus 1081/2804 patients (36.7%); RR 1.39, 95% CI 1.25 to 1.56; I-2 = 64%; 27 trials; very low quality of evidence). However, the risk of bias in the 13/27 (48.1%) trials reporting on this outcome was high and was considered only ‘lower’ in the remainder. Because the conventional meta-analysis did not reach its required information size (n = 14,486 participants), we used trial sequential analysis to control for risks of random errors. Again, in this analysis, the estimated effect was statistically significant in favour of peginterferon. Subgroup analyses according to risk of bias, viral genotype, baseline viral load, past treatment history, and type of intervention yielded similarly significant results favouring peginterferon over interferon on the outcome of sustained virological response. Authors’ conclusions Peginterferon plus ribavirin versus interferon plus ribavirin seems to significantly increase the proportion of patients with sustained virological response, as well as the risk of certain adverse events. However, we have insufficient evidence to recommend or reject peginterferon plus ribavirin for liver-related morbidity plus all-cause mortality compared with interferon plus ribavirin. The clinical consequences of achieved sustained virological response are unknown, as sustained virological response is still an unvalidated surrogate outcome. We found no evidence of the potential benefits on quality of life in patients with achieved sustained virological response. Further high-quality research is likely to have an important impact on our confidence in the estimate of patient-relevant outcomes and is likely to change our estimates. There is very low quality evidence that peginterferon plus ribavirin increases the proportion of patients with sustained virological response in comparison with interferon plus ribavirin. There is evidence that it also increases the risk of certain adverse events.

Keywords: Alopecia, Anaemia, Analyses, Analysis, Antiviral, Assessment, Authors, Benefits, Bias, Chronic, Chronic Hepatitis, Citation, Clinical, Clinical Trials, Collection, Combination Therapy, Comparison, Confidence, Control, Conventional, Cost-Effectiveness, Criteria, Data, Data Collection, Depression, Diarrhoea, Drugs, Embase, Errors, Estimates, Events, Evidence, Fatigue, Grade, Groups, Hepatitis, Hepatitis C, Hepatitis C Virus, High Viral Load, History, Hiv-Infected Patients, Ifn, Rbv Nonresponder Patients, Impact, Information, Insomnia, Interferon, Interval, Intervention, Interventions, Journals, Life, Literature, Load, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Morbidity, Mortality, Nausea, Neutropenia, Observational, Observational Studies, Odds Ratio, Outcome, Outcomes, Patients, Pegylated-Interferon, Potential, Primary, Pruritus, Quality, Quality Of, Quality of Life, Quality-Of-Life, Randomised, Randomized Controlled-Trial, Reporting, Research, Response, Review, Ribavirin, Risk, Risks, Rna, Science, Science Citation Index Expanded, Science Citation Index-Expanded, Search, Serum, Site, Size, Skin, Surrogate, Sustained Virological Response, Thrombocytopenia, Treatment, Treatment-Naive Patients, Trial, Viral, Viral Load, Weight Loss

? Hauser, G., Awad, T., Thorlund, K., Stimac, D., Mabrouk, M. and Gluud, C. (2014), Peginterferon alpha-2a versus peginterferon alpha-2b for chronic hepatitis C. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD005642.

Full Text: [2014\Coc Dat Sys Rev2014, CD005642.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD005642.pdf)

Abstract: Background A combination of weekly pegylated interferon (peginterferon) alpha and daily ribavirin still represents standard treatment of chronic hepatitis C infection in the majority of patients. However, it is not established which of the two licensed peginterferon products, peginterferon alpha-2a or peginterferon alpha-2b, is the most effective and has a better safety profile. Objectives To systematically evaluate the benefits and harms of peginterferon alpha-2a versus peginterferon alpha-2b in head-to-head randomised clinical trials in patients with chronic hepatitis C. Search methods We searched the Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and LILACS until October 2013. We also searched conference abstracts, journals, and grey literature. Selection criteria We included randomised clinical trials comparing peginterferon alpha-2a versus peginterferon alpha-2b given with or without co-intervention(s) (for example, ribavirin) for chronic hepatitis C. Quasi-randomised studies and observational studies as identified by the searches were also considered for assessment of harms. Our primary outcomes were all-cause mortality, liver-related morbidity, serious adverse events, adverse events leading to treatment discontinuation, other adverse events, and quality of life. The secondary outcome was sustained virological response in the blood serum. Data collection and analysis Two authors independently used a standardised data collection form. We meta-analysed data with both the fixed-effect and the random-effects models. For each outcome we calculated the relative risk (RR) with 95% confidence interval (CI) based on intention-to-treat analysis. We used domains of the trials to assess the risk of systematic errors (bias) and trial sequential analyses to assess the risks of random errors (play of chance). Intervention effects on the outcomes were assessed according to GRADE. Main results We included 17 randomised clinical trials which compared peginterferon alpha-2a plus ribavirin versus peginterferon alpha-2b plus ribavirin in 5847 patients. All trials had a high risk of bias. Very few trials reported data on very few patients for the patient-relevant outcomes all-cause mortality, liver-related morbidity, serious adverse events, and quality of life. Accordingly, we were unable to conduct meta-analyses on all-cause mortality, liver-related morbidity, and quality of life. Twelve trials reported on adverse events leading to discontinuation of treatment without clear evidence of a difference between the two peginterferons (197/2171 (9.1%) versus 311/3169 (9.9%); RR 0.84, 95% CI 0.57 to 1.22; I-2 = 44%; low quality evidence). A trial sequential analysis showed that we could exclude a relative risk reduction of 20% or more on this outcome. Peginterferon alpha-2a significantly increased the number of patients who achieved a sustained virological response in the blood serum compared with peginterferon alpha-2b (1069/2099 (51%) versus 1327/3075 (43%); RR 1.12, 95% CI 1.06 to 1.18; I-2 = 0%, 12 trials; moderate quality evidence). Trial sequential analyses supported this result. Subgroup analyses based on risk of bias, viral genotype, and treatment history yielded similar results. Trial sequential analyses supported the results in patients with genotypes 1 and 4, but not in patients with genotypes 2 and 3. Authors’ conclusions There is lack of evidence on patient-important outcomes and paucity of evidence on adverse events. Moderate quality evidence suggests that peginterferon alpha-2a is associated with a higher sustained virological response in serum than with peginterferon alpha-2b. This finding may be affected by the high risk of bias of the included studies. The clinical consequences of peginterferon alpha-2a versus peginterferon alpha-2b are unknown, and we cannot translate an effect on sustained virological response into comparable clinical effects because sustained virological response is still an unvalidated surrogate outcome for patient-important outcomes. The lack of evidence on patient-important outcomes and the paucity of evidence on adverse events means that we are unable to draw any conclusions about the effects of one peginterferon over the other.

Keywords: Analyses, Analysis, Assessment, Authors, Benefits, Bias, Blood, Blood Serum, Chronic, Chronic Hepatitis, Citation, Clinical, Clinical Trials, Clinical-Trials, Collection, Confidence, Criteria, Cumulative Metaanalysis, Data, Data Collection, Design Characteristics, Effects, Embase, Errors, Events, Evidence, Grade, Hepatitis, Hepatitis C, History, Infection, Interferon, Interval, Intervention, Journals, Life, Literature, Medline, Methods, Models, Morbidity, Mortality, Observational, Observational Studies, Outcome, Outcomes, Patients, Pegylated Interferon, Pegylated Interferon Alpha-2a, Plus Ribavirin, Primary, Quality, Quality Of, Quality of Life, Randomised, Randomized Controlled-Trials, Reduction, Relative Risk, Response, Ribavirin, Risk, Risks, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Serum, Standard, Surrogate, Sustained Virological Response, Treatment, Treatment-Naive Patients, Trial, Viral, Virus-Infection

? Sharif, M.O., Merry, A., Catleugh, M., Tickle, M., Brunton, P., Dunne, S., Aggarwal, V.R. and Chong, L.Y. (2014), Replacement versus repair of defective restorations in adults: Amalgam. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD005970.

Full Text: [2014\Coc Dat Sys Rev2014, CD005970.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD005970.pdf)

Abstract: Background Amalgam is a common filling material for posterior teeth, as with any restoration amalgams have a finite life-span. Traditionally replacement was the ideal approach to treat defective amalgam restorations, however, repair offers an alternative more conservative approach where restorations are only partially defective. Repairing a restoration has the potential of taking less time and may sometimes be performed without the use of local anaesthesia hence it may be less distressing for a patient when compared with replacement. Repair of amalgam restorations is often more conservative of the tooth structure than replacement. Objectives To evaluate the effects of replacing (with amalgam) versus repair (with amalgam) in the management of defective amalgam dental restorations in permanent molar and premolar teeth. Search methods For the identification of studies relevant to this review we searched the Cochrane Oral Health Group’s Trials Register (to 5 August 2013); the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2013, Issue 7); MEDLINE via OVID (1946 to 5 August 2013); EMBASE via OVID (1980 to 5 August 2013); BIOSIS via Web of Knowledge (1969 to 5 August 2013); Web of Science (1945 to 5 August 2013) and OpenGrey (to 5 August 2013). Researchers, experts and organisations known to be involved in this field were contacted in order to trace unpublished or ongoing studies. No restrictions were placed on the language or date of publication when searching the electronic databases. Selection criteria Trials were selected if they met the following criteria: randomised controlled trial (including split-mouth studies), involving replacement and repair of amalgam restorations in adults with a defective restoration in a molar or premolar tooth/teeth. Data collection and analysis Two review authors independently assessed titles and abstracts for each article identified by the searches in order to decide whether the article was likely to be relevant. Full papers were obtained for relevant articles and both review authors studied these. The Cochrane Collaboration statistical guidelines were to be followed for data synthesis. Main results The search strategy retrieved 201 potentially eligible studies after de-duplication. After examination of the titles and abstracts, full texts of the relevant studies were retrieved but none of these met the inclusion criteria of the review. Authors’ conclusions There are no published randomised controlled trials relevant to this review question. There is therefore a need for methodologically sound randomised controlled trials that are reported according to the Consolidated Standards of Reporting Trials (CONSORT) statement (www.consort-statement.org/). Further research also needs to explore qualitatively the views of patients on repairing versus replacement and investigate themes around pain, distress and anxiety, time and costs.

Keywords: Adult, Alternative, Alternative Treatments, Anaesthesia, Analysis, Anxiety, Approach, Authors, Clinical-Trial, Cochrane Collaboration, Collaboration, Collection, Conservative, Controlled Trial, Costs, Criteria, Data, Data Collection, Databases, Dental Amalgam [Therapeutic Use], Dental Restoration Failure, Dental Restoration,Permanent [Methods], Distress, Effects, Embase, Examination, Experts, Field, General Dental Practice, Guidelines, Health, Humans, Identification, Knowledge, Language, Local, Local Anaesthesia, Longevity, Management, Medline, Methods, Needs, Pain, Papers, Patients, Permanent, Placement, Potential, Publication, Randomised, Randomised Controlled Trial, Randomised Controlled Trials, Research, Researchers, Restoration, Restrictions, Retreatment [Methods], Review, Science, Search, Search Strategy, Sound, Standards, Strategy, Structure, Synthesis, Trial, Uk, Web of Knowledge, Web of Science

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Full Text: [2014\Coc Dat Sys Rev2014, CD005971.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD005971.pdf)

Abstract: Background Composite filling materials have been increasingly used for the restoration of posterior teeth in recent years as a tooth-coloured alternative to amalgam. As with any filling material composites have a finite life-span. Traditionally, replacement was the ideal approach to treat defective composite restorations, however, repairing composites offers an alternative more conservative approach to the tooth structure where restorations are partly still serviceable. Repairing the restoration has the potential of taking less time and may sometimes be performed without the use of local anaesthesia hence it may be less distressing for a patient when compared with replacement. Objectives To evaluate the effects of replacing (with resin composite) versus repair (with resin composite) in the management of defective resin composite dental restorations in permanent molar and premolar teeth. Search methods For the identification of studies relevant to this review we searched the Cochrane Oral Health Group’s Trials Register (to 24 July 2013); the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2013, Issue 6); MEDLINE via OVID (1946 to 24 July 2013); EMBASE via OVID (1980 to 24 July 2013); BIOSIS via Web of Knowledge (1969 to 24 July 2013); Web of Science (1945 to 24 July 2013); and OpenGrey (to 24 July 2013). Researchers, experts and organisations known to be involved in this field were contacted in order to trace unpublished or ongoing studies. No restrictions were placed on the language or date of publication when searching the electronic databases. Selection criteria Trials were selected if they met the following criteria: randomised controlled trial (including split-mouth studies), involving replacement and repair of resin composite restorations in adults with a defective molar restoration in a permanent molar or premolar teeth. Data collection and analysis Two review authors independently assessed titles and abstracts for each article identified by the searches in order to decide whether the article was likely to be relevant. Full papers were obtained for relevant articles and both review authors studied these. The Cochrane Collaboration statistical guidelines were to be followed for data synthesis. Main results The search strategy retrieved 298 potentially eligible studies, after de-duplication. After examination of the titles and abstracts, full texts of potentially relevant studies were retrieved but none of the retrieved studies met the inclusion criteria of the review. Authors’ conclusions There are no published randomised controlled trials relevant to this review question. There is therefore a need for methodologically sound randomised controlled trials that are reported according to the Consolidated Standards of Reporting Trials (CONSORT) statement (www.consort-statement.org/). Further research also needs to explore qualitatively the views of patients on repairing versus replacement and investigate themes around pain, anxiety and distress, time and costs.

Keywords: Adult, Alternative, Amalgam, Anaesthesia, Analysis, Anxiety, Approach, Authors, Clinical-Trial, Cochrane Collaboration, Collaboration, Collection, Composite, Composite Resins [Therapeutic Use], Composites, Conservative, Controlled Trial, Costs, Criteria, Data, Data Collection, Databases, Dental Restoration Failure, Dental Restoration,Permanent [Methods], Distress, Effects, Embase, Examination, Experts, Field, Guidelines, Health, Humans, Identification, Knowledge, Language, Local, Local Anaesthesia, Long, Management, Medline, Methods, Needs, Pain, Papers, Patients, Permanent, Potential, Publication, Randomised, Randomised Controlled Trial, Randomised Controlled Trials, Recent, Research, Researchers, Resin, Restoration, Restrictions, Retreatment [Methods], Review, Science, Search, Search Strategy, Sound, Standards, Strategy, Structure, Synthesis, Trial, Web of Knowledge, Web of Science

? Desapriya, E., Harjee, R., Brubacher, J., Chan, H., Hewapathirane, D.S., Subzwari, S. and Pike, I. (2014), Vision screening of older drivers for preventing road traffic injuries and fatalities. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD006252.

Full Text: [2014\Coc Dat Sys Rev2014, CD006252.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD006252.pdf)

Abstract: Background Demographic data in North America, Europe, Asia, Australia and New Zealand suggest a rapid growth in the number of persons over the age of 65 years as the baby boomer generation passes retirement age. As older adults make up an increasing proportion of the population, they are an important consideration when designing future evidence-based traffic safety policies, particularly those that lead to restrictions or cessation of driving. Research has shown that cessation of driving among older drivers can lead to negative emotional consequences such as depression and loss of independence. Older adults who continue to drive tend to do so less frequently than other demographic groups and are more likely to be involved in a road traffic crash, possibly due to what is termed the “low mileage bias”. Available research suggests that older driver crash risk estimates based on traditional exposure measures are prone to bias. When annual driving distances are taken in to consideration, older drivers with low driving distances have an increased crash risk, while those with average or high driving distances tend to be safer drivers when compared to other age groups. In addition, older drivers with lower distance driving tend to drive in urban areas which, due to more complex and demanding traffic patterns, tend to be more accident-prone. Failure to control for actual annual driving distances and driving locations among older drivers is referred to as “low mileage bias” in older driver mobility research. It is also important to note that older drivers are more vulnerable to serious injury and death in the event of a traffic crash due to changes in physiology associated with normal ageing. Vision, cognition, and motor functions or skills (e. g., strength, co-ordination, and flexibility) are three key domains required for safe driving. To drive safely, an individual needs to be able to see road signs, road side objects, traffic lights, roadway markings, other vulnerable road users, and other vehicles on the road, among many other cues-all while moving, and under varying light and weather conditions. It is equally important that drivers must have appropriate peripheral vision to monitor objects and movement to identify possible threats in the driving environment. It is, therefore, not surprising that there is agreement among researchers that vision plays a significant role in driving performance. Several age-related processes/conditions impair vision, thus it follows that vision testing of older drivers is an important road safety issue. The components of visual function essential for driving are acuity, static acuity, dynamic acuity, visual fields, visual attention, depth perception, and contrast sensitivity. These indices are typically not fully assessed by licensing agencies. Also, current vision screening regulations and cut-off values required to pass a licensing test vary from country to country. Although there is a clear need to develop evidence-based and validated tools for vision screening for driving, the effectiveness of existing vision screening tools remains unclear. This represents an important and highly warranted initiative to increase road safety worldwide. Objectives To assess the effects of vision screening interventions for older drivers to prevent road traffic injuries and fatalities. Search methods For the update of this review we searched the Cochrane Injuries Group’s Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library), MEDLINE (OvidSP), Embase (OvidSP), PsycINFO (OvidSP) and ISI Web of Science: (CPCI-S & SSCI). The searches were conducted up to 26 September 2013. Selection criteria Randomised controlled trials (RCTs) and controlled before and after studies comparing vision screening to non-screening of drivers aged 55 years and older, and which assessed the effect on road traffic crashes, injuries, fatalities and any involvement in traffic law violations. Data collection and analysis Two review authors independently screened the reference lists for eligible articles and independently assessed the articles for inclusion against the criteria. If suitable trials had been available, two review authors would have independently extracted data using a standardised extraction form. Main results No studies were found that met the inclusion criteria for this review. Authors’ conclusions Most countries require a vision screening test for the renewal of an individual’s driver’s licence. There is, however, lack of methodologically sound studies to assess the effects of vision screening tests on subsequent motor vehicle crash reduction. There is a need to develop valid and reliable tools of vision screening that can predict driving performance.

Keywords: Accidents,Traffic [Prevention & Control], Age, Age-Related, Aged, Ageing, Analysis, Asia, Attention, Australia, Authors, Automobile Driving, Baby, Bias, Cessation, Changes, Cognition, Collection, Control, Coordination, Country, Criteria, Data, Data Collection, Death, Dementia, Depression, Drive, Driving, Driving Performance, Dynamic, Effectiveness, Effects, Environment, Estimates, Europe, Evidence Based, Evidence-Based, Exposure, Extraction, Fatalities, Flexibility, Function, Functions, Generation, Groups, Growth, Humans, Increased Depressive Symptoms, Indices, Injury, Interventions, Involvement, ISI, ISI Web of Science, Law, Lead, License Renewal, Licensing, Measures, Medline, Methods, Mobility, Motor Vehicle, Motor-Vehicle Crashes, Movement, Needs, New Zealand, Normal, North, North America, Older Adults, Older Drivers, Perception, Performance, Physiology, Policies, Population, Prevent, Psycinfo, Randomised Controlled Trials, Reduction, Reference, Reference Lists, Regulations, Research, Restrictions, Review, Risk, Road, Role, Safety, Science, Screening, Screening Tests, Search, Sensitivity, Sound, Ssci, Strength, Testing, Traffic, Traffic Crash, Traffic Crashes, Urban, Urban Areas, Useful Field, Vehicle, Vision Screening, Visual Impairment, Weather, Web of Science

? Ullah, H., Samad, K. and Khan, F.A. (2014), Continuous interscalene brachial plexus block versus parenteral analgesia for postoperative pain relief after major shoulder surgery. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD007080.

Full Text: [2014\Coc Dat Sys Rev2014, CD007080.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD007080.pdf)

Abstract: Background Postoperative pain may lead to adverse effects on the body, which might result in an increase in morbidity. Its management therefore poses a unique challenge for the clinician. Major shoulder surgery is associated with severe postoperative pain, and different modalities are available to manage such pain, including opioid and non-opioid analgesics, local anaesthetics infiltrated into and around the shoulder joint and regional anaesthesia. All of these techniques, alone or in combination, have been used to treat the postoperative pain of major shoulder surgery but with varying success. Objectives The objective of this review was to compare the analgesic efficacy of continuous interscalene brachial plexus block (ISBPB) with parenteral opioid analgesia for pain relief after major shoulder surgery. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (2012, Issue 12), MEDLINE (1950 to December 2012), EMBASE (1980 to December 2012), Web of Science (1954 to December 2012), CINAHL (1982 to December 2012) and bibliographies of published studies. Selection criteria We included randomized controlled trials assessing the effectiveness of continuous ISBPB compared with different forms of parenteral opioid analgesia in relieving pain in adult participants undergoing elective major shoulder surgery. Data collection and analysis Two review authors independently assessed trial quality and extracted outcome data. Main results We included two randomized controlled trials (147 participants). A total of 17 participants were excluded from one trial because of complications related to continuous ISBPB (16) or parenteral opioid analgesia (one). Thus we have information on 130 participants (66 in the continuous ISBPB group and 64 in the parenteral opioid group). The studies were clinically heterogeneous. No meta-analysis was undertaken. However, results of the two included studies showed better pain relief with continuous ISBPB following major shoulder surgery and a lower incidence of complications when interscalene block is performed under ultrasound guidance rather than without it. Authors’ conclusions Because of the small number of studies (two) relevant to the subject and the high risk of bias of the selected studies, no reasonable conclusion can be drawn.

Keywords: Adult, Adverse Effects, Anaesthesia, Anaesthetics, Analgesia, Analgesic, Analgesics, Analysis, Assessing, Authors, Bias, Bibliographies, Brachial Plexus, Bupivacaine, Challenge, Clinician, Clonidine, Collection, Complications, Continuous-Infusion, Criteria, Data, Data Collection, Effectiveness, Effects, Efficacy, Elective, Embase, Forms, General-Anesthesia, Guidance, Incidence, Information, Injection, Lead, Local, Local Anaesthetics, Management, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Modalities, Morbidity, Nerve Blocks, Opioid, Outcome, Pain, Pain Relief, Patient-Controlled Analgesia, Postoperative, Postoperative Pain, Quality, Randomized, Randomized Controlled Trials, Regional, Regional Anaesthesia, Review, Risk, Ropivacaine, Rotator Cuff Surgery, Science, Search, Small, Success, Surgery, Techniques, Trial, Ultrasound, Web of Science

? Gurusamy, K.S., Vaughan, J., Rossi, M. and Davidson, B.R. (2014), Fewer-than-four ports versus four ports for laparoscopic cholecystectomy. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD007109.

Full Text: [2014\Coc Dat Sys Rev2014, CD007109.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD007109.pdf)

Abstract: Background Traditionally, laparoscopic cholecystectomy is performed using two 10-mm ports and two 5-mm ports. Recently, a reduction in the number of ports has been suggested as a modification of the standard technique with a view to decreasing pain and improving cosmesis. The safety and effectiveness of using fewer-than-four ports has not yet been established. Objectives To assess the benefits (such as improvement in cosmesis and earlier return to activity) and harms (such as increased complications) of using fewer-than-four ports (fewer-than-four-ports laparoscopic cholecystectomy) versus four ports in people undergoing laparoscopic cholecystectomy for any reason (symptomatic gallstones, a calculous cholecystitis, gallbladder polyp, or any other condition). Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL; Issue 8, 2013), MEDLINE, EMBASE, Science Citation Index Expanded, and the World Health Organization International Clinical Trials Registry Platform portal to September 2013. Selection criteria We included all randomised clinical trials comparing fewer-than-four ports versus four ports, that is, with standard laparoscopic cholecystectomy that is performed with two ports of at least 10-mm incision and two ports of at least 5-mm incision. Data collection and analysis Two review authors independently identified the trials and extracted the data. We analysed the data using both the fixed-effect and the random-effects models. For each outcome, we calculated the risk ratio (RR) or mean difference (MD) with 95% confidence intervals (CI) based on intention-to-treat analysis, whenever possible. Main results We found nine trials with 855 participants that randomised participants to fewer-than-four-ports laparoscopic cholecystectomy (n = 427) versus four-port laparoscopic cholecystectomy (n = 428). Most trials included low anaesthetic risk participants undergoing elective laparoscopic cholecystectomy. Seven of the nine trials used a single port laparoscopic cholecystectomy and the remaining two trials used three-port laparoscopic cholecystectomy as the experimental intervention. Only one trial including 70 participants had low risk of bias. Fewer-than-four-ports laparoscopic cholecystectomy could be completed successfully in more than 90% of participants in most trials. The remaining participants were mostly converted to four-port laparoscopic cholecystectomy but some participants had to undergo open cholecystectomy. There was no mortality in either group in the seven trials that reported mortality (318 participants in fewer-than-four-ports laparoscopic cholecystectomy group and 316 participants in four-port laparoscopic cholecystectomy group). The proportion of participants with serious adverse events was low in both treatment groups and the estimated RR was compatible with a reduction and substantial increased risk with the fewer-than-four-ports group (6/318 (1.9%)) and four-port laparoscopic cholecystectomy group (0/316 (0%)) (RR 3.93; 95% CI 0.86 to 18.04; 7 trials; 634 participants; very low quality evidence). The estimated difference in the quality of life (measured between 10 and 30 days) was imprecise (standardised mean difference (SMD) 0.18; 95% CI -0.05 to 0.42; 4 trials; 510 participants; very low quality evidence), as was the proportion of participants in whom the laparoscopic cholecystectomy had to be converted to open cholecystectomy between the groups (fewer-than-four ports 3/289 (adjusted proportion 1.2%) versus four port: 5/292 (1.7%); RR 0.68; 95% CI 0.19 to 2.35; 5 trials; 581 participants; very low quality evidence). The fewer-than-four-ports laparoscopic cholecystectomy took 14 minutes longer to complete (MD 14.44 minutes; 95% CI 5.95 to 22.93; 9 trials; 855 participants; very low quality evidence). There was no clear difference in hospital stay between the groups (MD -0.01 days; 95% CI -0.28 to 0.26; 6 trials; 731 participants) or in the proportion of participants discharged as day surgery (RR 0.92; 95% CI 0.70 to 1.22; 1 trial; 50 participants; very low quality evidence) between the two groups. The times taken to return to normal activity and work were shorter by two days in the fewer-than-four-ports group compared with four-port laparoscopic cholecystectomy (return to normal activity: MD -1.20 days; 95% CI -1.58 to -0.81; 2 trials; 325 participants; very low quality evidence; return to work: MD -2.00 days; 95% CI -3.31 to -0.69; 1 trial; 150 participants; very low quality evidence). There was no significant difference in cosmesis scores at 6 to 12 months between the two groups (SMD 0.37; 95% CI -0.10 to 0.84; 2 trials; 317 participants; very low quality evidence). Authors’ conclusions There is very low quality evidence that is insufficient to determine whether there is any significant clinical benefit in using fewer-than-four-ports laparoscopic cholecystectomy compared with four-port laparoscopic cholecystectomy. The safety profile of using fewer than-four ports is yet to be established and fewer-than-four-ports laparoscopic cholecystectomy should be reserved for well-designed randomised clinical trials.

Keywords: Activity, Analysis, Authors, Benefits, Bias, Cholecystectomy, Citation, Clinical, Clinical Trials, Clinical-Trial, Collection, Complete, Complications, Confidence, Confidence Intervals, Criteria, Data, Data Collection, Design Characteristics, Effectiveness, Elective, Embase, Empirical-Evidence, Events, Evidence, Experimental, Groups, Health, Hospital, Hospital Stay, Improvement, Incision, Information Size, Intervals, Intervention, Laparoendoscopic Single-Site, Laparoscopic, Laparoscopic Cholecystectomy, Life, Low Risk, Medline, Metaanalysis, Methods, Models, Modification, Mortality, Normal, Open, Outcome, Pain, Port, Quality, Quality Of, Quality of Life, Randomised, Randomized-Controlled-Trial, Reduction, Review, Risk, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Standard, Surgery, Treatment, Trial, Work, World Health Organization

? Brooks, S.C., Hassan, N., Bigham, B.L. and Morrison, L.J. (2014), Mechanical versus manual chest compressions for cardiac arrest. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD007260.

Full Text: [2014\Coc Dat Sys Rev2014, CD007260.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD007260.pdf)

Abstract: Background This is the first update of the Cochrane review on mechanical chest compression devices published in 2011 (Brooks 2011). Mechanical chest compression devices have been proposed to improve the effectiveness of cardiopulmonary resuscitation (CPR). Objectives To assess the effectiveness of mechanical chest compressions versus standard manual chest compressions with respect to neurologically intact survival in patients who suffer cardiac arrest. Search methods We searched the Cochrane Central Register of Controlled Studies (CENTRAL; 2013, Issue 12), MEDLINE Ovid (1946 to 2013 January Week 1), EMBASE (1980 to 2013 January Week 2), Science Citation abstracts (1960 to 18 November 2009), Science Citation Index-Expanded (SCI-EXPANDED) (1970 to 11 January 2013) on Thomson Reuters Web of Science, biotechnology and bioengineering abstracts (1982 to 18 November 2009), conference proceedings Citation Index-Science (CPCI-S) (1990 to 11 January 2013) and clinicaltrials.gov (2 August 2013). We applied no language restrictions. Experts in the field of mechanical chest compression devices and manufacturers were contacted. Selection criteria We included randomised controlled trials (RCTs), cluster RCTs and quasi-randomised studies comparing mechanical chest compressions versus manual chest compressions during CPR for patients with atraumatic cardiac arrest. Data collection and analysis Two review authors abstracted data independently; disagreement between review authors was resolved by consensus and by a third review author if consensus could not be reached. The methodologies of selected studies were evaluated by a single author for risk of bias. The primary outcome was survival to hospital discharge with good neurological outcome. We planned to use RevMan 5 (Version 5.2. The Nordic Cochrane Centre) and the DerSimonian & Laird method (random-effects model) to provide a pooled estimate for risk ratio (RR) with 95% confidence intervals (95% CIs), if data allowed. Main results Two new studies were included in this update. Six trials in total, including data from 1166 participants, were included in the review. The overall quality of included studies was poor, and significant clinical heterogeneity was observed. Only one study (N = 767) reported survival to hospital discharge with good neurological function (defined as a Cerebral Performance Category score of one or two), demonstrating reduced survival with mechanical chest compressions when compared with manual chest compressions (RR 0.41, 95% CI 0.21 to 0.79). Data from four studies demonstrated increased return of spontaneous circulation, and data from two studies demonstrated increased survival to hospital admission with mechanical chest compressions as compared with manual chest compressions, but none of the individual estimates reached statistical significance. Marked clinical heterogeneity between studies precluded any pooled estimates of effect. Authors’ conclusions Evidence from RCTs in humans is insufficient to conclude that mechanical chest compressions during cardiopulmonary resuscitation for cardiac arrest are associated with benefit or harm. Widespread use of mechanical devices for chest compressions during cardiac events is not supported by this review. More RCTs that measure and account for the CPR process in both arms are needed to clarify the potential benefit to be derived from this intervention.

Keywords: \*Methods, \*Therapy], American-Heart-Association, Analysis, Authors, Bias, Biotechnology, Blood-Flow, Cardiac Arrest, Cardiopulmonary, Cardiopulmonary Resuscitation, Cardiopulmonary Resuscitation [Instrumentation, Citation, Clinical, Cluster, Collection, Conference Proceedings, Confidence, Confidence Intervals, Consensus, Cpr, Cpr Assist Device, Criteria, Data, Data Collection, Decompression Cardiopulmonary-Resuscitation, Discharge, Effectiveness, Embase, Ems System, Estimates, Events, Evidence, Field, First, Function, Heart Arrest [Mortality, Heterogeneity, Hospital, Humans, Improved Hemodynamics, Intervals, Intervention, Language, Life-Support, Measure, Medline, Methodologies, Methods, Model, Mortality], N, Neurological, Outcome, Patient Discharge, Patients, Performance, Phased Chest, Porcine Model, Potential, Primary, Quality, Quality Of, Random Effects Model, Randomised, Randomised Controlled Trials, Randomized Clinical-Trial, Randomized Controlled Trials As Topic, Restrictions, Resuscitation, Review, Risk, Science, Science Citation Index Expanded, Science Citation Index-Expanded, Search, Significance, Spontaneous, Standard, Survival, Thomson Reuters, Thomson-Reuters, Web of Science

? Haugaard, M.V., Wettergren, A., Hillingso, J.G., Gluud, C. and Penninga, L. (2014), Non-operative versus operative treatment for blunt pancreatic trauma in children. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD009746.

Full Text: [2014\Coc Dat Sys Rev2014, CD009746.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD009746.pdf)

Abstract: Background Pancreatic trauma in children is a serious condition with high morbidity. Blunt traumatic pancreatic lesions in children can be treated non-operatively or operatively. For less severe, grade I and II, blunt pancreatic trauma a non-operative or conservative approach is usually employed. Currently, the optimal treatment, of whether to perform operative or non-operative treatment of severe, grade III to V, blunt pancreatic injury in children is unclear. Objectives To assess the benefits and harms of operative versus non-operative treatment of blunt pancreatic trauma in children. Search methods We searched the Cochrane Injuries Group’s Specialised Register, Cochrane Central Register of Controlled Trials (Issue 5, 2013), MEDLINE (OvidSP), EMBASE (OvidSP), ISI Web of Science (SCI-EXPANDED and CPCI-S) and ZETOC. In addition, we searched bibliographies of relevant articles, conference proceeding abstracts and clinical trials registries. We conducted the search on the 21 June 2013. Selection criteria We planned to select all randomised clinical trials investigating non-operative versus operative treatment of blunt pancreatic trauma in children, irrespective of blinding, publication status or language of publication. Data collection and analysis We used relevant search strategies to obtain the titles and abstracts of studies that were relevant for the review. Two review authors independently assessed trial eligibility. Main results The search found 83 relevant references. We excluded all of the references and found no randomised clinical trials investigating treatment of blunt pancreatic trauma in children. Authors’ conclusions This review shows that strategies regarding non-operative versus operative treatment of severe blunt pancreatic trauma in children are not based on randomised clinical trials. We recommend that multi-centre trials evaluating non-operative versus operative treatment of paediatric pancreatic trauma are conducted to establish firm evidence in this field of medicine.

Keywords: Abdominal-Trauma, Analysis, Approach, Authors, Benefits, Bias, Bibliographies, Children, Clinical, Clinical Trials, Collection, Conservative, Criteria, Damage Control Surgery, Data, Data Collection, Duct, Embase, Empirical-Evidence, Evidence, Field, Injury, Isi, Isi Web of Science, Language, Long-Term Impact, Medicine, Medline, Metaanalysis, Methods, Morbidity, Operative, Operative Treatment, Publication, Randomised, Randomized-Trials, References, Registries, Review, Science, Search, Search Strategies, Selective Management, Trauma, Traumatic, Treatment, Trial, Web of Science

? Rutten, M.J., Leeflang, M.M.G., Kenter, G.G., Mol, B.W.J. and Buist, M. (2014), Laparoscopy for diagnosing resectability of disease in patients with advanced ovarian cancer. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD009786.

Full Text: [2014\Coc Dat Sys Rev2014, CD009786.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD009786.pdf)

Abstract: Background The presence of residual tumour after primary debulking surgery is the most important prognostic factor in patients with advanced ovarian cancer. In up to 60% of cases, residual tumour of more than 1 cm is left behind, stressing the necessity of accurately selecting those patients who should be treated with primary debulking surgery and those who should receive neoadjuvant chemotherapy instead. Objectives To determine if performing an open laparoscopy after the diagnostic work-up of patients suspected of advanced ovarian cancer is accurate in predicting the resectability of disease. Search methods We searched MEDLINE, EMBASE, The Cochrane Central Register of Controlled Trials (CENTRAL), the Cochrane Register of Diagnostic Test Accuracy Studies, MEDION and ISI Web of Science to February 2013. Furthermore, we checked references of identified primary studies and review articles. Selection criteria We included studies that evaluated the diagnostic accuracy of laparoscopy to determine the resectability of disease in patients who are suspected of advanced ovarian cancer and planned to receive primary debulking surgery. Data collection and analysis Two review authors assessed the quality of included studies using QUADAS-2 and extracted data on study and patients’ characteristics, index test, target condition and reference standard. Data for two-by-two tables were extracted and summarised graphically. Sensitivity and specificity and negative predictive values were calculated. Main results We included seven studies reporting on six cohorts. Between 27% to 64% of included patients per study were positive on laparoscopy (too extensive disease to warrant laparotomy) and between 36% to 73% were negative (disease suitable for debulking laparotomy). Only two studies avoided partial verification bias and provided data to calculate sensitivity and specificity, which did not justify meta-analysis. These two studies had a sensitivity of 0.70 (95% confidence interval (CI) 0.57 to 0.82) and 0.71 (95% CI 0.44 to 0.90); however, the specificity of both studies was 1.00 (95% CI 0.90 to 1.00). In these two studies there were no false positives, i.e. no patients for whom laparoscopy indicated that major surgery would not be successful and should be avoided, whereas, in reality the patient could be successfully operated upon. Negative predictive values (NPV), for those patients who were diagnosed with having not too extensive disease correctly identified were 0.75 (95% CI 0.55 to 0.86) and 0.96 (95% CI 0.56 to 0.99) due to a different prevalence. Although the studies did report sufficient data to calculate NPVs, we judged these estimates too heterogeneous to meta-analyse. Three studies described the development or validation of a prediction model with a clear cut-off for test positivity. Sensitivity and specificity of these prediction models were 0.30 to 0.70 and 0.89 to 1.00, respectively. However, one of these studies suffered from partial verification bias. Authors’ conclusions Laparoscopy is a promising test, but the low number of studies and the differences between the included studies do not allow firm conclusions to be drawn from these data. Due to a difference in prevalence, there is a wide range in negative predictive values between studies. Two studies verified all patients. These imply a high specificity of laparoscopy in diagnosing resectability and have a good sensitivity. Both studies show that the use of criteria for unresectable disease will result in no patients inappropriately unexplored. However, there will still be patients undergoing unsuccessful primary laparotomy. Using a prediction model does not increase the sensitivity and will result in more unnecessarily explored patients, due to a lower specificity.

Keywords: Accuracy, Advanced-Stage Ovarian, Analysis, Authors, Bias, Cancer, Carcinoma, Characteristics, Chemotherapy, Collection, Confidence, Criteria, Data, Data Collection, Debulking, Development, Diagnostic Accuracy, Disease, Embase, Estimates, Index, Interval, Isi, Isi Web of Science, Laparoscopy, Laparotomy, Management, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Models, Neoadjuvant Chemotherapy, Open, Ovarian Cancer, Patients, Predict, Prediction, Prediction Model, Predictive, Prevalence, Primary, Primary Cytoreductive Surgery, Prognostic, Prognostic Factor, Quality, Quality Of, Reference, References, Reporting, Review, Science, Score, Search, Sensitivity, Specificity, Standard, Surgery, Test, Validation, Verification, Web of Science

? Gurusamy, K.S., Vaughan, J. and Davidson, B.R. (2014), Formal education of patients about to undergo laparoscopic cholecystectomy. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD009933.

Full Text: [2014\Coc Dat Sys Rev2014, CD009933.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD009933.pdf)

Abstract: Background Generally, before being operated on, patients will be given informal information by the healthcare providers involved in the care of the patients (doctors, nurses, ward clerks, or healthcare assistants). This information can also be provided formally in different formats including written information, formal lectures, or audio-visual recorded information. Objectives To compare the benefits and harms of formal preoperative patient education for patients undergoing laparoscopic cholecystectomy. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (Issue 2, 2013), MEDLINE, EMBASE, and Science Citation Index Expanded to March 2013. Selection criteria We included only randomised clinical trials irrespective of language and publication status. Data collection and analysis Two review authors independently extracted the data. We planned to calculate the risk ratio with 95% confidence intervals (CI) for dichotomous outcomes, and mean difference (MD) or standardised mean difference (SMD) with 95% CI for continuous outcomes based on intention-to-treat analyses when data were available. Main results A total of 431 participants undergoing elective laparoscopic cholecystectomy were randomised to formal patient education (215 participants) versus standard care (216 participants) in four trials. The patient education included verbal education, multimedia DVD programme, computer-based multimedia programme, and PowerPoint presentation in the four trials. All the trials were of high risk of bias. One trial including 212 patients reported mortality. There was no mortality in either group in this trial. None of the trials reported surgery-related morbidity, quality of life, proportion of patients discharged as day-procedure laparoscopic cholecystectomy, the length of hospital stay, return to work, or the number of unplanned visits to the doctor. There were insufficient details to calculate the mean difference and 95% CI for the difference in pain scores at 9 to 24 hours (1 trial; 93 patients); and we did not identify clear evidence of an effect on patient knowledge (3 trials; 338 participants; SMD 0.19; 95% CI -0.02 to 0.41; very low quality evidence), patient satisfaction (2 trials; 305 patients; SMD 0.48; 95% CI -0.42 to 1.37; very low quality evidence), or patient anxiety (1 trial; 76 participants; SMD -0.37; 95% CI -0.82 to 0.09; very low quality evidence) between the two groups. A total of 173 participants undergoing elective laparoscopic cholecystectomy were randomised to electronic consent with repeat-back (patients repeating back the information provided) (92 participants) versus electronic consent without repeat-back (81 participants) in one trial of high risk of bias. The only outcome reported in this trial was patient knowledge. The effect on patient knowledge between the patient education with repeat-back versus patient education without repeat-back groups was imprecise and based on 1 trial of 173 participants; SMD 0.07; 95% CI -0.22 to 0.37; very low quality evidence). Authors’ conclusions Due to the very low quality of the current evidence, the effects of formal patient education provided in addition to the standard information provided by doctors to patients compared with standard care remain uncertain. Further well-designed randomised clinical trials of low risk of bias are necessary.

Keywords: Analyses, Analysis, Anxiety, Audiovisual, Authors, Benefits, Bias, Care, Cholecystectomy, Citation, Clinical, Clinical Trials, Clinical-Trials, Collection, Confidence, Confidence Intervals, Consent, Criteria, Data, Data Collection, Design Characteristics, Doctors, Education, Effects, Elective, Embase, Empirical-Evidence, Evidence, Groups, Hospital, Hospital Stay, Information, Information Size, Intervals, Knowledge, Language, Laparoscopic, Laparoscopic Cholecystectomy, Length, Life, Low Risk, Medline, Metaanalysis, Methods, Morbidity, Mortality, Nurses, Outcome, Outcomes, Pain, Patient Education, Patient Satisfaction, Patients, Postoperative Recovery, Preoperative, Presentation, Providers, Publication, Quality, Quality Of, Quality of Life, Randomised, Randomized Controlled-Trials, Review, Risk, Satisfaction, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Standard, Surgical Informed-Consent, Trial, Work

? Gurusamy, K.S., Kumar, S., Davidson, B.R. and Fusai, G. (2014), Resection versus other treatments for locally advanced pancreatic cancer. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD010244.

Full Text: [2014\Coc Dat Sys Rev2014, CD010244.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD010244.pdf)

Abstract: Background Pancreatic cancer is an aggressive cancer. Resection of the cancer is the only treatment with the potential to achieve long-term survival. However, a third of patients with pancreatic cancer have locally advanced cancer involving adjacent structures such as blood vessels which are not usually removed because of fear of increased complications after surgery. Such patients often receive palliative treatment. Resection of the pancreas along with the involved vessels is an alternative to palliative treatment for patients with locally advanced pancreatic cancer. Objectives To compare the benefits and harms of surgical resection versus palliative treatment in patients with locally advanced pancreatic cancer. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2013, Issue 12), MEDLINE, EMBASE, Science Citation Index Expanded, and trial registers until February 2014. Selection criteria We included randomised controlled trials comparing pancreatic resection versus palliative treatments for patients with locally advanced pancreatic cancer (irrespective of language or publication status). Data collection and analysis Two authors independently assessed trials for inclusion and independently extracted the data. We analysed the data with both the fixed-effect and random-effects models using Review Manager (RevMan). We calculated the hazard ratio (HR), risk ratio (RR) or mean difference (MD) with 95% confidence intervals (CI) based on an intention-to-treat analysis. Main results We identified two trials comparing pancreatic resection versus other treatments for patients with locally advanced pancreatic cancer. Ninety eight patients were randomised to pancreatic resection (n = 47) or palliative treatment (n = 51) in the two trials included in this review. Both trials were at high risk of bias. Both trials included patients who had locally advanced pancreatic cancer which involved the serosa anteriorly or retroperitoneum posteriorly or involved the blood vessels. Such pancreatic cancers would be considered generally unresectable. One trial included patients with pancreatic cancer in different locations of the pancreas including the head, neck and body (n = 42). The patients allocated to the pancreatic resection group underwent partial pancreatic resection (pancreatoduodenectomy with lymph node clearance or distal pancreatic resection with lymph node clearance) in this trial; the control group received palliative treatment with chemoradiotherapy. In the other trial, only patients with cancer in the head or neck of the pancreas were included (n = 56). The patients allocated to the pancreatic resection group underwent en bloc total pancreatectomy with splenectomy and vascular reconstruction in this trial; the control group underwent palliative bypass surgery with chemoimmunotherapy. The pancreatic resection group had lower mortality than the palliative treatment group (HR 0.38; 95% CI 0.25 to 0.58, very low quality evidence). Both trials followed the survivors up to at least five years. There were no survivors at two years in the palliative treatment group in either trial. Approximately 40% of the patients who underwent pancreatic resection were alive in the pancreatic resection group at the end of three years. This difference in survival was statistically significant (RR 22.68; 95% CI 3.15 to 163.22). The difference persisted at five years of follow-up (RR 8.65; 95% CI 1.12 to 66.89). Neither trial reported severe adverse events but it is likely that a significant proportion of patients suffered from severe adverse events in both groups. The overall peri-operative mortality in the resection group in the two trials was 2.5%. None of the trials reported quality of life. The estimated difference in the length of total hospital stay (which included all admissions of the patient related to the treatment) between the two groups was imprecise (MD -23.00 days; 95% CI -59.05 to 13.05, very low quality evidence). The total treatment costs were significantly lower in the pancreatic resection group than the palliative treatment group (MD -10.70 thousand USD; 95% CI -14.11 to -7.29, very low quality evidence). Authors’ conclusions There is very low quality evidence that pancreatic resection increases survival and decreases costs compared to palliative treatments for selected patients with locally advanced pancreatic cancer and venous involvement. When sufficient expertise is available, pancreatic resection could be considered for selected patients with locally advanced pancreatic cancer who are willing to accept the potentially increased morbidity associated with the procedure. Further randomised controlled trials are necessary to increase confidence in the estimate of effect and to assess the quality of life of patients and the cost-effectiveness of pancreatic resection versus palliative treatment for locally advanced pancreatic cancer.

Keywords: Alternative, Analysis, Authors, Benefits, Bias, Blood, Cancer, Chemoradiotherapy, Citation, Collection, Combination Therapy, Complications, Confidence, Confidence Intervals, Control, Cost Effectiveness, Cost-Effectiveness, Costs, Criteria, Data, Data Collection, Ductal Adenocarcinoma, Embase, Empirical-Evidence, Events, Evidence, Fear, Follow-Up, Gemcitabine, Groups, Hazard, Head Carcinoma, Hospital, Hospital Stay, Intervals, Language, Length, Life, Long Term, Long-Term, Medline, Metaanalysis, Methods, Models, Morbidity, Mortality, Neck, Pancreas, Pancreatic Cancer, Pancreatic Resection, Patients, Potential, Procedure, Publication, Quality, Quality Of, Quality of Life, Randomised, Randomised Controlled Trials, Randomized Clinical-Trials, Reconstruction, Retroperitoneum, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Splenectomy, Surgery, Surgical Resection, Survival, Treatment, Treatment Costs, Trial

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Full Text: [2014\Coc Dat Sys Rev2014, CD010271.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD010271.pdf)

Abstract: Background Human papillomavirus-associated oropharyngeal squamous cell carcinomas are a distinct subgroup of tumours that may have a better prognosis than traditional tobacco/alcohol-related disease. Iatrogenic complications, associated with conventional practice, are estimated to cause mortality of approximately 2% and high morbidity. As a result, clinicians are actively investigating the de-escalation of treatment protocols for disease with a proven viral aetiology. Objectives To summarise the available evidence regarding de-escalation treatment protocols for human papillomavirus-associated, locally advanced oropharyngeal squamous cell carcinoma. Search methods We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials; PubMed; EMBASE; CINAHL; Web of Science; Cambridge Scientific Abstracts; ICTRP and additional sources for published and unpublished trials. The date of the most recent search was 25 June 2013. Selection criteria Randomised controlled trials investigating de-escalation treatment protocols for human papillomavirus-associated, locally advanced oropharyngeal carcinoma. Specific de-escalation categories were: 1) bioradiotherapy (experimental) versus chemoradiotherapy (control); 2) radiotherapy (experimental) versus chemoradiotherapy (control); and 3) low-dose (experimental) versus standard-dose radiotherapy (control). The outcomes of interest were overall and disease-specific survival, treatment-related morbidity, quality of life and cost. Data collection and analysis Three authors independently selected studies from the search results and extracted data. We planned to use the Cochrane ‘Risk of bias’ tool to assess study quality. Main results We did not identify any completed randomised controlled trials that could be included in the current version of this systematic review. We did, however, identify seven ongoing trials that will meet our inclusion criteria. These studies will report from 2014 onwards. We excluded 30 studies on methodological grounds (seven randomised trials with post hoc analysis by human papillomavirus status, 11 prospective trials and 12 ongoing studies). Authors’ conclusions There is currently insufficient high-quality evidence for, or against, de-escalation of treatment for human papillomavirus-associated oropharyngeal carcinoma. Future trials should be multicentre to ensure adequate power. Adverse events, morbidity associated with treatment, quality of life outcomes and cost analyses should be reported in a standard format to facilitate comparison with other studies.

Keywords: Adverse Events, Aetiology, Analyses, Analysis, Authors, Bias, Carcinoma, Cetuximab, Chemoradiotherapy, Collection, Comparison, Complications, Control, Conventional, Cost, Criteria, Data, Data Collection, Disease, Embase, Events, Evidence, Experimental, Human, Human Papillomavirus, Life, Locally Advanced Head, Locoregionally Advanced Head, Low-Dose, Metaanalysis, Methods, Morbidity, Mortality, Neck-Cancer, Outcomes, Papillomavirus, Phase-Iii Trial, Power, Practice, Prognosis, Prospective, Protocols, Pubmed, Quality, Quality Of, Quality of Life, Radiation-Therapy, Radiotherapy, Randomised, Randomised Controlled Trials, Recent, Review, Risk, Risk of Bias, Science, Search, Sources, Squamous Cell Carcinoma, Standard, Survival, Systematic Review, Treatment, Version, Viral, Web of Science

? Baxi, R., Sharma, M., Roseby, R., Polnay, A., Priest, N., Waters, E., Spencer, N. and Webster, P. (2014), Family and carer smoking control programmes for reducing children’s exposure to environmental tobacco smoke. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD001746.

Full Text: [2014\Coc Dat Sys Rev2014, CD001746.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD001746.pdf)

Abstract: Background Children’s exposure to other people’s cigarette smoke (environmental tobacco smoke, or ETS) is associated with a range of adverse health outcomes for children. Parental smoking is a common source of children’s exposure to ETS. Older children are also at risk of exposure to ETS in child care or educational settings. Preventing exposure to cigarette smoke in infancy and childhood has significant potential to improve children’s health worldwide. Objectives To determine the effectiveness of interventions aiming to reduce exposure of children to ETS. Search methods We searched the Cochrane Tobacco Addiction Group Specialized Register and conducted additional searches of the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, PsycINFO, EMBASE, CINAHL, ERIC, and The Social Science Citation Index & Science Citation Index (Web of Knowledge). Date of the most recent search: September 2013. Selection criteria Controlled trials with or without random allocation. Interventions must have addressed participants (parents and other family members, child care workers and teachers) involved with the care and education of infants and young children (aged 0 to 12 years). All mechanisms for reduction of children’s ETS exposure, and smoking prevention, cessation, and control programmes were included. These include health promotion, social-behavioural therapies, technology, education, and clinical interventions. Data collection and analysis Two authors independently assessed studies and extracted data. Due to heterogeneity of methodologies and outcome measures, no summary measures were possible and results were synthesised narratively. Main results Fifty-seven studies met the inclusion criteria. Seven studies were judged to be at low risk of bias, 27 studies were judged to have unclear overall risk of bias and 23 studies were judged to have high risk of bias. Seven interventions were targeted at populations or community settings, 23 studies were conducted in the ‘well child’ healthcare setting and 24 in the ‘ill child’ healthcare setting. Two further studies conducted in paediatric clinics did not make clear whether the visits were to well or ill children, and another included both well and ill child visits. Thirty-six studies were from North America, 14 were in other high income countries and seven studies were from low-or middle-income countries. In only 14 of the 57 studies was there a statistically significant intervention effect for child ETS exposure reduction. Of these 14 studies, six used objective measures of children’s ETS exposure. Eight of the studies had a high risk of bias, four had unclear risk of bias and two had a low risk of bias. The studies showing a significant effect used a range of interventions: seven used intensive counselling or motivational interviewing; a further study used telephone counselling; one used a school-based strategy; one used picture books; two used educational home visits; one used brief intervention and one study did not describe the intervention. Of the 42 studies that did not show a significant reduction in child ETS exposure, 14 used more intensive counselling or motivational interviewing, nine used brief advice or counselling, six used feedback of a biological measure of children’s ETS exposure, one used feedback of maternal cotinine, two used telephone smoking cessation advice or support, eight used educational home visits, one used group sessions, one used an information kit and letter, one used a booklet and no smoking sign, and one used a school-based policy and health promotion. In 32 of the 57 studies, there was reduction of ETS exposure for children in the study irrespective of assignment to intervention and comparison groups. One study did not aim to reduce children’s tobacco smoke exposure, but rather aimed to reduce symptoms of asthma, and found a significant reduction in symptoms in the group exposed to motivational interviewing. We found little evidence of difference in effectiveness of interventions between the well infant, child respiratory illness, and other child illness settings as contexts for parental smoking cessation interventions. Authors’ conclusions While brief counselling interventions have been identified as successful for adults when delivered by physicians, this cannot be extrapolated to adults as parents in child health settings. Although several interventions, including parental education and counselling programmes, have been used to try to reduce children’s tobacco smoke exposure, their effectiveness has not been clearly demonstrated. The review was unable to determine if any one intervention reduced parental smoking and child exposure more effectively than others, although seven studies were identified that reported motivational interviewing or intensive counselling provided in clinical settings was effective.

Keywords: Age Factors, Aged, Allocation, Analysis, Asthma, Authors, Bias, Biological, Care, Caregivers, Child, Child Health, Child,Preschool, Childhood, Children, Citation, Clinical, Collection, Community, Comparison, Control, Controlled Clinical Trials As Topic, Counselling, Criteria, Data, Data Collection, Education, Effectiveness, Embase, Environmental, Environmental Exposure [Prevention & Control], Environmental Tobacco Smoke, Evidence, Exposure, Family, Family Members, Groups, Health, Health Outcomes, Health Promotion, Healthy Homes Project, Heterogeneity, Home Visits, Humans, Infancy, Infant, Infant,Newborn, Infant-Death-Syndrome, Infants, Information, Inner-City Areas, Intervention, Interventions, Knowledge, Low Risk, Low-Income Children, Lower Respiratory Illness, Maternal, Measure, Measures, Mechanisms, Medline, Methodologies, Methods, Motivational Interviewing, North, North America, Outcome, Outcome Measures, Outcomes, Parents, Passive-Smoking, Physicians, Policy, Populations, Potential, Prevention, Programmes, Promotion, Psycinfo, Randomized Controlled-Trial, Recent, Reduction, Relapse Prevention Intervention, Review, Risk, Science, Science Citation Index, Search, Self-Reported Smoking, Smoking, Smoking Cessation, Smoking Control, Smoking [Prevention & Control], Social Science Citation Index, Source, Strategy, Support, Symptoms, Technology, Tobacco, Tobacco Smoke Pollution [Prevention & Control], Web Of Knowledge, Young-Children

? Pedersen, T., Nicholson, A., Hovhannisyan, K., Moller, A.M., Smith, A.F. and Lewis, S.R. (2014), Pulse oximetry for perioperative monitoring. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD002013.

Full Text: [2014\Coc Dat Sys Rev2014, CD002013.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD002013.pdf)

Abstract: Background This is an update of a review last published in Issue 9, 2009, of The Cochrane Library. Pulse oximetry is used extensively in the perioperative period and might improve patient outcomes by enabling early diagnosis and, consequently, correction of perioperative events that might cause postoperative complications or even death. Only a few randomized clinical trials of pulse oximetry during anaesthesia and in the recovery room have been performed that describe perioperative hypoxaemic events, postoperative cardiopulmonary complications and cognitive dysfunction. Objectives To study the use of perioperative monitoring with pulse oximetry to clearly identify adverse outcomes that might be prevented or improved by its use. The following hypotheses were tested. 1. Use of pulse oximetry is associated with improvement in the detection and treatment of hypoxaemia. 2. Early detection and treatment of hypoxaemia reduce morbidity and mortality in the perioperative period. 3. Use of pulse oximetry per se reduces morbidity and mortality in the perioperative period. 4. Use of pulse oximetry reduces unplanned respiratory admissions to the intensive care unit (ICU), decreases the length of ICU readmission or both. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (2013, Issue 5), MEDLINE (1966 to June 2013), EMBASE (1980 to June 2013), CINAHL (1982 to June 2013), ISI Web of Science (1956 to June 2013), LILACS (1982 to June 2013) and databases of ongoing trials; we also checked the reference lists of trials and review articles. The original search was performed in January 2005, and a previous update was performed in May 2009. Selection criteria We included all controlled trials that randomly assigned participants to pulse oximetry or no pulse oximetry during the perioperative period. Data collection and analysis Two review authors independently assessed data in relation to events detectable by pulse oximetry, any serious complications that occurred during anaesthesia or in the postoperative period and intraoperative or postoperative mortality. Main results The last update of the review identified five eligible studies. The updated search found one study that is awaiting assessment but no additional eligible studies. We considered studies with data from a total of 22,992 participants that were eligible for analysis. These studies gave insufficient detail on the methods used for randomization and allocation concealment. It was impossible for study personnel to be blinded to participant allocation in the study, as they needed to be able to respond to oximetry readings. Appropriate steps were taken to minimize detection bias for hypoxaemia and complication outcomes. Results indicated that hypoxaemia was reduced in the pulse oximetry group, both in the operating theatre and in the recovery room. During observation in the recovery room, the incidence of hypoxaemia in the pulse oximetry group was 1.5 to three times less. Postoperative cognitive function was independent of perioperative monitoring with pulse oximetry. A single study in general surgery showed that postoperative complications occurred in 10% of participants in the oximetry group and in 9.4% of those in the control group. No statistically significant differences in cardiovascular, respiratory, neurological or infectious complications were detected in the two groups. The duration of hospital stay was a median of five days in both groups, and equal numbers of in-hospital deaths were reported in the two groups. Continuous pulse oximetry has the potential to increase vigilance and decrease pulmonary complications after cardiothoracic surgery; however, routine continuous monitoring did not reduce transfer to an ICU and did not decrease overall mortality. Authors’ conclusions These studies confirmed that pulse oximetry can detect hypoxaemia and related events. However, we found no evidence that pulse oximetry affects the outcome of anaesthesia for patients. The conflicting subjective and objective study results, despite an intense methodical collection of data from a relatively large general surgery population, indicate that the value of perioperative monitoring with pulse oximetry is questionable in relation to improved reliable outcomes, effectiveness and efficiency. Routine continuous pulse oximetry monitoring did not reduce transfer to the ICU and did not decrease mortality, and it is unclear whether any real benefit was derived from the application of this technology for patients recovering from cardiothoracic surgery in a general care area.

Keywords: Adverse Outcomes, Allocation, Anaesthesia, Analysis, Anesthesia, Anoxia [Diagnosis], Application, Assessment, Authors, Bias, Cardiopulmonary, Cardiovascular, Care, Clinical, Clinical Trials, Closed Claims Analysis, Cognitive Function, Collection, Complication, Complications, Control, Controlled Ventilation, Criteria, Data, Data Collection, Databases, Death, Diagnosis, Duration, Duration Of Hospital Stay, Early Diagnosis, Effectiveness, Efficiency, Embase, Events, Evidence, Function, General, General Surgery, Groups, Hospital, Hospital Stay, Humans, Hypoxemia, Icu, Improvement, Incidence, Infectious Complications, Intensive Care, Intensive Care Unit, ISI, ISI Web Of Science, Length, Medline, Methods, Monitoring, Monitoring,Intraoperative [Methods], Morbidity, Mortality, Neurological, Observation, Outcome, Outcomes, Oximetry, Patients, Personnel, Population, Postoperative, Postoperative Cognitive Dysfunction, Postoperative Complications, Postoperative Complications [Prevention & Control], Potential, Pulse Oximetry, Randomization, Randomized, Randomized Controlled Trials As Topic, Randomized Evaluation, Readmission, Recovery, Recovery Room, Reference, Reference Lists, Results, Review, Science, Search, Single-Blind, Surgery, Surgical Patients, Technology, Treatment, Value, Vigilance, Web Of Science

? Kwan, I., Bunn, F., Chinnock, P. and Roberts, I. (2014), Timing and volume of fluid administration for patients with bleeding. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD002245.

Full Text: [2014\Coc Dat Sys Rev2014, CD002245.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD002245.pdf)

Abstract: Background Treatment of haemorrhagic shock involves maintaining blood pressure and tissue perfusion until bleeding is controlled. Different resuscitation strategies have been used to maintain the blood pressure in trauma patients until bleeding is controlled. However, while maintaining blood pressure may prevent shock, it may worsen bleeding. Objectives To examine the effect on mortality and coagulation times of two intravenous fluid administration strategies in the management of haemorrhagic hypovolaemia, early compared to delayed administration and larger compared to smaller volume of fluid administered. Search methods We searched the Cochrane Injuries Group Specialised Register, Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, Ovid MEDLINE(R), Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid OLDMEDLINE(R), Embase Classic + Embase (OvidSP), ISI Web of Science (SCI-Expanded and CPCI-S) and clinical trials registries. We checked reference lists of identified articles and contacted authors and experts in the field. The most recent search was run on 5 February 2014. Selection criteria Randomised trials of the timing and volume of intravenous fluid administration in trauma patients with bleeding. Trials in which different types of intravenous fluid were compared were excluded. Data collection and analysis Two authors independently extracted data and assessed trial quality. Main results Six trials involving a total of 2128 people were included in this review. We did not combine the results quantitatively because the interventions and patient populations were so diverse. Early versus delayed fluid administration Three trials reported mortality and two reported coagulation data. In the first trial (n = 598) the relative risk (RR) for death with early fluid administration was 1.26 (95% confidence interval (CI) 1.00 to 1.58). The weighted mean differences (WMD) for prothrombin time and partial thromboplastin time were 2.7 (95% CI 0.9 to 4.5) and 4.3 (95% CI 1.74 to 6.9) seconds, respectively. In the second trial (n = 50) the RR for death with early blood transfusion was 5.4 (95% CI 0.3 to 107.1). The WMD for partial thromboplastin time was 7.0 (95% CI 6.0 to 8.0) seconds. In the third trial (n = 1309) the RR for death with early fluid administration was 1.06 (95% CI 0.77 to 1.47). Larger versus smaller volume of fluid administration Three trials reported mortality and one reported coagulation data. In the first trial (n = 36) the RR for death with a larger volume of fluid resuscitation was 0.80 (95% CI 0.28 to 22.29). Prothrombin time and partial thromboplastin time were 14.8 and 47.3 seconds in those who received a larger volume of fluid, as compared to 13.9 and 35.1 seconds in the comparison group. In the second trial (n = 110) the RR for death with a high systolic blood pressure resuscitation target (100 mm Hg) maintained with a larger volume of fluid as compared to a low systolic blood pressure resuscitation target (70 mm Hg) maintained with a smaller volume of fluid was 1.00 (95% CI 0.26 to 3.81). In the third trial (n = 25) there were no deaths. Authors’ conclusions We found no evidence from randomised controlled trials for or against early or larger volume of intravenous fluid administration in uncontrolled haemorrhage. There is continuing uncertainty about the best fluid administration strategy in bleeding trauma patients. Further randomised controlled trials are needed to establish the most effective fluid resuscitation strategy.

Keywords: Administration, Analysis, Authors, Bleeding, Blood, Blood Pressure, Blood Transfusion, Citations, Clinical, Clinical Trials, Coagulation, Collection, Comparison, Complications], Confidence, Criteria, Data, Data Collection, Death, Evidence, Experts, Field, First, Haemorrhage, Hemorrhage, Hemorrhage [Therapy], Humans, Hypotensive Patients, Infusions,Intravenous, Injury, Interval, Interventions, Intravenous, Isi, Isi Web Of Science, Management, Methods, Mortality, Patients, Plasma Substitutes [Administration & Dosage], Populations, Pressure, Prevent, Quality, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Recent, Reference, Reference Lists, Registries, Relative Risk, Resuscitation, Review, Risk, SCI-Expanded, Science, Search, Shock, Strategy, Thromboplastin, Time Factors, Timing, Transfusion, Trauma, Treatment, Trial, Uncertainty, Volume, Web Of Science, Wounds And Injuries [Blood

? Chang, C.C., Cheng, A.C. and Chang, A.B. (2014), Over-the-counter (OTC) medications to reduce cough as an adjunct to antibiotics for acute pneumonia in children and adults. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD006088.

Full Text: [2014\Coc Dat Sys Rev2014, CD006088.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD006088.pdf)

Abstract: Background Cough is often distressing for patients with pneumonia. Accordingly they often use over-the-counter (OTC) cough medications (mucolytics or cough suppressants). These might provide relief in reducing cough severity, but suppression of the cough mechanism might impede airway clearance and cause harm. Objectives To evaluate the efficacy of OTC cough medications as an adjunct to antibiotics in children and adults with pneumonia. Search methods We searched CENTRAL 2013, Issue 12, MEDLINE (January 1966 to January week 2, 2014), OLDMEDLINE (1950 to 1965), EMBASE (1980 to January 2014), CINAHL (2009 to January 2014), LILACS (2009 to January 2014) and Web of Science (2009 to January 2014). Selection criteria Randomised controlled trials (RCTs) in children and adults comparing any type of OTC cough medication with placebo, or control medication, with cough as an outcome and where the cough is secondary to acute pneumonia. Data collection and analysis We independently selected trials for inclusion. We extracted data from these studies, assessed them for methodological quality without disagreement and analyzed them using standard methods. Main results There are no new trials to include in this review update. Previously, four studies with a total of 224 participants were included; one was performed exclusively in children and three in adolescents or adults. One using an antitussive had no extractable pneumonia-specific data. Three different mucolytics (bromhexine, ambroxol, neltenexine) were used in the remaining studies, of which only two had extractable data. They demonstrated no significant difference for the primary outcome of ‘not cured or not improved’ for mucolytics. A secondary outcome of ‘not cured’ was reduced (odds ratio (OR) for children 0.36, 95% confidence interval (CI) 0.16 to 0.77; number needed to treat to benefit (NNTB) at day 10 = 5 (95% CI 3 to 16) and OR 0.32 for adults (95% CI 0.13 to 0.75); NNTB at day 10 = 5 (95% CI 3 to 19)). In a post hoc analysis combining data for children and adults, again there was no difference in the primary outcome of ‘not cured or not improved’ (OR 0.85, 95% CI 0.40 to 1.80) although mucolytics reduced the secondary outcome ‘not cured’ (OR 0.34, 95% CI 0.19 to 0.60; NNTB 4, 95% CI 3 to 8). The risk of bias was low or unclear. Authors’ conclusions There is insufficient evidence to decide whether OTC medications for cough associated with acute pneumonia are beneficial. Mucolytics may be beneficial but there is insufficient evidence to recommend them as an adjunctive treatment for acute pneumonia. This leaves only theoretical recommendations that OTC medications containing codeine and antihistamines should not be used in young children.

Keywords: Acute Disease, Adolescent, Adolescents, Adult, Analysis, Anti-Bacterial Agents [Therapeutic Use], Antibiotics, Antitussive Agents [Therapeutic Use], Bias, Chemotherapy,Adjuvant [Methods], Child, Children, Collection, Combining, Confidence, Control, Cough, Cough [Drug Therapy, Criteria, Data, Data Collection, Drug, Drug Therapy,Combination [Methods], Efficacy, Embase, Erdosteine, Etiology], Evidence, Expectorants [Therapeutic Use], Guacetisal, Humans, Interval, Mechanism, Medline, Metaanalyses, Methods, Nonprescription Drugs [Therapeutic Use], Number Needed To Treat, Odds Ratio, Otc, Outcome, Over-The-Counter, Patients, Placebo, Pneumonia, Pneumonia [Complications,Drug Therapy], Primary, Quality, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Recommendations, Respiratory-Tract Diseases, Review, Risk, Science, Search, Standard, Theoretical, Treatment, Treatment Outcome, Web Of Science

? Gurusamy, K.S., Nagendran, M. and Davidson, B.R. (2014), Methods of preventing bacterial sepsis and wound complications after liver transplantation. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD006930.

Full Text: [2014\Coc Dat Sys Rev2014, CD006660.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD006660.pdf)

Abstract: Background Bacterial sepsis and wound complications after liver transplantation increase mortality, morbidity, or hospital stay and are likely to increase overall transplant costs. All liver transplantation patients receive antibiotic prophylaxis. This is an update of our 2008 Cochrane systematic review on the same topic in which we identified seven randomised clinical trials. Objectives To assess the benefits and harms of different methods aimed at preventing bacterial sepsis and wound complications in people undergoing liver transplantation. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, and Science Citation Index Expanded to February 2013. Selection criteria We included only randomised clinical trials irrespective of language or publication status. We excluded quasi-randomised and other observational studies for assessment of benefits, but not for harms. Data collection and analysis Two review authors collected the data independently. We calculated the risk ratio (RR) or mean difference (MD) with 95% confidence intervals (CI) using fixed-effect and the random-effects models based on available-case analysis. Main results We identified only seven trials for inclusion, including 614 participants. Only one trial was of low risk of bias risk. Overall, the quality of evidence was very low. There were five comparisons in the seven trials: selective bowel decontamination versus inactive control; selective bowel decontamination versus prebiotics with probiotics; selective bowel decontamination versus prebiotics; prebiotics with probiotics versus prebiotics; and granulocyte-colony stimulating factor (G-CSF) versus control. Four trials compared selective bowel decontamination versus placebo or no treatment. In one trial, participants were randomised to selective bowel decontamination, active lactobacillus with fibres (probiotic with prebiotic), or to inactivated lactobacillus with fibres (prebiotic). In one trial, active lactobacillus with fibres (probiotic with prebiotic) was compared with inactive lactobacillus with fibres (prebiotic). In the remaining trial, different doses of G-CSF and placebo were compared. There was no trial comparing different antibiotic prophylactic regimens in people undergoing liver transplantation. Most trials included adults undergoing elective liver transplantation. There was no significant difference in proportion of people who died or required retransplantation between the intervention and control groups in any of the five comparison groups. Mortality There were no differences between 190 participants (three trials); 5/87 (adjusted proportion: 6.2%) in selective bowel decontamination group versus 7/103 (6.8%) in inactive control group; RR 0.91 (95% CI 0.31 to 2.72); 63 participants (one trial); 0/32 (0%) in selective bowel decontamination group versus 0/31 (0%) in prebiotics with probiotics group; RR - not estimable; 64 participants (one trial); 0/32 (0%) in selective bowel decontamination group versus 0/32 (0%) in prebiotics group; RR -not estimable; 129 participants (two trials); 0/64 (0%) in prebiotics with probiotics group versus 0/65 (0%) in prebiotics group; RR -not estimable; and 194 participants (one trial); 22/124 (17.7%) in G-CSF group versus 10/70 (14.3%) in placebo group; RR 1.24 (95% 0.62 to 2.47). Retransplantation There were no differences between 132 participants (two trials); 4/58 (adjusted proportion: 6.9%) in selective bowel decontamination group versus 6/74 (8.1%) in inactive control group; RR 0.85 (95% CI 0.26 to 2.85); 63 participants (one trial); 1/32 (3.1%) in selective bowel decontamination group versus 0/31 (0%) in prebiotics with probiotics group; RR 2.91 (0.12 to 68.81); 64 participants (one trial); 1/32 (3.1%) in selective bowel decontamination group versus 0/32 (0%) in prebiotics group; RR 3.00 (95% CI 0.13 to 71.00); 129 participants (two trials); 0/64 (0%) in prebiotics with probiotics group versus 1/65 (1.5%) in prebiotics group; RR 0.33 (95% CI 0.01 to 7.9); and 194 participants (one trial); 10/124 (7.1%) in G-CSF group versus 5/70 (7.1%) in placebo group; RR 1.13 (95% CI 0.4 to 3.17). There was no significant difference in the graft rejections, intensive therapy unit stay, or hospital stay between the intervention and control groups in any of the comparisons. Overall, 193/611 participants (31.6%) developed infective complications. The proportion of people who developed infective complications and the number of infective complication episodes were significantly higher in the selective bowel decontamination group than in the prebiotics with probiotics group (1 study; 63 participants; 15/32 (46.9%) in selective bowel decontamination group versus 4/31 (12.9%) in prebiotics with probiotics group; RR 3.63; 95% CI 1.36 to 9.74 and 23/32 participants (0.72 infective complications per participant) in selective bowel decontamination group versus 4/31 participants (0.13 infective complications per participant) in prebiotics with probiotics group; rate ratio 5.58; 95% CI 1.94 to 16.09). There was no significant difference between the proportion of participants who developed infection and the number of infection episodes between the intervention group and control group in any of the other comparisons. No trials reported quality of life and overall serious adverse events. Authors’ conclusions Currently, there is no clear evidence for any intervention offering significant benefits in the reduction of bacterial infections and wound complications in liver transplantation. Selective bowel decontamination may even increase the rate of infections compared with prebiotics with probiotics. The confidence intervals were wide and further randomised clinical trials of low risk of bias are necessary.

Keywords: Analysis, Antibiotic Prophylaxis, Assessment, Authors, Bacterial Infections [Prevention & Control], Benefits, Bias, Bowel, Citation, Clinical, Clinical Trials, Collection, Comparison, Complication, Complications, Confidence, Confidence Intervals, Control, Control Groups, Costs, Criteria, Data, Data Collection, Decontamination, Design Characteristics, Dietary Fiber [Administration & Dosage], Digestive-Tract, Double-Blind, Elective, Embase, Empirical-Evidence, Events, Evidence, G-CSF, Graft, Granulocyte-Colony Stimulating Factor, Groups, Hospital, Hospital Stay, Humans, Infection, Infections, Information Size, Intervals, Intervention, Lactobacillus, Language, Life, Liver, Liver Transplantation, Low Risk, Medline, Metaanalyses, Methods, Models, Morbidity, Mortality, Observational, Observational Studies, Patients, Placebo, Probiotics, Probiotics [Therapeutic Use], Prophylactic, Prophylaxis, Publication, Quality, Quality Of, Quality Of Life, Randomised, Randomized Clinical-Trials, Randomized Controlled Trials As Topic, Reduction, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Selective, Selective Bowel Decontamination, Sepsis, Sepsis [Prevention & Control], Surgical Wound Infection [Prevention & Control], Systematic Review, Therapy, Topic, Transplantation, Treatment, Trial, Trial Sequential-Analysis, Wound, Wound Complications

? Gurusamy, K.S., Vaughan, J. and Davidson, B.R. (2014), Low pressure versus standard pressure pneumoperitoneum in laparoscopic cholecystectomy. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD006930.

Full Text: [2014\Coc Dat Sys Rev2014, CD006930.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD006930.pdf)

Abstract: Background A pneumoperitoneum of 12 to 16 mm Hg is used for laparoscopic cholecystectomy. Lower pressures are claimed to be safe and effective in decreasing cardiopulmonary complications and pain. Objectives To assess the benefits and harms of low pressure pneumoperitoneum compared with standard pressure pneumoperitoneum in people undergoing laparoscopic cholecystectomy. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, and Science Citation Index Expanded until February 2013 to identify randomised trials, using search strategies. Selection criteria We considered only randomised clinical trials, irrespective of language, blinding, or publication status for inclusion in the review. Data collection and analysis Two review authors independently identified trials and independently extracted data. We calculated the risk ratio (RR), mean difference (MD), or standardised mean difference (SMD) with 95% confidence intervals (CI) using both fixed-effect and random-effects models with RevMan 5 based on available case analysis. Main results A total of 1092 participants randomly assigned to the low pressure group (509 participants) and the standard pressure group (583 participants) in 21 trials provided information for this review on one or more outcomes. Three additional trials comparing low pressure pneumoperitoneum with standard pressure pneumoperitoneum (including 179 participants) provided no information for this review. Most of the trials included low anaesthetic risk participants undergoing elective laparoscopic cholecystectomy. One trial including 140 participants was at low risk of bias. The remaining 20 trials were at high risk of bias. The overall quality of evidence was low or very low. No mortality was reported in either the low pressure group (0/199; 0%) or the standard pressure group (0/235; 0%) in eight trials that reported mortality. One participant experienced the outcome of serious adverse events (low pressure group 1/179, 0.6%; standard pressure group 0/215, 0%; seven trials; 394 participants; RR 3.00; 95% CI 0.14 to 65.90; very low quality evidence). Quality of life, return to normal activity, and return to work were not reported in any of the trials. The difference between groups in the conversion to open cholecystectomy was imprecise (low pressure group 2/269, adjusted proportion 0.8%; standard pressure group 2/287, 0.7%; 10 trials; 556 participants; RR 1.18; 95% CI 0.29 to 4.72; very low quality evidence) and was compatible with an increase, a decrease, or no difference in the proportion of conversion to open cholecystectomy due to low pressure pneumoperitoneum. No difference in the length of hospital stay was reported between the groups (five trials; 415 participants; MD -0.30 days; 95% CI -0.63 to 0.02; low quality evidence). Operating time was about two minutes longer in the low pressure group than in the standard pressure group (19 trials; 990 participants; MD 1.51 minutes; 95% CI 0.07 to 2.94; very low quality evidence). Authors’ conclusions Laparoscopic cholecystectomy can be completed successfully using low pressure in approximately 90% of people undergoing laparoscopic cholecystectomy. However, no evidence is currently available to support the use of low pressure pneumoperitoneum in low anaesthetic risk patients undergoing elective laparoscopic cholecystectomy. The safety of low pressure pneumoperitoneum has to be established. Further well-designed trials are necessary, particularly in people with cardiopulmonary disorders who undergo laparoscopic cholecystectomy.

Keywords: Abdominal-Wall Lift, Activity, Analysis, Authors, Base-Balance Alterations, Benefits, Bias, Carbon Dioxide, Carbon-Dioxide Pneumoperitoneum, Cardiopulmonary, Case Analysis, Cholecystectomy, Cholecystectomy,Laparoscopic, Citation, Clinical, Clinical Trials, Clinical-Trials, Collection, Complications, Confidence, Confidence Intervals, Conversion, Criteria, Data, Data Collection, Different Insufflation Pressures, Different Intraabdominal Pressures, Elective, Embase, Events, Evidence, Gallstone Disease, Groups, Hospital, Hospital Stay, Humans, Information, Intervals, Language, Laparoscopic, Laparoscopic Cholecystectomy, Length, Life, Low Risk, Medline, Methods, Methods], Models, Mortality, Normal, Open, Outcome, Outcomes, Pain, Patients, Pneumoperitoneum,Artificial [Adverse Effects, Pressure, Pressure [Adverse Effects], Pressures, Prospective Randomized-Trial, Publication, Quality, Quality Of, Quality Of Life, Randomised, Randomized Controlled Trials As Topic, Review, Risk, Safety, Science, Science Citation Index, Science Citation Index Expanded, Search, Search Strategies, Sequential-Analysis, Shoulder-Tip Pain, Standard, Support, Trial, Work

? Loizides, S., Gurusamy, K.S., Nagendran, M., Rossi, M., Guerrini, G.P. and Davidson, B.R. (2014), Wound infiltration with local anaesthetic agents for laparoscopic cholecystectomy. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD007049.

Full Text: [2014\Coc Dat Sys Rev2014, CD007049.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD007049.pdf)

Abstract: Background While laparoscopic cholecystectomy is generally considered to be less painful than open surgery, pain is one of the important reasons for delayed discharge after day surgery resulting in overnight stay following laparoscopic cholecystectomy. The safety and effectiveness of local anaesthetic wound infiltration in people undergoing laparoscopic cholecystectomy is not known. Objectives To assess the benefits and harms of local anaesthetic wound infiltration in patients undergoing laparoscopic cholecystectomy and to identify the best method of local anaesthetic wound infiltration with regards to the type of local anaesthetic, dosage, and time of administration of the local anaesthetic. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, and Science Citation Index Expanded until February 2013 to identify studies of relevance to this review. We included randomised clinical trials for benefit and quasi-randomised and comparative non-randomised studies for treatment-related harms. Selection criteria Only randomised clinical trials (irrespective of language, blinding, or publication status) comparing local anaesthetic wound infiltration versus placebo, no intervention, or inactive control during laparoscopic cholecystectomy, trials comparing different local anaesthetic agents for local anaesthetic wound infiltration, and trials comparing the different times of local anaesthetic wound infiltration were considered for the review. Data collection and analysis Two review authors collected the data independently. We analysed the data with both fixed-effect and random-effects meta-analysis models using RevMan. For each outcome, we calculated the risk ratio (RR) or mean difference (MD) with 95% confidence interval (CI). Main results Twenty-six trials fulfilled the inclusion criteria of the review. All the 26 trials except one trial of 30 participants were at high risk of bias. Nineteen of the trials with 1263 randomised participants provided data for this review. Ten of the 19 trials compared local anaesthetic wound infiltration versus inactive control. One of the 19 trials compared local anaesthetic wound infiltration with two inactive controls, normal saline and no intervention. Two of the 19 trials had four arms comparing local anaesthetic wound infiltration with inactive controls in the presence and absence of co-interventions to decrease pain after laparoscopic cholecystectomy. Four of the 19 trials had three or more arms that could be included for the comparison of local anaesthetic wound infiltration versus inactive control and different methods of local anaesthetic wound infiltration. The remaining two trials compared different methods of local anaesthetic wound infiltration. Most trials included only low anaesthetic risk people undergoing elective laparoscopic cholecystectomy. Seventeen trials randomised a total of 1095 participants to local anaesthetic wound infiltration (587 participants) versus no local anaesthetic wound infiltration (508 participants). Various anaesthetic agents were used but bupivacaine was the commonest local anaesthetic used. There was no mortality in either group in the seven trials that reported mortality (0/280 (0%) in local anaesthetic infiltration group versus 0/259 (0%) in control group). The effect of local anaesthetic on the proportion of people who developed serious adverse events was imprecise and compatible with increase or no difference in serious adverse events (seven trials; 539 participants; 2/280 (0.8%) in local anaesthetic group versus 1/259 (0.4%) in control; RR 2.00; 95% CI 0.19 to 21.59; very low quality evidence). None of the serious adverse events were related to local anaesthetic wound infiltration. None of the trials reported patient quality of life. The proportion of participants who were discharged as day surgery patients was higher in the local anaesthetic infiltration group than in the no local anaesthetic infiltration group (one trial; 97 participants; 33/50 (66.0%) in the local anaesthetic group versus 20/47 (42.6%) in the control group; RR 1.55; 95% CI 1.05 to 2.28; very low quality evidence). The effect of local anaesthetic on the length of hospital stay was compatible with a decrease, increase, or no difference in the length of hospital stay between the two groups (four trials; 327 participants; MD -0.26 days; 95% CI -0.67 to 0.16; very low quality evidence). The pain scores as measured by the visual analogue scale (0 to 10 cm) were lower in the local anaesthetic infiltration group than the control group at 4 to 8 hours (13 trials; 806 participants; MD -1.33 cm on the VAS; 95% CI -1.54 to -1.12; very low quality evidence) and 9 to 24 hours (12 trials; 756 participants; MD -0.36 cm on the VAS; 95% CI -0.53 to -0.20; very low quality evidence). The effect of local anaesthetic on the time taken to return to normal activity between the two groups was imprecise and compatible with a decrease, increase, or no difference in the time taken to return to normal activity (two trials; 195 participants; MD 0.14 days; 95% CI -0.59 to 0.87; very low quality evidence). None of the trials reported on return to work. Four trials randomised a total of 149 participants to local anaesthetic wound infiltration prior to skin incision (74 participants) versus local anaesthetic wound infiltration at the end of surgery (75 participants). Two trials randomised a total of 176 participants to four different local anaesthetics (bupivacaine, levobupivacaine, ropivacaine, neosaxitoxin). Although there were differences between the groups in some outcomes the changes were not consistent. There was no evidence to support the preference of one local anaesthetic over another or to prefer administration of local anaesthetic at a specific time compared with another. Authors’ conclusions Serious adverse events were rare in studies evaluating local anaesthetic wound infiltration (very low quality evidence). There is very low quality evidence that infiltration reduces pain in low anaesthetic risk people undergoing elective laparoscopic cholecystectomy. However, the clinical importance of this reduction in pain is likely to be small. Further randomised clinical trials at low risk of systematic and random errors are necessary. Such trials should include important clinical outcomes such as quality of life and time to return to work in their assessment.

Keywords: Activity, Administration, Anaesthetics, Analysis, Assessment, Authors, Benefits, Bias, Bupivacaine, Changes, Cholecystectomy, Citation, Clinical, Clinical Outcomes, Clinical Trials, Collection, Combined Preincisional Infiltration, Comparison, Confidence, Control, Criteria, Data, Data Collection, Design Characteristics, Discharge, Effectiveness, Elective, Embase, Errors, Events, Evidence, Groups, Hospital, Hospital Stay, Infiltration, Interval, Intervention, Intraperitoneal Instillation, J-Surg 2011, Language, Laparoscopic, Laparoscopic Cholecystectomy, Length, Levobupivacaine, Life, Local, Local Anaesthetics, Low Risk, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Mortality, Multimodal Analgesia, Nonsteroidal Antiinflammatory Drugs, Normal, Open, Outcome, Outcomes, Pain, Patients, Periportal Peritoneal Bupivacaine, Placebo, Postoperative Pain Management, Preference, Publication, Quality, Quality Of, Quality Of Life, Randomised, Randomized Clinical-Trial, Reduction, Relevance, Review, Risk, Ropivacaine, Safety, Scale, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Skin, Skin Incision, Small, Support, Surgery, Trial, Vas, Work, Wound

? Leung, T.G., Lindsley, K. and Kuo, I.C. (2014), Types of intraocular lenses for cataract surgery in eyes with uveitis. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD007284.

Full Text: [2014\Coc Dat Sys Rev2014, CD007284.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD007284.pdf)

Abstract: Background Cataract formation often occurs in people with uveitis. It is unclear which intraocular lens (IOL) type is optimal for use in cataract surgery for eyes with uveitis. Objectives To summarize the effects of different IOLs on visual acuity, other visual outcomes, and quality of life in people with uveitis. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2013, Issue 7), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE (January 1946 to August 2013), EMBASE (January 1980 to August 2013), Latin American and Caribbean Literature on Health Sciences (LILACS) (January 1982 to August 2013), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 14 August 2013. We also performed forward and backward searching using the Science Citation Index and the reference lists of the included studies, respectively, in August 2013. Selection criteria We included randomized controlled trials (RCTs) comparing hydrophobic or hydrophilic acrylic, silicone, or poly(methylmethacrylate) (PMMA) IOLs with or without heparin-surface modification (HSM), with each other, or with no treatment in adults with uveitis, for any indication, undergoing cataract surgery. Data collection and analysis We used standard methodological procedures expected by The Cochrane Collaboration. Two review authors screened the search results and for included studies, assessed the risk of bias and extracted data independently. We contacted study investigators for additional information. We did not perform a meta-analysis due to variability in reporting and follow-up intervals for the primary and secondary outcomes of interest. Main results We included four RCTs involving 216 participants (range of 2 to 140 participants with uveitic cataract per trial) and comparing up to four types of IOLs. The largest study was an international study with centers in Brazil, Egypt, Finland, France, Japan, the Netherlands, Slovak Republic, Spain, and the USA; two studies were conducted in Germany and one in Saudi Arabia. There was substantial heterogeneity with respect to the ages of participants and etiologies of uveitis within and across studies. The length of follow-up among the studies ranged from 1 to 24 months after cataract surgery. The studies were at low risk of selection bias, but two of the four studies did not employ masking and only one study included all randomized participants in the final analyses. The funding source was disclosed by investigators of the largest study (professional society) and not reported by the other three. Due to heterogeneity in lens types evaluated and outcomes reported among the trials, we did not combine data in a meta-analysis. In the largest study (140 participants), the study eye of each participant was randomized to receive one of four types of IOLs: hydrophobic acrylic, silicone, HSM PMMA, or unmodified PMMA. Proportions of participants with one or more Snellen lines of visual improvement were similar among the four treatment groups at one year’ follow-up: 45 of 48 (94%) in the hydrophobic acrylic IOL group, 39 of 44 (89%) in the silicone IOL group, 18 of 22 (82%) in the HSM PMMA IOL group, and 22 of 26 (85%) in the unmodified PMMA IOL group. When comparing hydrophobic acrylic IOLs with silicone IOLs, the risk ratio (RR) was 1.06 (95% confidence interval (CI) 0.93 to 1.20). At one year’ follow-up, fewer eyes randomized to hydrophobic acrylic IOLs developed posterior synechiae when compared with eyes receiving silicone IOLs (RR 0.18, 95% CI 0.04 to 0.79); the effects between these groups were less certain with respect to developing posterior capsule opacification (PCO) (RR 0.74, 95% CI 0.41 to 1.37), corneal edema (RR 0.49, 95% CI 0.22 to 1.12), cystoid macular edema (RR 0.10, 95% CI 0.01 to 1.84), or mild IOL decentration (RR 0.92, 95% CI 0.06 to 14.22). Two intra-individual studies also compared HSM PMMA IOLs with unmodified PMMA IOLs at three or six months of follow-up. These studies, including a combined total of 16 participants with uveitis, were insufficiently powered to detect differences in outcomes among eyes of people with uveitis randomized to receive HSM PMMA IOLs when compared with fellow eyes receiving unmodified PMMA IOLs. In the fourth study (60 participants), the study eye of each participant was randomized to receive a hydrophobic or hydrophilic acrylic IOL. At three months, there were no statistical or clinical differences between hydrophobic and hydrophilic acrylic IOL types in the proportions of participants with two or more Snellen lines of visual improvement (RR 1.03, 95% CI 0.87 to 1.22). There were similar rates in the development of PCO between hydrophobic or hydrophilic acrylic IOLs at six months’ follow-up (RR 1.00, 95% CI 0.80 to 1.25). The effect of the lenses on posterior synechiae was uncertain at six months’ follow-up (RR 0.50, 95% CI 0.05 to 5.22). None of the included studies reported quality of life outcomes. Authors’ conclusions Based on the trials identified in this review, there is uncertainty as to which type of IOL provides the best visual and clinical outcomes in people with uveitis undergoing cataract surgery. The studies were small, not all lens materials were compared in all studies, and not all lens materials were available in all study sites. Evidence of a superior effect of hydrophobic acrylic lenses over silicone lenses, specifically for posterior synechiae outcomes comes from a single study at a high risk of performance and detection bias. However, due to small sample sizes and heterogeneity in outcome reporting, we found insufficient information to assess these and other types of IOL materials for cataract surgery for eyes with uveitis.

Keywords: Aberration, Analyses, Analysis, Authors, Bias, Brazil, Capsular Biocompatibility, Cataract Surgery, Citation, Citations, Clinical, Clinical Outcomes, Clinical Trials, Cochrane Collaboration, Collaboration, Collection, Confidence, Criteria, Data, Data Collection, Databases, Developing, Development, Effects, Egypt, Embase, Evidence, Extraction, Finland, Follow-Up, France, Funding, Germany, Glaucoma, Groups, Health, Heterogeneity, Hydrophilic, Implantation, Improvement, Indication, Inflammation, Information, International, Interval, Intervals, Intraocular Lenses, Japan, Language, Length, Life, Literature, Low Risk, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Modification, Ophthalmology, Outcome, Outcomes, Performance, Phacoemulsification, Pmma, Primary, Procedures, Quality, Quality Of, Quality Of Life, Randomized, Randomized Controlled Trials, Rates, Reference, Reference Lists, Reporting, Restrictions, Review, Risk, Saudi Arabia, Science, Science Citation Index, Sciences, Search, Selection, Silicone, Slovak, Small, Society, Source, Spain, Standard, Study Sites, Surgery, The Netherlands, Treatment, Trial, Uncertainty, USA, Uveal, Variability, WHO

? Gurusamy, K.S., Nagendran, M., Guerrini, G.P., Toon, C.D., Zinnuroglu, M. and Davidson, B.R. (2014), Intraperitoneal local anaesthetic instillation versus no intraperitoneal local anaesthetic instillation for laparoscopic cholecystectomy. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD007337.

Full Text: [2014\Coc Dat Sys Rev2014, CD007337.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD007337.pdf)

Abstract: Background While laparoscopic cholecystectomy is generally considered less painful than open surgery, pain is one of the important reasons for delayed discharge after day surgery and overnight stay laparoscopic cholecystectomy. The safety and effectiveness of intraperitoneal local anaesthetic instillation in people undergoing laparoscopic cholecystectomy is unknown. Objectives To assess the benefits and harms of intraperitoneal instillation of local anaesthetic agents in people undergoing laparoscopic cholecystectomy. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, and Science Citation Index Expanded to March 2013 to identify randomised clinical trials of relevance to this review. Selection criteria We considered only randomised clinical trials (irrespective of language, blinding, or publication status) comparing local anaesthetic intraperitoneal instillation versus placebo, no intervention, or inactive control during laparoscopic cholecystectomy for the review with regards to benefits while we considered quasi-randomised studies and non-randomised studies for treatment-related harms. Data collection and analysis Two review authors collected the data independently. We analysed the data with both fixed-effect and random-effects models using Review Manager 5 analysis. For each outcome, we calculated the risk ratio (RR) or mean difference (MD) with 95% confidence intervals (CI). Main results We included 58 trials, of which 48 trials with 2849 participants randomised to intraperitoneal local anaesthetic instillation (1558 participants) versus control (1291 participants) contributed data to one or more of the outcomes. All the trials except one trial with 30 participants were at high risk of bias. Most trials included only low anaesthetic risk people undergoing elective laparoscopic cholecystectomy. Various intraperitoneal local anaesthetic agents were used but bupivacaine in the liquid form was the most common local anaesthetic used. There were considerable differences in the methods of local anaesthetic instillation including the location (subdiaphragmatic, gallbladder bed, or both locations) and timing (before or after the removal of gallbladder) between the trials. There was no mortality in either group in the eight trials that reported mortality (0/236 (0%) in local anaesthetic instillation versus 0/210 (0%) in control group; very low quality evidence). One participant experienced the outcome of serious morbidity (eight trials; 446 participants; 1/236 (0.4%) in local anaesthetic instillation group versus 0/210 (0%) in the control group; RR 3.00; 95% CI 0.13 to 67.06; very low quality evidence). Although the remaining trials did not report the overall morbidity, three trials (190 participants) reported that there were no intra-operative complications. Twenty trials reported that there were no serious adverse events in any of the 715 participants who received local anaesthetic instillation. None of the trials reported participant quality of life, return to normal activity, or return to work. The effect of local anaesthetic instillation on the proportion of participants discharged as day surgery between the two groups was imprecise and compatible with benefit and no difference of intervention (three trials; 242 participants; 89/160 (adjusted proportion 61.0%) in local anaesthetic instillation group versus 40/82 (48.8%) in control group; RR 1.25; 95% CI 0.99 to 1.58; very low quality evidence). The MD in length of hospital stay was 0.04 days (95% CI -0.23 to 0.32; five trials; 335 participants; low quality evidence). The pain scores as measured by the visual analogue scale (VAS) were significantly lower in the local anaesthetic instillation group than the control group at four to eight hours (32 trials; 2020 participants; MD -0.99 cm; 95% CI -1.10 to -0.88 on a VAS scale of 0 to 10 cm; very low quality evidence) and at nine to 24 hours (29 trials; 1787 participants; MD -0.53 cm; 95% CI -0.62 to -0.44; very low quality evidence). Various subgroup analyses and meta-regressions to investigate the influence of the different local anaesthetic agents, different methods of local anaesthetic instillation, and different controls on the effectiveness of local anaesthetic intraperitoneal instillation were inconsistent. Authors’ conclusions Serious adverse events were rare in studies evaluating local anaesthetic intraperitoneal instillation (very low quality evidence). There is very low quality evidence that it reduces pain in low anaesthetic risk people undergoing elective laparoscopic cholecystectomy. However, the clinical importance of this reduction in pain is unknown and likely to be small. Further randomised clinical trials of low risk of systematic and random errors are necessary. Such trials should include important clinical outcomes such as quality of life and time to return to work in their assessment.

Keywords: Activity, Analyses, Analysis, Assessment, Authors, Benefits, Bias, Blind Controlled-Trial, Bupivacaine, Cholecystectomy, Citation, Clinical, Clinical Outcomes, Clinical Trials, Clinical-Trials, Collection, Complications, Confidence, Confidence Intervals, Control, Criteria, Data, Data Collection, Discharge, Effectiveness, Elective, Embase, Errors, Events, Evidence, Gallbladder Bed, Groups, Hospital, Hospital Stay, Influence, Intervals, Intervention, Intraoperative Complications, Language, Laparoscopic, Laparoscopic Cholecystectomy, Length, Life, Liquid, Local, Location, Low Risk, Medline, Methods, Models, Morbidity, Mortality, Multimodal Analgesia, Normal, Normal Saline Infusion, Open, Outcome, Outcomes, Pain, Placebo, Postoperative Pain Relief, Preemptive Analgesia, Preincisional Infiltration, Publication, Quality, Quality Of, Quality Of Life, Randomised, Randomized Controlled-Trials, Reduction, Relevance, Removal, Review, Risk, Safety, Scale, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Small, Surgery, Timing, Trial, Vas, Work

? Gurusamy, K.S., Vaughan, J., Toon, C.D. and Davidson, B.R. (2014), Pharmacological interventions for prevention or treatment of postoperative pain in people undergoing laparoscopic cholecystectomy. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD008261.

Full Text: [2014\Coc Dat Sys Rev2014, CD008261.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD008261.pdf)

Abstract: Background While laparoscopic cholecystectomy is generally considered less painful than open surgery, pain is one of the important reasons for delayed discharge after day-surgery and overnight stay following laparoscopic cholecystectomy. The safety and effectiveness of different pharmacological interventions such as non-steroidal anti-inflammatory drugs, opioids, and anticonvulsant analgesics in people undergoing laparoscopic cholecystectomy is unknown. Objectives To assess the benefits and harms of different analgesics in people undergoing laparoscopic cholecystectomy. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, Science Citation Index Expanded, and the World Health Organization International Clinical Trials Registry Platform portal (WHO ICTRP) to March 2013 to identify randomised clinical trials of relevance to this review. Selection criteria We considered only randomised clinical trials (irrespective of language, blinding, or publication status) comparing different pharmacological interventions with no intervention or inactive controls for outcomes related to benefit in this review. We considered comparative non-randomised studies with regards to treatment-related harms. We also considered trials that compared one class of drug with another class of drug for this review. Data collection and analysis Two review authors collected the data independently. We analysed the data with both fixed-effect and random-effects models using Review Manager 5 analysis. For each outcome, we calculated the risk ratio (RR) ormean difference (MD) with 95% confidence intervals (CI). Main results We included 25 trials with 2505 participants randomised to the different pharmacological agents and inactive controls. All the trials were at unclear risk of bias. Most trials included only low anaesthetic risk people undergoing elective laparoscopic cholecystectomy. Participants were allowed to take additional analgesics as required in 24 of the trials. The pharmacological interventions in all the included trials were aimed at preventing pain after laparoscopic cholecystectomy. There were considerable differences in the pharmacological agents used and the methods of administration. The estimated effects of the intervention on the proportion of participants who were discharged as day-surgery, the length of hospital stay, or the time taken to return to work were imprecise in all the comparisons in which these outcomes were reported (very low quality evidence). There was no mortality in any of the groups in the two trials that reported mortality (183 participants, very low quality evidence). Differences in serious morbidity outcomes between the groups were imprecise across all the comparisons (very low quality evidence). None of the trials reported patient quality of life or time taken to return to normal activity. The pain at 4 to 8 hours was generally reduced by about 1 to 2 cm on the visual analogue scale of 1 to 10 cm in the comparisons involving the different pharmacological agents and inactive controls (low or very low quality evidence). The pain at 9 to 24 hours was generally reduced by about 0.5 cm (a modest reduction) on the visual analogue scale of 1 to 10 cm in the comparisons involving the different pharmacological agents and inactive controls (low or very low quality evidence). Authors’ conclusions There is evidence of very low quality that different pharmacological agents including non-steroidal anti-inflammatory drugs, opioid analgesics, and anticonvulsant analgesics reduce pain scores in people at low anaesthetic risk undergoing elective laparoscopic cholecystectomy. However, the decision to use these drugs has to weigh the clinically small reduction in pain against uncertain evidence of serious adverse events associated with many of these agents. Further randomised clinical trials of low risk of systematic and random errors are necessary. Such trials should include important clinical outcomes such as quality of life and time to return to work in their assessment.

Keywords: Activity, Administration, Analgesics, Analysis, Assessment, Authors, Benefits, Bias, Cholecystectomy, Citation, Clinical, Clinical Outcomes, Clinical Trials, Clinical-Trials, Collection, Confidence, Confidence Intervals, Criteria, Data, Data Collection, Decision, Design Characteristics, Differences, Discharge, Double-Blind, Drug, Drugs, Effectiveness, Effects, Elective, Embase, Empirical-Evidence, Errors, Events, Evidence, Groups, Health, Hospital, Hospital Stay, Intervals, Intervention, Interventions, Intravenous Tramadol, Language, Laparoscopic, Laparoscopic Cholecystectomy, Length, Life, Low Risk, Medline, Methods, Models, Morbidity, Morphine Consumption, Mortality, Normal, Open, Opioid, Opioid Analgesics, Opioids, Outcome, Outcomes, Pain, Postoperative, Postoperative Pain, Preemptive Pregabalin, Prevention, Publication, Quality, Quality Of, Quality Of Life, Randomised, Randomized Controlled-Trials, Reduction, Relevance, Review, Risk, Safety, Scale, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential-Analysis, Small, Surgery, Treatment, Up Oral Valdecoxib, Who, Work, World Health Organization

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Full Text: [2014\Coc Dat Sys Rev2014, CD009060.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD009060.pdf)

Abstract: Background Intraperitoneal local anaesthetic instillation may decrease pain in people undergoing laparoscopic cholecystectomy. However, the optimal method to administer the local anaesthetic is unknown. Objectives To determine the optimal local anaesthetic agent, the optimal timing, and the optimal delivery method of the local anaesthetic agent used for intraperitoneal instillation in people undergoing laparoscopic cholecystectomy. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, Science Citation Index Expanded, and the World Health Organization International Clinical Trials Registry Platform portal (WHO ICTRP) to March 2013 to identify randomised clinical trials for assessment of benefit and comparative non-randomised studies for the assessment of treatment-related harms. Selection criteria We considered only randomised clinical trials (irrespective of language, blinding, or publication status) comparing different methods of local anaesthetic intraperitoneal instillation during laparoscopic cholecystectomy for the review. Data collection and analysis Two review authors collected the data independently. We analysed the data with both fixed-effect and random-effects models using Review Manager 5 analysis. For each outcome, we calculated the risk ratio (RR) or mean difference (MD) with 95% confidence intervals (CI). Main results We included 12 trials with 798 participants undergoing elective laparoscopic cholecystectomy randomised to different methods of intraperitoneal local anaesthetic instillation. All the trials were at high risk of bias. Most trials included only people with low anaesthetic risk. The comparisons included in the trials that met the eligibility criteria were the following; comparison of one local anaesthetic agent with another local anaesthetic agent (three trials); comparison of timing of delivery (six trials); comparison of different methods of delivery of the anaesthetic agent (two trials); comparison of location of the instillation of the anaesthetic agent (one trial); three trials reported mortality and morbidity. There were no mortalities or serious adverse events in either group in the following comparisons: bupivacaine (0/100 (0%)) versus lignocaine (0/106 (0%)) (one trial; 206 participants); just after creation of pneumoperitoneum (0/55 (0%)) versus end of surgery (0/55 (0%)) (two trials; 110 participants); just after creation of pneumoperitoneum (0/15 (0%)) versus after the end of surgery (0/15 (0%)) (one trial; 30 participants); end of surgery (0/15 (0%)) versus after the end of surgery (0/15 (0%)) (one trial; 30 participants). None of the trials reported quality of life, the time taken to return to normal activity, or the time taken to return to work. The differences in the proportion of people who were discharged as day-surgery and the length of hospital stay were imprecise in all the comparisons included that reported these outcomes (very low quality evidence). There were some differences in the pain scores on the visual analogue scale (1 to 10 cm) but these were neither consistent nor robust to fixed-effect versus random-effects meta-analysis or sensitivity analysis. Authors’ conclusions The currently available evidence is inadequate to determine the effects of one method of local anaesthetic intraperitoneal instillation compared with any other method of local anaesthetic intraperitoneal instillation in low anaesthetic risk individuals undergoing elective laparoscopic cholecystectomy. Further randomised clinical trials of low risk of systematic and random errors are necessary. Such trials should include important clinical outcomes such as quality of life and time to return to work in their assessment.

Keywords: Activity, Analysis, Assessment, Authors, Bias, Bupivacaine, Cholecystectomy, Citation, Clinical, Clinical Outcomes, Clinical Trials, Clinical-Trials, Collection, Comparison, Confidence, Confidence Intervals, Criteria, Data, Data Collection, Delivery, Delivery Method, Design Characteristics, Double-Blind, Effects, Elective, Embase, Empirical-Evidence, Errors, Events, Evidence, Health, Health Survey Sf-36, Hospital, Hospital Stay, Intervals, Language, Laparoscopic, Laparoscopic Cholecystectomy, Length, Life, Local, Location, Low Risk, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Morbidity, Mortality, Normal, Outcome, Outcomes, Pain, Placebo-Controlled Trial, Postoperative Pain Relief, Preemptive Analgesia, Publication, Quality, Quality Of, Quality Of Life, Randomised, Randomized Controlled-Trials, Review, Risk, Scale, Science, Science Citation Index, Science Citation Index Expanded, Search, Sensitivity, Sensitivity Analysis, Sequential-Analysis, Surgery, Timing, Trial, Who, Work, World Health Organization

? Mischke, C., Verbeek, J.H., Saarto, A., Lavoie, M.C., Pahwa, M. and Ijaz, S. (2014), Gloves, extra gloves or special types of gloves for preventing percutaneous exposure injuries in healthcare personnel. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD009573.

Full Text: [2014\Coc Dat Sys Rev2014, CD009573.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD009573.pdf)

Abstract: Background Healthcare workers are at risk of acquiring viral diseases such as hepatitis B, hepatitis C and HIV through exposure to contaminated blood and body fluids at work. Most often infection occurs when a healthcare worker inadvertently punctures the skin of their hand with a sharp implement that has been used in the treatment of an infected patient, thus bringing the patient’s blood into contact with their own. Such occurrences are commonly known as percutaneous exposure incidents. Objectives To determine the benefits and harms of extra gloves for preventing percutaneous exposure incidents among healthcare workers versus no intervention or alternative interventions. Search methods We searched CENTRAL, MEDLINE, EMBASE, NHSEED, Science Citation Index Expanded, CINAHL, NIOSHTIC, CISDOC, PsycINFO and LILACS until 26 June 2013. Selection criteria Randomised controlled trials (RCTs) with healthcare workers as the majority of participants, extra gloves or special types of gloves as the intervention, and exposure to blood or bodily fluids as the outcome. Data collection and analysis Two authors independently assessed study eligibility and risk of bias, and extracted data. We performed meta-analyses for seven different comparisons. Main results We found 34 RCTs that included 6890 person-operations as participating units and reported on 46 intervention-control group comparisons. We grouped interventions as follows: increased layers of standard gloves, gloves manufactured with special protective materials or thicker gloves, and gloves with puncture indicator systems. Indicator gloves show a coloured spot when they are perforated. Participants were surgeons in all studies and they used at least one pair of standard gloves as the control intervention. Twenty-seven studies also included other surgical staff (e.g. nurses). All but one study used perforations in gloves as an indication of exposure. The median control group rate was 18.5 perforations per 100 person-operations. Seven studies reported blood stains on the skin and two studies reported self reported needlestick injuries. Six studies reported dexterity as visual analogue scale scores for the comparison double versus single gloves, 13 studies reported outer glove perforations. We judged the included studies to have a moderate to high risk of bias. We found moderate-quality evidence that double gloves compared to single gloves reduce the risk of glove perforation (rate ratio (RR) 0.29, 95% confidence interval (CI) 0.23 to 0.37) and the risk of blood stains on the skin (RR 0.35, 95% CI 0.17 to 0.70). Two studies with a high risk of bias also reported the effect of double compared to single gloves on needlestick injuries (RR 0.58, 95% CI 0.21 to 1.62). We found low-quality evidence in one small study that the use of three gloves compared to two gloves reduces the risk of perforation further (RR 0.03, 95% CI 0.00 to 0.52). There was similar low-quality evidence that the use of one fabric glove over one normal glove reduces perforations compared to two normal gloves (RR 0.24, 95% CI 0.06 to 0.93). There was moderate-quality evidence that this effect was similar for the use of one special material glove between two normal material gloves. Thicker gloves did not perform better than thinner gloves. There was moderate to low-quality evidence in two studies that an indicator system does not reduce the total number of perforations during an operation even though it reduces the number of perforations per glove used. There was moderate-quality evidence that double gloves have a similar number of outer glove perforations as single gloves, indicating that there is no loss of dexterity with double gloves (RR 1.10, 95% CI 0.93 to 1.31). Authors’ conclusions There is moderate-quality evidence that double gloving compared to single gloving during surgery reduces perforations and blood stains on the skin, indicating a decrease in percutaneous exposure incidents. There is low-quality evidence that triple gloving and the use of special gloves can further reduce the risk of glove perforations compared to double gloving with normal material gloves. The preventive effect of double gloves on percutaneous exposure incidents in surgery does not need further research. Further studies are needed to evaluate the effectiveness and cost-effectiveness of special material gloves and triple gloves, and of gloves in other occupational groups.

Keywords: Alternative, Analysis, Authors, Benefits, Bias, Blood, Blood Exposure, Citation, Collection, Comparison, Confidence, Control, Cost Effectiveness, Cost-Effectiveness, Criteria, Data, Data Collection, Diseases, Double-Gloving, Double-Gloving Methods, Effectiveness, Embase, Evidence, Exposure, Glove Perforation, Groups, Hepatitis, Hepatitis B, Hepatitis C, Hiv, Indication, Indicator, Infected, Infection, Interval, Intervention, Interventions, Medline, Methods, Needlestick Injuries, Needlestick Injury, Normal, Nurses, Occupational, Operation, Orthopedic Procedures, Outcome, Outer Gloves, Percutaneous, Personnel, Psycinfo, Randomised Controlled Trials, Randomized Controlled-Trial, Research, Risk, Scale, Science, Science Citation Index, Science Citation Index Expanded, Search, Self, Sharps Injuries, Single-Gloving, Skin, Skin Contamination, Small, Standard, Standard Precautions, Surgery, Surgical Gloves, Systems, Treatment, Viral, Work

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Full Text: [2014\Coc Dat Sys Rev2014, CD009694.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD009694.pdf)

Abstract: Background The diagnosis of death using neurological criteria (brain death) has profound social, legal and ethical implications. The diagnosis can be made using standard clinical tests examining for brain function, but in some patient populations and in some countries additional tests may be required. Computed tomography (CT) angiography, which is currently in wide clinical use, has been identified as one such test. Objectives To assess from the current literature the sensitivity of CT cerebral angiography as an additional confirmatory test for diagnosing death using neurological criteria, following satisfaction of clinical neurological criteria for brain death. Search methods We performed comprehensive literature searches to identify studies that would assess the diagnostic accuracy of CT angiography (the index test) in cohorts of adult patients, using the diagnosis of brain death according to neurological criteria as the target condition. We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2012, Issue 5) and the following databases from January 1992 to August 2012: MEDLINE; EMBASE; BNI; CINAHL; ISI Web of Science; BioMed Central. We also conducted searches in regional electronic bibliographic databases and subject-specific databases (MEDION; IndMed; African Index Medicus). A search was also conducted in Google Scholar where we reviewed the first 100 results only. We handsearched reference lists and conference proceedings to identify primary studies and review articles. Abstracts were identified by two authors. Methodological assessment of studies using the QUADAS-2 tool and further data extraction for re-analysis were performed by three authors. Selection criteria We included in this review all large case series and cohort studies that compared the results of CT angiography with the diagnosis of brain death according to neurological criteria. Uniquely, the reference standard was the same as the target condition in this review. Data collection and analysis We reviewed all included studies for methodological quality according to the QUADAS-2 criteria. We encountered significant heterogeneity in methods used to interpret CT angiography studies and therefore, where possible, we re-analysed the published data to conform to a standard radiological interpretation model. The majority of studies (with one exception) were not designed to include patients who were not brain dead, and therefore overall specificity was not estimable as part of a meta-analysis. Sensitivity, confidence and prediction intervals were calculated for both as-published data and as re-analysed to a standardized interpretation model. Main results Ten studies were found including 366 patients in total. We included eight studies in the as-published data analysis, comprising 337 patients. The methodological quality of the studies was overall satisfactory, however there was potential for introduction of significant bias in several specific areas relating to performance of the index test and to the timing of index versus reference tests. Results demonstrated a sensitivity estimate of 0.84 (95% confidence interval (CI) 0.69 to 0.93). The 95% approximate prediction interval was very wide (0.34 to 0.98). Data in three studies were available as a four-vessel interpretation model and the data could be re-analysed to a four-vessel interpretation model in a further five studies, comprising 314 patient events. Results demonstrated a similar sensitivity estimate of 0.85 (95% CI 0.77 to 0.91) but with an improved 95% approximate prediction interval (0.56 to 0.96). Authors’ conclusions The available evidence cannot support the use of CT angiography as a mandatory test, or as a complete replacement for neurological testing, in the management pathway of patients who are suspected to be clinically brain dead. CT angiography may be useful as a confirmatory or add-on test following a clinical diagnosis of death, assuming that clinicians are aware of the relatively low overall sensitivity. Consensus on a standard radiological interpretation protocol for future published studies would facilitate further meta-analysis.

Keywords: Accuracy, Adult, Analysis, Angiography, Assessment, Authors, Bias, Bibliographic, Bibliographic Databases, Blood-Flow, Brain, Brain Death, Cerebral, Clinical, Cohort, Collection, Complete, Computed Tomography, Conference Proceedings, Confidence, Criteria, Ct, Data, Data Analysis, Data Collection, Databases, Death, Diagnosis, Diagnostic Accuracy, Embase, Ethical, Events, Evidence, Extraction, First, Function, Google, Google Scholar, Heterogeneity, Index, Interval, Intervals, Isi, Isi Web Of Science, Legal, Limitations, Literature, Management, Mandatory, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Neurological, Neurological Determination, Patients, Performance, Perfusion, Populations, Potential, Prediction, Primary, Protocol, Quality, Quality Of, Reference, Reference Lists, Regional, Results, Review, Satisfaction, Science, Search, Sensitivity, Social, Specificity, Spiral Ct, Standard, Support, Testing, Tests, Timing, Web Of Science

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Full Text: [2014\Coc Dat Sys Rev2014, CD009740.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD009740.pdf)

Abstract: Background Needlestick injuries from devices used for blood collection or for injections expose healthcare workers to the risk of blood borne infections such as hepatitis B and C, and human immunodeficiency virus (HIV). Safety features such as shields or retractable needles can possibly contribute to the prevention of these injuries and it is important to evaluate their effectiveness. Objectives To determine the benefits and harms of safety medical devices aiming to prevent percutaneous exposure injuries caused by needles in healthcare personnel versus no intervention or alternative interventions. Search methods We searched CENTRAL, MEDLINE, EMBASE, NHSEED, Science Citation Index Expanded, CINAHL, Nioshtic, CISdoc and PsycINFO (until January 2014) and LILACS (until January 2012). Selection criteria We included randomised controlled trials (RCT), controlled before and after studies (CBA) and interrupted time-series (ITS) designs on the effect of safety engineered medical devices on needlestick injuries in healthcare staff. Data collection and analysis Two authors independently assessed study eligibility and risk of bias and extracted data. We synthesized study results with a fixed-effect or random-effects model meta-analysis where appropriate. Main results We included four RCTs with 1136 participants, two cluster-RCTs with 795 participants and 73,454 patient days, four CBAs with approximately 22,000 participants and seven ITS with an average of seven data points. These studies evaluated safe modifications of blood collection systems, intravenous (IV) systems, injection systems, multiple devices and sharps containers. The needlestick injury (NSI) rate in the control groups was estimated at about one to five NSIs per 1000 person-years. There was only one study from a low- or middle-income country. The risk of bias was high in most studies. In one ITS study that evaluated safe blood collection systems, NSIs decreased immediately after the introduction (effect size (ES) -6.9, 95% confidence interval (CI) -9.5 to -4.2) and there was no clear evidence of an additional benefit over time (ES -1.2, 95% CI -2.5 to 0.1). Another ITS study used an outdated recapping shield. There was very low quality evidence that NSIs were reduced with the introduction of safe IV devices in two out of four studies but the other two studies showed no clear evidence of a trend towards a reduction. However, there was moderate quality evidence in four other studies that these devices increased the number of blood splashes where the safety system had to be engaged actively (relative risk (RR) 1.6, 95% CI 1.08 to 2.36). There was no clear evidence that the introduction of safe injection devices changed the NSI rate in two studies. The introduction of multiple safety devices showed a decrease in NSI in one study but not in another. The introduction of safety containers showed a decrease in NSI in one study but inconsistent results in two other studies. There was no evidence in the included studies about which type of device was better, for example shielding or retraction of the needle. Authors’ conclusions For safe blood collection systems, we found very low quality evidence in one study that these decrease needlestick injuries (NSIs). For intravenous systems, we found very low quality evidence that they result in a decrease of NSI compared with usual devices but moderate quality evidence that they increase contamination with blood. For other safe injection needles, the introduction of multiple safety devices or the introduction of sharps containers the evidence was inconsistent or there was no clear evidence of a benefit. All studies had a considerable risk of bias and the lack of evidence of a beneficial effect could be due both to confounding and bias. This does not mean that these devices are not effective. Cluster-randomised controlled studies are needed to compare the various types of safety engineered devices for their effectiveness and cost-effectiveness, especially in low- and middle-income countries.

Keywords: Alternative, Analysis, Authors, Benefits, Bias, Blood, Blood Collection, Blood Splashes, Citation, Collection, Confidence, Confounding, Contamination, Control, Control Groups, Cost Effectiveness, Cost-Effectiveness, Country, Criteria, Data, Data Collection, Effect Size, Effectiveness, Embase, Evidence, Exposure, Groups, Hepatitis, Hepatitis B, Hiv, Human, Human Immunodeficiency Virus, Impact, Infections, Injections, Injury, Interrupted Time Series, Interval, Intervention, Interventions, Intravenous, Iv, Low- And Middle-Income Countries, Medical, Medical Devices, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Middle-Income Country, Model, Needles, Needlestick Injuries, Nurses, Occupational Blood Exposures, Percutaneous, Personnel, Prevent, Prevention, Psycinfo, Quality, Random Effects Model, Randomised, Randomised Controlled Trials, Rct, Reduction, Relative Risk, Risk, Safety, Safety-Engineered Devices, Science, Science Citation Index, Science Citation Index Expanded, Search, Search Strategy, Sharps Injuries, Size, Stick Injuries, Systems, Time Series, Trend, United-States, Workers

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Full Text: [2014\Coc Dat Sys Rev2014, CD010813.pdf](2014\Coc%20Dat%20Sys%20Rev2014,%20CD010813.pdf)

Abstract: Background Combined oral contraceptive (COC) use has been associated with venous thrombosis (VT) (i.e., deep venous thrombosis and pulmonary embolism). The VT risk has been evaluated for many estrogen doses and progestagen types contained in COC but no comprehensive comparison involving commonly used COC is available. Objectives To provide a comprehensive overview of the risk of venous thrombosis in women using different combined oral contraceptives. Search methods Electronic databases (Pubmed, Embase, Web of Science, Cochrane, CINAHL, Academic Search Premier and ScienceDirect) were searched in 22 April 2013 for eligible studies, without language restrictions. Selection criteria We selected studies including healthy women taking COC with VT as outcome. Data collection and analysis The primary outcome of interest was a fatal or non-fatal first event of venous thrombosis with the main focus on deep venous thrombosis or pulmonary embolism. Publications with at least 10 events in total were eligible. The network meta-analysis was performed using an extension of frequentist random effects models for mixed multiple treatment comparisons. Unadjusted relative risks with 95% confidence intervals were reported. Two independent reviewers extracted data from selected studies. Main results 3110 publications were retrieved through a search strategy; 25 publications reporting on 26 studies were included. Incidence of venous thrombosis in non-users from two included cohorts was 0.19 and 0.37 per 1 000 person years, in line with previously reported incidences of 0,16 per 1 000 person years. Use of combined oral contraceptives increased the risk of venous thrombosis compared with non-use (relative risk 3.5, 95% confidence interval 2.9 to 4.3). The relative risk of venous thrombosis for combined oral contraceptives with 30-35 mu g ethinylestradiol and gestodene, desogestrel, cyproterone acetate, or drospirenone were similar and about 50-80% higher than for combined oral contraceptives with levonorgestrel. A dose related effect of ethinylestradiol was observed for gestodene, desogestrel, and levonorgestrel, with higher doses being associated with higher thrombosis risk. Authors’ conclusions All combined oral contraceptives investigated in this analysis were associated with an increased risk of venous thrombosis. The effect size depended both on the progestogen used and the dose of ethinylestradiol. Risk of venous thrombosis for combined oral contraceptives with 30-35 mu g ethinylestradiol and gestodene, desogestrel, cyproterone acetate and drospirenone were similar, and about 50-80% higher than with levonorgestrel. The combined oral contraceptive with the lowest possible dose of ethinylestradiol and good compliance should be prescribed-that is, 30 mu g ethinylestradiol with levonorgestrel.

Keywords: Academic, Acetate, Analysis, Collection, Comparison, Compliance, Confidence, Confidence Intervals, Contraceptives, Criteria, Data, Data Collection, Databases, Deep Venous Thrombosis, Deep-Vein Thrombosis, Drospirenone, Effect Size, Effects, Embolism, Estrogen, Ethinylestradiol, Events, First, Hormonal Contraceptives, Incidence, Interval, Intervals, Language, Levonorgestrel, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Network, Nonfatal Vascular-Disease, Observational Research, Oral, Oral Contraceptive, Outcome, Overview, Person, Practice Research Database, Primary, Progestogen, Publications, Pulmonary Embolism, Pulmonary-Embolism, Relative Risk, Reporting, Restrictions, Risk, Risk-Factors, Risks, Science, Search, Search Strategy, Size, Strategy, Thromboembolic Disease, Thrombosis, Treatment, V-Leiden Mutation, Venous Thrombosis, Web Of Science, Women, Young-Women

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Full Text: [2014\Coc Dat Sys Rev2014, CD001480.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD001480.pdf)

Abstract: Background Acute otitis media (AOM) is a very common respiratory infection in early infancy and childhood. The marginal benefits of antibiotics for AOM in low-risk populations in general, the increasing problem of bacterial resistance to antibiotics and the huge estimated direct and indirect annual costs associated with otitis media (OM) have prompted a search for effective vaccines to prevent AOM. Objectives To assess the effect of pneumococcal conjugate vaccines (PCVs) in preventing AOM in children up to 12 years of age. Search methods We searched CENTRAL (2013, Issue 11), MEDLINE (1995 to November week 3, 2013), EMBASE (1995 to December 2013), CINAHL (2007 to December 2013), LILACS (2007 to December 2013) and Web of Science (2007 to December 2013). Selection criteria Randomised controlled trials (RCTs) of PCVs to prevent AOM in children aged 12 years or younger, with a follow-up of at least six months after vaccination. Data collection and analysis Two review authors independently assessed trial quality and extracted data. Main results We included 11 publications of nine RCTs (n = 48,426 children, range 74 to 37,868 per study) of 7-to 11-valent PCV (with different carrier proteins). Five trials (n = 47,108) included infants, while four trials (n = 1318) included children aged one to seven years that were either healthy (one study, n = 264) or had a previous history of upper respiratory tract infection (URTI), including AOM. We judged the methodological quality of the included studies to be moderate to high. There was considerable clinical diversity between studies in terms of study population, type of conjugate vaccine and outcome measures. We therefore refrained from pooling the results. In three studies, the 7-valent PCV with CRM197 as carrier protein (CRM197-PCV7) administered during early infancy was associated with a relative risk reduction (RRR) of all-cause AOM ranging from -5% in high-risk children (95% confidence interval (CI) -25% to 12%) to 7% in low-risk children (95% CI 4% to 9%). Another 7-valent PCV with the outer membrane protein complex of Neisseria meningitidis (N. meningitidis) serogroup B as carrier protein, administered in infancy, did not reduce overall AOM episodes, while a precursor 11-valent PCV with Haemophilus influenzae (H. influenzae) protein D as carrier protein was associated with a RRR of all-cause AOM episodes of 34% (95% CI 21% to 44%). A 9-valent PCV (with CRM197 carrier protein) administered in healthy toddlers was associated with a RRR of (parent-reported) OM episodes of 17%(95% CI-2% to 33%). CRM197-PCV7 followed by 23-valent pneumococcal polysaccharide vaccination administered after infancy in older children with a history of AOM showed no beneficial effect on first occurrence and later AOM episodes. In a study in older children with a previously diagnosed respiratory tract infection, performed during the influenza season, a trivalent influenza vaccine combined with placebo (TIV/placebo) led to fewer all-cause AOM episodes than vaccination with TIV and PCV7 (TIV/PCV7) when compared to hepatitis B vaccination and placebo (HBV/placebo) (RRR 71%, 95% CI 30% to 88% versus RRR 57%, 95% CI 6% to 80%, respectively) indicating that CRM197-PCV7 after infancy may even have negative effects on AOM. Authors’ conclusions Based on current evidence of the effects of PCVs for preventing AOM, the licensed 7-valent CRM197-PCV7 has modest beneficial effects in healthy infants with a low baseline risk of AOM. Administering PCV7 in high-risk infants, after early infancy and in older children with a history of AOM, appears to have no benefit in preventing further episodes. Currently, several RCTs with different (newly licensed, multivalent) PCVs administered during early infancy are ongoing to establish their effects on AOM. Results of these studies may provide a better understanding of the role of the newly licensed, multivalent PCVs in preventing AOM. Also the impact on AOM of the carrier protein D, as used in certain pneumococcal vaccines, needs to be further established.

Keywords: Acute Disease, Age, Aged, Analysis, Antibiotics, Authors, Benefits, Childhood, Children, Clinical, Collection, Confidence, Controlled-Trial, Costs, Criteria, Data, Data Collection, Diversity, Double-Blind, Effects, Embase, Evidence, First, Follow-Up, General, Hepatitis, Hepatitis B, History, Humans, Impact, Infancy, Infant, Infants, Infection, Influenza, Interval, Low Risk, Measures, Media, Medline, Membrane, Membrane Protein, Methods, Middle-Ear, N, Needs, Nontypable Haemophilus-Influenzae, Otitis Media [Prevention & Control], Outcome, Outcome Measures, Outer Membrane Protein, Placebo, Pneumococcal Vaccines [Therapeutic Use], Polysaccharide, Population, Populations, Prevent, Protein, Protein-D, Proteins, Publications, Quality, Quality Of, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Reduction, Relative Risk, Resistance, Respiratory-Tract Infections, Results, Review, Risk, Role, Science, Search, Season, Streptococcus-Pneumoniae, Trial, Understanding, United-States, Vaccination, Vaccine, Vaccines, Vaccines,Conjugate [Therapeutic Use], Web of Science, Young-Children

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Full Text: [2014\Coc Dat Sys Rev2014, CD003331.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD003331.pdf)

Abstract: Background Previous systematic reviews and meta-analyses consistently show the positive effect of exercise-based rehabilitation for heart failure (HF) on exercise capacity; however, the direction and magnitude of effects on health-related quality of life, mortality and hospital admissions in HF remain less certain. This is an update of a Cochrane systematic review previously published in 2010. Objectives To determine the effectiveness of exercise-based rehabilitation on the mortality, hospitalisation admissions, morbidity and health-related quality of life for people with HF. Review inclusion criteria were extended to consider not only HF due to reduced ejection fraction (HFREF or ‘systolic HF’) but also HF due to preserved ejection fraction (HFPEF or ‘diastolic HF’). Search methods We updated searches from the previous Cochrane review. We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (Issue1, 2013) from January 2008 to January 2013. We also searched MEDLINE (Ovid), EMBASE (Ovid), CINAHL (EBSCO) and PsycINFO (Ovid) (January 2008 to January 2013). We handsearched Web of Science, bibliographies of systematic reviews and trial registers (Controlled-trials.com and Clinicaltrials.gov). Selection criteria Randomised controlled trials of exercise-based interventions with six months’ follow-up or longer compared with a no exercise control that could include usual medical care. The study population comprised adults over 18 years and were broadened to include individuals with HFPEF in addition to HFREF. Data collection and analysis Two review authors independently screened all identified references and rejected those that were clearly ineligible. We obtained full-text papers of potentially relevant trials. One review author independently extracted data from the included trials and assessed their risk of bias; a second review author checked data. Main results We included 33 trials with 4740 people with HF predominantly with HFREF and New York Heart Association classes II and III. This latest update identified a further 14 trials. The overall risk of bias of included trials was moderate. There was no difference in pooled mortality between exercise-based rehabilitation versus no exercise control in trials with up to one-year follow-up (25 trials, 1871 participants: risk ratio (RR) 0.93; 95% confidence interval (CI) 0.69 to 1.27, fixed-effect analysis). However, there was trend towards a reduction in mortality with exercise in trials with more than one year of follow-up (6 trials, 2845 participants: RR 0.88; 95% CI 0.75 to 1.02, fixed-effect analysis). Compared with control, exercise training reduced the rate of overall (15 trials, 1328 participants: RR 0.75; 95% CI 0.62 to 0.92, fixed-effect analysis) and HF specific hospitalisation (12 trials, 1036 participants: RR 0.61; 95% CI 0.46 to 0.80, fixed-effect analysis). Exercise also resulted in a clinically important improvement superior in the Minnesota Living with Heart Failure questionnaire (13 trials, 1270 participants: mean difference: -5.8 points; 95% CI -9.2 to -2.4, random-effects analysis) a disease specific health-related quality of life measure. However, levels of statistical heterogeneity across studies in this outcome were substantial. Univariate meta-regression analysis showed that these benefits were independent of the participant’s age, gender, degree of left ventricular dysfunction, type of cardiac rehabilitation (exercise only vs. comprehensive rehabilitation), mean dose of exercise intervention, length of follow-up, overall risk of bias and trial publication date. Within these included studies, a small body of evidence supported exercise-based rehabilitation for HFPEF (three trials, undefined participant number) and when exclusively delivered in a home-based setting (5 trials, 521 participants). One study reported an additional mean healthcare cost in the training group compared with control of USD3227/person. Two studies indicated exercise-based rehabilitation to be a potentially cost-effective use of resources in terms of gain in quality-adjusted life years (QALYs) and life-years saved. Authors’ conclusions This updated Cochrane review supports the conclusions of the previous version of this review that, compared with no exercise control, exercise-based rehabilitation does not increase or decrease the risk of all-cause mortality in the short term (up to 12-months’ follow-up) but reduces the risk of hospital admissions and confers important improvements in health-related quality of life. This update provides further evidence that exercise training may reduce mortality in the longer term and that the benefits of exercise training on appear to be consistent across participant characteristics including age, gender and HF severity. Further randomised controlled trials are needed to confirm the small body of evidence seen in this review for the benefit of exercise in HFPEF and when exercise rehabilitation is exclusively delivered in a home-based setting.

Keywords: Adult, Age, Aged, Analysis, Association, Authors, Benefits, Bias, Bibliographies, Capacity, Cardiac Rehabilitation, Care, Characteristics, Chronic Disease, Clinical-Outcomes, Collection, Confidence, Control, Cost, Cost-Effective, Criteria, Data, Data Collection, Disease, Effectiveness, Effects, Embase, Evidence, Exercise, Exercise Therapy, Exercise Tolerance, Exercise Training, Failure, Follow-Up, Gender, Health Status, Health-Related Quality of Life, Heart, Heart Failure, Heart Failure [Mortality, Heterogeneity, Hf-Action, Home-Based Exercise, Hospital, Humans, Improvement, Interval, Intervention, Interventions, Length, Life, Living, Magnitude, Measure, Medical, Medical Care, Medline, Meta-Regression, Methods, Middle Aged, Morbidity, Mortality, Natriuretic Peptide Expression, New York, Outcome, Papers, Population, Preserved Ejection Fraction, Psycinfo, Publication, Quality, Quality Of, Quality of Life, Quality-Adjusted Life Years, Quality-Of-Life, Questionnaire, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Reduced Ventricular-Function, Reduction, References, Rehabilitation, Rehabilitation], Resources, Review, Reviews, Risk, Science, Search, Small, Systematic, Systematic Review, Systematic Reviews, Term, Training, Training-Program, Trend, Trial, Version, Web of Science, Young Adult

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Full Text: [2014\Coc Dat Sys Rev2014, CD006273.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD006273.pdf)

Abstract: Background Many palliative care patients have reduced oral intake during their illness. The management of this can include the provision of medically assisted hydration with the aim of prolonging the life of a patient, improving their quality of life, or both. This is an updated version of the original Cochrane review published in Issue 2, 2008, and updated in February 2011. Objectives To determine the effect of medically assisted hydration in palliative care patients on their quality and length of life. Search methods We identified studies by searching the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, CINAHL, CANCERLIT, Caresearch, Dissertation abstracts, SCIENCE CITATION INDEX and the reference lists of all eligible studies, key textbooks and previous systematic reviews. The date of the latest search conducted on CENTRAL, MEDLINE and EMBASE was March 2014. Selection criteria All relevant randomised controlled trials (RCTs) or prospective controlled studies of medically assisted hydration in palliative care patients. Data collection and analysis We identified six relevant studies for this update. These included three RCTs (222 participants), and three prospective controlled trials (360 participants). Two review authors independently assessed the studies for quality and validity. The small number of studies and the heterogeneity of the data meant that a quantitative analysis was not possible, so we included a description of the main findings. Main results One study found that sedation and myoclonus (involuntary contractions of muscles) scores were improved more in the intervention group. Another study found that dehydration was significantly higher in the non-hydration group, but that some fluid retention symptoms (pleural effusion, peripheral oedema and ascites) were significantly higher in the hydration group. The other four studies (including the three RCTs) did not show significant differences in outcomes between the two groups. The only study that had survival as an outcome found no difference in survival between the hydration and control arms. Authors’ conclusions Since the last version of this review, we found one new study. The studies published do not show a significant benefit in the use of medically assisted hydration in palliative care patients; however, there are insufficient good-quality studies to inform definitive recommendations for practice with regard to the use of medically assisted hydration in palliative care patients.

Keywords: Abdominal-Malignancies, Adult, Analysis, Artificial Nutrition, Authors, Care, Citation, Citation Indexes, Citation-Index, Clinical Trials As Topic, Collection, Contractions, Control, Criteria, Data, Data Collection, Dehydration, Dehydration [Therapy], Dissertation, Double-Blind, Embase, Fluid Therapy [Adverse Effects, Groups, Heterogeneity, Humans, Hydration, Ill Cancer-Patients, Index, Indexes, Intervention, Length, Life, Longevity, Management, Medline, Methods, Methods], Muscles, Oral, Outcome, Outcomes, Palliative Care, Palliative Care [Methods], Parenteral Hydration, Patients, Pleural Effusion, Practice, Prospective, Quality, Quality Of, Quality of Life, Quantitative Analysis, Randomised, Randomised Controlled Trials, Recommendations, Reference, Reference Lists, Retention, Review, Reviews, Science, Science Citation Index, Science-Citation, Science-Citation-Index, Search, Sedation, Small, Survival, Symptoms, Systematic, Systematic Reviews, Terminally Ill, Terminally-Ill, Textbooks, Trial, Validity, Version

? Good, P., Richard, R., Syrmis, W., Jenkins-Marsh, S. and Stephens, J. (2014), Medically assisted nutrition for adult palliative care patients. *Cochrane Database of Systematic Reviews*, **4**, Article Number: CD006274.

Full Text: [2014\Coc Dat Sys Rev2014, CD006274.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD006274.pdf)

Abstract: Background Many palliative care patients have a reduced oral intake during their illness. The management of this can include the provision of medically assisted nutrition with the aim of prolonging the length of life of a patient, improving their quality of life, or both. This is an updated version of the original Cochrane review published in Issue 4, 2008. Objectives To determine the effect of medically assisted nutrition on the quality and length of life of palliative care patients. Search methods We identified studies from searching Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, CINAHL, CANCERLIT, Caresearch, Dissertation abstracts, SCIENCE CITATION INDEX and the reference lists of all eligible trials, key textbooks and previous systematic reviews. The date of the latest search was 26 March 2014. Selection criteria All relevant randomised controlled trials (RCTs) or prospective controlled trials (if no RCTs were found). Data collection and analysis We found no RCTs or prospectively controlled trials that met the inclusion criteria. Main results The original review identified four prospective non-controlled trials and the updated search in 2014 identified one more (plus an updated version of a Cochrane review on enteral feeding in motor neuron disease). There were five prospective non-controlled trials (including one qualitative study) that studied medically assisted nutrition in palliative care participants, and one Cochrane systematic review (on motor neuron disease that found no RCTs), but no RCTs or prospective controlled studies. Authors’ conclusions Since the last version of this review, we found no new studies. There are insufficient good-quality trials to make any recommendations for practice with regards to the use of medically assisted nutrition in palliative care patients.

Keywords: Adult, Advanced Cancer-Patients, Analysis, Artificial Nutrition, Care, Citation, Citation Indexes, Citation-Index, Collection, Criteria, Data, Data Collection, Disease, Dissertation, Embase, Enteral, Enteral Nutrition [Adverse Effects, Feeding, Home Parenteral-Nutrition, Humans, Hydration, Index, Indexes, Length, Life, Longevity, Management, Medline, Methods, Methods], Neuron, Nutrition, Oral, Palliative Care, Palliative Care [Methods], Parenteral Nutrition [Adverse Effects, Patients, Practice, Prospective, Qualitative, Qualitative Study, Quality, Quality Of, Quality of Life, Randomised, Randomised Controlled Trials, Recommendations, Reference, Reference Lists, Review, Reviews, Science, Science Citation Index, Science-Citation, Science-Citation-Index, Search, Survival, Systematic, Systematic Review, Systematic Reviews, Textbooks, Version

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Full Text: [2014\Coc Dat Sys Rev2014, CD006749.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD006749.pdf)

Abstract: Background The scientific literature examining effective treatments for opioid dependent adults clearly indicates that pharmacotherapy is a necessary and acceptable component of effective treatments for opioid dependence. Nevertheless, no studies have been published that systematically assess the effectiveness of the pharmacological detoxification among adolescents. Objectives To assess the effectiveness of any detoxification treatment alone or in combination with psychosocial intervention compared with no intervention, other pharmacological intervention or psychosocial interventions on completion of treatment, reducing the use of substances and improving health and social status. Search methods We searched the Cochrane Central Register of Controlled Trials (2014, Issue 1), PubMed (January 1966 to January 2014), EMBASE (January 1980 to January 2014), CINHAL (January 1982 to January 2014), Web of Science (1991-January 2014) and reference lists of articles. Selection criteria Randomised controlled clinical trials comparing any pharmacological interventions alone or associated with psychosocial intervention aimed at detoxification with no intervention, placebo, other pharmacological intervention or psychosocial intervention in adolescents (13 to 18 years). Data collection and analysis We used standard methodological procedures recommended by The Cochrane Collaboration Main results Two trials involving 190 participants were included. One trial compared buprenorphine with clonidine for detoxification. No difference was found for drop out: risk ratio (RR) 0.45 (95% confidence interval (CI): 0.20 to 1.04) and acceptability of treatment: withdrawal scoremean difference (MD): 3.97 (95% CI -1.38 to 9.32). More participants in the buprenorphine group initiated naltrexone treatment: RR 11.00 (95% CI 1.58 to 76.55), quality of evidence moderate. The other trial compared maintenance treatment versus detoxification treatment: buprenorphine-naloxone maintenance versus buprenorphine detoxification. For drop out the results were in favour of maintenance treatment: RR 2.67 (95% CI 1.85, 3.86), as well as for results at follow-up RR 1.36 [95% CI 1.05to 1.76); no differences for use of opiate, quality of evidence low. Authors’ conclusions It is difficult to draw conclusions on the basis of two trials with few participants. Furthermore, the two studies included did not consider the efficacy of methadone that is still the most frequent drug utilised for the treatment of opioid withdrawal. One possible reason for the lack of evidence could be the difficulty in conducting trials with young people due to practical and ethical reasons.

Keywords: Acceptability, Addicts, Adolescent, Adolescents, Analysis, Articles, Buprenorphine, Buprenorphine [Therapeutic Use], Buprenorphine-Naloxone, Clinical, Clinical Trials, Clonidine, Clonidine [Therapeutic Use], Cochrane Collaboration, Collaboration, Collection, Confidence, Criteria, Data, Data Collection, Detoxification, Drug, Effectiveness, Efficacy, Embase, Ethical, Evidence, Follow-Up, Health, Humans, Interval, Intervention, Interventions, Literature, Methadone, Methods, Naltrexone [Therapeutic Use], Narcotic Antagonists [Therapeutic Use], Opioid, Opioid Dependence, Opioid-Related Disorders [Rehabilitation], Outpatient Treatment, Pharmacotherapy, Placebo, Predictors, Procedures, Psychosocial, Pubmed, Quality, Quality Of, Randomized-Trial, Reference, Reference Lists, Relapse, Risk, Science, Scientific Literature, Search, Social, Standard, Treatment, Trial, Web Of Science, Youth

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Full Text: [2014\Coc Dat Sys Rev2014, CD008958.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD008958.pdf)

Abstract: Background The World Health Organization’s (WHO’s) Health Promoting Schools (HPS) framework is an holistic, settings-based approach to promoting health and educational attainment in school. The effectiveness of this approach has not been previously rigorously reviewed. Objectives To assess the effectiveness of the Health Promoting Schools (HPS) framework in improving the health and well-being of students and their academic achievement. Search methods We searched the following electronic databases in January 2011 and again in March and April 2013: Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, PsycINFO, CINAHL, Campbell Library, ASSIA, BiblioMap, CAB Abstracts, IBSS, Social Science Citation Index, Sociological Abstracts, TRoPHI, Global Health Database, SIGLE, Australian Education Index, British Education Index, Education Resources Information Centre, Database of Education Research, Dissertation Express, Index to Theses in Great Britain and Ireland, ClinicalTrials.gov, Current controlled trials, and WHO International Clinical Trials Registry Platform. We also searched relevant websites, handsearched reference lists, and used citation tracking to identify other relevant articles. Selection criteria We included cluster-randomised controlled trials where randomisation took place at the level of school, district or other geographical area. Participants were children and young people aged four to 18 years, attending schools or colleges. In this review, we define HPS interventions as comprising the following three elements: input to the curriculum; changes to the school’s ethos or environment or both; and engagement with families or communities, or both. We compared this intervention against schools that implemented either no intervention or continued with their usual practice, or any programme that included just one or two of the above mentioned HPS elements. Data collection and analysis At least two review authors identified relevant trials, extracted data, and assessed risk of bias in the trials. We grouped different types of interventions according to the health topic targeted or the approach used, or both. Where data permitted, we performed random-effects meta-analyses to provide a summary of results across studies. Main results We included 67 eligible cluster trials, randomising 1443 schools or districts. This is made up of 1345 schools and 98 districts. The studies tackled a range of health issues: physical activity (4), nutrition (12), physical activity and nutrition combined (18), bullying (7), tobacco (5), alcohol (2), sexual health (2), violence (2), mental health (2), hand-washing (2), multiple risk behaviours (7), cycle-helmet use (1), eating disorders (1), sun protection (1), and oral health (1). The quality of evidence overall was low to moderate as determined by the GRADE approach. ‘Risk of bias’ assessments identified methodological limitations, including heavy reliance on self-reported data and high attrition rates for some studies. In addition, there was a lack of long-term follow-up data for most studies. We found positive effects for some interventions for: bodymass index (BMI), physical activity, physical fitness, fruit and vegetable intake, tobacco use, and being bullied. Intervention effects were generally small but have the potential to produce public health benefits at the population level. We found little evidence of effectiveness for standardised body mass index (zBMI) and no evidence of effectiveness for fat intake, alcohol use, drug use, mental health, violence and bullying others; however, only a small number of studies focused on these latter outcomes. It was not possible to meta-analyse data on other health outcomes due to lack of data. Few studies provided details on adverse events or outcomes related to the interventions. In addition, few studies included any academic, attendance or school-related outcomes. We therefore cannot draw any clear conclusions as to the effectiveness of this approach for improving academic achievement. Authors’ conclusions The results of this review provide evidence for the effectiveness of some interventions based on the HPS framework for improving certain health outcomes but not others. More well-designed research is required to establish the effectiveness of this approach for other health topics and academic achievement.

Keywords: Academic Achievement, Achievement, Activity, Adolescent Alcohol-Use, Aged, Alcohol, Alcohol Use, American-Indian Schoolchildren, Analysis, Anti-Bullying Intervention, Approach, Articles, Assessments, Australian, Authors, Benefits, Bias, Bmi, Body Mass Index, Britain, Bullying, Cab, Campbell, Cardiovascular Risk-Factors, Changes, Character Development Program, Children, Citation, Clinical Trials, Cluster, Collection, Criteria, Curriculum, Data, Data Collection, Database, Databases, Dissertation, Drug, Drug Use, Education, Effectiveness, Effects, Embase, Engagement, Environment, European Smoking Prevention, Events, Evidence, Families, Fat, Fitness, Follow-Up, Framework, Grade, Health, Health Outcomes, Holistic, Index, Information, Intervention, Interventions, Ireland, Issues, Long Term, Long-Term, Long-Term Follow-Up, Medline, Mental Health, Methodological Limitations, Methods, Nutrition, Obesity Prevention Program, Oral, Outcomes, Physical, Physical Activity, Physical-Activity Intervention, Population, Potential, Practice, Protection, Psycinfo, Public, Public Health, Quality, Quality Of, Randomisation, Randomized Controlled-Trial, Rates, Reference, Reference Lists, Research, Review, Risk, Risk Of Bias, Science, Science Citation Index, Search, Sexual Health, Small, Social Science Citation Index, Students, Sugar-Sweetened Beverages, Theses, Tobacco, Topic, Violence, Websites, Well-Being, WHO

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Full Text: [2014\Coc Dat Sys Rev2014, CD009182.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD009182.pdf)

Abstract: Background Hepatitis C infection is a disease of the liver caused by the hepatitis C virus. The estimated number of chronically infected people with hepatitis C virus worldwide is about 150 million people. Every year, another three to four million people acquire the infection. Chronic hepatitis C is a leading cause of liver-related mortality and morbidity. It is estimated that around 5% to 20% of people with the infection will develop liver cirrhosis, which increases the risk of hepatocellular carcinoma and liver failure. Until 2011, the combination therapy of pegylated interferon-alpha (peginterferon) and ribavirin was the approved standard treatment for chronic hepatitis C. In 2011, first-generation direct-acting antivirals have been licensed, for use in combination with peginterferon and ribavirin for treating hepatitis C virus genotype 1 infection. Nitazoxanide is another antiviral drug with broad antiviral activity and may have potential as an effective alternative, or an addition to standard treatment for the treatment of the hepatitis C virus. Objectives To assess the benefits and harms of nitazoxanide in people with chronic hepatitis C virus infection. Search methods We searched The Cochrane Hepato-Biliary Group Controlled Trials Register (last searched April 2013), The Cochrane Central Register of Controlled Trials (CENTRAL) (2013, Issue 3), MEDLINE (Ovid SP, 1948 to April 2013), EMBASE (Ovid SP, 1980 to April 2013), LILACS (1983 to April 2013), and Science Citation Index EXPANDED (ISI Web of Knowledge, 1900 to April 2013), using the search strategies and the expected time spans. We also scanned reference lists of identified studies. We also searched ClinicalTrials.gov and the World Health Organization’s International Clinical Trials Registry Platform search portal for registered trials, either completed or ongoing (April 2013). Selection criteria We included randomised clinical trials that examined the effects of nitazoxanide versus placebo, no intervention, or any other intervention in patients with chronic hepatitis C. We considered any co-intervention, including standard treatment, if delivered to all intervention groups of the randomised trial concerned. Data collection and analysis Two review authors extracted data independently. We assessed the risk of systematic errors (‘bias’) by evaluation of bias risk domains. We used Review Manager 5.2 for the statistical analyses of dichotomous outcome data with risk ratio (RR) and of continuous outcome data with mean difference (MD). For meta-analyses, we used a fixed-effect model and a random-effects model, along with an assessment of heterogeneity. We assessed risk of random errors (‘play of chance’) using trial sequential analysis. We assessed the quality of the evidence using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system to present review results in ‘Summary of findings’ tables. Main results We included seven randomised clinical trials with a total of 538 participants with chronic hepatitis C. Participants were 18 years of age or older, all diagnosed with chronic hepatitis C genotype 1 or 4. All of the trials had a high risk of bias. All of the trials compared nitazoxanide with placebo or no intervention, and six out of seven of the trials included different antiviral co-interventions administered equally to all intervention groups. Only one trial, comparing nitazoxanide plus peginterferon and ribavirin versus no intervention plus peginterferon and ribavirin, provided information that there were no deaths due to any cause or due to chronic hepatitis C (100 participants, very low quality evidence). The relative effect of nitazoxanide versus placebo or no intervention on adverse events was uncertain (37 out of 179 (21%) versus 30 out of 152 (20%); RR 1.10; 95% CI 0.71 to 1.71; I-2 = 65%; four trials; very low quality evidence). Nitazoxanide decreased the risk of failure to achieve sustained virological response when compared with placebo or no intervention (159 out of 290 (55%) versus 133 out of 208 (64%); RR 0.85; 95% CI 0.75 to 0.97; I-2 = 0%; seven trials; low quality evidence) and also the risk of failure to achieve virological end-of-treatment response (125 out of 290 (43%) versus 110 out of 208 (53%); RR 0.81; 95% CI 0.69 to 0.96; I-2 = 46%; seven trials; low quality evidence). Trial sequential analysis supported the meta-analysis result for sustained virological response, but not the meta-analysis for virological end-of-treatment response. Meta-analysis also showed that nitazoxanide did not decrease the number of participants who showed no improvement in alanine aminotransferase and aspartate aminotransferase serum levels when compared with placebo or no intervention (52 out of 97 (54%) versus 47 out of 95 (49%); RR 1.09; 95% CI 0.84 to 1.42; I-2 = 0%; three trials; very low quality evidence). None of the included trials assessed the effects of nitazoxanide on morbidity or on quality of life. Histological changes were only reported on a subset of three participants out of thirteen participants included in a long term-follow-up trial. Authors’ conclusions We found very low quality, or no, evidence on nitazoxanide for clinically-or patient-relevant outcomes, such as all-cause mortality, chronic hepatitis C-related mortality, morbidity, and adverse events in participants with chronic hepatitis C genotype 1 or 4 infection. Our results of no improvement in alanine aminotransferase and aspartate aminotransferase serum levels were also uncertain. No conclusion could be drawn about liver histology because of a lack of data. Our results indicate that nitazoxanide might have an effect on sustained virological response and virological end-of-treatment response. However, both results could be influenced by systematic errors because all the trials included in the review had a high risk of bias. Furthermore, only the beneficial effect on number of participants achieving sustained virological response was supported when we applied trial sequential analysis. The results on virological end-of-treatment response might, therefore, be caused by a random error. We totally lack information on the effects of nitazoxanide in participants with chronic hepatitis C genotypes 2 or 3 infection. More randomised clinical trials with a low risk of bias are needed to assess the effects of nitazoxanide for chronic hepatitis C.

Keywords: Activity, Age, Alanine Aminotransferase, Alternative, Analyses, Analysis, Antiviral, Aspartate Aminotransferase, Assessment, Authors, Benefits, Bias, Carcinoma, Changes, Chronic, Chronic Hepatitis, Chronic Hepatitis C, Cirrhosis, Citation, Clinical, Clinical Trials, Collection, Combination Therapy, Criteria, Data, Data Collection, Disease, Double-Blind, Drug, Effects, Embase, Error, Errors, Evaluation, Events, Evidence, Failure, Genotype 1 Infection, Grade, Groups, Health, Hepatitis, Hepatitis C, Hepatitis C Virus, Hepatocellular Carcinoma, Heterogeneity, High-Dose Ribavirin, Histology, Improvement, Infected, Infection, Information, Interferon-Alpha, Interferon-Alpha-2b Plus Ribavirin, Intervention, Isi, Knowledge, Life, Liver, Liver Cirrhosis, Liver Failure, Low Risk, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Morbidity, Mortality, Outcome, Outcomes, Patients, Pegylated Alpha-2a Interferon, Placebo, Placebo-Controlled Trial, Potential, Quality, Quality Of, Quality Of Life, Random Effects Model, Randomised, Randomised Trial, Randomized Controlled-Trials, Reference, Reference Lists, Response, Review, Ribavirin, Risk, Science, Science Citation Index, Search, Search Strategies, Sequential, Serum, Standard, Statistical Analyses, Sustained Virological Response, Systematic, Therapy, Treatment, Treatment-Naive Patients, Trial, Virus-Infection, Web Of Knowledge

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Full Text: [2014\Coc Dat Sys Rev2014, CD009868.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD009868.pdf)

Abstract: Background Cardiovascular disease (CVD) is the leading cause of death and disability worldwide, yet CVD risk factor control and secondary prevention rates remain low. A fixed-dose combination of blood pressure and cholesterol lowering and antiplatelet treatments into a single pill, or polypill, has been proposed as one strategy to reduce the global burden of CVD by up to 80% given its potential for better adherence and lower costs. Objectives To determine the effectiveness of fixed-dose combination therapy on reducing fatal and non-fatal CVD events and on improving blood pressure and lipid CVD risk factors for both primary and secondary prevention of CVD. We also aimed to determine discontinuation rates, adverse events, health-related quality of life, and costs of fixed-dose combination therapy. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library (2013, Issue 6), MEDLINE Ovid (1946 to week 2 July 2013), EMBASE Ovid (1980 to Week 28 2013), ISI Web of Science (1970 to 19 July 2013), and the Database of Abstracts of Reviews of Effects (DARE), Health Technology Assessment Database (HTA), and Health Economics Evaluations Database (HEED) (2011, Issue 4) in The Cochrane Library. We used no language restrictions. Selection criteria We included randomised controlled trials of a fixed-dose combination therapy including at least one blood pressure lowering and one lipid lowering component versus usual care, placebo, or a single drug active component for any treatment duration in adults >= 18 years old with no restrictions on presence or absence of pre-existing cardiovascular disease. Data collection and analysis Three review authors independently selected studies for inclusion and extracted the data. We evaluated risk of bias using the Cochrane risk of bias assessment tool. We sought to include outcome data on all-cause mortality, fatal and non-fatal CVD events, adverse events, changes in systolic and diastolic blood pressure, total and low density lipoprotein (LDL) cholesterol concentrations, discontinuation rates, quality of life, and costs. We calculated risk ratios (RR) for dichotomous data and weighted mean differences (MD) for continuous data with 95% confidence intervals (CI) using fixed-effect models when heterogeneity was low (I-2 < 50%) and random-effects models when heterogeneity was high (I-2 > 50%). Main results We found nine randomised controlled trials with a total of 7047 participants. Seven of the nine trials evaluated the effects of fixed-dose combination therapy on primary CVD prevention, and the trial length ranged from six weeks to 15 months. We found a moderate to high risk of bias in the domains of selection, performance, detection, attrition, and other types of bias in five of the nine trials. Compared with the comparator groups, the effects of the fixed-dose combination treatment on mortality (1.2% versus 1.0%, RR 1.26, 95% CI 0.67 to 2.38, N = 3465) and cardiovascular events (4.0% versus 2.9%, RR 1.38, 95% CI 0.91 to 2.10, N = 2479) were uncertain (low quality evidence). The low event rates for these outcomes, limited availability of data as only two out of nine trials reported on these outcomes, and a high risk of bias in at least one domain suggest that these results should not be viewed with confidence. Adverse events were common in both the intervention (30%) and comparator (24%) groups, with participants randomised to fixed-dose combination therapy being 20% (95% CI 9% to 30%) more likely to report an adverse event. Notably, no serious adverse events were reported. Compared with placebo, the rate of discontinuation among participants randomised to fixed-dose combination was higher (14% versus 11%, RR 1.26 95% CI 1.02 to 1.55). The weighted mean differences in systolic and diastolic blood pressure between the intervention and control arms were -7.05 mmHg (95% CI -10.18 to -3.87) and -3.65 mmHg (95% CI -5.44 to -1.85), respectively. The weighted mean differences (95% CI) in total and LDL cholesterol between the intervention and control arms were 0.75 mmol/L (95% CI -1.05 to -0.46) and -0.81 mmol/L (95% CI -1.09 to -0.53), respectively. There was a high degree of statistical heterogeneity in comparisons of blood pressure and lipids (I-2 >= 70% for all) that could not be explained, so these results should be viewed with caution. Fixed-dose combination therapy improved adherence to a multi-drug strategy by 33% (26% to 41%) compared with usual care, but this comparison was reported in only one study. The effects of fixed-dose combination therapy on quality of life are uncertain, though these results were reported in only one trial. No trials reported costs. Authors’ conclusions Compared with placebo, single drug active component, or usual care, the effects of fixed-dose combination therapy on all-cause mortality or CVD events are uncertain; only few trials report these outcomes and the included trials were primarily designed to observe changes in CVD risk factor levels rather than clinical events. Reductions in blood pressure and lipid parameters are generally lower than those previously projected, though substantial heterogeneity of results exists. Fixed-dose combination therapy is associated with modest increases in adverse events compared with placebo, single drug active component, or usual care but may be associated with improved adherence to a multidrug regimen. Ongoing trials of fixed-dose combination therapy will likely inform key outcomes.

Keywords: Adherence, Adverse Events, Analysis, Assessment, Authors, Availability, Bias, Blood, Blood Pressure, Blood-Pressure, Burden, Calcium-Channel Blocker, Cardiovascular, Cardiovascular Disease, Care, Cause Of Death, Changes, Cholesterol, Clinical, Collection, Combination Therapy, Comparison, Confidence, Confidence Intervals, Control, Coronary-Heart-Disease, Costs, Criteria, Data, Data Collection, Database, Death, Disability, Disease, Drug, Duration, Economics, Effectiveness, Effects, Embase, Events, Evidence, Global, Groups, Health, Health-Related Quality Of Life, Heterogeneity, Hta, Hypertensive Patients, Intervals, Intervention, Isi, Isi Web Of Science, Language, Length, Life, Lipid, Lipids, Medline, Methods, Models, Mortality, N, Outcome, Outcomes, Performance, Pill, Placebo, Placebo-Controlled Trial, Potential, Pressure, Prevention, Primary, Quality, Quality Of, Quality Of Life, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Rates, Restrictions, Review, Risk, Risk Factor, Risk Factors, Risk-Factors, Science, Search, Secondary Prevention, Selection, Single-Pill Amlodipine, Atorvastatin, Strategy, Technology, Technology Assessment, Therapy, Treatment, Trial, Vascular-Disease, Web Of Science

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Full Text: [2014\Coc Dat Sys Rev2014, CD010079.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD010079.pdf)

Abstract: Background Various tools exist for initial assessment of possible dementia with no consensus on the optimal assessment method. Instruments that use collateral sources to assess change in cognitive function over time may have particular utility. The most commonly used informant dementia assessment is the Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE). A synthesis of the available data regarding IQCODE accuracy will help inform cognitive assessment strategies for clinical practice, research and policy. Objectives Our primary objective was to determine the diagnostic accuracy of the informant based questionnaire IQCODE, for detection of all cause (undifferentiated) dementia in community-dwelling adults with no previous cognitive assessment. We sought to describe the accuracy of IQCODE (the index test) against a clinical diagnosis of dementia (the reference standard). Our secondary objective was to describe the effect of heterogeneity on the summary estimates. We were particularly interested in the traditional 26-item scale versus the 16-item short form; and language of administration. We explored the effect of varying the threshold IQCODE score used to define ‘test positivity’. Search methods We searched the following sources on 28 January 2013: ALOIS (Cochrane Dementia and Cognitive Improvement Group), MEDLINE (OvidSP), EMBASE (OvidSP), PsycINFO (OvidSP), BIOSIS Previews (ISI Web of Knowledge), Web of Science with Conference Proceedings (ISI Web of Knowledge), LILACS (BIREME). We also searched sources relevant or specific to diagnostic test accuracy: MEDION (Universities of Maastrict and Leuven); DARE (York University); ARIF (Birmingham University). We used sensitive search terms based on MeSH terms and other controlled vocabulary. Selection criteria We selected those studies performed in community settings that used (not necessarily exclusively) the IQCODE to assess for presence of dementia and, where dementia diagnosis was confirmed, with clinical assessment. Our intention with limiting the search to a ‘community’ setting was to include those studies closest to population level assessment. Within our predefined community inclusion criteria, there were relevant papers that fulfilled our definition of community dwelling but represented a selected population, for example stroke survivors. We included these studies but performed sensitivity analyses to assess the effects of these less representative populations on the summary results. Data collection and analysis We screened all titles generated by the electronic database searches and abstracts of all potentially relevant studies were reviewed. Full papers were assessed for eligibility and data extracted by two independent assessors. For quality assessment (risk of bias and applicability) we used the QUADAS 2 tool. We included test accuracy data on the IQCODE used at predefined diagnostic thresholds. Where data allowed, we performed meta-analyses to calculate summary values of sensitivity and specificity with corresponding 95% confidence intervals (CIs). We pre-specified analyses to describe the effect of IQCODE format (traditional or short form) and language of administration for the IQCODE. Main results From 16,144 citations, 71 papers described IQCODE test accuracy. We included 10 papers (11 independent datasets) representing data from 2644 individuals (n = 379 (14%) with dementia). Using IQCODE cut-offs commonly employed in clinical practice (3.3, 3.4, 3.5, 3.6) the sensitivity and specificity of IQCODE for diagnosis of dementia across the studies were generally above 75%. Taking an IQCODE threshold of 3.3 (or closest available) the sensitivity was 0.80 (95% CI 0.75 to 0.85); specificity was 0.84 (95% CI 0.78 to 0.90); positive likelihood ratio was 5.2 (95% CI 3.7 to 7.5) and the negative likelihood ratio was 0.23 (95% CI 0.19 to 0.29). Comparative analysis suggested no significant difference in the test accuracy of the 16 and 26-item IQCODE tests and no significant difference in test accuracy by language of administration. There was little difference in sensitivity across our predefined diagnostic cut-points. There was substantial heterogeneity in the included studies. Sensitivity analyses removing potentially unrepresentative populations in these studies made little difference to the pooled data estimates. The majority of included papers had potential for bias, particularly around participant selection and sampling. The quality of reporting was suboptimal particularly regarding timing of assessments and descriptors of reproducibility and inter-observer variability. Authors’ conclusions Published data suggest that if using the IQCODE for community dwelling older adults, the 16 item IQCODE may be preferable to the traditional scale due to lesser test burden and no obvious difference in accuracy. Although IQCODE test accuracy is in a range that many would consider ‘reasonable’, in the context of community or population settings the use of the IQCODE alone would result in substantial misdiagnosis and false reassurance. Across the included studies there were issues with heterogeneity, several potential biases and suboptimal reporting quality.

Keywords: Accuracy, Administration, Alzheimers-Disease, Analyses, Analysis, Assessment, Assessments, Bias, Burden, Citations, Clinical, Clinical Assessment, Clinical Practice, Cognitive Function, Collection, Community, Comparative, Comparative Analysis, Conference, Confidence, Confidence Intervals, Consensus, Context, Criteria, Data, Data Collection, Database, Dementia, Diagnosis, Diagnostic, Diagnostic Accuracy, Diagnostic Test, Effects, Elderly, Embase, Estimates, Frontotemporal Dementia, Function, Heterogeneity, Improvement, Incident Dementia, Index, Instruments, Intervals, Isi, Issues, Knowledge, Language, Likelihood Ratio, Medical Inpatients, Medline, Methods, Mini-Mental-State, Papers, Policy, Population, Populations, Poststroke Dementia, Potential, Practice, Primary, Primary-Care, Proceedings, Psycinfo, Quality, Quality Of, Questionnaire, Reference, Reporting, Reproducibility, Research, Risk, Sampling, Scale, Science, Screening-Test, Search, Selection, Sensitivity, Services-Task-Force, Sources, Specificity, Standard, Stroke, Synthesis, Threshold, Thresholds, Timing, Universities, University, Utility, Variability, Vascular Dementia, Web Of Knowledge, Web Of Science

? Hartley, L., Flowers, N., Lee, M.S., Ernst, E. and Rees, K. (2014), Tai chi for primary prevention of cardiovascular disease. *Cochrane Database of Systematic Reviews*, **4**, Article Number: CD010366.

Full Text: [2014\Coc Dat Sys Rev2014, CD010366.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD010366.pdf)

Abstract: Background Stress and a sedentary lifestyle are major determinants of cardiovascular disease (CVD). As tai chi involves exercise and can help in stress reduction, it may be effective in the primary prevention of CVD. Objectives To determine the effectiveness of tai chi for the primary prevention of CVD. Search methods We searched the following electronic databases: the Cochrane Central Register of Controlled Trials (CENTRAL) (Issue 11, 2013); MEDLINE (Ovid) (1946 to November week 3, 2013); EMBASE Classic + EMBASE (Ovid) (1947 to 6 December 2013); Web of Science (Thomson Reuters) (1970 to 6 December 2013); PsycINFO (Ovid) (1806 to December week 1, 2013); Database of Abstracts of Reviews of Effects (DARE); Health Technology Assessment Database and Health Economics Evaluations Database (Issue 4, 2013). We also searched the Allied and complementary Medicine Database (AMED) and OpenGrey (inception to October 2012) and several Asian databases. We searched trial registers and reference lists of reviews for further studies. We applied no language restrictions. Selection criteria Randomised controlled trials of tai chi lasting at least three months involving healthy adults or adults at high risk of CVD. The comparison group was no intervention or minimal intervention. The outcomes of interest were CVD clinical events and CVD risk factors. We excluded trials involving multifactorial lifestyle interventions or focusing on weight loss to avoid confounding. Data collection and analysis Two review authors independently selected trials for inclusion, abstracted the data and assessed the risk of bias. Main results We identified 13 small trials (1520 participants randomised) and three ongoing trials. All studies had at least one domain with unclear risk of bias, and some studies were at high risk of bias for allocation concealment (one study) and selective reporting (two studies). Duration and style of tai chi differed between trials. Seven studies recruited 903 healthy participants, the other studies recruited people with borderline hypertension or hypertension, elderly people at high risk of falling, and people with hypertension with liver and kidney yin deficiency syndrome. No studies reported on cardiovascular mortality, all-cause mortality or non-fatal events as most studies were short term (all studies had follow-up of one year or less). There was also considerable heterogeneity between studies, which meant that it was not possible to combine studies statistically for cardiovascular risk (I-2 statistic for systolic blood pressure (SBP) was 96%, for diastolic blood pressure (DBP) 96%, for total cholesterol 96%, low-density lipoprotein-cholesterol (LDL-C) 95%, high-density lipoprotein-cholesterol (HDLC) 98%, triglycerides 75%). Nine trials measured blood pressure, six individual trials found reductions in SBP (reductions ranged from -22.0 mmHg (95% confidence interval (CI) -26.3 to -17.7) to -11.5 mmHg (95% CI -21.5 to -1.46)), two trials found no clear evidence of a difference (however, CIs were wide and an increase or decrease in SBP cannot be ruled out), and one trial found an increase in SBP with tai chi (increase 5.2 mmHg, 95% CI 3.73 to 6.67). A similar pattern was seen for DBP: three trials found a reduction in DBP (reductions ranged from -12.2 mmHg (95% CI -15.8 to -8.7) to -4.43 mmHg (95% CI -7.14 to -1.72)) and three trials found no clear evidence of a difference, however again with wide CIs. Three trials reported lipid levels and two found reductions in total cholesterol, LDL-C and triglycerides (total cholesterol reductions ranged from -1.30 mmol/L (95% CI -1.57 to -1.03) to -0.50 mmol/L (95% CI -0.74 to -0.26): LDL-C reductions ranged from -0.76 mmol/L (95% CI -0.93 to -0.59) to -0.59 mmol/L (95% CI -0.80 to -0.38): triglyceride reductions ranged from -0.46 mmol/L (95% CI -0.62 to -0.30) to -0.37 mmol/L (95% CI -0.67 to -0.07)) and increased HDL-C with the intervention (HDL-C increases ranged from 0.61 mmol/L (95% CI 0.51 to 0.71) to 0.16 mmol/L (95% CI 0.02 to 0.30)), while the third study found no clear evidence of a difference between groups on lipid levels. Quality of life was measured in one trial: tai chi improved quality of life at three months. None of the included trials reported on adverse events, costs or occurrence of type 2 diabetes. Authors’ conclusions There are currently no long-term trials examining tai chi for the primary prevention of CVD. Due to the limited evidence available currently no conclusions can be drawn as to the effectiveness of tai chi on CVD risk factors. There was some suggestion of beneficial effects of tai chi on CVD risk factors but this was not consistent across all studies. There was considerable heterogeneity between the studies included in this review and studies were small and at some risk of bias. Results of the ongoing trials will add to the evidence base but additional longer-term, high-quality trials are needed.

Keywords: Allocation, Analysis, Asian, Assessment, Authors, Bias, Blood, Blood Pressure, Blood-Pressure, Borderline, Cardiovascular, Cardiovascular Disease, Cholesterol, Chuan, Clinical, Clinical-Trial, Collection, Comparison, Complementary, Confidence, Confounding, Costs, Criteria, Data, Data Collection, Database, Databases, Diabetes, Disease, Economics, Effectiveness, Effects, Elderly, Elderly People, Embase, Events, Evidence, Exercise, Follow-Up, Groups, Health, Heterogeneity, Hypertension, Interval, Intervention, Interventions, Kidney, Language, Life, Lipid, Liver, Long Term, Long-Term, Medicine, Medline, Metaanalysis, Methods, Mortality, Older-Adults, Outcomes, Pattern, Pressure, Prevention, Primary, Primary Prevention, Psycinfo, Quality, Quality Of, Quality Of Life, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Reducing Frailty, Reduction, Reference, Reference Lists, Reporting, Restrictions, Results, Review, Reviews, Risk, Risk Factors, Risk-Factors, Science, Search, Small, Stress, Stress Reduction, Suggestion, Syndrome, Technology, Technology Assessment, Term, Thomson Reuters, Thomson-Reuters, Trial, Triglyceride, Triglycerides, Type 2 Diabetes, Web Of Science, Weight Loss

? Simillis, C., Li, T.J., Vaughan, J., Becker, L.A., Davidson, B.R. and Gurusamy, K.S. (2014), Methods to decrease blood loss during liver resection: A network meta-analysis. *Cochrane Database of Systematic Reviews*, **4**, Article Number: CD010683.

Full Text: [2014\Coc Dat Sys Rev2014, CD010683.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD010683.pdf)

Abstract: Background Liver resection is a major surgery with significant mortality and morbidity. Various methods have been attempted to decrease blood loss and morbidity during elective liver resection. These methods include different methods of vascular occlusion, parenchymal transection, and management of the cut surface of the liver. A surgeon typically uses only one of the methods from each of these three categories. Together, one can consider this combination as a treatment strategy. The optimal treatment strategy for liver resection is unknown. Objectives To assess the comparative benefits and harms of different treatment strategies that aim to decrease blood loss during elective liver resection. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, and Science Citation Index Expanded to July 2012 to identify randomised clinical trials. We also handsearched the references lists of identified trials. Selection criteria We included only randomised clinical trials (irrespective of language, blinding, or publication status) where the method of vascular occlusion, parenchymal transection, andmanagement of the cut surface were clearly reported, and where people were randomly assigned to different treatment strategies based on different combinations of the three categories (vascular occlusion, parenchymal transection, cut surface). Data collection and analysis Two review authors identified trials and collected data independently. We assessed the risk of bias using The Cochrane Collaboration’s methodology. We conducted a Bayesian network meta-analysis using the Markov chain Monte Carlo method in WinBUGS 1.4 following the guidelines of the National Institute for Health and Care Excellence Decision Support Unit guidance documents. We calculated the odds ratios (OR) with 95% credible intervals (CrI) (which are similar to confidence intervals in the frequentist approach for meta-analysis) for the binary outcomes and mean differences (MD) with 95% CrI for continuous outcomes using a fixed-effect model or random-effects model according to model-fit. Main results We identified nine trials with 617 participants that met our inclusion criteria. Interventions in the trials included three different options for vascular occlusion, four for parenchymal transection, and two for management of the cut liver surface. These interventions were combined in different ways in the trials giving 11 different treatment strategies. However, we were only able to include 496 participants randomised to seven different treatment strategies from seven trials in our network meta-analysis, because the treatment strategies from the trials that used fibrin sealant for management of the raw liver surface could not be connected to the network for any outcomes. Thus, the trials included in the network meta-analysis varied only in their approaches to vascular exclusion and parenchymal transection and none used fibrin sealant. All the trials were of high risk of bias and the quality of evidence was very low for all the outcomes. The differences in mortality between the different strategies was imprecise (seven trials; seven treatment strategies; 496 participants). Five trials (six strategies; 406 participants) reported serious adverse events. There was an increase in the proportion of people with serious adverse events when surgery was performed using radiofrequency dissecting sealer compared with the standard clamp-crush method in the absence of vascular occlusion and fibrin sealant. The OR for the difference in proportion was 7.13 (95% CrI 1.77 to 28.65; 15/49 (adjusted proportion 24.9%) in radiofrequency dissecting sealer group compared with 6/89 (6.7%) in the clamp-crush method). The differences in serious adverse events between the other groups were imprecise. There was a high probability that ‘no vascular occlusion with clamp-crush method and no fibrin’ and ‘intermittent vascular occlusion with Cavitron ultrasonic surgical aspirator and no fibrin’ are better than other treatments with regards to serious adverse events. Quality of life was not reported in any of the trials. The differences in the proportion of people requiring blood transfusion was imprecise (six trials; seven treatments; 446 participants). Two trials (three treatments; 155 participants) provided data for quantity of blood transfused. People undergoing liver resection by intermittent vascular occlusion had higher amounts of blood transfused than people with continuous vascular occlusion when the parenchymal transection was carried out with the clamp-crush method and no fibrin sealant was used for the cut surface (MD 1.2 units; 95% CrI 0.08 to 2.32). The differences in the other comparisons were imprecise (very low quality evidence). Three trials (four treatments; 281 participants) provided data for operative blood loss. People undergoing liver resection using continuous vascular occlusion had lower blood loss than people with no vascular occlusion when the parenchymal transection was carried out with clamp-crush method and no fibrin sealant was used for the cut surface (MD -130.9 mL; 95% CrI -255.9 to -5.9). None of the trials reported the proportion of people with major blood loss. The differences in the length of hospital stay (six trials; seven treatments; 446 participants) and intensive therapy unit stay (four trials; six treatments; 261 participants) were imprecise. Four trials (four treatments; 245 participants) provided data for operating time. Liver resection by intermittent vascular occlusion took longer than liver resection performed with no vascular occlusion when the parenchymal transection was carried out with Cavitron ultrasonic surgical aspirator and no fibrin sealant was used for the cut surface (MD 49.6 minutes; 95% CrI 29.8 to 69.4). The differences in the operating time between the other comparisons were imprecise. None of the trials reported the time needed to return to work. Authors’ conclusions Very low quality evidence suggested that liver resection using a radiofrequency dissecting sealer without vascular occlusion or fibrin sealant may increase serious adverse events and this should be evaluated in further randomised clinical trials. The risk of serious adverse events with liver resection using no special equipment compared with more complex methods requiring special equipment was uncertain due to the very low quality of the evidence. The credible intervals were wide and considerable benefit or harm with a specific method of liver resection cannot be ruled out.

Keywords: Analysis, Approach, Attempted, Authors, Benefits, Bias, Blood, Blood Loss, Blood Transfusion, Citation, Clamp Crushing Technique, Clinical, Clinical Trials, Clinical-Trial, Collection, Confidence, Confidence Intervals, Criteria, Data, Data Collection, Decision, Documents, Elective, Embase, Equipment, Events, Evidence, Excellence, Fibrin Glue, Groups, Guidance, Guidelines, Health, Hepatic Vascular Exclusion, Hepatocellular-Carcinoma, Hospital, Hospital Stay, Intermittent Pringle Maneuver, Intervals, Interventions, Language, Length, Life, Liver, Management, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methodology, Methods, Model, Monte Carlo, Monte Carlo Method, Morbidity, Mortality, Network, Occlusion, Operative, Options, Outcomes, Publication, Quality, Quality Of, Quality Of Life, Radiofrequency Dissecting Sealer, Random Effects Model, Randomised, Randomized-Controlled-Trial, References, Review, Risk, Science, Science Citation Index, Science Citation Index Expanded, Sealant, Search, Standard, Strategy, Surface, Surgery, Therapy, Topical Hemostatic Agents, Transfusion, Treatment, Ultrasonic, Ultrasonically Activated Scalpel, Work

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Full Text: [2014\Coc Dat Sys Rev2014, CD002020.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD002020.pdf)

Abstract: Background Parental psychosocial health can have a significant effect on the parent-child relationship, with consequences for the later psychological health of the child. Parenting programmes have been shown to have an impact on the emotional and behavioural adjustment of children, but there have been no reviews to date of their impact on parental psychosocial wellbeing. Objectives To address whether group-based parenting programmes are effective in improving parental psychosocial wellbeing (for example, anxiety, depression, guilt, confidence). Search methods We searched the following databases on 5 December 2011: CENTRAL (2011, Issue 4), MEDLINE (1950 to November 2011), EMBASE (1980 to week 48, 2011), BIOSIS (1970 to 2 December 2011), CINAHL (1982 to November 2011), PsycINFO (1970 to November week 5, 2011), ERIC (1966 to November 2011), Sociological Abstracts (1952 to November 2011), Social Science Citation Index (1970 to 2 December 2011), metaRegister of Controlled Trials (5 December 2011), NSPCC Library (5 December 2011). We searched ASSIA (1980 to current) on 10 November 2012 and the National Research Register was last searched in 2005. Selection criteria We included randomised controlled trials that compared a group-based parenting programme with a control condition and used at least one standardised measure of parental psychosocial health. Control conditions could be waiting-list, no treatment, treatment as usual or a placebo. Data collection and analysis At least two review authors extracted data independently and assessed the risk of bias in each study. We examined the studies for any information on adverse effects. We contacted authors where information was missing from trial reports. We standardised the treatment effect for each outcome in each study by dividing the mean difference in post-intervention scores between the intervention and control groups by the pooled standard deviation. Main results We included 48 studies that involved 4937 participants and covered three types of programme: behavioural, cognitive-behavioural and multimodal. Overall, we found that group-based parenting programmes led to statistically significant short-term improvements in depression (standardised mean difference (SMD) -0.17, 95% confidence interval (CI) -0.28 to -0.07), anxiety (SMD -0.22, 95% CI -0.43 to -0.01), stress (SMD -0.29, 95% CI -0.42 to -0.15), anger (SMD -0.60, 95% CI -1.00 to -0.20), guilt (SMD -0.79, 95% CI -1.18 to -0.41), confidence (SMD -0.34, 95% CI -0.51 to -0.17) and satisfaction with the partner relationship (SMD -0.28, 95% CI -0.47 to -0.09). However, only stress and confidence continued to be statistically significant at six month follow-up, and none were significant at one year. There was no evidence of any effect on self-esteem (SMD -0.01, 95% CI -0.45 to 0.42). None of the trials reported on aggression or adverse effects. The limited data that explicitly focused on outcomes for fathers showed a statistically significant short-term improvement in paternal stress (SMD -0.43, 95% CI -0.79 to -0.06). We were unable to combine data for other outcomes and individual study results were inconclusive in terms of any effect on depressive symptoms, confidence or partner satisfaction. Authors’ conclusions The findings of this review support the use of parenting programmes to improve the short-term psychosocial wellbeing of parents. Further input may be required to ensure that these results are maintained. More research is needed that explicitly addresses the benefits for fathers, and that examines the comparative effectiveness of different types of programme along with the mechanisms by which such programmes bring about improvements in parental psychosocial functioning.

Keywords: Adverse Effects, Aggression, Analysis, Anxiety, Anxiety [Therapy], Attention-Deficit, Hyperactivity Disorder, Authors, Benefits, Bias, Child, Child-Behavior Problems, Children, Citation, Collection, Confidence, Control, Control Groups, Criteria, Data, Data Collection, Databases, Depression, Depression [Therapy], Depressive Symptoms, Developing Conduct Disorder, Effectiveness, Effects, Embase, Emotions, Evidence, Female, Follow-Up, Groups, Health, Humans, Impact, Improvement, Information, Interval, Intervention, Maternal Behavior [Psychology], Maternal Welfare, Measure, Mechanisms, Medline, Mental-Health, Methods, Mother-Child Relations, Mother-Infant Interactions, Outcome, Outcomes, Parenting, Parenting [Psychology], Parents, Parents [Education, Partner, Paternal Behavior [Psychology], Placebo, Postnatal Depression, Prevention Program, Program Evaluation, Programmes, Psychological, Psychology], Psychosocial, Psycinfo, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Research, Review, Reviews, Risk, Satisfaction, Science, Science Citation Index, Search, Self Concept, Self-Esteem, Social Science Citation Index, Standard, Stones Triple P, Stress, Support, Symptoms, Training, Training Programmes, Treatment, Trial, Young Norwegian Children

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Full Text: [2014\Coc Dat Sys Rev2014, CD002947.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD002947.pdf)

Abstract: Background Medicinal plant products are used orally for treating osteoarthritis. Although their mechanisms of action have not yet been elucidated in full detail, interactions with common inflammatory mediators provide a rationale for using them to treat osteoarthritic complaints. Objectives To update a previous Cochrane review to assess the benefits and harms of oral medicinal plant products in treating osteoarthritis. Search methods We searched electronic databases (CENTRAL, MEDLINE, EMBASE, AMED, CINAHL, ISI Web of Science, World Health Organization Clinical Trials Registry Platform) to 29 August 2013, unrestricted by language, and the reference lists from retrieved trials. Selection criteria Randomised controlled trials of orally consumed herbal interventions compared with placebo or active controls in people with osteoarthritis were included. Herbal interventions included any plant preparation but excluded homeopathy or aromatherapy products, or any preparation of synthetic origin. Data collection and analysis Two authors used standard methods for trial selection and data extraction, and assessed the quality of the body of evidence using the GRADE approach for major outcomes (pain, function, radiographic joint changes, quality of life, withdrawals due to adverse events, total adverse events, and serious adverse events). Main results Forty-nine randomised controlled studies (33 interventions, 5980 participants) were included. Seventeen studies of confirmatory design (sample and effect sizes pre-specified) were mostly at moderate risk of bias. The remaining 32 studies of exploratory design were at higher risk of bias. Due to differing interventions, meta-analyses were restricted to Boswellia serrata (monoherbal) and avocado-soyabean unsaponifiables (ASU) (two herb combination) products. Five studies of three different extracts from Boswellia serrata were included. High-quality evidence from two studies (85 participants) indicated that 90 days treatment with 100 mg of enriched Boswellia serrata extract improved symptoms compared to placebo. Mean pain was 40 points on a 0 to 100 point VAS scale (0 is no pain) with placebo, enriched Boswellia serrata reduced pain by a mean of 17 points (95% confidence interval (CI) 8 to 26); number needed to treat for an additional beneficial outcome (NNTB) 2; the 95% CIs did not exclude a clinically significant reduction of 15 points in pain. Physical function was 33 points on the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) 0 to 100 point subscale (0 is no loss of function) with placebo, enriched Boswellia serrata improved function by 8 points (95% CI 2 to 14); NNTB 4. Assuming a minimal clinically important difference of 10 points, we cannot exclude a clinically important benefit in some people. Moderate-quality evidence (one study, 96 participants) indicated that adverse events were probably reduced with enriched Boswellia serrata (18/48 events versus 30/48 events with placebo; relative risk (RR) 0.60, 95% CI 0.39 to 0.92). Possible benefits of other Boswellia serrata extracts over placebo were confirmed in moderate-quality evidence from two studies (97 participants) of Boswellia serrata (enriched) 100 mg plus non-volatile oil, and low-quality evidence from small single studies of a 999 mg daily dose of Boswellia serrata extract and 250 mg daily dose of enriched Boswellia serrata. It was uncertain if a 99 mg daily dose of Boswellia serrata offered benefits over valdecoxib due to the very low-quality evidence from a small single study. It was uncertain if there was an increased risk of adverse events or withdrawals with Boswellia serrata extract due to variable reporting of results across studies. The studies reported no serious adverse events. Quality of life and radiographic joint changes were not measured. Six studies examined the ASUproduct Piasclidine (R). Moderate-quality evidence from four studies (651 participants) indicated that ASU 300 mg produced a small and clinically questionable improvement in symptoms, and probably no increased adverse events compared to placebo after three to 12 months treatment. Mean pain with placebo was 40.5 points on a VAS 0 to 100 scale (0 is no pain), ASU 300 mg reduced pain by a mean of 8.5 points (95% CI 1 to 16 points); NNTB 8. ASU 300 mg improved function (standardised mean difference (SMD) -0.42, 95% CI -0.73 to -0.11). Function was estimated as 47 mm (0 to 100 mm scale, where 0 is no loss of function) with placebo, ASU 300 mg improved function by a mean of 7 mm (95% CI 2 to 12 mm); NNTB 5 (3 to 19). There were no differences in adverse events (5 studies, 1050 participants) between ASU (53%) and placebo (51%) (RR 1.04, 95% CI 0.97 to 1.12); withdrawals due to adverse events (1 study, 398 participants) between ASU (17%) and placebo (15%) (RR 1.14, 95% CI 0.73 to 1.80); or serious adverse events (1 study, 398 participants) between ASU (40%) and placebo (33%) (RR 1.22, 95% CI 0.94 to 1.59). Radiographic joint changes, measured as change in joint space width (JSW) in two studies (453 participants) did not differ between ASU 300 mg treatment (-0.53 mm) and placebo (-0.65 mm); mean difference of -0.12 (95% CI -0.43 to 0.19). Moderate-quality evidence from a single study (156 participants) confirmed possible benefits of ASU 600 mg over placebo, with no increased adverse events. Low-quality evidence (1 study, 357 participants) indicated there may be no differences in symptoms or adverse events between ASU 300 mg and chondroitin sulphate. Quality of life was not measured. All other herbal interventions were investigated in single studies, limiting conclusions. No serious side effects related to any plant product were reported. Authors’ conclusions Evidence for the proprietary ASU product Piasclidine (R) in the treatment of osteoarthritis symptoms seems moderate to high for short term use, but studies over a longer term and against an apparently active control are less convincing. Several other medicinal plant products, including extracts of Boswellia serrata, show trends of benefits that warrant further investigation in light of the fact that the risk of adverse events appear low. There is no evidence that Piasclidine (R) significantly improves joint structure, and limited evidence that it prevents joint space narrowing. Structural changes were not tested for with any other herbal intervention. Further investigations are required to determine optimum daily doses producing clinical benefits without adverse events.

Keywords: Analysis, Approach, Aromatherapy, Authors, Benefits, Bias, Boswellia-Serrata Extract, Changes, Chronic Disease, Claw Harpagophytum-Procumbens, Clinical, Clinical Trials, Collection, Complaints, Confidence, Control, Controlled Clinical-Trial, Criteria, Data, Data Collection, Databases, Design, Double-Blind, Effects, Embase, Events, Evidence, Extraction, Function, Grade, Health, Homeopathy, Humans, Improvement, Inflammatory Mediators, Interval, Intervention, Interventions, Investigation, Investigations, Isi, Isi Web Of Science, Language, Life, Low-Back-Pain, Mechanisms, Medicinal Plant, Medline, Methods, Nonsteroidal Antiinflammatory Drugs, Number Needed To Treat, Of-Rheumatology Criteria, Ontario, Oral, Origin, Osteoarthritis, Osteoarthritis [Drug Therapy], Outcome, Outcomes, Pain, Physical Function, Phytotherapy, Placebo, Placebo-Controlled Trial, Plant, Preparation, Quality, Quality Of, Quality Of Life, R, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trials, Reduction, Reference, Reference Lists, Relative Risk, Reporting, Review, Risk, Scale, Science, Search, Selection, Side Effects, Small, Standard, Structure, Symptoms, Term, Treatment, Trends, Trial, Universities, Vas, Web Of Science, Willow Bark Extract, Womac, World Health Organization

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Full Text: [2014\Coc Dat Sys Rev2014, CD004786.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD004786.pdf)

Abstract: Background Acute bacterial meningitis remains a disease with high mortality and morbidity rates. However, with prompt and adequate antimicrobial and supportive treatment, the chances for survival have improved, especially among infants and children. Careful management of fluid and electrolyte balance is an important supportive therapy. Both over-and under-hydration are associated with adverse outcomes. Objectives To evaluate treatment of acute bacterial meningitis with differing volumes of initial fluid administration (up to 72 hours after first presentation) and the effects on death and neurological sequelae. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (2013, Issue 10), MEDLINE (1966 to October week 5, 2013), EMBASE (1980 to November 2013), CINAHL (1981 to November 2013), LILACS (1982 to November 2013) and Web of Science (2010 to 2013). Selection criteria Randomised controlled trials (RCTs) of differing volumes of fluid given in the initial management of bacterial meningitis were eligible for inclusion. Data collection and analysis For this update we identified two abstracts, but after obtaining full texts we excluded them. Previous searches had identified six trials; on careful inspection three trials (415 children) met the inclusion criteria. All four of the original review authors extracted data and assessed trials for quality (one author, ROW, has died since the original review; see Acknowledgements). We combined data for meta-analysis using risk ratios (RRs) for dichotomous data or mean difference (MD) for continuous data. We used a fixed-effect statistical model. We assessed overall evidence quality using the GRADE approach. Main results There were no trials in adult populations. All included trials were on paediatric patient groups. The largest of the three trials was conducted in settings with high mortality rates. The meta-analysis found no significant difference between the maintenance-fluid and restricted-fluid groups in number of deaths (RR 0.82, 95% confidence interval (CI) 0.53 to 1.27; 407 participants) (moderate trial quality); acute severe neurological sequelae (RR 0.67, 95% CI 0.41 to 1.08; 407 participants) (very low trial quality); or in mild to moderate sequelae (RR 1.24, 95% CI 0.58 to 2.65; 357 participants) (moderate trial quality). However, when neurological sequelae were defined further, there was a statistically significant difference in favour of the maintenance-fluid group for spasticity (RR 0.50, 95% CI 0.27 to 0.93; 357 participants); seizures at both 72 hours (RR 0.59, 95% CI 0.42 to 0.83; 357 participants) and 14 days (RR 0.19, 95% CI 0.04 to 0.88; 357 participants); and chronic severe neurological sequelae at three months follow-up (RR 0.42, 95% CI 0.20 to 0.89; 351 participants). Authors’ conclusions The quality of evidence regarding fluid therapy in children with acute bacterial meningitis is not high-grade and there is a need for further research. Some evidence supports maintaining intravenous fluids rather than restricting them in the first 48 hours in settings with high mortality rates and where children present late. However, where children present early and mortality rates are lower, there is insufficient evidence to guide practice.

Keywords: Acute Disease, Administration, Adult, Adverse Outcomes, Analysis, Antimicrobial, Approach, Authors, Balance, Cerebrospinal-Fluid, Child, Children, Chronic, Collection, Complications, Confidence, Criteria, Data, Data Collection, Death, Developing Countries, Disease, Effects, Embase, Evidence, First, Fluid Therapy [Adverse Effects, Follow-Up, Grade, Groups, Humans, Hyponatremia [Etiology], Infant, Infants, Inspection, Interval, Intravenous, Management, Medline, Meningitis, Meningitis,Bacterial [Complications, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Morbidity, Mortality, Neurological, Outcomes, Populations, Practice, Presentation, Quality, Quality Of, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Rates, Research, Restriction, Review, Risk, Science, Search, Seizures, Standards], Supportive Therapy, Survival, Therapy, Therapy], Treatment, Trial, Web Of Science

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Full Text: [2014\Coc Dat Sys Rev2014, CD007325.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD007325.pdf)

Abstract: Background Central retinal vein occlusion (CRVO) is a relatively common retinal vascular disorder in which macular oedema may develop, with a consequent reduction in visual acuity. Until recently there has been no treatment of proven benefit, but growing evidence supports the use of anti-vascular endothelial growth factor (anti-VEGF) agents. Objectives To investigate the effectiveness and safety of anti-VEGF therapies for the treatment of macular oedema secondary to CRVO. Search methods We searched CENTRAL (which contains the Cochrane Central Register of Controlled Trials (CENTRAL) and the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2013, Issue 10), Ovid MEDLINE (January 1950 to October 2013), EMBASE (January 1980 to October 2013), Latin American and Caribbean Health Sciences Literature Database (LILACS) (January 1982 to October 2013), Cumulative Index to Nursing and Allied Health Literature (CINAHL) (January 1937 to October 2013), OpenGrey, OpenSIGLE (January 1950 to October 2013), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov), the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en) and Web of Science Conference Proceedings Citation Index-Science (CPCI-S). There were no language or date restrictions in the electronic search for trials. The electronic databases and clinical trials registers were last searched on 29th October 2013. Selection criteria We considered randomised controlled trials (RCTs) that compared intravitreal anti-VEGF agents of any dose or duration to sham injection or no treatment. We focused on studies that included individuals of any age or gender and a minimum of six months follow-up. Data collection and analysis Two review authors independently assessed trial quality and extracted data. The primary outcome was the proportion of participants with a gain in best-corrected visual acuity (BCVA) from baseline of greater than or equal to 15 letters (3 lines) on the Early Treatment of Diabetic Retinopathy Study (ETDRS) chart. Secondary outcomes included the proportion of participants with a loss of 15 letters or more of BCVA, the mean change from baseline BCVA, the mean change in central retinal thickness (CRT), the number and type of complications or adverse outcomes, and the number of additional interventions administered. Where available, we also presented quality of life and economic data. Main results We found six RCTs that met the inclusion criteria after independent and duplicate review of the search results. These RCTs included 937 participants and compared outcomes at six months to sham injection for four anti-VEGF agents: aflibercept (VEGF Trap-Eye, Eylea), bevacizumab (Avastin), pegaptanib sodium (Macugen) and ranibizumab (Lucentis). Three trials were conducted in Norway, Sweden and the USA, and three trials were multicentre, one including centres in the USA, Canada, India, Israel, Argentina and Columbia, a second including centres in the USA, Australia, France, Germany, Israel, and Spain, and a third including centres in Austria, France, Germany, Hungary, Italy, Latvia, Australia, Japan, Singapore and South Korea. We performed meta-analysis on three key visual outcomes, using data from up to six trials. High-quality evidence from six trials revealed that participants receiving intravitreal anti-VEGF treatment were 2.71 times more likely to gain at least 15 letters of visual acuity at six months compared to participants treated with sham injections (risk ratio (RR) 2.71; 95% confidence intervals (CI) 2.10 to 3.49). High-quality evidence from five trials suggested anti-VEGF treatment was associated with an 80% lower risk of losing at least 15 letters of visual acuity at six months compared to sham injection (RR 0.20; 95% CI 0.12 to 0.34). Moderate-quality evidence from three trials (481 participants) revealed that the mean reduction from baseline to six months in central retinal thickness was 267.4 mu m (95% CI 211.4 mu m to 323.4 mu m) greater in participants treated with anti-VEGF than in participants treated with sham. The meta-analyses demonstrate that treatment with anti-VEGF is associated with a clinically meaningful gain in vision at six months. One trial demonstrated sustained benefit at 12 months compared to sham. No significant ocular or systemic safety concerns were identified in this time period. Authors’ conclusions Compared to no treatment, repeated intravitreal injection of anti-VEGF agents in eyes with CRVO macular oedema improved visual outcomes at six months. All agents were relatively well tolerated with a low incidence of adverse effects in the short term. Future trials should address the relative efficacy and safety of the anti-VEGF agents and other treatments, including intravitreal corticosteroids, for longer-term outcomes.

Keywords: Adverse Effects, Adverse Outcomes, Age, Analysis, Antibodies,Monoclonal [Therapeutic Use], Antibodies,Monoclonal,Humanized, Aptamers,Nucleotide [Therapeutic Use], Argentina, Australia, Austria, Authors, Bevacizumab, Canada, Citation, Clinical, Clinical Trials, Coherence Tomography, Collection, Complications, Conference, Confidence, Confidence Intervals, Corticosteroids, Criteria, Data, Data Collection, Database, Databases, Duration, Economic, Effectiveness, Effects, Efficacy, Embase, Etiology], Evidence, Follow-Up, France, Gender, Germany, Growth, Growth Factor, Health, Humans, Hungary, Incidence, India, Injections, Intervals, Interventions, Intravitreal Aflibercept Injection, Israel, Italy, Japan, Korea, Language, Latvia, Life, Literature, Macular Edema [Drug Therapy, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Minimum, Norway, Nursing, Occlusion, Ocular Diseases, Outcome, Outcomes, Phase-Iii, Primary, Proceedings, Quality, Quality Of, Quality Of Life, Radial Optic Neurotomy, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Reduction, Restrictions, Retinal Vein Occlusion [Complications], Review, Risk, Risk-Factors, Safety, Science, Sciences, Search, Singapore, Sodium, South Korea, Spain, Study-Group Pacores, Sweden, Term, Time Period, Treatment, Trial, Usa, Vascular Endothelial Growth Factor A [Antagonists & Inhibitors], Vegf, Vegf Trap, Visual-Acuity, Web Of Science, WHO

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Full Text: [2014\Coc Dat Sys Rev2014, CD009576.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD009576.pdf)

Abstract: Background Worldwide, pneumonia is the leading cause of death among children under five years of age and accounts for approximately two million deaths annually. The World Health Organization (WHO) has developed case management guidelines based on simple clinical signs to help clinicians decide on the appropriate pneumonia treatment. Children and infants who exhibit fast breathing (50 breaths per minute or more in infants two months to 12 months of age and 40 or more in children 12 months to five years of age) and cough are presumed to have non-severe pneumonia and the WHO recommends antibiotics. Implementation of these guidelines to identify and manage pneumonia at the community level has been shown to reduce acute respiratory infection (ARI)-related mortality by 36%, although apprehension exists regarding these results due to the questionable quality of evidence. As WHO guidelines do not make a distinction between viral and bacterial pneumonia, these children continue to receive antibiotics because of the concern that it may not be safe to do otherwise. Therefore, it is essential to explore the role of antibiotics in children with WHO-defined non-severe pneumonia and wheeze and to develop effective guidelines for initial antibiotic treatment. Objectives To evaluate the efficacy of antibiotic therapy versus no antibiotic therapy for children aged two to 59 months with WHO-defined non-severe pneumonia and wheeze. Search methods We searched CENTRAL (2014, Issue 1), MEDLINE (1946 to March week 3, 2014), EMBASE (January 2010 to March 2014), CINAHL (1981 to March 2014), LILACS (1982 to March 2014), Networked Digital Library of Theses and Dissertations (23 July 2013) and Web of Science (1985 to March 2014). Selection criteria Randomised controlled trials (RCTs) evaluating the efficacy of antibiotic therapy versus no antibiotic therapy for children aged two to 59 months with non-severe pneumonia and wheeze. We considered studies that defined non-severe pneumonia as cough or difficulty in breathing with a respiratory rate above the WHO-defined age-specific values (respiratory rate of 50 breaths per minute or more for children aged two to 12 months, or a respiratory rate of 40 breaths per minute or more for children aged 12 to 59 months) and wheeze for inclusion. We have excluded non-RCTs (quasi-RCTs). Data collection and analysis Two review authors independently assessed the search results and extracted data. Main results We did not identify any study that completely fulfilled our inclusion criteria. Authors’ conclusions There is a clear need for RCTs to address this question in representative populations. We do not currently have evidence to support or challenge the continued use of antibiotics for the treatment of non-severe pneumonia, as suggested by WHO guidelines.

Keywords: Age, Aged, Analysis, Antibiotic, Antibiotic Therapy, Antibiotics, Authors, Case Management, Case-Management, Cause Of Death, Challenge, Childhood Pneumonia, Children, Clinical, Collection, Community, Conjugate Vaccine, Cough, Criteria, Data, Data Collection, Death, Developing-Countries, Digital, Dissertations, Double-Blind, Efficacy, Embase, Evidence, Global Burden, Guidelines, Health, Implementation, Infants, Infection, Management, Medline, Methods, Mortality, Oral Amoxicillin, Placebo-Controlled Trial, Pneumonia, Populations, Quality, Quality Of, Randomised Controlled Trials, Randomized Controlled-Trial, Respiratory Syncytial Virus, Review, Role, Science, Search, Support, Therapy, Theses, Treatment, Viral, Web Of Science, WHO, World Health Organization

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Full Text: [2014\Coc Dat Sys Rev2014, CD009917.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD009917.pdf)

Abstract: Background Effective use of warfarin involves keeping the international normalised ratio (INR) within a relatively narrow therapeutic range. However, patients respond widely to their dose of warfarin. Overcoagulation can lead to an increased risk of excessive bleeding, while undercoagulation can lead to increased clot formation. There is some evidence that patients with a variable response to warfarin may benefit from a concomitant low dose of vitamin K. Objectives To assess the effects of concomitant supplementation of low-dose oral vitamin K for anticoagulation control in patients being initiated on or taking a maintenance dose of warfarin. Search methods To identify previous reviews, we searched the Database of Abstracts of Reviews of Effects (DARE via The Cochrane Library, Wiley) (Issue 2, 2011). To identify primary studies, we searched the Cochrane Central Register of Controlled Trials (CENTRAL via The Cochrane Library, Wiley) (Issue 2, 2014), Ovid MEDLINE (R) In-Process & Other Non-Indexed Citations database and Ovid MEDLINE (R) (OvidSP) (1946 to 25 February 2014), Embase (OvidSP) (1974 to week 8 of 2014), Science Citation Index Expanded T & Conference Proceedings Citation Index - Science (Web of Science T) (1945 to 27 February 2014), and the NHS Economics Evaluations Database (NHS EED) (via The Cochrane Library, Wiley) (Issue 2, 2014). We did not apply any language or date restrictions. We used additional methods to identify grey literature and ongoing studies. Selection criteria Randomised controlled trials comparing the addition of vitamin K versus placebo in patients initiating warfarin or already taking warfarin. Data collection and analysis Two review authors independently selected and extracted data from included studies. When disagreement arose, a third author helped reached a consensus. We also assessed risk of bias. Main results We identified two studies with a total of 100 participants for inclusion in the review. We found the overall risk of bias to be unclear in a number of domains. Neither study reported the time taken to the fi rst INR in range. Only one study (70 participants) reported the mean time in therapeutic range as a percentage. This study found that in the group of participants deemed to have poor INR control, the addition of 150 micrograms (mcg) oral vitamin K significantly improved anticoagulation control in those with unexplained instability of response to warfarin. The second study (30 participants) reported the effect of 175 mcg oral vitamin K versus placebo on participants with high variability in their INR levels. The study concluded that vitamin K supplementation did not significantly improve the stability of anticoagulation for participants on chronic anticoagulation therapy. However, the study was only available in abstract form, and communication with the lead author confirmed that there were no further publications. Therefore, we interpreted this conclusion with caution. Neither study reported any thromboembolic events, haemorrhage, or death from the addition of vitamin K supplementation. Authors’ conclusions Two included studies in this review compared whether the addition of a low dose (150 to 175 mcg) of vitamin K given to participants with a high-variability response to warfarin improved their INR control. One study demonstrated a significant improvement, while another smaller study (published in abstract only) suggested no overall benefit. Currently, there are insufficient data to suggest an overall benefit. Larger, higher quality trials are needed to examine if low-dose vitamin K improves INR control in those starting or already taking warfarin.

Keywords: Analysis, Anticoagulation, Atrial-Fibrillation, Authors, Bias, Bleeding, Chronic, Citation, Citations, Clinical-Practice, Collection, Communication, Concomitant, Conference, Consensus, Control, Criteria, Data, Data Collection, Database, Death, Economics, Effects, Events, Evidence, Haemorrhage, Improvement, International, Language, Lead, Literature, Low-Dose, Management, Medline, Metaanalysis, Methods, Nhs, Oral, Oral Anticoagulation, Patients, Placebo, Primary, Proceedings, Publications, Quality, R, Randomised Controlled Trials, Response, Restrictions, Review, Reviews, Risk, Science, Science Citation Index, Science Citation Index Expanded, Search, Stability, Stroke Prevention, Supplementation, Therapeutic, Therapy, Trial, Variability, Vitamin, Warfarin, Web Of Science

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Full Text: [2014\Coc Dat Sys Rev2014, CD009931.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD009931.pdf)

Abstract: Background Permissive hypoxaemia describes a concept in which a lower level of arterial oxygenation (PaO2) than usual is accepted to avoid the detrimental effects of high fractional inspired oxygen and invasive mechanical ventilation. Currently however, no specific threshold is known that defines permissive hypoxaemia, and its use in adults remains formally untested. The importance of this systematic review is thus to determine whether any substantial evidence is available to support the notion that permissive hypoxaemia may improve clinical outcomes in mechanically ventilated critically ill patients. Objectives We assessed whether permissive hypoxaemia (accepting a lower PaO2 than is current practice) in mechanically ventilated critically ill patients affects patient morbidity and mortality. We planned to conduct subgroup and sensitivity analyses and to examine the role of bias to determine the level of evidence provided. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) 2013, Issue 11, part of The Cochrane Library; MEDLINE (1954 to November 2013); EMBASE (1980 toNovember 2013); CINAHL (1982 toNovember 2013) and ISI Web of Science (1946 to November 2013). We combined the sensitive search strategies described in the Cochrane Handbook for Systematic Reviews of Interventions to search for randomized controlled trials (RCTs) in MEDLINE and EMBASE. For ongoing trials, we also searched the following databases: MetaRegister of ControlledTrials and the National Research Register. We applied no language restrictions. Selection criteria RCTs and quasi-RCTs that compared outcomes for mechanically ventilated critically ill participants, in which the intervention group was targeted to be hypoxaemic relative to the control group, and the control group was normoxaemic or was mildly hypoxaemic, were eligible for inclusion in this review. Exact values defining ‘conventional’ and ‘permissive hypoxaemia’ groupings were purposely not specified, and the manner in which these oxygenation goals were achieved also was not specified. We did state however that the intervention group required a target oxygenation level lower than that of the control group, and that the control group target levels should be in the range of normoxaemia or mild hypoxaemia (not hyperoxaemia). Data collection and analysis We used standard methodological procedures expected by The Cochrane Collaboration. Using the results of the above searches, two review authors (EG-K and KM) independently screened all titles and abstracts for eligibility and duplication. No discrepancies were encountered, nor was it necessary for review authors to contact the first author of any trial to ask for additional information. Main results Our search strategy yielded a total of 2419 results. After exclusion of duplications, 1651 candidate studies were identified. Screening of titles and abstracts revealed that no studies met our inclusion criteria. Authors’ conclusions This comprehensive review failed to identify any relevant studies evaluating permissive hypoxaemia versus normoxaemia in mechanically ventilated critically ill participants. Therefore we are unable to support or refute the hypothesis that this treatment strategy is of benefit to patients. Given the substantial amount of provocative evidence derived from related clinical contexts (resuscitation, myocardial infarction, stroke), we believe that this review highlights an important unanswered question within critical care. In the presence of two competing harms (hypoxia and hyperoxia), it will be important to carefully evaluate the safety and feasibility of permissive hypoxaemia before proceeding to efficacy and effectiveness trials.

Keywords: Analyses, Analysis, Association, Authors, Bias, Care, Clinical, Clinical Outcomes, Cochrane Collaboration, Collaboration, Collection, Concept, Control, Conventional, Criteria, Critical Care, Data, Data Collection, Databases, Detrimental Effects, Effectiveness, Effects, Efficacy, Embase, Everest, Evidence, Feasibility, First, Hypoxia, Infarction, Information, Intensive-Care-Unit, Intervention, Interventions, Invasive, ISI, ISI Web Of Science, Language, Mechanical Ventilation, Medline, Methods, Morbidity, Mortality, Myocardial Infarction, Notion, Outcomes, Oxygen, Oxygenation, Patients, Practice, Procedures, Pulmonary Oxygen-Toxicity, Randomized, Randomized Controlled Trials, Research, Respiratory-Distress-Syndrome, Restrictions, Resuscitation, Review, Role, Safety, Science, Screening, Search, Search Strategies, Search Strategy, Sensitivity, Standard, State, Strategies, Strategy, Stroke, Support, Systematic, Systematic Review, Systematic Reviews, Threshold, Treatment, Trial, Ventilation, Web Of Science

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Full Text: [2014\Coc Dat Sys Rev2014, CD009941.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD009941.pdf)

Abstract: Background Total knee replacement (TKR) is a common and often painful operation. Femoral nerve block (FNB) is frequently used for postoperative analgesia. Objectives To evaluate the benefits and risks of FNB used as a postoperative analgesic technique relative to other analgesic techniques among adults undergoing TKR. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) 2013, Issue 1, MEDLINE, EMBASE, CINAHL, Web of Science, dissertation abstracts and reference lists of included studies. The date of the last search was 31 January 2013. Selection criteria We included randomized controlled trials (RCTs) comparing FNB with no FNB (intravenous patient-controlled analgesia (PCA) opioid, epidural analgesia, local infiltration analgesia, and oral analgesia) in adults after TKR. We also included RCTs that compared continuous versus single-shot FNB. Data collection and analysis Two review authors independently performed study selection and data extraction. We undertook meta-analysis (random-effects model) and used relative risk ratios (RRs) for dichotomous outcomes and mean differences (MDs) or standardized mean differences (SMDs) for continuous outcomes. We interpreted SMDs according to rule of thumb where 0.2 or smaller represents a small effect, 0.5 a moderate effect and 0.8 or larger, a large effect. Main results We included 45 eligible RCTs (2710 participants) from 47 publications; 20 RCTs had more than two allocation groups. A total of 29 RCTs compared FNB (with or without concurrent treatments including PCA opioid) versus PCA opioid, 10 RCTs compared FNB versus epidural, five RCTs compared FNB versus local infiltration analgesia, one RCT compared FNB versus oral analgesia and four RCTs compared continuous versus single-shot FNB. Most included RCTs were rated as low or unclear risk of bias for the aspects rated in the risk of bias assessment tool, except for the aspect of blinding. We rated 14 (31%) RCTs at high risk for both participant and assessor blinding and rated eight (18%) RCTs at high risk for one blinding aspect. Pain at rest and pain on movement were less for FNB (of any type) with or without a concurrent PCA opioid compared with PCA opioid alone during the first 72 hours post operation. Pooled results demonstrated a moderate effect of FNB for pain at rest at 24 hours (19 RCTs, 1066 participants, SMD -0.72, 95% CI -0.93 to -0.51, moderate-quality evidence) and a moderate to large effect for pain on movement at 24 hours (17 RCTs, 1017 participants, SMD -0.94, 95% CI -1.32 to -0.55, moderate-quality evidence). Pain was also less in each FNB subgroup: single-shot FNB, continuous FNB and continuous FNB + sciatic block, compared with PCA. FNB also was associated with lower opioid consumption (IV morphine equivalent) at 24 hours (20 RCTs, 1156 participants, MD -14.74 mg, 95% CI -18.68 to -10.81 mg, high-quality evidence) and at 48 hours (MD -14.53 mg, 95% CI -20.03 to -9.02 mg), lower risk of nausea and/or vomiting (RR 0.47, 95% CI 0.33 to 0.68, number needed to treat for an additional harmful outcome (NNTH) four, high-quality evidence), greater knee flexion (11 RCTs, 596 participants, MD 6.48 degrees, 95% CI 4.27 to 8.69 degrees, moderate-quality evidence) and greater patient satisfaction (four RCTs, 180 participants, SMD 1.06, 95% CI 0.74 to 1.38, low-quality evidence) compared with PCA. We could not demonstrate a difference in pain between FNB (any type) and epidural analgesia in the first 72 hours post operation, including pain at 24 hours at rest (six RCTs, 328 participants, SMD -0.05, 95% CI -0.43 to 0.32, moderate-quality evidence) and on movement (six RCTs, 317 participants, SMD 0.01, 95% CI -0.21 to 0.24, high-quality evidence). No difference was noted at 24 hours for opioid consumption (five RCTs, 341 participants, MD -4.35 mg, 95% CI -9.95 to 1.26 mg, high-quality evidence) or knee flexion (six RCTs, 328 participants, MD -1.65, 95% CI -5.14 to 1.84, high-quality evidence). However, FNB demonstrated lower risk of nausea/vomiting (four RCTs, 183 participants, RR 0.63, 95% CI 0.41 to 0.97, NNTH 8, moderate-quality evidence) and higher patient satisfaction (two RCTs, 120 participants, SMD 0.60, 95% CI 0.23 to 0.97, low-quality evidence), compared with epidural analgesia. Pooled results of four studies (216 participants) comparing FNB with local infiltration analgesia detected no difference in analgesic effects between the groups at 24 hours for pain at rest (SMD 0.06, 95% CI -0.61 to 0.72, moderate-quality evidence) or pain on movement (SMD 0.38, 95% CI -0.10 to 0.86, low-quality evidence). Only one included RCT compared FNB with oral analgesia. We considered this evidence insufficient to allow judgement of the effects of FNB compared with oral analgesia. Continuous FNB provided less pain compared with single-shot FNB (four RCTs, 272 participants) at 24 hours at rest (SMD -0.62, 95% CI -1.17 to -0.07, moderate-quality evidence) and on movement (SMD -0.42, 95% CI -0.67 to -0.17, high-quality evidence). Continuous FNB also demonstrated lower opioid consumption compared with single-shot FNB at 24 hours (three RCTs, 236 participants, MD -13.81 mg, 95% CI -23.27 to -4.35 mg, moderate-quality evidence). Generally, the meta-analyses demonstrated considerable statistical heterogeneity, with type of FNB, allocation concealment and blinding of participants, personnel and outcome assessors reducing heterogeneity in the analyses. Available evidence was insufficient to allow determination of the comparative safety of the various analgesic techniques. Few RCTs reported on serious adverse effects such as neurological injury, postoperative falls or thrombotic events. Authors’ conclusions Following TKR, FNB (with or without concurrent treatments including PCA opioid) provided more effective analgesia than PCA opioid alone, similar analgesia to epidural analgesia and less nausea/vomiting compared with PCA alone or epidural analgesia. The review also found that continuous FNB provided better analgesia compared with single-shot FNB. RCTs were insufficient to allow definitive conclusions on the comparison between FNB and local infiltration analgesia or oral analgesia.

Keywords: Adverse Effects, Allocation, Analgesia, Analgesic, Analgesic Techniques, Analyses, Analysis, Arthroplasty Tka, Assessment, Authors, Benefits, Bias, Collection, Comparison, Consumption, Criteria, Data, Data Collection, Effects, Embase, Epidural, Epidural Analgesia, Events, Evidence, Extraction, First, Groups, Heterogeneity, Infiltration, Injury, Intrathecal Morphine, Intravenous, Iv, Local, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Morphine, Movement, Nausea, Nerve Block, Neurological, Number Needed To Treat, Operation, Opioid, Opioid Analgesia, Oral, Oral Analgesia, Outcome, Outcomes, Pain, Patient Controlled, Patient Satisfaction, Patient-Controlled Analgesia, Pca, Periarticular Injection, Personnel, Postoperative, Postoperative Analgesia, Postoperative Pain, Psoas Compartment Block, Publications, Random Effects Model, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Rct, Reference, Reference Lists, Relative Risk, Review, Risk, Risks, Safety, Satisfaction, Science, Search, Selection, Single-Injection, Small, Surgery, Techniques, Term Functional Recovery, Vomiting, Web Of Science

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Full Text: [2014\Coc Dat Sys Rev2014, CD009984.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD009984.pdf)

Abstract: Background Acute postoperative pain is one of the most disturbing complaints in open heart surgery, and is associated with a risk of negative consequences. Several trials investigated the effects of psychological interventions to reduce acute postoperative pain and improve the course of physical and psychological recovery of participants undergoing open heart surgery. Objectives To compare the efficacy of psychological interventions as an adjunct to standard care versus standard care alone or standard care plus attention in adults undergoing open heart surgery on pain, pain medication, mental distress, mobility, and time to extubation. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2013, Issue 8), MEDLINE (1946 to September 2013), EMBASE (1980 to September 2013), Web of Science (all years to September 2013), and PsycINFO (all years to September 2013) for eligible studies. We used the ‘related articles’ and ‘cited by’ options of eligible studies to identify additional relevant studies. We also checked lists of references of relevant articles and previous reviews. We also searched the ProQuest Dissertations and Theses Full Text Database (all years to September 2013) and contacted the authors of primary studies to identify any unpublished material. Selection criteria Randomised controlled trials comparing psychological interventions as an adjunct to standard care versus standard care alone or standard care plus attention in adults undergoing open heart surgery. Data collection and analysis Two review authors (SK and JR) independently assessed trials for eligibility, estimated the risk of bias and extracted all data. We calculated effect sizes for each comparison (Hedges’ g) and meta-analysed data using a random-effects model. Main results Nineteen trials were included (2164 participants). No study reported data on the number of participants with pain intensity reduction of at least 50% from baseline. Only one study reported data on the number of participants below 30/100 mm on the Visual Analogue Scale (VAS) in pain intensity. Psychological interventions have no beneficial effects in reducing pain intensity measured with continuous scales in the medium-term interval (g -0.02, 95% CI -0.24 to 0.20, 4 studies, 413 participants, moderate quality evidence) nor in the long-term interval (g 0.12, 95% CI -0.09 to 0.33, 3 studies, 280 participants, low quality evidence). No study reported data on median time to remedication or on number of participants remedicated. Only one study provided data on postoperative analgesic use. Studies reporting data on mental distress in the medium-term interval revealed a small beneficial effect of psychological interventions (g 0.36, 95% CI 0.10 to 0.62, 12 studies, 1144 participants, low quality evidence). Likewise, a small beneficial effect of psychological interventions on mental distress was obtained in the long-term interval (g 0.28, 95% CI 0.05 to 0.51, 11 studies, 1320 participants, low quality evidence). There were no beneficial effects of psychological interventions on mobility in the medium-term interval (g 0.23, 95% CI -0.22 to 0.67, 3 studies, 444 participants, low quality evidence) nor in the long-term interval (g 0.29, 95% CI -0.14 to 0.71, 4 studies, 423 participants, low quality evidence). Only one study reported data on time to extubation. Authors’ conclusions For the majority of outcomes (two-thirds) we could not perform a meta-analysis since outcomes were not measured, or data were provided by one trial only. Psychological interventions have no beneficial effects on reducing postoperative pain intensity or enhancing mobility. There is low quality evidence that psychological interventions reduce postoperative mental distress. Due to limitations in methodological quality, a small number of studies, and large heterogeneity, we rated the quality of the body of evidence as low. Future trials should measure crucial outcomes (e. g. number of participants with pain intensity reduction of at least 50% from baseline) and should focus to enhance the quality of the body of evidence in general. Altogether, the current evidence does not clearly support the use of psychological interventions to reduce pain in participants undergoing open heart surgery.

Keywords: Analgesic, Analysis, Artery-Bypass-Surgery, Articles, Attention, Authors, Bias, Cardiac-Surgery, Care, Clinical-Trial, Collection, Comparison, Complaints, Coronary-Artery, Course, Criteria, Data, Data Collection, Database, Depressive Symptoms, Dissertations, Distress, Effects, Efficacy, Embase, Evidence, General, Graft-Surgery, Heart, Heterogeneity, Intensity, Interval, Interventions, Long Term, Long-Term, Measure, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mobility, Model, Open, Options, Outcomes, Pain, Physical, Postoperative, Postoperative Pain, Preoperative Education, Primary, Psychological, Psycinfo, Quality, Quality Of, Random Effects Model, Randomised Controlled Trials, Randomized Controlled-Trial, Recovery, Reduction, References, Reporting, Review, Reviews, Risk, Scale, Scales, Science, Search, Self-Efficacy, Small, Standard, Support, Surgery, Theses, Trial, Vas, Web Of Science

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Full Text: [2014\Coc Dat Sys Rev2014, CD010072.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD010072.pdf)

Abstract: Background A sedentary lifestyle and stress are major risk factors for cardiovascular disease (CVD). Since yoga involves exercise and is thought to help in stress reduction it may be an effective strategy in the primary prevention of CVD. Objectives To determine the effect of any type of yoga on the primary prevention of CVD. Search methods We searched the following electronic databases: the Cochrane Central Register of Controlled Trials (CENTRAL) (2013, Issue 11) in The Cochrane Library; MEDLINE (Ovid) (1946 to November Week 3 2013); EMBASE Classic + EMBASE (Ovid) (1947 to 2013 Week 48); Web of Science (Thomson Reuters) (1970 to 4 December 2013); Database of Abstracts of Reviews of Effects (DARE), Health Technology Assessment Database and Health Economics Evaluations Database (Issue 4 of 4, 2013) in The Cochrane Library. We also searched a number of Asian databases and the Allied and Complementary Medicine Database (AMED) (inception to December 2012). We searched trial registers and reference lists of reviews and articles, and approached experts in the field. We applied no language restrictions. Selection criteria Randomised controlled trials lasting at least three months involving healthy adults or those at high risk of CVD. Trials examined any type of yoga and the comparison group was no intervention or minimal intervention. Outcomes of interest were clinical CVD events and major CVD risk factors. We did not include any trials that involved multifactorial lifestyle interventions or weight loss. Data collection and analysis Two authors independently selected trials for inclusion, extracted data and assessed the risk of bias. Main results We identified 11 trials (800 participants) and two ongoing studies. Style and duration of yoga differed between trials. Half of the participants recruited to the studies were at high risk of CVD. Most of studies were at risk of performance bias, with inadequate details reported in many of them to judge the risk of selection bias. No study reported cardiovascular mortality, all-cause mortality or non-fatal events, and most studies were small and short-term. There was substantial heterogeneity between studies making it impossible to combine studies statistically for systolic blood pressure and total cholesterol. Yoga was found to produce reductions in diastolic blood pressure (mean difference (MD) -2.90 mmHg, 95% confidence interval (CI) -4.52 to -1.28), which was stable on sensitivity analysis, triglycerides (MD -0.27 mmol/l, 95% CI -0.44 to -0.11) and high-density lipoprotein (HDL) cholesterol (MD 0.08 mmol/l, 95% CI 0.02 to 0.14). However, the contributing studies were small, short-term and at unclear or high risk of bias. There was no clear evidence of a difference between groups for low-density lipoprotein (LDL) cholesterol (MD -0.09 mmol/l, 95% CI -0.48 to 0.30), although there was moderate statistical heterogeneity. Adverse events, occurrence of type 2 diabetes and costs were not reported in any of the included studies. Quality of life was measured in three trials but the results were inconclusive. Authors’ conclusions The limited evidence comes from small, short-term, low-quality studies. There is some evidence that yoga has favourable effects on diastolic blood pressure, HDL cholesterol and triglycerides, and uncertain effects on LDL cholesterol. These results should be considered as exploratory and interpreted with caution.

Keywords: Adverse Events, Analysis, Articles, Asian, Assessment, Authors, Bias, Blood, Blood Pressure, Cardiovascular, Cardiovascular Disease, Cholesterol, Clinical, Collection, Comparison, Confidence, Costs, Criteria, Data, Data Collection, Database, Databases, Diabetes, Disease, Duration, Economics, Effects, Embase, Events, Evidence, Exercise, Experts, Field, Groups, Hatha-Yoga, Hdl, Health, Heterogeneity, Interval, Intervention, Interventions, Language, Life, Medicine, Medline, Metaanalysis, Metabolic Syndrome, Methods, Mortality, Older-Adults, Outcomes, Performance, Pressure, Prevalence, Prevention, Primary, Primary Prevention, Publication, Quality, Quality Of Life, Randomised Controlled Trials, Randomized Controlled-Trial, Reduction, Reference, Reference Lists, Restrictions, Reviews, Risk, Risk Factors, Science, Search, Selection, Sensitivity, Sensitivity Analysis, Small, Strategy, Stress, Technology, Technology Assessment, Thomson Reuters, Thomson-Reuters, Trial, Triglycerides, Type 2 Diabetes, Web Of Science, Weight Loss, Women

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Full Text: [2014\Coc Dat Sys Rev2014, CD010125.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD010125.pdf)

Abstract: Background Around 3% of the world’s population (approximately 160 million people) are chronically infected with hepatitis Cvirus. The proportion of infected people who develop clinical symptoms varies between 5% and 40%. Combination therapy with pegylated interferon-alpha plus ribavirin eradicates the virus from the blood six months after treatment (sustained virological response) in approximately 40% to 80% of infected patients, depending on the viral genotype. New antiviral agents, such as boceprevir and telaprevir, in combination with standard therapy, can increase sustained virological response in genotype 1 infected patients to at least 70%. There is therefore an unmet need for drugs that can achieve a higher proportion of sustained virological response. Aminoadamantanes are antiviral drugs used for treatment of patients with chronic hepatitis C. Objectives To assess the beneficial and harmful effects of aminoadamantanes for patients with chronic hepatitis C infection by conducting a systematic review with meta-analyses of randomised clinical trials, as well as trial sequential analyses. Search methods We conducted electronic searches of the Cochrane Hepato-Biliary Group Controlled Trials Register (1996 to December 2013), the Cochrane Central Register of Controlled Trials (CENTRAL) 2013, Issue 11 of 12 (1995 to December 2013), MEDLINE (1946 to December 2013), EMBASE (1974 to December 2013), Science Citation Index EXPANDED (1900 to December 2013), the WHO International Clinical Trials Registry Platform (www.who.int/ictrp), Google Scholar, and Eudrapharm up to December 2013 and checked the reference lists of identified publications. Selection criteria Randomised clinical trials assessing aminoadamantanes in patients with chronic hepatitis C infection. Data collection and analysis Two authors independently extracted data. We assessed for risks of systematic errors (‘bias’) using the ‘Risk of bias’ tool. We analysed dichotomous data with risk ratio (RR) and continuous data with mean difference (MD) or standardised mean difference (SMD), both with 95% confidence intervals (CI). We used trial sequential analysis to assess the risk of random errors (‘play of chance’). We assessed quality using the GRADE system. Main results We included 41 randomised clinical trials with 6193 patients with chronic hepatitis C. All trials had high risk of bias. All included trials compared amantadine versus placebo or no intervention. Standard antiviral therapy was administered equally to the intervention and the control groups in 40 trials. The standard antiviral therapy, which was administered to both intervention groups, was interferon-alpha, interferon-alpha plus ribavirin, and peg interferon-alpha plus ribavirin, depending on the time when the trial was conducted. When we meta-analysed all trials together, the overall results demonstrated no significant effects of amantadine, when compared with placebo or no intervention, on our all-cause mortality or liver-related morbidity composite outcome (5/2353 (0.2%) versus 6/2264 (0.3%); RR 0.90, 95% CI 0.38 to 2.17; I-2 = 0%; 32 trials; very low quality). There was also no significant effect on adverse events (288/2869 (10%) versus 293/2777 (11%); RR 0.98, 95% CI 0.84 to 1.14; I-2 = 0%; 35 trials; moderate quality). We used both fixed-effect and random-effects meta-analyses. Amantadine, when compared with placebo or no intervention, did not significantly influence the number of patients who failed to achieve a sustained virological response (1821/2861 (64%) versus 1737/2721 (64%); RR 0.98, 95% CI 0.95 to 1.02; I-2 = 35%; 35 trials; moderate quality). However, in the subgroup using interferon plus ribavirin, amantadine decreased the number of patients who failed to achieve a sustained virological response (422/666 (63%) versus 447/628 (71%); RR 0.89, 95% CI 0.83 to 0.96; I-2 = 41%; 11 trials; low quality). Similar results were found for failure to achieve an end of treatment virological response. Amantadine, when compared with placebo or no intervention, significantly decreased the number of patients without normalisation of alanine aminotransferase (ALT) serum levels at the end of treatment (671/1141 (59%) versus 732/1100 (67%); RR 0.88, 95% CI 0.83 to 0.94; I-2 = 47%; 19 trials; low quality). Amantadine, when compared with placebo or no intervention, did not significantly influence the end of follow-up biochemical response (1133/1896 (60%) versus 1151/1848 (62%); RR 0.95, 95% CI 0.91 to 1.00; I-2 = 49%; 21 trials; low quality). The observed beneficial effects could be true effects but could also be due to both systematic errors (bias) and random errors (play of chance). The latter is due to the fact that trial sequential analyses could not confirm or refute our findings. We were not able to perform meta-analyses for failure of histological improvement or quality of life due to a lack of valid data. Authors’ conclusions This systematic review does not demonstrate any significant effects of amantadine on all-cause mortality or liver-related morbidity composite outcome and on adverse events in patients with hepatitis C; however, the median trial duration was 12 months, with a median follow-up of six months, which is not long enough to assess the composite outcome sufficiently. Overall, we did not see an effect of amantadine on failure to achieve a sustained virological response. Subgroup analyses demonstrated that the combination of amantadine plus interferon-alpha and ribavirin seems to increase the number of patients achieving a sustained virological response. This finding may be caused by both systematic errors (bias) and risks of random errors (play of chance), but it could also be real. Based on the results of the overall evidence, it appears less likely that future trials assessing amantadine for patients with chronic hepatitis C will show strong benefits. Therefore, it is probably advisable to wait for the results of trials assessing other direct-acting antiviral drugs. In the absence of convincing evidence of benefit, the use of amantadine is justified in the context of randomised clinical trials assessing the effects of combination therapy. We found a lack of evidence on other aminoadamantanes than amantadine.

Keywords: Alanine Aminotransferase, Analyses, Analysis, Antiviral, Antiviral Therapy, Assessing, Authors, Benefits, Bias, Blood, Chronic, Chronic Hepatitis, Citation, Clinical, Clinical Trials, Collection, Combination, Combination Therapy, Composite, Confidence, Confidence Intervals, Context, Control, Control Groups, Criteria, Data, Data Collection, Double-Blind Trial, Drugs, Duration, Effects, Embase, Errors, Events, Evidence, Failure, Follow-Up, Google, Google Scholar, Grade, Groups, Hepatitis, Hepatitis C, Improvement, Infected, Infection, Influence, Interferon, Interferon Plus Amantadine, Interferon-Alpha, Intervals, Intervention, Life, Medline, Methods, Morbidity, Mortality, Outcome, Patients, Peginterferon Alpha-2a 40kd, Placebo, Placebo-Controlled Trial, Population, Previously Untreated Patients, Publications, Quality, Quality Of, Quality Of Life, Randomised, Randomized Controlled-Trials, Reference, Reference Lists, Response, Review, Ribavirin, Ribavirin Combination Therapy, Risk, Risk Of Bias, Risks, Science, Science Citation Index, Search, Sequential, Serum, Standard, Successful Antiviral Treatment, Sustained Virological Response, Symptoms, Systematic, Systematic Review, Therapy, Treatment, Treatment-Naive Patients, Trial, Viral, WHO

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Full Text: [2014\Coc Dat Sys Rev2014, CD010252.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD010252.pdf)

Abstract: Background Liver transplantation is an established treatment option for end-stage liver failure. To date, no consensus has been reached on the use of immunosuppressive T-cell specific antibody induction compared with corticosteroid induction of immunosuppression after liver transplantation. Objectives To assess the benefits and harms of T-cell specific antibody induction versus corticosteroid induction for prevention of acute rejection in liver transplant recipients. Search methods We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, Science Citation Index Expanded, and the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) on 30 September 2013 together with reference checking, citation searching, contact with trial authors and pharmaceutical companies to identify additional trials. Selection criteria We included all randomised clinical trials assessing immunosuppression with T-cell specific antibody induction versus corticosteroid induction in liver transplant recipients. Our inclusion criteria stated that participants within each included trial should have received the same maintenance immunosuppressive therapy. Data collection and analysis We used RevMan for statistical analysis of dichotomous data with risk ratio (RR) and of continuous data with mean difference (MD), both with 95% confidence intervals (CIs). We assessed risk of systematic errors (bias) using bias risk domains with definitions. We used trial sequential analysis to control for random errors (play of chance). Main results We included 10 randomised trials with a total of 1589 liver transplant recipients, which studied the use of T-cell specific antibody induction versus corticosteroid induction. All trials were with high risk of bias. We compared any kind of T-cell specific antibody induction versus corticosteroid induction in 10 trials with 1589 participants, including interleukin-2 receptor antagonist induction versus corticosteroid induction in nine trials with 1470 participants, and polyclonal T-cell specific antibody induction versus corticosteroid induction in one trial with 119 participants. Our analyses showed no significant differences regarding mortality (RR 1.01, 95% CI 0.72 to 1.43), graft loss (RR 1.12, 95% CI 0.82 to 1.53) and acute rejection (RR 0.84, 95% CI 0.70 to 1.00), infection (RR 0.96, 95% CI 0.85 to 1.09), hepatitis C virus recurrence (RR 0.89, 95% CI 0.79 to 1.00), malignancy (RR 0.59, 95% CI 0.13 to 2.73), and post-transplantation lymphoproliferative disorder (RR 1.00, 95% CI 0.07 to 15.38) when any kind of T-cell specific antibody induction was compared with corticosteroid induction (all low-quality evidence). Cytomegalovirus infection was less frequent in patients receiving any kind of T-cell specific antibody induction compared with corticosteroid induction (RR 0.50, 95% CI 0.33 to 0.75; low-quality evidence). This was also observed when interleukin-2 receptor antagonist induction was compared with corticosteroid induction (RR 0.55, 95% CI 0.37 to 0.83; low-quality evidence), and when polyclonal T-cell specific antibody induction was compared with corticosteroid induction (RR 0.21, 95% CI 0.06 to 0.70; low-quality evidence). However, when trial sequential analysis regarding cytomegalovirus infection was applied, the required information size was not reached. Furthermore, diabetes mellitus occurred less frequently when T-cell specific antibody induction was compared with corticosteroid induction (RR 0.45, 95% CI 0.34 to 0.60; low-quality evidence), when interleukin-2 receptor antagonist induction was compared with corticosteroid induction (RR 0.45, 95% CI 0.35 to 0.61; low-quality evidence), and when polyclonal T-cell specific antibody induction was compared with corticosteroid induction (RR 0.12, 95% CI 0.02 to 0.95; low-quality evidence). When trial sequential analysis was applied, the trial sequential monitoring boundary for benefit was crossed. We found no subgroup differences for type of interleukin-2 receptor antagonist (basiliximab versus daclizumab). Four trials reported on adverse events. However, no differences between trial groups were noted. Limited data were available for meta-analysis on drug-specific adverse events such as haematological adverse events for antithymocyte globulin. No data were available on quality of life. Authors’ conclusions Because of the low quality of the evidence, the effects of T-cell antibody induction remain uncertain. T-cell specific antibody induction seems to reduce diabetes mellitus and may reduce cytomegalovirus infection when compared with corticosteroid induction. No other clear benefits or harms were associated with the use of T-cell specific antibody induction compared with corticosteroid induction. For some analyses, the number of trials investigating the use of T-cell specific antibody induction after liver transplantation is small, and the numbers of participants and outcomes in these randomised trials are limited. Furthermore, the included trials are heterogeneous in nature and have applied different types of T-cell specific antibody induction therapy. All trials were at high risk of bias. Hence, additional randomised clinical trials are needed to assess the benefits and harms of T-cell specific antibody induction compared with corticosteroid induction for liver transplant recipients. Such trials ought to be conducted with low risks of systematic error and of random error.

Keywords: Analyses, Analysis, Antibody, Assessing, Authors, Benefits, Bias, Citation, Clinical, Clinical Trials, Collection, Confidence, Confidence Intervals, Consensus, Control, Controlled Clinical-Trial, Criteria, Cytomegalovirus, Data, Data Collection, Diabetes, Diabetes Mellitus, Effects, Embase, Error, Errors, Events, Evidence, Failure, Graft, Groups, Health, Hepatitis, Hepatitis C, Hepatitis C Virus, Hepatitis-C Virus, Immunosuppression, Immunosuppressive Therapy, Induction, Induction Therapy, Infection, Information, Intervals, Life, Liver, Liver Failure, Liver Transplantation, Malignancy, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Monitoring, Mortality, Outcomes, Patients, Placebo-Controlled Trial, Prevention, Prospective Randomized-Trial, Quality, Quality Of, Quality Of Life, Rabbit Antithymocyte Globulin, Randomised, Receptor Antagonist, Receptor Monoclonal-Antibody, Recurrence, Reference, Rejection, Risk, Risks, Science, Science Citation Index, Science Citation Index Expanded, Search, Sequential, Single-Center Experience, Size, Small, Solid-Organ Transplantation, Statistical Analysis, Steroid-Free Immunosuppression, Systematic, Tacrolimus-Based Induction, Therapy, Transplantation, Treatment, Treatment Option, Trial, WHO, World Health Organization

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Full Text: [2014\Coc Dat Sys Rev2014, CD010312.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD010312.pdf)

Abstract: Background Retained placenta affects 0.5% to 3% of women following delivery and it is a major cause of maternal death due to postpartum haemorrhage. Usually, retained placenta has been managed by manual removal or curettage under anaesthesia, which may be associated with haemorrhage, infection and uterine perforation. Medical management to facilitate the delivery of the retained placenta could be a safe alternative avoiding surgical intervention. Objectives To assess the effectiveness and safety of prostaglandins for the management of retained placenta. Search methods We searched the Cochrane Pregnancy and Childbirth Group’s Trials Register (1 December 2013), LILACS (1982 to 1 December 2013), SciELO (1998 to 1 December 2013), Web of Science (2001 to 1 December 2013), openSIGLE (1997 to 1 December 2013), World Health Organization International Clinical Trials Registry Platform (ICTRP) (1 December 2013) and the metaRegister of Controlled Trials (mRCT) (1 December 2013). We also contacted authors of included studies and reviewed the reference lists of retrieved studies. Selection criteria Randomised controlled clinical trials comparing the use of prostaglandins (or prostaglandin analogues) with placebo, expectant management, tocolytic drugs, any other prostaglandins or surgical interventions for the management of retained placenta after vaginal delivery of singleton live infants of 20 or more weeks of gestation. Data collection and analysis Two review authors independently assessed trials for inclusion and assessed trial quality. Two review authors independently extracted data. Data were checked for accuracy. Any disagreements were resolved through consensus or consultation with a third review author when required. Authors of the included studies were contacted for additional information. Main results We included three trials, involving 244 women. The studies were considered to be at high risk of bias. The prostaglandins used were PG E2 analogue (sulprostone) in 50 participants and PG E1 analogue (misoprostol) in 194 participants at a dose of 250 mcg and 800 mcg respectively. The prostaglandins compared with placebo, were not superior in reducing the rate of manual removal of placenta (average risk ratio (RR) 0.82; 95% confidence interval (CI) 0.54 to 1.27), severe postpartum haemorrhage (RR 0.80; 95% CI 0.55 to 1.15), need for blood transfusion (RR 0.72; 95% CI 0.43 to 1.22), mean blood loss (mean difference (MD) -205.26 mL; 95% CI -536.31 to 125.79, random-effects) and the mean time from injection to placental removal (MD -7.00 minutes; 95% CI -21.20 to 7.20). Side-effects were no different between groups (vomiting, headache, pain and nausea between injection and discharge from the labour ward), with the exception of shivering, which was more frequent in women receiving prostaglandins (RR 10.00; 95% CI 1.40 to 71.49). We did not obtain any data for the primary outcomes of maternal mortality and the need to add another therapeutic uterotonic. Authors’ conclusions Currently there is limited, very low-quality evidence relating to the effectiveness and the safety using prostaglandins for the management of retained placenta. Use of prostaglandins resulted in less need for manual removal of placenta, severe postpartum haemorrhage and blood transfusion but none of the differences reached statistical significance. Much larger, adequately powered studies are needed to confirm that these clinically important beneficial effects are not just chance findings. Similarly, no differences were detected between prostaglandins and placebo in mean blood loss or the mean time from injection to placental removal (minutes) or side-effects (vomiting, headache, pain and nausea between injection and discharge from the labour ward) except for ‘shivering’ which was more frequent in women who received prostaglandin. The included studies were of poor quality and there is little confidence in the effect estimates; the true effect is likely to be substantially different. We can not make any recommendations about changes to clinical practice. More high-quality research in this area is needed.

Keywords: Accuracy, Alternative, Anaesthesia, Analysis, Authors, Bias, Blood, Blood Loss, Blood Transfusion, Changes, Childbirth, Clinical, Clinical Practice, Clinical Trials, Collection, Confidence, Consensus, Consultation, Criteria, Curettage, Data, Data Collection, Death, Deliveries, Delivery, Discharge, Drugs, Effectiveness, Effects, Estimates, Evidence, Expectant Management, Gestation, Groups, Haemorrhage, Health, Infants, Infection, Information, Interval, Intervention, Interventions, Intraumbilical Injection, Intravenous Sulprostone, Labour, Management, Manual Removal, Manual Removal Of Placenta, Maternal, Maternal Death, Maternal Mortality, Medical, Methods, Misoprostol, Morbidity, Mortality, Nausea, Outcomes, Pain, Placebo, Placenta, Placental Removal, Postpartum, Postpartum Haemorrhage, Postpartum Hemorrhage, Practice, Pregnancy, Primary, Prostaglandin, Prostaglandins, Quality, Randomized Controlled-Trial, Recommendations, Reference, Reference Lists, Removal, Research, Retained, Retained Placenta, Review, Risk, Risk-Factors, Safety, Scielo, Science, Search, Shivering, Side Effects, Significance, Singleton, Sulprostone, Therapeutic, Transfusion, Trial, Uterine, Uterine Perforation, Uterotonic, Uterotonics, Vaginal, Vaginal Delivery, Vomiting, Web Of Science, Women, World Health Organization

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Full Text: [2014\Coc Dat Sys Rev2014, CD008582.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD008582.pdf)

Abstract: Background Since the time of publication of the Women’s Health Initiative (WHI) study, menopausal symptom management has become more complex because of increased awareness of the risks associated with hormone replacement therapy (HRT). Currently, a wide range of management options is available. Some women take prescription drugs, and others use self care strategies, including lifestyle modifications, over-the-counter preparations and complementary and alternative therapies, such as herbal preparations, exercise programmes and relaxation techniques. Relaxation techniques consist of a group of behavioural interventions. They are considered relatively harmless, but their effectiveness in treating vasomotor symptoms and sleep disturbances remains debatable. Objectives To determine the effectiveness of relaxation techniques as treatment for vasomotor symptoms and associated sleep disturbances in perimenopausal and postmenopausal women. Search methods Searches of the following electronic bibliographic databases were performed in February 2014 to identify randomised controlled trials (RCTs): the Cochrane Menstrual Disorders and Subfertility Group Specialised Trials Register; the Cochrane Central Register of ControlledTrials (CENTRAL), MEDLINE, EMBASE, AMED, PsycINFO, Social Science Citation Index and CINAHL. Handsearches of trial registers, relevant journals and published conference abstracts were also performed. Selection criteria RCTs were included if they compared any type of relaxation intervention with no treatment or other treatments (except hormones) for vasomotor symptoms in symptomatic perimenopausal/postmenopausal women. Data collection and analysis Two review authors selected studies, assessed quality and extracted data. Included studies were combined, if appropriate, by using a random-effects model to calculate pooled mean differences and 95% confidence intervals. Main results Four studies were eligible for inclusion (281 participants): Two studies compared relaxation with electroacupuncture or superficial needling, one study compared relaxation with paced respiration or placebo control (alpha-wave electroencephalographic biofeedback) and one study compared relaxation with no treatment. No evidence was found of a difference between relaxation and acupuncture or superficial needle insertion in the number of hot flushes per 24 hours (mean difference (MD) 0.05, 95% confidence interval (CI) -1.33 to 1.43, two studies, 72 participants, I-2 = 0%; very low-quality evidence). Nor did any evidence suggest a difference between the two interventions in hot flush severity, measured using the Kupperman Index (MD -1.32, 95% CI -5.06 to 2.43, two studies, 72 participants, I2 = 0%; very low-quality evidence). The other two studies found no clear evidence of a difference in hot flush frequency between relaxation and paced respiration, placebo or no treatment. The data for these comparisons were unsuitable for analysis. None of these studies reported night sweats, sleep disturbances associated with night sweats or adverse effects as an outcome. The main limitations of identified evidence were lack of data, imprecision and failure to report study methods in adequate detail. Authors’ conclusions Evidence is insufficient to show the effectiveness of relaxation techniques as treatment for menopausal vasomotor symptoms, or to determine whether this treatment is more effective than no treatment, placebo, acupuncture, superficial needle insertion or paced respiration.

Keywords: Acupuncture, Adverse Effects, Alternative, Alternative Therapies, Analysis, Authors, Awareness, Bibliographic, Bibliographic Databases, Biofeedback, Care, Citation, Collection, Complementary, Confidence, Confidence Intervals, Control, Criteria, Data, Data Collection, Databases, Disturbances, Drugs, Effectiveness, Effects, Embase, Evidence, Exercise, Failure, Health, Hormones, Hrt, Interval, Intervals, Intervention, Interventions, Journals, Management, Management Options, Medline, Methods, Model, Options, Outcome, Over-The-Counter, Placebo, Postmenopausal, Postmenopausal Women, Prescription, Programmes, Psycinfo, Publication, Quality, Random Effects Model, Randomised, Randomised Controlled Trials, Relaxation, Replacement Therapy, Respiration, Review, Risks, Science, Science Citation Index, Search, Self, Self Care, Self-Care, Sleep, Social Science Citation Index, Symptom Management, Symptoms, Techniques, Therapy, Treatment, Trial, Women

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Full Text: [2014\Coc Dat Sys Rev2014, CD009176.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD009176.pdf)

Abstract: Background Daily sedation interruption (DSI) is thought to limit drug bioaccumulation, promote a more awake state, and thereby reduce the duration of mechanical ventilation. Available evidence has shown DSI to either reduce, not alter, or prolong the duration of mechanical ventilation. Objectives The primary objective of this review was to compare the total duration of invasive mechanical ventilation for critically ill adult patients requiring intravenous sedation who were managed with DSI versus those with no DSI. Our other objectives were to determine whether DSI influenced mortality, intensive care unit (ICU) and hospital lengths of stay, adverse events, the total doses of sedative drug administered, and quality of life. Search methods We searched, from database inception to February 2014, the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2014, Issue 1); MEDLINE (OvidSP); EMBASE (OvidSP); CINAHL (EBSCOhost); Latin American and Caribbean Health Sciences Literature (LILACS); Web of Science Science Citation Index; Database of Abstracts of Reviews of Effects (DARE); the Health Technology Assessment Database (HTA Database); trial registration websites, and reference lists of relevant articles. We did not apply language restrictions. The reference lists of all retrieved articles were reviewed for additional, potentially relevant studies. Selection criteria We included randomized controlled trials that compared DSI with sedation strategies that did not include DSI in mechanically ventilated, critically ill adults. Data collection and analysis Two authors independently extracted data and three authors assessed risk of bias. We contacted study authors for additional information as required. We combined data in forest plots using random-effects modelling. A priori subgroups and sensitivity analyses were performed. Main results Nine trials were used in the analysis (n = 1282 patients). These trials were found to be predominantly at low risk of bias. We did not find strong evidence of an effect of DSI on the total duration of ventilation. Pooled data from nine trials demonstrated a 13% reduction in the geometric mean, with relatively wide confidence intervals (CI) indicating imprecision (95% CI 26% reduction to 2% increase, moderate quality evidence). Similarly, we did not find strong evidence of an effect on ICU length of stay (-10%, 95% CI -20% to 3%, n = 9 trials, moderate quality evidence) or hospital length of stay (-6%, 95% CI -18% to 8%, n = 8 trials, moderate quality evidence). Heterogeneity for these three outcomes was moderate and statistically significant. The risk ratio for ICU mortality was 0.96 (95% CI 0.77 to 1.21, n = 7 trials, moderate quality evidence), for rate of accidental endotracheal tube removal 1.07 (95% CI 0.55 to 2.12, n = 6 trials, moderate quality evidence), for catheter removal 1.48 (95% CI 0.76 to 2.90, n = 4 trials), and for incidence of new onset delirium 1.02 (95% CI 0.91 to 1.13, n = 3 trials, moderate quality evidence). Differences in the doses of any drug used or quality of life score (Short Form (SF)-36) did not reach statistical significance. Tracheostomy was performed less frequently in the DSI group (RR 0.73, 95% CI 0.57 to 0.92, n = 6 trials, moderate quality evidence). Sensitivity analysis of unlogged data resulted in similar findings. Post hoc analysis to further explain heterogeneity, based on study country of origin, showed that studies conducted in North America resulted in a reduction in the duration of mechanical ventilation (-21%, 95% CI -33% to -5%, n = 5 trials). Authors’ conclusions We have not found strong evidence that DSI alters the duration of mechanical ventilation, mortality, length of ICU or hospital stay, adverse event rates, drug consumption, or quality of life for critically ill adults receiving mechanical ventilation compared to sedation strategies that do not include DSI. We advise that caution should be applied when interpreting and applying the findings as the overall effect of treatment is always < 1 and the upper limit of the CI is only marginally higher than the no-effect line. These results should be considered unstable rather than negative for DSI given the statistical and clinical heterogeneity identified in the included trials.

Keywords: Adult, Adverse Events, Analyses, Analysis, Articles, Assessment, Authors, Bias, Bioaccumulation, Care, Catheter, Citation, Clinical, Collection, Confidence, Confidence Intervals, Consumption, Country, Country Of Origin, Criteria, Data, Data Collection, Database, Delirium, Differences, Drug, Duration, Embase, Events, Evidence, Forest, Health, Heterogeneity, Hospital, Hospital Stay, Hta, Icu, Incidence, Information, Intensive Care, Intensive Care Unit, Intervals, Intravenous, Invasive, Language, Length, Length Of Stay, Life, Literature, Low Risk, Mechanical Ventilation, Medline, Methods, Modelling, Mortality, North, North America, Onset, Origin, Outcomes, Patients, Primary, Quality, Quality Of, Quality Of Life, Randomized, Randomized Controlled Trials, Rates, Reduction, Reference, Reference Lists, Removal, Restrictions, Review, Risk, Science, Science Citation Index, Sciences, Search, Sedation, Sensitivity, Sensitivity Analysis, Significance, State, Technology, Technology Assessment, Treatment, Trial, Ventilation, Web Of Science, Websites

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Full Text: [2014\Coc Dat Sys Rev2014, CD010342.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD010342.pdf)

Abstract: Background Acquired adult-onset hearing loss is a common long-term condition for which the most common intervention is hearing aid fitting. However, up to 40% of people fitted with a hearing aid either fail to use it or may not gain optimal benefit from it. Objectives To assess the long-term effectiveness of interventions to promote the use of hearing aids in adults with acquired hearing loss fitted with at least one hearing aid. Search methods We searched the Cochrane ENT Disorders Group Trials Register; CENTRAL; PubMed; EMBASE; CINAHL; Web of Science; Cambridge Scientific Abstracts; ICTRP and additional sources for published and unpublished trials. The date of the search was 6 November 2013. Selection criteria We included randomised controlled trials (RCTs) of interventions designed to improve or promote hearing aid use in adults with acquired hearing loss compared with usual care or another intervention. We excluded interventions that compared hearing aid technology. We classified interventions according to the ‘chronic care model’ (CCM). The primary outcomes were hearing aid use (measured as adherence or daily hours of use) and adverse effects (inappropriate advice or clinical practice, or patient complaints). Secondary patient-reported outcomes included quality of life, hearing handicap, hearing aid benefit and communication. Outcomes were measured over the short (</= 12 weeks), medium (>12 to <52 weeks) and long term (one year plus). Data collection and analysis We used the standard methodological procedures expected by The Cochrane Collaboration. Main results We included 32 studies involving a total of 2072 participants. The risk of bias across the included studies was variable. We judged the GRADE quality of evidence to be very low or low for the primary outcomes where data were available. The majority of participants were over 65 years of age with mild to moderate adult-onset hearing loss. There was a mix of new and experienced hearing aid users. Six of the studies (1018 participants) were conducted in a military veteran population. Six of the studies (287 participants) assessed long-term outcomes. All 32 studies tested interventions that could be classified as self management support (ways to help someone to manage their hearing loss and hearing aid(s) better by giving information, practice and experience at listening/communicating or by asking people to practise tasks at home) and/or delivery system design interventions (just changing how the service was delivered) according to the CCM. Self management support interventions We found no studies that investigated the effect of these interventions on adherence, adverse effects or hearing aid benefit. Two studies reported daily hours of hearing aid use but we were unable to combine these in a meta-analysis. There was no evidence of a statistically significant effect on quality of life over the medium term. Self management support reduced short-to medium-term hearing handicap (two studies, 87 participants; mean difference (MD) -12.80, 95% confidence interval (CI) -23.11 to -2.48 (0 to 100 scale)) and increased the use of verbal communication strategies in the short to medium term (one study, 52 participants; MD 0.72, 95% CI 0.21 to 1.23 (0 to 5 scale)). The clinical significance of these statistical findings is uncertain but it is likely that the outcomes were clinically significant for some, but not all, participants. Our confidence in the quality of this evidence was very low. No self management support studies reported long-term outcomes. Delivery system design interventions These interventions did not significantly affect adherence or daily hours of hearing aid use in the short to medium term, or adverse effects in the long term. We found no studies that investigated the effect of these interventions on quality of life. There was no evidence of a statistically or clinically significant effect on hearing handicap, hearing aid benefit or the use of verbal communication strategies in the short to medium term. Our confidence in the quality of this evidence was low or very low. Long-term outcome measurement was rare. Combined self management support/delivery system design interventions We found no studies that investigated the effect of complex interventions combining components of self management support and delivery system design on adherence or adverse effects. There was no evidence of a statistically or clinically significant effect on daily hours of hearing aid use over the long term, or the short to medium term. Similarly, there was no evidence of an effect on quality of life over the long term, or short to medium term. These combined interventions reduced hearing handicap in the short to medium term (13 studies, 485 participants, standardised mean difference (SMD) -0.27, 95% CI -0.49 to -0.06). This represents a small-moderate effect size but there is no evidence of a statistically significant effect over the long term. There was evidence of a statistically, but not clinically, significant effect on long-term hearing aid benefit (two studies, 69 participants, MD 0.30, 95% CI 0.02 to 0.58 (1 to 5 scale)), but no evidence of effect over the short to medium term. There was evidence of a statistically, but not clinically, significant effect on the use of verbal communication strategies in the short term (four studies, 223 participants, MD 0.45, 95% CI 0.15 to 0.74 (0 to 5 scale)), but not the long term. Our confidence in the quality of this evidence was low or very low. We found no studies that assessed the effect of other CCM interventions (decision support, the clinical information system, community resources or health system changes). Authors’ conclusions There is some low to very low quality evidence to support the use of self management support and complex interventions combining self management support and delivery system design in adult auditory rehabilitation. However, effect sizes are small and the range of interventions that have been tested is relatively limited. Priorities for future research should be assessment of long-term outcome a year or more after the intervention, development of a core outcome set for adult auditory rehabilitation and development of study designs and outcome measures that are powered to detect incremental effects of rehabilitative healthcare system changes over and above the provision of a hearing aid.

Keywords: Adherence, Adult, Adverse Effects, Age, Aids, Analysis, Assessment, Bias, Care, Changes, Chronic, Clinical, Clinical Information System, Clinical Practice, Cochrane Collaboration, Collaboration, Collection, Combining, Communication, Community, Complaints, Confidence, Criteria, Data, Data Collection, Decision, Decision Support, Delivery, Design, Development, Effect Size, Effectiveness, Effects, Embase, Evidence, Experience, Grade, Health, Health System, Hearing Loss, Information, Interval, Intervention, Interventions, Life, Long Term, Long-Term, Long-Term Outcome, Long-Term Outcomes, Management, Measurement, Measures, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Model, Outcome, Outcome Measures, Outcomes, Population, Practice, Primary, Priorities, Procedures, Pubmed, Quality, Quality Of, Quality Of Life, Randomised, Randomised Controlled Trials, Rehabilitation, Research, Resources, Risk, Scale, Science, Search, Self, Self Management, Self-Management, Service, Significance, Size, Small, Sources, Standard, Support, Technology, Term, Web Of Science

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Full Text: [2014\Coc Dat Sys Rev2014, CD010386.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD010386.pdf)

Abstract: Background According to the latest revised National Institute of Neurological and Communicative Disorders and Stroke and the Alzheimer’s Disease and Related Disorders Association (now known as the Alzheimer’s Association) (NINCDS-ADRDA) diagnostic criteria for Alzheimer’s disease dementia, the confidence in diagnosing mild cognitive impairment (MCI) due to Alzheimer’s disease dementia is raised with the application of imaging biomarkers. These tests, added to core clinical criteria, might increase the sensitivity or specificity of a testing strategy. However, the accuracy of biomarkers in the diagnosis of Alzheimer’s disease dementia and other dementias has not yet been systematically evaluated. A formal systematic evaluation of the sensitivity, specificity, and other properties of positron emission tomography (PET) imaging with the C-11-labelled Pittsburgh Compound-B (C-11-PIB) ligand was performed. Objectives To determine the diagnostic accuracy of the C-11-PIB-PET scan for detecting participants with MCI at baseline who will clinically convert to Alzheimer’s disease dementia or other forms of dementia over a period of time. Search methods The most recent search for this review was performed on 12 January 2013. We searched MEDLINE (OvidSP), EMBASE (OvidSP), BIOSIS Previews (ISI Web of Knowledge), Web of Science and Conference Proceedings (ISIWeb of Knowledge), PsycINFO (OvidSP), and LILACS (BIREME). We also requested a search of the Cochrane Register of Diagnostic Test Accuracy Studies (managed by the Cochrane Renal Group). No language or date restrictions were applied to the electronic searches and methodological filters were not used so as to maximise sensitivity. Selection criteria We selected studies that had prospectively defined cohorts with any accepted definition of MCI with baseline C-11-PIB-PET scan. In addition, we only selected studies that applied a reference standard for Alzheimer’s dementia diagnosis for example NINCDS-ADRDA or Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria. Data collection and analysis We screened all titles generated by electronic database searches. Two review authors independently assessed the abstracts of all potentially relevant studies. The identified full papers were assessed for eligibility and data were extracted to create two by two tables. Two independent assessors performed quality assessment using the QUADAS 2 tool. We used the hierarchical summary receiver operating characteristic (ROC) model to produce a summary ROC curve. Main results Conversion from MCI to Alzheimer’s disease dementia was evaluated in nine studies. The quality of the evidence was limited. Of the 274 participants included in the meta-analysis, 112 developed Alzheimer’s dementia. Based on the nine included studies, the median proportion converting was 34%. The studies varied markedly in how the PIB scans were done and interpreted. The sensitivities were between 83% and 100% while the specificities were between 46% and 88%. Because of the variation in thresholds and measures of C-11-PIB amyloid retention, we did not calculate summary sensitivity and specificity. Although subject to considerable uncertainty, to illustrate the potential strengths and weaknesses of C-11-PIB-PET scans we estimated from the fitted summary ROC curve that the sensitivity was 96% (95% confidence interval (CI) 87 to 99) at the included study median specificity of 58%. This equated to a positive likelihood ratio of 2.3 and a negative likelihood ratio of 0.07. Assuming a typical conversion rate of MCI to Alzheimer’s dementia of 34%, for every 100 PIB scans one person with a negative scan would progress and 28 with a positive scan would not actually progress to Alzheimer’s dementia. There were limited data for formal investigation of heterogeneity. We performed two sensitivity analyses to assess the influence of type of reference standard and the use of a pre-specified threshold. There was no effect on our findings. Authors’ conclusions Although the good sensitivity achieved in some included studies is promising for the value of C-11-PIB-PET, given the heterogeneity in the conduct and interpretation of the test and the lack of defined thresholds for determination of test positivity, we cannot recommend its routine use in clinical practice. C-11-PIB-PET biomarker is a high cost investigation, therefore it is important to clearly demonstrate its accuracy and standardise the process of the C-11-PIB diagnostic modality prior to it being widely used.

Keywords: Accuracy, Alzheimer’S Disease, Analyses, Analysis, Application, Assessment, Association, Authors, Biomarker, Biomarkers, Clinical, Clinical Practice, Collection, Conference, Confidence, Conversion, Cost, Criteria, Data, Data Collection, Database, Dementia, Diagnosis, Diagnostic, Diagnostic Accuracy, Diagnostic Criteria, Disease, Dsm-Iv, Early Diagnosis, Embase, Emission, Evaluation, Evidence, Forms, Heterogeneity, Imaging, Influence, Interval, Investigation, Isi, Knowledge, Language, Ligand, Likelihood Ratio, Measures, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mild Cognitive Impairment, Model, Papers, Person, Pet, Positron Emission Tomography, Potential, Practice, Proceedings, Progress, Properties, Psycinfo, Quality, Quality Of, Recent, Reference, Restrictions, Retention, Review, Roc, Science, Search, Sensitivity, Specificity, Standard, Strategy, Stroke, Systematic, Test, Testing, The Good, Threshold, Thresholds, Uncertainty, Value, Web Of Knowledge, Web Of Science

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Full Text: [2014\Coc Dat Sys Rev2014, CD010627.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD010627.pdf)

Abstract: Background Patients having cataract surgery have often earlier undergone a trabeculectomy for glaucoma. However, cataract surgery may be associated with failure of the previous glaucoma surgery and antimetabolites may be used with cataract surgery to prevent such failure. There is no systematic review on whether antimetabolites with cataract surgery prevent failure of a previous trabeculectomy. Objectives To assess the effects of antimetabolites with cataract surgery on functioning of a previous trabeculectomy. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (2014, Issue 5), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE (January 1946 to June 2014), EMBASE (January 1980 to June 2014), Latin American and Caribbean Health Sciences Literature Database (LILACS) (January 1982 to June 2014), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrials.gov) and the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 10 June 2014. We also searched the Science Citation Index database (July 2013) and reference lists of potentially relevant studies. Selection criteria Randomised controlled trials (RCTs) of antimetabolites with cataract surgery in people with a functioning trabeculectomy. Data collection and analysis Two review authors independently reviewed the titles and abstracts from the electronic searches. Two review authors independently assessed relevant full-text articles and entered data. Main results We identified no RCTs to test the effectiveness of antimetabolites with cataract surgery in individuals with the intention of preventing failure of a previous trabeculectomy. Authors’ conclusions There are no RCTs of antimetabolites with cataract surgery in people with a functioning trabeculectomy. Appropriately powered RCTs are needed of antimetabolites during cataract surgery in patients with a functioning trabeculectomy.

Keywords: Analysis, Articles, Authors, Cataract Surgery, Citation, Citations, Clinical Trials, Collection, Criteria, Data, Data Collection, Database, Databases, Effectiveness, Effects, Embase, Failure, Health, International, Language, Literature, Medline, Methods, Patients, Prevent, Randomised Controlled Trials, Reference, Reference Lists, Restrictions, Review, Science, Science Citation Index, Sciences, Search, Surgery, Systematic, Systematic Review, Who, World Health Organization

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Full Text: [2014\Coc Dat Sys Rev2014, CD010771.pdf](2014/Coc%20Dat%20Sys%20Rev2014,%20CD010771.pdf)

Abstract: Background The IQCODE (Informant Questionnaire for Cognitive Decline in the Elderly) is a commonly used questionnaire based tool that uses collateral information to assess for cognitive decline and dementia. Brief tools that can be used for dementia “screening” or “triage” may have particular utility in primary care / general practice healthcare settings but only if they have suitable test accuracy. A synthesis of the available data regarding IQCODE accuracy in a primary care setting should help inform cognitive assessment strategies for clinical practice; research and policy. Objectives We sought to describe the accuracy of IQCODE (the index test) against a clinical diagnosis of dementia (the reference standard). In this review we focus on those studies conducted in a primary care (general practice) setting. Search methods A search was performed in the following sources on the 28th of January 2013: ALOIS (Cochrane Dementia and Cognitive Improvement Group), MEDLINE (Ovid SP), EMBASE (Ovid SP), PsycINFO (Ovid SP), BIOSIS (Ovid SP), ISI Web of Science and Conference Proceedings (ISI Web of Knowledge), CINHAL (EBSCOhost) and LILACs (BIREME). We also searched sources specific to diagnostic test accuracy: MEDION (Universities of Maastricht and Leuven); DARE (York University); HTA Database (Health Technology Assessments Database via The Cochrane Library) and ARIF (Birmingham University). We developed a sensitive search strategy; search terms were designed to cover key concepts using several different approaches run in parallel and included terms relating to cognitive tests, cognitive screening and dementia. We used standardized database subject headings such as MeSH terms (in MEDLINE) and other standardized headings (controlled vocabulary) in other databases, as appropriate. Selection criteria We selected those studies performed in primary care settings, which included (not necessarily exclusively) IQCODE to assess for the presence of dementia and where dementia diagnosis was confirmed with clinical assessment. For the “primary care” setting, we included those healthcare settings where unselected patients, present for initial, non-specialist assessment of memory or non-memory related symptoms; often with a view to onward referral for more definitive assessment. Data collection and analysis We screened all titles generated by electronic database searches and abstracts of all potentially relevant studies were reviewed. Full papers were assessed for eligibility and data extracted by two independent assessors. Quality assessment (risk of bias and applicability) was determined using the QUADAS-2 tool. Reporting quality was determined using the STARDdem extension to the STARD tool. Main results From 71 papers describing IQCODE test accuracy, we included 1 paper, representing data from 230 individuals (n=16 [7%] with dementia). The paper described those patients consulting a primary care service who self-identified as Japanese-American. Dementia diagnosis was made using Benson & Cummings criteria and the IQCODE was recorded as part of a longer interview with the informant. IQCODE accuracy was assessed at various test thresholds, with a “trade-off” between sensitivity and specificity across these cutpoints. At an IQCODE threshold of 3.2 sensitivity: 100%, specificity: 76%; for IQCODE 3.7 sensitivity: 75%, specificity: 98%. Applying the QUADAS-2 assessments, the study was at high risk of bias in all categories. In particular degree of blinding was unclear and not all participants were included in the final analysis. Authors’ conclusions It is not possible to give definitive guidance on the test accuracy of IQCODE for the diagnosis of dementia in a primary care setting based on the single study identified. We are surprised by the lack of research using the IQCODE in primary care as this is, arguably, the most appropriate setting for targeted case finding of those with undiagnosed dementia in order to maximise opportunities to intervene and provide support for the individual and their carers.

Keywords: Accuracy, Analysis, Assessment, Assessments, Bias, Care, Clinical, Clinical Assessment, Clinical Practice, Collection, Conference, Criteria, Data, Data Collection, Database, Databases, Dementia, Diagnosis, Diagnostic, Diagnostic Test, Elderly, Embase, General, General Practice, Guidance, Health, Hta, Improvement, Index, Information, Isi, Isi Web Of Science, Knowledge, Medline, Memory, Methods, Papers, Patients, Policy, Practice, Primary, Primary Care, Proceedings, Psycinfo, Quality, Quality Assessment, Questionnaire, Reference, Research, Review, Risk, Science, Screening, Search, Search Strategy, Sensitivity, Service, Sources, Specificity, Standard, Strategy, Support, Symptoms, Synthesis, Technology, Threshold, Thresholds, Universities, University, Utility, Web Of Knowledge, Web Of Science

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Full Text: [2015\Coc Dat Sys Rev2015, CD001939.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD001939.pdf)

Abstract: Background Hepatic encephalopathy is a brain dysfunction with neurological and psychiatric changes associated with liver insufficiency or portal-systemic shunting. The severity ranges from minor symptoms to coma. A Cochrane systematic review including 11 randomised clinical trials on branched-chain amino acids (BCAA) versus control interventions has evaluated if BCAA may benefit people with hepatic encephalopathy. Objectives To evaluate the beneficial and harmful effects of BCAA versus any control intervention for people with hepatic encephalopathy. Search methods We identified trials through manual and electronic searches in The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, and Science Citation Index on 2 October 2014. Selection criteria We included randomised clinical Data collection and analysis The authors independently extracted data based on published reports and collected data from the primary investigators. We changed our primary outcomes in this update of the review to include mortality (all cause), hepatic encephalopathy (number of people without improved manifestations of hepatic encephalopathy), and adverse events. The analyses included random-effects and fixed-effect meta-analyses. We performed subgroup, sensitivity, regression, and trial sequential analyses to evaluate sources of heterogeneity (including intervention, and participant and trial characteristics), bias (using The Cochrane Hepato-Biliary Group method), small-study effects, and the robustness of the results after adjusting for sparse data and multiplicity. We graded the quality of the evidence using the GRADE approach. Main results We found 16 randomised clinical trials including 827 participants with hepatic encephalopathy classed as overt (12 trials) or minimal (four trials). Eight trials assessed oral BCAA supplements and seven trials assessed intravenous BCAA. The control groups received placebo/no intervention (two trials), diets (10 trials), lactulose (two trials), or neomycin (two trials). In 15 trials, all participants had cirrhosis. Based on the combined Cochrane Hepato-Biliary Group score, we classed seven trials as low risk of bias and nine trials as high risk of bias (mainly due to lack of blinding or for-profit funding). In a random-effects meta-analysis of mortality, we found no difference between BCAA and controls (risk ratio (RR) 0.88, 95% confidence interval (CI) 0.69 to 1.11; 760 participants; 15 trials; moderate quality of evidence). We found no evidence of small-study effects. Sensitivity analyses of trials with a low risk of bias found no beneficial or detrimental effect of BCAA on mortality. Trial sequential analysis showed that the required information size was not reached, suggesting that additional evidence was needed. BCAA had a beneficial effect on hepatic encephalopathy (RR 0.73, 95% CI 0.61 to 0.88; 827 participants; 16 trials; high quality of evidence). We found no small-study effects and confirmed the beneficial effect of BCAA in a sensitivity analysis that only included trials with a low risk of bias (RR 0.71, 95% CI 0.52 to 0.96). The trial sequential analysis showed that firm evidence was reached. In a fixed-effect meta-analysis, we found that BCAA increased the risk of nausea and vomiting (RR 5.56; 2.93 to 10.55; moderate quality of evidence). We found no beneficial or detrimental effects of BCAA on nausea or vomiting in a random-effects meta-analysis or on quality of life or nutritional parameters. We did not identify predictors of the intervention effect in the subgroup, sensitivity, or meta-regression analyses. In sensitivity analyses that excluded trials with a lactulose or neomycin control, BCAA had a beneficial effect on hepatic encephalopathy (RR 0.76, 95% CI 0.63 to 0.92). Additional sensitivity analyses found no difference between BCAA and lactulose or neomycin (RR 0.66, 95% CI 0.34 to 1.30). Authors’ conclusions In this updated review, we included five additional trials. The analyses showed that BCAA had a beneficial effect on hepatic encephalopathy. We found no effect on mortality, quality of life, or nutritional parameters, but we need additional trials to evaluate these outcomes. Likewise, we need additional randomised clinical trials to determine the effect of BCAA compared with interventions such as nonabsorbable disaccharides, rifaximin, or other antibiotics.

Keywords: Adverse Events, Amino Acids, Amino Acids,Branched-Chain [Therapeutic Use], Ammonia Metabolism, Analyses, Analysis, Antibiotics, Approach, Authors, Bias, Brain, Changes, Characteristics, Cirrhosis, Citation, Clinical, Clinical Trials, Collection, Coma, Confidence, Control, Control Groups, Criteria, Data, Data Collection, Detrimental Effects, Double-Blind, Effects, Embase, Encephalopathy, Events, Evidence, Female, From, Funding, Grade, Groups, Hepatic Encephalopathy, Hepatic Encephalopathy [Drug Therapy], Heterogeneity, Humans, Information, Interval, Intervention, Interventions, Intravenous, Ishen Practice Guidelines, Latent Portosystemic Encephalopathy, Life, Liver, Liver-Cirrhosis, Low Risk, Male, Medline, Meta Analysis, Meta-Analyses, Meta-Analysis, Meta-Regression, Metaanalysis, Methods, Minor, Mortality, Nausea, Nausea And Vomiting, Neurological, Nitrogen-Metabolism, Nutritional Supplementation, Oral, Outcomes, Placebo-Controlled Crossover, Portal-Systemic Encephalopathy, Predictors, Primary, Quality, Quality Of, Quality Of Life, Randomised, Randomized Controlled Trials As Topic, Randomized Controlled-Trials, Regression, Review, Risk, Robustness, Science, Science Citation Index, Search, Sensitivity, Sensitivity Analysis, Sequential, Size, Sources, Symptoms, Systematic, Systematic Review, Trial, Vomiting

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Full Text: [2015\Coc Dat Sys Rev2015, CD003130.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD003130.pdf)

Abstract: Background It is unclear whether there are differences in benefits and harms between mobile and fixed prostheses for total knee arthroplasty (TKA). The previous Cochrane review published in 2004 included two articles. Many more trials have been performed since then; therefore an update is needed. Objectives To assess the benefits and harms of mobile bearing compared with fixed bearing cruciate retaining total knee arthroplasty for functional and clinical outcomes in patients with osteoarthritis (OA) or rheumatoid arthritis (RA). Search methods We searched The Cochrane Library, PubMed, EMBASE, CINAHL and Web of Science up to 27 February 2014, and the trial registers ClinicalTrials.gov, Multiregister, Current Controlled Trials and the World Health Organization (WHO) International Clinical Trials Registry Platform for data from unpublished trials, up to 11 February 2014. We also screened the reference lists of selected articles. Selection criteria We selected randomised controlled trials comparing mobile bearing with fixed bearing prostheses in cruciate retaining TKA among patients with osteoarthritis or rheumatoid arthritis, using functional or clinical outcome measures and follow-up of at least six months. Data collection and analysis We used standard methodological procedures as expected by The Cochrane Collaboration. Main results We found 19 studies with 1641 participants (1616 with OA (98.5%) and 25 with RA (1.5%)) and 2247 knees. Seventeen new studies were included in this update. Quality of the evidence ranged from moderate (knee pain) to low (other outcomes). Most studies had unclear risk of bias for allocation concealment, blinding of participants and personnel, blinding of outcome assessment and selective reporting, and high risk of bias for incomplete outcome data and other bias. Knee pain We calculated the standardised mean difference (SMD) for pain, using the Knee Society Score (KSS) and visual analogue scale (VAS) in 11 studies (58%) and 1531 knees (68%). No statistically significant differences between groups were reported (SMD 0.09, 95% confidence interval (CI) -0.03 to 0.22, P value 0.15). This represents an absolute risk difference of 2.4% points higher (95% CI 0.8% lower to 5.9% higher) on the KSS pain scale and a relative percent change of 0.22% (95% CI 0.07% lower to 0.53% higher). The results were homogeneous. Clinical and functional scores The KSS clinical score did not differ statistically significantly between groups (14 studies (74%) and 1845 knees (82%)) with a mean difference (MD) of -1.06 points (95% CI -2.87 to 0.74, P value 0.25) and heterogeneous results. KSS function was reported in 14 studies (74%) with 1845 knees (82%) as an MD of -0.10 point (95% CI -1.93 to 1.73, P value 0.91) and homogeneous results. In two studies (11%), the KSS total score was favourable for mobile bearing (159 vs 132 for fixed bearing), with MD of -26.52 points (95% CI -45.03 to -8.01, P value 0.005), but with a wide 95% confidence interval indicating uncertainty about the estimate. Other reported scoring systems did not show statistically significant differences: Hospital for Special Surgery (HSS) score (seven studies (37%) in 1021 knees (45%)) with an MD of -1.36 (95% CI -4.18 to 1.46, P value 0.35); Western Ontario andMcMaster Universities Osteoarthritis Index (WOMAC) total score (two studies (11%), 167 knees (7%)) with an MD of -4.46 (95% CI -16.26 to 7.34, P value 0.46); and Oxford total (five studies (26%), 647 knees (29%) with an MD of -0.25 (95% CI -1.41 to 0.91, P value 0.67). Health-related quality of life Three studies (16%) with 498 knees (22%) reported on health-related quality of life, and no statistically significant differences were noted between the mobile bearing and fixed bearing groups. The Short Form (SF)-12 Physical Component Summary had an MD of 1.96 (95% CI -4.55 to 0.63, P value 0.14) and heterogeneous results. Revision surgery Twenty seven revisions (1.3%) were performed in 17 studies (89%) with 2065 knees (92%). In all, 13 knees were revised in the fixed bearing group and 14 knees in the mobile bearing group. No statistically significant differences were found (risk difference 0.00, 95% CI -0.01 to 0.01, P value 0.58), and homogeneous results were reported. Mortality In seven out of 19 studies, 13 participants (37%) died. Two of these participants had undergone bilateral surgery, and for seven participants, it was unclear which prosthesis they had received; therefore they were excluded from the analyses. Thus our analysis included four out of 191 participants (2.1%) who had died: one in the fixed bearing group and three in the mobile bearing group. No statistically significant differences were found. The risk difference was -0.02 (95% CI -0.06 to 0.03, P value 0.49) and results were homogeneous. Reoperation rates Thirty reoperations were performed in 17 studies (89%) with 2065 knees (92%): 18 knees in the fixed bearing group (of the 1031 knees) and 12 knees in the mobile group (of the 1034 knees). No statistically significant differences were found. The risk difference was -0.01 (95% CI -0.01 to 0.01, P value 0.99) with homogeneous results. Other serious adverse events Sixteen studies (84%) reported nine other serious adverse events in 1735 knees (77%): four in the fixed bearing group (of the 862 knees) and five in the mobile bearing group (of the 873 knees). No statistically significant differences were found (risk difference 0.00, 95% CI -0.01 to 0.01, P value 0.88), and results were homogeneous. Authors’ conclusions Moderate-to low-quality evidence suggests that mobile bearing prosthesesmay have similar effects on knee pain, clinical and functional scores, health-related quality of life, revision surgery, mortality, reoperation rate and other serious adverse events compared with fixed bearing prostheses in posterior cruciate retaining TKA. Therefore we cannot draw firm conclusions. Most (98.5%) participants had OA, so the findings primarily reflect results reported in participants with OA. Future studies should report in greater detail outcomes such as those presented in this systematic review, with sufficient follow-up time to allow gathering of high-quality evidence and to inform clinical practice. Large registry-based studies may have added value, but they are subject to treatment-by-indication bias. Therefore, this systematic review of RCTs can be viewed as the best available evidence.

Keywords: 5-Year Follow-Up, Adverse Events, Allocation, Analyses, Analysis, Arthritis, Arthritis,Rheumatoid [Surgery], Arthroplasty, Arthroplasty,Replacement,Knee [Instrumentation], Articles, Assessment, Benefits, Bias, Bilateral, Clinical, Clinical Outcomes, Clinical Practice, Clinical Trials, Cochrane Collaboration, Collaboration, Collection, Confidence, Criteria, Data, Data Collection, Effects, Embase, Events, Evidence, Follow-Up, From, Function, Functional Status, Groups, Health, Health-Related Quality Of Life, Hospital, Humans, International, Interval, Kinematics, Knee, Knee Arthroplasty, Knee Joint, Life, Measures, Meniscal Bearing, Metaanalysis, Methods, Mobile, Mortality, Ontario, Osteoarthritis, Osteoarthritis,Knee [Surgery], Outcome, Outcome Assessment, Outcome Measures, Outcomes, P, Pain, Patients, Personnel, Platform, Postoperative, Practice, Prevalence, Procedures, Prosthesis Design [Methods], Pubmed, Quality, Quality Of, Quality Of Life, Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized Controlled-Trial, Range Of Motion,Articular, Rates, Reference, Reference Lists, Reoperation, Replacements, Reporting, Review, Rheumatoid Arthritis, Risk, Scale, Science, Scoring Systems, Search, Single-Blind, Standard, Surgery, Systematic, Systematic Review, Systems, Tka, Trial, Uncertainty, Universities, Value, Vas, Web, Web Of Science, Who, Womac, World Health Organization

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Full Text: [2015\Coc Dat Sys Rev2015, CD003659.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD003659.pdf)

Abstract: Background Trachoma remains a major cause of avoidable blindness among underprivileged populations in many developing countries. It is estimated that about 146 million people have active trachoma and nearly six million people are blind due to complications associated with repeat infections. Objectives The objective of this review was to assess the effects of face washing promotion for the prevention of active trachoma in endemic communities. Search methods We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (2015, Issue 1), Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid MEDLINE Daily, Ovid OLDMEDLINE (January 1946 to January 2015), EMBASE (January 1980 to January 2015), PubMed (January 1948 to January 2015), Latin American and Caribbean Health Sciences Literature Database (LILACS) (January 1982 to January 2015), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com) (accessed 10 January 2014), ClinicalTrials.gov (www.clinicaltrials.gov) and the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en). We did not use any date or language restrictions in the electronic searches for trials. We last searched the electronic databases on 26 January 2015. To identify further relevant trials we checked the reference lists of the included trials. Also, we used the Science Citation Index to search for references to publications that cited the trials included in the review. We contacted investigators and experts in the field to identify additional trials. Selection criteria We included randomized controlled trials (RCTs) or quasi-RCTs that compared face washing with no treatment or face washing combined with antibiotics against antibiotics alone. Trial participants were residents of endemic trachoma communities. Data collection and analysis Two review authors independently extracted data and assessed trial quality. We contacted trial authors for additional information when needed. Two trials met our inclusion criteria; but we did not conduct meta-analysis due to methodological heterogeneity. Main results We included two cluster-RCTs, which provided data from 2447 participants. Both trials were conducted in areas endemic to trachoma: Northern Australia and Tanzania. The follow-up period was three months in one trial and 12 months in the other; both trials had about 90% participant follow-up at final visit. Overall the quality of the evidence is uncertain due to the trials not reporting many design methods and the differences in outcomes reported between trials. Face washing combined with topical tetracycline was compared with topical tetracycline alone in three pairs of villages in one trial. The trial found that face washing combined with topical tetracycline reduced ‘severe’ active trachoma compared with topical tetracycline alone at 12 months (adjusted odds ratio (OR) 0.62, 95% confidence interval (CI) 0.40 to 0.97); however, the trial did not find any important difference between the intervention and control villages in reducing other types of active trachoma (adjusted OR 0.81, 95% CI 0.42 to 1.59). Intervention villages had a higher prevalence of clean faces than the control villages among children with severe trachoma (adjusted OR 0.35, 95% CI 0.21 to 0.59) and any trachoma (adjusted OR 0.58, 95% CI 0.47 to 0.72) at 12 months follow-up. The second trial compared eye washing to no treatment or to topical tetracycline alone or to a combination of eye washing and tetracycline drops in children with follicular trachoma. At three months, the trial found no evidence of benefit of eye washing alone or in combination with tetracycline eye drops in reducing follicular trachoma amongst children with follicular trachoma (risk ratio (RR) 1.03, 95% CI 0.96 to 1.11; one trial, 1143 participants). Authors’ conclusions There is evidence from one trial that face washing combined with topical tetracyclinemay be effective in reducing severe active trachoma and in increasing the prevalence of clean faces at one year follow-up. Current evidence is inconclusive as to the effectiveness of face washing alone or in combination with topical tetracycline in reducing active or severe trachoma.

Keywords: Active, Adolescent, Analysis, Anti-Bacterial Agents [Administration & Dosage], Antibiotics, Australia, Authors, Baths [Methods], Child, Children, Chlamydia Trachomatis, Citation, Citations, Clinical Trials, Collection, Complications, Confidence, Control, Criteria, Data, Data Collection, Database, Databases, Design, Developing, Developing Countries, Effectiveness, Effects, Embase, Environmental Improvement, Evidence, Evidence Base, Experts, Face, Field, Follow-Up, From, Health, Heterogeneity, Humans, Impact, Infant, Infections, Information, International, Interval, Intervention, Kongwa, Language, Latin-American, Literature, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Northern Australia, Odds Ratio, Ophthalmic Solutions [Therapeutic Use], Outcomes, Populations, Preschool, Prevalence, Prevention, Prevention & Control], Promotion, Publications, Pubmed, Quality, Quality Of, Randomized, Randomized Controlled Trials, Randomized Controlled Trials As Topic, Reference, Reference Lists, References, Reporting, Restrictions, Review, Risk, Safe Strategy, Science, Science Citation Index, Sciences, Search, Skin Care [Methods], Tanzania, Tetracycline, Tetracycline [Administration & Dosage], Topical, Trachoma [Epidemiology, Treatment, Trial, Who, World Health Organization

? Schmidt-Hansen, M., Bennett, M.I., Arnold, S., Bromham, N. and Hilgart, J.S. (2015), Oxycodone for cancer-related pain. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD003870.

Full Text: [2015\Coc Dat Sys Rev2015, CD003870.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD003870.pdf)

Abstract: Background Many patients with cancer experience moderate to severe pain that requires treatment with strong opioids, of which oxycodone and morphine are examples. Strong opioids are, however, not effective for pain in all patients, nor are they well-tolerated by all patients. The aim of this review was to assess whether oxycodone is associated with better pain relief and tolerability than other analgesic options for patients with cancer pain. Objectives To assess the effectiveness and tolerability of oxycodone for pain in adults with cancer. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in the Cochrane Library, MEDLINE and MEDLINE In-Process (Ovid), EMBASE (Ovid), Science Citation Index, Conference Proceedings Citation Index -Science (ISI Web of Science), BIOSIS (ISI), PsycINFO (Ovid) and PubMed to March 2014. We also searched Clinicaltrials. gov, metaRegister of Controlled Trials (mRCT), EU Clinical Trials Register and World Health Organization International Clinical Trials Registry Platform (ICTRP). We checked the bibliographic references of relevant identified studies and contacted the authors of the included studies to find additional trials not identified by the electronic searches. No language, date or publication status restrictions were applied to the search. Selection criteria We included randomised controlled trials (parallel-group or cross-over) comparing oxycodone (any formulation or route of administration) with placebo or an active drug (including oxycodone) for cancer background pain in adults. Data collection and analysis Two authors independently extracted study data (study design, participant details, interventions and outcomes) and independently assessed the quality of the included studies according to standard Cochrane methodology. Where possible, we meta-analysed the pain intensity data using the generic inverse variance method, otherwise these data were summarised narratively along with the adverse event and patient preference data. The overall quality of the evidence for each outcome was assessed according to the GRADE approach. Main results We included 17 studies which enrolled/randomised 1390 patients with 1110 of these analysed for efficacy and 1170 for safety. The studies examined a number of different drug comparisons. Four studies compared controlled release (CR) oxycodone to immediate release (IR) oxycodone and pooled analysis of three of these studies showed that the effects ofCRand IRoxycodone on pain intensity after treatment were similar (standardised mean difference (SMD) 0.1, 95% confidence interval (CI) -0.06 to 0.26; low quality evidence). This was in line with the finding that none of the included studies reported differences in pain intensity between the treatment groups. Three of the four studies also found similar results for treatment acceptability and adverse events in the IR and CR groups; but one study reported that, compared to IR oxycodone, CR oxycodone was associated with significantly fewer adverse events. Six studies compared CR oxycodone to CR morphine and pooled analysis of five of these studies indicated that pain intensity did not differ significantly between the treatments (SMD 0.14, 95% CI -0.04 to 0.32; low quality evidence). There were no marked differences in adverse event rates, treatment acceptability or quality of life ratings. The remaining seven studies either compared oxycodone in various formulations or compared oxycodone to different alternative opioids. None of them found any clear superiority or inferiority of oxycodone for cancer pain, neither as an analgesic agent nor in terms of adverse event rates and treatment acceptability. The quality of this evidence base was limited by the risk of bias of the studies and by small sample sizes for many outcomes. Random sequence generation and allocation concealment were under-reported, and the results were substantially compromised by attrition with data missing from more than 20% of the enrolled/randomised patients for efficacy and from more than 15% for safety. Authors’ conclusions Overall, the data included within this review suggest that oxycodone offers similar levels of pain relief and adverse events to other strong opioids including morphine, which is commonly considered the gold standard strong opioid. Our conclusions are consistent with other recent reviews and suggest that while the reliability of the evidence base is low, given the absence of important differences within this analysis it seems unlikely that larger head to head studies of oxycodone versus morphine will be justified. This means that for clinical purposes oxycodone or morphine can be used as first line oral opioids for relief of cancer pain.

Keywords: Acceptability, Acetaminophen, Active, Administration, Adults, Adverse Events, Allocation, Alternative, Analgesic, Analysis, Approach, Attrition, Authors, Bias, Bibliographic, Cancer, Cancer Pain, Citation, Clinical, Clinical Trials, Collection, Conference, Confidence, Controlled Release, Controlled-Release, Controlled-Release Oxycodone, Cr, Criteria, Data, Data Collection, Design, Double-Blind, Drug, Effectiveness, Effects, Efficacy, Embase, Eu, Events, Evidence, Experience, Extended-Release, First, First Line, Formulation, From, Generation, Gold, Grade, Groups, Health, Intensity, International, Interval, Interventions, Intramuscular Oxycodone, IR, ISI, ISI Web Of Science, Language, Life, Medline, Methodology, Methods, Moderate, Morphine, Morphine Still, Opioid, Opioid Analgesics, Opioids, Options, Oral, Outcome, Outcomes, Oxycodone, Pain, Pain Relief, Patient, Patient Preference, Patients, Placebo, Pooled Analysis, Preference, Proceedings, Psycinfo, Publication, Publication Status, Pubmed, Quality, Quality Of, Quality Of Life, Randomised, Randomised Controlled Trials, Rates, Recent, References, Release, Reliability, Restrictions, Review, Reviews, Risk, Route, Route Of Administration, Safety, Science, Science Citation Index, Search, Small, Standard, Strong Opioids, Study Design, Treatment, Web, Web Of Science, World Health Organization

? Henderson, A. and Henderson, S. (2015), Provision of a surgeon’s performance data for people considering elective surgery. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD006327.

Full Text: [2015\Coc Dat Sys Rev2015, CD006327.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD006327.pdf)

Abstract: Background A consumer model of health supports that people undergoing elective surgery should be informed about the past operative performance of their surgeon before making two important decisions: 1. to consent to the proposed surgery, and 2. to have a particular doctor perform the surgery. This information arguably helps empower patients to participate in their care. While surgeons’ performance data are available in some settings, there continues to be controversy over the provision of such data to patients, and the question of whether consumers should, or want to, be provided with this information. Objectives To assess the effects of providing a surgeon’s performance data to people considering elective surgery on patient-based and service utilisation outcomes. Search methods For the original review, we searched: the Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library, 2009, Issue 4); MEDLINE (Ovid) (1950 to 28 September 2009); EMBASE (Ovid) (1988 to 28 September 2009); PsycINFO (Ovid) (1806 to 28 September 2009); CINAHL (EBSCO) (1982 to 20 October 2009); Current Contents (Ovid) (1992 to 23 November 2009); and ProQuest Dissertations and Theses (1861 to 20 October 2009). For this update, we searched: CENTRAL (2009 to 3 March 2014); MEDLINE (Ovid) (2009 to 3 March 2014); EMBASE (Ovid) (2009 to 3March 2014); PsycINFO (Ovid) (2009 to 9March 2014); CINAHL (EBSCO) (2009 to 9March 2014), Current Contents (Web of Science) (November 2009 to 21 March 2014), and ProQuest Dissertations and Theses (2009 to 21 March 2014). We applied no language restrictions. Selection criteria Randomised controlled trials (RCTs), cluster RCTs, quasi-RCTs and controlled before and after studies (CBAs), in which an individual surgeon’s performance data were provided to people considering elective surgery. We considered the CBAs for inclusion from 2009 onwards. Data collection and analysis Two review authors (AH, SH) independently assessed all titles, abstracts, or both of retrieved citations. We identified no studies for inclusion. Consequently, we conducted no data collection or analysis. Main results We found no studies that met the inclusion criteria; therefore, there are no results to report on the effect of the provision of a surgeon’s performance data for people considering elective surgery. Authors’ conclusions We found no studies reporting the impact of the provision of a surgeon’s performance data for people considering elective surgery. This is an important finding in itself. While the public reporting of a surgeon’s performance is not a new concept, the efficacy of this data for individual patients has not been empirically tested. A review of qualitative studies or new primary qualitative research may be useful to determine what interventions are currently in use and explore the attitudes of consumers and professionals towards such interventions.

Keywords: Abstracts, Analysis, Attitudes, Authors, Care, Citations, Cluster, Collection, Concept, Consent, Criteria, Data, Data Collection, Dissertations, Doctor, Doctors, Effects, Efficacy, Elective, Elective Surgical Procedures [Standards], Embase, From, Health, Health-Care, Humans, Impact, Information, Interventions, Language, Medline, Methods, Model, Operative, Outcomes, Patients, Performance, Primary, Professional Competence, Proquest, Psycinfo, Public, Public Disclosure, Qualitative, Qualitative Research, Quality, Randomised Controlled Trials, Report Cards, Reporting, Research, Restrictions, Review, Science, Search, Selection, Service, Specialties,Surgical [Standards], State Cardiothoracic Surgeons, Surgery, Surgical Mortality, System, Theses, Utilisation, Web, Web Of Science

? Sauni, R., Verbeek, J.H., Uitti, J., Jauhiainen, M., Kreiss, K. and Sigsgaard, T. (2015), Remediating buildings damaged by dampness and mould for preventing or reducing respiratory tract symptoms, infections and asthma. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD007897.

Full Text: [2015\Coc Dat Sys Rev2015, CD007897.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD007897.pdf)

Abstract: Background Dampness and mould in buildings have been associated with adverse respiratory symptoms, asthma and respiratory infections of inhabitants. Moisture damage is a very common problem in private houses, workplaces and public buildings such as schools. Objectives To determine the effectiveness of repairing buildings damaged by dampness and mould in order to reduce or prevent respiratory tract symptoms, infections and symptoms of asthma. Search methods We searched CENTRAL (2014, Issue 10), MEDLINE (1951 to November week 1, 2014), EMBASE (1974 to November 2014), CINAHL (1982 to November 2014), Science Citation Index (1973 to November 2014), Biosis Previews (1989 to June 2011), NIOSHTIC (1930 to March 2014) and CISDOC (1974 to March 2014). Selection criteria Randomised controlled trials (RCTs), cluster-RCTs (cRCTs), interrupted time series studies and controlled before-after (CBA) studies of the effects of remediating dampness and mould in a building on respiratory symptoms, infections and asthma. Data collection and analysis Two authors independently extracted data and assessed the risk of bias in the included studies. Main results We included 12 studies (8028 participants): two RCTs (294 participants), one cRCT (4407 participants) and nine CBA studies (3327 participants). The interventions varied from thorough renovation to cleaning only. Repairing houses decreased asthma-related symptoms in adults (among others, wheezing (odds ratio (OR) 0.64; 95% confidence interval (CI) 0.55 to 0.75) and respiratory infections (among others, rhinitis (OR 0.57; 95% CI 0.49 to 0.66), two studies, moderatequality evidence). For children, we did not find a difference between repaired houses and receiving information only, in the number of asthma days or emergency department visits because of asthma (one study, moderate-quality evidence). One CBA study showed very low-quality evidence that after repairing a mould-damaged office building, asthma-related and other respiratory symptoms decreased. In another CBA study, there was no difference in symptoms between full or partial repair of houses. For children in schools, the evidence of an effect of mould remediation on respiratory symptoms was inconsistent and out of many symptom measures only respiratory infections might have decreased after the intervention. For staff in schools, there was very lowquality evidence that asthma-related and other respiratory symptoms in mould-damaged schools were similar to those of staff in nondamaged schools, both before and after intervention. Authors’ conclusions We found moderate to very low-quality evidence that repairing mould-damaged houses and offices decreases asthma-related symptoms and respiratory infections compared to no intervention in adults. There is very low-quality evidence that although repairing schools did not significantly change respiratory symptoms in staff, pupils’ visits to physicians due to a common cold were less frequent after remediation of the school. Better research, preferably with a cRCT design and with more validated outcome measures, is needed.

Keywords: Adult, Adults, Analysis, Associations, Asthma, Asthma [Prevention & Control], Authors, Bias, Biosis, Building, Child, Children, Citation, Collection, Confidence, Criteria, Damage, Data, Data Collection, Department, Design, Effectiveness, Effects, Embase, Emergency, Emergency Department, Environmental Restoration And Remediation [Methods], Evidence, From, Fungi, Health-Care, Home Remediation, Housing [Standards], Humans, Humidity [Adverse Effects], Indoor Air Problems, Infections, Information, Interrupted Time Series, Interval, Intervention, Interventions, Measures, Medline, Methods, Moisture Problems, Odds Ratio, Outcome, Outcome Measures, Physicians, Prevent, Prevention & Control], Public, Quality, Randomised Controlled Trials, Remediation, Renovation, Repair, Research, Respiratory Sounds, Respiratory Tract Infections [Prevention & Control], Rhinitis, Risk, School, Schools [Standards], Science, Science Citation Index, Search, Sick Building Syndrome [Complications, Symptoms, Time Series, Ventilation System, Wheezing

? Thanaviratananich, S., Thanaviratananich, S. and Ngamjarus, C. (2015), Corticosteroids for parasitic eosinophilic meningitis. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD009088.

Full Text: [2015\Coc Dat Sys Rev2015, CD009088.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD009088.pdf)

Abstract: Background Angiostrongylus cantonensis (A. cantonensis) is the major cause of infectious eosinophilic meningitis. Dead larvae of this parasite cause inflammation and exacerbate symptoms ofmeningitis. Corticosteroids are drugs used to reduce the inflammation caused by this parasite. Objectives To assess the efficacy and safety of corticosteroids for the treatment of eosinophilic meningitis. Search methods We searched CENTRAL (2014, Issue 11), MEDLINE (1950 to November Week 3, 2014), EMBASE (1974 to December 2014), Scopus (1960 to December 2014), Web of Science (1955 to December 2014), LILACS (1982 to December 2014) and CINAHL (1981 to December 2014). Selection criteria Randomised controlled trials (RCTs) of corticosteroids versus placebo for eosinophilic meningitis. Data collection and analysis Two review authors (SiT, SaT) independently collected and extracted study data. We graded the methodological quality of the RCTs. We identified and analysed outcomes and adverse effects. Main results We did not identifiy any new trials for inclusion or exclusion in this 2014 update. One study involving 110 participants (55 participants in each group) met our inclusion criteria. The corticosteroid (prednisolone) showed a benefit in shortening themedian time to resolution of headaches (five days in the treatment group versus 13 days in the control group, P value < 0.0001). Corticosteroids were also associated with smaller numbers of participants who still had headaches after a two-week course of treatment (9.1% versus 45.5%, P value < 0.0001). The number of patients who needed repeat lumbar puncture was also smaller in the treatment group (12.7% versus 40%, P value = 0.002). There was a reduction in the median time of analgesic use in participants receiving corticosteroids (10.5 versus 25.0, P value = 0.038). There were no reported adverse effects from prednisolone in the treatment group. Authors’ conclusions Corticosteroids significantly help relieve headache in patients with eosinophilic meningitis, who have a pain score of four or more on a visual analogue scale. However, there is only one RCT supporting this benefit and this trial did not clearly mention allocation concealment and stratification. Therefore, we agreed to grade our included study as amoderate quality trial. Future well- designed RCTs are necessary.

Keywords: Adverse Effects, Allocation, Analgesic, Analysis, Angiostrongylus-Cantonensis, Authors, Central Nervous System Parasitic Infections [Drug Therapy], Cerebrospinal-Fluid Eosinophilia, Collection, Control, Corticosteroids, Course, Criteria, Data, Data Collection, Dead, Drugs, Effects, Efficacy, Efficacy And Safety, Embase, Eosinophilia [Drug Therapy], From, Glucocorticoids [Therapeutic Use], Headache, Humans, Inflammation, Lumbar Puncture, Medline, Meningitis, Meningitis [Drug Therapy], Methodological Quality, Methods, Outcomes, P, Pain, Pain Score, Patients, Placebo, Prednisolone [Therapeutic Use], Quality, Quality Of, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Rats, Rct, Reduction, Review, Safety, Scale, Science, Scopus, Search, Stratification, Symptoms, Treatment, Trial, Value, Web, Web Of Science

? Gurusamy, K.S., Giljaca, V., Takwoingi, Y., Higgie, D., Poropat, G., Stimac, D. and Davidson, B.R. (2015), Endoscopic retrograde cholangiopancreatography versus intraoperative cholangiography for diagnosis of common bile duct stones. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD010339.

Full Text: [2015\Coc Dat Sys Rev2015, CD010339.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD010339.pdf)

Abstract: Background Endoscopic retrograde cholangiopancreatography (ERCP) and intraoperative cholangiography (IOC) are tests used in the diagnosis of common bile duct stones in people suspected of having common bile duct stones. There has been no systematic review of the diagnostic accuracy of ERCP and IOC. Objectives To determine and compare the accuracy of ERCP and IOC for the diagnosis of common bile duct stones. Search methods We searched MEDLINE, EMBASE, Science Citation Index Expanded, BIOSIS, and Clinicaltrials.gov to September 2012. To identify additional studies, we searched the references of included studies and systematic reviews identified from various databases (Database of Abstracts of Reviews of Effects (DARE)), Health Technology Assessment (HTA), Medion, and ARIF (Aggressive Research Intelligence Facility)). We did not restrict studies based on language or publication status, or whether data were collected prospectively or retrospectively. Selection criteria We included studies that provided the number of true positives, false positives, false negatives, and true negatives for ERCP or IOC. We only accepted studies that confirmed the presence of common bile duct stones by extraction of the stones (irrespective of whether this was done by surgical or endoscopic methods) for a positive test, and absence of common bile duct stones by surgical or endoscopic negative exploration of the common bile duct, or symptom-free follow-up for at least six months for a negative test as the reference standard in people suspected of having common bile duct stones. We included participants with or without prior diagnosis of cholelithiasis; with or without symptoms and complications of common bile duct stones; with or without prior treatment for common bile duct stones; and before or after cholecystectomy. At least two authors screened abstracts and selected studies for inclusion independently. Data collection and analysis Two authors independently collected data from each study. We used the bivariate model to summarise the sensitivity and specificity of the tests. Main results We identified five studies including 318 participants (180 participants with and 138 participants without common bile duct stones) that reported the diagnostic accuracy of ERCP and five studies including 654 participants (125 participants with and 529 participants without common bile duct stones) that reported the diagnostic accuracy of IOC. Most studies included people with symptoms (participants with jaundice or pancreatitis) suspected of having common bile duct stones based on blood tests, ultrasound, or both, prior to the performance of ERCP or IOC. Most studies included participants who had not previously undergone removal of the gallbladder (cholecystectomy). None of the included studies was of high methodological quality as evaluated by the QUADAS-2 tool (quality assessment tool for diagnostic accuracy studies). The sensitivities of ERCP ranged between 0.67 and 0.94 and the specificities ranged between 0.92 and 1.00. For ERCP, the summary sensitivity was 0.83 (95% confidence interval (CI) 0.72 to 0.90) and specificity was 0.99 (95% CI 0.94 to 1.00). The sensitivities of IOC ranged between 0.75 and 1.00 and the specificities ranged between 0.96 and 1.00. For IOC, the summary sensitivity was 0.99 (95% CI 0.83 to 1.00) and specificity was 0.99 (95% CI 0.95 to 1.00). For ERCP, at the median pre-test probability of common bile duct stones of 0.35 estimated from the included studies (i.e., 35% of people suspected of having common bile duct stones were confirmed to have gallstones by the reference standard), the post-test probabilities associated with positive test results was 0.97 (95% CI 0.88 to 0.99) and negative test results was 0.09 (95% CI 0.05 to 0.14). For IOC, at the median pre-test probability of common bile duct stones of 0.35, the post-test probabilities associated with positive test results was 0.98 (95% CI 0.85 to 1.00) and negative test results was 0.01 (95% CI 0.00 to 0.10). There was weak evidence of a difference in sensitivity (P value = 0.05) with IOC showing higher sensitivity than ERCP. There was no evidence of a difference in specificity (P value = 0.7) with both tests having similar specificity. Authors’ conclusions Although the sensitivity of IOC appeared to be better than that of ERCP, this finding may be unreliable because none of the studies compared both tests in the same study populations and most of the studies were methodologically flawed. It appears that both tests were fairly accurate in guiding further invasive treatment as most people diagnosed with common bile duct stones by these tests had common bile duct stones. Some people may have common bile duct stones in spite of having a negative ERCP or IOC result. Such people may have to be re-tested if the clinical suspicion of common bile duct stones is very high because of their symptoms or persistently abnormal liver function tests. However, the results should be interpreted with caution given the limited quantity and quality of the evidence.

Keywords: Abstracts, Accuracy, Acute Biliary Pancreatitis, Analysis, Assessment, Authors, Blood, Cholecystectomy, Citation, Clinical, Collection, Common Bile Duct Stones, Complications, Confidence, Criteria, Data, Data Collection, Database, Databases, Diagnosis, Diagnostic, Diagnostic Accuracy, Effects, Embase, Endoscopic, Endoscopic Retrograde, Endoscopic Retrograde Cholangiopancreatography, Ercp, Evidence, Extraction, Follow-Up, From, Function, Gallstone Pancreatitis, Health, Hta, Interval, Intraductal Ultrasonography, Intravenous Cholangiography, Invasive, Language, Laparoscopic Cholecystectomy, Liver, Magnetic-Resonance Cholangiopancreatography, Medline, Methodological Quality, Methods, Model, Negative, P, Pancreatitis, Performance, Populations, Probability, Publication, Publication Status, Quadas-2, Quality, Quality Of, Reference, References, Removal, Research, Review, Reviews, Science, Science Citation Index, Science Citation Index Expanded, Search, Selective Operative Cholangiography, Sensitivity, Specificity, Standard, Suspected Biliary, Symptomatic Choledocholithiasis, Symptoms, Systematic, Systematic Review, Systematic Reviews, Technology, Technology Assessment, Treatment, Ultrasound, Value

? Gurusamy, K.S., Giljaca, V., Takwoingi, Y., Higgie, D., Poropat, G., Stimac, D. and Davidson, B.R. (2015), Ultrasound versus liver function tests for diagnosis of common bile duct stones. *Cochrane Database of Systematic Reviews*, **2**, Article Number: CD011548.

Full Text: [2015\Coc Dat Sys Rev2015, CD011548.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD011548.pdf)

Abstract: Background Ultrasound and liver function tests (serum bilirubin and serum alkaline phosphatase) are used as screening tests for the diagnosis of common bile duct stones in people suspected of having common bile duct stones. There has been no systematic review of the diagnostic accuracy of ultrasound and liver function tests. Objectives To determine and compare the accuracy of ultrasound versus liver function tests for the diagnosis of common bile duct stones. Search methods We searched MEDLINE, EMBASE, Science Citation Index Expanded, BIOSIS, and Clinicaltrials.gov to September 2012. We searched the references of included studies to identify further studies and systematic reviews identified from various databases (Database of Abstracts of Reviews of Effects, Health Technology Assessment, Medion, and ARIF (Aggressive Research Intelligence Facility)). We did not restrict studies based on language or publication status, or whether data were collected prospectively or retrospectively. Selection criteria We included studies that provided the number of true positives, false positives, false negatives, and true negatives for ultrasound, serum bilirubin, or serum alkaline phosphatase. We only accepted studies that confirmed the presence of common bile duct stones by extraction of the stones (irrespective of whether this was done by surgical or endoscopic methods) for a positive test result, and absence of common bile duct stones by surgical or endoscopic negative exploration of the common bile duct, or symptom-free follow-up for at least six months for a negative test result as the reference standard in people suspected of having common bile duct stones. We included participants with or without prior diagnosis of cholelithiasis; with or without symptoms and complications of common bile duct stones, with or without prior treatment for common bile duct stones; and before or after cholecystectomy. At least two authors screened abstracts and selected studies for inclusion independently. Data collection and analysis Two authors independently collected data from each study. Where meta-analysis was possible, we used the bivariate model to summarise sensitivity and specificity. Main results Five studies including 523 participants reported the diagnostic accuracy of ultrasound. One studies (262 participants) compared the accuracy of ultrasound, serum bilirubin and serum alkaline phosphatase in the same participants. All the studies included people with symptoms. One study included only participants without previous cholecystectomy but this information was not available from the remaining studies. All the studies were of poor methodological quality. The sensitivities for ultrasound ranged from 0.32 to 1.00, and the specificities ranged from 0.77 to 0.97. The summary sensitivity was 0.73 (95% CI 0.44 to 0.90) and the specificity was 0.91 (95% CI 0.84 to 0.95). At the median pre-test probability of common bile duct stones of 0.408, the post-test probability (95% CI) associated with positive ultrasound tests was 0.85 (95% CI 0.75 to 0.91), and negative ultrasound tests was 0.17 (95% CI 0.08 to 0.33). The single study of liver function tests reported diagnostic accuracy at two cut-offs for bilirubin (greater than 22.23 mu mol/L and greater than twice the normal limit) and two cut-offs for alkaline phosphatase (greater than 125 IU/L and greater than twice the normal limit). This study also assessed ultrasound and reported higher sensitivities for bilirubin and alkaline phosphatase at both cut-offs but the specificities of the markers were higher at only the greater than twice the normal limit cut-off. The sensitivity for ultrasound was 0.32 (95% CI 0.15 to 0.54), bilirubin (cut-off greater than 22.23 mu mol/L) was 0.84 (95% CI 0.64 to 0.95), and alkaline phosphatase (cutoff greater than 125 IU/L) was 0.92 (95% CI 0.74 to 0.99). The specificity for ultrasound was 0.95 (95% CI 0.91 to 0.97), bilirubin (cut-off greater than 22.23 mu mol/L) was 0.91 (95% CI 0.86 to 0.94), and alkaline phosphatase (cut-off greater than 125 IU/L) was 0.79 (95% CI 0.74 to 0.84). No study reported the diagnostic accuracy of a combination of bilirubin and alkaline phosphatase, or combinations with ultrasound. Authors’ conclusions Many people may have common bile duct stones in spite of having a negative ultrasound or liver function test. Such people may have to be re-tested with other modalities if the clinical suspicion of common bile duct stones is very high because of their symptoms. False-positive results are also possible and further non-invasive testing is recommended to confirm common bile duct stones to avoid the risks of invasive testing. It should be noted that these results were based on few studies of poor methodological quality and the results for ultrasound varied considerably between studies. Therefore, the results should be interpreted with caution. Further studies of high methodological quality are necessary to determine the diagnostic accuracy of ultrasound and liver function tests.

Keywords: Abstracts, Accuracy, Acute Calculous Cholecystitis, Acute-Pancreatitis, Alkaline Phosphatase, Analysis, Assessment, Authors, Biliary-Tract, Bilirubin, Cholecystectomy, Citation, Clinical, Collection, Common Bile Duct Stones, Complications, Criteria, Data, Data Collection, Database, Databases, Diagnosis, Diagnostic, Diagnostic Accuracy, Effects, Elective Laparoscopic Cholecystectomy, Embase, Endoscopic Retrograde Cholangiopancreatography, Extraction, Follow-Up, From, Function, Gallstone Pancreatitis, Gamma-Glutamyl Transaminase, Health, Information, Intraoperative Cholangiography, Invasive, Language, Liver, Magnetic-Resonance Cholangiopancreatography, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methodological Quality, Methods, Modalities, Model, Negative, Normal, Obstructive-Jaundice, Probability, Publication, Publication Status, Quality, Reference, References, Research, Review, Reviews, Risks, Science, Science Citation Index, Science Citation Index Expanded, Screening, Screening Tests, Search, Sensitivity, Serum, Specificity, Standard, Symptoms, Systematic, Systematic Review, Systematic Reviews, Technology, Technology Assessment, Testing, Treatment, Ultrasound

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Full Text: [2015\Coc Dat Sys Rev2015, CD011549.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD011549.pdf)

Abstract: Background Endoscopic ultrasound (EUS) and magnetic resonance cholangiopancreatography (MRCP) are tests used in the diagnosis of common bile duct stones in patients suspected of having common bile duct stones prior to undergoing invasive treatment. There has been no systematic review of the accuracy of EUS and MRCP in the diagnosis of common bile duct stones using appropriate reference standards. Objectives To determine and compare the accuracy of EUS and MRCP for the diagnosis of common bile duct stones. Search methods We searched MEDLINE, EMBASE, Science Citation Index Expanded, BIOSIS, and Clinicaltrials.gov until September 2012. We searched the references of included studies to identify further studies and of systematic reviews identified from various databases (Database of Abstracts of Reviews of Effects (DARE), Health Technology Assessment (HTA), Medion, and ARIF (Aggressive Research Intelligence Facility)). We did not restrict studies based on language or publication status, or whether data were collected prospectively or retrospectively. Selection criteria We included studies that provided the number of true positives, false positives, false negatives, and true negatives for EUS or MRCP. We only accepted studies that confirmed the presence of common bile duct stones by extraction of the stones (irrespective of whether this was done by surgical or endoscopic methods) for a positive test, and absence of common bile duct stones by surgical or endoscopic negative exploration of the common bile duct or symptom free follow-up for at least six months for a negative test, as the reference standard in people suspected of having common bile duct stones. We included participants with or without prior diagnosis of cholelithiasis; with or without symptoms and complications of common bile duct stones, with or without prior treatment for common bile duct stones; and before or after cholecystectomy. At least two authors independently screened abstracts and selected studies for inclusion. Data collection and analysis Two authors independently collected the data from each study. We used the bivariate model to obtain pooled estimates of sensitivity and specificity. Main results We included a total of 18 studies involving 2366 participants (976 participants with common bile duct stones and 1390 participants without common bile duct stones). Eleven studies evaluated EUS alone, and five studies evaluated MRCP alone. Two studies evaluated both tests. Most studies included patients who were suspected of having common bile duct stones based on abnormal liver function tests; abnormal transabdominal ultrasound; symptoms such as obstructive jaundice, cholangitis, or pancreatitis; or a combination of the above. The proportion of participants who had undergone cholecystectomy varied across studies. Not one of the studies was of high methodological quality. For EUS, the sensitivities ranged between 0.75 and 1.00 and the specificities ranged between 0.85 and 1.00. The summary sensitivity (95% confidence interval (CI)) and specificity (95% CI) of the 13 studies that evaluated EUS (1537 participants; 686 cases and 851 participants without common bile duct stones) were 0.95 (95% CI 0.91 to 0.97) and 0.97 (95% CI 0.94 to 0.99). For MRCP, the sensitivities ranged between 0.77 and 1.00 and the specificities ranged between 0.73 and 0.99. The summary sensitivity and specificity of the seven studies that evaluated MRCP (996 participants; 361 cases and 635 participants without common bile duct stones) were 0.93 (95% CI 0.87 to 0.96) and 0.96 (95% CI 0.90 to 0.98). There was no evidence of a difference in sensitivity or specificity between EUS and MRCP (P value = 0.5). From the included studies, at the median pre-test probability of common bile duct stones of 41% the post-test probabilities (with 95% CI) associated with positive and negative EUS test results were 0.96 (95% CI 0.92 to 0.98) and 0.03 (95% CI 0.02 to 0.06). At the same pre-test probability, the post-test probabilities associated with positive and negative MRCP test results were 0.94 (95% CI 0.87 to 0.97) and 0.05 (95% CI 0.03 to 0.09). Authors’ conclusions Both EUS and MRCP have high diagnostic accuracy for detection of common bile duct stones. People with positive EUS or MRCP should undergo endoscopic or surgical extraction of common bile duct stones and those with negative EUS or MRCP do not need further invasive tests. However, if the symptoms persist, further investigations will be indicated. The two tests are similar in terms of diagnostic accuracy and the choice of which test to use will be informed by availability and contra-indications to each test. However, it should be noted that the results are based on studies of poor methodological quality and so the results should be interpreted with caution. Further studies that are of high methodological quality are necessary to determine the diagnostic accuracy of EUS and MRCP for the diagnosis of common bile duct stones.

Keywords: Abstracts, Accuracy, Acute-Pancreatitis, Analysis, Assessment, Authors, Availability, Biliary Disease, Choice, Cholecystectomy, Citation, Collection, Common Bile Duct Stones, Complications, Confidence, Contraindications, Criteria, Data, Data Collection, Database, Databases, Detection, Diagnosis, Diagnostic, Diagnostic Accuracy, Diagnostic-Accuracy, Effects, Embase, Endoscopic, Estimates, Eu, Evidence, Extraction, Follow-Up, From, Function, Gallstone Pancreatitis, Half-Fourier Acquisition, Health, Hta, Interval, Intraoperative Cholangiography, Invasive, Investigations, Language, Laparoscopic Cholecystectomy, Liver, Magnetic, Magnetic Resonance, Medline, Methodological Quality, Methods, Model, Mr Cholangiography, Negative, P, Pancreatitis, Patients, Probability, Publication, Publication Status, Quality, Reference, Reference Standards, References, Research, Retrograde Cholangiography Prior, Review, Reviews, Science, Science Citation Index, Science Citation Index Expanded, Search, Sensitivity, Specificity, Standard, Standards, Suspected Choledocholithiasis, Symptoms, Systematic, Systematic Review, Systematic Reviews, Technology, Technology Assessment, Treatment, Ultrasound, Value

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Full Text: [2015\Coc Dat Sys Rev2015, CD001239.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD001239.pdf)

Abstract: Background Neonates are at higher risk of infection due to immuno-incompetence. Maternal transport of immunoglobulins to the fetusmainly occurs after 32 weeks’ gestation, and endogenous synthesis begins several months after birth. Administration of intravenous immunoglobulin (IVIG) provides immunoglobulin G (IgG) that can bind to cell surface receptors, provide opsonic activity, activate complement, promote antibody-dependent cytotoxicity and improve neutrophilic chemo-luminescence. Theoretically, infectious morbidity and mortality could be reduced by the administration of IVIG. Objectives To assess the effects of IVIG on mortality and morbidity caused by suspected or proven infection at study entry in neonates. To assess in a subgroup analysis the effects of IgM-enriched IVIG on mortality from suspected infection. Search methods For this update, MEDLINE, EMBASE, The Cochrane Library, CINAHL, trial registries, Web of Science, reference lists of identified studies, meta-analyses and personal files were searched in 2013. No language restrictions were applied. Selection criteria Randomised or quasi-randomised controlled trials involving newborn infants (< 28 days old); IVIG for treatment of suspected or proven bacterial or fungal infection compared with placebo or no intervention; and where one of the following outcomes was reported, mortality, length of hospital stay or psychomotor development at follow-up. Data collection and analysis Statistical analyses included typical risk ratio (RR), risk difference (RD), weighted mean difference (WMD), number needed to treat for an additional beneficial outcome (NNTB) or an additional harmful outcome (NNTH), all with 95% confidence intervals (CIs), and the I-2 statistic to examine for statistical heterogeneity. Main results The updated search identified one published study that was previously ongoing. A total of 9 studies evaluating 3973 infants were included in this review. Mortality during hospital stay in infants with clinically suspected infection was not significantly different after IVIG treatment (9 studies (n = 2527); typical RR 0.95, 95% CI 0.80 to 1.13; typical RD -0.01, 95% CI -0.04 to 0.02; I-2 = 23% for RR and 29% for RD). Death or major disability at 2 years corrected age was not significantly different in infants with suspected infection after IVIG treatment (1 study (n = 1985); RR 0.98, 95% CI 0.88 to 1.09; RD -0.01, 95% CI -0.05 to 0.03). Mortality during hospital stay was not significantly different after IVIG treatment in infants with proven infection at trial entry (1 trial (n = 1446); RR 0.95, 95% CI 0.74 to 1.21; RD -0.01, 95% CI -0.04 to 0.03). Death or major disability at 2 years corrected age was not significantly different after IVIG treatment in infants with proven infection at trial entry (1 trial (n = 1393); RR 1.03, 95% CI 0.91 to 1.18; RD 0.01, 95% CI -0.04 to 0.06). Mortality during hospital stay in infants with clinically suspected or proven infection at trial entry was not significantly different after IVIG treatment (1 study (n = 3493); RR 1.00, 95% CI 0.86 to 1.16; RD 0.00, 95% CI -0.02 to 0.03). Death or major disability at 2 years corrected age was not significantly different after IVIG treatment in infants with suspected or proven infection at trial entry (1 study (n = 3493); RR 1.00, 95% CI 0.92 to 1.09; RD -0.00, 95% CI -0.03 to 0.03). Length of hospital stay was not reduced for infants with suspected or proven infection at trial entry (1 study (n = 3493); mean difference (MD) 0.00 days, 95% CI -0.61 to 0.61). No significant difference in mortality during hospital stay after administration of IgM-enriched IVIG for suspected infection at trial entry was reported in 4 studies (n = 266) (typical RR 0.68, 95% CI 0.39 to 1.20; RD -0.06, 95% CI -0.14 to 0.02; I-2 = 17% for RR and 53% for RD). Authors’ conclusions The undisputable results of the INIS trial, which enrolled 3493 infants, and our meta-analyses (n = 3973) showed no reduction in mortality during hospital stay, or death or major disability at two years of age in infants with suspected or proven infection. Although based on a small sample size (n = 266), this update provides additional evidence that IgM-enriched IVIG does not significantly reduce mortality during hospital stay in infants with suspected infection. Routine administration of IVIG or IgM-enriched IVIG to prevent mortality in infants with suspected or proven neonatal infection is not recommended. No further research is recommended.

Keywords: Activity, Adjunct Therapy, Administration, Age, Analyses, Analysis, Birth, Cell, Child Health, Collection, Confidence, Confidence Intervals, Criteria, Cytotoxicity, Data, Data Collection, Death, Development, Disability, Early-Onset Sepsis, Effects, Embase, Evidence, Follow-Up, From, Gestation, Heterogeneity, Hospital, Hospital Stay, Humans, Igg, Immune Globulin, Immunoglobulin, Immunoglobulins, Immunoglobulins,Intravenous [Therapeutic Use], Immunologic Factors [Therapeutic Use], Infant, Infant,Newborn, Infants, Infection, Infection [Drug Therapy, Inis, Intervals, Intervention, Intravenous, Language, Length, Length Of Stay, Library, Medline, Meta-Analyses, Metaanalyses, Methods, Morbidity, Mortality, Mortality], National Institute, Neonatal, Neonatal Infection, Neonates, Newborn, Newborn Infants, Number Needed To Treat, Outcome, Outcomes, Placebo, Preterm Infants, Prevent, Prevention, Randomized Controlled Trials As Topic, Reduction, Reference, Reference Lists, Registries, Research, Research Network, Restrictions, Review, Risk, Sample Size, Science, Search, Search Methods, Sepsis [Drug Therapy, Size, Small, Surface, Synthesis, Transport, Treatment, Treatment Outcome, Trial, Web, Web Of Science

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Full Text: [2015\Coc Dat Sys Rev2015, CD003988.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD003988.pdf)

Abstract: Background Postpartum contraception improves the health of mothers and children by lengthening birth intervals. For lactating women, contraception choices are limited by concerns about hormonal effects onmilk quality and quantity and passage of hormones to the infant. Ideally, the contraceptive chosen should not interfere with lactation or infant growth. Timing of contraception initiation is also important. Immediately postpartum, most women have contact with a health professional, but many do not return for follow-up contraceptive counseling. However, immediate initiation of hormonal methods may disrupt the onset of milk production. Objectives To determine the effects of hormonal contraceptives on lactation and infant growth Search methods We searched for eligible trials until 2March 2015. Sources included the Cochrane Central Register of Controlled Trials (CENTRAL), PubMed, POPLINE, Web of Science, LILACS, ClinicalTrials.gov, and ICTRP. We also examined review articles and contacted investigators. Selection criteria We sought randomized controlled trials in any language that compared hormonal contraception versus another form of hormonal contraception, nonhormonal contraception, or placebo during lactation. Hormonal contraception includes combined or progestinonly oral contraceptives, injectable contraceptives, implants, and intrauterine devices. Trials had to have one of our primary outcomes: breast milk quantity or biochemical composition; lactation initiation, maintenance, or duration; infant growth; or timing of contraception initiation and effect on lactation. Secondary outcomes included contraceptive efficacy while breastfeeding and birth interval. Data collection and analysis For continuous variables, we calculated the mean difference (MD) with 95% confidence interval (CI). For dichotomous outcomes, we computed the Mantel-Haenszel odds ratio (OR) with 95% CI. Due to differing interventions and outcome measures, we did not aggregate the data in a meta-analysis. Main results In 2014, we added seven trials for a new total of 11. Five reports were published before 1985 and six from 2005 to 2014. They included 1482 women. Four trials examined combined oral contraceptives (COCs), and three studied a levonorgestrel-releasing intrauterine system (LNG-IUS). We found two trials of progestin-only pills (POPs) and two of the etonogestrel-releasing implant. Older studies often lacked quantified results. Most trials did not report significant differences between the study arms in breastfeeding duration, breast milk composition, or infant growth. Exceptions were seen mainly in older studies with limited information. For breastfeeding duration, two of eight trials indicated a negative effect on lactation. A COC study reported a negative effect on lactation duration compared to placebo but did not quantify results. Another trial showed a lower percentage of the LNG-IUS group breastfeeding at 75 days versus the nonhormonal IUD group (reported P < 0.05) but no significant difference at one year. For breast milk volume, two older studies indicated lower volume for the COC group versus the placebo group. One trial did not quantify results. The other showed lower means (mL) for the COC group, e. g. at 16 weeks (MD -24.00, 95% CI -34.53 to -13.47) and at 24 weeks (MD -24.90, 95% CI -36.01 to -13.79). Another four trials did not report any significant difference between the study groups in milk volume or composition with two POPs, a COC, or the etonogestrel implant. Seven trials studied infant growth; one showed greater weight gain (grams) for the etonogestrel implant versus no method for six weeks (MD 426.00, 95% CI 58.94 to 793.06) but less compared with depot medroxyprogesterone acetate (DMPA) from 6 to 12 weeks (MD -271.00, 95% CI -355.10 to -186.90). The others studied POPs, COCs versus POPs, or an LNG-IUS. Authors’ conclusions Results were not consistent across the 11 trials. The evidence was limited for any particular hormonal method. The quality of evidence wasmoderate overall and low for three of four placebo-controlled trials of COCs or POPs. The sensitivity analysis included six trials with moderate quality evidence and sufficient outcome data. Five trials indicated no significant difference between groups in breastfeeding duration (etonogestrel implant insertion times, COC versus POP, and LNG-IUS). For breast milk volume or composition, a COC study showed a negative effect, while an implant trial showed no significant difference. Of four trials that assessed infant growth, three indicated no significant difference between groups. One showed greater weight gain in the etonogestrel implant group versus nomethod but less versus DMPA.

Keywords: Acetate, Analysis, Articles, Birth, Breast Milk, Breastfeeding, Breastfeeding Duration, Children, Collection, Composition, Confidence, Contraception, Contraceptives, Contraceptives,Oral,Combined [Pharmacology], Contraceptives,Oral,Hormonal [Pharmacology], Criteria, Data, Data Collection, Dmpa, Duration, Effects, Efficacy, Evidence, Fatty-Acids, Female, Fertility Regulation, Follow-Up, From, Groups, Growth, Health, Health Professional, Hormonal, Hormonal Contraception, Hormones, Human-Milk, Humans, Implant, Infant, Infant Growth, Information, Initiation, Insertion, Interval, Intervals, Interventions, Intrauterine, Lactating, Lactation, Lactation [Drug Effects], Language, Levonorgestrel Intrauterine-Device, Long-Term Influence, Measures, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Milk, Milk Production, Milk Volume, Mothers, Negative, Nursing Women, Odds Ratio, Older, Onset, Oral, Oral-Contraceptives, Outcome, Outcome Measures, Outcomes, P, Placebo, Postpartum, Postpartum Contraception, Primary, Progestins [Pharmacology], Pubmed, Quality, Quality Of, Randomized, Randomized Controlled Trials, Randomized Controlled Trials As Topic, Randomized-Controlled-Trial, Results, Review, Science, Search, Search Methods, Sensitivity, Sensitivity Analysis, Steroidal Contraceptives, Timing, Trial, Volume, Web, Web Of Science, Weight Gain, Women

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Full Text: [2015\Coc Dat Sys Rev2015, CD004205.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD004205.pdf)

Abstract: Background Mortality and morbidity due to neonatal sepsis and necrotizing enterocolitis (NEC) remain high despite the use of potent antimicrobial agents. Agents that modulate inflammation may improve outcomes. Pentoxifylline, a phosphodiesterase inhibitor, is one such agent. Objectives Our primary objectives were : 1. To assess the effect of intravenous pentoxifylline as an adjunct to antibiotic therapy on mortality and morbidity in neonates with suspected or confirmed sepsis. 2. To assess the effect of intravenous pentoxifylline as an adjunct to antibiotic therapy on mortality and morbidity in neonates with NEC. Search methods We searched the Cochrane Neonatal Review Group Specialized Register, CENTRAL (The Cochrane Library Issue 2, 2014), EMBASE (January 1980 to May 2014), PubMed (January 1966 to May 2014), CINAHL (January 1982 to May 2014), Science Citation Index (January 1990 to May 2014), and BIOSIS (January 1992 May 2014) in May 2014. We checked references and cross-references from identified studies. We handsearched abstracts from the proceedings of the Pediatric Academic Societies Meetings (from January 1990 to May 2014). We placed no restrictions on language. Selection criteria We included randomised or quasi-randomised trials assessing the efficacy of pentoxifylline as an adjunct to antibiotics for treatment of suspected or confirmed sepsis or NEC in neonates. Data collection and analysis We reported typical risk ratio (RR) and risk difference (RD) with 95% confidence intervals (CI) using fixed-effectmodel for dichotomous outcomes and mean difference (MD) for continuous outcomes. We calculated the number needed to treat for an additional beneficial outcome (NNTB) if there was a statistically significant reduction in RD. Main results Pentoxifylline used as an adjunct to antibiotics in neonates with sepsis decreased all-cause mortality during hospital stay (typical RR 0.57, 95% CI 0.35 to 0.93; typical RD -0.08, 95% CI -0.14 to -0.01; NNTB 13, 95% CI 7 to 100; 6 studies, 416 participants, low-quality evidence). Subgroup analyses revealed decrease in mortality in preterm infants, infants with confirmed sepsis, and infants with gram-negative sepsis (low-quality evidence, four studies). Pentoxifylline decreased length of hospital stay (MD -7.59 days, 95% CI -11.65 to -3.52; 2 studies, 148 participants, low-quality evidence). Pentoxifylline did not change the risk of development of NEC, chronic lung disease, severe intraventricular haemorrhage, retinopathy of prematurity, or periventricular leukomalacia in neonates with sepsis (one to two studies, very low-quality evidence). Pentoxifylline therapy compared to pentoxifylline and immunoglobulin M-enriched intravenous immunoglobulin or immunoglobulin M-enriched intravenous immunoglobulin alone did not change mortality or development ofNECin neonates with sepsis (one study, very low-quality evidence). We noted no adverse effects due to pentoxifylline. We identified no trials evaluating pentoxifylline treatment for NEC. Authors’ conclusions Low-quality evidence from six small studies suggests that pentoxifylline therapy as an adjunct to antibiotics in neonatal sepsis decreases mortality without any adverse effects. We encourage researchers to undertake large, well-designed multicentre trials to confirm or refute the effectiveness of pentoxifylline in reducing mortality and morbidity in neonates with sepsis or NEC.

Keywords: Abstracts, Academic, Adverse Effects, All-Cause Mortality, Analyses, Analysis, Anti-Bacterial Agents [Therapeutic Use], Anti-Inflammatory Agents [Therapeutic Use], Antibiotic Therapy, Antibiotics, Antimicrobial, Antimicrobial Agents, Assessing, Bacterial Infections [Drug Therapy], Birth-Weight Infants, Chemotherapy,Adjuvant, Chronic, Chronic Lung Disease, Citation, Collection, Confidence, Confidence Intervals, Criteria, Data, Data Collection, Development, Disease, Double-Blind, Effectiveness, Effects, Efficacy, Embase, Enterocolitis,Necrotizing [Drug Therapy], Evidence, Factor-Alpha, From, Haemorrhage, Hemodynamics, Hospital, Hospital Stay, Humans, Immunoglobulin, Infant,Newborn, Infant,Premature, Infants, Infections, Inflammation, Inhibitor, Intervals, Intravenous, Language, Length, Library, Lung, Meetings, Methods, Morbidity, Mortality, Mortality], Necrotizing Enterocolitis, Neonatal, Neonatal Sepsis, Neonates, Number Needed To Treat, Outcome, Outcomes, Pediatric, Pentoxifylline, Pentoxifylline [Therapeutic Use], Periventricular Leukomalacia, Phosphodiesterase Inhibitors [Therapeutic Use], Platelet Activating Factor, Premature-Infants, Prematurity, Preterm, Preterm Infants, Primary, Pubmed, Randomised, Randomized Controlled Trials As Topic, Reduction, References, Research Network, Researchers, Restrictions, Retinopathy Of Prematurity, Review, Risk, Science, Science Citation Index, Search, Search Methods, Sepsis, Sepsis [Drug Therapy, Small, Therapy, Treatment, Tumor-Necrosis-Factor

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Full Text: [2015\Coc Dat Sys Rev2015, CD008419.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD008419.pdf)

Abstract: Background Meniere’s disease is an incapacitating disease in which recurrent attacks of vertigo are accompanied by hearing loss, tinnitus and/or aural fullness, all of which are discontinuous and variable in intensity. A number of different therapies have been identified for patients with this disease, ranging from dietary measures (e.g. a low-salt diet) and medication (e.g. betahistine (Serco), diuretics) to extensive surgery (e.g. endolymphatic sac surgery). The Menietto low-pressure pulse generator (Medtronic ENT, 1999) is a device that is designed to generate a computer-controlled sequence of low-pressure (micro-pressure) pulses, which are thought to be transmitted to the vestibular system of the inner ear. The pressure pulse passes via a tympanostomy tube (grommet) to the middle ear, and hence to the inner ear via the round and/or oval window. The hypothesis is that these low-pressure pulses reduce endolymphatic hydrops. Objectives To assess the effects of positive pressure therapy (e.g. the Meniett device) on the symptoms of Meniere’s disease or syndrome. Search methods We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL); PubMed; EMBASE; CINAHL; Web of Science; Cambridge Scientific Abstracts; ICTRP and additional sources for published and unpublished trials. The date of the search was 6 June 2014. Selection criteria Randomised controlled trials (RCTs) comparing positive pressure therapy (using the Meniett or a similar device) with placebo in patients with Meniere’s disease. The primary outcome was control of vertigo; secondary outcomes were loss or gain of hearing, severity of tinnitus, perception of aural fullness, functional level, complications or adverse effects, and sick days. Data collection and analysis Two authors independently selected studies, assessed risk of bias and extracted data. We contacted authors for additional data. Where possible, we pooled study results using a fixed-effect, mean difference (MD) meta-analysis and tested for statistical heterogeneity using both the Chi(2) test and I-2 statistic. This was only possible for the secondary outcomes loss or gain of hearing and sick days. We presented results using forest plots with 95% confidence intervals (CI). Main results We included five randomised clinical trials with 265 participants. All trials were prospective, double-blind, placebo-controlled randomised controlled trials on the effects of positive pressure therapy on vertigo complaints in Meniere’s disease. Overall, the risk of bias varied: three out of five studies were at low risk, one was at unclear risk and one was at high risk of bias. Control of vertigo For the primary outcome, control of vertigo, it was not possible to pool data due to heterogeneity in the measurement of the outcome measures. In most studies, no significant difference was found between the positive pressure therapy group and the placebo group in vertigo scores or vertigo days. Only one study, at low risk of bias, showed a significant difference in one measure of vertigo control in favour of positive pressure therapy. In this study, the mean visual analogue scale (VAS) score for vertigo after eight weeks of treatment was 25.5 in the positive pressure therapy group and 46.6 in the placebo group (mean difference (MD) -21.10, 95% CI -35.47 to 6.73; scale not stated -presumed to be 0 to 100). Secondary outcomes For the secondary outcomes, we carried out two pooled analyses. We found statistically significant results for loss or gain of hearing. Hearing was 7.38 decibels better in the placebo group compared to the positive pressure therapy group (MD) (95% CI 2.51 to 12.25; two studies, 123 participants). The severity of tinnitus and perception of aural fullness were either not measured or inadequate data were provided in the included studies. For the secondary outcome functional level, it was not possible to perform a pooled analysis. One included study showed less functional impairment in the positive pressure group than the placebo group (AAO-HNS criteria, one-to six-point scale: MD -1.10, 95% CI -1.81 to -0.39, 40 participants); another study did not show any significant results. In addition to the predefined secondary outcome measures, we included sick days as an additional outcome measure, as two studies used this outcome measure and it is a complementary measurement of impairment due to Meniere’s disease. We did not find a statistically significant difference in sick days. No complications or adverse effects were noted by any study. Authors’ conclusions There is no evidence, fromfive included studies, to show that positive pressure therapy is effective for the symptoms of Monsere disease. There is some moderate quality evidence, from two studies, that hearing levels are worse in patients who use this therapy. The positive pressure therapy device itself is minimally invasive. However, in order to use it, a tympanostomy tube (grommet) needs to be inserted, with the associated risks. These include the risks of anaesthesia, the general risks of any surgery and the specific risks of otorrhoea and tympanosclerosis associated with the insertion of a tympanostomy tube. Notwithstanding these comments, no complications or adverse effects were noted in any of the included studies.

Keywords: Adverse Effects, Anaesthesia, Analyses, Analysis, Authors, Bias, Bilateral Aspects, Clinical, Clinical Trials, Clinical-Trial, Collection, Comments, Complaints, Complementary, Complications, Confidence, Confidence Intervals, Control, Criteria, Data, Data Collection, Diet, Disease, Double-Blind, Effects, Embase, Endolymphatic Hydrops, Evidence, Follow-Up, Forest, From, Functional Impairment, General, Guinea-Pigs, Hearing, Hearing Loss, Heterogeneity, Hydrops, Impairment, Inner-Ear, Insertion, Intensity, Intervals, Invasive, Low Risk, Measure, Measurement, Measures, Meniere’S Disease, Meniett Device, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Middle Ear, Middle-Ear Pressure, Needs, Outcome, Outcome Measure, Outcome Measures, Outcomes, Overpressure Treatment, Patients, Perception, Placebo, Pooled Analysis, Pressure, Primary, Prospective, Pubmed, Quality, Randomised, Randomised Controlled Trials, Recurrent, Risk, Risks, Scale, Science, Search, Search Methods, Sources, Surgery, Symptoms, Syndrome, Therapy, Treatment, Vas, Vertigo, Vestibular Aqueduct, Web, Web Of Science

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Full Text: [2015\Coc Dat Sys Rev2015, CD008226.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD008226.pdf)

Abstract: Background This represents the first update of this review, which was published in 2012. Atorvastatin is one of themost widely prescribed drugs and the most widely prescribed statin in the world. It is therefore important to know the dose-related magnitude of effect of atorvastatin on blood lipids. Objectives Primary objective To quantify the effects of various doses of atorvastatin on serum total cholesterol, low-density lipoprotein (LDL)-cholesterol, highdensity lipoprotein (HDL)-cholesterol and triglycerides in individuals with and without evidence of cardiovascular disease. The primary focus of this review was determination of the mean per cent change from baseline of LDL-cholesterol. Secondary objectives To quantify the variability of effects of various doses of atorvastatin. To quantify withdrawals due to adverse effects (WDAEs) in placebo-controlled randomised controlled trials (RCTs). Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (Issue 11, 2013), MEDLINE (1966 to DecemberWeek 2 2013), EMBASE (1980 to DecemberWeek 2 2013), Web of Science (1899 to DecemberWeek 2 2013) and BIOSIS Previews (1969 to December Week 2 2013). We applied no language restrictions. Selection criteria Randomised controlled and uncontrolled before-and-after trials evaluating the dose response of different fixed doses of atorvastatin on blood lipids over a duration of three to 12 weeks. Data collection and analysis Two review authors independently assessed eligibility criteria for studies to be included and extracted data. We collected information on withdrawals due to adverse effects from placebo-controlled trials. Main results In this update, we found an additional 42 trials and added them to the original 254 studies. The update consists of 296 trials that evaluated dose-related efficacy of atorvastatin in 38,817 participants. Included are 242 before-and-after trials and 54 placebo-controlled RCTs. Log dose-response data from both trial designs revealed linear dose-related effects on blood total cholesterol, LDL-cholesterol, HDL-cholesterol and triglycerides. The Summary of findings table 1 documents the effect of atorvastatin on LDL-cholesterol over the dose range of 10 to 80 mg/d, which is the range for which this systematic review acquired the greatest quantity of data. Over this range, blood LDL-cholesterol is decreased by 37.1% to 51.7% (Summary of findings table 1). The slope of dose-related effects on cholesterol and LDL-cholesterol was similar for atorvastatin and rosuvastatin, but rosuvastatin is about three-fold more potent. Subgroup analyses suggested that the atorvastatin effect was greater in females than in males and was greater in non-familial than in familial hypercholesterolaemia. Risk of bias for the outcome of withdrawals due to adverse effects (WDAEs) was high, but the mostly unclear risk of bias was judged unlikely to affect lipid measurements. Withdrawals due to adverse effects were not statistically significantly different between atorvastatin and placebo groups in these short-term trials (risk ratio 0.98, 95% confidence interval 0.68 to 1.40). Authors’ conclusions This update resulted in no change to the main conclusions of the review but significantly increases the strength of the evidence. Studies show that atorvastatin decreases blood total cholesterol and LDL-cholesterol in a linear dose-related manner over the commonly prescribed dose range. New findings include that atorvastatin is more than three-fold less potent than rosuvastatin, and that the cholesterollowering effects of atorvastatin are greater in females than in males and greater in non-familial than in familial hypercholesterolaemia. This review update does not provide a good estimate of the incidence of harms associated with atorvastatin because included trials were of short duration and adverse effects were not reported in 37% of placebo-controlled trials.

Keywords: Adverse Effects, Affect, Analyses, Analysis, Authors, Bias, Blood, C-Reactive Protein, Cardiovascular, Cardiovascular Disease, Cholesterol, Cholesterol [Blood], Cholesterol,Hdl [Blood], Cholesterol,Ldl [Blood], Coa Reductase Inhibitor, Collection, Confidence, Coronary-Heart-Disease, Criteria, Data, Data Collection, Disease, Documents, Dose-Response, Dose-Response Relationship,Drug, Drug Therapy], Drugs, Duration, Effects, Efficacy, Embase, Evidence, Familial, First, From, Groups, Heptanoic Acids [Administration & Dosage] Hydroxymethylglutaryl-Coa Reductase Inhibitors [Administration & Dosage], Heterozygous Familial Hypercholesterolemia, High-Risk Patients, Humans, Hyperlipidemias [Blood, Incidence, Information, Interval, Language, Lipid, Lipids, Lipids [Blood], Low-Density-Lipoprotein, Low-Dose Atorvastatin, Magnitude, Medline, Methods, Monocyte Chemoattractant Protein-1, Outcome, Placebo, Primary, Pyrroles [Administration & Dosage], Randomised, Randomised Controlled Trials, Randomized Controlled Trials As Topic, Randomized-Controlled-Trial, Response, Restrictions, Review, Risk, Risk Of Bias, Science, Search, Search Methods, Serum, Statin, Strength, Systematic, Systematic Review, Trial, Triglycerides, Triglycerides [Blood], Type-2 Diabetes-Mellitus, Variability, Web, Web Of Science, World

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Full Text: [2015\Coc Dat Sys Rev2015, CD009186.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD009186.pdf)

Abstract: Background Malaria is a life-threatening parasitic disease and 40% of the world’s population lives in areas affected by malaria. Insecticide-treated bednets (ITNs) effectively prevent malaria, however, barriers to their use have been identified. Objectives To assess the evidence on the effectiveness of available strategies that focus on delivery and appropriate use of ITNs. Search methods We searched the EPOC Register of Studies, CENTRAL, MEDLINE, EMBASE, HealthStar, CINAHL, PubMed, Science Citation Index, ProQuest Dissertations and Theses, African Index Medicus (AIM), World Health Organization Library and Information Networks for Knowledge (WHOLIS), LILACS, Virtual Health Library (VHL), and the World Health Organization Library Information System (WHOLIS). Initial searches were conducted in May 2011, updated in March 2012 and February 2013. Authors contacted organizations and individuals involved in ITN distribution programs or research to identify current initiatives, studies or unpublished data, and searched reference lists of relevant reviews and studies. Selection criteria Randomized controlled trials, non-randomized controlled trials, controlled before-after studies, and interrupted time series evaluating interventions focused on increasing ITN ownership and use were considered. The populations of interest were individuals in malariaendemic areas. Data collection and analysis Two authors independently screened studies to be included. They extracted data from the selected studies and assessed the risk of bias. When consensus was not reached, any disagreements were discussed with a third author. The magnitude of effect and quality of evidence for each outcome was assessed. Main results Of the 3032 records identified, 10 studies were included in this review. Effect of ITN cost on ownership: Four studies including 4566 households and another study comprising 424 participants evaluated the effect of ITN price on ownership. These studies suggest that providing free ITNs probably increases ITN ownership when compared to subsidized ITNs or ITNs offered at full market price. Effect of ITN Cost on appropriate use of ITNs: Three studies including 9968 households and another study comprising 259 individuals found that there is probably little or no difference in the use of ITNs when they are provided free, compared to providing subsidized ITNs or ITNs offered at full market price. Education: Five studies, including 12,637 households, assessed educational interventions regarding ITN use and concluded that education may increase the number of adults and children using ITNs (sleeping under ITNs) compared to no education. One study, including 519 households, assessed the effects of providing an incentive (an undisclosed prize) to promote ITN ownership and use, and found that incentives probably lead to little or no difference in ownership or use of ITNs, compared to not receiving an incentive. None of the included studies reported on adverse effects. Authors’ conclusions Five studies examined the effect of price on ITN ownership and found moderate-certainty evidence that ownership was highest among the groups who received the ITN free versus those who purchased the ITN at any cost. In economic terms, this means that demand for ITNs is elastic with regard to price. However, once the ITN is supplied, the price paid for the ITN probably has little to no effect on its use; the four studies addressing this outcome failed to confirm the hypothesis that people who purchase nets will use them more than those who receive them at no cost. Educational interventions for promoting ITN use have an additional positive effect. However, the impact of different types or intensities of education is unknown.

Keywords: Adults, Adverse Effects, Analysis, Authors, Barriers, Base-Line, Bed Nets, Bias, Child-Mortality, Children, Citation, Collection, Consensus, Cost, Cost-Effectiveness, Criteria, Data, Data Collection, Delivery, Demand, Disease, Dissertations, Distribution, Economic, Education, Effect, Effectiveness, Effects, Embase, Evidence, From, Groups, Health, Health-Education Intervention, Impact, Incentives, Information, Interrupted Time Series, Interventions, Knowledge, Lead, Library, Magnitude, Malaria, Market, Market Price, Measles Vaccination, Medline, Methods, Networks, Outcome, Population, Populations, Pregnant-Women, Prevent, Proquest, Pubmed, Purchase, Quality, Quality Of, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Records, Reference, Reference Lists, Research, Review, Reviews, Risk, Science, Science Citation Index, Search, Search Methods, Theses, Time Series, Western Kenya, World Health Organization

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Full Text: [2015\Coc Dat Sys Rev2015, CD009515.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD009515.pdf)

Abstract: Background Children with congenital heart disease often undergo heart surgery at a young age. They are at risk for postoperative low cardiac output syndrome (LCOS) or death. Milrinone may be used to provide inotropic and vasodilatory support during the immediate postoperative period. Objectives This review examines the effectiveness of prophylactic postoperative use of milrinone to prevent LCOS or death in children having undergone surgery for congenital heart disease. Search methods Electronic andmanual literature searcheswere performed to identify randomised controlled trials. We searchedCENTRAL, MEDLINE, EMBASE and Web of Science in February 2014 and conducted a top-up search in September 2014 as well as clinical trial registries and reference lists of published studies. We did not apply any language restrictions. Selection criteria Only randomised controlled trials were selected for analysis. We considered studies with newborn infants, infants, toddlers, and children up to 12 years of age. Data collection and analysis Two review authors independently extracted data according to a pre-defined protocol. We obtained additional information from all study authors. Main results Three of the five included studies compared milrinone versus levosimendan, one study compared milrinone with placebo, and one compared milrinone verus dobutamine, with 101, 242, and 50 participants, respectively. Three trials were at low risk of bias while two were at higher risk of bias. The number and definitions of outcomes were non-uniform as well. In one study comparing two doses of milrinone and placebo, there was some evidence in an overall comparison of milrinone versus placebo that milrinone lowered risk for LCOS (risk ratio (RR) 0.52, 95% confidence interval (CI) 0.28 to 0.96; 227 participants). The results from two small studies do not provide enough information to determine whether milrinone increases the risk of LCOS when compared to levosimendan (RR 1.22, 95% CI 0.32 to 4.65; 59 participants). Mortality rates in the studies were low, and there was insufficient evidence to draw conclusions on the effect of milrinone compared to placebo or levosimendan or dobutamine regarding mortality, the duration of intensive care stay, hospital stay, mechanical ventilation, or maximum inotrope score (where available). Numbers of patients requiring mechanical cardiac support were also low and did not allow a comparison between studies, and none of the participants of any study received a heart transplantation up to the end of the respective follow-up period. Time to death within three months was not reported in any of the included studies. A number of adverse events was examined, but differences between the treatment groups could not be proven for hypotension, intraventricular haemorrhage, hypokalaemia, bronchospasm, elevated serum levels of liver enzymes, or a reduced left ventricular ejection fraction < 50% or reduced left ventricular fraction of shortening < 28%. Our analysis did not prove an increased risk of arrhythmias in patients treated prophylactically with milrinone compared with placebo (RR 3.59, 95% CI 0.83 to 15.42; 238 participants), a decreased risk of pleural effusions (RR 1.78, 95% CI 0.92 to 3.42; 231 participants), or a difference in risk of thrombocytopenia on milrinone compared with placebo (RR 0.86, 95% CI 0.39 to 1.88; 238 participants). Comparisons of milrinone with levosimendan or with dobutamine, respectively, did not clarify the risk of arrhythmia and were not possible for pleural effusions or thrombocytopenia. Authors’ conclusions There is insufficient evidence of the effectiveness of prophylactic milrinone in preventing death or low cardiac output syndrome in children undergoing surgery for congenital heart disease, compared to placebo. So far, no differences have been shown between milrinone and other inodilators, such as levosimendan or dobutamine, in the immediate postoperative period, in reducing the risk of LCOS or death. The existing data on the prophylactic use of milrinone has to be viewed cautiously due to the small number of small trials and their risk of bias.

Keywords: Adverse Events, Age, Analysis, Arrhythmia, Authors, Bias, Cardiac Output, Cardiopulmonary Bypass, Care, Children, Clinical, Clinical Trial, Collection, Comparison, Confidence, Congenital, Congenital Heart Disease, Coronary-Artery-Bypass, Criteria, Data, Data Collection, Death, Definitions, Disease, Double-Blind, Duration, Effectiveness, Embase, Enzymes, Events, Evidence, Follow-Up, From, Groups, Haemorrhage, Heart, Heart Transplantation, Hospital, Hospital Stay, Hypokalaemia, Hypotension, Infants, Information, Intensive Care, Interval, Language, Left Ventricular Ejection Fraction, Literature, Liver, Low Risk, Mechanical Ventilation, Medline, Metaanalysis, Methods, Mortality, Newborn, Newborn Infants, Nitric-Oxide, Outcomes, Patients, Pediatric-Patients, Pharmacokinetics, Placebo, Placebo-Controlled Trial, Postoperative, Prevent, Prevention, Prophylactic, Protocol, Pulmonary-Hypertension, Randomised, Randomised Controlled Trials, Rates, Reference, Reference Lists, Registries, Restrictions, Review, Risk, Science, Search, Search Methods, Serum, Small, Support, Surgery, Syndrome, Thrombocytopenia, Time, Transplantation, Treatment, Trial, Ventilation, Web, Web Of Science, Young

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Full Text: [2015\Coc Dat Sys Rev2015, CD009596.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD009596.pdf)

Abstract: Background Many patients with cancer experience moderate to severe pain that requires treatment with strong analgesics. Buprenorphine, fentanyl and morphine are examples of strong opioids used for cancer pain relief. However, strong opioids are ineffective as pain treatment in all patients and are not well-tolerated by all patients. The aim of this Cochrane review is to assess whether buprenorphine is associated with superior, inferior or equal pain relief and tolerability compared to other analgesic options for patients with cancer pain. Objectives To assess the effectiveness and tolerability of buprenorphine for pain in adults and children with cancer. Search methods We searched CENTRAL (the Cochrane Library) issue 12 or 12 2014, MEDLINE (via OVID) 1948 to 20 January 2015, EMBASE (via OVID) 1980 to 20 January 2015, ISI Web of Science (SCI-EXPANDED & CPCI-S) to 20 January 2015, ISI BIOSIS 1969 to 20 January 2015. We also searched ClinicalTrials.gov (http://clinicaltrials.gov/; metaRegister of Controlled Trials (mRCT) (http://www.controlled-trials.com/mrct/), the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) search portal (http://apps.who.int/trialsearch/) and the Proceedings of the Congress of the European Federation of International Association for the Study of Pain (IASP; via European Journal of Pain Supplements) on 16 February 2015. We checked the bibliographic references of identified studies as well as relevant studies and systematic reviews to find additional trials not identified by the electronic searches. We contacted authors of included studies for other relevant studies. Selection criteria We included randomised controlled trials, with parallel-group or crossover design, comparing buprenorphine (any formulation and any route of administration) with placebo or an active drug (including buprenorphine) for cancer background pain in adults and children. Data collection and analysis Two review authors independently extracted data pertaining to study design, participant details (including age, cancer characteristics, previous analgesic medication and setting), interventions (including details about titration) and outcomes, and independently assessed the quality of the included studies according to standard Cochrane methodology. As it was not feasible to meta-analyse the data, we summarised the results narratively. We assessed the overall quality of the evidence for each outcome using the GRADE approach. Main results In this Cochrane review we identified 19 relevant studies including a total of 1421 patients that examined 16 different intervention comparisons. Of the studies that compared buprenorphine to another drug, 11 studies performed comparative analyses between the randomised groups, and five studies found that buprenorphine was superior to the comparison treatment. Three studies found no differences between buprenorphine and the comparison drug, while another three studies found treatment with buprenorphine to be inferior to the alternative treatment in terms of the side effects profile or patients preference/acceptability. Of the studies that compared different doses or formulations/routes of administration of buprenorphine, pain intensity ratings did not differ significantly between intramuscular buprenorphine and buprenorphine suppository. However, the average severity of dizziness, nausea, vomiting and adverse events as a total were all significantly higher in the intramuscular group relatively to the suppository group (one study). Sublingual buprenorphine was associated with faster onset of pain relief compared to subdermal buprenorphine, with similar duration analgesia and no significant differences in adverse event rates reported between the treatments (one study). In terms of transdermal buprenorphine, two studies found it superior to placebo, whereas a third study found no difference between placebo and different doses of transdermal buprenorphine. The studies that examined different doses of transdermal buprenorphine did not report a clear dose-response relationship. The quality of this evidence base was limited by under-reporting of most bias assessment items (e. g., the patient selection items), by small sample sizes in several included studies, by attrition (with datamissing from 8.2% of the enrolled/randomised patients for efficacy and from 14.6% for safety) and by limited or no reporting of the expected outcomes in a number of cases. The evidence for all the outcomes was very low quality. Authors’ conclusions Based on the available evidence, it is difficult to say where buprenorphine fits in the treatment of cancer pain with strong opioids. However, it might be considered to rank as a fourth-line option compared to the more standard therapies of morphine, oxycodone and fentanyl, and even there it would only be suitable for some patients. However, palliative care patients are often heterogeneous and complex, so having a number of analgesics available that can be given differently increases patient and prescriber choice. In particular, the sublingual and injectable routes seemed to have a more definable analgesic effect, whereas the transdermal route studies left more questions.

Keywords: Active, Administration, Adults, Adverse Events, Age, Alternative, Analgesia, Analgesic, Analgesics, Analyses, Analysis, Approach, Assessment, Association, Attrition, Authors, Bias, Bibliographic, Buprenorphine, Cancer, Cancer Pain, Care, Characteristics, Children, Choice, Clinical Pharmacokinetics, Clinical Trials, Collection, Comparison, Criteria, Data, Data Collection, Design, Dose-Response, Double-Blind, Drug, Duration, Effectiveness, Effects, Efficacy, Embase, Events, Evidence, Experience, Fentanyl, Formulation, From, Grade, Groups, Health, Induced Respiratory Depression, Intensity, International, Intervention, Interventions, Isi, Isi Web Of Science, Journal, Library, Medline, Methodology, Methods, Morphine, Nausea, Onset, Open-Label, Opioids, Options, Outcome, Outcomes, Oxycodone, Pain, Pain Relief, Pain Treatment, Palliative Care, Patient, Patient Selection, Patients, Phase-Iii, Placebo, Placebo-Controlled Trial, Proceedings, Quality, Quality Of, Randomised, Randomised Controlled Trials, Rank, Rates, References, Reporting, Review, Reviews, Route, Route Of Administration, Safety, Sci-Expanded, Science, Search, Search Methods, Selection, Side Effects, Small, Standard, Strong Opioids, Study Design, Sub-Lingual Buprenorphine, Sublingual, Systematic, Systematic Reviews, Transdermal Buprenorphine, Treatment, Vomiting, Web, Web Of Science, Who, World Health Organization

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Full Text: [2015\Coc Dat Sys Rev2015, CD009959.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD009959.pdf)

Abstract: Background Frey’s syndrome is a rare disorder, the symptoms of which include sweating, flushing and warming over the preauricular and temporal areas following a gustatory stimulus. It often occurs in patients who have undergone parotidectomy, submandibular gland surgery, radical neck dissection, infection and traumatic injury in the parotid region, and is caused by the aberrant regrowth of facial autonomic nerve fibres. Currently there are several options used to treat patients with Frey’s syndrome; for example, the topical application of anticholinergics and antiperspirants, and the intradermal injection of botulinum toxin. It is uncertain which treatment is most effective and safe. Objectives To assess the efficacy and safety of different interventions for the treatment of Frey’s syndrome. Search methods We searched the Cochrane Ear, Nose and Throat Disorders Group Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL); PubMed; EMBASE; CINAHL; Web of Science; ICTRP and additional sources for published and unpublished trials. The date of the search was 28 April 2014. Selection criteria We included randomised or quasi-randomised controlled trials (RCTs) in participants diagnosed with Frey’s syndrome using a clinical standard such as Minor’s starch-iodine test. We planned to include trials in which participants received any intervention versus no treatment (observation) or an alternative intervention, with or without a second active treatment. Our primary outcome measures were success rate (as assessed clinically byMinor’s starch-iodine test, the iodine-sublimated paper histogrammethod, blotting paper technique or another method) and adverse events. Our secondary outcome measure was success rate as assessed by patients (disappearance or improvement of symptoms). Data collection and analysis We used the standard methodological procedures expected by The Cochrane Collaboration. Main results We identified no RCTs or quasi-RCTs that fulfilled the inclusion criteria. Our searches retrieved eight potentially relevant studies, but after assessment of the full-text reports we excluded all of them due to the absence of randomisation or because the patients did not have Frey’s syndrome. We excluded one randomised controlled trial that compared two different doses of botulinum toxin in patients with Frey’s syndrome because the comparator was not an alternative treatment. Authors’ conclusions We are unable to establish the efficacy and safety of the different methods used for the treatment of Frey’s syndrome. RCTs are urgently needed to assess the effectiveness of interventions for the treatment of Frey’s syndrome. Future RCTs should include patients with Frey’s syndrome of different ranges of severity and report these patients separately. Studies should investigate all possibly effective treatments (such as anticholinergics, antiperspirants and botulinum toxin) compared to control groups using different treatments or placebo. Subjective assessment of Frey’s syndrome should be considered as one of the outcome measures.

Keywords: Active, Adverse Events, Alternative, Analysis, Application, Assessment, Autonomic Nerve, Botulinum Toxin, Botulinum-Toxin-A, Clinical, Cochrane Collaboration, Collaboration, Collection, Control, Control Groups, Controlled Trial, Criteria, Data, Data Collection, Dissection, Double-Blind Evaluation, Effectiveness, Efficacy, Efficacy And Safety, Embase, Events, Groups, Hyperhidrosis, Improvement, Infection, Injections, Injury, Intervention, Interventions, Management, Measure, Measures, Methods, Neck, Observation, Options, Outcome, Outcome Measure, Outcome Measures, Parotid Surgery, Patients, Placebo, Primary, Procedures, Pubmed, Quality, Randomisation, Randomised, Randomised Controlled Trial, Recommendations, Region, Safety, Science, Search, Search Methods, Snap-25, Sources, Standard, Success, Success Rate, Surgery, Symptoms, Syndrome, Temporal, Topical, Topical Glycopyrrolate, Toxin, Traumatic, Traumatic Injury, Treatment, Trial, Web, Web Of Science

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Full Text: [2015\Coc Dat Sys Rev2015, CD010036.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD010036.pdf)

Abstract: Background The gold standard treatment for symptomatic lumbar stenosis refractory to conservative management is a facet-preserving laminectomy. New techniques of posterior decompression have been developed to preserve spinal integrity and to minimise tissue damage by limiting bony decompression and avoiding removal of the midline structures (i.e. spinous process, vertebral arch and interspinous and supraspinous ligaments). Objectives To compare the effectiveness of techniques of posterior decompression that limit the extent of bony decompression or avoid removal of posterior midline structures of the lumbar spine versus conventional facet-preserving laminectomy for the treatment of patients with degenerative lumbar stenosis. Search methods An experienced librarian conducted a comprehensive electronic search of the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, Web of Science, and the clinical trials registries ClinicalTrials.gov and World Health Organization International Clinical Trials Registry Platform (WHO ICTRP) for relevant literature up to June 2014. Selection criteria We included prospective controlled studies comparing conventional facet-preserving laminectomy versus a posterior decompressive technique that avoids removal of posterior midline structures or a technique involving only partial resection of the vertebral arch. We excluded studies describing techniques of decompression by means of interspinous process devices or concomitant (instrumented) fusion procedures. Participants included individuals with symptomatic degenerative lumbar stenosis only. Data collection and analysis Two review authors independently assessed risk of bias using the Cochrane Back Review Group criteria for randomised controlled trials (RCTs) and the Newcastle-Ottawa Scale for non-randomised studies. We extracted data regarding demographics, intervention details and outcome measures. Main results A total of four high-quality RCTs and six low-quality RCTs met the search criteria of this review. These studies included a total of 733 participants. Investigators compared three different posterior decompression techniques versus conventional laminectomy. Three studies (173 participants) compared unilateral laminotomy for bilateral decompression versus conventional laminectomy. Four studies (382 participants) compared bilateral laminotomy versus conventional laminectomy (one study included three treatment groups and compared unilateral and bilateral laminotomy vs conventional laminectomy). Finally, four studies (218 participants) compared a splitspinous process laminotomy versus conventional laminectomy. Evidence of low or very low quality suggests that different techniques of posterior decompression and conventional laminectomy have similar effects on functional disability and leg pain. Only perceived recovery at final follow-up was better in people who underwent bilateral laminotomy compared with conventional laminectomy (two RCTs, 223 participants, odds ratio 5.69, 95% confidence interval (CI) 2.55 to 12.71). Among the secondary outcome measures, unilateral laminotomy for bilateral decompression and bilateral laminotomy resulted in numerically fewer cases of iatrogenic instability, although in both cases, the incidence of instabilitywas low(three RCTs, 166 participants, odds ratio 0.28, 95% CI 0.07 to 1.15; three RCTs, 294 participants, odds ratio 0.10, 95% CI 0.02 to 0.55, respectively). The difference in severity of postoperative low back pain following bilateral laminotomy (two RCTs, 223 participants, mean difference -0.51, 95% CI -0.80 to -0.23) and split-spinous process laminotomy compared with conventional laminectomy (two RCTs, 97 participants, mean difference -1.07, 95% CI -2.15 to -0.00) was significantly less, but was too small to be clinically important. A quantitative comparison between unilateral laminotomy and conventional laminectomy was not possible because of different reporting of outcome measures. We found no evidence to show that the incidence of complications, length of the procedure, length of hospital stay and postoperative walking distance differed between techniques of posterior decompression. Authors’ conclusions The evidence provided by this systematic reviewfor the effects of unilateral laminotomy for bilateral decompression, bilateral laminotomy and split-spinous process laminotomy compared with conventional laminectomy on functional disability, perceived recovery and leg pain is of low or very low quality. Therefore, further research is necessary to establish whether these techniques provide a safe and effective alternative for conventional laminectomy. Proposed advantages of these techniques regarding the incidence of iatrogenic instability and postoperative back pain are plausible, but definitive conclusions are limited by poor methodology and poor reporting of outcome measures among included studies. Future research is necessary to establish the incidence of iatrogenic instability using standardised definitions of radiological and clinical instability at comparable follow-up intervals. Long-termresultswith these techniques are currently lacking.

Keywords: Alternative, Analysis, Authors, Back Pain, Bias, Bilateral, Bilateral-Decompression, Canal Stenosis, Clinical, Clinical Trials, Collection, Comparison, Complications, Concomitant, Confidence, Conservative, Conservative Management, Conventional, Criteria, Damage, Data, Data Collection, Definitions, Disability, Effectiveness, Effects, Embase, Evidence, Follow-Up, Fusion, Gold, Groups, Health, Hospital, Hospital Stay, Incidence, International, Interval, Intervals, Intervention, Length, Literature, Low Back, Low Back Pain, Low-Back-Pain, Management, Measures, Medline, Methodology, Methods, Minimally Invasive Decompression, Odds Ratio, Outcome, Outcome Measures, Pain, Patients, Postoperative, Procedure, Procedures, Process-Splitting Laminectomy, Prospective, Quality, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Recovery, Registries, Removal, Reporting, Research, Review, Risk, Scale, Science, Search, Search Methods, Small, Spinal, Spinal Stenosis, Spine, Standard, Stenosis, Systematic, Techniques, Treatment, Undercutting Decompression, Unilateral, Unilateral-Laminotomy, Updated Method Guidelines, Walking, Web, Web Of Science, Who, World Health Organization

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Full Text: [2015\Coc Dat Sys Rev2015, CD010061.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD010061.pdf)

Abstract: Background In preterm newborns, the ductus arteriosus frequently fails to close and the infants require medical or surgical closure of the patent ductus arteriosus (PDA). A PDA can be treated surgically or medically with one of two prostaglandin inhibitors, indomethacin or ibuprofen. Case reports suggest that paracetamol may be an alternative for the closure of a PDA. Concerns have been raised that in neonatal mice paracetamol may cause adverse effects on the developing brain, and an association between prenatal exposure to paracetamol and later development of autism or autism spectrum disorder has been reported. Objectives To determine the efficacy and safety of intravenous or oral paracetamol compared with placebo or no intervention, intravenous indomethacin, intravenous or oral ibuprofen, or with other cyclo-oxygenase inhibitors for closure of a PDA in preterm or low-birthweight infants. Search methods We used the standard search strategy of the Cochrane Neonatal Review Group. This included electronic searches of theCochraneCentral Register of Controlled Trials (CENTRAL, Cochrane Library), MEDLINE, EMBASE and CINAHL. We searched abstracts from the meetings of the Pediatric Academic Societies and the Perinatal Society of Australia and New Zealand. We searched clinicaltrials. gov; controlled-trials.com; anzctr.org.au; World Health Organization International Clinical Trials Registry Platform at who.int/ictrp for ongoing trials and the Web of Science for articles quoting identified randomised controlled trials. We searched the first 200 hits on Google Scholar TM to identify grey literature. All searches were conducted in December 2013. A repeat search of MEDLINE in August 2014 did not identify any new trials. Selection criteria We identified two randomised controlled trials (RCTs) that compared oral paracetamol to oral ibuprofen for the treatment of an echocardiographically diagnosed PDA in infants born preterm (<= 34 weeks postmenstrual age (PMA)). Data collection and analysis We performed data collection and analyses in accordance with the methods of the Cochrane Neonatal Review Group. Main results Two unmasked studies of treatment of PDA that enrolled 250 infants were included. The sequence of randomisation and the allocation to treatment groups were concealed in both studies. In one study the cardiologist assessing PDA closure was blinded to group allocation of the infant. In the other study it was not stated if that was the case or not. The quality of the trials, using GRADE, was low for the primary outcome of PDA closure and moderate for all other important outcomes. There was no significant difference between treatment with oral paracetamol versus oral ibuprofen for failure of ductal closure after the first course of drug administration (typical relative risk (RR) 0.90, 95% confidence interval (CI) 0.67 to 1.22; typical risk difference (RD) -0.04, 95% CI -0.16 to 0.08; I-2 = 0 % for RR and 23% for RD). There were no significant differences between the paracetamol and the ibuprofen groups in the secondary outcomes except for ‘ duration for need of supplemental oxygen’ (mean difference -12 days, 95% CI -23 days to -2 days; 1 study, n = 90) and for hyperbilirubinaemia (RR 0.57, 95% CI 0.34 to 0.97; RD -0.15, 95% CI -0.29 to -0.01; number needed to treat to benefit (NNTB) 7, 95% CI 3 to 100 in favour of paracetamol; 1 study, n = 160). Authors’ conclusions Although a limited number of infants with a PDA have been studied in randomised trials of low to moderate quality according to GRADE, oral paracetamol appears to be as effective in closing a PDA as oral ibuprofen. In view of a recent report in mice of adverse effects on the developing brain from paracetamol, and another report of an association between prenatal paracetamol and the development of autism or autism spectrum disorder in childhood, long-term follow-up to at least 18 to 24 months postnatal age must be incorporated in any studies of paracetamol in the newborn population. Such trials are required before any recommendations for the use of paracetamol in the newborn population can be made.

Keywords: Abstracts, Academic, Acetaminophen, Administration, Adverse Effects, Age, Allocation, Alternative, Analyses, Analysis, Articles, Assessing, Association, Australia, Brain, Case Reports, Childhood, Clinical Trials, Closure, Collection, Confidence, Course, Criteria, Cyclooxygenase, Cyclooxygenase Inhibitors, Data, Data Collection, Developing, Development, Drug, Drug Administration, Ductus Arteriosus, Duration, Effects, Efficacy, Efficacy And Safety, Embase, Exposure, Failure, First, Follow-Up, From, Google, Google Scholar, Grade, Groups, Health, Indomethacin, Infant, Infants, Inhibitors, International, Interval, Intervention, Intravenous, Library, Literature, Long Term, Long-Term, Long-Term Follow-Up, Low Birth Weight, Low Birthweight, Low Birthweight Infants, Medical, Medline, Methods, Mice, Neonatal, New Zealand, Newborn, Newborns, Number Needed To Treat, Oral, Outcome, Outcomes, Oxygen, Paracetamol, Patent, Patent Ductus Arteriosus, Pediatric, Placebo, Population, Postnatal, Prenatal, Preterm, Preterm Newborns, Primary, Prostaglandin, Quality, Quality Of, Randomisation, Randomised, Randomised Controlled Trials, Recent, Recommendations, Relative Risk, Review, Risk, Safety, Science, Search, Search Methods, Search Strategy, Standard, Strategy, Treatment, Web, Web Of Science, World Health Organization

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Full Text: [2015\Coc Dat Sys Rev2015, UNSP CD010089.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20UNSP%20CD010089.pdf)

Abstract: Background Acute otitis media (AOM) is one of the most common infectious diseases in children. It has been reported that 64% of infants have an episode of AOM by the age of six months and 86% by one year. Although most cases of AOM are due to bacterial infection, it is commonly triggered by a viral infection. In most children it is self limiting, but it does carry a risk of complications. Since antibiotic treatment increases the risk of antibiotic resistance, influenza vaccines might be an effective way of reducing this risk by preventing the development of AOM. Objectives To assess the effectiveness of influenza vaccine in reducing the occurrence of acute otitis media (AOM) in infants and children. Search methods We searched CENTRAL (2014, Issue 6), MEDLINE (1946 to July week 1, 2014), EMBASE (2010 to July 2014), CINAHL (1981 to July 2014), LILACS (1982 to July 2014), Web of Science (1955 to July 2014) and reference lists of articles to July 2014. Selection criteria Randomised controlled trials (RCTs) comparing influenza vaccine with placebo or no treatment in infants and children aged younger than six years old. We included children of either sex and of any ethnicity, with or without a history of recurrent AOM. Data collection and analysis Two review authors independently screened studies, assessed trial quality and extracted data. We performed statistical analyses using the random-effects and fixed-effect models and expressed the results as risk ratio (RR), risk difference (RD) and number needed to treat to benefit (NNTB) for dichotomous outcomes, with 95% confidence intervals (CI). Main results We included 10 trials (six trials in high-income countries and four multicentre trials in high-, middle-and low-income countries) involving 16,707 children aged six months to six years. Eight trials recruited participants from a healthcare setting. Nine trials (and all five trials that contributed to the primary outcome) declared funding from vaccine manufacturers. Four trials reported adequate allocation concealment and nine trials reported adequate blinding of participants and personnel. Attrition was low for all trials included in the analysis. The primary outcome showed a small reduction in at least one episode of AOM over at least six months of follow-up (five trials, 4736 participants: RR 0.80, 95% CI 0.67 to 0.96; RD -0.04, 95% CI -0.07 to -0.02; NNTB 25, 95% CI 15 to 50). The subgroup analyses (i. e. number of courses, settings, seasons or types of vaccine administered) showed no differences. There was a reduction in the use of antibiotics in vaccinated children (two trials, 1223 participants: RR 0.70, 95% CI 0.59 to 0.83; RD -0.15, 95% CI -0.30 to -0.00). There was no significant difference in the utilisation of health care for the one trial that provided sufficient information to be included. The use of influenza vaccine resulted in a significant increase in fever (six trials, 10,199 participants: RR 1.15, 95% CI 1.06 to 1.24; RD 0.02, 95% CI -0.00 to 0.05) and rhinorrhoea (six trials, 10,563 children: RR 1.17, 95% CI 1.07 to 1.29; RD 0.09, 95% CI 0.01 to 0.16) but no difference in pharyngitis. No major adverse events were reported. Compared to the protocol, the review included a subgroup analysis of AOM episodes by season, and changed the types of influenza vaccine from a secondary outcome to a subgroup analysis. Authors’ conclusions Influenza vaccine results in a small reduction in AOM. The observed reduction with the use of antibiotics needs to be considered in the light of current recommended practices aimed at avoiding antibiotic overuse. Safety data from these trials are limited. The benefits may not justify the use of influenza vaccine without taking into account the vaccine efficacy in reducing influenza and safety data. The quality of the evidence was high to moderate. Additional research is needed.

Keywords: A Vaccine, Adverse Events, Age, Age Safety, Aged, Allocation, Analyses, Analysis, Antibiotic Resistance, Antibiotics, Articles, Authors, Bacterial Infection, Benefits, Care, Children, Collection, Complications, Confidence, Confidence Intervals, Criteria, Culture-Confirmed Influenza, Data, Data Collection, Day-Care, Development, Diseases, Effectiveness, Efficacy, Embase, Ethnicity, Events, Evidence, Fever, Follow-Up, From, Funding, Health, Health Care, History, Infants, Infection, Infectious Diseases, Influenza, Information, Intervals, Live, Media, Medline, Methods, Middle-Ear Fluid, Models, Needs, Number Needed To Treat, Outcome, Outcomes, Personnel, Pharyngitis, Placebo, Pneumococcal Conjugate Vaccine, Practices, Primary, Protocol, Quality, Quality Of, Randomised Controlled Trials, Recurrent, Reduction, Reference, Reference Lists, Research, Resistance, Respiratory-Tract Infections, Review, Risk, Risk-Factors, Safety, Science, Search, Search Methods, Season, Seasons, Self, Sex, Small, Statistical Analyses, Treatment, Trial, Utilisation, Vaccine, Vaccines, Viral, Web, Web Of Science, Young-Children

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Full Text: [2015\Coc Dat Sys Rev2015, UNSP CD010200.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20UNSP%20CD010200.pdf)

Abstract: Background Community ambulation refers to the ability of a person to walk in their own community, outside of their home and also indoors in private or public locations. Some people choose to walk for exercise or leisure and may walk with others as an important aspect of social functioning. Community ambulation is therefore an important skill for stroke survivors living in the community whose walking ability has been affected. Objectives To determine: (1) whether interventions improve community ambulation for stroke survivors, and (2) if any specific intervention method improves community ambulation more than other interventions. Search methods We searched the Cochrane Stroke Group Trials Register (September 2014), the Cochrane Central Register of Controlled Trials (CENTRAL) (November 2013), PubMed (1946 to November 2013), EMBASE (1980 to November 2013), CINAHL (1982 to November 2013), PsycINFO(1887 to November 2013), Scopus (1960 to November 2013), Web of Science (1900 to November 2013), SPORTDiscus (1975 to November 2013), and PEDro, CIRRIE and REHABDATA (November 2013). We also searched ongoing trials registers (November 2013) and reference lists, and performed a cited reference search. Selection criteria Selection criteria included parallel-group randomised controlled trials (RCTs) and cross-over RCTs, studies in which participants are adult (aged 18 years or more) stroke survivors, and interventions that were aimed at improving community ambulation. We defined the primary outcome as participation; secondary outcomes included activity level outcomes related to gait and self-efficacy. Data collection and analysis One review author independently screened titles. Two review authors screened abstracts and full text articles, with a third review author was available to resolve any disagreements. Two review authors extracted data and assessed risk of bias. All outcomes were continuous. The analysis for the primary outcome used the generic inverse variance methods for meta-analysis, using the standardised mean difference (SMD) and standard error (SE) from the participation outcomes. Analyses for secondary outcomes all used SMD or mean difference (MD). We completed analyses for each outcome with all studies, and by type of community ambulation intervention (community or outdoor ambulation practice, virtual practice, and imagery practice). We considered trials for each outcome to be of low quality due to some trial design considerations, such as who knew what group the participants were in, and the number of people who dropped out of the studies. Main results We included five studies involving 266 participants (136 intervention; 130 control). All participants were adult stroke survivors, living in the community or a care home. Programmes to improve community ambulation consisted of walking practice in a variety of settings and environments in the community, or an indoor activity that mimicked community walking (including virtual reality or mental imagery). Three studies were funded by government agencies, and two had no funding. From two studies of 198 people there was low quality evidence for the effect of intervention on participation compared with control (SMD, 0.08, 95% confidence interval (CI) -0.20 to 0.35 (using inverse variance). The CI for the effect of the intervention on gait speed was wide and does not exclude no difference (MD 0.12, 95% CI -0.01 to 0.24; four studies, 98 participants, low quality evidence). We considered the quality of the evidence to be low for all the remaining outcomes in our review: Community Walk Test (MD -6.35, 95% CI -21.59 to 8.88); Walking Ability Questionnaire (MD 0.53, 95% CI -5.59 to 6.66); Six-Minute Walk Test (MD 39.62 metres, 95% CI -8.26 to 87.51) and self-efficacy (SMD 0.32, 95% CI -0.09 to 0.72). We downgraded the quality of the evidence because of a high risk of bias and imprecision. Authors’ conclusions There is currently insufficient evidence to establish the effect of community ambulation interventions or to support a change in clinical practice. More research is needed to determine if practicing outdoor or community walking will improve participation and community ambulation skills for stroke survivors living in the community.

Keywords: 6-Minute Walk Test, Abstracts, Activity, Activity Level, Adult, Aged, Analyses, Analysis, Articles, Authors, Bias, Care, Clinical, Clinical Practice, Collection, Community, Confidence, Control, Criteria, Data, Data Collection, Design, Embase, Error, Evidence, Exercise, From, Funding, Gait, Gait Speed, Imagery, Interval, Intervention, Interventions, Living, Mental Imagery, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Older-Adults, Outcome, Outcomes, Outdoor Mobility, Participation, Person, Poststroke, Practice, Primary, Public, Pubmed, Quality, Quality Of, Questionnaire, Randomised, Randomised Controlled Trials, Randomized Controlled-Trial, Reference, Reference Lists, Research, Review, Risk, Scale, Science, Scopus, Se, Search, Search Methods, Social, Standard, Stroke, Support, Test, Trial, Validity, Virtual Reality, Walking, Web, Web Of Science

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Full Text: [2015\Coc Dat Sys Rev2015, CD010636.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD010636.pdf)

Abstract: Background Bronchiolitis is an acute inflammatory illness of the bronchioles common among infants and young children. It is often caused by the respiratory syncytial virus (RSV). Management of bronchiolitis varies between clinicians, reflecting the lack of evidence for a specific treatment approach. The leukotriene pathway has been reported to be involved in the pathogenesis of bronchiolitis. Leukotriene inhibitors such as montelukast have been used in infants and young children with bronchiolitis. However, the results from limited randomised controlled trials (RCTs) are controversial and necessitate a thorough evaluation of their efficacy for bronchiolitis in infants and young children. Objectives To assess the efficacy and safety of leukotriene inhibitors for bronchiolitis in infants and young children. Search methods We searched CENTRAL (2014, Issue 5), MEDLINE (1946 to April week 4, 2014), EMBASE (1974 to May 2014), CINAHL (1981 to May 2014), LILACS (1982 to May 2014), Web of Science (1985 to May 2014), WHO ICTRP and ClinicalTrials.gov (6 May 2014). Selection criteria RCTs comparing leukotriene inhibitors versus placebo or another intervention in infants and young children under two years of age diagnosed with bronchiolitis. Our primary outcomes were length of hospital stay and all-cause mortality. Secondary outcomes included clinical severity score, percentage of symptom-free days, percentage of children requiring ventilation, oxygen saturation, recurrent wheezing, respiratory rate and clinical adverse effects. Data collection and analysis We used standard Cochrane Collaboration methodological practices. Two authors independently assessed trial eligibility and extracted data, such as general information, participant characteristics, interventions and outcomes. We assessed risk of bias and graded the quality of the evidence. We used Review Manager software to pool results and chose random-effects models for meta-analysis. Main results We included five studies with a total of 1296 participants under two years of age hospitalised with bronchiolitis. Two studies with low risk of bias compared 4 mg montelukast (a leukotriene inhibitor) daily use from admission until discharge with a matching placebo. Both selected length of hospital stay as a primary outcome and clinical severity score as a secondary outcome. However, the effects of leukotriene inhibitors on length of hospital stay and clinical severity score were uncertain due to considerable heterogeneity between the study results and wide confidence intervals around the estimated effects (hospital stay: mean difference (MD) -0.95 days, 95% confidence interval (CI) -3.08 to 1.19, P value = 0.38, low quality evidence; clinical severity score on day two: MD -0.57, 95% CI 2.37 to 1.23, P value = 0.53, low quality evidence; clinical severity score on day three: MD 0.17, 95% CI -1.93 to 2.28, P value = 0.87, low quality evidence). The other three studies compared montelukast for several weeks for preventing post-bronchiolitis symptoms with placebo. We assessed one study as low risk of bias, whereas we assessed the other two studies as having a high risk of attrition bias. Due to the significant clinical heterogeneity in severity of disease, duration of treatment, outcome measurements and timing of assessment, we did not pool the results. Individual analyses of these studies did not show significant differences between the leukotriene inhibitors group and the control group in symptom-free days and incidence of recurrent wheezing. One study of 952 children reported two deaths in the leukotriene inhibitors group: neither was determined to be drug-related. No data were available on the percentage of children requiring ventilation, oxygen saturation and respiratory rate. Finally, three studies reported adverse events including diarrhoea, wheezing shortly after administration and rash. No differences were reported between the study groups. Authors’ conclusions The current evidence does not allow definitive conclusions to be made about the effects of leukotriene inhibitors on length of hospital stay and clinical severity score in infants and young children with bronchiolitis. The quality of the evidence was low due to inconsistency (unexplained high levels of statistical heterogeneity) and imprecision arising from small sample sizes and wide confidence intervals, which did not rule out a null effect or harm. Data on symptom-free days and incidence of recurrent wheezing were from single studies only. Further large studies are required. We identified one registered ongoing study, which may make a contribution in the updates of this review.

Keywords: Administration, Adverse Effects, Adverse Events, Age, All-Cause Mortality, Analyses, Analysis, Approach, Assessment, Asthma-Like Symptoms, Attrition, Authors, Bias, Characteristics, Children, Clinical, Cochrane Collaboration, Collaboration, Collection, Confidence, Confidence Intervals, Contribution, Control, Criteria, Data, Data Collection, Diarrhoea, Discharge, Disease, Duration, Effects, Efficacy, Efficacy And Safety, Embase, Evaluation, Events, Evidence, Exhaled Nitric-Oxide, From, General, Groups, Heterogeneity, Hospital, Hospital Stay, Hospitalised, Incidence, Infants, Information, Inhibitor, Inhibitors, Interval, Intervals, Intervention, Interventions, Length, Low Risk, Lung-Function, Management, Matching, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Montelukast, Mortality, Outcome, Outcomes, Oxygen, Oxygen Saturation, P, Pathogenesis, Placebo, Practices, Preschool-Children, Primary, Quality, Quality Of, Randomised, Randomised Controlled Trials, Randomized-Trial, Recurrent, Respiratory Symptoms, Review, Risk, Safety, Saturation, Science, Search, Search Methods, Small, Software, Standard, Symptoms, Syncytial Virus Bronchiolitis, Timing, Treatment, Trial, Value, Ventilation, Web, Web Of Science, Wheezing, Who, Young

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Full Text: [2015\Coc Dat Sys Rev2015, CD010772.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD010772.pdf)

Abstract: Background The diagnosis of dementia relies on the presence of new-onset cognitive impairment affecting an individual’s functioning and activities of daily living. The Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) is a questionnaire instrument, completed by a suitable ‘informant’ who knows the patient well, designed to assess change in functional performance secondary to cognitive change; it is used as a tool to identifying those who may have dementia. In secondary care there are two specific instances where patients may be assessed for the presence of dementia. These are in the general acute hospital setting, where opportunistic screening may be undertaken, or in specialist memory services where individuals have been referred due to perceived cognitive problems. To ensure an instrument is suitable for diagnostic use in these settings, its test accuracy must be established. Objectives To determine the diagnostic accuracy of the informant-based questionnaire IQCODE, for detection of all-cause (undifferentiated) dementia in adults presenting to secondary-care services. Search methods We searched the following sources on the 28th of January 2013: ALOIS (Cochrane Dementia and Cognitive Improvement Group), MEDLINE (Ovid SP), EMBASE (Ovid SP), PsycINFO (Ovid SP), BIOSIS Previews (Thomson Reuters Web of Science), Web of Science Core Collection (includes Conference Proceedings Citation Index) (Thomson Reuters Web of Science), CINAHL (EBSCOhost) and LILACS (BIREME). We also searched sources specific to diagnostic test accuracy: MEDION (Universities of Maastricht and Leuven); DARE (Database of Abstracts of Reviews of Effects - via the Cochrane Library); HTA Database (Health Technology Assessment Database via the Cochrane Library) and ARIF (Birmingham University). We also checked reference lists of relevant studies and reviews, used searches of known relevant studies in PubMed to track related articles, and contacted research groups conducting work on IQCODE for dementia diagnosis to try to find additional studies. We developed a sensitive search strategy; search terms were designed to cover key concepts using several different approaches run in parallel and included terms relating to cognitive tests, cognitive screening and dementia. We used standardised database subject headings such as MeSH terms (in MEDLINE) and other standardised headings (controlled vocabulary) in other databases, as appropriate. Selection criteria We selected those studies performed in secondary-care settings, which included (not necessarily exclusively) IQCODE to assess for the presence of dementia and where dementia diagnosis was confirmed with clinical assessment. For the ‘secondary care’ setting we included all studies which assessed patients in hospital (e.g. acute unscheduled admissions, referrals to specialist geriatric assessment services etc.) and those referred for specialist ‘memory’ assessment, typically in psychogeriatric services. Data collection and analysis We screened all titles generated by electronic database searches, and reviewed abstracts of all potentially relevant studies. Two independent assessors checked full papers for eligibility and extracted data. We determined quality assessment (risk of bias and applicability) using the QUADAS-2 tool, and reporting quality using the STARD tool. Main results From 72 papers describing IQCODE test accuracy, we included 13 papers, representing data from 2745 individuals (n = 1413 (51%) with dementia). Pooled analysis of all studies using data presented closest to a cut-off of 3.3 indicated that sensitivity was 0.91 (95% CI 0.86 to 0.94); specificity 0.66 (95% CI 0.56 to 0.75); the positive likelihood ratio was 2.7 (95% CI 2.0 to 3.6) and the negative likelihood ratio was 0.14 (95% CI 0.09 to 0.22). There was a statistically significant difference in test accuracy between the general hospital setting and the specialist memory setting (P = 0.019), suggesting that IQCODE performs better in a ‘general’ setting. We found no significant differences in the test accuracy of the short (16-item) versus the 26-item IQCODE, or in the language of administration. There was significant heterogeneity in the included studies, including a highly varied prevalence of dementia (10.5% to 87.4%). Across the included papers there was substantial potential for bias, particularly around sampling of included participants and selection criteria, which may limit generalisability. There was also evidence of suboptimal reporting, particularly around disease severity and handling indeterminate results, which are important if considering use in clinical practice. Authors’ conclusions The IQCODE can be used to identify older adults in the general hospital setting who are at risk of dementia and require specialist assessment; it is useful specifically for ruling out those without evidence of cognitive decline. The language of administration did not affect test accuracy, which supports the cross-cultural use of the tool. These findings are qualified by the significant heterogeneity, the potential for bias and suboptimal reporting found in the included studies.

Keywords: Abstracts, Accuracy, Administration, Adults, Affect, Alzheimers Association Workgroups, Analysis, Articles, Assessment, Bias, Care, Citation, Clinical, Clinical Assessment, Clinical Practice, Cognitive, Cognitive Impairment, Collection, Conference, Criteria, Data, Data Collection, Database, Databases, Dementia, Detection, Diagnosis, Diagnostic, Diagnostic Accuracy, Diagnostic Test, Disease, Disease Severity, Effects, Elderly, Embase, Evidence, From, Frontotemporal Dementia, Functional Impairment, General, Geriatric Assessment, Global Prevalence, Groups, Health, Heterogeneity, Hospital, Hta, Impairment, Improvement, Instrument, Language, Library, Likelihood Ratio, Living, Medical Inpatients, Medline, Memory, Methods, Mini-Mental-State, National Institute, Negative, Older, Older Adults, P, Papers, Patient, Patients, Performance, Poststroke Dementia, Potential, Practice, Prevalence, Proceedings, Psycinfo, Pubmed, Quadas-2, Quality, Questionnaire, Reference, Reference Lists, Reporting, Research, Reviews, Risk, Sampling, Science, Screening, Screening-Test, Search, Search Methods, Search Strategy, Selection, Selection Criteria, Sensitivity, Services, Services-Task-Force, Sources, Specificity, Strategy, Technology, Technology Assessment, Thomson Reuters, Thomson-Reuters, Universities, University, Vocabulary, Web, Web Of Science, Work

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Full Text: [2015\Coc Dat Sys Rev2015, CD010783.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD010783.pdf)

Abstract: Background Dementia is a progressive global cognitive impairment syndrome. In 2010, more than 35 million people worldwide were estimated to be living with dementia. Some people with mild cognitive impairment (MCI) will progress to dementia but others remain stable or recover full function. There is great interest in finding good predictors of dementia in people with MCI. The Mini-Mental State Examination (MMSE) is the best-known and the most often used short screening tool for providing an overall measure of cognitive impairment in clinical, research and community settings. Objectives To determine the diagnostic accuracy of the MMSE at various thresholds for detecting individuals with baseline MCI who would clinically convert to dementia in general, Alzheimer’s disease dementia or other forms of dementia at follow-up. Search methods We searched ALOIS (Cochrane Dementia and Cognitive Improvement Specialized Register of diagnostic and intervention studies (inception to May 2014); MEDLINE (OvidSP) (1946 to May 2014); EMBASE (OvidSP) (1980 to May 2014); BIOSIS (Web of Science) (inception to May 2014); Web of Science Core Collection, including the Conference Proceedings Citation Index (ISIWeb of Science) (inception to May 2014); PsycINFO (OvidSP) (inception to May 2014), and LILACS (BIREME) (1982 to May 2014). We also searched specialized sources of diagnostic test accuracy studies and reviews, most recently in May 2014: MEDION (Universities of Maastricht and Leuven, www.mediondatabase.nl), DARE (Database of Abstracts of Reviews of Effects, via the Cochrane Library), HTA Database (Health Technology Assessment Database, via the Cochrane Library), and ARIF (University of Birmingham, UK, www.arif.bham.ac.uk). No language or date restrictions were applied to the electronic searches and methodological filters were not used as a method to restrict the search overall so as to maximize sensitivity. We also checked reference lists of relevant studies and reviews, tracked citations in Scopus and Science Citation Index, used searches of known relevant studies in PubMed to track related articles, and contacted research groups conducting work on MMSE for dementia diagnosis to try to locate possibly relevant but unpublished data. Selection criteria We considered longitudinal studies in which results of the MMSE administered to MCI participants at baseline were obtained and the reference standard was obtained by follow-up over time. We included participants recruited and clinically classified as individuals with MCI under Petersen and revised Petersen criteria, Matthews criteria, or a Clinical Dementia Rating = 0.5. We used acceptable and commonly used reference standards for dementia in general, Alzheimer’s dementia, Lewy body dementia, vascular dementia and frontotemporal dementia. Data collection and analysis We screened all titles generated by the electronic database searches. Two review authors independently assessed the abstracts of all potentially relevant studies. We assessed the identified full papers for eligibility and extracted data to create two by two tables for dementia in general and other dementias. Two authors independently performed quality assessment using the QUADAS-2 tool. Due to high heterogeneity and scarcity of data, we derived estimates of sensitivity at fixed values of specificity from the model we fitted to produce the summary receiver operating characteristic curve. Main results In this review, we included 11 heterogeneous studies with a total number of 1569 MCI patients followed for conversion to dementia. Four studies assessed the role of baseline scores of the MMSE in conversion from MCI to all-cause dementia and eight studies assessed this test in conversion from MCI to Alzheimer’s disease dementia. Only one study provided information about the MMSE and conversion from MCI to vascular dementia. For conversion from MCI to dementia in general, the accuracy of baseline MMSE scores ranged from sensitivities of 23% to 76% and specificities from 40% to 94%. In relationship to conversion from MCI to Alzheimer’s disease dementia, the accuracy of baseline MMSE scores ranged from sensitivities of 27% to 89% and specificities from 32% to 90%. Only one study provided information about conversion from MCI to vascular dementia, presenting a sensitivity of 36% and a specificity of 80% with an incidence of vascular dementia of 6.2%. Although we had planned to explore possible sources of heterogeneity, this was not undertaken due to the scarcity of studies included in our analysis. Authors’ conclusions Our review did not find evidence supporting a substantial role of MMSE as a stand-alone single-administration test in the identification of MCI patients who could develop dementia. Clinicians could prefer to request additional and extensive tests to be sure about the management of these patients. An important aspect to assess in future updates is if conversion to dementia from MCI stages could be predicted better by MMSE changes over time instead of single measurements. It is also important to assess if a set of tests, rather than an isolated one, may be more successful in predicting conversion from MCI to dementia.

Keywords: Abstracts, Accuracy, Alzheimer’S, Alzheimer’S Disease, Analysis, Articles, Assessment, Association Workgroups, Authors, Changes, Citation, Citations, Clinical, Clinical-Diagnosis, Cognitive, Cognitive Impairment, Collection, Community, Conference, Conversion, Criteria, Data, Data Collection, Database, Dementia, Detection, Diagnosis, Diagnostic, Diagnostic Accuracy, Diagnostic Guidelines, Diagnostic Test, Disease, Effects, Embase, Estimates, Evidence, Examination, Follow-Up, Forms, From, Function, General, Global, Global Prevalence, Groups, Health, Heterogeneity, Hta, Identification, Impairment, Improvement, Incidence, Information, International Workshop, Intervention, Intervention Studies, Language, Library, Living, Longitudinal, Longitudinal Studies, Management, Mci, Measure, Medline, Methods, Mild, Mild Cognitive Impairment, Model, National Institute, Neuropsychiatric Symptoms, Osaki-Tajiri Project, Papers, Patients, Predictors, Proceedings, Progress, Psycinfo, Pubmed, Quadas-2, Quality, Receiver Operating Characteristic Curve, Reference, Reference Lists, Reference Standards, Research, Restrictions, Review, Reviews, Role, Science, Science Citation Index, Scopus, Screening, Search, Search Methods, Sensitivity, Services-Task-Force, Sources, Specificity, Standard, Standards, Syndrome, Technology, Technology Assessment, Thresholds, Uk, Universities, University, Web, Web Of Science, Work

? Awotiwon, A.A., Oduwole, O., Sinha, A. and Okwundu, C.I. (2015), Zinc supplementation for the treatment of measles in children. *Cochrane Database of Systematic Reviews*, **3**, Article Number: CD011177.

Full Text: [2015\Coc Dat Sys Rev2015, CD011177.pdf](2015/Coc%20Dat%20Sys%20Rev2015,%20CD011177.pdf)

Abstract: Background Measles is still an important cause of childhood morbidity and mortality globally, despite increasing vaccine coverage. Zinc plays a significant role in the maintenance of normal immunological functions, therefore supplements given to zinc-deficient children will increase the availability of zinc and could reduce measles-related morbidity and mortality. Objectives To assess the effects of zinc supplementation in reducing morbidity and mortality in children with measles. Search methods We searched CENTRAL (2014, Issue 5), MEDLINE (1946 to June week 3, 2014), EMBASE (1974 to June 2014), CINAHL (1981 to June 2014), LILACS (1982 to June 2014), Web of Science (1985 to June 2014) and BIOSIS Previews (1985 to June 2014). We also searched ClinicalTrials.gov and the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) to identify unpublished and ongoing studies. Selection criteria Randomised controlled trials (RCTs) and quasi-RCTs evaluating the effects of zinc in reducing morbidity and mortality in children with measles. Data collection and analysis Two review authors independently assessed the studies for inclusion and extracted data on outcomes, details of the interventions and other study characteristics using a standardised data extraction form. We used the risk ratio (RR) and hazard ratio as measures of effect with 95% confidence intervals (CI). We included only one study and we did not conduct any meta-analysis. Main results One RCT met our inclusion criteria. The study was conducted in India and included 85 children diagnosed with measles and pneumonia. The trial showed that there was no significant difference in mortality between the two groups (risk ratio (RR) 0.34, 95% confidence interval (CI) 0.01 to 8.14). Also, there was no significant difference in time to absence of fever between the two groups (hazard ratio (HR) 1.08, 95% CI 0.67 to 1.74). No treatment-related side effects were reported in either group. The overall quality of the evidence can be described as very low. Authors’ conclusions We cannot draw any definite conclusions from this review about the effects of zinc supplementation on clinical outcomes of children with measles due to the very low quality of the evidence available. There is insufficient evidence to confirm or refute the effect of zinc supplementation in measles.

Keywords: Analysis, Authors, Availability, Characteristics, Childhood, Children, Clinical, Clinical Outcomes, Clinical Trials, Collection, Confidence, Confidence Intervals, Coverage, Criteria, Data, Data Collection, Deficiency, Diarrhea, Double-Blind, Effects, Embase, Evidence, Extraction, Fever, From, Functions, Groups, Hazard, Hazard Ratio, Health, Immunity, India, International, Interval, Intervals, Interventions, Lower Respiratory-Infections, Measures, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Morbidity, Mortality, Normal, Outcomes, Placebo-Controlled Trial, Pneumonia, Prevention, Quality, Quality Of, Randomised Controlled Trials, Rct, Reducing Morbidity, Review, Risk, Role, Science, Search, Search Methods, Side Effects, Treatment, Trial, Vaccine, Web, Web Of Science, Who, World Health Organization, Zinc

# Title: Cognition

Full Journal Title: [Cognition](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=4908&_auth=y&_acct=C000047720&_version=1&_urlVersion=0&_userid=2007471&md5=d4c1f0fd98252ec7cb23097b23a965ca)

ISO Abbreviated Title: Cognition

JCR Abbreviated Title: Cognition

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher: W B Saunders Co, Philadelphia

Publisher Address:

Subject Categories:

: Impact Factor

Vicente, K.J. and Brewer, W.F. (1993), Reconstructive remembering of the scientific literature. *Cognition*, **46** (2), 101-128.

Full Text: [1993\Cognition46, 101.pdf](1993\Cognition46,%20101.pdf)

Abstract: In this paper we investigate the role of reconstructive memory in citation errors that occur in the scientific literature. We focus on the case of de Groot’s (1946) studies of the memory for chess positions by chess experts. Previous work has shown that this research is very often cited incorrectly. In Experiment 1 we show that free recall of this work by research psychologists replicates most of the errors found in the published literature. Experiment 2 shows that undergraduates reading a correct account of the de Groot study also make the same set of errors in recall. We interpret these findings as showing that consistent errors in secondary accounts of experimental findings are frequently reconstructive memory errors due to source confusion and schema-based processes. Analysis of a number of other examples of scientific literature that have been frequently cited incorrectly add additional support to the reconstructive account. We conclude that scientists should be aware of the tendency of reconstructive memory errors to cause violations of the scientific norm of accurate reporting of the scientific literature.

? Knobe, J. (2015), Philosophers are doing something different now: Quantitative data. *Cognition*, **135**, 36-38.

Full Text: [2015\Cognition135, 36.pdf](2015/Cognition135,%2036.pdf)

Abstract: The philosophical study of mind in the twentieth century was dominated by a research program that used a priori methods to address foundational questions. Since that time, however, the philosophical study of mind has undergone a dramatic shift. To provide a more accurate picture of contemporary philosophical work, I compared a sample of highly cited philosophy papers from the past five years with a sample of highly cited philosophy papers from the twentieth century. In the twentieth century sample, the majority of papers used purely a priori methods, while only a minority cited results from empirical studies. In the sample from the past five years, the methodology is radically different. The majority of papers cite results from empirical studies, a sizable proportion report original experimental results, and only a small minority are purely a priori. Overall, the results of the review suggest that the philosophical study of mind has become considerably more integrated into the broader interdisciplinary field of cognitive science. (C) 2014 Elsevier B.V. All rights reserved.

Keywords: Bibliometrics, Cognitive, Data, Empirical Studies, Experimental, Field, From, Highly Cited, Highly-Cited, Integrated, Interdisciplinary, Methodology, Methods, Papers, Philosophy, Philosophy Of Cognitive Science, Philosophy Of Mind, Research, Review, Rights, Science, Si, Small, Work

# Title: Co-Herencia

Full Journal Title: Co-Herencia

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Roncallo-Dow, S., Uribe-Jongbloed, E. and Calderon-Reyes, I. (2013), Research in Communication: Knowledge limits and limitations. *Co-Herencia*, **10** (18), 161-187.

Full Text: [2013\Co-Her10, 161.pdf](2013\Co-Her10,%20161.pdf)

Abstract: This article seeks to debate questions regarding the field of studies of Communication, its subject matter, and the target audience for its advances. Beyond questioning the what and why of communication, it questions the role of bibliometrics as sufficient criteria to determine research quality, and proposes opening a public debate with the research advances of the field. The debate draws from epistemic aspects of the field of studies and criticizes the positivistic perspective currently embraced by national policies on science and technology. Finally, the article proposes a wider perspective on the issues relevant to communication and raises questions about scienciometry as quality criterion.

Keywords: Advances, Bibliometrics, Communication, Criteria, Epistemology of Communication, Field, Knowledge, Policies, Public, Quality, Research, Research Journals, Research Quality, Role, Science, Science and Technology, Scienciometry, Technology

# Title: Clinical Nutrition

Full Journal Title: [Clinical Nutrition](http://www.sciencedirect.com/science/journal/02615614)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Awad, S., Constantin-Teodosiu, D., Macdonald, I.A. and Lobo, D.N. (2009), Short-term starvation and mitochondrial dysfunction - A possible mechanism leading to postoperative insulin resistance. *Clinical Nutrition*, **28** (5), 497-509.

Full Text: [2009\Cli Nut28, 497.pdf](2009\Cli%20Nut28,%20497.pdf)

Abstract: Background: Preoperative starvation results in the development of insulin resistance. Measures to attenuate the development of insulin resistance, such as preoperative carbohydrate loading, lead to clinical benefits. However, the mechanisms that underlie the development of insulin resistance during starvation and its attenuation by preoperative carbohydrate loading remain to be defined. Insulin resistance associated with type 2 diabetes and ageing has been linked to mitochondrial dysfunction. The metabolic consequences of preoperative starvation and carbohydrate loading and mechanisms linking insulin resistance to impaired mitochondrial function are discussed. Methods: Searches of the MEDLINE and Science Citation Index databases were performed using various key words in combinations with the Boolean operators AND, OR and NOT. Key journals, nutrition and metabolism textbooks and the reference lists of key articles were also hand searched. Results: Animal studies have shown that short-term energy deprivation decreases mitochondrial ATP synthesis capacity and complex activity, and increases oxidative injury. Furthermore, evidence from human studies suggests that the development of insulin resistance during starvation may be linked to impaired mitochondrial function. Conclusions: There is evidence from animal studies that short-term starvation causes mitochondrial dysfunction. Future studies should investigate whether mitochondrial dysfunction underlies the development of insulin resistance in patients undergoing elective surgery. (C) 2009 Elsevier Ltd and European Society for Clinical Nutrition and Metabolism. All rights reserved.

Keywords: Ageing, Articles, Capacity, Carbohydrate, Citation, Complex, Complex-I Activity, Critically-Ill Patients, Databases, Development, Elsevier, Fasting, Feeding, Food-Deprivation, Glucose-Infusion, High-Fat Diet, Human Skeletal-Muscle, Insulin Resistance, Insulin Sensitivity, Journals, Lead, Mechanism, Mechanisms, MEDLINE, Metabolic, Mitochondria, Oral Carbohydrate Treatment, Oxidative-Phosphorylation, Perioperative, Randomized Clinical-Trial, Rat-Liver Mitochondria, Science, Science Citation Index, Starvation, Stress, Surgery

? Nieuwenhuizen, W.F., Weenen, H., Rigby, P. and Hetherington, M.M. (2010), Older adults and patients in need of nutritional support: Review of current treatment options and factors influencing nutritional intake. *Clinical Nutrition*, **29** (2), 160-169.

Full Text: [2010\Cli Nut29, 160.pdf](2010\Cli%20Nut29,%20160.pdf)

Abstract: Background & aims: Many older adults and patients do not achieve sufficient nutritional intake to support their minimal needs and are at risk of, or are suffering from, (protein-energy) malnutrition. Better understanding of current treatment options and factors determining nutritional intake, may help design new strategies to solve this multifactorial problem. Methods: MEDLINE, Science Citation Index, ScienceDirect and Google databases (until December 2008) were searched with the keywords malnutrition, elderly, older adults, food intake, energy density, variety, taste, satiety, and appetite. Results: 37 Factors affecting nutritional intake were identified and divided in three categories: those related to the environment, the person, and the food. For older adults in nursing homes, encouragement by carers and an appropriate ambiance seem particularly important. Meal fortification, offering variety, providing frequent small meals, snacks and particularly Oral Nutritional Supplements (ONS) between meals are other possibilities for this group. Product factors that stimulate intake include palatability, high energy density, low volume, and liquid format. Conclusion: the current review gives a comprehensive overview of factors affecting nutritional intake and may help carers to improve nutritional intake in their patients. The product factors identified here suggest that especially small volume, energy and nutrient dense ONS can be effective to improve nutritional intake. (C) 2009 Elsevier Ltd and European Society for Clinical Nutrition and Metabolism. All rights reserved.

Keywords: Affects Energy-Intake, Body-Weight, Citation, Databases, Elderly, Elsevier, Energy Density, Environment, Fat-Content, Food-Intake, Malnourished Patients, Malnutrition, Meal-Replacement Products, MEDLINE, Nursing, Nursing-Home Residents, Nutrition Support, Older Adults, Oral Nutritional Supplement, Quality-of-Life, Randomized Controlled-Trial, Review, Risk, Science, Science Citation Index, Treatment, Unintentional Weight-Loss, Volume

? El-Sharkawy, A.M., Sahota, O., Maughan, R.J. and Lobo, D.N. (2014), The pathophysiology of fluid and electrolyte balance in the older adult surgical patient. *Clinical Nutrition*, **33** (1), 6-13.

Full Text: [2014\Cli Nut33, 6.pdf](2014\Cli%20Nut33,%206.pdf)

Abstract: Background & aims: Age-related physiological changes predispose even the healthy older adult to fluid and electrolyte abnormalities which can cause morbidity and mortality. The aim of this narrative review is to highlight key aspects of age-related pathophysiological changes that affect fluid and electrolyte balance in older adults and underpin their importance in the perioperative period. Methods: The Web of Science, MEDLINE, PubMed and Google Scholar databases were searched using key terms for relevant studies published in English on fluid balance in older adults during the 15 years preceding June 2013. Randomised controlled trials and large cohort studies were sought; other studies were used when these were not available. The bibliographies of extracted papers were also searched for relevant articles. Results: Older adults are susceptible to dehydration and electrolyte abnormalities, with causes ranging from physical disability restricting access to fluid intake to iatrogenic causes including polypharmacy and unmonitored diuretic usage. Renal senescence, as well as physical and mental decline, increase this susceptibility. Older adults are also predisposed to water retention and related electrolyte abnormalities, exacerbated at times of physiological stress. Positive fluid balance has been shown to be an independent risk factor for morbidity and mortality in critically ill patients with acute kidney injury. Conclusions: Age-related pathophysiological changes in the handling of fluid and electrolytes make older adults undergoing surgery a high-risk group and an understanding of these changes will enable better management of fluid and electrolyte therapy in the older adult. (C) 2013 The Authors. Published by Elsevier Ltd and European Society for Clinical Nutrition and. Metabolism. All rights reserved.

Keywords: 0.9-Percent Saline, 2003 Heat-Wave, Access, Acute Kidney Injury, Adult, Adverse Drug Events, Age-Related, Atrial-Natriuretic-Peptide, Bibliographies, Changes, Clinical Outcome, Cohort, Critically-Ill Patients, Databases, Dehydration, Disability, Double-Blind Crossover, English, Fluid And Electrolytes, Fluid Overload, Google, Google Scholar, Healthy Elderly Men, Injury, Kidney, Major Abdominal-Surgery, Management, Medline, Methods, Morbidity, Mortality, Older Adults, Papers, Pathophysiology, Patients, Physical, Plasma-Renin Activity, Pubmed, Randomised Controlled Trials, Randomized Controlled-Trial, Results, Retention, Review, Rights, Risk, Risk Factor, Science, Senescence, Stress, Surgery, Therapy, Understanding, Water, Water Retention, Web of Science

? Jafari, T., Feizi, A., Askari, G. and Fallah, A.A. (2015), Parenteral immunonutrition in patients with acute pancreatitis: A systematic review and meta-analysis. *Clinical Nutrition*, **34** (1), 35-43.

Full Text: [2015\Cli Nut34, 35.pdf](2015/Cli%20Nut34,%2035.pdf)

Abstract: Background & aims: Acute pancreatitis is a systemic immunoinflammatory response to auto-digestion of the pancrease and pen-pancreatic organs. Patients with acute pancreatitis can rapidly develop nutritional deficiency; hence nutritional support is important and critical. Sometimes parenteral nutrition (PN) is inevitable in acute pancreatitis. Due to immunosuppressive and inflammatory nature of the disease, it seems that immunonutrients like glutamine and omega-3 fatty acids (omega-3 FAs) added to parenteral formulas may improve the conditions. We conducted a meta-analysis to evaluate the effects of parenteral immunonutrition on clinical outcomes (infectious complications, length of hospital stay (LOS) and mortality) in patients with acute pancreatitis. Methods: A computerized literature search on four databases (PubMed, Cochrane, ISI Web of Science, and Iran Medex) was performed to find all the randomized controlled trials (RCTs) assessed the effects of parenteral immunonutrition in acute pancreatitis. Necessary data were extracted and quality assessment of RCTs was performed with consensus in the study team. Fixed effects model was used to conduct the meta-analysis. Results: One hundred and ninety four references were found via our search in which 7 articles matched our criteria for enrolling the meta-analysis. Parenteral immunonutrition significantly reduced the risk of infectious complications (RR = 0.59; 95% CI, 0.39-0.88; p <= 0.05) and mortality (RR = 0.26; 95% CI, 0.11 -0.59; p <= 0.001). LOS was also shorter in patients who received immunonutrition (MD = -2.93 days; 95% CI, -4.70 to -1.15; p <= 0.001). Conclusion: Immunonutrients like glutamine and (omega-3 FAs added to parenteral formulas can improve prognoses in patients with acute pancreatitis. (C) 2014 Elsevier Ltd and European Society for Clinical Nutrition and Metabolism. All rights reserved.

Keywords: Acute Pancreatitis, Articles, Assessment, Clinical, Clinical Outcomes, Complications, Consensus, Criteria, Critical Illness, Data, Databases, Disease, Effects, Fatty Acids, Glutamine, Glutamine, Hospital, Hospital Stay, Immune Function, Infectious Complications, Iran, Isi, Isi Web Of Science, Length, Literature, Literature Search, Meta Analysis, Meta-Analysis, Metaanalysis, Metabolism, Methods, Model, Mortality, Nutrition, Nutrition Support, Nutritional Support, Omega-3 Fatty Acids, Omega-3-Fatty-Acids, Outcomes, Pancreatitis, Parenteral Immunonutrition, Parenteral Nutrition, Patients, Polyunsaturated Fatty-Acids, Pubmed, Quality, Randomized, Randomized Clinical-Trials, Randomized Controlled Trials, References, Response, Results, Review, Rights, Risk, Science, Support, Systematic, Systematic Review, Therapy, Web, Web Of Science

# Title: Colis4: Emerging Frameworks and Methods

Full Journal Title: Colis4: Emerging Frameworks and Methods

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Wormell, I. (2002), Informetrics and the use of bibliographic data in a strategic combination. *Colis4: Emerging Frameworks and Methods*, 167-184.

Abstract: Through a sample of research studies the paper presents an approach to knowledge discovery. The novel aspect is the combination of various types of data and quantitative analyses. The reported applications. are intended to illustrate the scope and nature of informetric analyses, where advanced information retrieval theories and methodologies are combined with the quantitative study of information flows in a strategic mix. The concept has a close connection to text and data mining techniques, as well as to modem display and visualization techniques. The sample shows how this methodology gathered useful information for business intelligence, trend analysis, and for the evaluation of scientific, political and business developments. It is an appeal to the modem LIS professionals to adapt the use of the classic bibliometric methods in a modem context, and to utilize the databases not only for retrieval of documents or facts, but also as tools for analytical work.

Keywords: Analyses, Analysis, Approach, Bibliometric, Bibliometric Methods, Business, Context, Data, Data Mining, Data-Mining, Databases, Discovery, Evaluation, Information, Information Retrieval, Knowledge, LIS, Methodologies, Methodology, Methods, Mining, Research, Scope, Strategic, Techniques, Trend, Trend Analysis, Visualization, Work

? Astrom, F. (2002), Visualizing library and information science concept spaces through keyword and citation based maps and clusters. *Colis4: Emerging Frameworks and Methods*, 185-197.

Abstract: Co-citation analysis has been widely accepted as the foremost method for bibliometric mapping of research fields, whereas analyses based on keywords have been discussed, without gaining any overall acceptance. There are, however, advantages with keywords such as being understandable by others than those immediately connected to the field analyzed. This study aims at testing the relation between keyword and citation based analyses, and showing the significance of journal selection while mapping scientific fields. The preliminary study is based on 1135 Social Science Citation Index (SSCI) records from nine library and information science journals with descriptors added from the Resources Information Center Database (ERIC) database. Three maps are compared: one based on co-citations, one on keyword co-occurrences, and one merging citations and keywords. The mappings show the same basic structures, and when merged, cited authors and keywords form corresponding relations. In comparison with earlier bibliometric studies, the wider journal selection makes it possible to identify a library science research area within library and information science.

Keywords: Author Cocitation, Bibliometric, Bibliometric Studies, Citation, Citations, Co-Word, Combined Cocitation, Database, Information Science, Intellectual Structure, Journals, Mapping, Research, Retrieval, Science, Science Citation Index, Social Science Citation Index, Word Analysis

? Tsay, M.Y. and Yu, H.M. (2002), Bibliometric analysis of indexing and abstracting literature, 1977-2000. *Colis4: Emerging Frameworks and Methods*, 327-331.

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Indexing, Literature

# Title: Collection Management

Full Journal Title: [Collection Management](http://www.informaworld.com/smpp/title~db=all~content=t792303985)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: MModel, BBradford

? Bradford, S.C. (1976), Sources of information on specific subjects. *Collection Management*, **1** (3-4), 95-103.

Full Text: [1960-80\Col Man1, 95.pdf](1960-80\Col%20Man1,%2095.pdf)

? Raymond, R.W. and Jacqueline, M.C. (1978), The application of bibliometric techniques to the analysis of materials for young adults. *Collection Management*, **2** (3), 229-246.

Full Text: [1960-80\Col Man2, 229.pdf](1960-80\Col%20Man2,%20229.pdf)

Abstract: the information needs of young adults are no different from those of most people. They tend to be recreational, developmental, and occupational. In selecting materials to meet these needs recommendations of experts as well as what YA’s actually use should be considered. Two studies look at this problem. In this first study, a data base of 19,405 titles has been compiled from 19 lists of “best” books for YA’s. The compilers found that 22&#0037; of all titles occured on more than one list. Books with 3 or more references created a “core” collection of 1134 titles. The second study sampled 270 student papers written by college-bound students in grades 10, 11, and 12. The papers came from a cross-section of metropolitan area schools and were in the humanities and science. Sixty-seven percent of the references were to monographs, and 20&#0037; to journals; the remainder was to a range of materials and media. A typical paper used materials from 3 to 30 years old. of all the references to monographs (2117), 578 were cited in one or more lists. The top two lists accounted for 69&#0037; of the 578 titles; the top three for 79&#0037;, with a 12&#0037; overlap. The question is raised whether the lists control what will be used, or whether they identify useful materials. The disposition of journal articles referenced by students followed Bradford’s Law. A relatively large number of articles used were concentrated in a few journal titles, while many journals contributed very few articles. There is a need to describe more closely materials for YA use, particularly considering moves toward library cooperation. Reference data can provide one indicator of use. It can be an aid in the decision-making process for funding, for opening or closing stacks or shelving, or just to alert libraries to which materials are chosen most frequently for and by YA’s.

? Koenig, M.E.D. (1978), Citation analysis for the arts and humanities as a collection management tool. *Collection Management*, **2** (3), 247-264.

Full Text: [1960-80\Col Man2, 247.pdf](1960-80\Col%20Man2,%20247.pdf)

Abstract: This paper describes the potential for bibliometric analysis of citation data from the literature of the arts and humanities. To date, such analyses have been very limited, due to the subject orientation of most bibliometric researchers and to the lack heretofore of an appropriate citation data base. Opportunities are opening up for bibliometric research in the arts and humanities, and this research has particular application for journal collection management.

? Bookstein, A. (1980), Explanations of the bibliometric laws. *Collection Management*, **3** (2-3), 151-162.

Full Text: [1960-80\Col Man3, 151.pdf](1960-80\Col%20Man3,%20151.pdf)

Abstract: Many librarians are familiar with Bradford’s law of scattering as a description of how articles in a discipline are dispersed over the universe of journals. Similar and equally surprising regularities are found in a wide range of other areas, such as biology, economics, geography, and linguistics. This paper describes a number of the most prominent of these laws and reformulates them so as to reveal their underlying similarity. It is noted that all of these laws are in essence mathematically identical. The paper reviews several attempts that have been made to derive this common regularity from more basic principles, such as an underlying stochastic process or an information theoretic model of the human mind. It is suggested that one reason for the recurrence of these laws is that they are very stable and likely to result from a wide range of different causes.

? Pao, M.L. (1985), Characteristics of American revolution literature. *Collection Management*, **6** (3), 119-128.

Full Text: [1985\Col Man6, 119.pdf](1985\Col%20Man6,%20119.pdf)

Abstract: Earlier citation studies have shown that the humanist relies heavily on recent publications, and that monographic and journal publications are of equal importance. Such findings suggest that better currcnt awareness service may benefit humanists. This paper presents a bibliometric study of journal articles on the subject of the American Revolution using items contained in a standard indexing journal. Results confirm that a larger group of journals is devoted to this subject than is generally suspected. Moreover, a substantial number of journals of high quality arc found to be productive in this area.

? Kamlesh, G. and Garg, K.C. (1994), Social science research in India: A bibliometric study. *Collection Management*, **17** (4), 95-104.

Full Text: [1994\Col Man17, 95.pdf](1994\Col%20Man17,%2095.pdf)

Abstract: An analysis of 393 papers published by Indian social scientists and included in Social Science Citation Index (SSCI) indicates that most of these papers are published in Indian journals. Some of the papers are directly related to problems faced by Indian society. A major share of the papers are in low impact journals and have a low citation rate. Anthropology, psychology and psychiatry are the strong areas in social science research in India.

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Full Text: [2004\Col Man28, 63.pdf](2004\Col%20Man28,%2063.pdf)

Abstract: the 30th anniversary of WorldCat was celebrated in 2001. At that time, there were 45 million records with over 750 million location listings, spanning over 4,000 years of recorded knowledge in 377 languages. In the anniversary year, a bibliometric study was begun under the auspices of an OCLC/ALISE research grant. A 10&#0037; systematic random sample of the database was analyzed utilizing the OCLC iCAs software to profile the monographic contents of WorldCat by type of library, subject and language parameters. The profile reveals the extent of global publications made accessible through the OCLC international network. Several findings of the study can be examined as possible barriers to successful cooperation in collection development and resources sharing. One of the major problems analyzed in the study is the timeliness in the availability of bibliographic records for current publications. This paper explores the feasibility of using WorldCat as a cooperative collection development tool as well as additional measures which might be derived from analyzing bibliographic records. The results can be used to stimulate discussion on the role of WorldCat as an international resource on the universe of publication available for research and resources sharing worldwide.

# Title: College English

Full Journal Title: [College English](http://www.jstor.org/action/showPublication?journalCode=collegeenglish); [College English](http://www.ncte.org/journals/ce/issues)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Howard, R.M. (1995), Plagiarisms, authorships, and the academic death-penalty. *College English*, **57** (7), 788-806.

Full Text: [1995\Col Eng57, 788.pdf](1995\Col%20Eng57,%20788.pdf)

# Title: College & Research Libraries

Full Journal Title: [College & Research Libraries](http://www.ala.org/ala/mgrps/divs/acrl/publications/crljournal/collegeresearch.cfm)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0010-0870

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Voigt, M.J. (1956), Scientific serials - Characteristics and lists of most cited publications in mathematics, physics, chemistry, geology, physiology, botany, zoology, and entomology - Brown, CH. *College & Research Libraries*, **17** (6), 517-518.

Full Text: [-1959\Col Res Lib17, 517.pdf](-1959\Col%20Res%20Lib17,%20517.pdf)

Keywords: Characteristics, Chemistry, Mathematics, Physics, Publications, Serials

? Raisig, L.M. and Kilgour, F.G. (1964), The use of medical theses: As demonstrated by journal citations, 1850-1960. *College & Research Libraries*, **25** (2), 93-102.

Full Text: [1960-80\Col Res Lib25, 93.pdf](1960-80\Col%20Res%20Lib25,%2093.pdf)

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Full Text: [1960-80\Col Res Lib39, 414.pdf](1960-80\Col%20Res%20Lib39,%20414.pdf)

? Cline, G.S. (1982), *College & Research Libraries*: Its first forty years. *College & Research Libraries*, **43** (3), 208-232.

Full Text: [1982\Col Res Lib43, 208.pdf](1982\Col%20Res%20Lib43,%20208.pdf)

? Sellen, M.K. (1984), Bibliometrics in information science: A citation analysis of two academic library journals. *College & Research Libraries*, **45** (2), 129-132.

Full Text: [1984\Col Res Lib45, 129.pdf](1984\Col%20Res%20Lib45,%20129.pdf)

Keywords: Bibliometrics, Citation

? Gatten, J.N. (1991), Scholarly communication and bibliometrics: Borgman, CL. *College & Research Libraries*, **52** (5), 481-483.

Full Text: [1991\Col Res Lib52, 481.pdf](1991\Col%20Res%20Lib52,%20481.pdf)

Keywords: Bibliometrics

? Meyer, T. and Spencer, J. (1996), A citation analysis study of library science: Who cites librarians? *College & Research Libraries*, **57** (1), 23-33.

Full Text: [1996\Col Res Lib57, 23.pdf](1996\Col%20Res%20Lib57,%2023.pdf)

Abstract: Are librarians the only ones who read and cite articles published in library science journals? Research reported here shows that disciplines citing library science articles include computer science, medicine, psychology, the social sciences, and general sciences. This study’s methodology involved using Social SciSearch on DIALOG to analyze citations to twenty-four library science journals over a twenty-year period. The authors identified the nonlibrary science fields or disciplines that cited articles published in the library journals included in this study by using the journal subject categories on DIALOG. Although citations from other fields are higher than previous studies indicate, comparison with other fields in the social sciences shows that library science is not commanding citations at the level of the more developed fields.

? Alger, J. (1996), Can RANK be used to generate a reliable author list for cocitation studies? *College & Research Libraries*, **57** (6), 567-574.

Full Text: [1996\Col Res Lib57, 567.pdf](1996\Col%20Res%20Lib57,%20567.pdf)

Abstract: This study investigates the possibility of using DIALOG’s RANK command to generate a list of prominent authors for use in cocitation studies. The emerging field of biodiversity is used primarily because it represents a new and rapidly expanding field of study. The results indicate that RANK does not effectively retrieve a quality set of prominent authors for use in cocitation studies. Highly cited authors of general texts on biodiversity cause the derived author map to present a misaligned picture of specialization within the field. By limiting citations to only journal articles, a clearer and more accurate picture of the field should emerge.

Keywords: Articles, Biodiversity, Citations, Journal, Rank, Representations, Science Maps

? Nisonger, T.E. (2000), Use of the *Journal Citation Reports* for serials management in research libraries: An investigation of the effect of self-citation on journal rankings in library and information science and genetics. *College & Research Libraries*, **61** (3), 263-275.

Full Text: [2000\Col Res Lib61, 263.pdf](2000\Col%20Res%20Lib61,%20263.pdf)

Abstract: This article explores the use of the Institute for Scientific Information’s Journal Citation Reports (JCR) for journal management in academic libraries. The advantages and disadvantages to using JCR citation data for journal management are outlined, and a literature review summarizes reported uses of these data by libraries and scholars. This study researches the impact of journal self-citation on JCR rankings of library and information science (LIS) and genetics journals. The 1994 rankings by impact factor and total citations received were recalculated with journal self-citations removed; then the recalculated rankings were compared to the original rankings to analyze the effect of self-citations. It is concluded that librarians can use JCR data without correcting for journal self-citation, although self-citations do exert a major effect on the rankings for a small number of journals.

Keywords: Impact, Impact Factor, Indicators, Lists, Physics

? Lascar, C. and Mendelsohn, L.D. (2001), An analysis of journal use by structural biologists with applications for journal collection development decisions. *College & Research Libraries*, **62** (5), 422-433.

Full Text: [2001\Col Res Lib62, 422.pdf](2001\Col%20Res%20Lib62,%20422.pdf)

Abstract: This paper defines and examines structural biology as a subdiscipline of molecular biology. Using bibliometric methodologies, it analyzes the publication and citation patterns of a sample group of structural biologists from multiple institutions. The citations analyzed covered a very large subject range, demonstrating the multidisciplinary nature of this subfield. The results were consistent with several models for journal selection. These models were used to compile a short list of specialized titles supporting structural biology. Although the research was performed on a relatively small group of local researchers, it has broader applications for other institutions attempting to develop similar collections

Keywords: Bibliometric, Citation, Citations, Faculty, Library, Methodologies, Research

? Davis, P.M. (2002), The effect of the web on undergraduate citation behavior: A 2000 update. *College & Research Libraries*, **63** (1), 53-60.

Full Text: [2002\Col Res Lib63, 53.pdf](2002\Col%20Res%20Lib63,%2053.pdf)

Abstract: This paper provides a 2000 update to the 1996-1999 citation analysis of undergraduate term papers by Philip M. Davis and Suzanne A. Cohen.(1) the total number of bibliographic citations continued to grow from a median of ten in 1996 to thirteen in 2000. However, this growth is entirely explained by the addition of traditionally nonscholarly materials (Web and newspaper citations). A significant improvement in the accuracy of Internet citations was found when term papers were submitted electronically. In 2000, the first year of electronic submissions, 65 percent of the citations pointed directly to the cited document, up from 55 percent in 1999. Internet citations aged six months in both 1999 and 2000 bibliographies were still irretrievable anywhere on the Internet 16 percent of the time. If more scholarly citations in term papers are to be seen, professors must provide clear expectations in their class assignments. Students should be required to submit an electronic copy of their paper so that Internet citations can be scrutinized for accuracy and plagiarism.

? Nisonger, T.E. (2004), Citation autobiography: An investigation of ISI database coverage in determining author citedness. *College & Research Libraries*, **65** (2), 152-163.

Full Text: [2004\Col Res Lib65, 152.pdf](2004\Col%20Res%20Lib65,%20152.pdf)

Abstract: This article presents a case study investigating the coverage completeness of the Institute for Scientific Information’s citation data for specific authors, based on analysis of this author’s lifetime citation record, which was compiled through the ISI database, searching the literature for nearly fifteen years, and through various Web search engines. It was found that (with self-citations disregarded) the ISI captured 28.8 percent of the total citations, 42.2 percent of print citations, 20.3 percent of citations from outside the United States, and 2.3 percent of non-English citations. The definition and classification of Web citations are discussed. It is suggested that librarians and faculty should not rely solely on ISI author citation counts, especially when demonstration of international impact is important.

Keywords: Analysis, Author, Citation, Citation Counts, Citations, Communication, Faculty, ISI, Productivity, Promotion, Quality, Science, Self-Citations, Tenure, Web

? Kellsey, C. and Knievel, J.E. (2004), Global English in the humanities? A longitudinal citation study of foreign-language use by humanities scholars. *College & Research Libraries*, **65** (3), 194-204.

Full Text: [2004\Col Res Lib65, 194.pdf](2004\Col%20Res%20Lib65,%20194.pdf)

Abstract: the authors counted 16,138 citations within 468 articles found in four journals from history, classics, linguistics, and philosophy in the years 1962, 1972, 1982, 1992, and 2002 in order to identify trends in foreign-language citation behavior of humanities scholars over time. The number of foreign-language sources cited in the four subjects has not declined over time. Consistent levels of foreign-language citation from humanities scholars indicate a need for U.S. research libraries to continue to purchase foreign-language materials and to recruit catalogers and collection development specialists with foreign-language knowledge.

Keywords: Journals, Philosophy

? Burright, M.A., Hahn, T.B. and Antonisse, M.J. (2005), Understanding information use in a multidisciplinary field: A local citation analysis of neuroscience research. *College & Research Libraries*, **66** (3), 198-210.

Full Text: [2005\Col Res Lib66, 198.pdf](2005\Col%20Res%20Lib66,%20198.pdf)

Abstract: Assessing the information needs of a multidisciplinary academic community presents challenges to librarians managing journal collections. This case study analyzed the literature used by the neuroscience community at the University of Maryland to determine the following about the publications they cited: their type, their discipline, and how recent they were relative to the citing publication. The authors searched the ISI Science Citation Index and Social Sciences Citation Index to identify the publishing, citing, and coauthoring patterns of both faculty and graduate students to inform library decisions about collecting journals and other types of literature.

Keywords: Analysis, Case Study, Citation, Citation Analysis, Community, Faculty, Field, Graduate, Information, ISI, Journal, Journals, Literature, Local, Maryland, Multidisciplinary, Needs, Publication, Publications, Publishing, Research, Science Citation Index, Students

? Georgas, H. and Cullars, J. (2005), A citation study of the characteristics of the linguistics literature. *College & Research Libraries*, **66** (6), 496-515.

Full Text: [2005\Col Res Lib66, 496.pdf](2005\Col%20Res%20Lib66,%20496.pdf)

Abstract: By analyzing the citation patterns of the linguistics literature, the authors provide a bibliometric description of the discipline that will help librarians who have reference, instruction, or collection development responsibilities in this area understand it better. One important aspect of such an understanding is determining where linguistics classifies within the humanities, the social sciences, and the sciences. Based on several of the citation patterns discovered, namely the importance of recent publications to the field, and the prominence of journals as a primary vehicle of scholarly communication, this analysis concludes that linguistics more closely resembles the disciplines of the social sciences.

Keywords: Behavioral-Sciences, Bibliometric, English, Fine-Arts, Humanities Scholars, Journals, Monographs, Philosophy, Publications, Research Performance, Scholarly Communication, Sciences, Social-Sciences

? Ortega, L. and Antell, K. (2006), Tracking cross-disciplinary information use by author affiliation: Demonstration of a method. *College & Research Libraries*, **67** (5), 446-462.

Full Text: [2006\Col Res Lib67, 446.pdf](2006\Col%20Res%20Lib67,%20446.pdf)

Abstract: In this paper, we report the results of a bibliometric study in which we track cross-disciplinary citation behavior in the sciences. We hypothesize that cross-disciplinary citation in the sciences increased over the time period 1985-2000. Unlike most previous studies in this area, we assign discipline to a paper by its first author’s affiliation, and we hypothesize that assigning papers to disciplines based on first-author affiliation would yield results consistent with previous findings on cross-disciplinary citation rates in the sciences. Using the output of scientists in Biological Sciences, Chemistry, and Physics departments at 12 large research universities in 1985, 1990, 1995, and 2000 as our data set, we measure the cross-disciplinary citation rates of each discipline and compare our results to the findings of previous studies in this area.

Keywords: Behavior, Bibliometric Study, Cocitation Maps, Context, Core Journal Networks, Fields, Impact, Information, Interdisciplinary Research, Management, Multidisciplinary, Output, Paper, Patterns, Research, Sciences, Universities, Yield

? Blessinger, K. and Frasier, M. (2007), Analysis of a decade in library literature: 1994-2004. *College & Research Libraries*, **68** (2), 155-169.

Full Text: [2007\Col Res Lib68, 155.pdf](2007\Col%20Res%20Lib68,%20155.pdf)

Abstract: the purpose of this study was to analyze trends in publication and citation in library and information science journals over a decade (1994-2004) of the literature. This examination revealed the areas of concentration within the research, frequently published subjects through the years, and the characteristics of the top-cited authors and resources during this time. This information allows those in the field to follow the trends in publication, gives researchers the tools to determine which journals might give their work the most exposure and recognition, and can help libraries to make collection management decisions in this subject area.

Keywords: Affiliation, Authorship, Citation, Information-Science Research, Publication

? Vallmitjana, N. and Sabate, L.G. (2008), Citation analysis of Ph.D. dissertation references as a tool for collection management in an academic chemistry library. *College & Research Libraries*, **69** (1), 72-81.

Full Text: [2008\Col Res Lib69, 72.pdf](2008\Col%20Res%20Lib69,%2072.pdf)

Abstract: A bibliometric study was carried out on the citations within the chemistry field Ph.D. dissertations to ascertain what types of documents are the most frequently used in the research process, the most frequently consulted journals and obsolescence rate of the journals. The analysis covered 46 doctoral theses presented at the Institut Quimic de Sarria (IQS) from 1995 to 2003. The results obtained from the 4,203 citations revealed that the most frequently used documents were scientific papers, which accounted for 79 percent of the total; 33 journals met 50 percent of the informational needs; and the age of 50 percent of the citations was no older than 9 years. Finally, the results can be used as a tool for the collection management of the library.

Keywords: Academic, Analysis, Chemistry, Citation, Citation Analysis, Collection, Management, References, Tool

? White, H.D. (2008), Better than brief tests: Coverage power tests of collection strength. *College & Research Libraries*, **69** (2), 155-174.

Full Text: [2008\Col Res Lib69, 155.pdf](2008\Col%20Res%20Lib69,%20155.pdf)

Abstract: Improving on ideas developed in Brief Tests of Collection Strength, this paper presents coverage power tests, an empirical method for evaluating collections in all types of libraries by means of ranked holdings counts from OCLC’s WorldCat. The new method measures library coverage of subject literatures across levels of the WLN or RLG collection intensity scales that are increasingly difficult to attain. It defines literatures and collections unambiguously, permits objective comparisons of libraries, and is potentially automatable. Results of 38 tests in nine subjects at 30 libraries have high face validity in rating collections. Graphical analysis with the new method also clarifies the bibliometric relation between individual collections and subject literatures.

Keywords: Analysis, Bibliometric, Collection, Coverage, Mar, Power, Scales, Strength, Validity

? Hyde, G. (2009), Documentation: A history and critique of attribution, commentary, glosses, marginalia, notes, bibliographies, works-cited lists, and citation indexing and analysis. *College & Research Libraries*, **70** (1), 88-89

Full Text: [2009\Col Res Lib70, 88.pdf](2009\Col%20Res%20Lib70,%2088.pdf)

Keywords: Attribution, Citation, History

? Hendrix, D. (2010), Relationships between Association of Research Libraries (ARL) statistics and bibliometric indicators: A principal components analysis. *College & Research Libraries*, **71** (1), 32-41.

Full Text: [2010\Col Res Lib71, 32.pdf](2010\Col%20Res%20Lib71,%2032.pdf)

Abstract: This study analyzed 2005-2006 Web of Science bibliometric data from institutions belonging to the Association of Research Libraries (ARL) and corresponding ARL statistics to find any associations between indicators from the two data sets. Principal components analysis on 36 variables from 103 universities revealed obvious associations between size-dependent variables, such as institution size, gross totals of library measures, and gross totals of articles and citations. However, size-independent library measures did not associate positively or negatively with any bibliometric indicator. More quantitative research must be done to authentically assess academic libraries’ influence on research outcomes.

Keywords: Articles, Author Self-Citations, Bibliometric, Citations, Faculty Publishing Productivity, Impact-Factors, Research, Science, Science Policy, Statistics, Universities, Web of Science

? Kayongo, J. and Helm, C. (2012), Relevance of library collections for graduate student research: A citation analysis study of doctoral dissertations at Notre Dame. *College & Research Libraries*, **73** (1), 47-67.

Full Text: [2012\Col Res Lib73, 47.pdf](2012\Col%20Res%20Lib73,%2047.pdf)

Abstract: This study focused on determining the extent to which collections of the Hesburgh Libraries of Notre Dame met the needs of graduate students. This study data (2005-2007) consisted of a citation analysis of 248 dissertations and focused on the following questions: What were the graduate students citing in their dissertations? Did the library own the cited items? How did the disciplines compare in their citation patterns? the data showed that over 90 percent of the 39,106 citations were to books and journals. The libraries owned 67 percent of the items graduate students cited in their dissertations. The libraries owned 83 percent of the Arts & Humanities, 90 percent of the Engineering, 92 percent of the Science, and 75 percent of the Social Sciences sources in the top 1,000 most cited titles, indicating a need for funding for further development of Social Sciences collections in the Hesburgh Libraries.

Keywords: Analysis, Arts, Citation, Citation Analysis, Citations, Development, Dissertations, Education, Faculty, Funding, Graduate, Graduate Students, Humanities, Information Use, Journals, Libraries, Management, Patterns, References, Research, Science, Sciences, Social Sciences, Students, Theses

? Duy, J. and Lariviere, V. (2014), Relationships between interlibrary loan and research activity in Canada. *College & Research Libraries*, **75** (1), 5-19.

Full Text: [2014\Col Res Lib75, 5.pdf](2014\Col%20Res%20Lib75,%205.pdf)

Abstract: Interlibrary Loan borrowing rates in academic libraries are influenced by an array of factors. This article explores the relationship between interlibrary loan borrowing activity and research activity at 42 Canadian academic institutions. A significant positive correlation was found between interlibrary loan borrowing activity and measures of research activity. The degree of correlation observed depended on the category of institution, with undergraduate and comprehensive universities showing the largest correlations. This is the first study to quantify the relationship between interlibrary loan and research activity, and the findings suggest that interlibrary loan plays a role in supporting academic research at Canadian universities.

Keywords: Academic Libraries, Activity, Article, Bibliometric Indicators, Canada, Correlation, Correlations, Document Delivery, Electronic Journals, First, Humanities, Impact, Institutions, Libraries, Measures, Rates, Research, Role, Social-Sciences, Undergraduate, Universities, University

? Page, J.R., Moberly, H.K., Youngen, G.K. and Hamel, B.J. (2014), Exploring the veterinary literature: A bibliometric methodology for identifying interdisciplinary and collaborative publications. *College & Research Libraries*, **75** (5), 664-683.

Full Text: 2014\Col Res Lib75, 664.pdf

Abstract: Veterinary medical research traditionally focuses on animal health and wellness; however, research activities at veterinary colleges extend beyond these traditional areas. In this study, we analyzed eleven years of Web of Knowledge-indexed peer-reviewed articles from researchers at the twenty-eight United States American Veterinary Medical Association (AVMA) accredited veterinary colleges. We had three goals in assessing the published literature of veterinary college researchers. First, we identified a list of journals and research areas outside veterinary medicine in which veterinary researchers publish. This list of journals can be customized to identify those most essential at each institution. Second, we identified collaborative work by veterinary researchers across disciplines and institutions. Using textual analysis tools and visualizations helped us illustrate and clarify these data. Last, we developed a methodology for defining an interdisciplinary serials list outside a subject core that can be customized for specific institutions and subject areas.

Keywords: Analysis, Articles, Assessing, Association, Bibliometric, College, Data, Disciplines, From, Health, Institutions, Interdisciplinary, Journals, Literature, Medical, Medical Research, Medicine, Methodology, Peer-Reviewed, Publications, Research, Research Areas, Researchers, Serials, United States, Veterinary, Web, Wellness, Work

# Title: Collegian

Full Journal Title: Collegian

ISO Abbreviated Title: Collegian

JCR Abbreviated Title: Collegian

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories

: Impact Factor

? Andrews, K.L., Jones, S.C. and Mullan, J. (2014), Asthma self management in adults: A review of current literature. *Collegian*, **21** (1), 33-41.

Full Text: [2014\Collegian21, 33.pdf](2014\Collegian21,%2033.pdf)

Abstract: Self management programs for chronic conditions, such as asthma, have an important place in healthcare delivery. When properly implemented, they can curb the impact of disease and reduce both the high personal costs for individuals and significant financial costs for health care systems. The purpose of this review was to establish an understanding of current published literature on asthma self management programs in adults and to identify any reported attributes or components which serve to either assist or obstruct the uptake of self management strategies. Electronic data sources including Scopus, Proquest 5000, CINAHL, PubMed and Web of Science were accessed and literature searches were conducted using the key terms: asthma, chronic disease, self management, morbidity, quality of life, health outcomes, patient education and best practice. Inclusion criteria for the search included journal articles relating to adults with asthma published in English in peer reviewed journals from 1995 to 2011. Exclusion criteria included research targeting children, parents of children or families; and articles examining Asthma and COPD (or any other co-morbidity). Sixty four articles were included in this review due to their relevance to the major components of asthma self management, as defined by the Australian Asthma Management Handbook. A major conclusion from this review was that the uptake of asthma self management strategies is poor despite global recommendations for over twenty years; and that a likely reason for this is that generic asthma self management advice does not engage the individual with asthma. (C) 2013 Australian College of Nursing Ltd. Published by Elsevier Ltd.

Keywords: Action Plans, Asthma, Asthma Action Plan, Australian, Care, Children, Chronic, Chronic Disease, Chronic Illness, Comorbidity, Copd, Costs, Criteria, Data, Delivery, Disease, Education, English, Families, General-Practice, Global, Health, Health Care, Health Outcomes, Health-Promotion, Impact, Journal, Journal Articles, Journals, Life, Literature, Literature Review, Management, Medication Adherence, Morbidity, Nursing, Outcomes, Parents, Patient Education, Peak-Expiratory-Flow, Peer Reviewed Journals, Peer-Reviewed, Population Survey, Practice, Primary-Care, Pubmed, Purpose, Quality, Quality Of, Quality of Life, Quality-Of-Life, Randomized-Trial, Recommendations, Relevance, Research, Review, Science, Scopus, Self, Self Management, Self-Management, Sources, Systems, Targeting, Understanding, Uptake, Web of Science

# Title: Collegium Antropologicum

Full Journal Title: [Collegium Antropologicum](http://www.collantropol.hr/?id_0=2)

ISO Abbreviated Title: Coll. Anthropol.

JCR Abbreviated Title: Collegium Antropol

ISSN: 0350-6134

Issues/Year: 2

Journal Country/Territory: Croatia

Language: Multi-Language

Publisher: Collegium Antropologicum

Publisher Address: Inst Anthropological Res, P O Box 290, Ulica Grada Vukovara 72/IV, 10000 Zagreb, Croatia

Subject Categories:

Anthropology: Impact Factor 0.414,/(2001)

Notes: TTopic, CCountry

Klaić, Z.B. and Klaić, B. (1997), Scientometric analysis of anthropology in the Republic of Croatia for the period of 1980-1996. *Collegium Antropologicum*, **21** (1), 301-318.

Full Text: [1997\Col Ant21, 301.pdf](1997\Col%20Ant21,%20301.pdf)

Abstract: Anthropologists from the Republic of Croatia have published 254 scientific papers in the period from 1980-1996, that are included in the secondary publication. Social Science Citation Index. Scientists working in the scientific subfield anthropology participate with approximately 2% in the overall scientific output of the Republic of Croatia. Thirty-six international articles were published (14.2% of the total number), while the rest of 218 papers were published solely by domestic authors. An average anthropological paper is published by 3.06 authors, and approximately one-third of all articles by a single author. The major part of scientific papers (237 articles or 93.3%), Croatian anthropologists have published in a domestic primary scientific journal Collegium Antropologicum. All scientific papers together obtained 380 citations or 1.5 citations per article. The citation of articles is approximately 60% above the expected average for the respective journals. Published international papers had 6.6 citations, while articles by domestic authors had 0.65 citation per paper Anthropological scientific papers obtained 154 independent citations and participate with 40.5% in the total number of citations. In the first five years after publishing, 166 articles (65.4% of the total number) were not cited, while the world’s average for the scientific subfield anthropology was greater, 79.5% uncited articles. Only 19.4% of international papers and 72.9% of domestic papers were not cited in this five-year period. Based on scientometric indicators of a scientific output, that is, the number of published papers, partial scientific contribution, i.e., partial authorship, and scientific influence, i.e. number of citations, a method for the evaluation of scientific papers and their authors has been suggested in this paper.

Notes: TTopic

? Klaic, B. (1999), The use of scientometric parameters for the evaluation of scientific contributions. *Collegium Antropologicum*, **23** (2), 751-770.

Full Text: [1999\Col Ant23, 751.pdf](1999\Col%20Ant23,%20751.pdf)

Abstract: This paper deals with the application of scientometric parameters in the evaluation of scientists, either as individuals or in small formal groups. The parameters are divided into two groups: parameters of scientific productivity and citation parameters. The scientific productivity teas further subdivided into three types of parameters: (i) total productivity, (ii) partial productivity, and (iii) productivity in scientific fields and subfields. These citation parameters were considered: (i) impact factors of journals, (ii) impact factors of scientific fields and subfields, (iii) citations of individual papers, (iv) citations of individual authors, (v) expected citation rates and relative citation rates, and (ui) self-citations, independent citations and negative citations. Particular attention was payed to the time-dependence of the scientometric parameters. If available, numeric values of the world parameters were given and compared with the data about the scientific output of Croatian scientists.

Keywords: Citation Analysis, Journals, Croatia, Impact, Period, Tool

? Rudan, P., Skaric-Juric, T. and Rudan, I. (2003), Our “Collegium Antropologicum” officially the most improved social science journal in the world for mid-2002. *Collegium Antropologicum*, **27** (1), S1-S4.

Full Text: [2003\Col Ant27, S1.pdf](2003\Col%20Ant27,%20S1.pdf)

Abstract: Thomson ISI(R)’s bimonthly web-product ISI Essential Science Indicators (ESP is an in-depth analytical tool that regularly reports quantitative analyses of research performance and science trends, covering about 8,500 scientific journals from the entire world. In each issue ESI lists the scientists, institutions, countries and journals that are most improved from one update to the next, i.e. that show the largest percentage increase in total citations. In its edition of January 2003, it reported that our Collegium Antropologicum was the most improved journal in the field of Social Sciences during the period from July 2002 to September 2002. The field of Social Sciences is one of 22 categories of science regularly analyzed by ESI. It includes anthropology, public health, sociology, social work and policy, political science, law, education, communication, library and information sciences, environmental studies and rehabilitation. Due to journal’s success, which is based on publications of predominantly Croatian scientists within the past seven post-war years, Croatia was also officially the most improved among more than 200 countries, and University of Zagreb was the most improved in the field of Social Science among thoUSAnds of other institutions. We hope that this is an early sign of revival of the scientific activity in our country after the War in Croatia (1991-1995).

Keywords: Citations, Collegium Antropologicum, Croatia, Journal, Journals, Library and Information Sciences, Publications, Research, Scientific Journals, Social Sciences

Notes: CCountry

? Radut, D.S. and Sanz-Valero, J. (2011), Croatian bibliometric analysis, 2000-2007. *Collegium Antropologicum*, **35** (2), 269-274.

Full Text: [2011\Col Ant35, 269.pdf](2011\Col%20Ant35,%20269.pdf)

Abstract: To develop search filters and retrieve information estimating the Croatian scientific output (SO) focusing on Public Health (PH) and Preventive Medicine (PM) in MEDLINE. A PubMed search of the MEDLINE database was performed to retrieve articles added to this database between 2000 and 2007. Search filters inspired by previous strategies were applied involving ‘geographical’, ‘place of publication’, ‘subject’ and ‘language of publication’ aspects. An evaluation of the geographical filter performance was done and sensitivity and specificity were calculated. There were obtained publications in several languages, originated in Croatia, published in Croatia and/or abroad. The Croatian SO in the field of PH-PM was obtained for the same period of time by combining search filters. The evaluation of the filter performance showed sensitivity 95.56% and specificity 100%. The filters constructed permitted the retrieval of the Croatian eight years research output. Increased tendency was observed in the global SO evolution and in the PH-PM area as well. The main languages of publication were English and Croatian. This study is a contribution to research in the field of scientific documentation and further analysis is recommended in constructing and developing search filters to retrieve and focus on specific information.

Keywords: Analysis, Bibliographic, Bibliometric, Bibliometrics, Contribution, Croatia, Databases, Documentation, Evaluation, Evolution, Filter, Health, Information, Journals, Medicine, MEDLINE, pH, Preventive Medicine, Public Health, Publication, Publications, PUBMED, Research, Research Output, Scientific Documentation, Scientific Output, Sensitivity, Sensitivity and Specificity, Specificity

? Gualdi-Russo, E. and Fonti, G. (2013), Recent trend and perspectives in forensic anthropology: A bibliometric analysis. *Collegium Antropologicum*, **37** (2), 595-599.

Full Text: 2013\Col Ant37, 595.pdf

Abstract: This paper evaluates research in Forensic Anthropology (FA) in order to report on the state of this field of science. In particular, we carried out a review of all PubMed-listed scientific studies in the past decades using “forensic anthropology” as the keyword. In our “meta-analysis”, we observed variation in the number of publications per 2-year interval throughout the study period. In total, 1589 studies were found in the database and 1292 of them were published in the period 2000-2009. There was a significant positive correlation between the number of published articles and time (subdivided into 2-year intervals). The rate of increase was lower in the last decade. Based on the observed trend, we expect that the phenomenon will continue in the near future, reaching a number close to 400 FA publications in PubMed in the biennium 2012-13. We also carried out a specific content analysis of all FA papers published in the journal Forensic Science International in the last decade. During this period, the majority of FA papers concerned skeletal biology, although there was a positive shift toward virtual anthropological studies.

Keywords: Analysis, Article, Bibliometric, Bibliometric Analysis, Bibliometrics, Biology, Content Analysis, Correlation, Database, Field, Forensic Anthropology, Interval, Intervals, Italy, Journal, Papers, Publications, Published Articles, Pubmed, Recent, Research, Research Trend, Review, Science, Specialty, State, Trend

# Title: Collnet Journal of Scientometrics and Information Management

Full Journal Title: Collnet Journal of Scientometrics and Information Management

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Gupta B.M., Bala, A. and Gupta, R. (2013), World research output in conjunctivitis research: A quantitative analysis during 2002-11. *Collnet Journal of Scientometrics and Information Management*, **7** (2), 261-275.

Full Text: 2013\Col J Sci Inf Man7, 261.pdf

Abstract: This study analyses the global publications output in conjunctivitis research during 2002-11 on several parameters including contribution & citation impact of top 15 most productive countries, diff erent types of conjunctivitis research, research output by diff erent population age groups, subject-wise break-up of research output, relatedness of various diseases to conjunctivitis research, international collaborative share, research contribution and impact of top institutions and authors and productivity of the top journals. The Scopus Citation Database has been used to retrieve the data for 10 years (2002-11) by searching the keywords “conjunctivitis” in the combined Title, Abstract and Keywords fi elds. The study revealed that the world publications output in conjunctivitis research consisted of 8550 papers during 2002-11, which increased from 604 papers in 2002 to 945 papers in 2011, witnessing an annual average growth rate of 5.44%. The world publications registered the average citation impact per paper of 5.72 during 2002-11, decreasing from 6.87 during 2002-06 to 4.74 during 2007-11.

Keywords: Conjunctivitis Research, Eye Disease, Publications, Scientometrics

# Title: Colombia Medica

Full Journal Title: Colombia Medica

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Camps, D. (2008), Limits of bibliometrics indicators in biomedical scientific research evaluation. *Colombia Medica*, **39** (1), 74-79.

Full Text: [2008\Col Med39, 74.pdf](2008\Col%20Med39,%2074.pdf)

Abstract: the use of bibliometrics indicators to study research activity is based on which the scientific publications are essential product of this activity, and provide information about the research process, its volume, evolution, visibility and structure. So, they allow to value the scientific activity, and influences (or impact) of the work and the sources. The bibliometrics studies, altogether with other indicators, allows an objective quantification of the knowledge, and are harnessed by the present explosion of the knowledge and its compilation in bibliographical data bases.

Keywords: Activity, Bibliometrics, Biomedical, Data, Evaluation, Evolution, Explosion, Impact, Impact Factor, Impact Factors, Indicators, Influences, Information, Journals, Knowledge, Latin America, Objective, Process, Publication, Publications, Quantification, Research, Research Evaluation, Science, Scientific Publications, Scientific Research, Sources, Structure, Value, Visibility, Volume, Work

? Bacteriol, V.T., Velasquez, C., Burgos, L.C., Carmona, J., Correa, A., Maestre, A. and Uscategui, R. (2008), Retinol levels, iron status, malaria and intestinal parasites: TH1/TH2 cytokines relationship. *Colombia Medica*, **39** (3), 276-286.

Full Text: 2008\Col Med39, 276.pdf

Abstract: Introduction: Malaria infection, anaemia and intestinal parasitism, are important public health problems in Colombia. Available data suggests that these are not separate conditions, but interrelated. On the other hand, retinol supplementation successfully decreases mortality in children. In malaria endemic areas, this supplement reduces severe malaria in children, due to immune modulation by retinol. For example, retinoic acid induced a bias towards a TH2 immune response, an event that is associated with protection against severe anaemia. This review aimed at describing some relationships, reported in global biomedical literature, between retinol and malaria; retinol and anaemia; retinol, malaria and intestinal parasites; anaemia and malaria; and to how the TH1/TH2 cytokine pattern in individuals with malaria changes according to retinol supplementation. Methods: the following biomedical literature databases were consulted: MEDLINE, Lilacs, Spingerlik, Md. Consultant, Web of Science, Ovid, Scient Direct, Ebsco and Cochrane. Information documenting prevalence of malnutrition, subclinical retinol deficiency, anaemia and malaria in Colombian children, as well as papers on the anti-infectious role of retinol were also. Results: A relationship between malaria and intestinal parasitic infections was reported. Some studies indicate that helminth infection predispose children to suffer malaria. On the other hand, these intestinal parasites have also been associated with anaemia and low retinol plasma concentrations, which in turn are associated with malaria. No corelation regarding a simultaneous link between all these conditions, and the TH1/TH2 balance was observed. Conclusions: the study of associations between malaria, anaemia, intestinal parasite infections and low retinol level, with the TH1/TH2 cytokine response as centerpiece is essential to prevent or provide early treatment.

Keywords: Anaemia, Balance, Bias, Biomedical, Biomedical Literature, Children, Cochrane, Colombia, Cytokines, Databases, Deficiency, Erythropoietin, Helminth, Immunity, In-Vitro, Induced, Infection, Iron, Literature, Malaria, Methods, Mortality, Papers, Plasma, Plasmodium-Falciparum Malaria, Prevalence, Public Health, Retinol, Review, Science, Serum Retinol, Treatment, Vitamin-A Supplementation, Web of Science, X-Receptor

# Title: Colorectal Disease

Full Journal Title: Colorectal Disease

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Toorenvliet, B.R., Swank, H., Schoones, J.W., Hamming, J.F. and Bemelman, W.A. (2010), Laparoscopic peritoneal lavage for perforated colonic diverticulitis: A systematic review. *Colorectal Disease*, **12** (9), 862-867.

Full Text: [2010\Col Dis12, 862.pdf](2010\Col%20Dis12,%20862.pdf)

Abstract: Aim This systematic review aimed to evaluate the efficacy, morbidity and mortality of laparoscopic peritoneal lavage for patients with perforated diverticulitis. Method We searched PUBMED, EMBASE, Web of Science, the Cochrane Library and CINAHL databases, Google Scholar and five major publisher websites without language restriction. All articles which reported the use of laparoscopic peritoneal lavage for patients with perforated diverticulitis were included. Results Two prospective cohort studies, nine retrospective case series and two case reports reporting 231 patients were selected for data extraction. Most (77%) patients had purulent peritonitis (Hinchey III). Laparoscopic peritoneal lavage successfully controlled abdominal and systemic sepsis in 95.7% of patients. Mortality was 1.7%, morbidity 10.4% and only four (1.7%) of the 231 patients received a colostomy. Conclusion There have been no publications of high methodological quality on laparoscopic peritoneal lavage for patients with perforated colonic diverticulitis. The published papers do, however, show promising results, with high efficacy, low mortality, low morbidity and a minimal need for a colostomy.

Keywords: Anastomosis, Case Reports, Case Series, Cochrane, Cohort Studies, Colonic, Complicated Diverticulitis, Databases, Disease, Diverticulitis, Efficacy, Embase, Generalized Peritonitis, Google Scholar, Hartmann Procedure, J-Surg 2008, Laparoscopy, Management, Morbidity, Mortality, Papers, Peritoneal Lavage, Peritonitis, Practice Parameters, Primary Resection, Publications, Pubmed, Review, Science, Sigmoid Diverticulitis, Systematic, Systematic Review, Web of Science, Websites

? Nielsen, M.B., Laurberg, S. and Holm, T. (2011), Current management of locally recurrent rectal cancer. *Colorectal Disease*, **13** (7), 732-742.

Full Text: [2011\Col Dis13, 732.pdf](2011\Col%20Dis13,%20732.pdf)

Abstract: Aim A review of the literature was undertaken to provide an overview of the surgical management of locally recurrent rectal cancer (LRRC) after the introduction of total mesorectal excision (TME). Method A systematic literature search was undertaken using PUBMED, EMBASE, Web of Science and Cochrane databases. Only studies on patients having surgery for their primary tumour after 1995, or if more than half of the patients were operated on after 1995, were considered for analysis. Studies concerning only palliative treatments were excluded. Results A total of 19 studies fulfilled the inclusion criteria. Locally recurrent rectal cancer still occurred in 5-10% of the patients and was a major clinical problem, due to severe symptoms and poor survival. In most studies, 40-50% of all patients with LRRC could be expected to undergo surgery with a curative intent and of those, 30-45% would have R0 resection. Thus, only 20-30% of all patients with LRRC would have a potentially curative operation. The postoperative complication rate varied considerably, from 15 to 68%. The rate of re-recurrence varied from 4 to 54% after curative surgery. The 5-year overall survival varied between 9 and 39% and the median survival between 21 and 55 months. Conclusion Compared with previous studies, the proportion of potentially curative resections seems to have increased, probably due to improved staging, neoadjuvant treatment and increased surgical experience in dedicated centres, which has resulted in a tendency to improved survival.

Keywords: Abdominoperineal Resection, Analysis, Cancer, Cochrane, Colorectal-Cancer, Databases, Intraoperative Radiation-Therapy, Literature, Locally Recurrent Rectal Cancer, Management, Multidisciplinary Team, Outcome, Overview, Pelvic Recurrence, Preoperative Radiotherapy, Primary, PUBMED, Quality-of-Life, Radical Resection, Rectal Cancer, Review, Science, Surgery, Surgical, Surgical Speciality, Survival, Symptoms, Systematic, TME, Total Mesorectal Excision, Treatment, Web of Science

? Papaioannou, D., Cooper, K.L., Carroll, C., Hind, D., Squires, H., Tappenden, P. and Logan, R.F. (2011), Antioxidants in the chemoprevention of colorectal cancer and colorectal adenomas in the general population: A systematic review and meta-analysis. *Colorectal Disease*, **13** (10), 1085-1099.

Full Text: [2011\Col Dis13, 1085.pdf](2011\Col%20Dis13,%201085.pdf)

Abstract: Aim Antioxidants, such as vitamin A, C and E, selenium and beta-carotene, have been proposed as possible agents in the chemoprevention of colorectal cancer and have been the subject of recent trials and reviews. This review aimed to assess the present evidence on the effect of antioxidants on the incidence of colorectal neoplasms in the general population. Method A systematic review of randomized controlled trials was undertaken comparing antioxidants alone or in combination with other agents vs placebo. The following databases were searched for published and unpublished literature: Cochrane Library, MEDLINE, PreMEDLINE, CINAHL, EMBASE, Web of Science, and Biological Abstracts and Research Registers. Studies were quality appraised and extracted. Meta-analysis was performed. Results Twelve studies were identified as relevant. In the nine comparing antioxidants with no antioxidants (n = 148 922), There was no difference in the incidence of colorectal cancer [relative risk (RR) 1.00, 95% confidence interval (CI) 0.88-1.13]. One study assessed the effect of antioxidants on adenoma formation (n = 15 538) and did not demonstrate a statistically significant effect (RR 1.47, 95% CI 0.97-2.23). of 14 discrete analyses for different combinations of antioxidants, only one reported a statistically significant increase in relative risk of adenoma formation in participants receiving vitamin E (RR 1.74, 95% CI 1.09-1.79, P = 0.02) or vitamin E plus beta-carotene (RR 1.63, 95% CI 1.01-2.63, P = 0.04). Effectiveness did not seem to differ between healthy populations, participants with cardiovascular risk factors or populations exposed to smoking or asbestos. Conclusion the review demonstrates that antioxidants (vitamin A, C and E, selenium and beta-carotene), as single agents, in combination with other antioxidants or in combination with other agents, are not effective in the chemoprevention of colorectal neoplasia in the general population. This questions their involvement in future randomized controlled trials of chemoprevention in colorectal cancer.

Keywords: Adenoma, Adenomas, Beta-Carotene Supplementation, Cancer, Cardiovascular, Cardiovascular Risk, Cardiovascular-Disease, Chemoprevention, Cochrane, Colorectal Cancer, Databases, Effectiveness, Embase, Folic-Acid, Incidence, Involvement, Literature, Long-Term Supplementation, MEDLINE, Meta Analysis, Meta-Analysis, Neoplasia, Neoplasms, Placebo-Controlled Trial, Primary Prevention, Randomized Controlled Trials, Randomized Controlled-Trial, Relative Risk, Research, Review, Risk, Risk Factors, Science, Selenium, Selenium Supplementation, Services-Task-Force, Smoking, Systematic, Systematic Review, Vitamin E, Vitamin-E, Web of Science

? Swank, H.A., Eshuis, E.J., Ubbink, D.T. and Bemelman, W.A. (2011), Is routine histopathological examination of appendectomy specimens useful? A systematic review of the literature. *Colorectal Disease*, **13** (11), 1214-1221.

Full Text: [2011\Col Dis13, 1214.pdf](2011\Col%20Dis13,%201214.pdf)

Abstract: Aim Histopathological examination of the appendix after appendectomy is routinely performed. The object of this systematic review is to determine whether routine histopathological examination of the appendix is justified. Method PubMed, EMBASE, Web of Science and the Cochrane library were searched without language restriction up to 1 October 2009. All articles that reported on the incidence of histopathologically proven aberrant appendiceal pathology were included. Results Nineteen case series reported the incidence of a benign neoplasm [0.5%, weighted mean (WM)], malignant neoplasm (0.2%, WM) and other pathology (0-14%). Nine articles reported the sensitivity of the intra-operative findings to detect aberrant diagnoses. Parasitic infection was detected in 0-19%, endometriosis in 0% and granulomatosis in 0-11% of cases. Five articles addressed the consequences of aberrant pathology. Most patients with parasite infection, granulomatosis and malignant neoplasms underwent additional investigation or treatment, in contrast to patients with a benign neoplasm. Conclusion the incidence of unexpected findings in appendectomy specimens is low and the intra-operative diagnosis alone appears insufficient for identifying unexpected disease. The benefit of histopathology is studied inadequately. From the present available evidence, routine histopathology cannot be judged as useless.

Keywords: Acute Appendicitis, Appendix, Appendixes, Carcinoid-Tumors, Case Series, Cochrane, Diagnosis, Disease, Embase, Incidence, Infection, Literature, Low, Neoplasms, Pathology, Patients, Pubmed, Review, Routine, Science, Sensitivity, Specimens, Surgical Pathology, Systematic, Systematic Review, Treatment, Web of Science

? Cirocchi, R., Trastulli, S., Farinella, E., Desiderio, J., Listorti, C., Parisi, A., Noya, G. and Boselli, C. (2012), Is inferior mesenteric artery ligation during sigmoid colectomy for diverticular disease associated with increased anastomotic leakage? A meta-analysis of randomized and non-randomized clinical trials. *Colorectal Disease*, **14** (9), e521-e529.

Full Text: [2012\Col Dis14, e521.pdf](2012\Col%20Dis14,%20e521.pdf)

Abstract: Aim A meta-analysis was conducted to compare preservation with ligation of the inferior mesenteric artery (IMA) during sigmoidectomy for diverticular disease. Method Randomized and non-randomized clinical trials were identified using the following electronic databases: MEDLINE, Embase, Cochrane Central Register of Controlled Trials, CINAHL, BioMed Central, Science Citation Index, Greynet, SIGLE, National Technological Information Service, British Library Integrated Catalogue. The analysed end-points were the anastomotic leakage rate, overall morbidity and 30-day postoperative mortality. Results Four studies were included involving 400 patients. The anastomotic leakage rate was 7.3% in the preservation group and 11.3% in the ligation group. There was no statistically significant difference between the groups (OR 0.72, 95% CI 0.114.76; P = 0.73). Overall morbidity and 30-day postoperative mortality were not compared since these data were reported in only one study. Conclusion The meta-analysis did not show any advantage for preservation of the IMA during sigmoid colectomy for diverticular disease in terms of anastomotic leakage.

Keywords: Anastomotic Leakage, Artery, Artery Ligation, Bias, Blood-Flow, Citation, Clinical, Clinical Trials, Colectomy, Data, Databases, Disease, Diverticular Disease, Diverticulitis, Inferior Mesenteric Artery, Laparoscopy, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Morbidity, Mortality, P, Patients, Postoperative, Preservation, Quality, Randomized, Rectum, Resection, Science, Science Citation Index, Sigmoidectomy

? Zhong, D.D., Shao, L.M. and Cai, J.T. (2013), Endoscopic mucosal resection vs endoscopic submucosal dissection for rectal carcinoid tumours: A systematic review and meta-analysis. *Colorectal Disease*, **15** (3), 283-291.

Full Text: [2013\Col Dis15, 283.pdf](2013\Col%20Dis15,%20283.pdf)

Abstract: Aim Endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD) are used for the removal of rectal carcinoid tumours. There are no current guidelines or consensus on the optimal treatment strategy for these lesions. A systematic review was conducted to compare the efficacy and safety of ESD and EMR. Method The generation of inclusion criteria and analysis of data were based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses recommendations. A systematic literature review was conducted using the following databases: MEDLINE, Embase, SpringerLink, Elsevier ScienceDirect, Science Citation Index and the Cochrane Library. Only papers comparing treatment of rectal carcinoid tumours by EMR and by ESD were selected. The data collected included the patients’ demographic information, interventions made, observed outcome and sources of bias. Results Four papers were included in this systematic review and meta-analysis. ESD was more effective than EMR in complete resection (OR 0.29; 95% CI 0.140.58; P=0.000). ESD was as safe as EMR [rate difference (RD) 0.01; 95% CI 0.07 to 0.05; P=0.675]. Recurrence rates did not differ significantly between the EMR and ESD groups (RD 0.04; 95% CI 0.01 to 0.09; P=0.150). The duration of ESD was longer than EMR (standardized mean difference 1.73; 95% CI 2.73 to 0.74; P=0.001). Conclusion The study indicates that ESD is the better treatment for rectal carcinoid tumours.

Keywords: Analysis, Bias, Citation, Complete, Consensus, Criteria, Data, Databases, Dissection, Duration, Efficacy, EMR, Endoscopic Mucosal Resection, Endoscopic Submucosal Dissection, Generation, Groups, Guidelines, Information, Interventions, Literature, Literature Review, Mar, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Mucosal, Outcome, Papers, Patients, Rates, Recommendations, Rectal Carcinoid Tumours, Removal, Results, Review, Safety, Science, Science Citation Index, Sources, Strategy, Systematic Review, Treatment

# Title: Commonwealth and Comparative Politics

Full Journal Title: [Commonwealth and Comparative Politics](http://www.informaworld.com/smpp/title~content=t713720447~db=all)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Pierson, C. (2003), Learning from labor? Welfare policy transfer between Australia and Britain. *Commonwealth and Comparative Politics*, **41** (1), 77-100.

Full Text: [2003\Com Com Pol41, 77.pdf](2003\Com%20Com%20Pol41,%2077.pdf)

Abstract: In the emergent literature of social policy transfer, very considerable attention has been directed to the processes of policy exchange between North America and the UK. This paper reports the findings of an investigation into the processes of policy transfer between Australia and the UK under the auspices of the Australian Labor Party in the early 1990s. Particular attention is given to the raft of policies promoting more active labour markets and the reform of student funding. Evidence is found of a real, though qualified impact of Australian policy-making mediated by the very different institutional contexts in Australia and Britain.

Keywords: Policy Transfer, Social Policy, Australia, UK

# Title: Communication Monographs

Full Journal Title: Communication Monographs

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? van Osch, W. and Coursaris, C.K. (2014), Social media research: An assessment of the domain’s productivity and intellectual evolution. *Communication Monographs*, **81** (3), 285-309.

Full Text: [2014\Com Mon81, 285.pdf](2014\Com%20Mon81,%20285.pdf)

Abstract: The purpose of this study is to conduct a bibliographic investigation and meta-analysis of the full body of social media scholarship produced over eight years, since the domain’s emergence in 2004. A total of 610 journal and conference papers were carefully reviewed and subjected to bibliometric and meta-analysis techniques. A number of research questions pertaining to country, institutional, and individual productivity, as well as research design and data practices in the social media field, were proposed and answered. Our results reveal two main challenges faced by the field. First, the social media domain displays limited intellectual diversity in terms of productive and impactful actors-individual, institutions, and countries-as well as publications that have hitherto skewed the domain’s focus in a limited direction. Second, the research design approaches and data practices characterizing the domain seem to reflect methodological singularity characterized by a strong tendency for cross-sectional, individual-level, survey or case-based studies. Furthermore, speculative and anecdotal evidence, based on personal opinions and armchair hypotheses, is extremely widespread and stand in the way of the domain’s methodological and theoretical advancement. These challenges not only help to improve one’s understanding of the identity and intellectual core of social media as a distinct scientific field but can also further prompt academic debate and careful (re)examination of the domain’s scholarly practices and assumptions to ensure its future advancement in the most productive manner.

Keywords: Assessment, Assumptions, Bibliographic, Bibliographic Analysis, Bibliometric, Capital Academic Journals, Citation Analysis, Conference Papers, Country, Data, Data Practices, Design, Discipline, Diversity, Evidence, Evolution, Field, Global Ranking, Impact, Information-Systems Research, Institutions, Investigation, Journal, Knowledge Management, Literature Review, Media, Meta Analysis, Meta-Analysis, Metaanalysis, Online Social Networks, Opinions, Papers, Practices, Productivity, Publications, Purpose, Research, Research Design, Research Productivity, Scholarship, Science, Scientometric Analysis, Singularity, Social, Social Media, Social Network Sites, Survey, Techniques, Technology, Theoretical, Understanding

# Title: Communication Research

Full Journal Title: [Communication Research](http://crx.sagepub.com/archive/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Borgman, C.L. and Paisley, W. (1989), Bibliometric methods for the study of scholarly communication: Preface. *Communication Research*, **16** (5), 581-582.

Full Text: [1989\Com Res16, 581.pdf](1989\Com%20Res16,%20581.pdf)

Keywords: Bibliometric

? Borgman, C.L. (1989), Bibliometrics and scholarly communication: Editor’s introduction. *Communication Research*, **16** (5), 583-599.

Full Text: [1989\Com Res16, 583.pdf](1989\Com%20Res16,%20583.pdf)

Abstract: In recent years there has been a resurgence of interest both in scholarly communication as a research area and in the application of bibliometrics as a research method. This special issue attempts to review current research that applies bibliometric techniques to research questions in scholarly communication. We consider scholarly communication to be the study of how scholars in any field use and disseminate information through formal and informal channels, whereas bibliometrics is the application of mathematics and statistical methods to books and other media of communication. We propose a matrix for the intersection of these two topics of variables studied (producers, artifacts, and concepts of communication) by research questions asked (characterizing scholarly communities, evolution of scholarly communities, evaluation of scholarly contributions, and the diffusion of ideas). Research in these areas is reviewed, and articles in this issue are set in the context of the matrix. Reliability and validity issues in the application of bibliometrics are reviewed briefly.

Keywords: Bibliometrics

? Lievrouw, L.A. (1989), The invisible college reconsidered: Bibliometrics and the development of scientific communication-theory. *Communication Research*, **16** (5), 615-628.

Full Text: [1989\Com Res16, 615.pdf](1989\Com%20Res16,%20615.pdf)

Abstract: In this article, the relationship of bibliometric techniques (especially citation analysis) to communication theory and research is examined, using the invisible college as the principal example. The invisible college is used because it is the best-known model of scientific communication, and because it is based in bibliometric studies of science. As such, the invisible college is typical of constructs that describe processes yet are founded on the study of structures; the ambiguity surrounding the use of the term is symptomatic of the confounding of structure and process in the study of scholarly communication. A revised definition of the invisible college is proposed that reemphasizes its fundamentally communicative nature, and issues for future theory building in scientific communication are suggested.

Keywords: Bibliometrics

Notes: CCountry

? Miyamoto, S., Midorikawa, N. and Nakayama, K. (1989), A view of studies on bibliometrics and related subjects in Japan. *Communication Research*, **16** (5), 629-641.

Full Text: [1989\Com Res16, 629.pdf](1989\Com%20Res16,%20629.pdf)

Abstract: This article surveys studies on bibliometrics and related subjects in Japan. Reviewed articles are classified according to the following categories: (a) studies on bibliometrics—including bibliometric laws, citation studies, scientific communication, and software tools for bibliometrics; and (b) application of bibliometrics—including policies for scientific research, bibliometrics and information retrieval, and databases in oriental languages. An interesting characteristic in the Japanese studies is that databases of texts in oriental languages such as Japanese and Chinese have been developed. Applications of fuzzy set theory to document retrieval using bibliometric techniques are also observed. We emphasize the models and methods used in common between bibliometrics and other fields of sciences.

Keywords: Bibliometrics

? Paisley, W. (1989), Bibliometrics, scholarly communication, and communication-research. *Communication Research*, **16** (5), 701-717.

Full Text: [1989\Com Res16, 701.pdf](1989\Com%20Res16,%20701.pdf)

Abstract: Only a few studies in communication research have focused on bibliometrics or scholarly communication per se, but these concepts are closely tied to strong traditions of communication research in content analysis and organizational communication. Bibliometric studies are becoming common in several fields of science because of the number and accessibility of electronic databases as well as the development of conceptual frameworks in which bibliometric measures are indicative of social processes such as the evolution of scientific specialties and the diffusion of innovations. Research on scholarly communication, and more narrowly on scientific communication, is receiving growing attention because of the problems and costs of disseminating information to scientists, practitioners, and policymakers. With its focus on informal and formal communication processes, this research clearly falls within the province of communication research. However, many of the studies have been conducted by information scientists with a practical need to improve scientific information systems. Communication researchers are beginning to apply bibliometric methods to topics ranging from political communication to the new media. Bibliometrics and the study of scholarly communication present an opportunity for communication researchers and information scientists to collaborate in an area of common interest.

Keywords: Bibliometrics

? Zollars, C. (1994), The perils of periodical indexes - Some problems in constructing samples for content-analysis and culture indicators research. *Communication Research*, **21** (6), 698-716.

Full Text: [1994\Com Res21, 698.pdf](1994\Com%20Res21,%20698.pdf)

Abstract: This article is about a topic neglected in the social science literature on content analysis and culture indicators methodology-problems in using periodical indexes to construct research samples. The author briefly identifies and discusses reasons why article headlines located through Indexes’ subject categories can prove to be misleading indicators and then turn to the methodological difficulties arising from historical and idiosyncratic changes in index subject category headings and subheadings-difficulties particularly relevant to longitudinal research. The author argues that researchers using an index’s subject categories should test not only for category longevity but also for category coherence and consistency over time. The use of oversampling, cross-references, and other devices is suggested as a means to correct or compensate for hidden inaccuracies in index classification and to construct purposive samples for analytic comparisons.

Keywords: Content Analysis, Indexes, Indicators, Literature, Periodical, Research, Researchers

? Knobloch-Westerwick, S. and Glynn, C.J. (2013), The matilda effect-role congruity effects on scholarly communication: A citation analysis of communication research and journal of communication articles. *Communication Research*, **40** (1), 3-26.

Full Text: [2013\Com Res40, 3.pdf](2013\Com%20Res40,%203.pdf)

Abstract: Using role congruity theory as the basis for the study, an analysis of 1,020 articles published 1991-2005 in Communication Research and Journal of Communication, as well as the ISI citations these articles received and the citations these articles included, was conducted. In line with a hypothesized “Matilda effect” (underrecognition of female scientists), articles authored by female communication scientists received fewer citations than articles authored by males. Hypotheses on moderating impacts of research topic, author productivity, and citing author’s sex, as well as on change in the effect’s extent across time were derived from the theoretical framework. Networking conceptualizations led to an additional hypothesis. Five of six hypotheses were supported.

Keywords: Analysis, Articles, Author Productivity, Bibliometrics, Citation, Citation Analysis, Citations, College-Students, Communication, Faculty, Female, Framework, Gender, Gender-Differences, Impacts, ISI, Journal, Librarianship, Men, Productivity, Research, Role, Role Congruity, Science, Science Communication, Scientists, Sex, Sex-Differences, Theoretical, Theory, Women

# Title: Communication Theory

Full Journal Title: Communication Theory

ISO Abbreviated Title: Commun. Theory

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

White, W.J. (2001), A communication model of conceptual innovation in science. *Communication Theory*, **11**, 290-314.

Full Text: [2001\Com The11, 290.pdf](2001\Com%20The11,%20290.pdf)

# Title: Communications of the ACM

Full Journal Title: [Communications of the ACM](http://portal.acm.org/toc.cfm?id=J79&type=periodical&coll=GUIDE&dl=GUIDE&CFID=100178140&CFTOKEN=68272877)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Samuelson, P. (1994), Self-plagiarism or fair use. *Communications of the ACM*, **37** (8), 21-25.

Full Text: [1994\Com ACM37, 21.pdf](1994\Com%20ACM37,%2021.pdf)

? Schwartz, R.B. and Russo, M.C. (2004), How to quickly find articles in the top IS journals. *Communications of the ACM*, **47** (2), 98-101.

Full Text: [2004\Com ACM47, 98.pdf](2004\Com%20ACM47,%2098.pdf)

Keywords: Articles, Journals

? Collberg, C. and Kobourov, S. (2005), Self plagiarism in computer science. *Communications of the ACM*, **48** (4), 88-94.

Full Text: [2005\Com ACM48, 88.pdf](2005\Com%20ACM48,%2088.pdf)

Keywords: Plagiarism, Science

? Wadler, P. (2005), Beware the consequences of citing self-plagiarism. *Communications of the ACM*, **48** (6), 13.

Full Text: [2005\Com ACM48, 13.pdf](2005\Com%20ACM48,%2013.pdf)

Keywords: Self-Plagiarism

? Neville, C.W. (2005), Beware the consequences of citing self-plagiarism. *Communications of the ACM*, **48** (6), 13.

Full Text: [2005\Com ACM48, 13.pdf](2005\Com%20ACM48,%2013.pdf)

Keywords: Self-Plagiarism

? Wainer, J., Goldenstein, S. and Billa, C. (2011), Invisible work in standard bibliometric evaluation of computer science. *Communications of the ACM*, **54** (5), 141-146

Full Text: [2011\Com ACM54, 141.pdf](2011\Com%20ACM54,%20141.pdf)

Keywords: Google Scholar, Scopus

? Nelson, M.J. (2013), Reconciling ACM Bibliometric Numbers. *Communications of the ACM*, **56** (8), 9.

Full Text: [2013\Com ACM56, 9.pdf](2013\Com%20ACM56,%209.pdf)

Keywords: Bibliometric, New-York, Science, USA

? (2013), Reconciling ACM Bibliometric Numbers Response. *Communications of the ACM*, **56** (8), 9.

Full Text: [2013\Com ACM56, 9.pdf](2013\Com%20ACM56,%209.pdf)

Keywords: Bibliometric, New-York, Science, USA

? Singh, V., Perdigones, A., Garcia, J.L., Canas-Guerroro, I. and Mazarron, F.R. (2015), Analyzing worldwide research in hardware architecture, 1997-2011. *Communications of the ACM*, **58** (1), 76-85.

Full Text: [2015\Com ACM58, 76.pdf](2015/Com%20ACM58,%2076.pdf)

Keywords: Bibliometric Analysis, Category, Computer-Science, Publications, Research, Web

# Title: Communications-European Journal of Communication Research

Full Journal Title: Communications-European Journal of Communication Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Krotz, F. (2013), Academic publications in the age of post-Enlightenment. *Communications-European Journal of Communication Research*, **38** (1), 1-12.

Full Text: [2013\Com-Eur Jou Com Res38, 1.pdf](2013\Com-Eur%20Jou%20Com%20Res38,%201.pdf)

Abstract: This essay deals with phenomena of the publication of academic work: the emergence of science slams, the transformation of open access and the role of the Social Science Citation Index. As a result of the argumentation it becomes clear that publication of scholarly work at least in part becomes an element of regulating academic work following interests which come from the outside. The question of whether a publication marks progress in communication studies is no longer in the focus of publication. This is why we speak of “post-enlightenment”.

Keywords: Academic Publications, Access, Age, Citation, Communication, Communication Studies, Enlightenment, Open, Open Access, Progress, Publication, Publications, Role, Science, Science Citation Index, Science Slam, Social Science Citation Index, SSCI, Transformation, University, Work

# Title: Community Dentistry and Oral Epidemiology

Full Journal Title: Community Dentistry and Oral Epidemiology

ISO Abbreviated Title: Community Dentist. Oral Epidemiol.

JCR Abbreviated Title: Community Dent Oral

ISSN: 0301-5661

Issues/Year: 6

Journal Country/Territory: Denmark

Language: English

Publisher: Munksgaard Int Publ Ltd

Publisher Address: 35 Norre Sogade, PO Box 2148, DK-1016 Copenhagen, Denmark

Subject Categories:

Dentistry, Oral Surgery & Medicine: Impact Factor, 1.196,

Public, Environmental & Occupational Health: Impact Factor, 1.196, 44/85

? Vahanikkila, H., Miettunen, J., Tjaderhane, L., Larmas, M. and Nieminen, P. (2012), The use of time-to-event methods in dental research: A comparison based on five dental journals over a 11-year period. *Community Dentistry and Oral Epidemiology*, **40**, 36-42.

Full Text: [2012\Com Den Ora Epi40, 36.pdf](2012\Com%20Den%20Ora%20Epi40,%2036.pdf)

Abstract: Objectives: Time-to-event methods are used in multivariate data analysis to describe the relationship between patient variables and the timing of an outcome event. The aims of this study were to evaluate the reporting of statistical techniques and results in dental research papers with special reference to time-to-event (TTE) methods and to create guidelines for the appropriate reporting of these methods. Methods: All the original research reports published in five dental journals in 1996, 2001, 2005, 2006, and 2007 were reviewed. The evaluation covered 1985 articles that were based on the systematic collection and statistical analysis of research data. Differences between TTE approaches and others were assessed in terms of the justification for the number of cases, description of procedures, statistical references, software used, and statistical figures and tables provided. Results: Fifty-six papers (2.8% of the total) used time-to-event methods, the frequency of which increased slightly from 1996 to 2007 (P = 0.061). Statistical procedures were described more extensively in the papers, which used TTE methods. Reporting of the statistical methodology in papers using other methods was in general inadequate. Conclusions: TTE methods are underused in dental research. Authors could well take heed of these results when designing their research, so as to make more use of such methods and to present the results in a manner that is in line with the policy and presentation of the leading dental journals. Authors could also improve their statistical reporting with the help of the guidelines presented here.

Keywords: Analysis, Articles, Bibliometrics, Collection, Comparison, Data, Data Analysis, Evaluation, General, Guidelines, Journals, Methodology, Methods, Multivariate, Outcome, P, Papers, Policy, Presentation, Procedures, Reference, References, Regression, Reporting, Research, SI, Software, Statistical Analysis, Statistical-Methods, Statistics, Survival Analysis, Techniques, Time-to-Event Methods, Timing

# Title: Comparative Biochemistry and Physiology C-Toxicology & Pharmacology

Full Journal Title: [Comparative Biochemistry and Physiology C-Toxicology & Pharmacology](http://www.sciencedirect.com/science/journal/15320456)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hermes-Lima, M., Alencastro, A.C.R., Santos, N.C.F., Navas, C.A. and Beleboni, R.O. (2007), The relevance and recognition of Latin American science. Introduction to the fourth issue of CBP-Latin America. *Comparative Biochemistry and Physiology C-Toxicology & Pharmacology*, **146**, 1-9.

Full Text: [2007\Com Bio Phy C-Tox Pha146, 1.pdf](2007\Com%20Bio%20Phy%20C-Tox%20Pha146,%201.pdf)

Abstract: Although the number of science and engineering (S&E) publications produced in Latin America grew exponentially over the past 15 years, the investment in science and the number of full time researchers did not grow at a comparable rate. Moreover, Latin American science is handicapped by constrained resources and access to information, higher costs of research, English-language barriers and brain-drain. One possible explanation for the observed rise in paper numbers, therefore, is that Latin American scientists have increased production, perhaps at the cost of quality. As an alternative, Latin America authors may have increased production while maintaining quality (e.g., through creativity, intense work and enhancement of international cooperation). Our aim is to verify which of these interpretations best applies for the field of comparative biochemistry and physiology (CBP). To achieve this goal, we compared the impact indicators of two randomly selected samples of authors (n = 20; all with 8 to 30 years of scientific production), one from Latin America and another from developed countries. For additional comparison, we included also a group of twelve highly cited and recognized CBP researchers. We used Hirsch’s indexes (h and m) as main indicators of performance, but compared also classical bibliometrie indexes such as total number of citations, total number of papers and the ratio of citation per paper (CpP). The mean of most indexes were not significantly different between the two groups of regular CBP researchers, except for CpP, which was 1.7-fold higher in authors from developed countries. As expected, both groups had mean indicators well below those from the sample of highly cited researchers (average h values for top and regular CBP researchers were 37.3±3.0 and 11.4±0.9, respectively). Considering that Hirsch’s indexes are more suitable indicators of performance than CpP, we conclude that Latin American CBP researchers, despite handicaps, perform similarly to those in developed countries. The forth special issue of Comparative Biochemistry and Physiology (“The Face of Latin American Comparative Biochemistry and Physiology”) celebrates, with 24 new manuscripts from Brazil, Mexico, Argentina and Chile, the diversity of biological science in Latin America. (c) 2007 Elsevier Inc. All rights reserved.

Keywords: Access, Access To Information, Alternative, Argentina, Barriers, Biochemistry, Biological, Brazil, Chile, Citation, Citations, Comparison, Cooperation, Cost, Costs, Creativity, Diversity, Engineering, Explanation, Field, Impact, Indicators, Information, International, International Cooperation, Latin America, Mexico, Papers, Performance, Physiology, Publications, Quality, Relevance, Research, Rights, Science, Scientific Production, Work

# Title: Comparative Medicine

Full Journal Title: Comparative Medicine

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Smith, A.L. (2001), Laboratory Animal Medicine in a time of crisis. *Comparative Medicine*, **51** (4), 290.

# Title: Compare: A Journal of Comparative Education

Full Journal Title: Compare: A Journal of Comparative Education

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0305-7925

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Woodhouse, H.R. (1987), Knowledge, power and the university in a developing country: Nigeria and cultural dependency. *Compare: A Journal of Comparative Education*, **17** (2), 119-136.

Full Text: 1987\Compare17, 119.pdf

? Persianis, P. (2000), Conflict between centrality and localism and its impact on knowledge construction and legitimation in peripheral universities: the case of the university of Cyprus. *Compare: A Journal of Comparative Education*, **30** (1), 35-51.

Full Text: [2000\Compare30, 35.pdf](2000\Compare30,%2035.pdf)

Abstract: This paper investigates the problem of knowledge production and legitimation at the University of Cyprus. The problem is examined against the background of extant theory on the relationships between universities of the ‘center’ and those of the ‘periphery’ and, more specifically, of the theory about the conflict between centrality and localism, as this is experienced by peripheral universities that aspire for centrality. The theory about the specific factors affecting higher education policy in small states also forms part of the theoretical framework of the paper. The University of Cyprus is proposed as a case study, as it differs in several important ways from the widely studied Asian and African universities.

# Title: Complementary Therapies in Medicine

Full Journal Title: [Complementary Therapies in Medicine](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6746&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=3281709&md5=14f5427d165c5bf9be288352a8f5ac32)

ISO Abbreviated Title: Complement. Ther. Med.

JCR Abbreviated Title: Complement Ther Med

ISSN: 0965-2299

Issues/Year: 4

Journal Country/Territory: England

Language: English

Publisher: Churchill Livingstone

Publisher Address: Journal Production Dept, Robert Stevenson House, 1-3 Baxters Place, Leith Walk, Edinburgh EH1 3AF, Midlothian, Scotland

Subject Categories:

Integrative & Complementary Medicine: Impact Factor 1.507, 1/9 (2002)

? van Haselen, R. (2007), The h-Index: A new way of assessing the scientific impact of individual CAM authors. *Complementary Therapies in Medicine*, **15** (4), 225-227.

Full Text: [2007\Com the Med15, 225.pdf](2007\Com%20The%20Med15,%20225.pdf)

Keywords: h Index, h-Index

? Kamioka, H., Okada, S., Tsutani, K., Park, H., Okuizumi, H., Handa, S., Oshio, T., Park, S.J., Kitayuguchi, J., Abe, T., Honda, T. and Mutoh, Y. (2014), Effectiveness of animal-assisted therapy: A systematic review of randomized controlled trials. *Complementary Therapies in Medicine*, **22** (2), 371-390.

Full Text: [2014\Com The Med22, 371.pdf](2014\Com%20The%20Med22,%20371.pdf)

Abstract: The objectives of this review were to summarize the evidence from randomized controlled trials (RCTs) on the effects of animal-assisted therapy (AAT). Studies were eligible if they were RCTs. Studies included one treatment group in which AAT was applied. We searched the following databases from 1990 up to October 31, 2012: MEDLINE via PubMed, CINAHL, Web of Science, Ichushi Web, GHL, WPRIM, and PsycINFO. We also searched all Cochrane Database up to October 31, 2012. Eleven RCTs were identified, and seven studies were about “Mental and behavioral disorders”. Types of animal intervention were dog, cat, dolphin, bird, cow, rabbit, ferret, and guinea pig. The RCTs conducted have been of relatively low quality. We could not perform meta-analysis because of heterogeneity. In a study environment limited to the people who like animals, AAT may be an effective treatment for mental and behavioral disorders such as depression, schizophrenia, and alcohol/drug addictions, and is based on a holistic approach through interaction with animals in nature. To most effectively assess the potential benefits for AAT, it will be important for further research to utilize and describe (1) RCT methodology when appropriate, (2) reasons for non-participation, (3) intervention dose, (4) adverse effects and withdrawals, and (5) cost. (C) 2014 Elsevier Ltd. All rights reserved.

Keywords: Abstracts, Adverse Effects, Animal-Assisted Therapy, Animals, Approach, Benefits, Consort, Cost, Cow, Database, Databases, Depression, Dog, Dolphin, Effects, Elaboration, Environment, Evidence, Explanation, Guidelines, Heterogeneity, Holistic, Inpatients, Interaction, Intervention, Interventions, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methodology, Potential, Psycinfo, Pubmed, Quality, Randomized, Randomized Controlled Trials, RCT, Recommendations, Research, Review, Rights, Schizophrenia, Science, Systematic, Systematic Review, Therapy, Treatment, Web Of Science

? Moral-Munoz, J.A., Cobo, M.J., Peis, E., Arroyo-Morales, M. and Herrera-Viedma, E. (2014), Analyzing the research in *Integrative & Complementary Medicine* by means of science mapping. *Complementary Therapies in Medicine*, **22** (2), 409-418.

Full Text: [2014\Com The Med22, 409.pdf](2014\Com%20The%20Med22,%20409.pdf)

Abstract: Objectives: The research in the Complementary and Alternative Medicine (CAM) field is analyzed according to the journals indexed in ISI Web of Science. Science Mapping Analysis (SMA) is used to provide and overview of the conceptual evolution of the CAM field. Methods: The software SciMAT is used to detect and visualize the hidden themes and their evolution over a consecutive span of years. It combines SMA and performance analysis. Twenty one journals related to CAM were analyzed, in four consecutive periods from 1974 to 2011. Results: Strategic diagrams and the thematic evolution of CAM, together with performance indicators (h-index), were obtained. The results show that CAM research has focused on seven main thematic areas: MEDICINAL-PLANTS, CHIROPRACTIC-AND-LOW-BACK-PAIN, ACUPUNCTURE-AND-PAIN, CELL-PROCESSES-AND-DISEASES, LIPID-PEROXIDATION and DIABETES-AND-INSULIN. Conclusion: The research output could be used by the scientific community to identify thematic areas on which interest is focused. (C) 2014 Elsevier Ltd. All rights reserved.

Keywords: Acupuncture, Analysis, China, Citation-Classics, Co-Word Analysis, Community, Complementary Therapy, Evolution, Field, H Index, H-Index, Indicators, Integrative Therapy, ISI, ISI Web Of Science, Journals, Lipid-Peroxidation, Mapping, Medicinal-Plants, Medicine, Methods, Overview, Performance, Performance Indicators, Research, Research Output, Results, Rights, Science, Science Mapping, Science Mapping Analysis, Scientific Community, Software, Tool, Web Of Science

? Li, G.C., Yuan, H. and Zhang, W. (2014), Effects of Tai Chi on health related quality of life in patients with chronic conditions: A systematic review of randomized controlled trials. *Complementary Therapies in Medicine*, **22** (4), 743-755.

Full Text: [2014\Com The Med22, 743.pdf](2014\Com%20The%20Med22,%20743.pdf)

Abstract: Objectives: To determine the effects of Tai Chi practice on health related quality of life in patients with various chronic medical conditions. Background: One of the characters of chronic illness is life-long condition with the deterioration in health related quality of life. Tai Chi has become a popular mind-body exercise and self-management strategy for patients with chronic conditions regarding its various physical and psychological effects. Methods: Eight databases (the Cochrane Library, PubMed, Medline, EBSCO, Web of science and three Chinese databases: CNKI, Wanfang data and VIP) were searched (up to December 2013) for relevant studies. Studies including participants with chronic conditions were selected. All studies were randomized controlled trials reporting the effects of Tai Chi on health related quality of life. Two independent reviewers extracted trial data and assessed risk of bias using the risk of bias tool recommended by the Cochrane Back Review Group. Results: Of the 2021 papers which were screened, 21 studies including 1200 patients met the eligibility criteria. Most studies (18 of 21 studies) found significant improvements on health related quality of life for participants with chronic conditions in Tai Chi group. No evidence was observed to suggest that Tai Chi was more effective than other types of exercise. And objective measures were not always consistent with self-reported quality of life measures. Conclusions: Tai Chi appears to be safe and has positive effects on health related quality of life in patients with chronic conditions, especially for patients with disorders in Cardio-cerebrovascular and respiratory systems, and musculoskeletal system. However, as the delivery mood of Tai Chi provides multiply benefits, which part of the group provides the most benefit in improving quality of life is unclear. Due to the design limitations of previous studies, more larger and well-designed RCTs are needed to confirm the effects. And qualitative researches are warranted to explore how Tai Chi may work exactly from patients’ own perspectives. (C) 2014 Elsevier Ltd. All rights reserved.

Keywords: Aerobic Exercise, Alternative Medicine, Benefits, Bias, Breast-Cancer Survivors, Cardio-Cerebrovascular, Chinese, Chronic, Chronic Heart-Failure, Chronic Illness, Clinical-Trial, Criteria, Data, Databases, Delivery, Design, Effects, Elderly Individuals, Evidence, Exercise, Health, Knee Osteoarthritis, Life, Measures, Medical, Medline, Methods, Mood, Musculoskeletal, Obstructive Pulmonary-Disease, Older-Adults, Papers, Patients, Physical, Postmenopausal Women, Practice, Psychological, Pubmed, Qualitative, Quality, Quality Of, Quality Of Life, Randomized, Randomized Controlled Trials, Reporting, Results, Review, Reviewers, Rights, Risk, Science, Self Management, Self-Management, Strategy, Systematic, Systematic Review, Systems, Tai Chi, Trial, Web Of Science, Work

? Sliwka, A., Wloch, T., Tynor, D. and Nowobilski, R. (2014), Do asthmatics benefit from music therapy? A systematic review. *Complementary Therapies in Medicine*, **22** (4), 756-766.

Full Text: [2014\Com The Med22, 756.pdf](2014\Com%20The%20Med22,%20756.pdf)

Abstract: Objective: To determine the effectiveness of music therapy in asthma. Methods: Searches for experimental and observational studies published between 01.01.92 and 31.12.13 were conducted through electronic databases: Medline/PubMed, Embase, SportDiscus, Cochrane Library, Teacher Reference Centre, Web of Science, Academic Search Complete, PsycINFO, PsycARTICLES, PEDro and Scopus. The selection criteria included any method of music therapy applied to patients with asthma, with respect to asthma symptoms and lung function. Two reviewers screened the records independently. The risk of bias was assessed using the Cochrane Collaboration’s toot. Strength of recommendation was graded according to GRADE recommendation. Results: The literature search identified 867 citations, from which 8 (three RCTs and five nRCTs) low and high risk of bias studies were included in the review. All RCTs used music listening as a form of complementary treatment. One RCT of the low risk of bias indicated positive effects on lung function in mild asthma. In two others, despite the decrease in asthma symptoms, music was not more effective than the control condition. In two nRCTs a decrease in asthma symptoms was reported as an effect of playing a brass or wind instrument; in two nRCTs the same effect was observed after music assisted vocal breathing exercises and singing. Mood improvement, decrease of depression and anxiety were also observed. Conclusion: The paucity, heterogeneity, and significant methodological limitations of available studies allow for only a weak recommendation for music therapy in asthma. This study highlights the need for further research of mixed methodology. (C) 2014 Elsevier Ltd. All rights reserved.

Keywords: Academic, Anxiety, Asthma, Bias, Citations, Complementary, Complementary Medicine, Control, Criteria, Databases, Dementia, Depression, Dyspnea, Effectiveness, Effects, Exercises, Experimental, Function, Grade, Heterogeneity, Improvement, Instrument, Literature, Literature Search, Low Risk, Lung, Lung Function, Management, Methodological Limitations, Methodology, Methods, Mild, Mood, Music Therapy, Observational, Observational Studies, Patients, Psycinfo, Rct, Records, Reference, Relaxation, Research, Results, Review, Reviewers, Rights, Risk, Science, Scopus, Search, Selection, Selection Criteria, Symptoms, Systematic, Systematic Review, Therapy, Treatment, Web Of Science

? Kamioka, H., Tsutani, K., Yamada, M., Park, H., Okuizumi, H., Honda, T., Okada, S., Park, S.J., Kitayuguchi, J., Abe, T., Handa, S. and Mutoh, Y. (2014), Effectiveness of horticultural therapy: A systematic review of randomized controlled trials. *Complementary Therapies in Medicine*, **22** (5), 930-943.

Full Text: [2014\Com The Med22, 930.pdf](2014/Com%20The%20Med22,%20930.pdf)

Abstract: Aim: To summarize the evidence from randomized controlled trials (RCTs) on the effects of horticultural therapy (HT). Methods: Studies were eligible if they were RCTs. Studies included one treatment group in which HT was applied. We searched the following databases from 1990 up to August 20, 2013: MEDLINE via PubMed, CINAHL, Web of Science, Ichushi-Web, GHL, WPRIM, and PsycINFO. We also searched all Cochrane Database and Campbell Systematic Reviews up to September 20, 2013. Results: Four studies met all inclusion criteria. The language of all eligible publications was English and Korean. Target diseases and/or symptoms were dementia, severe mental illness such as schizophrenia, bipolar disorder, and major depression, frail elderly in nursing home, and hemiplegic patients after stroke. These studies showed significant effectiveness in one or more outcomes for mental health and behavior. However, our review especially detected omissions of the following descriptions: method used to generate randomization, concealment, blinding, and intention-to-treat analysis. In addition, the results of this study suggested that the RCTs conducted have been of relatively low quality. Conclusion: Although there was insufficient evidence in the studies of HT due to poor methodological and reporting quality and heterogeneity, HT may be an effective treatment for mental and behavioral disorders such as dementia, schizophrenia, depression, and terminal-care for cancer. (C) 2014 Elsevier Ltd. All rights reserved.

Keywords: Analysis, Behavior, Bipolar, Bipolar Disorder, Campbell, Cancer, Criteria, Database, Databases, Dementia, Dementia Care Programs, Depression, Diseases, Effectiveness, Effects, Elaboration, Elderly, English, Evidence, Explanation, Feasibility, From, Garden Therapy, Guidelines, Health, Heterogeneity, Horticultural Therapy, Interventions, Language, Medline, Mental Health, Mental Illness, Methods, Nursing, Nursing Home, Outcomes, Patients, Psycinfo, Publications, Pubmed, Quality, Randomization, Randomized, Randomized Controlled Trial, Randomized Controlled Trials, Recommendations, Rehabilitation Effect, Reporting, Results, Review, Rights, Schizophrenia, Science, Severe Mental Illness, Statement, Stroke, Symptoms, Systematic, Systematic Review, Systematic Reviews, Terminal Care, Therapeutic Horticulture, Therapy, Treatment, Web Of Science

# Title: Complementary Therapies in Nursing and Midwifery

Full Journal Title: [Complementary Therapies in Nursing and Midwifery](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6747&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=3281709&md5=a7c40d5c287b3bc8789a3a770d2a01c3)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Weller, K. (2002), Visualising the body in art and medicine: A visual art course for medical students at King’s College Hospital in 1999. *Complementary Therapies in Nursing and Midwifery*, **8** (4), 211-216.

Full Text: [2002\Com the Nur Mid8, 211.pdf](2002\Com%20The%20Nur%20Mid8,%20211.pdf)

Abstract: For many centuries science and art have been studied as completely separate disciplines, and career paths likewise, have diverged. However, in recent years there has been a renewed cultural interest in art/science collaborations, coupled with the perception that a medical education which did not embrace the humanities ‘tended to brutalize and dehumanize’ (Weatherall, British Medical Journal 309 (1994) 1671–1672) future doctors. It was against this background of the growth of multi-disciplinary collaborative projects and a dissatisfaction with an ‘incomplete’ medical education, that an opportunity arose for a visual arts course to be set up at a London teaching hospital in 1999. The following dialogue sets out to explore the difficulties, the great joys and the emotions generated by a ‘special Study Module’ created by both artists and clinicians.

# Title: Comprehensive Evaluation of Economy and Society with Statistical Science

Full Journal Title: Comprehensive Evaluation of Economy and Society with Statistical Science

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hu, H. and Zeng, S.L. (2009), A study on the research performance evaluation model of university departments and its empirical research. *Comprehensive Evaluation of Economy and Society with Statistical Science*, 1101-1107.

Abstract: As the major source and the primary impetus behind the S&T innovation, colleges and universities play a distinctive and important role in the national innovation system. To evaluate the research performance based on scientometric and bibliometric methods is an important part of universities’ R&D management and also an essential aspect of the researches of scientometrics and bibliometrics. On the basis of the classification results of academic journals of Research Center for China Science Evaluation at Wuhan University, we define the non-academic journals and papers as the negative output (or input) indicators in assessing research performance; and the input-output indicators for the evaluation of research performance of universities are set up accordingly. The relative efficiency of research performance is evaluated with super-efficiency data envelopment analysis (SE-DEA) model, and the empirical study of 10 schools of a university is carried out with field survey data. The result shows that the assessment model based on SE-DEA not only can be used to evaluate the relative efficiency and the performance of research performance for different schools or universities, but also may be applied to set up the benchmark of R&D management for universities.

Keywords: Assessment, Benchmarking Management, Bibliometric, Bibliometrics, China, Classification, Data Envelopment Analysis, Efficiency, Evaluation, Indicators, Innovation, Innovation System, Journals, Methods, Model, Negative Output, Primary, R&D, R&D Management, Research, Research Performance, Science, Scientometrics, Size, Super-Efficiency Data Envelopment Analysis, System, Undesirable Factors, Units, Universities, University

# Title: Comprehensive Gerontology. Section A, Clinical and Laboratory Sciences

Full Journal Title: Comprehensive Gerontology. Section A, Clinical and Laboratory Sciences

ISO Abbreviated Title:

JCR Abbreviated Title: Compr Gerontol [A]

ISSN: 0902-0071

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Duplenko, Y. and Burchinsky, S.G. (1989), Quantitative analysis of current trends in the development of biology of aging: Scientometric and expert values. *Comprehensive Gerontology. Section A, Clinical and Laboratory Sciences*, **3** (Suppl), 23-27.

Abstract: Modern trends in the development of biology of aging have been assessed quantitatively by means of the scientometric and collective expert values methods as a part of the science-of-science analysis. The main regularities in the development of biology of aging during the period 1975 to 1985 are established and their comparative significance determined. The proposed complex approach as part of a science-of-science analysis allows an objective quantitation of the development dynamics of present basic research in gerontology.

Keywords: Aging, Analysis, Approach, Biology, Development, Dynamics, Gerontology, Methods, Research, Scientometric, Significance, Trends

# Title: Comprehensive Reviews in Food Science and Food Safety

Full Journal Title: Comprehensive Reviews in Food Science and Food Safety

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Kroger, M. (2010), Editorial: Some thoughts on plagiarism. *Comprehensive Reviews in Food Science and Food Safety*, **9** (3), 259-260.

Full Text: [2010\Com Rev Foo Sci Foo Saf9, 259.pdf](2010\Com%20Rev%20Foo%20Sci%20Foo%20Saf9,%20259.pdf)

Keywords: Plagiarism

# Title: Comptes Rendus Biologies

Full Journal Title: [Comptes Rendus Biologies](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=7241&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=f24db92e5ee11158edfcfef6ab6cb7aa)

ISO Abbreviated Title: C. R. Biol.

JCR Abbreviated Title: Cr Biol

ISSN: 1631-0691

Issues/Year: 12

Journal Country/Territory: France

Language: French

Publisher: Editions Scientifiques Medicales Elsevier

Publisher Address: 23 Rue Linois, 75724 Paris, France

Subject Categories:

Biology: Impact Factor 0.481 (2003)

Multidisciplinary Sciences: Impact Factor 0.481 (2003)

Notes: MModel

Ogasawara, O., Kawamoto, S. and Okubo, K. (2003), Zipf’s law and human transcriptomes: An explanation with an evolutionary model. *Comptes Rendus Biologies*, **326** (10-11), 1097-1101.

Full Text: [2003\Com Ren Bio326, 1097.pdf](2003\Com%20Ren%20Bio326,%201097.pdf)

Abstract: Detailed analysis of human gene expression data reveals several patterns of relationship between transcript frequency and abundance rank. In muscle and liver, organs composed primarily of a homogeneous population of differentiated cells, they obey Zipf’s law. In cell lines, epithelial tissue and compiled transcriptome data, only high-rankers deviate from it. We propose an evolutionary process model during which expression level changes stochastically proportionally to its intensity, providing a novel interpretation of transcriptome data and of evolutionary constraints on gene expression. To cite this article: O. Ogasawara et al., C. R. Biologies 326 (2003).

Keywords: Abundance, Expression, Frequency, Transcriptome, Zipf’s Law Abondance, Expression, Fréquence, Loi de Zipf, Transcriptome

# Title: Computational and Mathematical Organization Theory

Full Journal Title: Computational and Mathematical Organization Theory

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Meyer, M., Zaggl, M.A. and Carley, K.M. (2011), Measuring CMOT’s intellectual structure and its development. *Computational and Mathematical Organization Theory*, **17** (1), 1-34.

Full Text: [2011\Com Mat Org The17, 1.pdf](2011\Com%20Mat%20Org%20The17,%201.pdf)

Abstract: Computational Organization Theory is often described as a multidisciplinary and fast-moving field which can make it difficult to keep track of it. The recent inclusion of Computational and Mathematical Organization Theory (CMOT) into the Social Science Citation Index offers a good reason to take stock of what has happened since the foundation of the journal and to analyze its intellectual structure and development from 1995 to 2008. We identify the most influential publications by means of citation analysis and show that a core of codified knowledge has developed over time. Additionally, we provide empirical support for the characteristics generally ascribed to the journal such as multidisciplinarity. Finally, we depict the main research foci in CMOT’s intellectual structure employing a co-citation analysis of publications and investigate their development over time. Overall, our quantitative review shows CMOT to be thematically focused on organizations, groups and networks while being remarkably diverse in terms of theoretical approaches and methods used.

Keywords: Bibliometrics, Citation, Citation Analysis, Citation Analysis, Co-Citation Analysis, Cocitation Analysis, Computational Organization Theory, Development, Journal, Limitations, Management, Multidisciplinarity, Publications, Research, Research Foci, Review, Science Citation Index, Science Policy, Sociology of Science

# Title: Computer Journal

Full Journal Title: Computer Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Churchho, R.F. (1968), Note on twenty-five most cited papers in some leading journals. *Computer Journal*, **11** (1), 116-120.

Full Text: [1960-80\Com J11, 116.pdf](1960-80\Com%20J11,%20116.pdf)

Keywords: Journals

# Title: Computer Methods and Programs in Biomedicine

Full Journal Title: [Computer Methods and Programs in Biomedicine](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=5004&_auth=y&_acct=C000047720&_version=1&_urlVersion=0&_userid=2007471&md5=a3c57d835f1f584c6bef751313d561da)

ISO Abbreviated Title: Comput. Meth. Programs Biomed.

JCR Abbreviated Title: Comput Meth Prog Bio

ISSN: 0169-2607

Issues/Year: 9

Journal Country/Territory: Netherlands

Language: English

Publisher: Elsevier Ireland Ltd

Publisher Address: Elsevier House, Brookvale Plaza, East Park Shannon, Co, Clare 00000, Ireland

Subject Categories:

Computer Science, Interdisciplinary Applications: Impact Factor 0.788, 42/83 (2005)

Computer Science, Theory & Methods: Impact Factor 0.788, 39/71 (2005)

Engineering, Biomedical: Impact Factor 0.788, 34/41 (2005)

Medical Informatics: Impact Factor 0.788, 15/18 (2005)

Notes: TTopic

? Wen, H.C., Ho, Y.S., Jian, W.S., Li, H.C. and Hsu, Y.H.E. (2007), Scientific production of electronic health record research, 1991–2005. *Computer Methods and Programs in Biomedicine*, **86** (2), 191-196.

Full Text: [2007\Com Met Pro Bio86, 191.pdf](2007\Com%20Met%20Pro%20Bio86,%20191.pdf)

Abstract: Purpose: the increasing numbers of publications on electronic health record (EHR) indicate its increasing importance in the world. This study attempted to quantify the scientific production of EHR research articles, and how they have changed over time, in an effort to investigate changes in the trends cited in these critical evaluations. Method: the articles were based on the science citation index (SCI) from 1991 to 2005. A descriptive study was performed using the 1803 documents published in the SCI from 39 countries in America, Europe, Africa, Asia, and Oceania. The evaluationwas based on parameters including document type, language, first author’s country of origin, number of citations and citations per publication. Results: of all publications, 1455 (80.7%) were articles, followed by meeting abstracts which represented about one-tenth of all types of EHR publications. Numbers of published articles have significantly increased when compared by each 5-year period. Most articles were published in English (98%) and were from the region of America (57%). The top 10 of the 374 journals accounted for 41% of the number of published articles. The US dominates publication production (57%) with a cumulative impact factor (IF) of 2227 and followed by the UK (8.5%, with a cumulative IF of 257.0) and the Netherlands (7.8%, with a cumulative IF of 211.1). An analysis of the number of articles related to population revealed a high publication output for relative small countries like Switzerland, the Netherlands, and Norway. Conclusions: Research production in EHR showed a considerable increase during 1991–2005. The production was dominated by articles, those from the US, and those published in English. The production came from many countries, denoting the devotion to this field in different areas around the world.

Keywords: Abstracts, Africa, America, Analysis, Asia, Bibliometrics, Care, Changes, Citation, Citations, Country, Country of Origin, Cumulative, Cumulative Impact, Effort, EHR, Electronic Health Records (EHRS), Europe, Evaluation, Field, First, Health, Impact, Impact Factor, Index, Ireland, Journals, Language, Medical-Records, Meeting, Meeting Abstracts, Netherlands, Norway, Origin, Population, Production, Publication, Publications, Record, Research, Rights, SCI, Science, Science Citation Index, Science Citation Index (SCI), Scientific Production, Small, Switzerland, the Netherlands, Time, Trends, UK, US, World

# Title: Computer Physics Communications

Full Journal Title: [Computer Physics Communications](http://www.sciencedirect.com/science/journal/00104655)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hsu, J.W. and Huang, D.W. (2011), Dynamics of citation distribution. *Computer Physics Communications*, **182** (1), 185-187.

Full Text: [2011\Com Phy Com182, 185.pdf](2011\Com%20Phy%20Com182,%20185.pdf)

Abstract: We study the citation dynamics of scientific publications over the years We propose a simple cellular automaton model featuring a combination of two distinct mechanisms i e the random assignment and the preferential attachment to investigate the dynamics of journal citation Different from most previous studies focusing on highly cited papers we analyze the time evolution of the entire citation distribution Empirical data can be well reproduced by numerical simulations Within the linear regime of the Cited Half-Life a steady accumulation of citations can be expected Moreover within this linear regime the ratio between the above two mechanisms is a constant Besides the average citation represented by the Impact Factor such a constant ratio can also be a characteristic of the journal (C) 2010 Elsevier B V All rights reserved.

Keywords: Bibliometrics, Citation, Citation Analysis, Citations, Data, Dynamics, Evolution, Highly-Cited, Impact Factor, Impact-Factor, Journal, Mechanisms, Model, Networks, Publications, Scientific Papers, Scientific Publications, Statistics, Stochastic Processes

# Title: Computer Science and Information Systems

Full Journal Title: Computer Science and Information Systems

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Ivanović, D., Surla, D. and Racković, M. (2012), Journal evaluation based on bibliometric indicators and the CERIF data model. *Computer Science and Information Systems*, **9** (2), 791-811.

Full Text: [2012\Com Sci Inf Sys9, 791.pdf](2012\Com%20Sci%20Inf%20Sys9,%20791.pdf)

Abstract: In this paper we propose an application of extended CERIF data model for storing journal impact factors and journal scientific fields and also propose a journal evaluation approach based on these data. The approach includes an algorithm for journal evaluation based on one metric for journals ranking that is also stored using the CERIF data model and that is in accordance with the rule book for evaluation of scientific-research results which is prescribed by the Republic of Serbia. The algorithm does not unambiguously evaluate journal, i.e. The algorithm suggests possibly journal categories according to the values of the metric, but final decision is made by commission. The proposed evaluation approach is implemented within CRIS UNS and verified on scientific-research results of researchers employed at Department of Mathematics and Informatics, University of Novi Sad. The complete evaluation approach proposed in this paper is based on the CERIF standard that allows an easy application of this evaluation approach in any CERIF-compatible CRIS system.

Keywords: Algorithm, Application, Approach, Article, Bibliometric, Bibliometric Indicators, Cerif, Citation-Reports, CRIS UNS, Data, Decision, Evaluation, Evaluation of Scientific-Research Results, Impact, Impact Factor, Impact Factor, Impact Factors, Index, Indicators, Journal, Journal Evaluation, Journal Impact, Journal Impact Factors, Journals, Marc 21 Format, Model, Performance, Ranking, Research Management-System, Science, Scientific Research, Standard, Unimarc, University

# Title: Computers and Biomedical Research

Full Journal Title: [Computers and Biomedical Research](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=6751&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=71e72b6da2a98b77f543b613c89f92ee)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Pao, M.L. (1993), Perusing the Literature via Citation Links. *Computers and Biomedical Research*, **26** (2), 143-156.

Full Text: [1993\Com Bio Res26, 143.pdf](1993\Com%20Bio%20Res26,%20143.pdf)

Abstract: While MEDLINE searching is recognized as the single most effective means to identify relevant items to solve clinical and research problems, the clinician should also consider the complementary strategy to search for relevant items citing a known key paper. This study reports on the usefulness of citation searching based on the analysis of 89 searches. For each topic, the citations linked to an average of 24% additional relevant materials. At least one relevant item was added to 85% of the searches. The additional effort of scanning another printout is minimal since citation searching for 42% of the searches produced less than 7 additional items, half of which were judged to he useful. Duplicate retrievals were mostly of definite relevance. This alternate strategy appeared to be effective in interdisciplinary topics. Furthermore, the online version of the citation index is known for short turnaround time in processing, a feature important for many rapidly developing specialties.

# Title: Computers & Education

Full Journal Title: [Computers & Education](http://www.sciencedirect.com/science/journal/03601315)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: TTopic

? Shih, M.L., Feng, J. and Tsai, C.C. (2008), Research and trends in the field of e-learning from 2001 to 2005: A content analysis of cognitive studies in selected journals. *Computers & Education*, **51** (2), 955-967.

Full Text: [2008\Com Edu51, 955.pdf](2008\Com%20Edu51,%20955.pdf)

Abstract: This paper provided a content analysis of studies in the field of cognition in e-learning that were published in five Social Sciences Citation Index (SSCI) journals (i.e. Computers and Education, British Journal of Educational Technology, Innovations in Education and Teaching International, Educational Technology Research & Development, and Journal of Computer Assisted Learning) from 2001 to 2005. Among the 1027 articles published in these journals from 2001 to 2005, 444 articles were identified as being related to the topic of cognition in e-learning. These articles were cross analyzed by published years, journal, research topic, and citation count. Furthermore, 16 highly-cited articles across different topics were chosen for further analysis according to their research settings, participants, research design types, and research methods. It was found from the analysis of the 444 articles that “Instructional Approaches,” “Learning Environment,” and “Metacognition” were the three most popular research topics, but the analysis of the citation counts suggested that the studies related to “Instructional Approaches,” “Information Processing” and “Motivation” might have a greater impact on subsequent research. Although the use of questionnaires might still be the main method of gathering research data in e-learning cognitive studies, a clear trend was observed that more and more studies were utilizing learners’ log files or online messages as data sources for analysis. The results of the analysis provided insights for educators and researchers into research trends and patterns of cognition in e-learning. (c) 2007 Elsevier Ltd. All rights reserved.

Keywords: Analysis, Citation, Citation Counts, Cognition, Content Analysis, Data, Design, Field, Impact, Journal, Journals, Methods, Questionnaires, Research, Research Design, Rights, Sources, SSCI, Trend, Trends

? Heller, S., Tsai, C.C. and Underwood, J. (2010), *Computers & Education*: Looking back and looking forward. *Computers & Education*, **54** (2), 1-2.

Full Text: [2010\Com Edu54, 1.pdf](2010\Com%20Edu54,%201.pdf)

? Gutiérrez, E., Trenas, M.A., Ramos, J., Corbera, F. and Romero, S. (2010), A new *Moodle* module supporting automatic verification of VHDL-based assignments. *Computers & Education*, **54** (2), 562-577.

Full Text: [2010\Com Edu54, 562.pdf](2010\Com%20Edu54,%20562.pdf)

Abstract: This work describes a new Moodle module developed to give support to the practical content of a basic computer organization course. This module goes beyond the mere hosting of resources and assignments. it makes use of an automatic checking and verification engine that works on the VHDL designs submitted by the students. The module automatically keeps up to date information about their state, and significantly reduces the overload that a continuous assessment demands to the teacher. Additionally, this new module is oriented to promote a collaborative teamwork allowing to define student teams in a more operative way than built-in Moodle groups. The module has been designed according to the Moodle philosophy and its application can be extended to other similar subjects. (C) 2009 Elsevier Ltd. All rights reserved.

Keywords: Applications in Subject Areas, Architecture, Assessment, Automatic Assessment, Courses, Design, Distance Education and Telelearning, Engineering-Education, Hardware, Learning Management Systems, Learning-Process, Organization, Plagiarism, Simulations, Students

? Martin, S., Diaz, G., Sancristobal, E., Gil, R., Castro, M. and Peire, J. (2011), New technology trends in education: Seven years of forecasts and convergence. *Computers & Education*, **57** (3), 1893-1906.

Full Text: [2011\Com Edu57, 1893.pdf](2011\Com%20Edu57,%201893.pdf)

Abstract: Each year since 2004, a new Horizon Report has been released. Each edition attempts to forecast the most promising technologies likely to impact on education along three horizons: the short term (the year of the report), The mid-term (the next 2 years) and the long term (the next 4 years). This paper analyzes the evolution of technology trends from 2004 to 2014 that correspond to the long-term predictions of the most recent Horizon Report. The study analyzes through bibliometric analysis which technologies were successful and became a regular part of education systems, which ones failed to have the predicted impact and why, and the shape of technology flows in recent years. The study also shows how the evolution and maturity of some technologies allowed the revival of expectations for others. The analysis here, which focuses on educational applications, offers guidelines that may be helpful to those seeking to invest in new research areas. (C) 2011 Elsevier Ltd. All rights reserved.

Keywords: Analysis, Augmented Reality, Bibliometric, Bibliometric Analysis, Bibliometrics, Design, Education, Evolution, Forecasts, Game, Guidelines, Immersive Environments, Impact, Learning Objects, Mobile and Ubiquitous Devices, Patent Analysis, Research, Semantic Web, Social Web, System, Teach, Technology Trends, Trends

? Denoyelles, A. and Seo, K.K.J. (2012), Inspiring equal contribution and opportunity in a 3d multi-user virtual environment: Bringing together men garners and women non-gamers in Second Life®. *Computers & Education*, **58** (1), 21-29.

Full Text: [2012\Com Edu58, 21.pdf](2012\Com%20Edu58,%2021.pdf)

Abstract: A 3D multi-user virtual environment holds promise to support and enhance student online learning communities due to its ability to promote global synchronous interaction and collaboration, rich multisensory experience and expression, and elaborate design capabilities. Second Life (R), a multi-user virtual environment intended for adult users 18 and older, is the most cited in educational literature, so it is important to explore how college-aged students are using it to form online learning communities. Previous research suggests that there is unbalanced participation between traditional college-aged men and women with regards to 3D multi-user video games, which closely resemble Second Life (R). In this research study, we investigated in what manner women and men college students projected their virtual identities and engaged in interaction in Second Life (R), and how this influenced their learning of course content. Analysis of multiple data sources revealed that conceptions of identity, beliefs of the nature of the virtual world, and technical skill were primary factors which affected group cohesion and learning within the community. Results from this study can provide insight into the class activities that can support all learners in accessing and contributing to the multi-user virtual environment learning community. (C) 2011 Elsevier Ltd. All rights reserved.

Keywords: Activities, Adult, Capabilities, Collaboration, College Students, Computer-Mediated Communication, Contribution, Design, Environment, Games, Identity, Insight, Interactive Learning Environments, Learning, Literature, Men, Motivations, Multi-User Virtual Environments, Online Learning, Participation, Primary, Research, Students, Traditional, Virtual Reality, Women

? Wu, W.H., Wu, Y.C.J., Chen, C.Y., Kao, H.Y., Lin, C.H. and Huang, S.H. (2012), Review of trends from mobile learning studies: A meta-analysis. *Computers & Education*, **59** (2), 817-827.

Full Text: [2012\Com Edu59, 817.pdf](2012\Com%20Edu59,%20817.pdf)

Abstract: Two previous literature review-based studies have provided important insights into mobile learning, but the issue still needs to be examined from other directions such as the distribution of research purposes. This study takes a meta-analysis approach to systematically reviewing the literature, thus providing a more comprehensive analysis and synthesis of 164 studies from 2003 to 2010. Major findings include that most studies of mobile learning focus on effectiveness, followed by mobile learning system design, and surveys and experiments were used as the primary research methods. Also, mobile phones and PDAs are currently the most widely used devices for mobile learning but these may be displaced by emerging technologies. In addition, the most highly-cited articles are found to focus on mobile learning system design, followed by system effectiveness. These findings may provide insights for researchers and educators into research trends in mobile learning. (C) 2012 Elsevier Ltd. All rights reserved.

Keywords: Analysis, Approach, Articles, Design, Distribution, Education, Effectiveness, Emerging Technologies, Environment, Evaluation Methodologies, Experiments, Highly Cited Articles, Learning, Lectures, Literature, M-Learning, Meta-Analysis, Metaanalysis, Methods, Mobile, Needs, Pedagogical Issues, Primary, Primary Research, Research, Research Trends, Review, Rights, Sciences, Students, Surveys, Synthesis, System, System Effectiveness, Technologies, Trends, University

# Title: Computers & Geosciences

Full Journal Title: Computers & Geosciences

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Huber, R. and Klump, J. (2009), Charting taxonomic knowledge through ontologies and ranking algorithms. *Computers & Geosciences*, **35** (4), 862-868.

Full Text: [2009\Com Geo35, 862.pdf](2009\Com%20Geo35,%20862.pdf)

Abstract: Since the inception of geology as a modern science, paleontologists have described a large number of fossil species. This makes fossilized organisms an important tool in the study of stratigraphy and past environments. Since taxonomic classifications of organisms, and thereby their names, change frequently, the correct application of this tool requires taxonomic expertise in finding correct synonyms for a given species name. Much of this taxonomic information has already been published in journals and books where it is compiled in carefully prepared synonymy lists. Because this information is scattered throughout the paleontological literature, it is difficult to find and sometimes not accessible. Also, taxonomic information in the literature is often difficult to interpret for non-taxonomists looking for taxonomic synonymies as part of their research. The highly formalized structure makes Open Nomenclature synonymy lists ideally suited for computer aided identification of taxonomic synonyms. Because a synonymy list is a list of citations related to a taxon name, its bibliographic nature allows the application of bibliometric techniques to calculate the impact of synonymies and taxonomic concepts. TaxonRank is a ranking algorithm based on bibliometric analysis and Internet page ranking algorithms. TaxonRank uses published synonymy list data stored in TaxonConcept, a taxonomic information system. The basic ranking algorithm has been modified to include a measure of confidence on species identification based on the Open Nomenclature notation used in synonymy list, as well as other synonymy specific criteria. The results of our experiments show that the output of the proposed ranking algorithm gives a good estimate of the impact a published taxonomic concept has on the taxonomic opinions in the geological community. Also, our results show that treating taxonomic synonymies as part of on an ontology is a way to record and manage taxonomic knowledge, and thus contribute to the preservation our scientific heritage. (C) 2008 Elsevier Ltd. All rights reserved.

Keywords: Algorithm, Algorithms, Analysis, Application, Bibliometric, Bibliometric Analysis, Bibliometric Techniques, Change, Citations, Community, Computer, Confidence, Criteria, Data, Experiments, Expertise, Geology, Identification, Impact, Information, Internet, Journals, Knowledge, Knowledge Management, Literature, Measure, Modified, Ontology, Opinions, Paleontology, Preservation, Ranking, Record, Research, Rights, Science, Si, Species, Structure, Taxonomy, Techniques, Tool, Visualization

# Title: Computers in Human Behavior

Full Journal Title: Computers in Human Behavior

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Clarebout, G. and Elen, J. (2006), Tool use in computer-based learning environments: Towards a research framework. *Computers in Human Behavior*, **22** (3), 389-411.

Abstract: Computer-based learning environments often confront learners with a number of tools, i.e. non-embedded support devices. Such environments assume learners to be good judges of their own learning needs. However, research indicates that students do not always make adequate choices for their learning process. This especially becomes an issue with the use of open learning environments, which are assumed to foster the acquisition of complex problem solving skills. Such open learning environments offer students tools to support their learning. Consequently, it is needed to understand factors that influence tool use acquire insight in learning effects of tool use. Both issues are addressed in this contribution. A review of the existing literature has been undertaken by performing it search on the Web of Science and the PsycInfo database. Results indicate that there is some evidence for learner, tool and task characteristics to influence tool use. No clear indication was found for a learning effect of tool use. The conclusion proposes a research framework for the systematic study of tools. (c) 2004 Elsevier Ltd. All rights reserved.

Keywords: Computer-Based Learning Environments, Concept Lesson, Contribution, Design, Full, Hypertext, Instructional Options, Learning, Literature, Literature Review, Programs, Research, Review, Science, Strategies, Students, Support, Systematic, Tool Use, Web, Web of Science

# Title: Computers & Industrial Engineering

Full Journal Title: [Computers & Industrial Engineering](http://www.sciencedirect.com/science/journal/03608352)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Kadidal, M. and Bidanda, B. (1993), A castability expert system. *Computers & Industrial Engineering*, **25** (1-4), 99-102.

Full Text: [1993\Com Ind Eng25, 99.pdf](1993\Com%20Ind%20Eng25,%2099.pdf)

Abstract: the castability analysis of a part, its cost estimation and preparation of competitive quotations typically requires years of experience, is time consuming and is dependent on the expert personnel available. Considerable amount of personnel time is also involved in preparing these quotations. An expert system is ideally suited for this application as it can automate the castability analysis and the quotation preparation process. This will not only substantially improve productivity and consistency, but also the accuracy of the process. This paper describes the development and implementation of an expert system for a typical medium sized company, which receives approximately thoUSAnd requests for quotations every year. A Castability Expert System apart from reducing time and increasing accuracy, will enable people with little experience to analyze the part, estimate cost and prepare quotations without the assistance of an expert, whose time can be better utilized in other areas.

? Morris, S., De Yong, C., Wu, Z., Salman, S. and Yemenu, D. (2002), DIVA: A visualization system for exploring document databases for technology forecasting. *Computers & Industrial Engineering*, **43** (4), 841-862.

Full Text: [2002\Com Ind Eng43, 841.pdf](2002\Com%20Ind%20Eng43,%20841.pdf)

Abstract: Database Information Visualization and Analysis system (DIVA) is a computer program that helps perform bibliometric analysis of collections of scientific literature and patents for technology forecasting. Documents, drawn from the technological field of interest, are visualized as clusters on a two dimensional map, permitting exploration of the relationships among the documents and document clusters and also permitting derivation of summary data about each document cluster. Such information, when provided to subject matter experts performing a technology forecast, can yield insight into trends in the technological field of interest. This paper discusses the document visualization and analysis process: acquisition of documents, mapping documents, clustering, exploration of relationships, and generation of summary and trend information. Detailed discussion of DIVA exploration functions is presented and followed by an example of visualization and analysis of a set of documents about chemical sensors. (C) 2002 Published by Elsevier Science Ltd.

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Chemical, Cluster, Clustering, Data, Databases, Experts, Field, Forecast, Forecasting, Functions, Generation, Information, Literature, Mapping, Patents, Scientific Literature, Technology, Trend, Trends, Visualization

# Title: Computers in Industry

Full Journal Title: Computers in Industry

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Dereli, T., Baykasoglu, A., Altun, K., Durmusoglu, A. and Turksen, I.B. (2011), Industrial applications of type-2 *Fuzzy Sets and Systems*: A concise review. *Computers in Industry*, **62** (2), 125-137.

Abstract: Data, as being the vital input of system modelling, contain dissimilar level of imprecision that necessitates different modelling approaches for proper analysis of the systems. Numbers, words and perceptions are the forms of data that has varying levels of imprecision. Existing approaches in the literature indicate that, computation of different data forms are closely linked with the level of imprecision, which the data already have. Traditional mathematical modelling techniques have been used to compute the numbers that have the least imprecision. Type-1 fuzzy sets have been used for words and type-2 fuzzy sets have been employed for perceptions where the level of imprecision is relatively high. However, in many cases it has not been easy to decide whether a solution requires a traditional approach, i.e., type-1 fuzzy approach or type-2 fuzzy approach. It has been a difficult matter to decide what types of problems really require modelling and solution either with type-1 or type-2 fuzzy approach. It is certain that, without properly distinguishing differences between the two approaches, application of type-1 and type-2 *Fuzzy Sets and Systems* would probably fail to develop robust and reliable solutions for the problems of industry. In this respect, a review of the industrial applications of type-2 fuzzy sets, which are relatively novel to model imprecision has been considered in this work. The fundamental focus of the work has been based on the basic reasons of the need for type-2 fuzzy sets for the existing studies. With this purpose in mind, type-2 fuzzy sets articles have been selected from the literature using the online databases of ISI-Web of Science, ScienceDirect, SpringerLink, Informaworld, Engineering Village, Emerald and IEEE Xplore. Both the terms “type-2 fuzzy” and “application” have been searched as the main keywords in the topics of the studies to retrieve the relevant works. The analysis on the industrial applications of type-2 fuzzy sets/systems (FSs) in different topics allowed us to summarize the existing research areas and therefore it is expected be useful to prioritize future research topics. This review shows that there are still many opportunities for application of type-2 FSs for several different problem domains. Shortcomings of type-1 FSs can also be considered as an opportunity for the application of type-2 FSs in order to provide a better solution approach for industrial problems. (C) 2010 Elsevier B.V. All rights reserved.

Keywords: Analysis, Autonomous Mobile Robots, Controller, Databases, Engineering Design, Fractal Theory, *Fuzzy Sets and Systems*, Hybrid Approach, Industrial Applications, Industry, Literature, Logic Systems, Mathematical Modelling, Medical Diagnosis, Model, Neural-Networks, Perceptions, Recognition, Research, Research Topics, Review, Science, Temperature, Topics, Traditional, Type 1, Type 2, Type-2 *Fuzzy Sets and Systems*

# Title: CIN-Computers Informatics Nursing

Full Journal Title: [CIN-Computers Informatics Nursing](http://ovidsp.uk.ovid.com/spa/ovidweb.cgi?&S=IELLPDFDAEHFDOLHFNFLPBGHKEEKAA00&TOC=S.sh.15.17%7c5%7c60&WebLinkReturn=Full+Text%3dL%7cS.sh.15.16%7c0%7c00024665-200903000-00005)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Anderson, C.A., Keenan, G. and Jones, J. (2009), Using bibliometrics to support your selection of a nursing terminology set. *CIN-Computers Informatics Nursing*, **27** (2), 82-90.

Full Text: [2009\CIN-Com Inf Nur27, 82.pdf](2009\CIN-Com%20Inf%20Nur27,%2082.pdf)

Abstract: Nurses are being pressured to integrate standardized nursing terminology into the electronic health record to enable the representation and evaluation of nursing practice. Five terminology sets are recognized by the American Nurses Association that contain terms to represent nursing diagnoses, outcomes, and intervention: CCC, ICNP, NANDA/NOC/NIC, Omaha System, and PNDS. Key criteria for choosing the most suitable include demonstrated use and testing under real-time clinical conditions, scope of terms, cost, and the administrative infrastructure to sustain and evolve the terminology. Likelihood of survival is also critical and was evaluated here by examining the diffusion pattern of each terminology set through bibliometric analysis. Each of the five sets had a unique diffusion pattern, with NANDA/NOC/NIC demonstrating the most extensive penetration and author network in the CINAHL literature examined from 1982 to 2006.

Keywords: American, Analysis, Author, Bibliometric, Bibliometric Analysis, Bibliometrics, Citations, Clinical, Cost, Criteria, Diffusion, Diffusion of Innovations, Epistemic Origins, Evaluation, Health, Impact Factor, Infrastructure, Intervention, Literature, Mapping Knowledge Domains, Network, Networks, Nursing, Outcomes, Pattern, Penetration, PNAS, Practice, Real Time, Record, Representation, Scope, Standardized Terminology, Survival, Terminology, Testing, US

# Title: Computer Networks

Full Journal Title: Computer Networks

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: MModel

Levene, M., Fenner, T., Loizou, G. and Wheeldon, R. (2002), A stochastic model for the evolution of the Web. *Computer Networks*, **39** (3), 277-287.

Full Text: [2002\Com Net39, 277.pdf](2002\Com%20Net39,%20277.pdf)

Abstract: Recently several authors have proposed stochastic models of the growth of the Web graph that give rise to power-law distributions. These models are based on the notion of preferential attachment leading to the ‘rich get richer’ phenomenon. However, these models fail to explain several distributions arising from empirical results, due to the fact that the predicted exponent is not consistent with the data. To address this problem, we extend the evolutionary model of the Web graph by including a non-preferential component, and we view the stochastic process in terms of an urn transfer model. By making this extension, we can now explain a wider variety of empirically discovered power-law distributions provided the exponent is greater than two. These include: the distribution of incoming links, the distribution of outgoing links, the distribution of pages in a Web site and the distribution of visitors to a Web site. A by-product of our results is a formal proof of the convergence of the standard stochastic model (first proposed by Simon).

Keywords: Lotka’s Law, Scale-Free Distribution

# Title: Computers & Structures

Full Journal Title: [Computers & Structures](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=5696&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=7ff4173b3ec83ab6085485fac7889881)

ISO Abbreviated Title: Comput. Struct.

JCR Abbreviated Title: Comput Struct

ISSN: 0045-7949

Issues/Year: 32

Journal Country/Territory: England

Language: Multi-Language

Publisher: Pergamon-Elsevier Science Ltd

Publisher Address: the Boulevard, Langford Lane, Kidlington, Oxford OX5 1GB, England

Subject Categories:

Computer Science, Interdisciplinary Applications: Impact Factor 0.418,/(2002)

Engineering, Civil: Impact Factor 0.418,/(2002)

Mackerle, J. (1997), Some remarks on progress with finite elements. *Computers & Structures*, **55** (6), 1101-1106.

Full Text: [1997\Com Str55, 1101.pdf](1997\Com%20Str55,%201101.pdf)

Abstract: Information is the most valuable but least valued tool that professionals have. The amount of data in science and technology grows so rapidly that broad-coverage compilations cannot be maintained but concentrate on the coverage of specialized topics. The volume of finite element literature in the form of books, conference proceedings and journal papers, as well as a number of developed finite element codes, has been growing at a prodigious rate. It is almost impossible to be up to date with all the relevant information. A bibliometric study is presented; the author takes the number of published papers on finite elements as a measure of the research activity in the field of finite element techniques and investigates some engineering fields/topics where these techniques have been/are used.

Keywords: Bibliometric, Bibliometric Study, Concentrate, Coverage, Data, Engineering, Field, Finite Element, Finite Elements, Information, Journal, Literature, Papers, Research, Science, Science and Technology, Techniques, Technology, Volume

# Title: Comunicación y Sociedad

Full Journal Title: Comunicacion y Sociedad

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0214-0039

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: CCountry

? Castillo, A. and Carreton, M.C. (2010), Research in communication. Bibliometric study in journals of communication in Spain. *Comunicación y Sociedad*, **23** (2), 289-327.

Full Text: [2010\Com Soc23, 289.pdf](2010\Com%20Soc23,%20289.pdf)

Abstract: Research into communication has already produced a considerable number of articles and texts which have examined the historical development and main doctrinal approaches, according to the different authors. However, bibliometric studies on research in scientific journals remain scarce. This article comprises an analysis of Spanish communication journals with the best impact factor ranking according to the impact factor quantification system established by INRECS (impact factor of Spanish Social Sciences journals). Ten journals with the highest impact factor in 2008 were analyzed with the aim of investigating the state of current research in Spain. Results indicate gender balance, an average of two researchers per article and a prevalence of quantitative studies.

Keywords: Analysis, Authors, Bibliometric, Bibliometric Studies, Communication, Consequences, Development, Gender, Impact, Impact Factor, Journals, Prevalence, Quantification, Ranking, Research, Science, Scientific Journals, Spain, State

# Title: Comunicar

Full Journal Title: Comunicar

ISO Abbreviated Title: Comunicar

JCR Abbreviated Title: Comunicar

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: CCountry

? Repiso, R., Torres, D. and Delgado, E. (2011), Bibliometric and social network analysis applied to television dissertations presented in Spain (1976/2007). *Comunicar*, **19** (37), 151-159.

Full Text: [2011\Comunicar19, 151.pdf](2011\Comunicar19,%20151.pdf)

Abstract: This paper analyses the productive structure in Spanish television research. Data from theses about Spanish television which had been defended in this country over the period 1976/2007 was extracted. Two methodologies are used within this analysis: a bibliometric analysis and Social Network Analysis (SNA). Results show the production of theses by time period, university, these advisors and examination board members. The use of social networks leads us in the identification of notable academic groups operating in the present period as well as tendencies in the composition of the board in terms of university of origin and thesis advisor. There are 404 theses on television written in this period. The results indicate a general and constant increase in the number of theses, especially noticeable over the last 15 years. Regarding scientific production, the Complutense University of Madrid stands out as the most productive. The structural analysis shows that only the Complutense University of Madrid, the Autonomous University of Barcelona, University of Navarre and the University of La Laguna generate their own research groups. Professors shaping the Spanish research system for television are found through the analysis of social networks. Leading positions within the network structure are held by professors of communication from the Complutense University of Madrid and the Autonomous University of Barcelona.

Keywords: Analysis, Audiovisual Communication, Bibliometric, Bibliometric Analysis, Communication, Dissertations, Interdisciplinarity, Network, Professors, Research, Scientific Production, Social, Social Network, Social Networks, Spain, Television, Thesis, University

? De-Filippo, D. (2013), Spanish scientific output in communication sciences in WOS. The scientific journals in SSCI (2007-12). *Comunicar*, **41**, 25-34.

Full Text: [2013\Comunicar41, 25.pdf](2013\Comunicar41,%2025.pdf)

Abstract: Although the field of Communication Sciences has been slower to organize in Spain than in other European countries and the United States, in recent years it has shown a clear tendency to growth. One way to trace this process is by analyzing scientific production, and this paper focuses on this aspect. Using bibliometric methods, we analyze scientific journals and papers indexed in Thomson Reuter’s international database, the Social Science Citation Index (SSCI) for Communication. While the focus of the study is Spanish scientific output, the results are related to international activities in this field. The three Spanish journals included in SSCI in recent years: “Comunicar”, “Comunicacion y Sociedad” and “Estudios sobre el Mensaje Periodistico” were studied in detail. The results show that Spain plays an important role in Communcation journal publishing (4th in the world) and as a producer of scientific papers (6th in the world), with a remarkable evolution, in quantitative terms, especially in the last five years. The inclusion of these three Spanish journals in the international database has been an important contribution to the country’s visibility in this field, but there is still a need to promote international collaboration to achieve greater impact and openness in the scientific community.

Keywords: Article, Bibliometric, Bibliometric Methods, Bibliometric Studies, Bibliometry, Citation, Collaboration, Communication, Community, Database, Education, Evolution, Field, Growth, Impact, International, International Collaboration, Journal, Journals, Madrid, Methods, Networks, Papers, Publishing, Recent, Research, Role, Science, Science Citation Index, Scientific Journals, Scientific Output, Scientific Production, Social Science Citation Index, Spain, Spanish Journals, SSCI, United States, Visibility, Web of Science, World, WOS

? Delgado, E. and Repiso, R. (2013), The impact of scientific journals of communication: Comparing Google Scholar Metrics, Web of Science and Scopus. *Comunicar*, **41**, 45-52.

Full Text: [2013\Comunicar41, 45.pdf](2013\Comunicar41,%2045.pdf)

Abstract: Google Scholar Metrics’ launch in April 2012, a new bibliometric tool for the evaluation of scientific journals by means of citation counting, has ended with the duopoly exerted by the Web of Science and Scopus databases. This paper aims at comparing the coverage of these three databases and the similarity their journal rankings may have. We selected a sample of journals from the field of Communication Studies indexed in the three databases. Data was recollected on 17-20 November, 2012. 277 journals were identified to which we calculated their h-Index and ranked them according to such indicator. Then, we analyzed the correlation between the rankings generated. Google Scholar Metrics dobles the coverage of the other databases, reducing the bias toward English language both; Web of Science and Scopus have. Google Scholar Metrics shows higher h-Index values (an average 47% higher than Scopus and 40% higher than Web of Science), allowing to better rank journals. We conclude that Google Scholar Metrics is a tool capable of identifying the main journals in Communication Studies offering results as reliable and valid as the ones Web of Science and Scopus show.

Keywords: Article, Bias, Bibliometric, Bibliometrics, Citation, Citations, Citations Analysis, Communication, Correlation, Coverage, Databases, Education, Evaluation, Field, Google, Google Scholar, Google Scholar Metrics, h Index, h-Index, Impact, Indicator, Indicators, Journal, Journal Rankings, Journals, Language, Main Journals, Metrics, Rank, Ranking, Rankings, Research, Science, Scientific Journals, Scopus, Similarity, Spain, Web, Web of Science

? Torres, D., Cabezas, A. and Jimenez, E. (2013), Altmetrics: New indicators for scientific communication in Web 2.0. *Comunicar*, (41), 53-60.

Full Text: [2013\Comunicar41, 53.pdf](2013\Comunicar41,%2053.pdf)

Abstract: In this paper we review the so-called altmetrics or alternative metrics. This concept raises from the development of new indicators based on Web 2.0, for the evaluation of the research and academic activity. The basic assumption is that variables such as mentions in blogs, number of twits or of researchers bookmarking a research paper for instance, may be legitimate indicators for measuring the use and impact of scientific publications. In this sense, these indicators are currently the focus of the bibliometric community and are being discussed and debated. We describe the main platforms and indicators and we analyze as a sample the Spanish research output in Communication Studies. Comparing traditional indicators such as citations with these new indicators. The results show that the most cited papers are also the ones with a highest impact according to the altmetrics. We conclude pointing out the main shortcomings these metrics present and the role they may play when measuring the research impact through 2.0 platforms.

Keywords: Activity, Alternative, Altmetrics, Article, Bibliometric, Citations, Communication, Community, Development, Education, Evaluation, Impact, Indicators, Information, Internet, Journals, Metrics, Papers, Publications, Quantitative Methods, Research, Research Impact, Research Output, Review, Role, Science, Scientific Communication, Scientific Publications, Social Networks, Social Web, Spain, Web 2.0

? Casanueva, C. and Caro, F.J. (2013), Spanish communication academia: Scientific productivity vs. social activity. *Comunicar*, **41**, 61-70.

Full Text: [2013\Comunicar41, 61.pdf](2013\Comunicar41,%2061.pdf)

Abstract: At a time when academic activity in the area of communication is principally assessed by the impact of scientific journals, the scientific media and the scientific productivity of researchers, the question arises as to whether social factors condition scientific activity as much as these objective elements. This investigation analyzes the influence of scientific productivity and social activity in the area of communication. We identify a social network of researchers from a compilation of doctoral theses in communication and calculate the scientific production of 180 of the most active researchers who sit on doctoral committees. Social network analysis is then used to study the relations that are formed on these doctoral thesis committees. The results suggest that social factors, rather than individual scientific productivity, positively influence such a key academic and scientific activity as the award of doctoral degrees. Our conclusions point to a disconnection between scientific productivity and the international scope of researchers and their role in the social network. Nevertheless, the consequences of this situation are tempered by the non-hierarchical structure of relations between communication scientists.

Keywords: Activity, Analysis, Article, Bibliometrics, Business, Communication, Communication Research, Doctoral Theses, Education, Finance, Impact, Influence, International, Investigation, Invisible Colleges, Journals, Media, Network, Network Analysis, Productivity, Relations, Research, Role, Science, Scientific Journals, Scientific Production, Scientific Productivity, Scientists, Scope, Social, Social Network, Social Network Analysis, Social Networks, Spain, Structure, Thesis, University

? Navarro, M. and Martin, M. (2013), Bibliometric analysis of research on women and advertising: Differences in print and audiovisual media. *Comunicar*, **41**, 105-114.

Full Text: [2013\Comunicar41, 105.pdf](2013\Comunicar41,%20105.pdf)

Abstract: The media in general, and advertising in particular, are considered as important agents of socialization, including gender-related issues. Thus the legislator has focused on the regulation of the images of women and men in advertisements. However, regulations prohibiting sexist advertising in Spain pay specific attention to audiovisual media. The objective of this study is to check whether this unequal interest also takes place in academic research. This paper analyzes the differences in the scientific literature (national and international) on the sexism in advertising depending on the media. Specifically we examine the methodology, techniques and ways to measure concepts. In order to do this, we conducted a systematic review of studies on gender and advertising published in Spanish or English between 1988 and 2010 in seven databases -Spanish (Dialnet, Compludoc, ISOC), or international (Scopus, Sociological Abstracts, PubMed and Eric)-. The main results of the 175 texts analyzed show that, unlike legislative controls, the academy has studied mainly sexism in advertising in print media, although interest by analysis of the treatment of gender in the discourse of advertising audiovisual seems to be increasing.

Keywords: Advertising, Analysis, Article, Attention, Audiovisual, Bibliometric, Bibliometric Analysis, Business, Communication, Databases, Discourse, Education, Gender, General, International, Legislation, Literature, Magazine, Magazines, Measure, Media, Men, Methodology, Portrayals, Press, Public Policy, Pubmed, Regulation, Regulations, Research, Review, Scientific Literature, Scopus, Sexism, Spain, Systematic Review, Techniques, Television, Treatment, Women

? Lee, A.Y.L. and So, C.Y.K. (2014), Media literacy and information literacy: Similarities and differences. *Comunicar*, **42**, 137-146.

Full Text: [2014\Comunicar42, 137.pdf](2014\Comunicar42,%20137.pdf)

Abstract: in knowledge society, there is currently a call for cultivating a combination of media literacy and information literacy. This, however, requires cooperation from these two separate fields of study, and uncertainty regarding their boundaries hinders a smooth merger. It is unclear whether they are subsets of each other or separate entities. in this study, we have explored the relationship between these two fields by empirically mapping out their territories and discussing their similarities and differences. We have made use of the Web of Science database to delineate the content and boundary of these two fields. Our findings from 1956 to 2012 show that the two fields have different authors, university affiliations, and journals; they also differ in terms of academic origin, scope, and social concern. Information literacy has a closer tie to library science, while media literacy is more related to media content, media industry, and social effects. Due to their different academic orientations, the two fields adopt different analytical approaches. We have found that media literacy is not a subset of information literacy as some scholars have suggested, although the two fields have similarities. They share the same goal, and their publications overlap in terms of subject areas, countries of origin, and titles. The two fields could find common ground by cooperating together to contribute to the promotion of new literacy in knowledge societies.

Keywords: Authors, Boundaries, Boundary Work, Communication Technology Skills, Cooperation, Database, Differences, Effects, Information, Information Literacy, Journals, Knowledge, Knowledge Society, Mapping, Media, Media Literacy, Multiliteracies, Origin, Promotion, Publications, Science, Scope, Social, Society, Territories, Uncertainty, University, Web of Science

? Lopez-Meneses, E., Vazquez-Cano, E. and Roman, P. (2015), Analysis and implications of the impact of MOOC movement in the scientific community: JCR and Scopus (2010-13). *Comunicar*, **44**, 73-80.

Full Text: [2015\Comunicar44, 73.pdf](2015/Comunicar44,%2073.pdf)

Abstract: The emergence of massive open online course (MOOCs) has been a turning point for the academic world and, especially, in the design and provision of training courses in Higher Education. Now that the first moments of the information explosion have passed, a rigorous analysis of the effect of the movement in high-impact scientific world is needed in order to assess the state of the art and future lines of research. This study analyzes the impact of the MOOC movement in the form of scientific article during the birth and explosion period (2010-2013) in two of the most relevant databases: Journal Citation Reports (WoS) and Scopus (Scimago). We present, through a descriptive and quantitative methodology, the most significant bibliometric data according to citation index and database impact. Furthermore, with the use of a methodology based on social network analysis (SNA), an analysis of the article’s keyword co-occurrence is presented through graphs to determine the fields of study and research. The results show that both the number of articles published and the citations received in both databases present a medium-low significant impact, and the conceptual network of relationships in the abstracts and keywords does not reflect the current analysis developed in general educational media.

Keywords: Analysis, Art, Article, Articles, Bibliometric, Bibliometric Data, Bibliometrics, Birth, Citation, Citation Index, Citations, Community, Course, Data, Database, Databases, Design, Education, Explosion, First, General, Higher Education, Impact, Index, Indexations, Information, Jcr, Journal, Journal Citation Reports, Media, Methodology, Mooc, Movement, Network, Network Analysis, Online, Open, Research, Science, Scientific Journals, Scopus, Search, Social, Social Network, Social Network Analysis, State, State-Of-The-Art, Training, Web, World, Wos

# Title: Concurrency and Computation: Practice & Experience

Full Journal Title: Concurrency and Computation: Practice & Experience

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Fouchal, H. and Habbas, Z. (2013), Distributed backtracking algorithm based on tree decomposition over wireless sensor networks. *Concurrency and Computation: Practice & Experience*, **25** (5), 728-742.

Full Text: [2013\Con Com-Pra Exp25, 728.pdf](2013\Con%20Com-Pra%20Exp25,%20728.pdf)

Abstract: In this paper, we propose a methodological approach to solve distributed nonbinary constraint satisfaction problem (CSP) on wireless sensor networks (WSNs). A distributed CSP is a CSP in which variables and constraints are distributed among multiple agents. On WSNs, it is usual to handle applications that need to solve distributed problems. Different real-world applications can be modeled as distributed CSPs, and numerous algorithms based on enumerative search have been proposed to solve them. The most cited one is distributed backtracking algorithm in which each variable is associated to each agent. This algorithm is known as fine-grained distributed algorithm. All the search efforts of this algorithm concerns the communication between agents that are very expensive. In addition, this approach is not realistic because, in general, an agent might control more than one variable. In this paper, we propose a generic methodology for developing coarse-grained backtracking algorithm. Mainly, a preprocess technique breaks a single large problem into a set of smaller connected ones. These semi-independent CSPs can be efficiently and concurrently solved and can cooperate to solve the whole problem. We illustrate the preprocess technique by the tree decomposition method for its good theoretical properties. The aim of our paper is to present an efficient approach to solve complex distributed CSPs over WSNs. Copyright (c) 2011 John Wiley & Sons, Ltd.

Keywords: Algorithm, Algorithms, Approach, Communication, Constraint Satisfaction Problem (CSP), Control, Decomposition, Developing, Distributed, Distributed Backtracking, General, Medical Care, Methodology, Networks, Nonbinary CSP, Satisfaction, Sensor, Sensor Networks, SI, Theoretical, Tree Decomposition of CSP, Wireless Sensor Networks

# Title: Concurrent Engineering-Research and Applications

Full Journal Title: Concurrent Engineering-Research and Applications

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Choi, S., Jung, K. and Noh, S.D. (2015), Virtual reality applications in manufacturing industries: Past research, present findings, and future directions. *Concurrent Engineering-Research and Applications*, **23** (1), 40-63.

Full Text: [2015\Con Eng-Res App23, 40.pdf](2015/Con%20Eng-Res%20App23,%2040.pdf)

Abstract: Today, manufacturing industries are trying to improve their competitiveness by combining manufacturing per se with information technology. Virtual reality is being used in product development processes in manufacturing enterprises as a helpful technology to achieve rapid consolidation of information and decision-making through visualization and experience. In this article, 154 articles relevant to virtual reality’s application to manufacturing were surveyed and analyzed. For this, (1) an analysis map was created, based on a virtual reality technology classification and the new product development process; (2) the articles investigated were located on the map; and (3) bibliometric analyses were carried out. Trends in past and present research were examined and future virtual reality research directions and application plans for manufacturing enterprises are discussed.

Keywords: Analyses, Analysis, Application, Article, Articles, Augmented Reality, Bibliometric, Bibliometric Analyses, Classification, Combining, Competitiveness, Cyber-Physical System, Decision Making, Decision-Making, Design Evaluation, Desk-Top, Development, Die-Casting Industry, Enterprises, Environment, Experience, Generation, Information, Information Requirements Analysis, Information Technology, Manufacturing, Mar, Product Development, Research, Simulation, System, Technology, Trends, Virtual Engineering, Virtual Manufacturing, Virtual Prototyping, Virtual Reality, Visualization

# Title: Conference Record of the Thirty-First IEEE Photovoltaic Specialists Conference - 2005

Full Journal Title: Conference Record of the Thirty-First IEEE Photovoltaic Specialists Conference - 2005

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Fthenakis, V.M., Alsema, E.A. and de Wild-Scholten, M.J. (2005), Life cycle assessment of photovoltaics: Perceptions, needs, and challenges. *Conference Record of the Thirty-First IEEE Photovoltaic Specialists Conference - 2005*, 1655-1658.

Abstract: High impact publications recently depicted PV technologies as having higher external environmental costs than those of nuclear energy and natural-gas-fueled power plants. These assessments are based on old data and unbalanced assumptions, and they illustrate the need for LCA data describing the continuously improving photovoltaic systems and the inclusion of social benefits in this comparison.

Keywords: Assessment, Energy, Module, Publications, Time

# Title: Conservation Biology

Full Journal Title: [Conservation Biology](http://www.blackwell-synergy.com/loi/cbi); [Conservation Biology](http://www3.interscience.wiley.com/journal/118487636/home)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0888-8892

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: highly cited

? Noss, R.F. (1990), Indicators for monitoring biodiversity - A hierarchical approach. *Conservation Biology*, **4** (4), 355-364.

Full Text: [1990\Con Bio4, 355.pdf](1990\Con%20Bio4,%20355.pdf)

Abstract: Biodiversity is presently a minor consideration in environmental policy. It has been regarded as too broad and vague a concept to be applied to real-world regulatory and management problems. This problem can be corrected if biodiversity is recognized as an end in itself, and if measurable indicators can be selected to assess the status of biodiversity over time. Biodiversity, as presently understood, encompasses multiple levels of biological organization. In this paper, I expand the three primary attributes of biodiversity recognized by Jerry Franklin - composition, structure, and function - into a nested hierarchy that incorporates elements of each attribute at four levels of organization: regional landscape, community-ecosystem, population-species, and genetic. Indicators of each attribute in terrestrial ecosystems, at the four levels of organization, are identified for environmental monitoring purposes. Projects to monitor biodiversity will benefit from a direct linkage to long-term ecological research and a commitment to test hypotheses relevant to biodiversity conservation. A general guideline is to proceed from the top down, beginning with a coarse-scale inventory of landscape pattern, vegetation, habitat structure, and species distributions, then overlaying data on stress levels to identify biologically significant areas at high risk of impoverishment. Intensive research and monitoring can be directed to high-risk ecosystems and elements of biodiversity, while less intensive monitoring is directed to the total landscape (or samples thereof). In any monitoring program, particular attention should be paid to specifying the questions that monitoring is intended to answer and validating the relationships between indicators and the components of biodiversity they represent.

Keywords: Approach, Biodiversity, Biodiversity Conservation, Biological, Commitment, Composition, Conservation, Data, Ecosystems, Environmental, Environmental Monitoring, Environmental Policy, Function, General, Genetic, Guideline, Habitat, Indicators, Inventory, Landscape, Landscape Pattern, Linkage, Long Term, Long-Term, Management, Minor, Monitoring, Monitoring Program, Nested, Organization, Pattern, Policy, Primary, Regional, Research, Risk, Species, Stress, Structure, Vegetation

Notes: highly cited

? Saunders, D.A., Hobbs, R.J. and Margules, C.R. (1991), Biological consequences of ecosystem fragmentation: A review. *Conservation Biology*, **5** (1), 18-32.

Full Text: [1991\Con Bio5, 18.pdf](1991\Con%20Bio5,%2018.pdf)

Abstract: Research on fragmented ecosystems has focused mostly on the biogeographic consequences of the creation of habitat “islands” of different sizes, and has provided little of practical value to managers. However, ecosystem fragmentation causes large changes in the physical environment as well as biogeographic changes. Fragmentation generally results in a landscape that consists of remnant areas of native vegetation surrounded by a matrix of agricultural or other developed land. As a result, fluxes of radiation, momentum (i.e., wind), water, and nutrients across the landscape are altered significantly. These in turn can have important influences on the biota within remnant areas, especially at or near the edge between the remnant and the surrounding matrix. The isolation of remnant areas by clearing also has important consequences for the biota. These consequences vary with the time since isolation, distance from other remnants, and degree of connectivity with other remnants. The influences of physical and biogeographic changes are modified by the size, shape, and position in the landscape of individual remnants, with larger remnants being less adversely affected by the fragmentation process. The dynamics of remnant areas are predominantly driven by factors arising in the surrounding landscape. Management of, and research on, fragmented ecosystems should be directed at understanding and controlling these external influences as much as at the biota of the remnants themselves. There is a strong need to develop an integrated approach to landscape management that places conservation reserves in the context of the overall landscape.

Keywords: Agricultural, Approach, Biota, Changes, Connectivity, Conservation, Context, Dynamics, Ecosystem, Ecosystems, Environment, Fluxes, Fragmentation, Habitat, Landscape, Management, Mar, Matrix, Modified, Nutrients, Physical, Radiation, Research, Size, Understanding, Value, Vegetation, Water

Bini, L.M., Diniz, J.A.F., Carvalho, P., Pinto, M.P. and Rangel, T.F.L.V. (2005), Lomborg and the litany of biodiversity crisis: What the peer-reviewed literature says. *Conservation Biology*, **19** (4), 1301-1305.

Full Text: [2005\Con Bio19, 1301.pdf](2005\Con%20Bio19,%201301.pdf)

Abstract: Lomborg’s (2001) book has generated passionate discussion about the state of the global environment. Wee performed a bibliometric evaluation of the peer-reviewed primary scientific. literature to determine whether there is any consistent evidence that ‘things are getting better.’ the global literature primarily reported negative impacts on biodiversity caused by human actions, although Europe appeared to be doing better than the rest of the world. These results cannot be explained by publication bias alone because rejection rates of papers indicating improvements in the environment would have to be unrealistically high to change our results. There were nonrandom distributions of papers showing environmental recovery in developed countries and for ecosystems not strongly subjected to conservation-development conflicts. Although the literature did not paint a picture of universal gloom, the empirical evidence clearly showed growing environmental crises.

Keywords: Biodiversity, Environmental Crisis, Impact Factors, Journals, Population-Growth, Publication, Science, Skeptical-Environmentalist

Harrison, A.L. (2006), Who’s who in *Conservation Biology* - An authorship analysis. *Conservation Biology*, **20** (3), 652-657.

Full Text: [2006\Con Bio20, 652.pdf](2006\Con%20Bio20,%20652.pdf)

Abstract: As the flagship journal of the field, Conservation Biology represents a multidisciplinary, global constituency of conservation professionals-a constituency composed of more than 5200 authors representing 1500 organizations and 89 countries. Using bibliometric records of research published in Conservation Biology, I evaluated trends in authorship of research papers from 1987 to 2005. Authorship diversified and became increasingly collaborative over time. North Americans now compose one-half of primary authorship, down from 75% in the 1990s, and European primary authors contribute a quarter of the journal’s contributed research. Forty-five countries were represented in volume 19 of the journal. The top three most-cited authors are Australian. The percentage of single-authored papers declined from 57% in 1987 to 18% in 2005. Collectively, academic institutions contribute the most research to Conservation Biology, although a government agency, the US. Department of Agriculture Forest Service, was the single most-productive organization. The maturing of conservation biology as a discipline, the complex geographic and multidisciplinary nature of conservation questions, and the increased ease of communication in a technologically connected world contribute to the increasingly diverse and collaborative Conservation Biology authorship.

Keywords: Analysis, Australian, Authorship, Bibliometric, Biology, Communication, Conservation, Conservation Biology, Field, Institutions, Journal, Multidisciplinary, North, Organization, Papers, Primary, Records, Research, Trends, US, Volume, World

? Scott, J.M., Rachlow, J.L., Lackey, R.T., Pidgorna, A.B., Aycrigg, J.L., Feldman, G.R., Svancara, L.K., Rupp, D.A., Stanish, D.I. and Steinhorst, R.K. (2007), Policy advocacy in science: Prevalence, perspectives, and implications for conservation biologists. *Conservation Biology*, **21** (1), 29-35.

Full Text: [2007\Con Bio21, 29.pdf](2007\Con%20Bio21,%2029.pdf)

Keywords: Advocacy, Conservation, Science

? Kingsford, R.T., Watson, J.E.M., Lundquist, C.J., Venter, O., Hughes, L., Johnston, E.L., Atherton, J., Gawel, M., Keith, D.A., Mackey, B.G., Morley, C., Possingham, H.P., Raynor, B., Recher, H.F. and Wilson, K.A. (2009), Major conservation policy issues for biodiversity in oceania. *Conservation Biology*, **23** (4), 834-840.

Full Text: [2009\Con Bio23, 834.pdf](2009\Con%20Bio23,%20834.pdf)

Abstract: Oceania is a diverse region encompassing Australia, Melanesia, Micronesia, New Zealand, and Polynesia, and it contains six of the world’s 39 hotspots of diversity. It has a poor record for extinctions, particularly for birds on islands and mammals. Major causes include habitat loss and degradation, invasive species, and overexploitation. We identified six major threatening processes (habitat loss and degradation, invasive species, climate change, overexploitation, pollution, and disease) based on a comprehensive review of the literature and for each developed a set of conservation policies. Many policies reflect the urgent need to deal with the effects of burgeoning human populations (expected to increase significantly in the region) on biodiversity. There is considerable difference in resources for conservation, including people and available scientific information, which are heavily biased toward more developed countries in Oceania. Most scientific publications analyzed for four threats (habitat loss, invasive species, overexploitation, and pollution) are from developed countries: 88.6% of Web of Science publications were from Australia (53.7%), New Zealand (24.3%), and Hawaiian Islands (10.5%). Many island states have limited resources or expertise. Even countries that do (e.g., Australia, New Zealand) have ongoing and emerging significant challenges, particularly with the interactive effects of climate change. Oceania will require the implementation of effective policies for conservation if the region’s poor record on extinctions is not to continue.

Keywords: Australia, Biodiversity, Climate Change, Consequences, Conservation, Conservation Policy, Coral-Reefs, Disease, Diversity, Extinction Causes, Extinctions, Hotspot, Hotspots, Human, Impacts, Information, Islands, Literature, Management, New Zealand, New-South-Wales, Oceania, Policies, Policy, Publications, Review, Science, Scientific Information, Scientific Publications, Web of Science, Wetlands

? Calver, M.C. and Bradley, J.S. (2010), Patterns of citations of open access and non-open access conservation biology journal papers and book chapters. *Conservation Biology*, **24** (3), 872-880.

Full Text: [2010\Con Bio24, 872.pdf](2010\Con%20Bio24,%20872.pdf)

Abstract: Open access (OA) publishing, whereby authors, their institutions, or their granting bodies pay or provide a repository through which peer-reviewed work is available online for free, is championed as a model to increase the number of citations per paper and disseminate results widely, especially to researchers in developing countries. We compared the number of citations of OA and non-OA papers in six journals and four books published since 2000 to test whether OA increases number of citations overall and increases citations made by authors in developing countries. After controlling for type of paper (e. g., review or research paper), length of paper, authors’ citation profiles, number of authors per paper, and whether the author or the publisher released the paper in OA, OA had no statistically significant influence on the overall number of citations per journal paper. Journal papers were cited more frequently if the authors had published highly cited papers previously, were members of large teams of authors, or published relatively long papers, but papers were not cited more frequently if they were published in an OA source. Nevertheless, author-archived OA book chapters accrued up to eight times more citations than chapters in the same book that were not available through OA, perhaps because there is no online abstracting service for book chapters. There was also little evidence that journal papers or book chapters published in OA received more citations from authors in developing countries relative to those journal papers or book chapters not published in OA. For scholarly publications in conservation biology, only book chapters had an OA citation advantage, and OA did not increase the number of citations papers or chapters received from authors in developing countries.

Keywords: Access, Authors, Biology, Bodies, Books, Citation, Citation Advantage, Citations, Conservation, Conservation Biology, Countries, Developing, Developing Countries, Developing Country, Evidence, Google Scholar, h-Index, HDI, Highly Cited Papers, Human Development Index, Impact, Institutions, Journal, Journals, Length, Model, Open Access, Papers, Peer-Reviewed, Profiles, Publications, Publishing, Research, Review, Scopus, Service, Source, Work

? Godet, L., Zelnio, K.A. and Van Dover, C.L. (2011), Scientists as stakeholders in conservation of hydrothermal vents. *Conservation Biology*, **25** (2), 214-222.

Full Text: [2011\Con Bio25, 214.pdf](2011\Con%20Bio25,%20214.pdf)

Abstract: Hydrothermal vents are deep-sea ecosystems that are almost exclusively known and explored by scientists rather than the general public. Continuing scientific discoveries arising from study of hydrothermal vents are concommitant with the increased number of scientific cruises visiting and sampling vent ecosystems. Through a bibliometric analysis, we assessed the scientific value of hydrothermal vents relative to two of the most well-studied marine ecosystems, coral reefs and seagrass beds. Scientific literature on hydrothermal vents is abundant, of high impact, international, and interdisciplinary and is comparable in these regards with literature on coral reefs and seagrass beds. Scientists may affect hydrothermal vents because their activities are intense and spatially and temporally concentrated in these small systems. The potential for undesirable effects from scientific enterprise motivated the creation of a code of conduct for environmentally and scientifically benign use of hydrothermal vents for research. We surveyed scientists worldwide engaged in deep-sea research and found that scientists were aware of the code of conduct and thought it was relevant to conservation, but they did not feel informed or confident about the respect other researchers have for the code. Although this code may serve as a reminder of scientists’ environmental responsibilities, conservation of particular vents (e.g., closures to human activity, specific human management) may effectively ensure sustainable use of vent ecosystems for all stakeholders.

Keywords: Actividades Cientificas, Analysis, Bibliometric, Bibliometric Analysis, Code of Conduct, Conservation, Coral Reefs, Deep Sea, Ecosystems, Environmental, Fuentes Hidrotermales, General, Human, Hydrothermal Vents, Impact, Interdisciplinary, International, Knowledge Value, Literature, Management, Mar Profundo, Odigo de Conducta, Potential, Public, Research, Responsibilities, Sampling, Science, Scientific Activities, Small, Stakeholders, Sustainable, Systems, Valor de Conocimiento, Value

? Estevez, R.A., Anderson, C.B., Pizarro, J.C. and Burgman, M.A. (2015), Clarifying values, risk perceptions, and attitudes to resolve or avoid social conflicts in invasive species management. *Conservation Biology*, **29** (1), 19-30.

Full Text: [2015\Con Bio29, 19.pdf](2015/Con%20Bio29,%2019.pdf)

Abstract: Decision makers and researchers recognize the need to effectively confront the social dimensions and conflicts inherent to invasive species research and management. Yet, despite numerous contentious situations that have arisen, no systematic evaluation of the literature has examined the commonalities in the patterns and types of these emergent social issues. Using social and ecological keywords, we reviewed trends in the social dimensions of invasive species research and management and the sources and potential solutions to problems and conflicts that arise around invasive species. We integrated components of cognitive hierarchy theory and risk perceptions theory to provide a conceptual framework to identify, distinguish, and provide understanding of the driving factors underlying disputes associated with invasive species. In the ISI Web of Science database, we found 15,915 peer-reviewed publications on biological invasions, 124 of which included social dimensions of this phenomenon. Of these 124, 28 studies described specific contentious situations. Social approaches to biological invasions have emerged largely in the last decade and have focused on both environmental social sciences and resource management. Despite being distributed in a range of journals, these 124 articles were concentrated mostly in ecology and conservation-oriented outlets. We found that conflicts surrounding invasive species arose based largely on differences in value systems and to a lesser extent stakeholder and decision maker’s risk perceptions. To confront or avoid such situations, we suggest integrating the plurality of environmental values into invasive species research and management via structured decision making techniques, which enhance effective risk communication that promotes trust and confidence between stakeholders and decision makers. Clarificar los Valores, Percepciones de Riesgo y Actitudes para Resolver o Evitar Conflictos Sociales en el Manejo de Especies Invasoras Resumen Las personas que toman las decisiones y los investigadores reconocen que existe una necesidad para enfrentar efectivamente las dimensiones sociales y los conflictos inherentes a la investigacion y el manejo de las especies invasoras. Sin embargo, pese a numerosas situaciones conflictivas que han surgido, ninguna evaluacion sistematica de la literatura ha examinado los aspectos de la gente comun en los patrones y tipos de estos problemas sociales emergentes. Al usar palabras clave de los campos sociales y ecologicos, revisamos las tendencias en las dimensiones sociales en la investigacion y manejo de las especies invasoras, y en las fuentes y soluciones potenciales a los problemas y conflictos que surgen alrededor de las especies invasoras. Integramos componentes de la teoria de la jerarquia cognitiva y la teoria de la percepcion del riesgo para proporcionar un marco de trabajo conceptual que permita identificar, distinguir y proporcionar un entendimiento de los factores que conducen a disputas subyacentes asociadas con las especies invasoras. En la base de datos ISI Web of Science, encontramos 15,915 publicaciones revisadas por colegas sobre invasiones biologicas, 124 de las cuales incluyeron a las dimensiones sociales de este fenomeno. De estas 12,428 estudios describieron situaciones conflictivas especificas. Han emergido estrategias sociales para las invasiones biologicas, en su mayoria en la ultima decada, que se han enfocado tanto en las ciencias sociales ambientales y como en el manejo de recursos. A pesar de estar distribuidas en una gama de revistas, estos 124 articulos se concentraron en su mayoria en medios orientados a la ecologia y la conservacion. Encontramos que los conflictos que rodean a las especies invasoras, en su mayoria, surgieron con base en las diferencias en los sistemas de valuacion y en un menor grado, en las percepciones de los accionistas y quienes toman las decisiones. Para enfrentar o evitar dichas situaciones, sugerimos integrar la pluralidad de los valores ambientales a la investigacion y el manejo de las especies invasoras por medio de tecnicas de toma de decisiones, las cuales mejoran la comunicacion efectiva de riesgo, que promociona confianza y seguridad entre los accionistas y quienes toman las decisiones.

Keywords: Alien-Plant, Analisis De Riesgo, Articles, Attitudes, Biological, Biological Invasions, Cht, Ciencia Y Sociedad, Cognitive, Cognitive Hierarchy Theory, Communication, Confidence, Database, Decision, Decision Making, Decision-Making, Dimensiones Sociales, Distributed, Driving, Ecology, Environmental, Environmental Values, Especies No-Nativas, Evaluation, Factors, Framework, Grey Squirrel, Hydrilla-Verticillata, Impacts, Integrated, Invasiones Biologicas, Invasive, Isi, Isi Web Of Science, Issues, Journals, Literature, Management, Multicriteria Evaluation, National-Park, Non-Native Species, Peer-Reviewed, Peer-Reviewed Publications, Potential, Publication Trends, Publications, Research, Researchers, Resource Management, Risk, Risk Analysis, Science, Science And Society, Sciences, Social, Social Dimensions, Social Sciences, Solutions, Sources, South-Africa, Species, Stakeholders, Systematic, Systems, Techniques, Tendencias De Publicacion, Teoria De La Jerarquia Cognitiva, Theory, Trade-Offs, Trends, Trust, Understanding, United-States, Value, Web, Web Of Science

# Title: Conservation Letters

Full Journal Title: Conservation Letters

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Phillis, C.C., O’Regan, S.M., Green, S.J., Bruce, J.E.B., Anderson, S.C., Linton, J.N. and Favaro, B. (2013), Multiple pathways to conservation success. *Conservation Letters*, **6** (2), 98-106.

Full Text: [2013\Con Let6, 98.pdf](2013\Con%20Let6,%2098.pdf)

Abstract: Conservation successes can and do happen, however, the process by which society achieves them remains unclear. Using a novel culturomics approach, we analyse word USAge within digitized texts to assess the chronological order in which scientists, the public, and policymakers engage in the conservation process for three prominent conservation issues: acid rain in North America, global DDT contamination, and the overexploitation of African elephants for ivory. Variation in the order and magnitude of sector responses among the three issues emphasizes that there are multiple pathways to conservation success and that science is just one component. Our study highlights that while scientists can initiate the process, policy change does not occur in the absence of public interest. We suggest that the fate of conservation action is not solely determined by the scientific soundness of the conservation plan, but rather requires the engagement of scientists, public, and policy makers alike.

Keywords: Acid Rain, Approach, Bibliometrics, Conservation, Contamination, Culturomics, DDT, Dichlorodiphenyltrichloroethane, Elephant, Elephants, Engagement, Fate, Global, Hexachlorocyclohexanes, Ivory Trade, Magnitude, Media, North, North America, Overexploitation, Pathways, Persistent Organic Pollutants, Policy, Public, Rain, Science, Scientists, Sector, Society, Trends

# Title: Construction and Building Materials

Full Journal Title: Construction and Building Materials

ISO Abbrev. Title: Constr. Build. Mater.

JCR Abbrev. Title: Constr Build Mater

ISSN: 0950-0618

Issues/Year: 8

Language: English

Journal Country/Territory: England

Publisher: Elsevier Sci Ltd

Publisher Address: The Boulevard, Langford Lane, Kidlington, Oxford OX5 1GB, Oxon, England

Subject Categories:

Construction & Building Technology: Impact Factor 1.834, 8/56 (2011)

Materials Science, Multidisciplinary: Impact Factor1.834, 71/232 (2011)

? Cañas-Guerrero, I., Mazarrón, F.R., Calleja-Perucho, C. and Pou-Merina, A. (2014), Bibliometric analysis in the international context of the “Construction & Building Technology” category from the Web of Science database. *Construction and Building Materials*, **53**, 13-25.

Full Text: [2014\Con Bui Mat53, 13.pdf](2014\Con%20Bui%20Mat53,%2013.pdf)

Abstract: This study analyzes the evolution of publications in the category of “Construction & Building Technology”, the research activity carried out by countries and the most productive research institutions, and the internationalization and diffusion of the journals of this category. Reference levels have been designated for productivity indicators, diffusion, and impact, which must be taken into account for the evaluation of the merits of researchers and research institutions. Research trends within this category have also been identified, allowing us to identify current themes, as well as those that have ceased to arouse the interest of journals and researchers. The characterization of productivity and publication quality of each country makes it possible to compare the importance of each study in the construction sector to other countries. This may be useful for evaluation of the effectiveness of national policies and investment in this sector. The characterization of productivity and quality of the research institutions could prove to be highly useful in analyzing the effectiveness of the strategies being carried out by each center. Moreover, this will help researchers in selecting quality research institutions for collaboration and work. journal analysis could be useful for editors when comparing their effectiveness of diffusion and internationalization to the work of other journals. (C) 2013 Elsevier Ltd. All rights reserved.

Keywords: Activity, Analysis, Bibliometric, Bibliometric Analysis, Building Technology, Characterization, Citation-Index, Collaboration, Construction, Construction Technology, Context, Country, Database, Diffusion, Effectiveness, Evaluation, Evolution, Impact, Indicators, Institutions, International, Internationalization, Journal, Journals, Policies, Productivity, Publication, Publications, Quality, Quality Of, Reference, Research, Research Activity, Research Institutions, Research Trends, Rights, Science, Sector, Trends, Web of Science, Work

# Title: Contact Dermatitis

Full Journal Title: [Contact Dermatitis](http://www.blackwell-synergy.com/loi/cod); [Contact Dermatitis](http://www3.interscience.wiley.com/journal/117986410/home)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0105-1873

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Smith, D.R. (2008), Impact factors and contact dermatitis. *Contact Dermatitis*, **58** (4), 191-192.

Full Text: [2008\Con Der58, 191.pdf](2008\Con%20Der58,%20191.pdf)

? Smith, D.R. (2008), Bibliometrics, dermatology and contact dermatitis. *Contact Dermatitis*, **59** (3), 133-136.

Full Text: [2008\Con Der59, 133.pdf](2008\Con%20Der59,%20133.pdf)

Abstract: Although the fields of bibliometrics and citation analysis have existed for many years, relatively few studies have specifically focused on the dermatological literature. This article reviews citation-based research in the dermatology journals, with a particular interest in manuscripts that have included Contact Dermatitis as part of their analysis. Overall, it can be seen that the rise of bibliometrics during the mid-20th century and its subsequent application to dermatology has provided an interesting insight into the progression of research within our discipline. Further investigation of citation trends and top-cited papers in skin research periodicals would certainly help complement the current body of knowledge.

Keywords: Analysis, Articles, Authors, Bibliometrics, Citation, Citation Analysis, Citation Trends, Citation-Index, Contact Dermatitis, Dermatology, History, Impact Factor, Impact Factor, Journal Impact, Of-Investigative-Dermatology, Publications, Reference Accuracy, Relevance

? Smith, D.R. (2009), The continuing rise of contact dermatitis, Part 1: the academic discipline. *Contact Dermatitis*, **61** (4), 189-193.

Full Text: [2009\Con Der61, 189.pdf](2009\Con%20Der61,%20189.pdf)

Abstract: This article describes the history and development of contact dermatitis as an academic discipline, from early observations documented in ancient Egypt and Greece, to the current medical specialization we know today. Given its essential role in clinical diagnosis, the history of patch testing is also discussed, including the pioneering work of Stadeler, von Hebra, Jadassohn, and others. The historical development of some international societies for contact dermatitis is provided, along with some discussion on bibliometric performance in this field. Overall, it can be seen that from humble beginnings, contact dermatitis is now thriving as a specialized field in clinical dermatology.

Keywords: Bibliometric, Contact Dermatitis, Dermatology, Dermatology, Diagnosis, History, History, Impact Factors, Medical, Occupational-Medicine, Origins, Patch Testing

? Smith, D.R. (2009), The continuing rise of contact dermatitis, Part 2: The scientific journal. *Contact Dermatitis*, **61** (4), 194-200.

Full Text: [2009\Con Der61, 194.pdf](2009\Con%20Der61,%20194.pdf)

Abstract: Background Although citation analysis represents an increasingly common method for examining the performance of scientific journals, few longitudinal studies have been conducted in the specialist fields of dermatology. Objectives The objective of this study was to provide the first comprehensive bibliometric analysis of Contact Dermatitis for the 30-year period between 1977 and 2006. Materials and Methods Detailed historical data were extracted from the Thomson Reuters Journal Citation Reports (R) and systematically analysed. The most highly cited articles published in the journal were also identified and then examined for citation frequency and lag time. Results Citation analysis showed that the impact factor of Contact Dermatitis has increased significantly over the past 30 years, experiencing a sixfold improvement between 1977 and 2006. Conclusions Bibliometric trends as identified in the current study clearly demonstrate the ongoing rise of Contact Dermatitis, from early beginnings in the mid-1970s, into the leading scientific periodical we know today.

Keywords: Analysis, Articles, Bibliometric, Bibliometric Analysis, Bibliometrics, Bibliometrics, Citation, Citation Analysis, Citation Frequency, Citation-Classics, Contact Dermatitis, Data, Dermatological Literature, Dermatology, Editors, First, Health, Highly Cited, Highly Cited Articles, Highly-Cited, Historical Data, Impact, Impact Factor, Impact Factor Trends, Improvement, Journal, Journal Citation Reports, Journals, Longitudinal, Longitudinal Studies, Materials, Methods, Occupational-Medicine, Performance, Periodical, R, Relevance, Results, Science, Scientific Journal, Scientific Journals, Thomson Reuters, Thomson-Reuters, Trends

? Thyssen, J.P., Johansen, J.D., Linneberg, A. and Menne, T. (2010), The epidemiology of hand eczema in the general population - prevalence and main findings. *Contact Dermatitis*, **62** (2), 75-87.

Full Text: [2010\Con Der62, 75.pdf](2010\Con%20Der62,%2075.pdf)

Abstract: Numerous studies have investigated the prevalence and risk factors of hand eczema in the general population. These studies are of high value as they tend to be less biased than studies using clinical populations and as they are important for healthcare decision makers when they allocate resources. This study aimed to review the epidemiology of hand eczema in the general population. Literature was examined using PUBMED-MEDLINE, Biosis, Science Citation Index, and dermatology text books. On the basis of studies performed between 1964 and 2007, the point prevalence of hand eczema was around 4%, the 1-year prevalence nearly 10%, whereas the lifetime prevalence reached 15%. Based on seven studies, the median incidence rate of hand eczema was 5.5 cases/1000 person-years (women = 9.6 and men = 4.0). A high incidence rate was associated with female sex, contact allergy, atopic dermatitis, and wet work. Atopic dermatitis was the single most important risk factor for hand eczema. Hand eczema resulted in medical consultations in 70%, sick leave (> 7 days) in about 20%, and job change in about 10%. Mean sick time was longer among those with allergic hand eczema than those with atopic and irritant hand eczema. Moderate to severe extension of hand eczema was the strongest risk factor for persistence of hand eczema. Other risk factors included early onset of hand eczema and childhood eczema. The aetiology of hand eczema is multifactorial and includes environmental as well as genetic factors. Future studies should focus on unresolved areas of hand eczema, for example, genetic predisposition.

Keywords: 15-Year Follow-up, Atopic-Dermatitis, Books, Citation, Dermatology, Epidemiology, Filaggrin Mutations, General Population, Hand Dermatitis, Hand Eczema, Industrial-City, Irritant Contact-Dermatitis, Literature, Medical, Nickel Allergy, Nickel Allergy, Odense Adolescence Cohort, Public Health, Regulation, Review, Risk Factors, Science, Science Citation Index, Secondary-School Pupils, Skin Exposure, Swedish Population

# Title: Contemporary Clinical Trials

Full Journal Title: [Contemporary Clinical Trials](http://www.sciencedirect.com/science/journal/15517144)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Rahman, M., Saito, M. and Fukui, T. (2005), Articles with high-grade evidence: Trend in the last decade. *Contemporary Clinical Trials*, **26** (4), 510-511.

Full Text: [2005\Con Cli Tri26, 510.pdf](2005\Con%20Cli%20Tri26,%20510.pdf)

Keywords: Evidence

? Dumville, J.C., Hahn, S., Miles, J.N.V. and Torgerson, D.J. (2006), The use of unequal randomisation ratios in clinical trials: A review. *Contemporary Clinical Trials*, **27** (1), 1-12.

Full Text: [2006\Con Cli Tri27, 1.pdf](2006\Con%20Cli%20Tri27,%201.pdf)

Abstract: Objective: To examine reasons given for the use of unequal randomisation in randomised controlled trials (RCTs). Main Measures: Setting of the trial; intervention being tested; randomisation ratio; sample size calculation; reason given for randomisation. Methods: Review of trials using unequal randomisation. Databases and sources: Cochrane library, MEDLINE, Pub Med and Science Citation Index. Results: A total of 65 trials were identified; 56 were two-armed trials and nine trials had more than two arms. of the two-arm trials, 50 trials recruited patients in favour of the experimental group. Various reasons for the use of unequal randomisation were given. Six studies stated that they used unequal randomisation to reduce the cost of the trial, with one screening trial limited by the availability of the intervention. Other reasons for using unequal allocation were: avoiding loss of power from drop-out or crossover, ethics and the gaining of additional information on the treatment. Thirty seven trials papers (57%) did not state why they had used unequal randomisation and only 14 trials (22%) appeared to have taken the unequal randomisation into account in their sample size calculation. Conclusion: Although unequal randomisation offers a number of advantages to trials the method is rarely used and is especially under-utilised to reduce trial costs. Unequal randomisation should be considered more in trial design especially where there are large differences between treatment costs. (c) 2005 Elsevier Inc. All rights reserved.

Keywords: Abdominal Hysterectomy, Alzheimers-Disease, Children, Chronic Hepatitis-C, Citation, Clinical Trials, Colorectal-Cancer, Combination Therapy, Costs, Databases, Double-Blind, Efficacy, Elsevier, Ethics, Hypertensive Patients, Intervention, MEDLINE, Multicenter Trial, Randomised Controlled Trials, Review, Science, Science Citation Index, Screening, State, Treatment, Unequal Randomisation

? Schellings, R., Kessels, A.G., ter Riet, G., Knottnerus, J.A. and Sturmans, F. (2006), Randomized consent designs in randomized controlled trials: Systematic literature search. *Contemporary Clinical Trials*, **27** (4), 320-332.

Full Text: [2006\Con Cli Tri27, 320.pdf](2006\Con%20Cli%20Tri27,%20320.pdf)

Abstract: Background: Three types of randomized consent designs are distinguished and ranked according to the extent to which participants are informed about treatment options: single-consent (those in the experimental group learn about their assigned treatment), incomplete-double-consent (all participants learn about their assigned treatment), and complete-double-consent (all participants team about all treatments studied). All are methodologically, ethically, and judicially controversial. Even so, their use is justified if blinding is deemed necessary, but impossible to achieve by sham procedures (placebo), and experimental treatment seems attractive to potential participants. Objective: the aim of this study is to give a comprehensive overview of the use of randomized consent designs. Data sources are MEDLINE (1/1977-2/2003), EMBASE (1/1984-2/2003), PsycINFO (1/1996-2/2003), The Cochrane Library, and the Science Citation Index database. Review methods: Eligible were studies using a randomized consent design. Cluster randomized trials were excluded. One reviewer selected and data-extracted eligible papers. A second reviewer independently data-extracted 10% of the papers. Data on country of study conduct, year of commencement, area of medicine, type of design, reason(s) for use, details on approval by a research ethics committee, the index and reference intervention, nature of endpoints, and details on collection of data were extracted. Furthermore, for each trial, the rates of non-compliance and loss to follow-up were registered by treatment arm. The three types of randomized consent designs were compared as to differences between the rates of non-compliance and loss to follow-up in the separate trial arms. Results: Randomized consent designs are seldom used (n = 50). When used, they have often been used in the wrong circumstances (misuse). In 65% of the studies the non-compliance in the index group is larger than in the reference group. Contrary toexpectation, trials using the incomplete-double design were associated with significantly higher rates of non-compliance and loss to follow-up in the reference groups than trials employing the other two versions. Conclusion: Trialists and physicians should be aware of the proper indication for the use of randomized consent designs. (c) 2005 Elsevier Inc. All rights reserved.

Keywords: Active Rheumatoid-Arthritis, Advanced Breast-Cancer, Cancer Cooperative Group, Citation, Clinical-Trials, Collection, Colorectal-Cancer, Comparing Total Mastectomy, Consent, Country, Data, Database, Design, Ethics, Ethics Committee, Experimental, Experimental Treatment, Follow-up, Index, Indication, Informed Consent, Intervention, Literature, Medicine, MEDLINE, Methods, Options, Papers, Patient Education, Physicians, Placebo, Postoperative Adjuvant Chemotherapy, Potential, Pre-Randomization, Primary-Care, Procedures, Prostate-Cancer, Psycinfo, Randomized, Randomized Consent Design, Randomized Controlled Trials, Rates, Reference, Research, Research Ethics, Review Research Ethics, Rights, Science, Science Citation Index, Sources, Systematic Literature Search, Treatment, Trial, Zelen Design

? Tan, M.H., Thomas, M. and MacEachern, M.P. (2015), Using registries to recruit subjects for clinical trials. *Contemporary Clinical Trials*, **41**, 31-38.

Full Text: [2015\Con Cli Tri41, 31.pdf](2015/Con%20Cli%20Tri41,%2031.pdf)

Abstract: Aim: We studied the use of patient/disease registries to recruit potential subjects for prospective clinical trials describing the number, types and major benefits of using this approach. Methods: In December 2013, we conducted a focused database search in PubMed, EMBASE, and Web of Science for studies (English language only) that used registries to recruit subjects for clinical trials published in 2004-2013. Of the 233 unique citations identified, 21 used registries to recruit subjects 10 papers and 11 abstracts. Pearling and search for subsequent full papers of the abstracts identified 4 more papers. Results: Our analysis, based on these 25 citations, showed that 14 are related to cancer, 3 to diabetes mellitus, 1 each to stroke, asthma, and celiac disease and 5 are disease neutral. Many types of registries (population-based cancer, quality improvement, disease-specific, web-based disease-neutral registries, local general practice registers, and national health database) are used to recruit subjects for clinical trials and uncover new knowledge. Overall, 16 registries are in the US, 4 in UK, 1 each in Canada, Spain, and Australia and I involved in many countries. Registries can identify very large number of subjects for screening for eligibility for clinical trials, especially in very large trials, rare disease trials, and trials involving minority patients. Conclusions: Registries can retrospectively identify very large numbers of potential subjects for screening for eligibility and enrollment in prospective clinical trials. This matching can lead to more timely recruitment and help solve a major problem in conducting clinical trials. (C) 2014 Elsevier Inc. All rights reserved.

Keywords: Analysis, Approach, Asthma, Australia, Breast-Cancer Survivors, Canada, Cancer, Citations, Clinical, Clinical Trials, Contact Registry, Database, Diabetes, Diabetes Mellitus, Disease, Exercise Trial, General, General Practice, Health, Improvement, Knowledge, Lead, Local, Mar, Papers, Participants, Patient Registries, Patients, Population Based, Population-Based, Potential, Practice, Prospective, Pubmed, Quality, Quality Improvement, Randomized Controlled-Trial, Recruitment, Recruitment Of Subjects, Registries, Retention, Rights, Science, Screening, Spain, Stroke, UK, US, Volunteers, Web Of Science

# Title: Contemporary Educational Psychology

Full Journal Title: Contemporary Educational Psychology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Chambliss, M., Bong, M., Greene, B., Kauffman, D., Loyens, S. and Van Meter, P. (2010), Building trust by eliminating plagiarism: White paper from the AD HOC committee on plagiarism. *Contemporary Educational Psychology*, **35** (2), 103-107.

Keywords: Plagiarism

# Title: Contemporary Physics

Full Journal Title: Contemporary Physics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Newman, M.E.J. (2005), Power laws, Pareto distributions and Zipf’s law. *Contemporary Physics*, **46** (5), 323-351.

Full Text: [2005\Con Phy46, 323.pdf](2005\Con%20Phy46,%20323.pdf)

Abstract: When the probability of measuring a particular value of some quantity varies inversely as a power of that value, the quantity is said to follow a power law, also known variously as Zipf’s law or the Pareto distribution. Power laws appear widely in physics, biology, earth and planetary sciences, economics and finance, computer science, demography and the social sciences. For instance, the distributions of the sizes of cities, earthquakes, forest. res, solar flares, moon craters and people’s personal fortunes all appear to follow power laws. The origin of power-law behaviour has been a topic of debate in the scientific community for more than a century. Here we review some of the empirical evidence for the existence of power-law forms and the theories proposed to explain them.

Keywords: Behaviour, Biology, Cities, Community, Demography, Distribution, Economics, Evidence, Forest, Forms, Law, Laws, Origin, Pareto, Pareto Distribution, Power, Power Law, Power Laws, Power-Laws, Review, Science, Sciences, Social, Social Sciences, Value, Zipf’s Law

# Title: Contraception

Full Journal Title: Contraception

ISO Abbreviated Title: Contraception

JCR Abbreviated Title: Contraception

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hopkins, M.R., Agudelo-Suarez, P., El-Nashar, S.A., Creedon, D.J., Rose, C.H. and Famuyide, A.O. (2009), Term pregnancy with intraperitoneal levonorgestrel intrauterine system: A case report and review of the literature. *Contraception*, **79** (4), 323-327.

Full Text: [2009\Contraception79, 323.pdf](2009\Contraception79,%20323.pdf)

Abstract: Background: the risk of adverse effects of fetal exposure to the levonorgestrel intrauterine system (LNG-IUS) has not been established. Study Design: In this case report and literature review, we describe a pregnant patient with an intraperitoneal LNG-IUS and the subsequent maternal and neonatal outcomes. A systematic literature search was performed to identify similar clinical reports. The MEDLINE, EMBASE, Cochrane Database of Systematic Reviews, CENTRAL, Web of Science and Scopus databases were searched from inception through March 2007. Results: the pregnancy progressed uneventfully End culminated in the elective cesarean delivery of a full-term healthy boy. of the 35 pregnancies identified in the literature review (34 pregnancies with intrauterine LNG-IUS and 1 term delivery with intraperitoneal LNG-IUS), congenital anomalies were reported in 2 infants (6%). Conclusions: Fetal exposure to LNG-IUS is associated with a low frequency of congenital anomalies. (c) 2009 Elsevier Inc. All rights reserved.

Keywords: Adverse Effects, Cochrane, Congenital Heart-Disease, Contraception, Contraceptives, Databases, Devices, Embase, Exposure, Female Sex-Hormones, Frequency, Hypospadias, Infants, IUD, Levonorgestrel, Literature, Literature Review, Lng-Ius, Management, MEDLINE, Outcomes, Perforation, Pregnancy, Progestogens, Review, Risk, Science, Scopus, Systematic, Uterine Perforation, Web of Science, Women

# Title: Control Engineering

Full Journal Title: Control Engineering

ISO Abbreviated Title: Control Eng.

JCR Abbreviated Title: Control Eng

ISSN: 0010-8049

Issues/Year: 13

Journal Country/Territory: United States

Language: English

Publisher: Cahners-Denver Publishing Co

Publisher Address: 2000 Clearwater Dr, Oak Brook, IL 60523-8809

Subject Categories:

Robotics & Automatic Control Engineering, Electrical & Electronic Instruments & Instrumentation: Impact Factor

? Hoske, M.T. (2004), Top articles of 2003. *Control Engineering*, **51** (2), 31

Keywords: Articles

? Hoske, M.T. (2006), Top 10 articles of ‘05. *Control Engineering*, **53** (2), 33

Keywords: Articles

# Title: Control Engineering and Applied Informatics

Full Journal Title: Control Engineering and Applied Informatics

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Avram, S., Velter, V. and Dumitrache, I. (2014), Semantic analysis applications in computational bibliometrics. *Control Engineering and Applied Informatics*, **16** (1), 62-69.

Full Text: 2014\Con Eng App Inf16, 62.pdf

Abstract: Continuing a previous theoretical research in bibliometrics, this study aims to conclude a bibliometric endeavor, in the quest of finding an adapted impact measure for scientific papers. Its main objective is to define a technological solution capable to interpret both citations and papers’ content, in an integrative approach. The solution employs natural language processors, similarity measures and graph computation algorithms, while integrating them in a software prototype. Describing the design and implementation phases, the research underlines specific solutions and optimizations for relevance computing in citation networks.

Keywords: Algorithms, Analysis, Approach, Bibliometric, Bibliometrics, Citation, Citation Weighting, Citations, Computation, Design, Impact, Implementation, Integrative, Language, Mar, Measure, Measures, Natural, Natural Language Processing, Networks, Papers, Relevance, Research, Similarity, Software, Solution, Solutions, Text Similarity, Theoretical, Vector-Space Model

# Title: Cornea

Full Journal Title: Cornea

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hu, Q.W., Qiao, Y.B., Nie, X., Cheng, X.C. and Ma, Y.P. (2014), Bevacizumab in the treatment of pterygium: A meta-analysis. *Cornea*, **33** (2), 154-160.

Full Text: [2014\Cornea33, 154.pdf](2014\Cornea33,%20154.pdf)

Abstract: Purpose:The aim of this study was to assess the efficacy and safety of bevacizumab in the treatment of pterygium and to mainly explore its effects on recurrence rate and complications.Methods:We searched MEDLINE, EMBASE, Web of Science, and Cochrane Central Register from the inception to July 2013 for relevant randomized controlled trials that examined bevacizumab therapy for pterygium. Data concerning study design, patient characteristics, treatment, and outcomes were extracted. The methodological quality of the studies included was assessed using the Jadad score. Relative risk (RR) was calculated for recurrence rate and complications.Results:A total of 474 patients with 482 eyes in 9 randomized controlled trials were analyzed. The pooled estimate showed that bevacizumab had no statistically significant effect on preventing pterygium recurrence [RR 0.90, 95% confidence interval (CI) 0.77-1.07, P = 0.23]. None of the subgroup analyses yielded significant results in favor of bevacizumab (surgery group: RR 0.77, 95% CI 0.50-1.18, P = 0.23; nonsurgery group: RR 0.98, 95% CI 0.86-1.11, P = 0.76; primary pterygium group: RR 0.82, 95% CI 0.53-1.26, P = 0.36; recurrent pterygium group: RR 0.95, 95% CI 0.82-1.09, P = 0.44). There were no statistically significant differences in the complications between the 2 groups (RR 1.00, 95% CI 0.73-1.37, P = 1.00). However, the bevacizumab group was associated with a higher risk of developing subconjunctival hemorrhage (RR 3.34, 95% CI 1.07-10.43, P = 0.04).Conclusions:Topical or subconjunctival bevacizumab was relatively safe and well tolerated, but it had no statistically significant effect on preventing pterygium recurrence. A large-scale trial with a suitable dosage and a longer follow-up would be required to rule out the possibility of any treatment benefit.

Keywords: Analyses, Bevacizumab, Characteristics, Complications, Confidence, Design, Developing, Effects, Efficacy, Embase, Follow-Up, Groups, Hemorrhage, Interval, Medline, Outcomes, P, Patients, Primary, Pterygium, Quality, Quality Of, Randomized, Randomized Controlled Trials, Recurrence, Recurrent, Risk, Safety, Science, Study Design, Surgery, Therapy, Treatment, Trial, Web of Science

# Title: Coronary Artery Disease

Full Journal Title: Coronary Artery Disease

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Kang, S., Yang, Y.J., Li, C.J. and Gao, R.L. (2008), Effects of intracoronary autologous bone marrow cells on left ventricular function in acute myocardial infarction: A systematic review and meta-analysis for randomized controlled trials. *Coronary Artery Disease*, **19** (5), 327-335.

Full Text: [2008\Cor Art Dis19, 327.pdf](2008/Cor%20Art%20Dis19,%20327.pdf)

Abstract: Background Experimental and clinical studies have suggested that intracoronary infusion of bone marrow-derived stem/progenitor cells (BMC) may improve left ventricular function after acute myocardial infarction (AMI). We conducted a systematic review and meta-analysis to investigate the efficacy and safety of BMC therapy on global left ventricular function in AMI. Methods A systematic literature search of MEDLINE, Cochrane Controlled Trials Register, EMBASE, Science Citation Index, and PUBMED from their inception to March 2007 was conducted using specific search terms. Reference lists of papers and reviews on the topic were further searched. Finally, six randomized controlled trials that comprised 517 patients were eligible for further meta-analysis. We used a standardized protocol to extract information on the included studies. Results Compared with the control groups, BMC therapy produced a slight improvement of the follow-up left ventricular ejection fraction (LVEF) [2.53%, 95% confidence interval (CO: 0.67-4.39, P= 0.0081 between 3 and 6 months. Similarly, BMC therapy also significantly improved the LVEF change from baseline to follow-up [2.88%, 95%CI: 1.69-4.08, P=0.0001 compared to control groups, and the heterogeneity across the studies with regards to the follow-up LVEF (P=0.696) and the LVEF change (P=0.1 79). Major adverse cardiovascular events, including ventricular arrhythmia, rehospitalization for heart failure, and the composite of other cardiovascular events (cardiac death, recurrent myocardial infarction, infarct-vessel revascularization procedure, and stroke), were not significantly different between BMC therapy and control groups [relative risk (RR): 1.19, 95%CI: 0.68-2.06; RR: 1.79, 95%CI: 0.62-5.17; and RR: 1.05, 95%CI: 0.81-1.35, respectively]. Conclusion On the basis of present evidence, intracoronary BMC infusion in patients with AMI seems to be safe and associated with slight improvement of the left ventricular ejection fraction at 3-6 months’ follow-up.

Keywords: Acute Myocardial Infarction, Arrhythmia, Bone, Bone Marrow, Bone Marrow-Derived Stem, Progenitor Cells, Cardiovascular, Citation, Clinical, Clinical Studies, Co, Composite, Confidence, Control, Control Groups, Death, Design, Efficacy, Embase, Events, Evidence, Failure, Follow-Up, Function, Global, Global Left Ventricular Function, Groups, Heart, Heart Failure, Heterogeneity, Improvement, Infarction, Information, Infusion, Interval, Left Ventricular Ejection Fraction, Literature, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Myocardial Infarction, Papers, Patients, Procedure, Progenitor Cells, Randomized, Randomized Controlled Trials, Recurrent, Reference Lists, Regeneration Enhancement, Rehospitalization, Results, Revascularization, Review, Reviews, Risk, Safety, Science, Science Citation Index, Stem-Cells, Stroke, Systematic Literature Search, Systematic Review, Therapy, Topcare-Ami, Topic, Transplantation

? Chatterjee, S., Sharma, A., Uchino, K., Biondi-Zoccai, G., Lichstein, E. and Mukherjee, D. (2013), Rivaroxaban and risk of myocardial infarction: Insights from a meta- analysis and trial sequential analysis of randomized clinical trials. *Coronary Artery Disease*, **24** (8), 628-635.

Full Text: [2013\Cor Art Dis24, 628.pdf](2013/Cor%20Art%20Dis24,%20628.pdf)

Abstract: ObjectiveTo evaluate the risk of myocardial infarction (MI) associated with the use of rivaroxaban.MethodsWe searched PubMed, CINAHL, Cochrane CENTRAL, Scopus, and the Web of Science for randomized controlled trials of rivaroxaban that reported on MI as clinical outcomes. We express the associations as odds ratios and their 95% confidence intervals. A trial sequential analysis was carried out to ensure validity of our findings.ResultsNine trials were selected (N=53 827), including one study on stroke prophylaxis in atrial fibrillation, two in acute coronary syndrome, four of short-term prophylaxis of deep venous thrombosis, and two for treatment of deep venous thrombosis/pulmonary embolism. Control arms included warfarin, enoxaparin, or placebo administration. Rivaroxaban was associated with a significantly lower risk of MI compared with the agents used in the control group (odds ratio, 0.82; 95% confidence interval, 0.72-0.94; P=0.004). No heterogeneity was noted in the risk (I-2=0%; P=0.55); trial sequential analysis reinforced the validity of our findings.ConclusionRivaroxaban is associated with a significantly lower risk of MI in a broad spectrum of patients when tested against different controls.

Keywords: Acute Coronary Syndrome, Administration, Analysis, Antiplatelet Therapy, Arteries, Artery, Article, Atrial Fibrillation, Atrial-Fibrillation, Clinical, Clinical Outcomes, Clinical Trials, Confidence, Confidence Intervals, Control, Coronary, Coronary-Arteries, Cumulative Metaanalysis, Deep Venous Thrombosis, Double-Blind, Embolism, Enoxaparin, Factor-Xa Inhibitor, Heterogeneity, Infarction, Information Size, Interval, Intervals, Meta Analysis, Meta-Analysis, Myocardial Infarction, New York, Odds Ratio, Outcomes, Patients, Placebo, Prophylaxis, Pubmed, Randomized, Randomized Controlled Trials, Risk, Rivaroxaban, Science, Scopus, St-Segment Elevation, Stroke, Syndrome, Thrombosis, Total Knee Arthroplasty, Treatment, Trial, USA, Validity, Venous Thromboembolism, Venous Thrombosis, Warfarin, Web of Science

? Li, D.L., Qu, C.S. and Dong, P.S. (2014), The ICAM-1 K469E polymorphism is associated with the risk of coronary artery disease: A meta-analysis. *Coronary Artery Disease*, **25** (8), 665-670.

Full Text: [2014\Cor Art Dis25, 665.pdf](2014/Cor%20Art%20Dis25,%20665.pdf)

Abstract: BackgroundThe intercellular adhesion molecule-1 (ICAM-1) K469E polymorphism has been indicated to be correlated with coronary artery disease (CAD) susceptibility, but the results of studies are still debatable. Thus, a meta-analysis was carried out.MethodsDatabases including PubMed, Embase, Web of Science, and CNKI were searched. Data were extracted and pooled odds ratios (OR) with 95% confidence intervals (CI) were calculated.ResultsEighteen studies with 3546 cases and 3852 controls were included in this meta-analysis. The association between the ICAM-1 K469E polymorphism and the risk of CAD was significant (OR=1.77; 95% CI, 1.52-2.05; P<0.01; I-2=27%). This result remained statistically significant when the adjusted ORs were combined (OR=1.95; 95% CI, 1.78-2.14; P<0.01; I-2=0%). When stratified by ethnicity, a significantly increased risk was observed in Whites (OR=1.75; 95% CI, 1.37-2.23; P<0.01; I-2=58%) and in Asians (OR=1.80; 95% CI, 1.45-2.24; P<0.01; I-2=0%). A significantly increased risk of myocardial infarction was observed (OR=2.24; 95% CI, 1.72-2.92; P<0.01; I-2=38%).ConclusionIn conclusion, this meta-analysis suggested that the ICAM-1 K469E polymorphism was a risk factor for CAD.

Keywords: Adhesion, Artery, Asians, Association, Atherosclerosis, Cad, Cardiovascular-Disease, Confidence, Confidence Intervals, Coronary Artery, Coronary Artery Disease, Data, Disease, Ethnicity, Genetics, Heart-Disease, Icam-1, Infarction, Intercellular Adhesion Molecule-1, Intercellular-Adhesion Molecule-1, Intervals, Meta Analysis, Meta-Analysis, Metaanalysis, Myocardial Infarction, Myocardial-Infarction, P-Selectin, Polymorphism, Pubmed, Risk, Risk Factor, Science, Susceptibility, Web, Web Of Science

? Wang, H.X. and Dong, P.S. (2015), Thrombomodulin-33G/A and Ala455Val polymorphisms are associated with the risk of coronary artery disease: A meta-analysis including 12 584 patients. *Coronary Artery Disease*, **26** (1), 72-77.

Full Text: [2015\Cor Art Dis26, 72.pdf](2015/Cor%20Art%20Dis26,%2072.pdf)

Abstract: Background Thrombomodulin (TM) -33G/A and Ala455Val polymorphisms have been indicated to be correlated with the risk of coronary artery disease (CAD), but study results are still inclusive. Thus, a meta-analysis was carried out. Materials and methods Databases including PubMed, Embase, CNKI, and Web of Science (ISI) were searched. Data were extracted and pooled odds ratios (ORs) with 95% confidence intervals (CIs) were calculated. Results Thirteen case-control studies on the relationship between TM - 33G/A and Ala455Val polymorphisms and the risk of CAD were included in this meta-analysis. The association between the TM -33G/A polymorphism and the risk of CAD was significant (OR = 1.65; 95% CI, 1.35-2.02; P < 0.01; I-2 = 15%). This result remained statistically significant when the adjusted ORs were combined (OR = 1.50; 95% CI, 1.23-1.84; P < 0.01; I-2 = 0%). The association between the TM Ala455Val polymorphism and the risk of CAD was also significant (OR = 1.14; 95% CI, 1.05-1.24; P < 0.01; I-2 = 0%). This result remained statistically significant when the adjusted ORs were combined (OR = 1.57; 95% CI, 1.05-2.34; P = 0.03; I-2 = 32%). Conclusion This meta-analysis suggested that TM -33G/A and Ala455Val polymorphisms were risk factors for CAD. Coron Artery Dis 26:72-77 (C) 2014 Wolters Kluwer Health vertical bar Lippincott Williams & Wilkins.

Keywords: Acute Myocardial-Infarction, Artery, Association, Cad, Case-Control, Case-Control Studies, Confidence, Confidence Intervals, Coronary Artery, Coronary Artery Disease, Data, Databases, Disease, Factors, Gene Polymorphisms, Genetic, Health, Heart-Disease, Intervals, Isi, Materials, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Onset, P, Patients, Polymorphism, Polymorphisms, Population, Pubmed, Region, Results, Risk, Risk Factors, Science, Thrombomodulin, Variants, Vertical, Web, Web Of Science

# Title: Corporate Governance-An International Review

Full Journal Title: [Corporate Governance-An International Review](http://www3.interscience.wiley.com/journal/117967216/home)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: JJournal

? Durisin, B. and Puzone, F. (2009), Maturation of Corporate Governance Research, 1993-2007: An assessment. *Corporate Governance-An International Review*, **17** (3), 266-291.

Full Text: [2009\Cor Gov- Int Rev17, 266.pdf](2009\Cor%20Gov-%20Int%20Rev17,%20266.pdf)

Abstract: Review This study seeks to investigate whether governance research in fact is a discipline or whether it is rather the subject of multi-disciplinary research. We map the intellectual structure of corporate governance research and its evolution from 1993-2007. Based on the analysis of more than 1,000 publications and 48,000 citations in Corporate Goverance: An International Review (CGIR) and other academic journals, our study identifies the most influential works, the dominant subfields, and their evolution. Our study assesses the maturation of corporate governance research as a discipline; it finds increasing sophistication, depth and rigor, and consistency in its intellectual structure. There is a large body of accumulated corporate governance research in the US, yet there is an empirical gap on cross-national studies in the literature. Furthermore, hardly any of the top cited works undertake their study in a cross-national setting. Thus, corporate governance research and CGIR in its quest to contribute to a global theory of corporate governance might benefit if articles have a cross-national methodological approach and empirical grounding in their research design and if articles explicitly aim at stating the theoretical underpinnings they draw on. Globalists find in CGIR an outlet addressing economics and finance (e.g., whether and how compensation or dismissal of CEOs is related to board characteristics), management (e.g., whether and how best practice codes adoption is related to board characteristics and performance), and accounting (e.g., whether and how earnings manipulations is related to board characteristics) issues globally.

Keywords: Analysis, Asian Financial Crisis, Bibliometrics, Board Composition, Citations, Co-Citation Analysis, Cocitation Analysis, Consumer Research, Corporate Governance, Earnings Management, Executive-Compensation, Firm Performance, Intellectual Structure, Journal Influence, Ownership Structure, Strategic-Management, US

# Title: Corporate Social Responsibility and Environmental Management

Full Journal Title: Corporate Social Responsibility and Environmental Management

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lu, L.Y.Y. and Liu, J.S. (2014), The knowledge diffusion paths of corporate social responsibility - From 1970 to 2011. *Corporate Social Responsibility and Environmental Management*, **21** (2), 113-128.

Full Text: [2014\Cor Soc Res Env Man21, 113.pdf](2014\Cor%20Soc%20Res%20Env%20Man21,%20113.pdf)

Abstract: This paper presents a unique approach to translating a complex citation network into simple main paths. We apply this approach to explore the knowledge diffusion paths of corporate social responsibility (CSR) literature over the past 40 years. ISI Web of Science (WOS) is used as the data source for retrieving the CSR papers and their citation data. We then apply main path analysis to identify and visualize the local, global, and key-route main paths. The local and global main paths identify those papers that play a key role in the knowledge diffusion of CSR. The key-route main path clearly exhibits the divergence-convergence pattern of CSR development. Although the divergence-convergence pattern of a theory’s development has been hinted at in previous literature, we propose the key-route main path to systematically identify and exhibit it. This approach provides a useful method for researchers to figure out the development cycles of a target field. Copyright (c) 2013 John Wiley & Sons, Ltd and ERP Environment.

Keywords: Analysis, Approach, Business, Citation, Citation Analysis, Citation Network, Corporate Social Initiatives, Corporate Social Responsibility, Countries, Data, Development, Diffusion, Empirical-Examination, Environment, Environmental Policy, Field, Financial Performance, Firm Perspective, Global, Index, Isi, Isi Web Of Science, Knowledge, Literature, Local, Main Path Analysis, Mar, Network, Papers, Path Analysis, Pattern, Responsibility, Role, Science, Social, Social Responsibility, Source, Stakeholder Engagement, Stakeholder Theory, Sustainable Development, United-States, Web Of Science, Wos

? Danilovic, M., Hensbergen, M., Hoveskog, M. and Zadayannaya, L. (2015), Exploring diffusion and dynamics of corporate social responsibility. *Corporate Social Responsibility and Environmental Management*, **22** (3), 129-141.

Full Text: [2015\Cor Soc Res Env Man22, 129.pdf](2015/Cor%20Soc%20Res%20Env%20Man22,%20129.pdf)

Abstract: The purpose of this paper is to explore the evolution of the concept of corporate social responsibility (CSR) in academia. The process of evolution is conceptualised to consist of diffusion and dynamics. Bibliometrics were applied for data collection and visualisation of the evolution of CSR. The findings show increasing complexity and progression in the research on the concept of CSR fuelled not only by the efforts for intellectual refinement in the field but also reflecting the changing priorities of society and businesses. The growth of this field of research both in number of publications (i.e. diffusion) and in terms of different fields in academic usage (i.e. dynamics), is an indicator for growing complexity and widening acceptance of the CSR concept across various academic disciplines in the future. Copyright (c) 2013 John Wiley & Sons, Ltd and ERP Environment.

Keywords: Acceptance, Bibliometrics, Collection, Complexity, Copyright, Corporate Social Responsibility, Data, Data Collection, Diffusion, Dynamics, Environment, Environmental Policy, Evolution, Field, Growth, Ideas, Indicator, Innovation, Management, Publications, Purpose, Research, Responsibility, Social, Social Responsibility, Society, Stakeholder Engagement, Sustainable Development

# Title: Cortex

Full Journal Title: [Cortex](http://www.sciencedirect.com/science/journal/00109452)

ISO Abbreviated Title: Cortex

JCR Abbreviated Title: Cortex

ISSN: 0010-9452

Issues/Year:

Journal Country/Territory:

Language:

Publisher: Masson Divisione Periodici, Milan

Publisher Address:

Subject Categories:

: Impact Factor 0.276,/(2000)

? Garfield, E. (2001), Interview with Eugene Garfield, Chairman Emeritus of the Institute for Scientific Information (ISI). *Cortex*, **37** (4), 575-577.

Full Text: [2001\Cortex37, 575.pdf](2001\Cortex37,%20575.pdf)

? Kostoff, R.N., Buchtel, H.A., Andrews, J. and Pfeil, K.M. (2005), The hidden structure of neuropsychology: Text mining of the journal *Cortex*: 1991-2001. *Cortex*, **41** (2), 103-115.

Full Text: [2005\Cortex41, 103.pdf](2005\Cortex41,%20103.pdf)

Abstract: Background: the stated mission of Cortex is “the study of the inter-relations of the nervous system and behavior, particularly as these are reflected in the effects of brain lesions on cognitive functions.” the purpose of this paper is to explore the relationship between the stated mission and the executed mission as reflected by the characteristics of papers published in Cortex. In addition, we examine whether the results and conclusions of an analysis of this kind are affected by the level of description of the published papers. Objectives: A) Identify characteristics of contributors to Cortex; B) Identify characteristics of those who cite Cortex; C) Identify recurring themes; D) Identify the relationships among the recurring themes; E) Compare recurring themes and determine their relationships to the mission of Cortex; F) Identify the sensitivity of these results to the level of description of the Cortex papers used as the source database. G) Compare Cortex characteristics with those of Neuropsychologia, another Europe-based international neuropsychology journal. Methods: Text mining (extraction of useful information from text) was used to generate the characteristics of the journal Cortex. Bibliometrics provided the Cortex contributor infrastructure (author/organization/country/citation distributions), and computational linguistics identified the recurring technical themes and their inter-relationships. Citation mining (the integration of citation bibliometrics and text mining) was used to profile the research user community. Four levels of published article description were compared for the analysis: Full Text, Abstract, Title, Keywords. Results and Conclusions: Highly cited documents were compared among Cortex, Neuropsychologia, and Brain, and a number of interesting parametric trends were observed. The characteristics of the papers that cite Cortex papers were examined, and some interesting insights were generated. Finally, the document clustering taxonomy showed that papers in y Cortex can be reasonably divided into four categories (papers in each category in parenthesis): Semantic Memory (151); Handedness (145): Amnesia (119); and Neglect (66). It is concluded that Cortex needs to take steps to attract a more diverse group of contributors outside its continental Western European base if it wishes to capture a greater share of seminal neuropsychology papers. Further investigation of the critical citation differences reported in the paper is recommended.

Keywords: Analysis, Behavior, Bibliometrics, Brain, Characteristics, Citation, Clustering, Community, Computational Linguistics, Database, Document Clustering, Extraction, Information, Infrastructure, Integration, International, Investigation, Journal, Mining, Needs, Papers, Purpose, Research, Sensitivity, Source, Structure, Taxonomy, Text Mining, Trends

? Della Sala, S. and Crawford, J.R. (2007), A double dissociation between impact factor and cited half life. *Cortex*, **43** (2), 174-175.

Full Text: [2007\Cortex43, 174.pdf](2007\Cortex43,%20174.pdf)

Keywords: Half-Life, Impact, Impact Factor, Life

? Sala, S.D. and Brooks, J. (2008), Multi-authors’ self-citation: A further impact factor bias? *Cortex*, **44** (9), 1139-1145

Full Text: [2008\Cortex44, 1139.pdf](2008\Cortex44,%201139.pdf)

Keywords: Alzheimers Type Dementia, Brocas Area, Event-Related Potentials, Frontal-Lobe Lesions, Grapheme-Color Synaesthesia, Language Impairment, Posterior Parietal Cortex, Synesthetic Colors, Ventral Premotor Cortex, Williams-Syndrome

? Foley, J.A. and la Sala, S. (2010), The impact of self-citation. *Cortex*, **46** (6), 802-810.

Full Text: [2010\Cortex46, 802.pdf](2010\Cortex46,%20802.pdf)

Keywords: Alzheimers-Disease, Cerebral-Blood-Flow, Frontotemporal Degeneration, Left Intraparietal Sulcus, Mild Cognitive Impairment, of-Body Experiences, Parkinsons-Disease Patients, Semantic Dementia, Spatial Representations, Transcranial Magnetic Stimulation

? Brooks, J. and la Sala, S. (2010), Are special issue papers more cited? *Cortex*, **46** (8), 1060-1064

Full Text: [2010\Cortex46, 1060.pdf](2010\Cortex46,%201060.pdf)

Keywords: Alzheimers-Disease, Brain, Disconnection Syndromes, Frontotemporal Degeneration, Left Intraparietal Sulcus, Memory, Neglect, Papers, Spatial Representations, Transcranial Magnetic Stimulation, Unusual Experiences

# Title: Counseling Psychology

Full Journal Title: Counseling Psychology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Howard, G.S. and Curtin, T.D. (1993), Individual productivity and impact in *Counseling Psychology*. *Counseling Psychologist*, **21** (2), 288-302.

Abstract: Individual eminence in counseling psychology was examined through a textbook citation analysis conducted on four current textbooks and the three most recent Annual Review of Psychology chapters on counseling psychology. For the 223 leading authors in this textbook citation study, data on individual research productivity in psychology (from 1980 to 1990), and on a subset of eight journals of special importance for counseling psychology (also from 1980-1990) was obtained from the PsycLIT data base. An estimate of the scholarly impact of these authors was obtained from citation counts from the 1987 through 1990 volumes of the Social Sciences Citation Index.

Keywords: Analysis, Citation, Citation Analysis, Citation Counts, Data, Data Base, Impact, Journals, Productivity, Psychology, Research, Research Productivity, Scholarly Impact, Textbooks

# Title: Creativity Research Journal

Full Journal Title: Creativity Research Journal

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Nemeth, C.J. and Goncalo, J.A. (2005), Creative collaborations from afar: the benefits of independent authors. *Creativity Research Journal*, **17** (1), 1-8.

Full Text: [2005\Cre Res J17, 1.pdf](2005\Cre%20Res%20J17,%201.pdf)

Abstract: the number of times that an article is cited has served as an indicator of both its creativity and impact. In this study, we investigated the relationship between citations and 2 very simple variables-the number of authors and the number of separate locations. Previous research, on balance, would support the notion that an increased number of collaborators would increase the quality of the product, at least to some asymptote. Research on the effect of separate locations is more sparse. Most work favors collaborations at the same locale, given a sharing of perspective and benefits in terms of coordination and motivation. However research from the minority influence literature documents the stimulating effects of independent and differing views, leading to the conclusion that independent locations would be an asset. Results from an analysis of 6 journals and 5,113 articles over a 10-year period show the benefit of both the number of authors and the number of independent locations. Journals also differed in their citation average, Psychological Review being cited significantly more often than any of the other 5 journals.

Keywords: Group-Size, Virtual Organization, Social Dilemmas, Communication, Decision, Personality, Perception, Psychology, Efficacy, Behavior

? Long, H.Y., Plucker, J.A., Yu, Q., Ding, Y. and Kaufman, J.C. (2014), Research productivity and performance of journals in the creativity sciences: A bibliometric analysis. *Creativity Research Journal*, **26** (3), 353-360.

Full Text: [2014\Cre Res J26, 353.pdf](2014/Cre%20Res%20J26,%20353.pdf)

Abstract: A bibliometric approach was employed to analyze the research productivity and performance of creativity studies between 1965 and 2012. A dataset was constructed using all publications and citations retrieved from four key journals that publish creativity research: Journal of Creative Behavior (JCB), Gifted Child Quarterly (GCQ), Creativity Research Journal (CRJ), and Psychology of Aesthetics, Creativity, and the Arts (PACA). Major findings in this study include: (a) During the study period, the four journals have published 1,891 articles on creativity and they have been cited 11,709 times; (b) the impact factors of the four journals increased from lower than .50 in 2002 to over 1.0 in 2012; in 2012 PACA had the highest impact factor, followed by CRJ; (c) JCB published the most creativity papers and CRJ had the most citations; (d) about a third of the articles published in the four journals have never been cited. Implications for the field of creativity are discussed.

Keywords: Analysis, Approach, Articles, Behavior, Bibliometric, Bibliometric Analysis, Child, Citation Analysis, Citations, Constructed, Creativity, Field, From, Impact, Impact Factor, Impact Factors, Indicators, Journal, Journals, Papers, Performance, Productivity, Psychology, Publications, Research, Research Productivity, Sciences

# Title: Crime and Justice: A Review of Research

Full Journal Title: Crime and Justice: A Review of Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Cohn, E.G. and Farrington, D.P. (1996), Crime and justice and the criminal justice and criminology literature. *Crime and Justice: A Review of Research*, **20**, 265-300.

Abstract: the most-cited scholars in state-of-the-art literature reviews in general volumes of Crime and Justice: A Review of Research between 1986 and 1993 were significantly correlated with the most-cited scholars in three major American criminology journals, three major American criminal justice journals, and three international criminology journals between 1986 and 1990. There was also substantial overlap between the most-cited works in Crime and Justice and the most-cited crime and justice works in the Social Sciences Citation Index between 1979 and 1993. Concepts developed in criminal career research can be used to enrich citation analysis. The prevalence of citations (the number of different articles in which an author was cited) can be distinguished from the individual citation frequency (the average number of an author’s works cited whenever that author was cited). Mathematical models of citation careers can be developed.

Keywords: Analysis, Careers, Citation, Citation Analysis, Citation Frequency, Citations, Crime, General, International, Journals, Justice, Literature, Models, Prevalence, Research, Reviews

# Title: Crisis-the Journal of Crisis Intervention and Suicide Prevention

Full Journal Title: Crisis-the Journal of Crisis Intervention and Suicide Prevention

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Goldblatt, M.J., Schechter, M., Maltsberger, J.T. and Ronningstam, E. (2012), Comparison of journals of suicidology: A bibliometric study from 2006-2010. *Crisis-the Journal of Crisis Intervention and Suicide Prevention*, **33** (5), 301-305.

Full Text: [2012\Cri-J Cri Int Sui Pre33, 301.pdf](2012\Cri-J%20Cri%20Int%20Sui%20Pre33,%20301.pdf)

Abstract: Background: Three English-language journals deal explicitly with suicide phenomena. To the best of our knowledge, no previous study has analyzed the subject content of these three journals. Aims: To review the abstracts of the three suicide-related journals in order to clarify the subjects of the papers. Methods: We examined all abstracts of every paper published in Crisis: the Journal of Crisis Intervention and Suicide Prevention, Archives of Suicide Research, and Suicide and Life-Threatening Behavior for the 5 years between 2006 and 2010, and categorized each paper by subject. Results: We found that the journals were similar with respect to subject allocation. Most papers dealt with epidemiological issues (32.7-40.1% of abstracts); prevention (5.8%-15.3%) and research (8.3%-10.6%) were next best represented subjects. Clinical papers comprised from 2.8% to 8.2% of the studies published. Conclusions: English-language suicide journals publish a preponderance of epidemiological studies. Clinical studies are relatively underrepresented.

Keywords: Allocation, Bibliometric, Bibliometric Study, Journal, Journals, Knowledge, Papers, Prevention, Published Articles on Suicide, Research, Review, Suicide

? Ghoncheh, R., Koot, H.M. and Kerkhof, A.J.F.M. (2014), Suicide prevention E-learning modules designed for gatekeepers a descriptive review. *Crisis-the Journal of Crisis Intervention and Suicide Prevention*, **35** (3), 176-185.

Full Text: [2014\Cri-J Cri Int Sui Pre35, 176.pdf](2014\Cri-J%20Cri%20Int%20Sui%20Pre35,%20176.pdf)

Abstract: Background: E-learning modules can be a useful method for educating gatekeepers in suicide prevention and awareness. Aims: To review and provide an overview of e-learning modules on suicide prevention designed for gatekeepers and assess their effectiveness. Method: Two strategies were used. First, articles were systematically searched in databases of PubMed, Web of Science, and PsycINFO. Second, Google search was used to find e-learning modules on the Web. Results: The literature search resulted in 448 papers, of which none met the inclusion criteria of this study. The Google search resulted in 130 hits, of which 23 met the inclusion criteria of this review. Organizations that owned the modules were contacted, of which 13 responded and nine were included in this study. The effectiveness of two e-learning modules is currently being tested in a randomized controlled trial (RCT), one organization is planning to test the effectiveness of their module, and one organization has compared their face-to-face training with their online training. Furthermore, the included modules have different characteristics. Conclusion: There is a need for RCTs to study the effectiveness of online modules in this area and to understand which characteristics are essential to create effective e-learning modules to educate gatekeepers in suicide prevention.

Keywords: Articles, Awareness, Characteristics, Controlled Trial, Criteria, Databases, E-Learning, Education, Effectiveness, Gatekeepers, Google, Health-Professions, Literature, Literature Search, Metaanalysis, Modules, Online, Organization, Overview, Papers, Planning, Prevention, Psycinfo, Pubmed, Randomized, Randomized Controlled Trial, RCT, Results, Review, Science, Strategies, Suicide, Suicide Prevention, Training, Trial, Web Of Science

# Title: Critical Care

Full Journal Title: Critical Care

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Fan, E., MacDonald, D., Adhikari, N.K.J., Scales, D.C., Wax, R.S., Stewart, T.E. and Ferguson, D. (2006), Outcomes of interfacility critical care adult patient transport: A systematic review. *Critical Care*, **10** (1), Article Number: R6.

Full Text: [2006\Cri Car10, R6.pdf](2006\Cri%20Car10,%20R6.pdf)

Abstract: Introduction We aimed to determine the adverse events and important prognostic factors associated with interfacility transport of intubated and mechanically ventilated adult patients. Methods We performed a systematic review of MEDLINE, CENTRAL, EMBASE, CINAHL, HEALTHSTAR, and Web of Science (from inception until 10 January 2005) for all clinical studies describing the incidence and predictors of adverse events in intubated and mechanically ventilated adult patients undergoing interfacility transport. The bibliographies of selected articles were also examined. Results Five studies (245 patients) met the inclusion criteria. All were case-series and two were prospective in design. Due to the paucity of studies and significant heterogeneity in study population, outcome events, and results, we synthesized data in a qualitative manner. Pre-transport severity of illness was reported in only one study. The most common indication for transport was a need for investigations and/or specialist care three studies, 220 patients). Transport modalities included air (fixed or rotor wing; 66% of patients) and ground (31%) ambulance, and commercial aircraft (3%). Transport teams included a physician in three studies (220 patients). Death during transfer was rare (n = 1). No other adverse events or significant therapeutic interventions during transport were reported. One study reported a 19% (28/145) incidence of respiratory alkalosis on arrival and another study documented a 30% overall intensive care unit mortality, while no adverse events or outcomes were reported after arrival in the three other studies. Conclusion Insufficient data exist to draw firm conclusions regarding the mortality, morbidity, or risk factors associated with the interfacility transport of intubated and mechanically ventilated adult patients. Further study is required to define the risks and benefits of interfacility transfer in this patient population. Such information is important for the planning and allocation of resources related to transporting critically ill adults.

Keywords: Adult, Adults, Case Series, Complications, Critical Care, Embase, Failure, Ill Patients, Information, Injured Patients, Intensive Care, Intensive Care Unit, Intensive-Care, Interhospital Transport, Interventions, Intrahospital Transport, MEDLINE, Methods, Morbidity, Mortality, Outcome, Outcomes, Review, Risk, Risk Factors, Science, Severity, Systematic, Systematic Review, Transfers, Unit, Web of Science

? Brusselaers, N., Monstrey, S., Vogelaers, D., Hoste, E. and Blot, S. (2010), Severe burn injury in Europe: A systematic review of the incidence, etiology, morbidity, and mortality. *Critical Care*, **14** (5), Article Number: R188.

Full Text: [2010\Cri Car14, R188.pdf](2010\Cri%20Car14,%20R188.pdf)

Abstract: Introduction: Burn injury is a serious pathology, potentially leading to severe morbidity and significant mortality, but it also has a considerable health-economic impact. The aim of this study was to describe the European hospitalized population with severe burn injury, including the incidence, etiology, risk factors, mortality, and causes of death. Methods: the systematic literature search (1985 to 2009) involved PUBMED, the Web of Science, and the search engine Google. The reference lists and the Science Citation Index were used for hand searching (snowballing). Only studies dealing with epidemiologic issues (for example, incidence and outcome) as their major topic, on hospitalized populations with severe burn injury (in secondary and tertiary care) in Europe were included. Language restrictions were set on English, French, and Dutch. Results: the search led to 76 eligible studies, including more than 186,500 patients in total. The annual incidence of severe burns was 0.2 to 2.9/10,000 inhabitants with a decreasing trend in time. Almost 50% of patients were younger than 16 years, and similar to 60% were male patients. Flames, scalds, and contact burns were the most prevalent causes in the total population, but in children, scalds clearly dominated. Mortality was usually between 1.4% and 18% and is decreasing in time. Major risk factors for death were older age and a higher total percentage of burned surface area, as well as chronic diseases. (Multi) organ failure and sepsis were the most frequently reported causes of death. The main causes of early death (<48 hours) were burn shock and inhalation injury. Conclusions: Despite the lack of a large-scale European registration of burn injury, more epidemiologic information is available about the hospitalized population with severe burn injury than is generally presumed. National and international registration systems nevertheless remain necessary to allow better targeting of prevention campaigns and further improvement of cost-effectiveness in total burn care.

Keywords: 1083 Turkish Patients, Admissions, Childhood Burns, Children, Citation, Death, English, Epidemiologic Data, Europe, French, Language, Literature, Mortality, Pediatric Burns, Population, Prognostic Indexes, PUBMED, Retrospective Analysis, Risk-Factors, Science, Science Citation Index, Serious Burns, Surface Area, Systematic Review, Trend, Web of Science

? Huang, J.H., Cao, Y.F., Liao, C., Wu, L.C. and Gao, F. (2010), Effect of histamine-2-receptor antagonists versus sucralfate on stress ulcer prophylaxis in mechanically ventilated patients: A meta-analysis of 10 randomized controlled trials. *Critical Care*, **14** (5), Article Number: R194.

Full Text: [2010\Cri Car14, R194.pdf](2010\Cri%20Car14,%20R194.pdf)

Abstract: Introduction: We conducted a meta-analysis in order to investigate the effect of histamine-2-receptor antagonists (H(2)RA) versus sucralfate on stress ulcer prophylaxis in mechanically ventilated patients in the intensive care unit (ICU). Methods: A systematic literature search of MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials (1966 to January 2010) was conducted using specific search terms. A review of Web of Science and a manual review of references were also performed. Eligible studies were randomized control trials (RCTs) that compared H(2)RA and sucralfate for the prevention of stress ulcer in mechanically ventilated patients. Main outcome measures were rates of overt bleeding, clinically important gastrointestinal (GI) bleeding, ventilator-associated pneumonia, gastric colonization and ICU mortality. Results: Ten RCTs with 2,092 participants on mechanical ventilation were identified. Meta-analysis showed there was a trend toward decreased overt bleeding when H(2)RA was compared with sucralfate (OR = 0.87, 95% CI: 0.49 to 1.53). A total of 12 clinically important GI bleeding events occurred among 667 patients (1.8%) in the H(2)RA group compared with 26 events among 673 patients (3.9%) in the sucralfate groups. Prophylaxis with sucralfate decreased the incidence of gastric colonization (OR = 2.03, 95% CI: 1.29 to 3.19) and ventilator-associated pneumonia (OR = 1.32, 95% CI: 1.07 to 1.64). Subgroup analysis showed H(2)RA was not superior to sucralfate in reducing early-onset pneumonia (OR = 0.62, 95% CI: 0.36 to 1.07) but had a higher late-onset pneumonia rate (OR = 4.36, 95% CI: 2.09 to 9.09) relative to sucralfate. No statistically significant reduction was observed in mortality of ICU between groups (OR = 1.08, 95% CI: 0.86 to 1.34). Conclusions: In patients with mechanical ventilation, H(2)RA resulted in no differential effectiveness in treating overt bleeding, but had higher rates of gastric colonization and ventilator-associated pneumonia. Additional RCTs of stress ulcer prophylaxis with H(2)RA and sucralfate are needed to establish the net benefit and risks of adverse effect in mechanically ventilated patients.

Keywords: Analysis, Cimetidine, Cochrane, Colonization, Control, Critically-Ill Patients, Effectiveness, Embase, Frequency, Gastrointestinal, Icu, Intensive Care, Intensive Care Unit, Intensive-Care-Unit, Literature, Mechanical Ventilation, Meta Analysis, Meta-Analysis, Methods, Mortality, Nosocomial Pneumonia, Outcome, Prevention, Randomized Controlled Trials, Ranitidine, Review, Risk-Factors, Science, Stress, Systematic, Trauma Patients, Trend, Web of Science

? Karvellas, C.J., Farhat, M.R., Sajjad, I., Mogensen, S.S., Leung, A.A., Wald, R. and Bagshaw, S.M. (2011), A comparison of early versus late initiation of renal replacement therapy in critically ill patients with acute kidney injury: A systematic review and meta-analysis. *Critical Care*, **15** (1), Article Number: R72.

Full Text: [2011\Cri Car15, R72.pdf](2011\Cri%20Car15,%20R72.pdf)

Abstract: Introduction: Our aim was to investigate the impact of early versus late initiation of renal replacement therapy (RRT) on clinical outcomes in critically ill patients with acute kidney injury (AKI). Methods: Systematic review and meta-analysis were used in this study. PUBMED, EMBASE, SCOPUS, Web of Science and Cochrane Central Registry of Controlled Clinical Trials, and other sources were searched in July 2010. Eligible studies selected were cohort and randomised trials that assessed timing of initiation of RRT in critically ill adults with AKI. Results: We identified 15 unique studies (2 randomised, 4 prospective cohort, 9 retrospective cohort) out of 1,494 citations. The overall methodological quality was low. Early, compared with late therapy, was associated with a significant improvement in 28-day mortality (odds ratio (OR) 0.45; 95% confidence interval (CI), 0.28 to 0.72). There was significant heterogeneity among the 15 pooled studies (I(2) = 78%). In subgroup analyses, stratifying by patient population (surgical, n = 8 vs. mixed, n = 7) or study design (prospective, n = 10 vs. retrospective, n = 5), There was no impact on the overall summary estimate for mortality. Meta-regression controlling for illness severity (Acute Physiology and Chronic Health Evaluation II (APACHE II)), baseline creatinine and urea did not impact the overall summary estimate for mortality. of studies reporting secondary outcomes, five studies (out of seven) reported greater renal recovery, seven (out of eight) studies showed decreased duration of RRT and five (out of six) studies showed decreased ICU length of stay in the early, compared with late, RRT group. Early RRT did not; however, significantly affect the odds of dialysis dependence beyond hospitalization (OR 0.62 0.34 to 1.13, I(2) = 69.6%). Conclusions: Earlier institution of RRT in critically ill patients with AKI may have a beneficial impact on survival. However, this conclusion is based on heterogeneous studies of variable quality and only two randomised trials. In the absence of new evidence from suitably-designed randomised trials, a definitive treatment recommendation cannot be made.

Keywords: Adults, Cardiac-Surgery, Citations, Cochrane, Continuous Venovenous Hemofiltration, Critically Ill Patients, Dialysis, Embase, Evaluation, Failure Requiring Dialysis, Health, Hospitalization, ICU, Impact, Injury, Intensive-Care, Length of Stay, Meta-Analysis, Methods, Mortality, Open-Heart-Surgery, Outcomes, Prognosis, Prophylactic Dialysis, Quality-of-Life, Ratio, Review, Science, Scopus, Surgical, Survival, Systematic, Systematic Review, Therapy, Treatment, Web of Science

? Tao, T.Z., Zhao, X.H., Lou, J.S., Bo, L.L., Wang, F., Li, J.B. and Deng, X.M. (2012), The top cited clinical research articles on sepsis: A bibliometric analysis. *Critical Care*, **16** (3), Article Number: R110.

Full Text: [2012\Cri Car16, R110.pdf](2012\Cri%20Car16,%20R110.pdf)

Abstract: Introduction: the objective of this study was to identify and characterize the most highly cited clinical research articles published on sepsis. Methods: A comprehensive list of citation classics in sepsis was generated by searching the database of Web of Science-Expanded (1970 to present) using keywords ‘sepsis’ or ‘septic shock’. The top 50 cited clinical research papers were retrieved by reading the abstract or full text if needed. Each eligible article was reviewed for basic information, including country of origin, article type, journals, authors, and funding sources. Results: A total of 2,151 articles were cited more than 100 times; the 50 top-cited clinical articles were published between 1974 and 2008. The number of citations ranged from 372 to 2,932, with a mean of 678 citations per article. These citation classics came from nine countries, of which 26 articles came from the United States. Rush University and the University of Pittsburgh lead the list of classics with six papers each. The 50 top-cited articles were published in 17 journals, with the New England Journal of Medicine and Journal of the American Medical Association topping the list. The top 50 articles consisted of 21 clinical trials and 29 observational studies. Conclusions: Our bibliometric analysis provides a historical perspective on the progress of clinical research on sepsis. Articles originating from the United States and published in high-impact journals are most likely to be cited in the field of sepsis research.

? Lin, Y.Y., He, B., Chen, J. and Wang, Z.N. (2012), Can dexmedetomidine be a safe and efficacious sedative agent in post-cardiac surgery patients? A meta-analysis. *Critical Care*, **16** (5), Article Number: R169.

Full Text: [2012\Cri Car16, R169.pdf](2012\Cri%20Car16,%20R169.pdf)

Abstract: Introduction: The aim of this study was to explore the use of dexmedetomidine as a safe and efficacious sedative agent in post-cardiac surgery patients. Methods: A systematic literature search of MEDLINE, EMBASE, the Cochrane Library and Science Citation Index until January 2012 and review of studies was conducted. Eligible studies were of randomized controlled trials or cohort studies, comparing dexmedetomidine with a placebo or an alternative sedative agent in elective cardiac surgery, using dexmedetomidine for postoperative sedation and available in full text. Two reviewers independently performed study selection, quality assessment, and data extraction. Results: The search identified 530 potentially relevant publications; 11 met selection criteria in this meta-analysis. Our results revealed that dexmedetomidine was associated with a shorter length of mechanical ventilation (mean difference -2.70 [-5.05, -0.35]), a lower risk of delirium (risk ratio 0.36 [0.21, 0.64]), ventricular tachycardia (risk ratio 0.27 [0.08, 0.97]) and hyperglycemia (risk ratio 0.78 [0.61, 0.99]), but may increase the risk of bradycardia (risk ratio 2.08 [1.16, 3.74]). But there was no significant difference in ICU stay, hospital stay, and morphine equivalents between the included studies. Dexmedetomidine may not increase the risk of hypotension, atrial fibrillation, postoperative nausea and vomiting, reintubation within 5 days, cardiovascular complications, postoperative infection or hospital mortality. Conclusions: Dexmedetomidine was associated with shorter length of mechanical ventilation and lower risk of delirium following cardiac surgery. Although the risk of bradycardia was significantly higher compared with traditional sedatives, it may not increase length of hospital stay and hospital mortality. Moreover, dexmedetomidine may decrease the risk of ventricular tachycardia and hyperglycemia. Thus, dexmedetomidine could be a safe and efficacious sedative agent in cardiac surgical patients.

Keywords: Alternative, Arrest, Assessment, Atrial Fibrillation, Bradycardia, Bypass Graft-Surgery, Cardiac Surgery, Cardiovascular, Citation, Cohort, Complications, Criteria, Data, Delirium, Delirium, Elective, Embase, Extraction, Hospital, Hospital Stay, Hyperglycemia, Hypotension, Icu, Impact, Infection, Intensive Care Unit, Intensive-Care-Unit, Length, Literature, Mechanical Ventilation, Mechanically Ventilated Patients, MEDLINE, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Morphine, Mortality, Nausea, Nausea and Vomiting, Patients, Placebo, Postoperative, Postoperative Nausea and Vomiting, Propofol, Publications, Quality, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Regimens, Results, Review, Risk, Science, Science Citation Index, Sedation, Selection, Selection Criteria, Surgery, Systematic Literature Search, Tachycardia, Ventilation, Vomiting

? Childs, C. and Lunn, K.W. (2013), Clinical review: Brain-body temperature differences in adults with severe traumatic brain injury. *Critical Care*, **17** (2), Article Number: 222.

Full Text: 2013\Cri Car17, 222.pdf

Abstract: Surrogate or ‘proxy’ measures of brain temperature are used in the routine management of patients with brain damage. The prevailing view is that the brain is ‘hotter’ than the body. The polarity and magnitude of temperature differences between brain and body, however, remains unclear after severe traumatic brain injury (TBI). The focus of this systematic review is on the adult patient admitted to intensive/neurocritical care with a diagnosis of severe TBI (Glasgow Coma Scale score of less than 8). The review considered studies that measured brain temperature and core body temperature. Articles published in English from the years 1980 to 2012 were searched in databases, CINAHL, PubMed, Scopus, Web of Science, Science Direct, Ovid SP, Mednar and ProQuest Dissertations & Theses Database. For the review, publications of randomised controlled trials, non-randomised controlled trials, before and after studies, cohort studies, case-control studies and descriptive studies were considered for inclusion. of 2,391 records identified via the search strategies, 37 were retrieved for detailed examination (including two via hand searching). Fifteen were reviewed and assessed for methodological quality. Eleven studies were included in the systematic review providing 15 brain-core body temperature comparisons. The direction of mean brain-body temperature differences was positive (brain higher than body temperature) and negative (brain lower than body temperature). Hypothermia is associated with large brain-body temperature differences. Brain temperature cannot be predicted reliably from core body temperature. Concurrent monitoring of brain and body temperature is recommended in patients where risk of temperature-related neuronal damage is a cause for clinical concern and when deliberate induction of below-normal body temperature is instituted.

Keywords: Adult, Articles, Brain, Brain Injury, Care, Case-Control, Case-Control Studies, Clinical, Cohort, Damage, Database, Databases, Diagnosis, Dissertations, Examination, Induction, Injury, Intracerebral Temperature, Intracranial-Pressure, Magnitude, Management, Measures, Mild Hypothermia, Monitoring, Neurosurgical Patients, Normothermia, Patients, Publications, Pubmed, Quality, Randomised, Randomised Controlled Trials, Records, Rectal Temperatures, Review, Risk, Scale, Science, Scopus, Search Strategies, Severe Head-Injury, Systematic Review, Temperature, Theses, Traumatic, Traumatic Brain Injury, Web of Science

? Chen, Q.H., Yang, Y., He, H.L., Xie, J.F., Cai, S.X., Liu, A.R., Wang, H.L. and Qiu, H.B. (2014), The effect of glutamine therapy on outcomes in critically ill patients: a meta-analysis of randomized controlled trials. *Critical Care*, **18** (1), Article Number: R8.

Full Text: [2014\Cri Car18, R8.pdf](2014\Cri%20Car18,%20R8.pdf)

Abstract: Introduction: Glutamine supplementation is supposed to reduce mortality and nosocomial infections in critically ill patients. However, the recently published reducing deaths due to oxidative stress (REDOX) trials did not provide evidence supporting this. This study investigated the impact of glutamine-supplemented nutrition on the outcomes of critically ill patients using a meta-analysis. Methods: We searched for and gathered data from the Cochrane Central Register of Controlled Trials, MEDLINE, Elsevier, Web of Science and ClinicalTrials.gov databases reporting the effects of glutamine supplementation on outcomes in critically ill patients. We produced subgroup analyses of the trials according to specific patient populations, modes of nutrition and glutamine dosages. Results: Among 823 related articles, eighteen Randomized Controlled Trials (RCTs) met all inclusion criteria. Mortality events among 3,383 patients were reported in 17 RCTs. Mortality showed no significant difference between glutamine group and control group. In the high dosage subgroup (above 0.5 g/kg/d), the mortality rate in the glutamine group was significantly higher than that of the control group (relative risk (RR) 1.18; 95% confidence interval (CI), 1.02 to 1.38; P = 0.03). In 15 trials, which included a total of 2,862 patients, glutamine supplementation reportedly affected the incidence of nosocomial infections in the critically ill patients observed. The incidence of nosocomial infections in the glutamine group was significantly lower than that of the control group (RR 0.85; 95% CI, 0.74 to 0.97; P = 0.02). In the surgical ICU subgroup, glutamine supplementation statistically reduced the rate of nosocomial infections (RR 0.70; 95% CI, 0.52 to 0.94; P = 0.04). In the parental nutrition subgroup, glutamine supplementation statistically reduced the rate of nosocomial infections (RR 0.83; 95% CI, 0.70 to 0.98; P = 0.03). The length of hospital stay was reported in 14 trials, in which a total of 2,777 patients were enrolled; however, the patient length of stay was not affected by glutamine supplementation. Conclusions: Glutamine supplementation conferred no overall mortality and length of hospital stay benefit in critically ill patients. However, this therapy reduced nosocomial infections among critically ill patients, which differed according to patient populations, modes of nutrition and glutamine dosages.

Keywords: Analyses, Articles, Confidence, Control, Criteria, Critical Illness, Data, Databases, Double-Blind, Effects, Enteral Nutrition, Events, Evidence, Hospital, Hospital Stay, Icu, Immune-System, Impact, Incidence, Infections, Infectious Morbidity, Intensive-Care-Unit, Interval, Length, Length Of Stay, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Mortality Rate, Multicenter, Nosocomial Infections, Nutrition, Outcomes, Oxidative Stress, P, Patients, Permeability, Populations, Randomized, Randomized Controlled Trials, Redox, Relative Risk, Reporting, Results, Risk, Science, Stress, Supplemented Parenteral-Nutrition, Therapy, Trauma Patients, Web Of Science

? Ruan, S.Y., Lin, H.H., Huang, C.T., Kuo, P.H., Wu, H.D. and Yu, C.J. (2014), Exploring the heterogeneity of effects of corticosteroids on acute respiratory distress syndrome: A systematic review and meta-analysis. *Critical Care*, **18** (2), Article Number: R63.

Full Text: [2014\Cri Car18, R63.pdf](2014\Cri%20Car18,%20R63.pdf)

Abstract: Introduction: The effectiveness of corticosteroid therapy on the mortality of acute respiratory distress syndrome (ARDS) remains under debate. We aimed to explore the grounds for the inconsistent results in previous studies and update the evidence. Methods: We searched MEDLINE, Cochrane Central Register of Controlled Trials and Web of Science up to December 2013. Eligible studies included randomized clinical trials (RCTs) and cohort studies that reported mortality and that had corticosteroid nonusers for comparison. The effect of corticosteroids on ARDS mortality was assessed by relative risk (RR) and risk difference (RD) for ICU, hospital, and 60-day mortality using a random-effects model. Results: Eight RCTs and 10 cohort studies were included for analysis. In RCTs, corticosteroids had a possible but statistically insignificant effect on ICU mortality (RD, -0.28; 95% confidence interval (CI), -0.53 to -0.03 and RR, 0.55; 95% CI, 0.24 to 1.25) but no effect on 60-day mortality (RD, -0.01; 95% CI, -0.12 to 0.10 and RR, 0.97; 95% CI, 0.75 to 1.26). In cohort studies, corticosteroids had no effect on ICU mortality (RR, 1.05; 95% CI, 0.74 to 1.49) but non-significantly increased 60-day mortality (RR, 1.30; 95% CI, 0.96 to 1.78). In the subgroup analysis by ARDS etiology, corticosteroids significantly increased mortality in influenza-related ARDS (three cohort studies, RR, 2.45, 95% CI, 1.40 to 4.27). Conclusions: The effects of corticosteroids on the mortality of ARDS differed by duration of outcome measures and etiologies. Corticosteroids did not improve longer-term outcomes and may cause harm in certain subgroups. Current data do not support routine use of corticosteroids in ARDS. More clinical trials are needed to specify the favorable and unfavorable subgroups for corticosteroid therapy.

Keywords: Acute Lung Injury, Acute Respiratory Distress Syndrome, Analysis, Ards, Clinical, Clinical Trials, Cohort, Comparison, Confidence, Corticosteroids, Data, Distress, Duration, Effectiveness, Effects, Etiology, Evidence, Glucocorticoid Therapy, Heterogeneity, Hospital, Icu, Infection, Inflammation, Influenza, Interval, Measures, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Methylprednisolone Infusion, Model, Mortality, Outcome, Outcome Measures, Outcomes, Random Effects Model, Randomized, Randomized Controlled-Trial, Relative Risk, Respiratory Distress Syndrome, Results, Review, Risk, Science, Septic Shock, Steroid-Therapy, Support, Syndrome, Systematic, Systematic Review, Therapy, Web Of Science

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Full Text: 2014\Cri Car18, 222.pdf

Abstract: Acute respiratory distress syndrome (ARDS) continues to have significant mortality and morbidity. The only intervention proven to reduce mortality is the use of lung-protective mechanical ventilation strategies, although such a strategy may lead to problematic hypercapnia. Extracorporeal carbon dioxide removal (ECCO2R) devices allow uncoupling of ventilation from oxygenation, thereby removing carbon dioxide and facilitating lower tidal volume ventilation. We performed a systematic review to assess efficacy, complication rates, and utility of ECCO2R devices. We included randomised controlled trials (RCTs), case-control studies and case series with 10 or more patients. We searched MEDLINE, Embase, LILACS (Literatura Latino Americana em Ciencias da Saude), and ISI Web of Science, in addition to grey literature and clinical trials registries. Data were independently extracted by two reviewers against predefined criteria and agreement was reached by consensus. Outcomes of interest included mortality, intensive care and hospital lengths of stay, respiratory parameters and complications. The review included 14 studies with 495 patients (two RCTs and 12 observational studies). Arteriovenous ECCO2R was used in seven studies, and venovenous ECCO2R in seven studies. Available evidence suggests no mortality benefit to ECCO2R, although post hoc analysis of data from the most recent RCT showed an improvement in ventilator-free days in more severe ARDS. Organ failure-free days or ICU stay have not been shown to decrease with ECCO2R. Carbon dioxide removal was widely demonstrated as feasible, facilitating the use of lower tidal volume ventilation. Complication rates varied greatly across the included studies, representing technological advances. There was a general paucity of high-quality data and significant variation in both practice and technology used among studies, which confounded analysis. ECCO2R is a rapidly evolving technology and is an efficacious treatment to enable protective lung ventilation. Evidence for a positive effect on mortality and other important clinical outcomes is lacking. Rapid technological advances have led to major changes in these devices and together with variation in study design have limited applicability of analysis. Further well-designed adequately powered RCTs are needed.

Keywords: 6 Ml, Kg, Acute Respiratory Distress Syndrome, Advances, Analysis, Ards, Carbon, Carbon Dioxide, Care, Case-Control, Case-Control Studies, Changes, Clinical, Clinical Outcomes, Clinical Trials, Co2 Removal, Complication, Complication Rates, Complications, Consensus, Controlled Clinical-Trial, Criteria, Critically-Ill Patients, Data, Design, Distress, Efficacy, Evidence, Failure, General, Hospital, Icu, Improvement, Injury, Intensive Care, Intervention, Interventional Lung Assist, ISI, ISI Web Of Science, Lead, Literature, Lung, Mechanical Ventilation, Medline, Morbidity, Mortality, Observational, Observational Studies, Outcomes, Oxygenation, Patients, Positive-Pressure Ventilation, Practice, Protective Ventilation, Randomised, Randomised Controlled Trials, Rates, Rct, Recent, Registries, Removal, Respiratory Distress Syndrome, Respiratory Failure, Review, Reviewers, Science, Severe Ards, Strategy, Study Design, Syndrome, Systematic, Systematic Review, Technology, Treatment, Utility, Ventilation, Ventilator-Free Days, Volume, Web Of Science

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Full Text: [2014\Cri Car18, R109.pdf](2014\Cri%20Car18,%20R109.pdf)

Abstract: Introduction: Prone positioning (PP) has been reported to improve the survival of patients with severe acute respiratory distress syndrome (ARDS). However, it is uncertain whether the beneficial effects of PP are associated with positive end-expiratory pressure (PEEP) levels and long durations of PP. In this meta-analysis, we aimed to evaluate whether the effects of PP on mortality could be affected by PEEP level and PP duration and to identify which patients might benefit the most from PP. Methods: Publications describing randomized controlled trials (RCTs) in which investigators have compared prone and supine ventilation were retrieved by searching the following electronic databases: PubMed/MEDLINE, the Cochrane Library, the Web of Science and Elsevier Science (inception to May 2013). Two investigators independently selected RCTs and assessed their quality. The data extracted from the RCTs were combined in a cumulative meta-analysis and analyzed using methods recommended by the Cochrane Collaboration. Results: A total of nine RCTs with an aggregate of 2,242 patients were included. All of the studies received scores of up to three points using the methods recommended by Jadad et al. One trial did not conceal allocation. This meta-analysis revealed that, compared with supine positioning, PP decreased the 28- to 30-day mortality of ARDS patients with a ratio of partial pressure of arterial oxygen/fraction of inspired oxygen <= 100 mmHg (n = 508, risk ratio (RR) = 0.71, 95 confidence interval (CI) = 0.57 to 0.89; P = 0.003). PP was shown to reduce both 60-day mortality (n = 518, RR = 0.82, 95% CI = 0.68 to 0.99; P = 0.04) and 90-day mortality (n = 516, RR = 0.57, 95% CI = 0.43 to 0.75; P < 0.0001) in ARDS patients ventilated with PEEP >= 10 cmH(2)O. Moreover, PP reduced 28- to 30-day mortality when the PP duration was >12 h/day (n = 1,067, RR = 0.73, 95% CI = 0.54 to 0.99; P = 0.04). Conclusions: PP reduced mortality among patients with severe ARDS and patients receiving relatively high PEEP levels. Moreover, long-term PP improved the survival of ARDS patients.

Keywords: Acute Lung Injury, Acute Respiratory Distress Syndrome, Allocation, Ards, Bias, Cochrane Collaboration, Collaboration, Confidence, Cumulative, Data, Databases, Distress, Duration, Effects, Failure, Interval, Long Term, Long-Term, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mortality, Multicenter, Oxygen, Oxygenation, P, Patients, Positioning, Pressure, Publications, Quality, Randomized, Randomized Controlled Trials, Respiratory Distress Syndrome, Results, Risk, Science, Survival, Syndrome, Trial, Ventilation, Web Of Science

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Full Text: [2014\Cri Car18, 517.pdf](2014/Cri%20Car18,%20517.pdf)

Abstract: Introduction: Sodium bicarbonate (SBIC) was reported to be a promising approach to prevent cardiac surgery-associated acute kidney injury (CSA-AKI). However, the results remain controversial. We conducted a systematic review and meta-analysis to evaluate the efficacy and safety of SBIC on the prevention of CSA-AKI in adult patients undergoing cardiac surgery. Methods: PubMed, EMbase, Web of science, EBSCO, and Cochrane library databases were systematically searched. Randomized controlled trials (RCTs) assessing the effect of SBIC versus placebo on the prevention of CSA-AKI in adult patients undergoing cardiac surgery were included. Two investigators independently searched articles, extracted data, and assessed the quality of included studies. The primary outcome was the incidence of CSA-AKI. Meta-analysis was performed using random-effects models. Results: Five RCTs involving 1079 patients were included in the meta-analysis. Overall, compared with placebo, SBIC was not associated with a reduced risk of CSA-AKI (relative risk [RR] 0.99; 95% confidence interval [CI] 0.78 to 1.24; P = 0.911). SBIC failed to alter the clinical outcomes of hospital length of stay (weighted mean difference [WMD] 0.23 days; 95% CI -0.88 to 1.33 days; P = 0.688), renal replacement therapy (RR 0.94; 95% CI 0.49 to 1.82; P = 0.861), hospital mortality (RR 1.37; 95% CI 0.46 to 4.13; P = 0.572), postoperative atrial fibrillation (RR 1.02; 95% CI 0.65 to 1.61; P = 0.915). However, SBIC was associated with significant increased risks in longer duration of ventilation (WMD 0.64 hours; 95% CI 0.16 to 1.11 hours; P = 0.008), longer ICU length of stay (WMD 2.06 days; 95% CI 0.54 to 3.58 days; P = 0.008), and increased incidence of alkalemia (RR 2.21; 95% CI 1.42 to 3.42; P < 0.001). Conclusions: SBIC could not reduce the incidence of CSA-AKI. Contrarily, SBIC prolongs the duration of ventilation and ICU length of stay, and increases the risk of alkalemia. Thus, SBIC should not be recommended for the prevention of CSA-AKI and perioperative SBIC infusion should be administrated with caution.

Keywords: Acute Kidney Injury, Adult, Aki, Approach, Articles, Assessing, Atrial Fibrillation, Cardiac Surgery, Cardiopulmonary Bypass, Clinical, Clinical Outcomes, Cohort, Confidence, Data, Databases, Double-Blind, Duration, Efficacy, Efficacy And Safety, Free-Radicals, Hospital, Icu, Incidence, Infusion, Injury, Interval, Introduction, Kidney, Length, Length Of Stay, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Mortality, Outcome, Outcomes, P, Patients, Placebo, Postoperative, Prevent, Prevention, Primary, Pubmed, Quality, Quality Of, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Relative Risk, Renal, Renal Replacement Therapy, Renal-Function, Replacement Therapy, Results, Review, Risk, Risks, Safety, Science, Sodium, Surgery, Systematic, Systematic Review, Therapy, Ventilation, Web, Web Of Science

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Full Text: [2015\Cri Car19, 108.pdf](2015/Cri%20Car19,%20108.pdf)

Abstract: Introduction: The effects of different mechanical ventilation (MV) modes on mortality outcome in infants with respiratory distress syndrome (RDS) are not well known. Methods: We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in the Cochrane Library, EMBASE, MEDLINE, CINAHL, and Web of Science for studies published through April 2014 that assessed mortality in infants with RDS given different MV modes. We assessed studies for eligibility, extracted data, and subsequently pooled the data. A Bayesian fixed-effects model was used to combine direct comparisons with indirect evidence. We also performed sensitivity analyses and rankings of the competing treatment modes. Results: In total, 20 randomized controlled trials were included for the network meta-analysis, which consisted of 2,832 patients who received one of 16 ventilation modes. Compared with synchronized intermittent mandatory ventilation (SIMV) + pressure support ventilation (PSV), time-cycled pressure-limited ventilation (TCPL) (hazard ratio (HR) 0.290; 95% confidence interval (CI) 0.071 to 0.972), high-frequency oscillatory ventilation (HFOV) (HR 0.294; 95% CI 0.080 to 0.852), SIMV + volume-guarantee (VG) (HR 0.122; 95% CI 0.014 to 0.858), and volume-controlled (V-C) (HR 0.139; 95% CI 0.024 to 0.677) ventilation modes are associated with lower mortality. The combined results of available ventilation modes were not significantly different in regard to the incidences of patent ductus arteriosus and intraventricular hemorrhage. Conclusion: Compared with the SIMV + PSV ventilation mode, the TCPL, HFOV, SIMV + VG, and V-C ventilation modes are associated with lower mortality.

Keywords: Analyses, Confidence, Data, Distress, Ductus Arteriosus, Effects, Embase, European Consensus Guidelines, Evidence, Fixed Effects Model, Frequency Oscillatory Ventilation, Hazard, Hazard Ratio, Hemorrhage, Hyaline-Membrane Disease, Infants, Intermittent Mandatory Ventilation, Interval, Intraventricular Hemorrhage, Introduction, Jet Ventilation, Library, Mandatory, Mar, Mechanical Ventilation, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mode, Model, Mortality, Network, Outcome, Patent, Patent Ductus Arteriosus, Patients, Pressure, Pressure Support, Preterm Infants, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Rankings, Rds, Respiratory Distress Syndrome, Results, Review, Science, Sensitivity, Support, Synchronized Ventilation, Syndrome, Systematic, Systematic Review, Treatment, Ventilation, Volume Guarantee, Web, Web Of Science

# Title: Critical Care Medicine

Full Journal Title: [Critical Care Medicine](http://www.ccmjournal.com/pt/re/ccm/issuelist.htm;jsessionid=Lz2GK7xk7pbLD2qgYMK4x2TVJTnhnn111r2KSJjPJXvFFvdx1KQT!-966548442!181195628!8091!-1)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0090-3493

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor 0.276, / (2000)

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Full Text: [1995\Cri Car Med23, 1430.pdf](1995\Cri%20Car%20Med23,%201430.pdf)

Abstract: Objective: To determine the effect of corticosteroid therapy on morbidity and mortality in patients with sepsis.

Data Sources: We searched for published and unpublished research using MEDLINE, EMBASE, and the Science Citation Index, manual searching of Index Medicus, citation review of relevant primary and review articles, personal files, and contact with primary investigators.

Study Selection: From a pool of 124 potentially relevant articles, duplicate independent review identified nine relevant, randomized, controlled trials of corticosteroid therapy in sepsis and septic shock among critically ill adults.

Data Extraction: In duplicate, independently, we abstracted key data on population, intervention, outcome, and methodologic quality of the randomized controlled trials.

Data Synthesis: Corticosteroids appear to increase mortality in patients with overwhelming infection (relative risk 1.13, 95% confidence interval 0.99 to 1.29), and have no beneficial effect in the subgroup of patients with septic shock (relative risk 1.07, 95% confidence interval 0.91 to 1.26). Studies with the highest methodologic quality scores also suggest a trend toward increased mortality overall (relative risk 1.10, 95% confidence interval 0.94 to 1.29). A similar trend was observed for patients with septic shock (relative risk 1.12, 95% confidence interval 0.95 to 1.32). No difference in secondary infection rates was demonstrated in corticosteroid-treated patients with sepsis or septic shock. However, there was a trend toward increased mortality from secondary infections in patients receiving corticosteroids (relative risk 1.70, 95% confidence interval 0.70 to 4.12). The occurrence rate of gastrointestinal bleeding was increased slightly in the treatment group (relative risk 1.17, 95% confidence interval 0.79 to 1.73).

Conclusions: Current evidence provides no support for the use of corticosteroids in patients with sepsis or septic shock, and suggests that their use may be harmful. These trials underscore the need for future methodologically rigorous trials evaluating new immune-modulating therapies in well-defined critically ill patients with overwhelming infection.

Keywords: Corticosteroids, Steroids, Sepsis, Septic Shock, Bacterial Infection, Critical Illness, Antiinflammatory Agents, Respiratory-Distress Syndrome, High-Dose Methylprednisolone, Controlled Clinical-Trial, Gram-Negative Sepsis, Septic Shock, Double-Blind, Monoclonal-Antibody, Bacterial-Infections, Endotoxin, Steroids

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Full Text: [2005\Cri Car Med33, 923.pdf](2005\Cri%20Car%20Med33,%20923.pdf)

Keywords: Distribution, Impact, Impact Factor, Review

? De-Souza, D.A. and Greene, L.J. (2005), Intestinal permeability and systemic infections in critically ill patients: Effect of glutamine. *Critical Care Medicine*, **33** (5), 1125-1135.

Full Text: [2005\Cri Car Med33, 1125.pdf](2005\Cri%20Car%20Med33,%201125.pdf)

Abstract: Objective: This article provides a critical review of the evidence indicating that an increase in intestinal permeability is associated with the installation of bacteremia, sepsis, and the multiple organ failure syndrome and that glutamine in pharmacologic doses reduces the acute increase of intestinal permeability and the infection frequency in critically ill patients. Data Source. All studies published until December 2004 about intestinal permeability, bacterial translocation, and glutamine were located by search of PUBMED and Web of Science. The reference lists of review articles and primary publications were also examined to identify references not detected in the computer search. Study Selection. Clinical and experimental studies investigating the correlation between intestinal permeability, bacterial translocation, and frequency of infections, associated or not with the effect of glutamine administration. Data Extraction: Information regarding patient population, experimental design, glutamine doses and routes of administration, nutritional therapy prescribed, methods used to assess intestinal permeability, metabolic variables, and the frequency of infections were obtained from the primary literature. Data Synthesis. Intestinal permeability is increased in critically ill patients. The results have not always been consistent, but the studies whose results support the association between intestinal permeability and systemic infections have had better design and more appropriate controls. The administration of glutamine by the intravenous or oral route and at the doses recommended before or immediately after surgery, burns, or the administration of parenteral nutrition has a protective effect that prevents or reduces the intensity of the increase in intestinal permeability. Glutamine reduces the frequency of systemic infections and may also reduce the translocation of intestinal bacteria and toxins, but this has not been demonstrated. Conclusions. Glutamine administration improves the prognosis of critically ill patients presumably by maintaining the physiologic intestinal barrier and by reducing the frequency of infections.

Keywords: Bacteria, Bacterial Translocation, Bacterial Translocation, Clostridium-Difficile Toxins, Critically Ill Patients, Extraction, Frequency, Gastric Intramucosal Ph, Glutamine, Gut Barrier Function, Increased Inos Activity, Infection, Intensive-Care Unit, Intestinal Permeability, Literature, Multiple Organ Failure Syndrome, Multiple-Organ Failure, Nutrition, Parenteral Nutrition, Permeability, Primary, Prognosis, Publications, Pubmed, Randomized Controlled-Trials, Review, Science, Supplemented Parenteral-Nutrition, Surgery, Systemic Infections, Therapy, Tight Junction Dysfunction, Web of Science

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Full Text: [2005\Cri Car Med33, 2651.pdf](2005\Cri%20Car%20Med33,%202651.pdf)

Abstract: Objective: To critically assess available high-level clinical studies regarding use of noninvasive positive pressure ventilation in varied intensive care unit settings. Data Source: Search of pertinent articles within Ovid MEDLINE from 1975 to 2005, CINAHL from 1982 to 2005, EMBASE from 1988 to 2005, and Web of Science from 1993 to 2005. Study Selection: Randomized, controlled clinical trials and cohort studies and observational studies the authors consider important or novel. Data Extraction/Synthesis: Performed equally by both authors with the use of an Excel data spreadsheet. Conclusion: There is abundant level I evidence supporting the use of noninvasive positive pressure ventilation in such critical care settings as acute hypercapnic respiratory failure, particularly related to chronic obstructive pulmonary disease, and acute cardiogenic pulmonary edema. We also report on other clinical scenarios in which the data may be somewhat less compelling, but evidence favors a noninvasive positive pressure ventilation trial. Some well designed studies suggest that noninvasive positive pressure ventilation is not an appropriate intervention for patients who have failed endotracheal extubation.

Keywords: Acute Exacerbations, Acute Respiratory Failure, Acute Respiratory-Failure, Airway Pressure, Authors, Cardiogenic Pulmonary-Edema, Chronic Obstructive Pulmonary Disease, Clinical Trials, Clinical-Trial, Cohort Studies, Controlled Clinical Trials, Conventional Mechanical Ventilation, Critical Care, Disease, Embase, Face Mask, Hypercapnic Respiratory Failure, Intensive Care, Intensive Care Unit, Intervention, Mechanical Ventilation, MEDLINE, Nasal Ventilation, Noninvasive Positive Pressure Ventilation, Observational Studies, Positive Airway Pressure, Pressure, Randomized Controlled-Trial, Review, Science, Support Ventilation, Web of Science

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Full Text: [2009\Cri Car Med37, 702.pdf](2009\Cri%20Car%20Med37,%20702.pdf)

Abstract: Objectives. To assess the clinical effectiveness of central venous catheters (CVCs) treated with anti-infective agents (AI-CVCs) in preventing catheter-related bloodstream infections (CRBSI). Data Sources. MEDLINE (OVID), EMBASE, SCI//Web of Science, SCI/ISI Proceedings, and the Cochrane Library. Study Selection: A systematic review of the literature was conducted using internationally recognized methodology. All included articles were reports of randomized controlled trials comparing the clinical effectiveness of CVCs treated with AI-CVCs with either standard CVCs or another anti-infective treated catheter. Articles requiring in-house preparation of catheters or that only reported interim data were excluded. Data Extraction, Data extraction was carried out independently and crosschecked by two reviewers using a pretested data extraction form. Data Synthesis: Meta-analyses were conducted to assess the effectiveness of AI-CVCs in preventing CRBSI, compared with standard CVCs. Results are presented in forest plots with 95% confidence intervals. Results: Thirty-eight randomized controlled trials met the inclusion criteria. Methodologic quality was generally poor. Metaanalyses of data from 27 trials assessing CRBSI showed a strong treatment effect in favor of AI-CVCs (odds ratio 0.49 (95% confidence interval 0.37-0.64) fixed effects, test for heterogeneity, chi-square = 28.78, df = 26, p = 0.321, I(2) = 9.7). Results subgrouped by the different types of anti-infective treatments generally demonstrated treatment effects favoring the treated catheters. Sensitivity analyses investigating the effects of methodologic differences showed no differences to the overall conclusions of the primary analysis. Conclusion: Al-CVCs appear to be effective in reducing CRBSI compared with standard CVCs. However, it is important to establish whether this effect remains in settings where infectionprevention bundles of care are established as routine practice. This review does not address this question and further research is required. (Crit Care Med 2009; 37:702-712).

Keywords: Analysis, Anti-Infective Agents, Antiseptic-Impregnated Catheters, Articles, Bacterial-Colonization, Benzalkonium Chloride, Cancer-Patients, Care, Catheterization, Central Venous, Clinical Effectiveness, Coated Catheter, Cochrane, Confidence Intervals, Critically-Ill Patients, Double-Blind, Effectiveness, Embase, Extraction, Infection, Infection Control, Intensive-Care-Unit, Literature, MEDLINE, Methodology, Practice, Preparation, Primary, Randomized Controlled Trials, Randomized Controlled-Trial, Ratio, Research, Review, Review [Publication Type], Science, Silver-Sulfadiazine, Sources, Systematic, Systematic Review, Treatment, Treatment Outcome

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Full Text: [2009\Cri Car Med37, 2709.pdf](2009\Cri%20Car%20Med37,%202709.pdf)

Abstract: Objective., To determine the attributable mortality of ventilator-associated pneumonia in a systematic review and meta-analysis of observational studies. Ventilator-associated pneumonia is generally believed to increase the mortality of patients. This notion is predominantly based on the results of observational studies. Data Source. We performed a systematic search strategy using PUBMED, Web of Science, and EMBASE from their inception through February 2007. In addition, a reference and related article search was performed. Study Selection. Studies were included if they reported mortality rates of patients with and without ventilator-associated pneumonia. Data Extraction and Synthesis. Fifty-two studies with a total of 17,347 patients met the inclusion criteria. Pooling of all studies resulted in relative risk of 1.27 (95% Confidence Interval = 1.15-1.39), but heterogeneity was considerable (12 statistic = 69%). The origin of heterogeneity could not be explained by differences in study design, study quality, and diagnostic approach. However, heterogeneity was limited for studies investigating only trauma patients (I(2) = 1.3%) or patients with acute respiratory distress syndrome (I(2) = 0%), with estimated relative risk of 1.09 (95% Confidence Interval = 0.87-1.37) among trauma patients and 0.86 (95% Confidence Interval = 0.72-1.04) among patients with acute respiratory distress syndrome. Conclusions: There is no evidence of attributable mortality due to ventilator-associated pneumonia in patients with trauma or acute respiratory distress syndrome. However, in other nonspecified patient groups, there is evidence for attributable mortality due to ventilator-associated pneumonia, but this could not be quantified due to heterogeneity in study results. More detailed studies, allowing subgroup analyses, are needed to determine the attributable mortality of ventilator-associated pneumonia in these patient populations. (Crit Care Med 2009; 37:2709-2718).

Keywords: Adult Patients, Care, Developing-Country, Distress, Double-Blind, Extraction, Intensive Care, Intensive-Care-Unit, Mechanical Ventilation, Mechanical Ventilation, Meta-Analysis, Mortality, Multiple Trauma Patients, Nosocomial Pneumonia, Nosocomial Pneumonia, Observational Studies, Outcome, Pubmed, Relative Risk, Respiratory-Distress-Syndrome, Review, Risk, Risk-Factors, Science, Selective Decontamination, Strategy, Systematic, Systematic Review, Trauma, Web of Science

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Full Text: [2010\Cri Car Med38, 2386.pdf](2010\Cri%20Car%20Med38,%202386.pdf)

Abstract: Objectives: To evaluate quality of life at least 12 months after discharge from the intensive care unit of adult critically ill patients, to evaluate the methodology used to assess long-term quality of life, and to give an overview of factors influencing quality of life. Data Sources: EMBASE-PUBMED, MEDLINE (OVID), SCI/Web of Science, the Cochrane Library, Google Scholar, and personal files. Data Extraction: Data extraction was performed independently and cross-checked by two reviewers using a predefined data extraction form. Eligible studies were published between 1999 and 2009 and assessed quality of life >= 12 months after intensive care unit discharge by means of the Medical Outcomes Study 36-Item Short Form Health Survey, the RAND 36-Item Health Survey, EuroQol-5D, and/or the Nottingham Health Profile in adult intensive care unit patients. Data Synthesis: Fifty-three articles (10 multicenters) were included, with the majority of studies performed in Europe (68%). The Medical Outcomes Study 36-Item Short Form Health Survey was used in 55%, and the EuroQol-5D, the Nottingham Health Profile, the RAND 36-Item Health Survey, or a combination was used in 21%, 9%, 8%, or 8%, respectively. A response rate of >= 80% was attained in 26 studies (49%). Critically ill patients had a lower quality of life than an age-and gender-matched population, but quality of life tended to improve over years. The worst reductions in quality of life were seen in cases of severe acute respiratory distress syndrome, prolonged mechanical ventilation, severe trauma, and severe sepsis. Study quality criteria, defined as a baseline quality of life assessment, the absence of major exclusion criteria, a description of nonresponders, and a comparison with a reference population were met in only four studies (8%). Results concerning the influence of severity of illness, comorbidity, preadmission quality of life, age, gender, or acquired complications were conflicting. Conclusions: Quality of life differed on diagnostic category but, overall, critically ill patients had a lower quality of life than an age-and gender-matched population. A minority of studies met the predefined methodologic quality criteria. Results concerning the influence of the patients’ characteristics and illnesses on long-term quality of life were conflicting. (Crit Care Med 2010; 38:2386-2400).

Keywords: Acute-Pancreatitis, Adult, Assessment, Care, Cochrane, Comorbidity, Critically Ill Patients, Critically-Ill Patients, Distress, Elderly-Patients, Europe, Extraction, Gender, Google Scholar, Health, Hospital Cardiac-Arrest, Intensive Care, Intensive Care Unit, Literature, Long-Term Outcome, Long-Term Survivors, Major Trauma, Mechanical Ventilation, MEDLINE, Methodology, Nottingham Health Profile, Outcomes, Overview, Profile, Prolonged Mechanical Ventilation, Pulmonary-Function, Quality, Quality of Life, Respiratory-Distress-Syndrome, Review, Science, Sources, Systematic, Systematic Review, Trauma

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Full Text: [2011\Cri Car Med39, 1507.pdf](2011\Cri%20Car%20Med39,%201507.pdf)

Abstract: Objective: Early and aggressive treatment of trauma-associated coagulopathy through transfusion of high plasma to packed red blood cell ratios is gaining favor. Whether this strategy is associated with improved survival is unclear. We performed a systematic review to determine whether higher plasma to packed red blood cell ratios compared with lower plasma to packed red blood cell ratios were associated with a survival advantage. Data Sources: We searched electronic databases MEDLINE, EMBASE, and Web of Science from 1950 to February 2010 for studies comparing mortality in massively transfused trauma cohorts receiving different plasma to packed red blood cell ratios. Study Selection: Two reviewers independently performed study selection. Discrepancies in study selection were resolved by discussion and consensus. Data Extraction: Two reviewers independently extracted data from each study using a standardized form. Two authors independently assessed study quality using the Newcastle-Ottawa Scale. Data Synthesis: Eleven observational studies and no randomized controlled trials were identified. Three studies found a survival benefit with a 1: 1 plasma to packed red blood cell transfusion ratio compared with either higher or lower ratios. Six studies did not examine a 1: 1 ratio but concluded that higher plasma to packed red blood cell ratios improved survival. Secondary outcomes, including multiorgan system failure, packed red blood cell transfusion, respiratory outcomes, and coagulation variables, did not uniformly favor 1: 1 or higher plasma to packed red blood cell ratios. Conclusions: Methodological flaws, including survival bias, and heterogeneity between studies preclude statistical comparisons concerning the effects of a 1: 1 plasma to packed red blood cell transfusion ratio. There is insufficient evidence to support a survival advantage with a 1: 1 plasma to packed red blood cell transfusion strategy. Randomized controlled trials evaluating safety and efficacy are warranted before a high plasma to packed red blood cell transfusion ratio can be recommended. (Crit Care Med 2011; 39: 1507-1513).

Keywords: Activated Factor-VII, Authors, Bias, Blood, Care, Databases, Efficacy, Extraction, Fresh-Frozen Plasma, Hypothermia, Impact, Life-Threatening Coagulopathy, Management, Massive Transfusion, MEDLINE, Mortality, Observational Studies, Outcomes, Packed Red Blood Cells, Plasma, Products, Randomized Controlled Trials, Ratio, Resuscitation, Review, Safety, Scale, Science, Sources, Statistical, Strategy, Survival, Systematic, Systematic Review, Trauma, Treatment, Web of Science

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Full Text: [2011\Cri Car Med39, 2736.pdf](2011\Cri%20Car%20Med39,%202736.pdf)

Abstract: Objective: To assess the attributable mortality of ventilator-associated pneumonia using results from randomized controlled trials on ventilator-associated pneumonia prevention. Data Sources: A systematic search was performed in PubMed, Embase, Web of Science, and Cochrane Library from their inception until July 2010. In addition, a reference and related article search was performed. Study Selection: Randomized ventilator-associated pneumonia prevention studies in which all patients were mechanically ventilated and from which ventilator-associated pneumonia and mortality rates of intervention and control group could be extracted were included. Data Extraction/Synthesis: Fifty-three papers were identified describing 58 comparisons. Statistical significant reductions in ventilator-associated pneumonia incidences were reported in 20 of the 58 comparisons, whereas none of these trials reported a significant reduction of mortality. Pooled estimates of the relative risk reductions of both ventilator-associated pneumonia and mortality were calculated and the attributable mortality was estimated as the ratio between the relative risk reductions of mortality and ventilator-associated pneumonia. Effects of study quality, diagnostic methods used, and effectiveness of preventing ventilator-associated pneumonia on the mortality rate of ventilator-associated pneumonia were assessed in subgroup analyses. The overall attributable mortality of ventilator-associated pneumonia was estimated as 9%. In subgroup analyses, the attributable mortality varied between 3% and 17%. Conclusion: Based on the results of 58 randomized studies on ventilator-associated pneumonia prevention, the attributable mortality rate of ventilator-associated pneumonia was estimated to be 9% and ranged between 3% and 17% in subgroup analyses. Together with the results of other recent studies, there is cumulative evidence that the attributable mortality resulting from ventilator-associated pneumonia is approximately 10%. (Crit Care Med 2011; 39:2736-2742).

Keywords: Care, Cochrane, Control, Critically-Ill Patients, Double-Blind, Effectiveness, Intensive Care, Intensive-Care-Unit, Intervention, Intubated Patients, Mechanical Ventilation, Meta-Analysis, Mortality, Nosocomial Pneumonia, Nosocomial Pneumonia, Outcome, Papers, Patients, Placebo-Controlled Trial, Pneumonia, Prevention, Pubmed, Quality, Randomized Controlled Trials, Ratio, Reduction, Relative Risk, Risk, Science, Selection, Selective Digestive Decontamination, Sources, Stress-Ulcer Prophylaxis, Subglottic Secretion Drainage, Systematic, Trauma Patients, Web of Science

? Wang, F., Tang, L., Bo, L.L., Li, J.B. and Deng, X.M. (2012), Equal contributions and credit given to authors in critical care medicine journals during a 10-yr period. *Critical Care Medicine*, **40** (3), 967-969.

Full Text: [2012\Cri Car Med40, 967.pdf](2012\Cri%20Car%20Med40,%20967.pdf)

Abstract: Objective: To investigate the prevalence and characteristics of the practice of explicitly giving authors equal credit in publications of major journals of critical care medicine.

Methods: Manual searches were conducted to indentify original research articles with equally credited authors published between January 1, 2001 and December 31, 2010 in four major journals of critical care medicine (American Journal of Respiratory and Critical Care Medicine, Critical Care Medicine, Intensive Care Medicine, and Critical Care).

Results: The practice of explicitly giving authors equal credit was found in all four journals. Articles with equally credited authors formed a greater proportion of the total number of articles published in each journal in 2010 vs. in 2000 (American Journal of Respiratory and Critical Care Medicine 19.9% vs. 0%; Critical Care Medicine 10.6% vs. 1.3%; Intensive Care Medicine: 5.3% vs. 0%; and Critical Care 11.7% vs. 0%). There was a significantly increasing trend in yearly prevalence of equally credited author articles for all the journals (p < .0001 for all four journals). The first two authors received equal credit in most cases, and the practice was also found in nearly every position in the byline. The research institutions among the equally credited author articles were from various countries and regions around the world. Finally, none of the four journals provided specific guidance regarding this practice in their instructions to authors.

Conclusions: It is increasingly common to give authors equal credit in original research articles in the major four journals of critical care medicine. A guideline for authors regarding when (and how) “equal” authorship should be assigned is warranted in future. (Crit Care Med 2012; 40:967-969)

Keywords: Authorship, Contributions, Credit, Critical Care Medicine, Equal, Practice, Articles

? Robinson, B.R.H., Berube, M., Barr, J., Riker, R. and Gelinas, C. (2013), Psychometric analysis of subjective sedation scales in critically ill adults. *Critical Care Medicine*, **41** (9), S16-S29.

Full Text: 2013\Cri Car Med41, S16.pdf

Abstract: Objective: To describe and analyze the development and psychometric properties of subjective sedation scales developed for critically ill adult patients. Data Sources: PubMed, MEDLINE, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, CINAHL, Scopus, ISI Web of Science, and the International Pharmaceutical Abstracts. Study Selection: English-only publications through December 2012 with at least 30 patients older than 18 years, which included the key words of adult, critically ill, subjective sedation scale, sedation scale, validity, and reliability. Data Extraction: Two independent reviewers evaluated the psychometric properties using a standardized sedation scale psychometric scoring system. Data Synthesis: Among the 19,000+ citations extracted for the 2013 Society of Critical Care Medicine’s Clinical Practice Guidelines for the Management of Pain, Agitation and Delirium and from December 2010 to 2012, 36 articles were identified compassing 11 sedation scales. The scale development process, psychometric properties, feasibility, and implementation of sedation scales were analyzed using a 0-20 scoring system. Two scales demonstrated scores indicating “very good” published psychometric properties: Richmond Agitation-Sedation Scale (19.5) and the Sedation-Agitation Scale (19). Scores with “moderate” properties include the Vancouver Interaction and Calmness Scale (14.3), Adaptation to the Intensive Care Environment (13.7), Ramsay Sedation Scale (13.2), Minnesota Sedation Assessment Tool (13), and the Nursing Instrument for the Communication of Sedation (12.8). Scales with “low” properties included the Motor Activity Assessment Scale (11.5) and the Sedation Intensive Care Score (10.5). The New Sheffield Sedation Scale (8.5) and the Observer’s Assessment of Alertness/Sedation Scale (3.7) demonstrated “very low” published properties. Conclusions: Based on the current literature, and using a predetermined psychometric scoring system, the Richmond Agitation-Sedation Scale and the Sedation-Agitation Scale are the most valid and reliable subjective sedation scales for use in critically ill adult patients.

Keywords: Activity, Adaptation, Adult, Adults, Agitation, Analysis, Assessment, Citations, Communication, Database, Delirium, Development, Environment, Extraction, Feasibility, Guidelines, Implementation, Instrument, ISI, ISI Web of Science, Literature, Management, Medline, Nursing, Pain, Patients, Pharmaceutical, Properties, Publications, Pubmed, Reliability, Scale, Scales, Science, Scopus, Scoring System, Sedation, Synthesis, Systematic Reviews, Validity, Web of Science

? Hallet, J., Lauzier, F., Mailloux, O., Trottier, V., Archambault, P., Zarychanski, R. and Turgeon, A.F. (2013), The use of higher platelet: RBC transfusion ratio in the acute phase of trauma resuscitation: A systematic review. *Critical Care Medicine*, **41** (12), 2800-2811.

Full Text: 2013\Cri Car Med41, 2800.pdf

Abstract: Objective: With the recognition of early coagulopathy, trauma resuscitation has shifted toward liberal platelet transfusions. The overall benefit of this strategy remains controversial. Our objective was to compare the effects of a liberal use of platelet (higher platelet: RBC ratios) with a conservative approach (lower ratios) in trauma resuscitation. Data Sources: We systematically searched Medline, Embase, Web of Science, Biosis, Cochrane Central, and Scopus. Study Selection: Two independent reviewers selected randomized controlled trials and observational studies comparing two or more platelet: RBC ratios in trauma resuscitation. We excluded studies investigating the use of whole blood or hemostatic products. Data Extraction: Two independent reviewers extracted data and assessed the risk of bias. Primary outcomes were early (in ICU or within 30 d) and late (in hospital or after 30 d) mortality. Secondary outcomes were multiple organ failure, lung injury, and sepsis. Data Synthesis: From 6,123 citations, no randomized controlled trials were identified. We included seven observational studies (4,230 patients) addressing confounders through multivariable regression or propensity scores. Heterogeneity of studies precluded meta-analysis. Among the five studies including exclusively patients requiring massive transfusions, four observed a lower mortality with higher ratios. Two studies considering nonmassively bleeding patients observed no benefit of using higher ratios. Two studies evaluated the implementation of a massive transfusion protocol; only one study observed a decrease in mortality with higher ratios. of the two studies at low risk of survival bias, one study observed a survival benefit. Three studies assessed secondary outcomes. One study observed an increase in multiple organ failure with higher ratios, whereas no study demonstrated an increased risk in lung injury or sepsis. Conclusions: There is insufficient evidence to strongly support the use of a precise platelet: RBC ratio for trauma resuscitation, especially in nonmassively bleeding patients. Randomized controlled trials evaluating both the safety and efficacy of liberal platelet transfusions are warranted.

Keywords: Approach, Bias, Biosis, Bleeding, Blood, Citations, Coagulopathy, Conservative, Data, Effects, Efficacy, Evidence, Extraction, Failure, Hospital, Icu, Implementation, Injury, Low Risk, Lung, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Mortality, Observational, Observational Studies, Outcomes, Patients, Propensity Scores, Protocol, Randomized, Randomized Controlled Trials, Regression, Resuscitation, Review, Risk, Safety, Science, Scopus, Sepsis, Strategy, Support, Survival, Synthesis, Transfusion, Trauma, Web of Science

? Kennedy, C.C., Cannon, E.K., Warner, D.O. and Cook, D.A. (2014), Advanced airway management simulation training in medical education: A systematic review and meta-analysis. *Critical Care Medicine*, **42** (1), 169-178.

Full Text: 2014\Cri Car Med42, 169.pdf

Abstract: Objective: To perform a systematic review and meta-analysis of the literature on teaching airway management using technology-enhanced simulation. Data Sources: We searched MEDLINE, EMBASE, CINAHL, PsycINFO, ERIC, Web of Science, and Scopus for eligible articles through May 11, 2011. Study Selection: Observational or controlled trials instructing medical professionals in direct or fiberoptic intubation, surgical airway, and/or supraglottic airway using technology-enhanced simulation were included. Two reviewers determined eligibility. Data Extraction: Study quality, instructional design, and outcome data were abstracted independently and in duplicate. Data Synthesis: of 10,904 articles screened, 76 studies were included (n = 5,226 participants). We used random effects meta-analysis to pool results. In comparison with no intervention, simulation training was associated with improved outcomes for knowledge (standardized mean difference, 0.77 [95% CI, 0.19-1.35]; n = 7 studies) and skill (1.01 [0.68-1.34]; n = 28) but not for behavior (0.52 [-0.30 to 1.34]; n = 4) or patient outcomes (-0.12 [-0.41 to 0.16]; n = 4). In comparison with nonsimulation interventions, simulation training was associated with increased learner satisfaction (0.54 [0.37-0.71]; n = 2), improved skills (0.64 [0.12-1.16]; n = 5), and patient outcomes (0.86 [0.12-1.59]; n = 3) but not knowledge (0.29 [-0.28 to 0.86]; n = 4). We found few comparative effectiveness studies exploring how to optimize the use of simulation-based training, and these revealed inconsistent results. For example, animal models were found superior to manikins in one study (p = 0.004) using outcome of task speed but inferior in another study in terms of skill ratings (p = 0.02). Five studies comparing simulators of high versus low technical sophistication found no significant difference in skill outcomes (p > 0.31). Limitations of this review include heterogeneity (I-2 > 50% for most analysis) and variation in quality among primary studies. Conclusions: Simulation-based airway management curriculum is superior to no intervention and nonsimulation intervention for important education outcomes. Further research is required to fine-tune optimal curricular design.

Keywords: Airway Management, Analysis, Anesthesia, Behavior, Care, Comparison, Curriculum, Data, Design, Education, Effectiveness, Effects, Embase, Endotracheal Intubation, Extraction, Health-Professions, Heterogeneity, Human-Patient Simulation, Intervention, Interventions, Intubation, Knowledge, Laryngeal Mask Airway, Laryngeal Mask Airway, Literature, Management, Medical, Medical Education, Medicine, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Mn, Model Fidelity, Models, Orotracheal Intubation, Outcome, Outcomes, Outcomes Research, Primary, Psycinfo, Quality, Research, Review, Satisfaction, Science, Scopus, Simulation, Simulation Training, Skill Retention, Students, Study Quality, Synthesis, Systematic Review, Teaching, Technology-Enhanced Simulation, Training, USA, Web of Science

? Miller, A.C., Elamin, E.M. and Suffredini, A.F. (2014), Inhaled anticoagulation regimens for the treatment of smoke inhalation-associated acute lung injury: A systematic review. *Critical Care Medicine*, **42** (2), 413-419.

Full Text: 2014\Cri Car Med42, 413.pdf

Abstract: Objective: Inhaled anticoagulation regimens are increasingly being used to manage smoke inhalation-associated acute lung injury. We systematically reviewed published and unpublished preclinical and clinical trial data to elucidate the effects of these regimens on lung injury severity, airway obstruction, ventilation, oxygenation, pulmonary infections, bleeding complications, and survival. Data Sources: PubMed, Scopus, EMBASE, and Web of Science were searched to identify relevant published studies. Relevant unpublished studies were identified by searching the Australian and New Zealand Clinical Trials Registry, World Health Organization International Clinical Trials Registry Platform, Cochrane Library, ClinicalTrials.gov, MINDCULL.com, Current Controlled Trials, and Google. Study Selection: Inclusion criteria were any preclinical or clinical study in which 1) animals or subjects experienced smoke inhalation exposure, 2) they were treated with nebulized or aerosolized anticoagulation regimens, including heparin, heparinoids, antithrombins, or fibrinolytics (e.g., tissue plasminogen activator), 3) a control and/or sham group was described for preclinical studies, and 4) a concurrent or historical control group described for clinical studies. Exclusion criteria were 1) the absence of a group treated with a nebulized or aerosolized anticoagulation regimen, 2) the absence of a control or sham group, and 3) case reports. Data Extraction: Ninety-nine potentially relevant references were identified. Twenty-seven references met inclusion criteria including 19 preclinical references reporting 18 studies and eight clinical references reporting five clinical studies. Data Synthesis: A systematic review of the literature is provided. Both clinical and methodological diversity precluded combining these studies in a meta-analysis. Conclusions: The high mortality associated with smoke inhalation-associated acute lung injury results from airway damage, mucosal dysfunction, neutrophil infiltration, airway coagulopathy with cast formation, ventilation-perfusion mismatching with shunt, and barotrauma. Inhaled anticoagulation regimens in both preclinical and clinical studies improve survival and decrease morbidity without altering systemic markers of clotting and anticoagulation. In some preclinical and clinical studies, inhaled anticoagulants were associated with a favorable effect on survival. This approach appears sufficiently promising to merit a well-designed prospective study to validate its use in patients with severe smoke inhalation-associated acute lung injury requiring mechanical ventilation.

Keywords: Activator, Airway Obstruction, Animals, Anticoagulation, Approach, Australian, Barotrauma, Bleeding, Case Reports, Clinical, Clinical Studies, Clinical Study, Clinical Trial, Clinical Trials, Coagulopathy, Combining, Complications, Control, Criteria, Damage, Data, Diversity, Effects, Embase, Exposure, Extraction, Google, Health, Heparin, Infections, Infiltration, Inhalation, Injury, Injury Severity, Literature, Lung, Mechanical Ventilation, Meta Analysis, Meta-Analysis, Metaanalysis, Morbidity, Mortality, Mucosal, Neutrophil, New Zealand, Oxygenation, Patients, Prospective, Prospective Study, Pubmed, References, Reporting, Review, Science, Scopus, Survival, Synthesis, Systematic Review, Treatment, Trial, Ventilation, Web of Science, World Health Organization

? O’Horo, J.C., Maki, D.G., Krupp, A.E. and Safdar, N. (2014), Arterial catheters as a source of bloodstream infection: A systematic review and meta-analysis. *Critical Care Medicine*, **42** (6), 1334-1339.

Full Text: 2014\Cri Car Med42, 1334.pdf

Abstract: Objective: Catheter-related bloodstream infections are associated with significant costs and adverse consequences. Arterial catheters are commonly used in the critical care setting and are among the most heavily manipulated vascular access devices. We sought to evaluate the prevalence of arterial catheter-related bloodstream infection. Data Sources: PubMed, CinAHL, EMBASE, and Web of Science. Study Selection: Included studies reported prevalence rate of catheter-related bloodstream infection for arterial catheters used for critical illness or postoperative monitoring. For the purposes of this study, catheter-related bloodstream infection was defined as positive blood culture collected from an arterial catheter and from the periphery with the same organism in a patient demonstrating systemic signs of sepsis. Data Extraction: The study population, site of insertion, antiseptic preparation, catheter days, and prevalence of catheter-related bloodstream infection were abstracted. When data were not available, authors were contacted for further information. Data Synthesis: Forty-nine studies met criteria including 222 cases of arterial catheter-related bloodstream infection in 30,841 catheters. Pooled incidence was 3.40/1,000 catheters or 0.96/1,000 catheter days. Prevalence was considerably higher in the subgroup of studies that cultured all catheters (1.26/1,000 catheter days) compared with those studies that cultured only when the arterial catheter was suspected as the source for the catheter-related bloodstream infection (0.70/1,000 catheter days). Pooled data also found a significantly increased risk of infection for femoral site of insertion compared with radial artery for arterial catheter placement (relative risk, 1.93; 95% CI, 1.32-2.84; p = 0.001) Conclusions: Arterial catheters are an underrecognized cause of catheter-related bloodstream infection. Pooled incidence when catheters were systematically cultured and correlated to blood culture results indicated a substantial burden of arterial catheter-related bloodstream infection. Selection of a radial site over a femoral site will help reduce the risk of arterial catheter-related bloodstream infection. Future studies should evaluate technologies applied to preventing central venous catheter-related bloodstream infection to arterial catheters as well.

Keywords: Access, Arterial Catheterization, Artery, Authors, Blood, Bloodstream Infections, Burden, Cannulation, Cardiac-Surgery, Care, Catheter, Catheter-Related Infections, Catheters, Central Venous Catheters, Colonization, Costs, Criteria, Critical Care, Critical Illness, Critically-Ill Patients, Culture, Data, Embase, Extraction, Femoral-Artery, Incidence, Infection, Infections, Information, Intensive-Care Units, Meta-Analysis, Monitoring, Nosocomial Infections, Peripheral, Placement, Population, Postoperative, Preparation, Prevalence, Pubmed, Radial-Artery, Randomized Controlled-Trial, Relative Risk, Review, Risk, Science, Sepsis, Site, Source, Synthesis, Systematic Review, Technologies, Vascular Access, Web Of Science

? Mu, J.L., Lee, A. and Joynt, G.M. (2015), Pharmacologic agents for the prevention and treatment of delirium in patients undergoing cardiac surgery: Systematic review and metaanalysis. *Critical Care Medicine*, **43** (1), 194-204.

Full Text: 2015\Cri Car Med43, 194.pdf

Abstract: Objectives: Postcardiac surgery delirium is associated with increased risks of morbidity, cognitive decline, poor health-related quality of life and mortality, and higher healthcare costs. We performed a systematic review of randomized controlled trials to examine the effect of pharmacologic agents for the prevention and the treatment of delirium after cardiac surgery. Data Sources: Electronic search on PubMed, Medline, Embase, Cochrane Central Register of Controlled Trials, ISI Web of Science, and CINAHL up to December 2013. Study Selection: Randomized controlled trials of pharmacologic agents used for the prevention and the treatment of delirium after emergency or elective cardiac surgery in adults. Data Extraction: We extracted data on patient population, pharmacologic agents, delirium characteristics, rescue treatment, length of stays in the ICU and hospital, and mortality. For each trial, we assessed the risk of bias domains and rated the quality of evidence using the Grading of Recommendations Assessment, Development and Evaluation approach. Data Synthesis: Of the 13 studies (10 prevention and three treatment) involving 5,848 patients, one multicentered randomized controlled trial on prophylactic dexamethasone made up 77% of the total sample size. The use of pharmacologic agents (dexamethasone, rivastigmine, risperidone, ketamine, dexmedetomidine, propofol, and clonidine) reduced the risk of delirium (relative risk, 0.57; 95% CI, 0.40-0.80) with quality of evidence rated as moderate. There was high quality of evidence for no increased risk of mortality (relative risk, 0.89; 95% CI, 0.57-1.38) associated with the use of prophylactic pharmacologic agents. Metaanalysis of treatment trials was not undertaken because of high heterogeneity. In two small trials (total number of patients = 133), haloperidol did not appear to be effective in treating delirium. Conclusions: Moderate to high-quality evidence supports the use of pharmacologic agents for the prevention of delirium, but results are based largely on one randomized controlled trial. The evidence for treating postcardiac surgery delirium with pharmacologic agents is inconclusive.

Keywords: Approach, Assessment, Bias, Cardiac Surgery, Cardiac Surgical Procedures, Characteristics, Clonidine, Cognitive, Controlled Trial, Costs, Data, Delirium, Delirium, Drug Therapy, Development, Dexamethasone, Dexmedetomidine, Elective, Emergency, Evaluation, Evidence, Extraction, Haloperidol, Health-Related Quality Of Life, Healthcare Costs, Heterogeneity, Hospital, Icu, Impact, Intensive Care, Intensive-Care-Unit, Isi, Isi Web of Science, Ketamine, Length, Life, Medline, Metaanalysis, Morbidity, Mortality, Patients, Population, Postoperative Complications, Postoperative Delirium, Prevention, Prophylactic, Propofol, Pubmed, Quality, Quality Of, Quality Of Life, Randomized, Randomized Controlled Trial, Randomized Controlled Trials, Randomized Controlled-Trial, Relative Risk, Review, Risk, Risk-Factors, Risks, Risperidone, Sample Size, Science, Size, Small, Surgery, Synthesis, Systematic, Systematic Review, Treatment, Trial, Validation, Web, Web of Science

? Connolly, B., MacBean, V., Crowley, C., Lunt, A., Moxham, J., Rafferty, G.F. and Hart, N. (2015), Ultrasound for the assessment of peripheral skeletal muscle architecture in critical illness: A systematic review. *Critical Care Medicine*, **43** (4), 897-905.

Full Text: 2015\Cri Car Med43, 897.pdf

Abstract: Objectives: To critically evaluate and summarize identified evidence for the use of ultrasound to measure peripheral skeletal muscle architecture during critical illness. Data Sources: Seven electronic databases (Medline, Cumulative Index to Nursing and Allied Health Literature, Cochrane Library, Physiotherapy Evidence Database, Scopus, Excerpta Medica Database, and Web of Science [including Science Citations and Conference Proceedings]) and personal libraries were searched for relevant articles. Cross-referencing further identified references. Study Selection: Quantitative study designs excluding abstracts, published in English, including adult critically ill patients in the ICU, evaluating peripheral skeletal muscle architecture during critical illness with ultrasound were included. Studies using ultrasonographic muscle data as outcome measures in interventional trials were excluded. Data Extraction: Performed by one reviewer using a standardized data extraction form and cross-checked by a second reviewer. Quality appraisal was undertaken by two independent reviewers-studies were classified, graded, and appraised according to standardized algorithms and checklists. Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines were adhered to. Data Synthesis: Seven studies with independent patient cohorts totaling 300 participants were included. One study adopted a case-control design, and the remainder were case series. Ultrasound data demonstrated deficits in a variety of peripheral skeletal muscle architecture variables across a range of muscle groups associated with critical illness. Ultrasound offered more accurate data compared to limb circumference measurement and has excellent reported reliability, but underestimated data acquired via more invasive muscle biopsy. Conclusion: Ultrasound provides clinical utility for assessing the trajectory of change in peripheral skeletal muscle architecture during critical illness, supplementing more detailed characterization, albeit rarely used, from muscle biopsy analysis. Adoption of standardized operating protocols for measurement will facilitate future meta-analysis of data.

Keywords: Abstracts, Acquired Weakness, Adoption, Adult, Algorithms, Analysis, Architecture, Articles, Assessing, Assessment, Biopsy, Case-Control, Characterization, Citations, Clinical, Conference, Critical Illness, Cross-Sectional Area, Data, Database, Databases, Design, English, Evidence, Extraction, From, Groups, Guidelines, Health, Icu, Ill Patients, Intensive Care, Intensive-Care-Unit, Invasive, Knee Extensor Muscles, Literature, Magnetic Stimulation, Measure, Measurement, Measures, Mechanical Ventilation, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Muscle, Muscle Biopsy, Nerve, Neuromuscular Ultrasound, Nursing, Outcome, Outcome Measures, Patient, Patients, Peripheral, Physiotherapy, Protocols, Quadriceps Strength, Quality, Quantitative, Quantitative Study, References, Reliability, Review, Science, Scopus, Skeletal Muscle Architecture, Skeletal Muscle Wasting, Synthesis, Systematic, Systematic Review, Systematic Reviews, Trajectory, Ultrasound, Utility, Web, Web Of Science

# Title: Critical Perspectives on International Business

Full Journal Title: [Critical Perspectives on International Business](http://www.scopus.com/scopus/source/sourceInfo.url?sourceId=f9c3c4f13dd46a544f45494fbd3b7fbb)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Gantman, E.R. and Parker, M. (2006), Comprador management? [*Critical Perspectives on International Business*](http://www.scopus.com/scopus/source/sourceInfo.url?sourceId=f9c3c4f13dd46a544f45494fbd3b7fbb), **2** (1), 25-40.

Abstract: Purpose - the purpose of this paper is to explore the production of management knowledge in Argentina. Design/methodology/approach - Based on a qualitative research strategy that draws on one of the authors’ participant observation in the field of Argentine management education, selected data from Argentine universities, and a bibliometric study of local and foreign management journals. Findings - Suggests that local academics are mainly engaged in the production of practitioner-oriented management knowledge that is highly influenced by US popular market managerialism. Analyses the causes of the low level of production of indigenous academic knowledge, concluding that it can be explained by three related factors: the lack of financial resources to pursue independent scholarly research; the academic elite’s lack of independence relative to the consulting elite; and the resulting patterns of cultural and social capital of Argentine management scholars. Concludes that that this situation might not be unique to Argentina, and that the hegemonic position of popular management discourse in developing countries is useful for those interest groups who benefit from managerialism. Originality/value - Contributes to the largely neglected study of the processes of creation diffusion and consumption of management knowledge in developing countries. © Emerald Group Publishing Limited.

Keywords: Academic Staff, Argentina, Consultants, Developing Countries, Knowledge Management

# Title: Critical Public Health

Full Journal Title: Critical Public Health

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Chircop, A., Bassett, R. and Taylor, E. (2015), Evidence on how to practice intersectoral collaboration for health equity: A scoping review. *Critical Public Health*, **25** (2), 178-191.

Full Text: [2015\Cri Pub Hea25, 178.pdf](2015/Cri%20Pub%20Hea25,%20178.pdf)

Abstract: The persistence of health inequities is reflected in repeated calls for intersectoral collaboration on the social determinants of health, specifically through public policy action. Yet, how to do intersectoral collaboration specifically for policy action toward health equity is articulated rather scarcely in the scientific literature. With this scoping review, we intended to generate insight into current peer-reviewed literature to identify gaps about evidence-based approaches to practices of intersectoral collaboration for health equity-oriented policy action. Seven search engines were used: Proquest, Web of Science, CINAHL, Pubmed, Sociological Abstracts, Project Muse and ERIC. Social determinants of health, including public policy and intersectoral collaboration, are related concepts for the health equity agenda and were used as a conceptual framework to map selected literature. Out of 227 articles, our review identified 64 articles describing intersectoral collaboration specifically in relation to public policy. Of those articles with a policy topic, 10 had a focus on broad public policy areas, while 51 publications articulated specific policies relevant to the determinants of health and only three articles examined effective practices of intersectoral collaboration in public policy through phenomenology, literature review and case study research. The majority of policy-focused publications described that collaboration was used as a strategy to address intersectoral public policy issues, but failed to report how the process of collaboration unfolded. Perhaps it is time to re-direct the gaze onto collaborative teams to generate evidence of effective intersectoral collaboration practices in public policy.

Keywords: Articles, Canada, Case Study, Collaboration, Determinants Of Health, Equity, Evidence, Evidence Based, Evidence-Based, Framework, Governance, Health, Health Equity, Intersectoral Collaboration, Issues, Literature, Literature Review, Mar, Nursing, Partnerships, Peer-Reviewed, Persistence, Policies, Policy, Practice, Practices, Public, Public Policy, Publications, Research, Review, Science, Scientific Literature, Scoping Review, Sector, Social, Social Determinants, Social Determinants Of Health, Strategy, Topic, Web, Web Of Science

# Title: Critical Reviews in Analytical Chemistry

Full Journal Title: [Critical Reviews in Analytical Chemistry](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=7013&_auth=y&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=d054456a0c1061f36054a6d5dc6bdf15)

ISO Abbreviated Title: Crit. Rev. Anal. Chem.

JCR Abbreviated Title: Crit Rev Anal Chem

ISSN: 1040-8347

Issues/Year: 4

Journal Country/Territory: United States

Language: English

Publisher: Crc Press Llc

Publisher Address: 2000 Corporate Blvd Nw, Journals Customer Service, Boca Raton, Fl 33431

Subject Categories:

Chemistry, Analytical: Impact Factor 0.276,/(2000)

? Braun, T. and Bujdoso, E. (1982), The growth of modern analytical-chemistry as reflected in the statistical evaluation of its subject literature. *CRC Critical Reviews in Analytical Chemistry*, **13** (3), 223-312.

Notes: TTopic

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Abstract: Thin-layer chromatography (TLC) or chromatography on planar beds finds many applications in the synthesis and determination of organic molecules. This review is devoted to an area of application at least as important but perhaps not as widely known - analysis of inorganic and radioactive substances. Information about the historical development, recent advances in both methodological and instrumental aspects and a scientometric analysis of the use of TLC for inorganic determinations in various fields is provided. Considerable space is devoted to description of the instrumental methods known to be successful in the determination of and quantitative estimation of inorganic TLC zones directly on the plate (densitometry, fluorimetry, radiometry, planimetry, visual methods, etc.) and after elution of the material from the developed zones. Methods applicable to most of the elements of the Periodic Table are summarized as are those for various natural and industrial samples including minerals, ores, rocks, waters, metals, salts, biological samples, botanical materials, foodstuffs, drugs and cosmetics.

# Title: Critical Reviews in Environmental Science and Technology

Full Journal Title: [Critical Reviews in Environmental Science and Technology](http://journalsonline.tandf.co.uk/(vgcmyq45zkcnnmqefqidfke5)/app/home/journal.asp?referrer=backto&backto=linkingpublicationresults,1:106794,1;&absoluteposition=2#A2)

ISO Abbreviated Title: Crit. Rev. Environ. Sci. Technol.

JCR Abbreviated Title: Crit Rev Env Sci Tec

ISSN: 1064-3389

Issues/Year: 4

Journal Country/Territory: United States

Language: English

Publisher: Crc Press Inc

Publisher Address: 2000 Corporate Blvd NW, Journals Customer Service, Boca Raton, FL 33431

Subject Categories:

Environmental Sciences: Impact Factor 0.651, 73/126 (1999); Impact Factor 1.421, 28/127 (2000)

? Yu, W.W., Mengersen, K., Dale, P., Ye, X.F., Guo, Y.M., Turner, L., Wang, X.Y., Bi, Y., Mcbride, W.J.H., Mackenzie, J.S. and Tong, S.L. (2015), Projecting future transmission of malaria under climate change scenarios: Challenges and research needs. *Critical Reviews in Environmental Science and Technology*, **45** (7), 777-811.

Full Text: [2015\Cri Rev Env Sci Tec45, 777.pdf](2015/Cri%20Rev%20Env%20Sci%20Tec45,%20777.pdf)

Abstract: There has been an intense debate about climatic impacts on the transmission of malaria. It is vitally important to accurately project future impacts of climate change on malaria to support effective policy-making and intervention activity concerning malaria control and prevention. This paper critically reviewed the published literature and examined both key findings and methodological issues in projecting future impacts of climate change on malaria transmission. A literature search was conducted using the electronic databases MEDLINE, Web of Science, and PubMed. The projected impacts of climate change on malaria transmission were spatially heterogeneous and somewhat inconsistent. The variation in results may be explained by the interaction of climatic factors and malaria transmission cycles, variations in projection frameworks, and uncertainties of future socioecological (including climate) changes. Current knowledge gaps are identified, future research directions are proposed, and public health implications are assessed. Improving the understanding of the dynamic effects of climate on malaria transmission cycles, the advancement of modeling techniques and the incorporation of uncertainties in future socioecological changes are critical factors for projecting the impact of climate change on malaria transmission.

Keywords: Activity, Changes, Climate, Climate Change, Control, Databases, Dynamic, Effects, Factors, Geosentinel Surveillance Network, Health, Human Health, Impact, Impacts, Interaction, Intervention, Issues, Knowledge, Literature, Literature Search, Malaria, Medline, Modeling, Needs, Policy Making, Prevention, Projection, Public, Public Health, Pubmed, Rainfall, Research, Risk, Scenarios, Science, Socioecological Factors, Sub-Saharan Africa, Support, Techniques, Temperature, Temperature, Transmission, Uncertainties, Understanding, Urbanization, Vector-Borne Diseases, Vulnerability, Web, Web Of Science, World-Population

# Title: Critical Reviews in Eukaryotic Gene Expression

Full Journal Title: Critical Reviews in Eukaryotic Gene Expression

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Liu, C., Yin, Q.H., Li, L., Jiao, G.J., Wang, M. and Wang, Y.J. (2013), XRCC1 Arg194Trp and Arg280His polymorphisms in bladder cancer susceptibility: A meta-analysis. *Critical Reviews in Eukaryotic Gene Expression*, **23** (4), 339-354.

Full Text: 2013\Cri Rev Euk Gen Exp23, 339.pdf

Abstract: The XRCC1 Arg194Trp and Arg280His polymorphisms were likely to be involved with the development of bladder cancer. However, there had been inconsistent reports of association. This meta-analysis of literatures was performed to draw a more precise estimation of the relationship. We systematically searched PubMed, Embase, and Web of Science for relevant articles with a time limit of April 25, 2013. Summary odds ratios (ORs) with 95% confidence intervals (CIs) were used to assess the strength of association between the two polymorphisms and bladder cancer susceptibility using a random-effects model. This meta-analysis including 14 case-control studies evaluated the associations between the two XRCC1 polymorphisms and bladder cancer susceptibility. Overall, for Arg194Trp, significant associations were found in TT versus CC (OR = 1.78, 95% CI = 1.12-2.82) and the recessive model (OR = 1.71, 95% CI = 1.11-2.65); for Arg280His, significant associations were also found in AG versus GG (OR = 1.63, 95% CI =1.24-2.13) and the dominant model (OR =1.39, 95% CI = 1.07-1.82). When stratified by ethnicity, in Asian population, significant associations were found for Arg194Trp polymorphism in TT versus CC (OR = 2.99, 95% CI = 1.48-6.06), the dominant model (OR = 1.33, 95% CI = 1.03-1.72) and the recessive model (OR = 2.72, 95% CI = 1.36-5.45), and for Arg280His in GA versus GG (OR = 2.13, 95% CI = 1.63-2.97), but no significant associations were found in no-Asian population. This meta-analysis suggested that XRCC1 Arg194Trp and Arg280His polymorphisms were risk factors for increasing bladder cancer in Asian population.

Keywords: AG, Arg194Trp, Arg280His, Article, Asian, Association, Associations, Biotechnology, Bladder, Bladder Cancer, Cancer, Case-Control, Case-Control Studies, China, Confidence, Confidence Intervals, Ct, Development, Dna-Repair, Esophageal, Ethnicity, Excision-Repair Pathway, Gastric-Cancer, Gene, Genetic Polymorphisms, Highway, House, Intervals, Meta Analysis, Meta-Analysis, Metaanalysis, Model, Polymorphism, Polymorphisms, Population, Protein, Pubmed, R, Random Effects Model, Risk, Risk Factors, Science, Shanghai, Smoking, Strength, USA, Variants, Web of Science, XRCC1

# Title: Critical Reviews in Food Science and Nutrition

Full Journal Title: Critical Reviews in Food Science and Nutrition

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Bathaie, S.Z. and MoUSAvi, S.Z. (2010), New applications and mechanisms of action of saffron and its important ingredients. *Critical Reviews in Food Science and Nutrition*, **50** (8), 761-786.

Abstract: Saffron (Crocus sativus L.) has been an important subject of interest for research teams in the past two decades because of its various biological properties. Chemical analysis has shown the presence of more than 150 components in saffron.stigmas. Here, we review the medicinal and industrial applications of saffron. Then, the new findings from different research groups about its medicinal properties and various cellular and molecular mechanisms of action will be discussed. The methods used for this study included searching Web of Science and MEDLINE for saffron and its constituent’s applications. The results show that in recent years saffron’s application in a variety of disorders involving neuronal, cardiovascular and other systems, as. well as cancer have been investigated. The cellular and molecular mechanisms of its action are also under study the more powerful components of saffron are carotenoids and monoterpene aldehydes. Structure-function relationship studies show that some properties are related to deglycosylated derivatives, while others belong to more glycosylated ones. Our study concludes that saffron has a wide range of usefulness in medicine, cosmetics, and coloring industries, so it can be used for new drug designs. However, more research about its mechanism of action is needed.

Keywords: Analysis, Cancer, Cardiovascular, Carotenoids, Crocetin, Crocin, Crocus-Sativus l., Drug, Gardenia Jasminoides Ellis, Interest, Long-Term Potentiation, Mechanism, Mechanism of Action, Medicinal Properties, Medicine, Molecular, Monoterpene Aldehydes, Muscle-Cell Proliferation, Necrosis-Factor-Alpha, Performance Liquid-Chromatography, Picrocrocin, Radical Scavenging Activity, Research, Review, Saffron, Safranal, Science, Structure-Functional Relationship, To-Moderate Depression, Trans-Sodium Crocetinate, Tyrosinase Inhibitory-Activity, Web of Science

# Title: Critical Reviews in Microbiology

Full Journal Title: Critical Reviews in Microbiology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Kostoff, R.N. (2010), The highly cited SARS research literature. *Critical Reviews in Microbiology*, **36** (4), 299-317.

Full Text: [2010\Cri Rev Mic36, 299.pdf](2010\Cri%20Rev%20Mic36,%20299.pdf)

Abstract: A chronically weak area in research papers, reports, and reviews is the complete identification of important background reference documents that formed the building blocks for the research. A method for systematically determining these important references is presented. Citation-Assisted Background (CAB) is based on the assumption that important documents tend to be highly cited. Application of CAB to the field of Severe Acute Respiratory Syndrome (SARS) research is presented. While CAB is a highly systematic approach for identifying highly cited references, it is not a substitute for the judgment of the researchers, and serves as a supplement.

Keywords: Acute Respiratory Syndrome, Angiotensin-Converting Enzyme-2, Coronavirus Spike Protein, Feline Infectious Peritonitis, Genome Sequence, Hong-Kong, Host Gene-Expression, Literature, Mouse Hepatitis-Virus, Murine Coronavirus, Papers, Recombinant Vaccinia Virus, Research

# Title: Critical Reviews in Oncology Hematology

Full Journal Title: [Critical Reviews in Oncology Hematology](http://www.sciencedirect.com/science?_ob=JournalURL&_cdi=5010&_auth=y&_acct=C000011279&_version=1&_urlVersion=0&_userid=1134284&md5=4c9ae5aad196ac934e90f74beb7ae9af)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1040-8428

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Borry, P., Stultiens, L., Nys, H. and Dierickx, K. (2007), Attitudes towards predictive genetic testing in minors for familial breast cancer: A systematic review. *Critical Reviews in Oncology Hematology*, **64** (3), 173-181.

Full Text: [2007\Cri Rev On Hem64, 173.pdf](2007\Cri%20Rev%20On%20Hem64,%20173.pdf)

Abstract: Objectives: the objective of this article is to review the attitudes of different stakeholders (minors, parents, healthcare professionals, and relatives of affected individuals) towards predictive genetic testing of minors for familial breast cancer. Design: the databases PUBMED, Google Scholar, Psychinfo, Biological Abstracts, Francis, Anthropological Index online, Web of Science, and Sociological Abstracts were searched using relevant key words; literature indexed up to May 2006 was considered. Studies were included if they were published in a peer-reviewed journal written in English and if they described the attitudes of the different stakeholders towards predictive genetic testing of minors for familial breast cancer. The results are presented in a summary form. Results: A total of 14 studies were included. The studies were very heterogeneous, using a variety of study populations, study designs, sample sizes, and study measures. Substantial proportions of adolescents were interested in learning whether they were at risk for familial breast cancer. The attitudes of healthcare professionals about testing minors diverged. Conclusion: Our review has made clear that many respondents fail to understand potential risks related to predictive genetic testing in minors. Respondents might have overly positive expectations about possibilities for genetic testing. This emphasizes the need for genetic education and counselling about genetic testing in minors. (C) 2007 Elsevier Ireland Ltd. All rights reserved.

Keywords: Adolescents, Attitudes, Breast Cancer, Cancer, Children, Confidentiality, Databases, Decision-Making, Education, Expectations, Experiences, Genetic, Genetic Testing, Google Scholar, Healthcare Professionals, Journal, Learning, Literature, Medical-Students, Minors, Oncology, Ovarian-Cancer, Parents, Predictive Genetic Testing, Pubmed, Review, Review no Competing Interests, Risk, Science, Susceptibility, Systematic, Systematic Review, Web of Science

? Grunhagen, D., Jones, R.P., Treasure, T., Vasilakis, C. and Poston, G.J. (2013), The history of adoption of hepatic resection for metastatic colorectal cancer: 1984-95. *Critical Reviews in Oncology Hematology*, **86** (3), 222-231.

Full Text: [2013\Cri Rev On Hem86, 222.pdf](2013\Cri%20Rev%20On%20Hem86,%20222.pdf)

Abstract: Background: Liver resection for metastatic colorectal cancer became established without randomized trials. Proponents of surgical resection point out 5-year survival approaching 50% whilst critics question how much of the apparent effect is due to patient selection. Method: A 2006 systematic review of reported outcomes provided the starting point for citation analysis followed by thematic analysis of the texts of the most cited papers. Results: 54 reports from 1988 to 2002 cited 709 unique publications a total of 1714 times. The 15 most cited papers were explored in detail, and showed clear examples of duplicate reporting and overlapping data sets. Textual analysis revealed proposals for a randomized controlled trial, but this was argued to be unethical by others, and no trial was undertaken. Conclusions: This critical review reveals how the case for this surgery was made, and examines the arguments that influenced acceptance and adoption of this surgery. (c) 2012 Elsevier Ireland Ltd. All rights reserved.

Keywords: Acceptance, Adoption, Analysis, Cancer, Carcinoma Metastases, Chemotherapy, Citation, Citation Analysis, Colorectal, Colorectal Cancer, Controlled Trial, Data, Determinants, Evidence, History, Ireland, Liver, Liver Metastases, Mesothelioma, Natural-History, Outcomes, Overlapping, Papers, Patient Selection, Publications, Pulmonary Metastasectomy, Randomized, Randomized Controlled Trial, Reporting, Results, Review, Rights, Secondaries, Selection, Surgery, Surgical Resection, Survival, Systematic Review, Textual Analysis, Trial

? Qi, W.X., Sun, Y.J., Tang, L.N., Shen, Z. and Yao, Y. (2014), Risk of gastrointestinal perforation in cancer patients treated with vascular endothelial growth factor receptor tyrosine kinase inhibitors: A systematic review and meta-analysis. *Critical Reviews in Oncology Hematology*, **89** (3), 394-403.

Full Text: [2014\Cri Rev On Hem89, 394.pdf](2014\Cri%20Rev%20On%20Hem89,%20394.pdf)

Abstract: Background: The use of vascular-endothelial growth factor (VEGF) antibody bevacizumab is associated with an increased risk of gastrointestinal (GI) perforation, but the incidence and risk of GI perforation associated with vascular endothelial growth factor tyrosine-kinase inhibitors (VEGFR-TKIs) has not been well described. We conduct a systematic review and meta-analysis of published trials to evaluate the overall incidence and risk of GI perforation associated with VEGFR-TKIs. Methods: Databases from PubMed, Web of Science and abstracts presented at ASCO meeting up to March 31, 2013 were searched to identify relevant studies. Eligible studies included prospective phase II and III trials evaluating VEGFR-TKIs in cancer patients with adequate data on GI perforation. Statistical analyses were conducted to calculate the summary incidence, odds ratio (OR) and 95% confidence intervals (CIs) by using either random effects or fixed effect models according to the heterogeneity of included studies. Results: A total of 5352 patients with a variety of solid tumors from 20 clinical trials were included in our analysis. The incidence of GI perforation was 1.3% (95%CI: 0.8-2.0%) among patients receiving VEGFR-TKIs, with a mortality of 28.6% (15.0-47.6%). Patients treated with VEGFR-TKIs did not significantly increase the risk of GI perforation compared with patients treated with control medication, with an OR of 2.99 (95%CI: 0.85-10.53, p = 0.089). Sub-group analysis showed that the incidence of GI perforation did not significantly vary with tumor types, VEGFR-TMs and treatments regimens. No evidence of publication bias was observed. Conclusions: The use of VEGFR-TKIs dose not significantly increase the risk of GI perforation in comparison with the controls. Further studies are recommended to investigate this association and the risk differences among different tumor types, VEGFK-TKIs or treatment regimens. (C) 2013 Elsevier Ireland Ltd. All rights reserved.

Keywords: 1st-Line Treatment, Analyses, Analysis, Angiogenesis Inhibitor, Antibody, Association, Axitinib, Bias, Bowel Perforation, Cancer, Cediranib, Clinical, Clinical Trials, Comparison, Confidence, Confidence Intervals, Control, Data, Databases, Double-Blind, Effects, Evidence, Gastrointestinal Perforation, Gi, Growth, Growth Factor, Heterogeneity, Incidence, Inhibitors, Intervals, Ireland, Mar, Meta Analysis, Meta-Analysis, Metaanalysis, Metastatic Breast-Cancer, Methods, Models, Mortality, Odds Ratio, Patients, Pazopanib, Phase II, Prospective, Publication, Publication Bias, Pubmed, Randomized Phase-II, Renal-Cell Carcinoma, Results, Review, Rights, Risk, Science, Soft-Tissue Sarcoma, Sorafenib, Sunitinib, Systematic Review, Treatment, Tumor, Tumor Angiogenesis, Vandetanib, Vascular Endothelial Growth Factor, VEGF, Venous Thromboembolic Events, Web of Science

? Qi, W.X., Shen, Z., Tang, L.N. and Yao, Y. (2014), Risk of arterial thromboembolic events with vascular endothelial growth factor receptor tyrosine kinase inhibitors: An up-to-date meta-analysis. *Critical Reviews in Oncology Hematology*, **92** (2), 71-82.

Full Text: [2014\Cri Rev On Hem92, 71.pdf](2014/Cri%20Rev%20On%20Hem92,%2071.pdf)

Abstract: Purpose: Arterial thromboembolic events (ATEs) with vascular endothelial growth factor receptor tyrosine kinase inhibitors (VEGFR-TKIs) have emerged as a serious concern, we perform a meta-analysis of randomized controlled trials (RCTs) to determine the incidence and risk of ATEs in cancer patients treated with these agents. Methods: The databases of PubMed and Web of Science were searched for relevant articles. Statistical analyses were conducted to calculate the summary incidence, odds ratio (OR), and 95% confidence intervals (CIs) by using either random effects or fixed effect models according to the heterogeneity of included studies. Results: A total of 9711 patients from 19 RCTs were included. The overall incidence of ATEs was 1.5% (95%CI: 1.0-2.3%). The use of VEGFR-TKIs significantly increased the risk of developing ATEs when compared with controls (OR 2.26, 95%CI: 1.38-3.68, p = 0.001). Sensitivity analysis indicated that the significance estimate of pooled ORs was not significantly influenced by omitting any single study. In subgroup analyses, the odds ratio of ATEs did not significantly vary with tumor types (p = 0.70), VEGFR-TKIs (p = 0.32), treatment regimens (p = 0.76), phase of trials (p = 0.37) and sample size (p = 0.89). Additionally, the most common events for ATEs were cardiac ischemia/infarction (67.4%), CNS ischemia (7.9%) and cerebrovascular accident (6.7%). Conclusion: In this largest meta-analysis to date, we find that treatment with VEGFR-TKIs significantly increase the risk of developing ATEs. Further studies are still needed to investigate this association. In the appropriate clinical scenario, the use of these drugs remains justified in their approved indications. (C) 2014 Elsevier Ireland Ltd. All rights reserved.

Keywords: 1st-Line Therapy, Accident, Advanced Hepatocellular-Carcinoma, Advanced Pancreatic-Cancer, Analyses, Analysis, Angiogenesis Inhibitors, Arterial Thromboembolic Events, Articles, Association, Cancer, Cerebrovascular Accident, Clinical, Clinical-Trials, Cns, Confidence, Confidence Intervals, Databases, Developing, Double-Blind, Drugs, Effects, Events, From, Gastrointestinal Perforation, Growth, Growth Factor, Heterogeneity, Incidence, Indications, Inhibitors, Intervals, Ireland, Ischemia, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Nov, Odds Ratio, Patients, Plus Sorafenib, Pubmed, Randomized, Randomized Controlled Trials, Randomized Phase-Ii, Renal-Cell Carcinoma, Results, Rights, Risk, Sample Size, Scenario, Science, Sensitivity, Sensitivity Analysis, Significance, Size, Treatment, Tumor, Tyrosine Kinase Inhibitors, Vascular Endothelial Growth Factor, Vegfr-Tkis, Venous Thromboembolism, Web Of Science

# Title: Cryptogamie Algologie

Full Journal Title: Cryptogamie Algologie

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0353-9504

Issues/Year:

Journal

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Aguirre, J., Braga, J.C., de Reviers, B. and Woelkerling, W.J. (2012), Reassessment of Lemoine’s newly discovered types of fossil corallines (Corallinales, Rhodophyta) preserved at the Muséum national d’histoire naturelle, Paris. *Cryptogamie Algologie*, **33** (3), 289-326.

Full Text: [2012\Cry Alg33, 289.pdf](2012\Cry%20Alg33,%20289.pdf)

Abstract: Madame Marie Lemoine was one of the most prolific taxonomists on fossil coralline red algae (Corallinales. Rhodophyta) during the 20115 Century. She described three non-geniculate genera and over 90 species. Samples from all over the world were sent to her, and she usually sent them back to the collectors. Thus, a significant number of her types are housed in different institutions or might be lost. Some, however, are housed in the herbarium at the Museum national d’histoire naturelle in Paris (PC) where she worked for most of her life. We found the original material of nine fossil coralline species at PC: 1) three species from Haute-Savoie (France) [Lithothanmium moretii, Lithophyllum simplex and Jania nummulitica]; 2) five species from Albania [Lithothamnium corallinaeforme, Lithothamnium bourcartii, Lithophyllum koritzae, Lithophyllum sphaeroides and Lithophyllum (?) albanense]; and 3) one species from SW France but originally described from the Carpathian Mountains [Lithothamnium abrardii]. The aim of this paper is to reassess the newly discovered original material in a modern taxonomic perspective and to typify the species for which Marie Lemoine did not establish a holotype. Several of these species have been frequently reported by palaeophycologists. The species albanensis, either within Lithophyllum or Spongites, and Lithothamnion moretii are among the five most cited species of fossil corallines in the literature published during the XX century. Lithophyllum simplex is among the nine most cited fossil coralline species but its taxonomic circumscription cannot be confidently established because no reproductive structures can be identified in the type.

Keywords: Algae, Fossil, Fossil Corallines, France, Genera, Institutions, Lemoine, Life, Literature, Lithophyllum, Museum National D’Histoire Naturelle, Paris, Neogoniolithon, Philippi, R.A. Original Collections, Re-Documentation, Redescription, Revision, Southern Australia, Species, Taxonomic Reassessment, Tertiary Piedmont Basin, Type Collections, World

# Title: Croatian Medical Journal

Full Journal Title: [Croatian Medical Journal](http://www.cmj.hr/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0353-9504

Issues/Year:

Journal

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Garfield, E. (2000), Use of Journal Citation Reports and Journal Performance Indicators in measuring short and long term journal impact. *Croatian Medical Journal*, **41** (4), 368-374.

Full Text: [2000\Cro Med J41, 368.pdf](2000\Cro%20Med%20J41,%20368.pdf)

Abstract: the impact factor has become the subject of widespread controversy. It has gradually developed to mean both journal and author impact. The emphasis on impact factors obscures the main purpose of bibliographic databases created at the Institute for Scientific Information. I will here show how two of these databases, Journal Citation Reports and the Journal Performance Indicators, can be used to study scientific journals and the articles they publish, as well as the evolution of scientific fields.

Keywords: Bibliometrics, Citation Analysis, Impact Factor, journal Article, Library Science, Medical Informatics, Medical Literature Analysis and Retrieval System

? Huth, E.J. (2001), Authors, editors, policy makers, and the impact factor. *Croatian Medical Journal*, **42** (1), 14-17.

Full Text: [2001\Cro Med J42, 14.pdf](2001\Cro%20Med%20J42,%2014.pdf)

Abstract: Some aspects of the ‘impact factor’, a quantitative measure of journals’ influence on journals in scientific fields, was discussed in the preceding issue of the Croatian Medical Journal by Dr Eugene Garfield, one of its devisers. This factor can be of interest to authors, journal editors, and policy makers, but they should keep in mind the complexity of the determinants of impact factors while using them in coming to their particular kinds of decisions. A clearer picture of the influence a journal may have in its own scientific field rather than among all scientific journals could come from a variant of the impact factor, ‘the scope-adjusted impact factor’. The calculation of this variant impact factor is described. A table presents some sample data from this calculation and shows how the relative positions of some major journals shift when they are ranked by this factor rather than the unadjusted impact factor. The possible value of this variant factor may merit further testing.

Keywords: Bibliometrics, Citation Analysis, Impact Factor, Journal Article, Library Science, Medical Informatics, Periodicals, Publishing

? Marušić, M. and Marušić, A. (2001), Good editorial practice: Editors as educators. *Croatian Medical Journal*, **42** (2), 113-120.

Full Text: [2001\Cro Med J42, 113.pdf](2001\Cro%20Med%20J42,%20113.pdf)

Abstract: There may be valuable research going on in the developing and financially less-privileged countries, but it usually does not reach international visibility, in spite of a large number of scientific journals in these countries. Such journals are not only invisible but, by perpetuating a vicious circle of inadequacy, may be directly damaging to the local science and research culture. We call for an international action to help journal editors in less privileged countries. International associations of editors may be leaders of these activities by defining, promoting, and perhaps controlling good editorial practice, as a main criterion for international recognition of a journal. However, the editors of small journals have the power and moral obligation to become a stronghold of quality and advancement in their scientific community. Their educational ‘tools’ are editorial integrity and author-friendly policy. Editors can teach the authors study design statistical analysis, precision, punctuality, research integrity, style and format of writing, and other aspects of scientific communication. The editors of ‘big’, mainstream scientific journals can act as global educators, teaching and providing guidance to editors of small journals. The editors from developed countries as leaders, and editors from less advantageous environments as teachers are the key figures in shaping research communication in less privileged scientific communities.

Keywords: Bibliometrics, Cross-Cultural Comparison, Education, Professional, Retraining, Indexing, Journals, Periodicals, Practice Guidelines, Practice Patterns, Professional, Publishing, Training Support, Journals, Publication, Countries

? Bashchinskiy, S., Callaham, M., Chalmers, I., El-Badawi, M., Fletcher, R.H., Fletcher, S.W., Godlee, F., Marusic, A., Ncayiyana, D., Nylenna, M., Overbeke, J., Pini, P., Pitkin, R., Qian, S.C., Rennie, D., Reyes, H., Sahni, P., Squire, B., Utiger, T. and Winker, M. (2001), Report of the World Association of Medical Editors: Agenda for the future. *Croatian Medical Journal*, **42** (2), 121-126.

Full Text: [2001\Cro Med J42, 121.pdf](2001\Cro%20Med%20J42,%20121.pdf)

Abstract: During a 3-day meeting at Bellagio in January 2001, a group of 20 editors from 12 countries in 5 continents met to map out a strategy for the World Association of Medical Editors (WAME)’s continued development in the service of medical editors over the next several years. The group: 1) Developed a statement of principles on the standards of professionalism and responsibilities of editors (this statement will be posted on the Web site after electronic consultation with and comment by WAME editors); 2) Agreed to assess the extent to which these principles are reflected in practice and to explore barriers to their adoption, using data from a survey and focus groups; 3) Developed and outlined an on-line program for distance learning, targeted at new editors; 4) Planned for formal evaluation of the educational outreach program; and 5) Agreed to support regional initiatives to strengthen local editorial capacity. Underpinning all past and proposed future activities is the WAME Web site. The ambitious plans outlined above will require extensive development of the site, plans for which were made at the Bellagio meeting.

Keywords: Bibliometrics, Education, Professional, Refraining, Journalism, Medical, Manuscripts, Medical, Periodicals, Practice Guidelines, Practice Patterns, Professional, Publishing, Training Support

? Sharp, D. (2002), Kipling’s guide to writing a scientific paper. *Croatian Medical Journal*, **43** (3), 262-267.

Full Text: [2002\Cro Med J43, 262.pdf](2002\Cro%20Med%20J43,%20262.pdf)

Abstract: the generally accepted structure of a scientific paper is four sections, an introduction, a methods section, the results, and a discussion. This so-called IMRaD format is, with a few small variations, found in most research articles in biomedical journals. However, as a guide for someone writing up research data for the first time, it is far from complete for example, there is no T for title or even S for summary. Nor does IMRaD explain what belongs in which section and how much should be included in or excluded from any section. As a supplement to, but nota replacement for, IMRaD research-workers could bear in mind the ‘six honest serving-men’ of the poet Rudyard Kipling. These writer’s servants are called What, Why, When, How, Where, and Who, and they can be applied to all parts of the paper from its title down to the tables.

Keywords: Authorship, Journal Article, Journalism, Medical, Periodicals, Science, Writing

? Petrak, J. and Božikov, J. (2003), Journal publications from Zagreb University Medical School in 1995-1999. *Croatian Medical Journal*, **44** (6), 681-689.

Full Text: [2003\Cro Med J44, 681.pdf](2003\Cro%20Med%20J44,%20681.pdf)

Abstract: Aim. To analyze a five-year publication output of the Zagreb University Medical School in scientific journals, especially in the journals covered by the Current Contents (CC), bibliographic database of the Institute for Scientific Information. Methods. Medical School of the Zagreb University is organized in 10 preclinical, 6 public health, and 17 clinical departments, with 359 faculty members. Research activity is important for the academic promotion, with the number of publications (especially in journals covered by CC) and their impact as a key element. Bibliographic data on the published papers by the authors affiliated to the Zagreb University Medical School in the 1995-1999 period were searched in the CC and Biomedicina Croatica databases, according to the official faculty name list. The collected data were classified into three groups according to the source journals: papers published in international journals covered by the CC, Croatian journals covered by the CC, and Croatian journals not covered by the CC. The publication production was measured on individual and departmental levels by using two counting schemes: a) full publication to each author/department; and b) an equal fraction of a publication (1/n) to each author/department. Results. In the 1995-1999 period, the faculty published 578 papers in the journals covered by the CC, 22.6% of them in the subset of Croatian journals. The differences among departments were considerable, with publishing activity per faculty member varying from 0.25 to 6.23 papers in CC journals and from 0.0 to 15.8 in Croatian non-CC journals. Preclinical departments published significantly less in the Croatian journals indexed in the CC then public health and clinical departments. There was a high variance in the number of publications on the individual level, with I he 15.4% of the faculty in the professor rank and 45% in the assistant rank who did not publish a single paper in journals covered by the CC in the analyzed period. On the contrary, 10.1% of professors and 6.0% of assistants published more than 10 and more than 4 CC-indexed papers, respectively. A number of authors who have been very productive in international journals indexed in the CC (11 or more papers) did not publish in Croatian journals indexed in the same database, and vice versa. Conclusion. Publication output of the Zagreb University Medical School shows imbalances characteristic of a small scientific community: productivity with extreme values, relatively unsatisfactory number of papers published in the international journals covered by the CC database as compared to their importance in the process of the academic promotion, and disproportional role of certain domestic journals covered by the CC.

Keywords: Authors, Bibliographic, Bibliometrics, Croatia, Databases, Faculty, Journals, Medical, Papers, Periodicals, Public Health, Publication, Publications, Publishing, Research, Research Performance, Schools, University

? Kovačić, N. (2004), Structure of the 2003 impact factor for *Croatian Medical Journal*. *Croatian Medical Journal*, **45** (6), 671-673.

Full Text: [2004\Cro Med J45, 671.pdf](2004\Cro%20Med%20J45,%20671.pdf)

Abstract: According to the Journal Citation Report from the Institute for Scientific Information (ISI), The last year’s (2003) impact factor (IF) of the Croatian Medical Journal (CMJ) was 0.943. To determine the factors that contributed to this significant increase in the IF, we analyzed the structure of citations to CMJ in the ISI’s publications, Science Citation Index (SCI), and Social Science Citation Index (SSCI). Thematic issues generally acquired more citations than regular issues. Furthermore, citation number varied for different article types. The citations to the original scientific articles corresponded to the average number of citations for the current IF value, whereas reviews and especially case reports were cited less frequently, and negatively contributed to the IF of the journal. Only half of all articles published in two previous years were cited in 2003. The majority of these articles were cited once or twice, whereas only 4 5 articles received more than three citations. journal self-citations are still an important contributor to the CMJ’s IF (39.6%). Their proportion may decrease in time, by further improving the visibility of the journal, and thus acquiring greater number of independent citations. In future, we can expect year-to-year variations in the journals IF. This trend may be positive on a long-term basis, but expectation of a value significantly higher than 1 is unrealistic. CMJ is small general medical journal whose quality-oriented editorial policy may in the long-term result in the increase in the IF.

Keywords: Case Reports, Citation, Citations, General, Impact, Impact Factor, Institute For Scientific Information, ISI, Journal, Journals, Long Term, Long-Term, Medical, Policy, Publications, Reviews, SCI, Science Citation Index, Self-Citations, Small, Social Science Citation Index, SSCI, Structure, Trend, Value, Visibility

? Lukenda, J., Kolarić, B., Kolčić, I., Pažur, V. and Biloglav, Z. (2005), Cardiovascular diseases in Croatia and other transitional countries: Comparative study of publications, clinical interventions, and burden of disease. *Croatian Medical Journal*, **46** (6), 865-874.

Full Text: [2005\Cro Med J46, 865.pdf](2005\Cro%20Med%20J46,%20865.pdf)

Abstract: Aim To determine the number of publications on cardiovascular diseases in the MEDLINE database, the rate of medical doctors and clinical interventions in cardiology, and health and socioeconomic indicators for Croatia, and to compare them with those for Slovenia, Hungary, the Czech Republic, and Austria. Methods PUBMED was used in search for publications on cardiovascular diseases published in 1991-2004. Rates per million population and proportions of publications on cardiovascular diseases in the MEDLINE database were calculated. Gross domestic product (GDP) per capita was used as a socioeconomic indicator, whereas human resources in medicine were presented as the rate of medical doctors per million population. Standardized death rates from cardiovascular diseases and ischemic heart disease were used as indicators of cardiovascular health. Clinical interventions in cardiology, such as coronary angiograms, percutaneous transluminal coronary angioplasties (PTCA), and coronary bypass surgeries (CABG) were expressed per million population per year. Results Croatia had the lowest GDP per capita among the analyzed countries. The standardized death rate from cardiovascular diseases in Croatia was 91.7 per 100,000 population aged 0-64 in 2001, which was higher than that in Slovenia and Austria (P < 0.001), similar to that in the Czech Republic, and lower than that in Hungary (P < 0.001). Cardiovascular scientific output in Croatia was the lowest among investigated countries, ie, 1.1 per million population in 2003 (P < 0.001). Despite a significantly lower number of medical doctors in comparison with Hungary and the Czech Republic (P < 0.001), Croatia experienced a similar increment in the amount of clinical interventions in cardiology. Conclusion In contrast to high cardiovascular mortality rates, cardiovascular scientific production in Croatia was significantly lower than in other investigated Countries. A positive trend in cardiovascular medicine was recorded in clinical practice, but has yet to be followed by scientific production.

Keywords: Aged, Austria, Burden, Cardiovascular, Clinical, Clinical Practice, Comparison, Croatia, Czech Republic, Database, Death, Diseases, Doctors, GDP per Capita, Health, Heart, Human, Hungary, Indicator, Indicators, Interventions, Ischemic Heart Disease, Medical, Medicine, MEDLINE, Mortality, P, Population, Practice, Publications, PUBMED, Rates, Scientific Output, Scientific Production, Slovenia, Trend

? Marcovitch, H., Barbour, V., Borrell, C., Bosch, F., Fernandez, E., Macdonald, H., Marusic, A. and Nylenna, M. (2010), Conflict of interest in science communication: more than a financial issue report from Esteve Foundation Discussion Group, April 2009. *Croatian Medical Journal*, **51** (1), 7-15.

Full Text: 2010\Cro Med J51, 7.pdf

Abstract: A systematic review and meta-analysis suggests that around 2% of scientists admit to have falsified research at least once (1). Up to 33% admit other questionable practices such as plagiarism, duplicate publication, undisclosed changes in pre-research protocols or dubious ethical behavior (1). There can be no doubt that discovered cases of research and publication misconduct represent a tip of an iceberg and many cases go unreported (2). Experienced biomedical journal editors are aware of a “rogues’ gallery” of major fraudsters, such as Schoen, Hwang, Sudbo, Poehlman, Singh, and Chandra (3-8). Much more common are the less dramatic, because more subtle but probably more dangerous, examples; these are more dangerous because they remain undiscovered so may feed into meta-analyses and guidelines. A seminar organized by the Esteve Foundation, held in Sitges in April 2009, concentrated on conflicts of interest (COI, sometimes also referred to as Competing Interests, CI), which underlie so much research and publication misconduct. All attendants of the meeting agreed that there were many sources of COI in the general process of scientific communication (Figure 1). The meeting was mainly focused on non-financial COI. Three introductory presentations highlighted some of the topics related to COI in the contemporary scientific publishing enterprise.

Keywords: Biomedical, Could Disclosure, Duplicate Publication, Epidemiology, Industry, Journal, Journal Editors, Medicine, Meta-Analysis, Metaanalysis, Plagiarism, Public-Health, Publication, Publishing, Research, Review, Systematic Review, Work

? Sember, M., Utrobicic, A. and Petrak, J. (2010), *Croatian Medical Journal* citation score in Web of Science, Scopus, and Google Scholar. *Croatian Medical Journal*, **51** (2), 99-103.

Full Text: [2010\Cro Med J51, 99.pdf](2010\Cro%20Med%20J51,%2099.pdf)

Abstract: Aim To analyze the 2007 citation count of articles published by the Croatian Medical Journal in 2005-2006 based on data from the Web of Science, Scopus, and Google Scholar. Methods Web of Science and Scopus were searched for the articles published in 2005-2006. As all articles returned by Scopus were included in Web of Science, the latter list was the sample for further analysis. Total citation counts for each article on the list were retrieved from Web of Science, Scopus, and Google Scholar. The overlap and unique citations were compared and analyzed. Proportions were compared using chi(2)-test. Results Google Scholar returned the greatest proportion of articles with citations (45%), followed by Scopus (42%), and Web of Science (38%). Almost a half (49%) of articles had no citations and 11% had an equal number of identical citations in all 3 databases. The greatest overlap was found between Web of Science and Scopus (54%), followed by Scopus and Google Scholar (51%), and Web of Science and Google Scholar (44%). The greatest number of unique citations was found by Google Scholar (n = 86). The majority of these citations (64%) came from journals, followed by books and PhD theses. Approximately 55% of all citing documents were full-text resources in open access. The language of citing documents was mostly English, but as many as 25 citing documents (29%) were in Chinese. Conclusion Google Scholar shares a total of 42% citations returned by two others, more influential, bibliographic resources. The list of unique citations in Google Scholar is predominantly journal based, but these journals are mainly of local character. Citations received by internationally recognized medical journals are crucial for increasing the visibility of small medical journals but Google Scholar may serve as an alternative bibliometric tool for an orientational citation insight.

Keywords: Articles, Bibliometric, Books, Citation, Citation Count, Citation Counts, Citations, Databases, English, Google Scholar, Journal, Journals, Language, Local, Medical, Science, Scopus, Visibility, Web of Science

? Mavrinac, M., Brumini, G., Bilic-Zulle, L. and Petrovecki, M. (2010), Construction and validation of attitudes toward plagiarism questionnaire. *Croatian Medical Journal*, **51** (3), 195-201.

Full Text: 2010\Cro Med J51, 195.pdf

Abstract: Aim To develop and test the psychometric characteristics of a questionnaire measuring attitudes toward plagiarism. Methods Participants were 227 undergraduates and graduate students (128 women and 99 men) from three Croatian universities, with a median age of 21 years (range 18 to 48). Research was conducted from March to June 2009. For the purpose of construction of the first version of the questionnaire, 67 statements (items) were developed. The statements were based on the relevant literature and were developed following rules and recommendations for questionnaire writing, and 36 items were chosen for final validation. Factor analysis was used to find out the factor structure of the questionnaire and to measure construct validity. Results the final version of the questionnaire consisted of 29 items divided into a three-factor structure: factor I -positive attitude toward plagiarism (12 items); factor II - negative attitude toward plagiarism (7 items); and factor III -subjective norms toward plagiarism (10 items). Cronbach a was calculated to confirm the reliability of the scale: factor I a = 0.83; factor II a = 0.79; and factor III a = 0.85. Correlations between factors were: -0.37 between I and II, -0.41 between I and III, and +0.31 between II and III. Conclusion Attitudes Toward Plagiarism questionnaire was developed, with good psychometric characteristics. It will be used in future research as a standardized tool for measuring attitudes toward plagiarism.

Keywords: Ethics, Literature, Medical-Students, Plagiarism, Planned Behavior, Publication, Questionnaire, Research, Research Integrity, Students, Writing

? Budimir, D., Polasek, O., Marusic, A., Kolcic, I., Zemunik, T., Boraska, V., Jeroncic, A., Boban, M., Campbell, H. and Rudan, I. (2011), Ethical aspects of human biobanks: A systematic review. *Croatian Medical Journal*, **52** (3), 262-279.

Full Text: 2011\Cro Med J52, 262.pdf

Abstract: Aim To systematically assess the existing literature on ethical aspects of human biobanks. Method We searched the Web of Science and PUBMED databases to find studies addressing ethical problems in biobanks with no limits set (study design, study population, time period, or language of publication). All identified articles published until November 2010 were included. We analyzed the type of published articles, journals publishing them, involvement of countries/institutions, year of publication, and citations received, and qualitatively assessed every article in order to identify ethical issues addressed by the majority of published research on human biobanking. Results Hundred and fifty four studies satisfied our review criteria. The studies mainly came from highly developed countries and were all published in the last two decades, with over half of them published in 2009 or 2010. They most commonly discussed the informed consent, privacy and identifiability, return of results to participants, importance of public trust, involvement of children, commercialization, the role of ethics boards, international data exchange, ownership of samples, and benefit sharing. Conclusions the focus on ethical aspects is strongly present through the whole biobanking research field. Although there is a consensus on the old and most typical ethical issues, with further development of the field and increasingly complex structure of human biobanks, these issues will likely continue to arise and accumulate, hence requiring constant re-appraisal and continuing discussion.

Keywords: Charitable Trust, Children, Citations, Databases, Development, Empirical-Data, Epidemiologic Research, Ethics, Genetic Research, Genomic Biobanks, Human, Human Tissue, Informed Consent, Informed-Consent, Involvement, Issues, Journals, Literature, Publication, Publishing, Pubmed, Research, Review, Science, Systematic, Systematic Review, UK Biobank, Web of Science, Womens Attitudes

# Title: Croatica Chemica Acta

Full Journal Title: [Croatica Chemica Acta](http://public.carnet.hr/ccacaa/prev.html)

ISO Abbreviated Title: Croat. Chem. Acta.

JCR Abbreviated Title: Croat Chem Acta

ISSN: 0011-1643

Issues/Year: 4

Journal Country/Territory: Croatia

Language: Multi-Language

Publisher: Croatian Chemical Soc

Publisher Address: Marulicev Trg 19/II, 41001 Zagreb, Croatia

Subject Categories:

Chemistry, Multidisciplinary: Impact Factor 0.701,/

Notes: TTopic

? Kaštelan-Macan, M. and Klaić, B. (2000), Analytical chemistry in Croatia. *Croatica Chemica Acta*, **73** (1), 1-21.

Full Text: [2000\Cro Che Act73, 1.pdf](2000\Cro%20Che%20Act73,%201.pdf)

Abstract: Analytical chemistry started to develop in Croatia as an independent scientific discipline at the Royal Agricultural and Forestry College in Krizevci (1860). Lectures in analytical chemistry began at the University of Zagreb in the school year 1875/76 within the University Institute of Chemistry. Today, analytical chemistry is taught as an independent course at eleven university faculties, in Zagreb, Split, Osijek and Rijeka. This paper presents a comparison of the compulsory contents of basic curricula in analytical chemistry in Croatia with the WPAC Eurocurriculum. Scientometric analysis of the Croatian scientific output covered by the Analytical Abstracts shows that during the 1980-1996 period Croatian analytical chemistry scientists published 442 papers, 89.6% of which were also indexed in SCI. Croatian analytical chemists most frequently deal with spectroscopic, chromatographic and electroanalytical methods. Distribution of the scientific analytical publications with respect to the number of authors, analytical method used and the number of total and independent citations is graphically presented.

Keywords: Analysis, Analytical Chemistry in Croatia, Authors, Chemistry, Citations, Comparison, Course, Croatia, Curricula, Education, Forestry, Historical Review, Methods, Papers, Publications, Respect, School, SCI, Scientific Output, Scientometric Analysis, University, University Faculties

Notes: TTopic

? Li, J.F., Zhang, Y.H., Wang, X.S. and Ho, Y.S. (2009), Bibliometric analysis of atmospheric simulation trends in meteorology and atmospheric science journals. *Croatica Chemica Acta*, **82** (3), 695-705.

Full Text: [2009\Cro Che Act82, 695.pdf](2009\Cro%20Che%20Act82,%20695.pdf)

Abstract: This study was designed to evaluate the global scientific output of simulation research in “meteorology and atmospheric sciences” for the past 16 years and to assess the characteristics of the atmospheric simulation research patterns, tendencies and methods in the papers, from leading countries and institutes. Data were based on the online version of Science Citation Index, Web of Science from 1992 to 2007. Articles referring to atmospheric simulation were assessed by exponential regression fitting the trend of publication outputs with r2 = 0.9996, distribution of source countries, source institutes, source titles, author keywords, and keywords plus, and the four most cited articles in these years. By synthetic analysis of the three kinds of keywords, it was concluded that atmospheric simulation research related to “ozone”, “climate”, “circulation”, “transport”, “parameterization” and “assimilation” will be foci of atmospheric simulation research in the 21st century.

Keywords: Acid Deposition, Aerosol, Air-Quality, Articles, Atmospheric Simulation, Author Keywords, Bibliometric, Bibliometric Analysis, Characteristics, Chemical-Characterization, Citation, Climate-Change, Distribution, Exponential Model, Forecast Model, Global, Journals, Largest US Cities, Methods, Modeling System, Pollution, Publication, Regression, Research, Research Trend, SCI, Science, Science Citation Index, Scientific Output, Scientometrics, Simulation, Trend, Trends, United-States, Web of Science

? Li, H.N., Shi, Z.W. and Zhu, C.X. (2014), Trends in research on electrochemical oxidation. *Croatica Chemica Acta*, **87** (2), 185-194.

Full Text: [2014\Cro Che Act87, 185.pdf](2014/Cro%20Che%20Act87,%20185.pdf)

Abstract: This paper presented a detailed chronological survey of scientific output related to electrochemical oxidation in SCI categories of “environmental sciences, environmental engineering and water resources” from 1975 to 2012. Publications were analyzed by distribution of the number of publications and times cited, source categories, source journals, author keywords, Key Words Plus, and the most cited publications in these years. It was concluded that Pt, boron-doped diamond, TiO2 were currently and would continue to be the predominant focused electrode materials at least over the next decade. And the foci of studied pollutants in the electrochemical oxidation were mainly concentrated in dyes and phenols popularly existing in the practical wastewaters. What’s more, electrochemical degradation, wastewater treatment, electrochemical determination and fuel cell would be the key research topics currently and recently. Fenton, photocatalysis and coagulation were the most-frequent combination technology with electrochemical oxidation based on the bibliometric results. Contribution of Croatian chemists to the field is mentioned.

Keywords: Activated Carbon, Adsorption, Bibliometric, Bibliometric Analysis, Boron-Doped Diamond, By-Products, Cell, Coagulation, Coking Waste-Water, Contribution, Degradation, Diamond, Disinfection, Distribution, Dyes, Electrochemical, Electrochemical Degradation, Electrochemical Oxidation, Electrode Materials, Electrodes, Engineering, Environmental, Environmental Engineering, Fenton, Field, From, Fuel Cell, Inactivation, Journals, Oxidation, Phenols, Photocatalysis, Pollutants, Publications, Research, Research Trends, SCI, Sciences, Scientific Output, Source, Survey, Technology, TiO2, Treatment, Trends, Wastewater, Wastewater Treatment, Wastewaters, Water

# Title: Corrosion Engineering Science and Technology

Full Journal Title: Corrosion Engineering Science and Technology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Lyon, S. (2012), Launch of British Corrosion Journal online archive broadens access to classic papers. *Corrosion Engineering Science and Technology*, **47** (4), 241-244.

Full Text: 2012\Cor Eng Sci Tec47, 241.pdf

Keywords: Access, Chloride Solutions, Classic Papers, Copper-Alloys, Corrosion, Crevice Corrosion, Journal, Microbially Influenced Corrosion, Mild-Steel, Papers, Passive Film, Resistance, Sea-Water, Stainless-Steels, Water Treatment Plants

# Title: Corrosion Reviews

Full Journal Title: [Corrosion Reviews](http://www.freundpublishing.com/Corrosion_Reviews/CorrPrev.htm)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0334-6005

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Fang, D.J., Mao, X.H., Zhang, Y.M., Zhang, S.Y., Qiao, Y.J. and Gan, F.X. (2009), A bibliometric analysis of the global literature in the corrosion field from 1992 to 2007. *Corrosion Reviews*, **27** (6), 381-397.

Full Text: [2009\Cor Rev27, 381.pdf](2009\Cor%20Rev27,%20381.pdf)

Abstract: the corrosion field experienced a rapid growth in knowledge and innovations in the last decade. In this paper, a bibliometric analysis was applied to evaluate the global scientific production of corrosion papers (46,384 pieces) front 1992 to 2007 in all journals of all the subject categories of the Science Citation Index Expanded (SCIE) compiled by the Institute for Scientific Information (ISI), Philadelphia, USA. The analysis of the published Outputs showed that research on corrosion increased steadily over the past 16 years and the researchers from the EU, the USA and China contributed greatly to the rise in publications. Synthetically analyzing the information including international cooperation, subject category, distribution of journals, document type, document language and author keywords, the development of corrosion research over the past 16 years has been visualized and several key findings were provided. This bibliometric method can help relevant researchers realize the panorama of global corrosion research, and establish the further research direction.

Keywords: Bibliometric, Bibliometric Analysis, Bibliometrics, China, Citation, Corrosion, EU, Field, Global, Institute for Scientific Information, International Cooperation, ISI, Journals, Literature, Publications, Research, Research Trends, Researchers, Science, Science Citation Index, Scientific Production, USA

# Title: Crustacean Issues, History of Carcinology

Full Journal Title: Crustacean Issues, History of Carcinology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0168-6356

IDS Number:

Issues/Year:

Journal Country/Territory:

Language:

Publisher: Inst Sci Inform Inc, Philadelphia

Publisher Address:

Subject Categories:

: Impact Factor

? Rice, A. (1993), Two centuries of larval crab papers: A preliminary analysis. *Crustacean Issues; History of Carcinology*, 285-292.

# Title: Cuadernos de Economia y Direccion de la Empresa

Full Journal Title: Cuadernos de Economia y Direccion de la Empresa

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Velasco, C.A.B., Parra, V.F.G. and Garcia, C.Q. (2011), The evolution of Family Firm literature as a research discipline. *Cuadernos de Economia y Direccion de la Empresa*, **14** (2), 78-90.

Full Text: 2011\Cua Eco Dir Emp14, 78.pdf

Abstract: This paper describes the evolution of the family firm research over the 1961-2008 time period. We have compiled a database of the 684 articles focused on the field published in journals included in the Social Science Citation Index. Bibliometric methods and techniques are used to describe the evolution of publication activity, the most active institutions, the methodologies applied, and the main subjects researched. Based on these analyses, potential avenues for future research are proposed to advance in the consolidation of the field as a scientific discipline. (C) 2009 ACEDE. Published by Elsevier Espana, S.L. All rights reserved.

Keywords: Activity Indicators, Agency, Bibliometric, Bibliometric Methods, Bibliometrics, Business, Citation, Co-Words, Dynamic Capabilities, Family Firm, Governance, Journals, Literature, Methodology, Ownership, Performance, Perspective, Publication, Research, Resource-Based View, Science, Science Citation Index, Strategic Management, Succession

? Ronda-Pupo, G.A. and Guerras-Martín, L.A. (2013), Institutional cooperation research network in management in Spain through the CEDE Journal: 1998-2010. *Cuadernos de Economia y Direccion de la Empresa*, **16** (1), 1-16.

Full Text: [2013\Cua Eco Dir Emp16, 1.pdf](2013\Cua%20Eco%20Dir%20Emp16,%201.pdf)

Abstract: The paper analyzes the dynamics, from 1998 to 2010, of the institutional cooperation network of the scientific community researching the management field in Spain through the journal Cuadernos tie Economia y Direccion de la Empresa (CEDE). Both the scientific output and the degree of centrality of each institution are measured and analyzed. The study also covers the way in which the level of betweenness centrality of the institutions involved in the network influenced the increase in scientific output during the development and progress of the academic community. Finally, the paper presents the ranking of the top 10 universities in terms of betweenness centrality. (C) 2011 ACEDE. Published by Elsevier Espana, S.L. All rights reserved.

Keywords: Centrality, Citation, Co-Institution Analysis, Collaboration, Community, Cooperation, Development, Dynamics, Field, Index, Institutional Cooperation, Institutions, Journal, Management, Management Studies, Map, Network, Patterns, Progress, Ranking, Research, Rights, Sciences, Scientific Output, Scientometrics, Social Network Analysis, Spain, Strategic Management, Universities, Virtual Communities

? Sáez, C.A.A., Fuentes, M.D.F. and Haro-Domínguez, M.C. (2013), Spanish research into tourism with an international impact (1997-2011). A perspective from the economy and company management. *Cuadernos de Economia y Direccion de la Empresa*, **16** (1), 17-28.

Full Text: [2013\Cua Eco Dir Emp16, 17.pdf](2013\Cua%20Eco%20Dir%20Emp16,%2017.pdf)

Abstract: The relevance of tourism for the economy and development in Spain has motivated academic research on the tourist sector. Our study analyzes the international impact of this scholarship and provides researchers connected to the economy and business management with an examination of the main topics researched in this discipline. To do so, we perform a bibliometric study of Spanish scholarship from 1997 to 2011 in the 26 most important international journals on tourism and hospitality. We find that tourism scholars have made a greater than average contribution to economics and business, as well as to the total of scholarly disciplines. Economics, marketing, and business administration are the areas with the greatest weight, and marketing and business administration provide promising lines of research that can contribute to increasing the number of studies of tourism. (C) 2011 ACEDE. Published by Elsevier Espana, S.L. All rights reserved.

Keywords: Administration, Author Analysis, Bibliometric, Bibliometric Study, Business, Challenges, Citations, Content Analysis, Development, Economics, Economy, Economy and Company Management, Examination, Hospitality, Impact, Institutional Analysis, Institutional Contributors, International, Journals, Management, Marketing, Performance, Ranking, Relevance, Research, Rights, Scholarship, Sector, Spain, Spanish Research Into Tourism, Tourism, Trends

# Title: Cultura y Educacion

Full Journal Title: Cultura y Educacion

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Dorta-González, P. and Dorta-González, M.I. (2011), Empirical application of a bibliometric indicator based on the h-Index. *Cultura y Educacion*, **23** (2), 297-313.

Full Text: [2011\Cul Edu23, 297.pdf](2011\Cul%20Edu23,%20297.pdf)

Abstract: the h-Index is one of the bibliometric indicators used to estimate the success of a researcher. This indicator combines production and impact, and eliminates biases caused by the tails of the citations distribution. However, this indicator has limitations in discriminating between researchers with different publication habits, penalising in h-Index based evaluations those who follow a more selective publication strategy and publish a relatively low number of documents that are frequently cited. This paper presents an empirical application of environment indicators, an addition to the h-Index that considers the intermediate zone of the citations distribution.

Keywords: Bibliometric, Bibliometric Indicators, Citation Analysis, Citations, Education, Environment, h Index, h-Index, Publication, Research, Research Evaluation, Scientific-Research, Spain

# Title: Cultural Diversity & Ethnic Minority Psychology

Full Journal Title: Cultural Diversity & Ethnic Minority Psychology

ISO Abbreviated Title:

JCR Abbreviated Title: Cultur Divers Ethnic Minor Psychol

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hall, G.C. and Maramba, G.G. (2001), In search of cultural diversity: Recent literature in cross-cultural and ethnic minority psychology. *Cultural Diversity & Ethnic Minority Psychology*, **7** (1), 12-26.

Abstract: the purpose of this study was to identify where the most work on cross-cultural and ethnic minority psychology is being published and who the most productive authors are. The journals that published the most articles on cross-cultural and ethnic minority issues from 1993 to 1999 and the most prolific authors on these issues were identified by PsycINFO. Cross-cultural research is cross-national, whereas ethnic minority research involves groups of color within the United States. The citation impact of these journals and authors was determined from the 1997 Social Sciences Citation Index. The results suggest that there is very limited overlap between the literatures in cross-cultural and ethnic minority psychology. Most of the research in these areas is published in specialty journals, and there is a paucity of this research in prestigious journals. Perceived or actual barriers to publication in prestigious journals may cause some to seek specialty journals as outlets for research on cultural diversity. The top scholars in cross-cultural psychology are primarily men of European ancestry, whereas most of the top scholars in ethnic minority psychology are ethnic minority men and women. Strategies to increase the prominence of cultural diversity in the psychology literature include combining cross-cultural and ethnic minority psychology, increasing the number of editorial board members of prestigious journals having expertise in cultural diversity, and increasing the quality of specialty journals. Psychology will remain ill-equipped to face the challenges of the new millennium without increased attention to cultural diversity.

Keywords: Barriers, Citation, Cultural, Diversity, Ethnic Minority, Impact, Journals, Literature, Men, Psychology, PsycINFO, Publication, Purpose, Quality, Quality of, Research, Specialty, United States, Women, Work

# Title: Culture and Organization

Full Journal Title: Culture and Organization

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Basboll, T. (2010), Softly constrained imagination: Plagiarism and misprision in the theory of organizational sensemaking. *Culture and Organization*, **16** (2), 163-178.

Abstract: While Karl Weick’s writings have been very influential in contemporary work on organizations, his scholarship is rarely subjected to critical scrutiny. Indeed, despite its open ‘breaching’ of the conventions of much academic writing, Weick’s work has been widely celebrated as ‘first-rate scholarship.’ As it turns out, however, his ‘softly constrained’ textual practices are rendered doubtful by both misreading and plagiarism, which makes his work resemble ‘poetry’ in a much stronger sense than perhaps originally intended. This paper draws inspiration from literary theory to analyze three cases of questionable scholarship in Weick’s 1995 book Sensemaking in organizations, framing them in the context of standard formulations of the methodology of sensemaking drawn from the literature. It concludes that we need to rethink our tolerance of the sensemaking style and reaffirm a commitment to more traditional academic constraints.

Keywords: Anecdote of the Map, Battered Child Syndrome, Disaster, Interpretation, Literature, Methodology, Plagiarism, Poetry, Sensemaking, Style As Theory, Weick, Karl, Writing

? Cullen, J.G. (2014), Towards an organisational suicidology. *Culture and Organization*, **20** (1), 40-52.

Full Text: [2014\Cul Org20, 40.pdf](2014\Cul%20Org20,%2040.pdf)

Abstract: Suicide is often presented in contemporary popular discourse as an individualistic act of self-destruction, but when academic sociology emerged as a discipline in the nineteenth century, it was initially studied as a cultural phenomenon. Contemporary studies of suicide in the context of organised work, however, have taken a psychologistic turn and increasingly disregard the tradition of studying suicide from cultural perspectives. A culturally informed organisational suicidology has the potential to provide new understandings of how people relate to organisations and work in contemporary societies, as well as providing resources to assist individuals affected by this issue. This article utilises a bibliometric analysis to inform how the research literature has treated suicide as an organisational phenomenon. A definition of organisational suicidology is proposed and future research is suggested with a view to assisting the development of the field.

Keywords: Analysis, Article, Bibliometric, Bibliometric Analysis, Business, Context, Cultural, Culture, Death, Depressive Symptoms, Development, Discourse, Economics, England, Environment, Experience, Field, Health, Impact, Ireland, Journals, Literature, Management Development, Nineteenth Century, Occupation, Organ, Organisational Suicidology, Park, Potential, Research, Resources, Si, Sociology, Stress, Suicide, Unemployment, Work, Work Organization

# Title: Current Comments

Full Journal Title: Current Comments

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Garfield, E. (1990), The most cited physical sciences publications in the 1945-1954 Science Citation Index. 1. 52 Citation classics in physics and chemistry. *Current Comments*, **20**, 3-??.

Keywords: Chemistry, Citation, Science Citation Index

? Garfield, E. (1990), The Russian are coming. 2. The top 50 Soviet papers most cited in the 1973-1988 Science Citation Index and a look at 1988 research fronts. *Current Comments*, **25**, 3-??.

Keywords: Jun, Russian, Science Citation Index, Soviet

? Garfield, E. (1990), The most-cited papers of all time, SCI 1945-1988. 2. The 2nd 100 citation-classics. *Current Comments*, **26**, 3-??.

Keywords: Time

# Title: Current Computer-Aided Drug Design

Full Journal Title: Current Computer-Aided Drug Design

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Restrepo, G., Llanos, E.J. and Silva, A.E. (2013), Lemont B. Kier: A bibliometric exploration of his scientific production and its use. *Current Computer-Aided Drug Design*, **9** (4), 491-505.

Full Text: 2013\Cur Com-Aid Dru Des9, 491.pdf

Abstract: We thought an appropriate way to celebrate the seminal contribution of Kier is to explore his influence on science, looking for the impact of his research through the citation of his scientific production. From a bibliometric approach the impact of Kier’s work is addressed as an individual within a community. Reviewing data from his curriculum vitae, as well as from the ISI Web of Knowledge (ISI), his role within the scientific community is established and the way his scientific results circulate is studied. His curriculum vitae is explored emphasising the approaches he used in his research activities and the social ties with other actors of the community. The circulation of Kier’s publications in the ISI is studied as a means for spreading and installing his discourse within the community. The citation patterns found not only show the usage of Kier’s scientific results, but also open the possibility to identify some characteristics of this discursive community, such as a common vocabulary and common research goals. The results show an interdisciplinary research work that consolidates a scientific community on the topic of drug discovery.

Keywords: Approach, Article, Bibliometric, Bibliometrics, Characteristics, Chemistry, Citation, Citation Patterns, Colombia, Community, Computer Science, Curriculum, Data, Discourse, Discourse Community, Discovery, Drug, Drug Design, Drug Discovery, Impact, Influence, Interdisciplinary, Interdisciplinary Research, Isi, Knowledge, Lemont B.Kier, Molecular Connectivity, Open, Pharmacy, Production, Publications, Research, Research Work, Role, Science, Scientific Community, Scientific Production, Social, Topic, Topological Descriptors, U, Web of Knowledge, Work, Zone

# Title: Current Contents

Full Journal Title: Current Contents

ISO Abbreviated Title: Curr. Contents

JCR Abbreviated Title: Curr Contents

ISSN:

IDS Number: R8189

Issues/Year:

Journal Country/Territory:

Language:

Publisher: Inst Sci Inform Inc, Philadelphia

Publisher Address:

Subject Categories:

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Keywords: Articles, Psychology

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Keywords: Science Citation Index

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Keywords: Science Citation Index, Separation

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Keywords: Science Citation Index, Separation

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? Garfield, E. (1989), Expanding the Searching Power of CD-ROM - ISI New Social-Sciences-Citation-Index Compact Disk Edition Is Compatible with the Science Citation Index on Compact Disk - New Software Streamlines Searching. *Current Contents*, **37**, 3-10.

Keywords: Science Citation Index, Software

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Keywords: Time

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Keywords: Time

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Keywords: Articles, Cancer, Research

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Keywords: Articles, Superconductivity

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Keywords: Chemistry, Science Citation Index

? Brush, S.G. (1990), The most cited physical sciences publications in the 1945-1954 Science Citation Index. *Current Contents*, **20**, 7-17.

Abstract: This essay examines the 52 most highly cited papers and books in the physical sciences, 1945-1954, based on the Science Citation Index cumulation for that decade. It discusses some of the major trends, achievements, and researchers in the physical sciences in the period including World War II. Comparisons are made between citation frequency and other measures of importance, such as Nobel Prizes and judgments by historians of science. Virtually all of the 52 most-cited physical-sciences publications presented in the Bibliography at the end of this essay are in physics or chemistry. Smaller fields with lower citation frequencies, such as mathematics, geosciences, and astronomy/astrophysics, are not well represented. In Part 2, we will identify and discuss high-impact works from these fields.

Keywords: Science Citation Index

? Garfield, E. (1990), The Russians are coming. 2. The top 50 soviet papers most cited in the 1973-1988 Science Citation Index and a look at 1988 research fronts. *Current Contents*, **25**, 3-13.

Keywords: Citation, Jun, Science Citation Index, Soviet

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Keywords: Citation, Time

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Keywords: Articles, History, Impact, Publications

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Keywords: Articles

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Full Text: [1990\Cur Con32, 5.pdf](1990\Cur%20Con32,%205.pdf)

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Full Text: [1990\Cur Con33, 5.pdf](1990\Cur%20Con33,%205.pdf)

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Keywords: Time

? Garfield, E. (1990), Journal citation studies. 52. The multifaceted structure of crystallography research. Part 1. Core journals, high-impact papers, and current research fronts. *Current Contents*, **36**, 5-6.

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Full Text: [1990\Cur Con37, 5.pdf](1990\Cur%20Con37,%205.pdf)

? Garfield, E. (1990), Journal editors awaken to the impact of citation errors - How we control them at ISI. *Current Contents*, **41**, 5-13

Full Text: 1990\Cur Con41, 5.pdf

Keywords: Citation, Control, Editors, Impact, Journal

? Garfield, E. (1990), The most cited physical sciences publications in the 1945-1954 Science Citation Index. 2. 20 citation classics in mathematics - Introduction to the most cited physical sciences publications in the 1945-1954 Science Citation Index. 2. Mathematics by Brush, Stephen, G. *Current Contents*, **42**, 3-8.

Keywords: Science Citation Index

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Keywords: Science Citation Index

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Keywords: Science Citation Index

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Keywords: Science Citation Index

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Keywords: Science Citation Index

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Keywords: Articles, Cancer

? Dixon, B. (1990), The most-cited 1988 life-sciences papers highlight the polymerase chain-reaction, cell signaling, aids and HIV-infection, and oncogenes and the molecular-basis of cancer - reviews were very strongly represented. *Current Contents*, **48**, 6-19.

Keywords: Cancer

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Keywords: Deficiency Syndrome AIDS, DNA, Lipoprotein, Molecules, Patient, Proteins, Risk, System, T-Lymphotropic Retrovirus, Time

? Garfield, E. (1991), The 1986 most-cited chemistry articles - Enzymes in organic-synthesis and odd-cluster soot up, while superconductivity disappears (for now) - Introduction to the 1986 chemistry articles most cited 1986-1988, plus 1989-1990 data - catalysts, clusters, kinetics, and theory - by Szafran, Zvi. *Current Contents*, **27**, 3-15.

Keywords: Articles, Catalysts, Chemistry, Clusters, Kinetics, Superconductivity, Theory

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Keywords: Articles, Binding, Catalysts, Chemistry, Clusters, H-2, Iron Clusters, Kinetics, Molecular-Hydrogen Complexes, Reactivity, Theory

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Full Text: [1992\Cur Con23, 5.pdf](1992\Cur%20Con23,%205.pdf)

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Keywords: Science Citation Index

? Garfield, E. (1992), of Nobel class. 1. An overview of ISI studies on highly cited authors and Nobel laureates - Introduction to of Nobel class - A citation perspective on high-impact research authors by Garfield, Eugene and Welljamsdorof, Alfred (Reprinted from Theoretical Medicine, Vol 13, 1992). *Current Contents*, **33**, 3-13

Keywords: Authors, Citation, Research

? Garfield, E. and Welljamsdorof, A. (1992), of Nobel class - A citation perspective on high-impact research authors (Reprinted from Theoretical Medicine, Vol 13, 1992). *Current Contents*, **33**, 5-13.

Abstract: the purpose of this paper was to determine if quantitative rankings of highly cited research authors confirm Nobel prize awards. Six studies covering different time periods and author sample sizes were reviewed. The number of Nobel laureates at the time each study was published was tabulated, as was the number of high impact authors who later became laureates. The Nobelists and laureates-to-be were also compared with non-Nobelists to see if they differed in terms of impact and productivity. The results indicate that high rankings by citation frequency identify researchers of Nobel class-that is, a small set of authors that includes a high proportion of actual Nobelists and laureates-to-be. Also, the average impact (citations per author) of Nobelists and laureates-to-be is sufficiently high to distinguish them from non-Nobelists in these rankings. In conclusion, a simple, quantitative, and objective algorithm based on citation data can effectively corroborate-and even forecast-a complex, qualitative, and subjective selection process based on human judgement.

Keywords: Authors, Citation, Citation Analysis, Citation Frequency, Citation Impact, Citations, Complex, Impact, Nobel Prize, Productivity, Quantitative, Rankings, Research, Researchers, Science-Citation-Index, Scientometrics, Selection

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? Garfield, E. and Welljamsdorof, A. (1992), The microbiology literature - languages of publication and their relative citation impact (reprinted from fems microbiology letters, vol 100, pg 33-37, 1992). *Current Contents*, **47**, 6-10.

Abstract: This study examined trends in the number of papers published annually in various languages in 78 microbiology journals indexed in the Science Citation Index(R) (SCI(R)), 1981-1991. Trends in the average number of citations per paper (impact) for each language were also tracked. In addition, interlingual citation patterns were examined. The results showed that English is the lingua franca of microbiology research, accounting for 90-95 percent of all SCI-indexed papers in this time period. Also, the impact of English-language papers was greater than that of other languages by factors ranging from 2.4 to 14.4. Lastly, the majority of citations to papers published in English, German, French, or Italian were from English-language papers. The exception was papers in Russian-more than 90 percent of citations they received were from Russian-language papers.

Keywords: Citation, Citation Patterns, Citations, Impact, Journals, Languages, Microbiology, Papers, Research, Trends

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Full Text: [1992\Cur Con49, 3.pdf](1992\Cur%20Con49,%203.pdf)

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Full Text: [1992\Cur Con49, 5.pdf](1992\Cur%20Con49,%205.pdf)

Abstract: Publication and citation data offer the potential to develop new quantitative, objective indicators of S&T performance. The limitations of these indicators is discussed. The conclusion is that they provide a valuable and revealing addition to conventional methods of S&T evaluation.

? Garfield, E. (1993), A citationist perspective on Xenobiotics research, 1981-1992 - the highest impact papers, institutions, and authors. *Current Contents*, **3**, 3-14.

Abstract: A citation analysis of the xenobiotics literature published and cited from 1981 through 1992 is presented. It is based on 45 ISI(R) indexed journals, representing 123,063 research papers, reviews. and technical notes that received 986,375 citations. The papers, institutions, and authors with the highest current impact on xenobiotics research are identified.

Keywords: Analysis, Authors, Citation, Citation Analysis, Citations, Journals, Research

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Keywords: CD

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Abstract: A citation analysis of current scientific research in Taiwan is presented, based on papers published and cited from 1981 through 1992. The data are drawn from 20,986 papers with at least one author based in Taiwan indexed in the Science Citation Index(R) (SCI(R)). The papers, institutions, and authors with the highest citation frequency and impact are identified.

Keywords: Analysis, Author, Authors, Citation, Citation Analysis, Frequency, Impact, Institutions, Papers, Research, Science, Scientific Research, Taiwan

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Abstract: At ISI(R) we have used a consistent method for the clustering the combined Science Citation Index(R) and Social Sciences Citation Index(R) for the last seven years (1983 to 1989). This method involves clustering highly cited documents by single-link clustering and then clustering the resultant clusters, a total of four times. This gives a hierarchical or nested structure of clusters four levels deep. Relationships among clusters at a given level can be depicted by multidimensional scaling, and by comparing successive year maps we can see how the relationships of major disciplines have changed from year to year. We focus mainly on the two highest levels of aggregation, C4 and C5, to make observations about structural changes in science involving the major disciplines. Distinction is made between changes which appear to be cyclic or oscillatory in nature and those which appear to be more permanent or unidirectional.

Keywords: Aggregation, Changes, Clustering, Multidimensional, Multidimensional Scaling, Nested, Permanent, Scaling, Science, Scientometrics, Structure

? Garfield, E. (1993), The role of undergraduate colleges in research. 1. Highest output, most-cited, and highest impact institutions, 1981-1992. *Current Contents*, **23**, 5-11.

Keywords: Impact, Institutions, Research

? Garfield, E. (1993), The role of undergraduate colleges in research. 2. Highest impact institutions and most-cited papers, 1981-1992. *Current Contents*, **25**, 3-9.

Keywords: Impact, Institutions, Research

# Title: Current Contents/Agriculture Biology & Environmental Sciences

Full Journal Title: Current Contents/Agriculture Biology & Environmental Sciences

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0090-0508

Issues/Year:

Journal Country/Territory:

Language:

Publisher: Inst Sci Inform Inc, Philadelphia

Publisher Address:

Subject Categories:

: Impact Factor

? Ball, J.N. (1984), Citation classic: the pituitary-gland - anatomy and histophysiology. *Current Contents/Agriculture Biology & Environmental Sciences*, (51), 18.

# Title: Current Contents/Life Sciences

Full Journal Title: Current Contents/Life Sciences

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

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Keywords: Citation, Science Citation Index

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Keywords: Citation, Science Citation Index

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Keywords: Citation, Science Citation Index

? Garfield, E. (1970), Trained scientists use Science Citation Index to complete bibliographic citations & update searches. *Current Contents/Life Sciences*, **13** (33), 5-??.

Keywords: Citations, Science Citation Index

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Keywords: Science Citation Index

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Keywords: Citation, Science Citation Index

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Full Text: 1960-80\Cur Con Lif Sci14, 5-1.pdf

Keywords: Citation, Science Citation Index

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Full Text: [1960-80\Cur Con Lif Sci14, 5.pdf](1960-80\Cur%20Con%20Lif%20Sci14,%205.pdf)

Keywords: Science Citation Index

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Full Text: 1960-80\Cur Con Lif Sci15, 3.pdf

Keywords: Journal, Journals

? Garfield, E. (1972), Information, power and Science Citation Index. *Current Contents/Life Sciences*, **15** (6), 5-??.

Keywords: Science Citation Index

Full Text: [1960-80\Cur Con Lif Sci15, 5.pdf](1960-80\Cur%20Con%20Lif%20Sci15,%205.pdf)

? Garfield, E. (1972), Citations-to divided by items-published gives journal impact factor - ISI lists top 50 high-impact journals of science. *Current Contents/Life Sciences*, **15** (8), 6-??.

Full Text: [1960-80\Cur Con Lif Sci15, 6.pdf](1960-80\Cur%20Con%20Lif%20Sci15,%206.pdf)

# Title: Current Drug Metabolism

Full Journal Title: [Current Drug Metabolism](http://www.ingentaconnect.com/content/ben/cdm;jsessionid=2tubs4207hosj.victoria)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: TTopic

? Robert, C., Wilson, C.S., Guengerich, F.P. and Arreto, C.D. (2010), Evolution of the scientific literature of cytochrome P450 from 1977 to 2008. *Current Drug Metabolism*, **11** (2), 162-170.

Full Text: 2010\Cur Dru Met11, 162.pdf

Abstract: This study traces the evolution of the scientific literature on cytochrome P450 (P450) published during the last 30+ years (1977-2008). Using the Web of Science (R), P450 articles from the Science Citation Index Expanded (TM) published from 1977 to 2008 were retrieved and analyzed. The number of P450 papers has increased from 342 articles in 1977-1978 to 2,357 in 2007-2008, and the number of contributing countries has grown from 23 countries for 1977-1978 to 76 for 2007-2008. While the USA and Japan were the most productive countries, along with several industrialized countries (e. g. UK, Germany and Canada), two Asian countries have recently joined the group of leading countries (in 2007-2008 China ranked 4(th) and South Korea, 7(th)). During 1977-2008, the number of journals publishing papers in P450 research increased more than seven-fold (7.7): 94 journals in 1977-1978 and 724 in 2007-2008; however, citation by readers (as measured by the journal impact factor) of the top-ten leading journals increased only slightly from 3.25 for 1977-1978 to 3.81 for 2007-2008. While Biochemistry & Molecular Biology and Pharmacology and Pharmacy are the two main targeted subject areas for P450 research during the period considered, there has been a gradual shift from the biophysical and biochemical fields of interest to aspects of genomics and clinical approaches. The rapid evolution of P450 research in the last 30+ years was accompanied by important changes in the landscape of the contributing countries, in the subject domains, and consequently in the scientific journals targeted by researchers.

Keywords: Articles, Basic Research, Bibliometric Analysis, Bibliometrics, Canada, China, Chinese Populations, Citation, Country Analysis, Cytochrome P450, Evolution, Germany, History, Impact, Impact Factor, Interethnic Differences, Journal, Journal Analysis, Journal Impact, Journal Impact Factor, Journals, Korea, Landscape, Literature, Liver-Microsomes, Monoxide-Binding Pigment, P450, Pharmacokinetics, Publication Trends, Publishing, Research, Researchers, Science, Science Citation Index, Scientific Journals, Scientific Literature, UK, USA, Web of Science

# Title: Current Drug Targets

Full Journal Title: Current Drug Targets

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Das, S. and Sakthiswary, R. (2013), Bone metabolism and histomorphometric changes in murine models treated with sclerostin antibody: A systematic review. *Current Drug Targets*, **14** (14), 1667-1674.

Full Text: 2013\Cur Dru Tar14, 1667.pdf

Abstract: Preventing osteoporotic fractures in millions of individuals may significantly reduce the associated morbidity and health-care expenditures incurred. As such, the search for newer anti-osteoporotic agents has been ongoing for years. Genetic studies have proven that the secreted protein sclerostin is one of the main culprits, which negatively regulates the bone formation. Recently, sclerostin-neutralizing monoclonal antibodies (Scl-Ab) in rodent studies have shown positive effects on bone homeostasis. An extensive search of the literature was performed in the BIOSIS, Cinahl, EMBASE, PubMed, Web of Science and Cochrane Library databases to evaluate the published murine studies on the effects of Scl-Ab on the bone metabolism and histomorphometric parameters. Our systematic review depicts a significant association between Scl-Ab administration and improvement in bone formation, bone density, bone volume and trabecular thickness.

Keywords: Administration, Antibodies, Association, Bone, Bone Density, Bone Formation, Bone Histomorphometry, Bone Metabolism, Databases, Defect, Effects, Embase, Expenditures, Health Care, Improvement, Literature, Mass, Metabolism, Models, Morbidity, Osteoporosis, Protein, Pubmed, Rat Model, Review, Science, Sclerostin Antibody, Strength, Systematic Review, Volume, Web of Science

# Title: Current HIV/AIDS Reports

Full Journal Title: Current HIV/AIDS Reports

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Uthman, O.A., Magidson, J.F., Safren, S.A. and Nachega, J.B. (2014), Depression and adherence to antiretroviral therapy in low-, middle- and high-income countries: A systematic review and meta-analysis. *Current HIV/AIDS Reports*, **11** (3), 291-307.

Full Text: [2014\Cur HIV AID Rep11, 291.pdf](2014\Cur%20HIV%20AID%20Rep11,%20291.pdf)

Abstract: We investigated the associations between depressive symptoms and adherence to antiretroviral therapy (ART) among people living with HIV (PLHIV). We searched the PubMed, EMBASE and Cochrane CENTRAL databases for studies that reported an association between depression and adherence to ART as a primary or secondary outcome. We used a random-effect model to pool the risk estimates from the individual studies. The odds ratio (OR) with their 95 % CIs were used as summary estimates. Of 2861 citations, 111 studies that recruited 42,366 PLHIV met our inclusion criteria. When reported, the rate of PLHIV with depressive symptoms ranged from 12.8 to 78 % and the proportion of PLHIV who achieved good adherence (>= 80 %) ranged from 20 to 98 %. There were no significant differences in rate of depressive symptoms in PLHIV by country income group; however, the proportion of PLHIV who achieved good adherence was significantly higher in lower-income countries (as defined in the 2012 World Bank Country Income Groups) (pooled rate = 86 %) compared to higher-income countries (pooled rate = 67.5 %; p < .05). We found that the likelihood of achieving good ART adherence was 42 % lower among those with depressive symptoms compared to those without (pooled OR = 0.58, 95 % CI 0.55 to 0.62). The relationship between depressive symptoms and adherence to ART was consistent across the country’s income group, study design and adherence rates. We found that the magnitude of the association significantly decreases with more recent publications and increasing study sample size. The higher the prevalence of depressive symptoms of PLHIV recruited in the studies, the lower the likelihood of achieving good adherence to ART. In conclusion, the likelihood of achieving good adherence was lower among those with depressive symptoms compared to those without.

Keywords: HIV, Art, Depression, Adherence, Co-Infections And Comorbidity, HIV-Infected Patients, Human-Immunodeficiency-Virus, Posttraumatic-Stress-Disorder, Cognitive-Behavioral Therapy, Randomized Controlled-Trial, Multicenter Aids Cohort, Injection-Drug Users, Quality-Of-Life, Medication Adherence, Substance-Abuse

# Title: Current HIV Research

Full Journal Title: Current HIV Research

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Seth, P., DiClemente, R.J. and Lovvorn, A.E. (2014), State of the evidence: Intimate partner violence and HIV/STI risk among adolescents. *Current HIV Research*, **11** (7), 528-535.

Full Text: 2013\Cur HIV Res11, 528.pdf

Abstract: This paper provides a critical narrative review of the scientific literature on intimate partner violence (IPV) and risky sexual behavior as well as sexually transmitted infections (STIs) among adolescents, aged 14-24 years. Intimate partner violence has been associated with a number of high risk sexual behavior, including inconsistent condom use, multiple sexual partners, earlier sexual debut, consuming substances while engaging in sexual behavior, and sexually transmitted infections among adolescents. An electronic search of the literature was performed using PubMed/MEDLINE, PsycINFO, and Web of Science and articles from January 2000 - June 2013 were reviewed. Search terms included a combination of keywords for IPV, HIV/STI risk, and adolescents. The findings from the review indicated that IPV was associated with inconsistent condom use, STIs, early sexual debut, multiple sexual partners, and other HIV/STI-associated risk factors among adolescents. HIV/STI interventions for female adolescents often focus on increasing behavioral and cognitive skills, specifically condom negotiation. However, within the context of an abusive relationship, it becomes challenging for adolescents to enact these skills, where this behavior could potentially place them at greater risk. Components that address violence are necessary within HIV prevention programming. Additionally, integration of IPV screening within healthcare settings is important along with a combined approach that merges resources from healthcare, social, and community-level settings.

Keywords: Adolescents, African-American Women, Aged, Approach, Behavior, Condom, Context, Dating Violence, Evidence, Female, Female Adolescents, Health-Care Settings, High-School-Students, HIV, HIV Risk, HIV, AIDS, Human-Immunodeficiency-Virus, Infections, Integration, Interventions, Intimate Partner Violence, Literature, Negotiation, Partner, Prevention, Programming, Psycinfo, Resources, Review, Risk, Risk Factors, Risky Sexual Behavior, Science, Scientific Literature, Screening, Search, Sexual Behavior, Sexually Transmitted Infections, Sexually-Transmitted-Diseases, Si, Social, United-States, Violence, Web of Science, Young-Adults

# Title: Current Medicinal Chemistry

Full Journal Title: Current Medicinal Chemistry

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Heneberg, P. (2012), Pharmacotherapeutic implications of host-pathogen interactions: Emerging concepts. *Current Medicinal Chemistry*, **19** (10), 1421-1423.

Full Text: [2012\Cur Med Che19, 1421.pdf](2012\Cur%20Med%20Che19,%201421.pdf)

Abstract: Although the parasitology belongs to one of the longest established disciplines, the recent methodical advances led to the substantial broadening of the possibilities for the detection and treatment of parasitic diseases. However, the exact mechanisms involved in the parasite establishment and survival are frequently unclear and only recently uncovered. At the cellular level, the emerging mechanisms, discussed in this journal issue, include the newly recognized role of mast cells in the host defense against bacterial pathogens, and the role of granulocytes in the host defense against helminths. At the protein level, we discuss here the emerging role of protein tyrosine phosphatases as both targets and tools of nonmetazoan pathogens and viruses. At the level of small signaling molecules, we attempt here to highlight the role of reactive oxygen species as molecules involved both in the host defense, but also produced by some human pathogens and commensals. Scientometric analysis of the fields covered by this journal issue is provided.

Keywords: Advances, Analysis, Basophils, Defense, Diseases, Granulocytes, Host, Human, Immune Cells, Journal, Leukocytes, Mast Cells, Mast-Cells, Mechanisms, Myeloid Cells, Oxygen, Parasitology, Pathogens, Polydnavirus, Protein, Reactive Oxygen Species, Recent, Role, Scientometric, Signal Transduction, Signaling, Small, Species, Survival, Treatment, White Blood Cells

? Arany, A., Bolgar, B., Balogh, B., Antal, P. and Matyus, P. (2013), Multi-aspect candidates for repositioning: Data fusion methods using heterogeneous information sources. *Current Medicinal Chemistry*, **20** (1), 95-107.

Full Text: 2013\Cur Med Che20, 95.pdf

Abstract: Drug repositioning, an innovative therapeutic application of an old drug, has received much attention as a particularly cost-effective strategy in drug R&D. Recent work has indicated that repositioning can be promoted by utilizing a wide range of information sources, including medicinal chemical, target, mechanism, main and side-effect-related information, and also bibliometric and taxonomical fingerprints, signatures and knowledge bases. This article describes the adaptation of a conceptually novel, more efficient approach for the identification of new possible therapeutic applications of approved drugs and drug candidates, based on a kernel-based data fusion method. This strategy includes (1) the potentially multiple representation of information sources, (2) the automated weighting and statistically optimal combination of information sources, and (3) the automated weighting of parts of the query compounds. The performance was systematically evaluated by using Anatomical Therapeutic Chemical Classification System classes in a cross-validation framework. The results confirmed that kernel-based data fusion can integrate heterogeneous information sources significantly better than standard rank-based fusion can, and this method provides a unique solution for repositioning; it can also be utilized for de novo drug discovery. The advantages of kernel-based data fusion are illustrated with examples and open problems that are particularly relevant for pharmaceutical applications.

Keywords: Adaptation, Application, Approach, Bibliometric, Chemical, Classification, Combination, Connectivity Map, Cost-Effective, Data, Data Fusion, Discovery, Discovery Process, Domain, Drug, Drug Discovery, Drug Repositioning, Drug-Disease Relationships, Drugs, Framework, Fusion, Genes, Identification, In Silico Drug Discovery, Information, Kernel Fusion, Knowledge, Mechanism, Network, Open, Performance, Pharmacology, R&D, Recent, Representation, Side-Effect, Similarity, Similarity Search, Solution, Sources, Standard, Strategy, Support Vector Machine, Support Vector Machines, Therapeutic, Weighting, Work

# Title: Current Medical Research and Opinion

Full Journal Title: [Current Medical Research and Opinion](http://www.ingentaconnect.com/content/apl/cmro)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Yu, A.P., Cabanilla, L.A., Wu, E.Q., Mulani, P.M. and Chao, J.D. (2008), The costs of Crohn’s disease in the United States and other Western countries: A systematic review. *Current Medical Research and Opinion*, **24** (2), 319-328.

Full Text: 2008\Cur Med Res Opi24, 319.pdf

Abstract: Objective: To conduct a critical and systematic literature review of the costs of Crohn’s disease (CD) in Western industrialized countries. Research design and methods: Studies published in English that described the cost of CD in Western industrialized countries were identified using three major databases (MEDLINE, EMBASE, and ISI Web of Science). Studies were reviewed and rated based on their relevance to cost of illness and the reliability of the estimates. All costs were adjusted for inflation to 2006 values. Results: Estimated direct medical costs were $18 022-18 932 per patient with CD per year in the United States, and (sic)2898-6960 in other Western countries. Hospitalizations accounted for 53-66% of direct medical costs, with an average cost-per-hospitalization of $37459 in the United States. Estimated indirect costs accounted for 28% of the total cost in the United States and 64-69% in Europe. Costs differed greatly by disease severity. Costs of patients with severe disease were 3- to 9-fold higher than patients in remission. Direct medical costs in the United States for patients in the top 25% of total costs averaged $60 582 per year; costs of patients in the top 2% averaged more than $300000 per year. Combining prevalence rates, the total economic burden of CD was $10.9-15.5 billion in the United States and (sic)2.1-16.7 billion in Europe. Limitations: This review is limited by the research quality and variations of the individual studies reviewed, and only includes English articles. Conclusions: This updated literature synthesis demonstrated the substantial total cost burden of CD, of which hospitalizations accounted for more than half of direct medical costs.

Keywords: Burden, Care, Cd, Cohort, Cost of Illness, Costs, Crohn’s Disease, Databases, Direct Medical Costs, Disease, Economic Burden, Embase, Epidemiology, Europe, Follow-Up, Hospitalization, Hospitalizations, Illness, Inflammatory-Bowel-Disease, ISI, Literature, Literature Review, Medical, Natural-History, Population, Prevalence, Reliability, Remission, Research, Review, Science, Systematic, Systematic Literature Review, Systematic Review, Ulcerative-Colitis, Web of Science

? Korpela, K.M. (2010), How long does it take for the scientific literature to purge itself of fraudulent material? the Breuning case revisited. *Current Medical Research and Opinion*, **26** (4), 843-847.

Full Text: 2010\Cur Med Res Opi26, 843.pdf

Abstract: It has been proposed that the scientific literature purges itself of articles known to be fraudulent. To test this, an investigation was carried out of post-retraction citations over a 19-year period in the Breuning case. On 10 March 2008 a cited reference search was conducted (all languages, all document types) using the name ‘Breuning SE\*’. The time limit was 1989-2007 with an option to exclude self-citations. The search included the ISI Web of Science Database including the Science Citation Index Expanded, the Social Sciences Citations Index and the Arts & Humanities Citation Index. To ascertain the citation context, citations of Breuning were classified by two raters as affirmative, negative or neutral. For the period 1989-2000 both negative and affirmative citations were found. For the period 2001-2006 only affirmative citations (even to retracted articles) were found, some in journals with higher impact factors than those citing the case as fraudulent. In spite of the small number of citations of Breuning’s articles, it is alarming that the affirmative citing of fraudulent research has not completely ceased but continues 24 years post-retraction (retracted 1982, cited 2006). While the limitations of a single case study are conceded, the results challenge the belief of scientific literature purging itself of fraudulent material. Retraction databases and widespread availability of computer software to check lists of references free of charge in any database or the internet are called for. Moreover, if a paper is never formally retracted, software for searching author names in the internet for fully investigated and proven scientific misconduct might be developed. The ethical guidelines on duplicate publication for purposes of disseminating the information as widely as possible should be reviewed.

Keywords: Articles, Citation, Citations, Computer, Database, Databases, Editors, Impact, Impact Factors, ISI, ISI Web, ISI Web of Science, Journals, Literature, Misconduct, Post-Retraction Citations, Psychiatry, Publication, Publication Ethics, Publishing Ethics, Purge, Reasons, Research, Retraction, Science, Science Citation Index, Scientific Literature, Scientific Misconduct, Self-Citations, Software, Web of Science

? Deshpande, A., Pasupuleti, V., Pant, C., Hall, G. and Jain, A. (2010), Potential value of repeat stool testing for Clostridium difficile stool toxin using enzyme immunoassay? *Current Medical Research and Opinion*, **26** (11), 2635-2641.

Full Text: 2010\Cur Med Res Opi26, 2635.pdf

Abstract: Objective: the aim of this brief review is to summarize the literature as it relates to the potential value of repeat stool testing for Clostridium difficile (C. difficile) toxin using an enzyme immunoassay (EIA) for toxin A&B and also propose a potential newer algorithm for diagnosing C. difficile. Research design and methods: Two investigators conducted independent literature searches using PUBMED, Web of Science, and Scopus until May 1st, 2010. All databases were searched using the terms Clostridium difficile, CDAD, antibiotic associated diarrhea, C. difficile in combination with enzyme immunoassay, enzyme linked immunosorbent assay, Clostridium difficile toxin A, Clostridium difficile toxin B, Clostridium difficile toxin and repeat stool testing. Articles which discussed EIA in C. difficile infection (CDI) patients were reviewed and relevant cross references also read and evaluated for inclusion. Selection bias could be a possible limitation of the approach used in selecting or finding articles for this article. Findings: the evidence for repeat stool testing for C. difficile toxin detection using toxin EIA is becoming weaker. Most recent published practice guidelines recommend a two- or three-step testing algorithm for the detection of C. difficile. Conclusions: EIA for C. difficile stool toxin has a limited sensitivity, but, it does not warrant repeat stool testing. The data for this are suggestive but not conclusive. More studies and better tests are needed to have clear guidelines which can specify the number of tests needed in a diagnostic workup of suspected C. difficile infection. A two-step or three-step method in the diagnosis of C. difficile-associated diarrhea offered a marked increase in sensitivity compared to that of toxin A&B EIA alone.

Keywords: Algorithm, Antibiotic, Articles, Assay, Bias, Colitis, Culture, Cytotoxin, Databases, Diagnosis, Diarrhea, Disease, Guidelines, Infection, Laboratory Detection, Literature, Practice, Practice Guidelines, Pubmed, Research, Review, Science, Scopus, Web of Science

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Full Text: 2011\Cur Med Res Opi27, S9.pdf

Keywords: Plagiarism, Publication

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Full Text: 2011\Cur Med Res Opi27, 1175.pdf

Abstract: Objectives: the primary objective of this study was to quantify how many publications retracted because of misconduct involved declared medical writers (i.e., not ghostwriters) or declared pharmaceutical industry support. The secondary objective was to investigate factors associated with misconduct retractions. Design: A systematic, controlled, retrospective, bibliometric study. Data source: Retracted publications dataset in the MEDLINE database. Data selection: PUBMED was searched (Limits: English, human, January 1966 - February 2008) to identify publications retracted because of misconduct. Publications retracted because of mistake served as the control group. Standardized definitions and data collection tools were used, and data were analyzed by an independent academic statistician. Results: of the 463 retracted publications retrieved, 213 (46%) were retracted because of misconduct. Publications retracted because of misconduct rarely involved declared medical writers (3/213; 1.4%) or declared pharmaceutical industry support (8/213; 3.8%); no misconduct retractions involved both declared medical writers and the industry. Retraction because of misconduct, rather than mistake, was significantly associated with: absence of declared medical writers (odds ratio: 0.16; 95% confidence interval: 0.05-0.57); absence of declared industry involvement (0.25; 0.11-0.58); single authorship (2.04; 1.01-4.12); first author having at least one other retraction (2.05; 1.35-3.11); and first author affiliated with a low/middle income country (2.34; 1.18-4.63). The main limitations of this study were restricting the search to English-language and human research articles. Conclusions: Publications retracted because of misconduct rarely involved declared medical writers or declared pharmaceutical industry support. Increased attention should focus on factors that are associated with misconduct retractions.

Keywords: Authorship, Bibliometric, Conflicts-of-Interest, Definitions, Drug Industry, Guidelines, Impact, Medical Writer, Medical Writing, MEDLINE, Misconduct, Peer-Reviewed Publications, Plagiarism, Primary, Publications, PUBMED, Research, Retraction, Retraction of Publication as Topic Scientific Misconduct

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Full Text: 2011\Cur Med Res Opi27, 2053.pdf

Abstract: Background: the term otitis externa denotes the inflammation of the external auditory canal and can be treated locally in the form of monotherapy or a combination drug. Objective: the aim of the present meta-analysis was to compare the efficacy of an antibiotic-steroid combination drug with that of monotherapy. According to current data, a comparable investigation based on network analysis does not exist. Methods: After systematically searching the PubMed, MEDLINE, Medpilot, Web of Science and Embase electronic databases, 12 relevant randomized, controlled, clinical studies were identified involving 2682 evaluable patients with regard to the cure rate and seven publications with 1251 microbiologically assessable patients. The collected data were compared directly and indirectly by means of network analysis. Results: the direct comparison showed a trend towards the superiority of the monotherapy containing quinolone. The network analysis verified this tendency and demonstrated that pure quinolone drugs can achieve a significantly higher cure rate (OR: 1.29; 95% CI: 1.06-1.57; p=0.01) and a significantly superior eradication rate (OR: 1.44; 95% CI: 1.03-2.02; p=0.03) compared to combination drugs not containing quinolone. We found substantial heterogeneity (with I(2) up to 88.7%) between studies, presumably due to treatments applied in varying frequency, thus bearing on compliance and outcome. Conclusion: With a level Ia evidence, this investigation validates the clinical benefit of quinolones as compared to classic combination drugs in the local treatment of acute otitis externa.

Keywords: Acetate, Acute, Agent, Analysis, Antibiotics, Auditory, B-Neomycin-Hydrocortisone, Ciprofloxacin, Compliance, Databases, Drug, Drugs, Efficacy, Eradication Rate, Frequency, Glucosteroids, Inflammation, Local Treatment, MEDLINE, Meta Analysis, Meta-Analysis, Methods, Monotherapy, Network, Network Analysis, Otitis, Otitis Externa, Outcome, Oxytetracycline Hydrocortisone, Patients, Polymyxin-B, Publications, Pubmed, Quinolones, Safety, Science, Suspension, Therapy, Treatment, Trend, Trial, Web of Science

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Full Text: 2011\Cur Med Res Opi27, 2343.pdf

Abstract: Objective: the aim of this commentary was to evaluate the current evidence regarding the use of synthetic insulin analogues in the ‘real-world’ clinic setting for the treatment of type 2 diabetes mellitus (T2DM). Methods: Relevant publications were searched on PubMed MEDLINE, EMBASE, Cochrane Register of Controlled Trials Google Scholar, NLM Gateway, Science Direct, Web of Science and OVID for the period of January 2007 to June 2010. Articles were included if they (a) provided specific study results on the use of insulin analogues in T2DM and (b) gave sufficiently clear methodology details to establish treatment strategies, diagnosis and diagnostic criteria using an observational study (OS) design. Results: Twenty one articles specifically addressing both type 2 diabetes management and the use of synthetic insulin analogues were identified. Results from recently published OS in patients with T2DM have shown, in the patient populations tested, the effective initiation, optimization and switch to use of insulin analogues in routine clinical settings (day-to-day common practice), with a good safety profile. Conclusions: OS can provide clinicians with additional insights into the management of T2DM patients in their practices. However, the selection and initiation of insulin analogue regimens should be tailored to the individual patient and be one that the physician is comfortable using.

Keywords: 30, 70 Novomix((R)) 30, Articles, Basal-Bolus Regimen, Cochrane, Commentary, Design, Diabetes, Diabetes Mellitus, Diabetes Treatment, Diagnosis, Embase, Epidemiology Strobe Statement, Follow-Up Data, Glycaemic Control, Google Scholar, Improves Glycemic Control, Insulin, Insulin Analogue, Insulin Analogues, Intensive Glucose Control, Long-Term Efficacy, Management, MEDLINE, Methodology, Methods, Nonrandomized, Observational, Observational Studies, Observational Study, Oral Antidiabetic Agents, Patients, Practice, Profile, Prospective, Publications, Pubmed, Randomized Controlled-Trials, Routine, Safety, Science, To-Target Trial, Treatment, Type 2, Type 2 Diabetes, Type 2 Diabetes Mellitus, Web of Science

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Full Text: 2012\Cur Med Res Opi28, S17.pdf

Keywords: Bibliometric, Publication, Quality

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Full Text: [2012\Cur Med Res Opi28, 1575.pdf](2012\Cur%20Med%20Res%20Opi28,%201575.pdf)

Abstract: Objectives: To investigate whether plagiarism is more prevalent in publications retracted from the medical literature when first authors are affiliated with lower-income countries versus higher-income countries. Secondary objectives included investigating other factors associated with plagiarism (e. g., national language of the first author’s country affiliation, publication type, journal ranking). Design: Systematic, controlled, retrospective, bibliometric study. Data source: Retracted publications dataset in MEDLINE (search filters: English, human, January 1966-February 2008). Data selection: Retracted misconduct publications were classified according to the first author’s country affiliation, country income level, and country national language, publication type, and ranking of the publishing journal. Standardised definitions and data collection tools were used; data were analysed (odds ratio [OR], 95% confidence limits [CL], chi-squared tests) by an independent academic statistician. Results: of the 213 retracted misconduct publications, 41.8% (89/213) were retracted for plagiarism, 52.1% (111/213) for falsification/fabrication, 2.3% (5/213) for author disputes, 2.3% (5/213) for ethical issues, and 1.4% (3/213) for unknown reasons. The OR (95% CL) of plagiarism retractions (other misconduct retractions as reference) were higher (P<0.001) for first authors affiliated with lower-income versus higher-income countries (15.4 [4.5, 52.9]) and with non-English versus English national language countries (3.2 [1.8, 5.7]), for non-original research versus original research publications (8.4 [3.3, 21.3]), for case reports and series versus other original research types (4.2 [1.4, 13.0]), and for publications in low-ranked versus high-ranked journals (4.9 [2.4, 9.9]). Up until 2012, there were significantly (P<0.007) fewer ‘serial offenders’ (first authors with >1 retraction) with publications retracted for plagiarism (11.5%, 9/78) than other types of misconduct (28.9%, 24/83). Conclusions: This is the first study to demonstrate that publications retracted for plagiarism are significantly associated with first authors affiliated with lower-income countries. These findings have implications for developing appropriate evidence-based strategies and allocation of resources to help mitigate plagiarism misconduct.

Keywords: Affiliation, Allocation, Authors, Bibliometric, Bibliometric Study, Case Reports, Cl, Collection, Confidence, Country, Data, Data Collection, Developing, Ethical, Ethical Issues, Evidence Based, Evidence-Based, Fabrication, Falsification, First, Human, Journal, Journals, Language, Literature, Medical, Medical Literature, MEDLINE, Odds Ratio, Plagiarism, Publication, Publications, Publishing, Ranking, Reference, Research, Resources, Retraction of Publication As Topic, Scientific Misconduct, Selection, Source

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Full Text: [2013\Cur Med Res Opi29, S19.pdf](2013\Cur%20Med%20Res%20Opi29,%20S19.pdf)

Keywords: Analysis, Bibliometric, Bibliometric Analysis, Impact, Reviews, Systematic Reviews

? Yin, Y.W., Wu, Z.G., Sun, Q.Q., Hu, A.M., Wang, Q. and Liu, H.L. (2013), Associations between tumor necrosis factor alpha gene-238 G/A and-308 G/A polymorphisms and the risk of pneumoconiosis: Update of a meta-analysis. *Current Medical Research and Opinion*, **29** (11), 1435-1442.

Full Text: [2013\Cur Med Res Opi29, 1435.pdf](2013\Cur%20Med%20Res%20Opi29,%201435.pdf)

Abstract: Objectives: Tumor necrosis factor alpha (TNF-alpha) gene (-238 G/A [rs361525] and -308 G/A [rs1800629]) polymorphisms have been extensively studied in relation to various diseases, several epidemiologic studies have been performed to investigate the associations of TNF-alpha gene polymorphisms with pneumoconiosis; however, the results of these studies were not entirely consistent. In an effort to clarify earlier inconclusive results, we performed this meta-analysis of case-control genetic association studies. Methods: We identified eligible studies by searching the relevant databases, including PubMed, Embase, Web of Science, CBMdisc, CNKI, and Google Scholar, until February 15, 2013. Additionally, hand searching of the references of identified articles were performed. Heterogeneity and publication bias across studies were determined and the meta-analysis was performed by Stata 11.0. Results: Fourteen articles involving 20 studies were included in the final meta-analysis, covering a total of 1935 pneumoconiosis cases and 3753 controls. The results showed evidence for significant association between TNF-alpha gene -308 G/A polymorphism and pneumoconiosis risk, suggesting that TNF-a gene -308 A allele may be a risk factor for pneumoconiosis (for A allele vs. G allele: OR 1.41, 95% CI 1.10-1.81, p=0.01; for A/A\_G/A vs. G/G: OR 1.52, 95% CI 1.21-1.91, p=50.01). For TNF-alpha gene-238 G/A polymorphism, no significant association was found between this genetic variation and pneumoconiosis risk. Conclusions: This meta-analysis indicates that TNF-alpha gene-308 G/A polymorphism is associated with an increased pneumoconiosis risk.

Keywords: Association, Bias, Case-Control, Databases, Diseases, Evidence, Gene, Genetic, Google, Google Scholar, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Necrosis, Nov, Pneumoconiosis, Polymorphism, Polymorphisms, Publication, Publication Bias, Pubmed, References, Results, Risk, Risk Factor, Science, Stata, TNF Alpha, TNF-Alpha, Tumor, Tumor Necrosis Factor, Web of Science

? Sun, Q.Q., Yin, Y.W., Zhu, Z.M. and Yan, Z.C. (2014), Association of the C242T polymorphism in the NAD(P)H oxidase P22 phox gene with type 2 diabetes mellitus risk: A meta-analysis. *Current Medical Research and Opinion*, **30** (3), 415-422.

Full Text: [2014\Cur Med Res Opi30, 415.pdf](2014\Cur%20Med%20Res%20Opi30,%20415.pdf)

Abstract: Objectives: A number of epidemiological studies have explored the association between NAD(P) H oxidase P22 phox gene C242T (rs4673) polymorphism and susceptibility to type 2 diabetes mellitus (T2DM), but the results are still debatable. Therefore, we conducted a meta-analysis to assess the potential association between the NAD(P) H oxidase P22 phox gene C242T polymorphism and T2DM risk. Methods: Electronic literature searches of the PubMed, Embase, Web of Science, CBMdisc, CNKI and Google Scholar were performed up to June 15, 2013. Additionally, hand searching of the references of identified articles was performed. Data analyses were carried out by Stata 11.0. Results: Seven studies were included in the final meta-analysis, covering a total of 1661 T2DM cases and 1265 controls. The results showed evidence for significant association between the NAD(P) H oxidase P22 phox gene C242T polymorphism and T2DM risk (for T/T vs. T/C: OR - 1.61, 95% CI - 1.14-2.26, p - 0.007; for T/T vs. T/C+C/C: OR = 1.50, 95% CI = 1.10-2.05, p = 0.009). In the subgroup analysis, there was also evidence for significant association between the NAD(P) H oxidase P22 phox gene C242T polymorphism and T2DM risk, either for Asians (T/T vs. T/C+C/C: OR = 1.74, 95% CI = 1.15-2.64, p = 0.009) or for non-Asians (for T allele vs C allele: OR = 1.30, 95% CI = 1.04-1.61, p = 0.02). Conclusions: The present meta-analysis indicates that the NAD(P) H oxidase P22 phox gene 242 T allele might be associated with an increased T2DM risk.

Keywords: Analyses, Analysis, Association, Breast-Cancer, Carotid Atherosclerosis, Data, Diabetes, Diabetes Mellitus, Disease, Evidence, Gene, Google, Google Scholar, Literature, Mar, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Nad(P)H Oxidase, Oxidative Stress, P22 Phox, Polymorphism, Potential, Pubmed, References, Results, Risk, Science, Stata, Type 2 Diabetes, Type 2 Diabetes Mellitus, Web of Science

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Full Text: [2014\Cur Med Res Opi30, 431.pdf](2014\Cur%20Med%20Res%20Opi30,%20431.pdf)

Abstract: Background: Insulin and incretin agents (dipeptidyl peptidase-4 inhibitors [DPP4is] and glucagon-like peptide-1 receptor agonists [GLP1 RAs]) are second-line treatment options in patients with type 2 diabetes (T2D) not achieving glycemic targets with metformin. Combinations of insulin with incretin agents have been explored in randomized controlled trials (RCTs) and retrospective studies. However, the optimal approach is still elusive; numerous combination regimens can be envisioned, differing in composition and in order of addition. Scope: A systematic survey was conducted of RCTs testing insulin/DPP4i or insulin/GLP1 RA regimens. PubMed and other online databases were queried using ‘insulin’ and the names of all incretin agents available in Canada, along with ‘combination’, ‘concomitant’, ‘concurrent’, and ‘add-on’. Web of Science and clinicaltrials.gov were searched to identify unpublished trials. Findings: Fifteen placebo-controlled or active-comparator RCTs were identified, reporting outcomes for regimens combining insulins and incretin agents available in Canada. DPP4i add-on to insulin therapy (six trials) leads to modest A1c lowering, with weight neutrality. GLP1 RA and insulin combination therapy (GLP1 RA add-on, five trials; insulin add-on, two trials) is associated with significant A1c lowering, with beneficial effects on body weight. A single proof-of-concept trial compared GLP1 RA to DPP4i add-on to insulin, and only one RCT examined simultaneous introduction of an incretin agent with insulin. Adding an incretin agent to established basal insulin therapy may represent a useful alternative to insulin intensification with prandial or premixed insulin. Initial introduction of an incretin agent, with subsequent introduction of insulin, offers potential practical advantages. No study directly comparing order of addition has yet been reported. Conclusions: Insulin/incretin combination therapy comprises a variety of efficacious, weight-sparing regimens and may be considered for many patients who do not achieve glycemic targets when treated with insulin or an incretin agent.

Keywords: Add-On Therapy, Alternative, Approach, Basal Insulin, Body Weight, Canada, Clinical-Practice, Combination Therapy, Combining, Composition, Concomitant, Daily Lixisenatide, Databases, Diabetes, Dipeptidylpeptidase-4 Inhibitor, Effects, Glp-1 Receptor Agonists, Glucagon-Like Peptide-1 Receptor Agonist, Glycemic Control, Incretin, Inhibitors, Insulin, Insulin Therapy, Integrated Analysis, Intensification, Mar, Metformin, Nationwide Exenatide Audit, Online, Open-Label Trial, Options, Outcomes, Parallel-Group, Patients, Potential, Pubmed, Randomized, Randomized Controlled Trials, Rct, Reporting, Retrospective Studies, Review, Science, Survey, Systematic Review, Testing, Therapy, Treatment, Trial, Type 2 Diabetes, Web of Science

? Sun, W., Hu, G.Y., Long, G.X., Wang, J.F., Liu, D.B. and Hu, G.Q. (2014), Predictive value of a serum-based proteomic test in non-small-cell lung cancer patients treated with epidermal growth factor receptor tyrosine kinase inhibitors: A meta-analysis. *Current Medical Research and Opinion*, **30** (10), 2033-2039.

Full Text: [2014\Cur Med Res Opi30, 2033.pdf](2014/Cur%20Med%20Res%20Opi30,%202033.pdf)

Abstract: Objective: Several studies have demonstrated that a serum-based proteomic test (VeriStrat\*) is able to predict the clinical outcome of non-small-cell lung cancer (NSCLC) patients treated with epidermal growth factor receptor tyrosine kinase inhibitors (EGFR-TKIs). However, these studies have limited power to draw a precise conclusion because of their small sample sizes and inconsistent results. Therefore, a metaanalysis was carried out in an attempt to provide more persuasive evidence. Research design and methods: Electronic searches for relevant articles in PubMed, Embase, Medline, and Web of Science published up to May 2013 were conducted. Stata Statistical Software version 12.0 was applied for statistical analysis. The combined hazard ratio (HR) and 95% confidence interval (CI) were estimated using fixed-effects models. Results: Eleven cohorts involving 706 patients collected from seven studies were subjected to final analysis. This serum-based proteomic test’s ‘good’ status predicted a better clinical outcome with a pooled HR of 0.40 (95% CI 0.32 to 0.49; p<0.001) for overall survival (OS), and 0.49 (95% CI 0.39 to 0.60; p<0.001) for progression-free survival (PFS). There was no significant heterogeneity, but a slight publication bias in this study. Conclusions: Our meta-analysis demonstrated that this serum-based proteomic test has a predictive value for NSCLC patients treated with EGFR-TKIs. Future data are needed to validate and update our results.

Keywords: 1st-Line Therapy, Analysis, Articles, Bias, Cancer, Clinical, Confidence, Data, Design, Egfr Inhibitor, Egfr Mutations, Epidermal Growth Factor, Erlotinib, Evidence, From, Growth, Growth Factor, Hazard, Hazard Ratio, Heterogeneity, Inhibitors, Interval, Line Pooled Analysis, Lung, Lung Cancer, Mass-Spectrometry, Medline, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Models, Molecular Predictors, Nsclc, Outcome, Patients, Placebo, Power, Prediction, Predictive, Predictive Value, Prognostic Value, Proteomic Test, Publication, Publication Bias, Pubmed, Randomized Phase-Ii, Research, Research Design, Results, Science, Small, Software, Stata, Statistical Analysis, Survival, Value, Version, Web Of Science

? Qi, W.X., Fu, S., Zhang, Q. and Guo, X.M. (2015), Anti-epidermal-growth-factor-receptor agents and complete responses in the treatment of advanced non-small-cell lung cancer: a meta-analysis of 17 phase III randomized controlled trials. *Current Medical Research and Opinion*, **31** (1), 25-33.

Full Text: [2015\Cur Med Res Opi31, 25.pdf](2015/Cur%20Med%20Res%20Opi31,%2025.pdf)

Abstract: Purpose: Currently, the anti-epidermal-growth-factor-receptor (EGFR) agents have shown encouraging treatment benefits in patients with various types of solid tumors including non-small-cell lung cancer (NSCLC). Despite these advances, radiological complete response to these therapies is rare. We meta-analyze the incidence of complete response (CR) in advanced NSCLC patients treated with anti-EGFR agents and controls in randomized controlled trials (RCTs). Methods: PubMed, Web of Science, Embase and Cochrane library databases were reviewed for phase III RCTs with EGFR-targeted agents vs. non-EGFR-targeted agents in patients with advanced NSCLC. We calculated the odds ratio of CR in patients assigned to anti-EGFR agents compared to controls. Results: A total of 11,568 patients from 17 RCTs were included for analysis. The incidence of CR in patients treated with anti-EGFR agents was 1.1% (95% CI, 0.7-1.7%) compared to 0.6% (95% CI, 0.4-0.9%) in control arms. Comparing the different types of anti-EGFR agents, the incidence of CR was 1.9% for gefitinib (95% CI: 1.4-2.6%), 1.4% for cetuximab (95% CI: 0.8-2.7%) and 0.9% for erlotinib (95% CI: 0.6-1.5%), respectively. The use of anti-EGFR agents significantly increased the odds ratio of obtaining a CR (OR 2.12, 95% CI: 1.28-3.49, p = 0.003) compared to controls. This was found to be higher in treatment arms involving more than 50% of: female patients, patients who had never smoked tobacco, patients of Asian descent or patients with adenocarcinoma or EGFR mutation. No significant differences in ORs were observed in any prespecified sub-groups. Conclusion: Although a CR is rare in advanced NSCLC patients receiving anti-EGFR agents, these drugs significantly increase the OR of a CR compared to controls, especially for patients with EGFR mutations. Further studies are needed to investigate whether the increase of CR with anti-EGFR therapy would be translated into survival benefits.

Keywords: 1st-Line Treatment, 2nd-Line Treatment, Adenocarcinoma, Advances, Analysis, Anti-Egfr Agents, Asian, Benefits, Cancer, Cetuximab, Chemotherapy, Clinical-Trials, Complete, Control, Cr, Databases, Double-Blind, Drugs, Egfr, Erlotinib, Erlotinib, Female, From, Gefitinib, Gefitinib, Incidence, Lung, Lung Cancer, Maintenance Therapy, Meta Analysis, Meta-Analysis, Metaanalysis, Methods, Mutation, Mutations, Non-Small-Cell Lung Cancer, Nsclc, Odds Ratio, Open-Label, Patients, Phase Iii, Pubmed, Randomized, Randomized Controlled Trials, Response, Results, Science, Survival, Therapy, Tobacco, Treatment, Tyrosine Kinase, Web, Web of Science

# Title: Current Nanoscience

Full Journal Title: [Current Nanoscience](http://www.ingentaconnect.com/content/ben/cnano;jsessionid=1tkux2jks72h7.victoria)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1573-4137

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Kostoff, R.N., Koytcheff, R.G. and Lau, C.G.Y. (2007), Structure of the nanoscience and nanotechnology instrumentation literature. *Current Nanoscience*, **3** (2), 135-154.

Full Text: [2007\Cur Nan3, 135.pdf](2007\Cur%20Nan3,%20135.pdf)

Abstract: the instrumentation literature associated with nanoscience and nanotechnology research was examined. About 65000 nanotechnology records for 2005 were retrieved from the Science Citation Index/Social Science Citation Index (SCI/SSCI) [1], and similar to 27000 of those were identified as instrumentation-related. All the diverse instruments were identified, and the relationships among the instruments, and among the instruments and the quantities they measure, were obtained. Metrics associated with research literatures for specific instruments/instrument groups were generated.

Keywords: Afm, Bibliometrics, Database Tomography, Discovery, Groups, Information Technology, Instrumentation, Nanoscience, Nanotechnology, Research, Science Citation Index, Science-and-Technology, SEM, Social Science Citation Index, STM, TEM, Text Mining, XRD

# Title: Current Neuropharmacology

Full Journal Title: Current Neuropharmacology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Fornaro, M., Prestia, D., Colicchio, S. and Perugi, G. (2010), A systematic, updated review on the antidepressant agomelatine focusing on its melatonergic modulation. *Current Neuropharmacology*, **8** (3), 287-304.

Full Text: [2010\Cur Neu8, 287.pdf](2010\Cur%20Neu8,%20287.pdf)

Abstract: Objective: To present an updated, comprehensive review on clinical and pre-clinical studies on agomelatine. Method: A MEDLINE, Psycinfo and Web of Science search (1966-May 2009) was performed using the following keywords: agomelatine, melatonin, S20098, efficacy, safety, adverse effect, pharmacokinetic, pharmacodynamic, major depressive disorder, bipolar disorder, Seasonal Affective Disorder (SAD), Alzheimer, ADHD, Generalized Anxiety Disorder (GAD), Panic Disorder (PD), Obsessive-Compulsive Disorder (OCD), anxiety disorders and mood disorder. Study collection and data extraction: All articles in English identified by the data sources were evaluated. Randomized, controlled clinical trials involving humans were prioritized in the review. The physiological bases of melatonergic transmission were also examined to deepen the clinical comprehension of agomelatine’ melatonergic modulation. Data synthesis: Agomelatine, a melatonergic analogue drug acting as MT(1)/MT(2) agonist and 5-HT(2C) antagonist, has been reported to be an effective antidepressant therapy. Conclusions: Although a bias in properly assessing the “sleep core” of depression may still exist with current screening instruments, therefore making difficult to compare agomelatine’ efficacy to other antidepressant ones, comparative studies showed agomelatine to be an intriguing option for depression and, potentially, for other therapeutic targets as well.

Keywords: Agomelatine, Alzheimer, Anxiety, Bias, Bipolar Disorder, Circadian-Rhythms, Clinical Trials, Cognition, Controlled Clinical Trials, Depression, Discontinuation Symptoms, Disorder, Double-Blind, Drug, Efficacy, Generalized Anxiety Disorder, Humans, Major Depressive Disorder, MEDLINE, Melatonin, Mild Stress Model, Mood, OCD, Placebo-Controlled-Trial, Review, Sad, Safety, Science, Screening, Seasonal Affective-Disorder, Serotonin-Reuptake Inhibitors, Systematic, Therapy, Web of Science, Weekly Symptomatic Status

? Boskovic, M., Vovk, T., Plesnicar, B.K. and Grabnar, I. (2011), Oxidative stress in schizophrenia. *Current Neuropharmacology*, **9** (2), 301-312.

Full Text: 2011\Cur Neu9, 301.pdf

Abstract: Increasing evidence indicates that oxidative damage exists in schizophrenia. Available literature about possible mechanisms of oxidative stress induction was reviewed. Furthermore, possibilities of measuring biomarkers of schizophrenia outside the central nervous system compartment, their specificity for different types of schizophrenia and potential therapeutic strategies to prevent oxidative injuries in schizophrenia were discussed. Data were extracted from published literature found in MEDLINE, Embase, Biosis, Cochrane and Web of Science, together with hand search of references. Search terms were: schizophrenia, oxidative stress, antipsychotics, antioxidants and fatty acids. Finding a sensitive, specific and non invasive biomarker of schizophrenia, which could be measured in peripheral tissue, still stays an important task. Antioxidant enzymes, markers of lipid peroxidation, oxidatively modified proteins and DNA are most commonly used. As it considers the supplemental therapy, according to our meta-analysis vitamin E could potentially improve tardive dyskinesia, while for the effect of therapy with polyunsaturated fatty acids there is no clear evidence. Oxidative stress is a part of the pathology in schizophrenia and appears as a promising field to develop new therapeutic strategies. There is a need for well designed, placebo controlled trials with supplementation therapy in schizophrenia.

Keywords: Antioxidant Enzyme Levels, Antioxidants, Antipsychotics, Biochemical Markers, Biomarkers, Cochrane, DNA, Double-Blind, Essential Fatty-Acids, Ethyl-Eicosapentaenoic Acid, Fatty Acids, Hand, Lipid, Literature, Mechanisms, MEDLINE, Meta Analysis, Meta-Analysis, Modified, N-Acetyl-Cysteine, Nitric-Oxide, Oxidative Stress, Pathology, Placebo-Controlled Trial, Polyunsaturated Fatty Acids, Schizophrenia, Science, Specificity, Stress, Superoxide-Dismutase, Tardive Dyskinesia, Tardive-Dyskinesia, Therapy, Vitamin E, Vitamin-E Treatment, Web of Science

? Boskovic, M., Vovk, T., Plesnicar, B.K. and Grabnar, I. (2011), Oxidative stress in schizophrenia. *Current Neuropharmacology*, **9** (2), 301-312.

Full Text: 2011\Cur Neu9, 301.pdf

Abstract: Increasing evidence indicates that oxidative damage exists in schizophrenia. Available literature about possible mechanisms of oxidative stress induction was reviewed. Furthermore, possibilities of measuring biomarkers of schizophrenia outside the central nervous system compartment, their specificity for different types of schizophrenia and potential therapeutic strategies to prevent oxidative injuries in schizophrenia were discussed. Data were extracted from published literature found in MEDLINE, Embase, Biosis, Cochrane and Web of Science, together with hand search of references. Search terms were: schizophrenia, oxidative stress, antipsychotics, antioxidants and fatty acids. Finding a sensitive, specific and non invasive biomarker of schizophrenia, which could be measured in peripheral tissue, still stays an important task. Antioxidant enzymes, markers of lipid peroxidation, oxidatively modified proteins and DNA are most commonly used. As it considers the supplemental therapy, according to our meta-analysis vitamin E could potentially improve tardive dyskinesia, while for the effect of therapy with polyunsaturated fatty acids there is no clear evidence. Oxidative stress is a part of the pathology in schizophrenia and appears as a promising field to develop new therapeutic strategies. There is a need for well designed, placebo controlled trials with supplementation therapy in schizophrenia.

Keywords: Antioxidant Enzyme Levels, Antioxidants, Antipsychotics, Biochemical Markers, Biomarkers, Cochrane, DNA, Double-Blind, Essential Fatty-Acids, Ethyl-Eicosapentaenoic Acid, Fatty Acids, Hand, Lipid, Literature, Mechanisms, MEDLINE, Meta Analysis, Meta-Analysis, Modified, N-Acetyl-Cysteine, Nitric-Oxide, Oxidative Stress, Pathology, Placebo-Controlled Trial, Polyunsaturated Fatty Acids, Schizophrenia, Science, Specificity, Stress, Superoxide-Dismutase, Tardive Dyskinesia, Tardive-Dyskinesia, Therapy, Vitamin E, Vitamin-E Treatment, Web of Science

# Title: Current Oncology Reports

Full Journal Title: Current Oncology Reports

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Yang, X.W., Yang, K. and Kuang, K.Y. (2014), The efficacy and safety of EGFR inhibitor monotherapy in non-small cell lung cancer: A systematic review. *Current Oncology Reports*, **16** (6), Article Number: 390.

Full Text: [2014\Cur Onc Rep16, 390.pdf](2014\Cur%20Onc%20Rep16,%20390.pdf)

Abstract: Epidermal growth factor receptor (EGFR) tyrosine kinase inhibitors (TKIs) have been extensively investigated in previously treated advanced non-small-cell lung cancer (NSCLC), but what it is still unclear is the efficacy of (EFGR-TKIs: gefitinib or erlotinib) monotherapy in previously treated non-small-cell lung cancer (NSCLC). In December 2013, we performed a search in the PubMed, EMBASE, Cochrane library databases and Web of Science for randomized trials exploring the role of gefitinib or erlotinib in advanced non-small cell lung cancer. Through strict inclusion and exclusion criteria, fourteen trials (three front-line, two second-line, nine maintenance, n=8970 patients) were eligible. EGFR-TKIs significantly increased overall survival (OS) [hazard ratio (HR) 0.88, 95 % confidence interval (CI) 0.82-0.96, I-2=50.5 %] and progression-free survival (PFS) (HR 0.71, 95 % CI 0.63-0.81, I-2=81.2 %] compared with placebo or best support care (BSC). Patients with clinical features such as never smoker, adenocarcinoma, Asian ethnicity and EGFR mutation positive had more pronounced OS and PFS benefit. The main adverse reactions were diarrhea, rashes, anorexia and anemia, [odds ratio (OR)=3.635, 95 % confidence interval (CI)=(2.377 to 5.557)], [OR=15.664, 95 % CI=(8.869 to 27.665)], [OR=1.555, 95 % CI=(1.060 to 2.283)], [OR=1.481, 95 % CI=(1.114 to 1.969)], respectively. The results show that monotherapy therapy with EFGR-TKIs produce a significant OS and PFS benefit for patients with NSCLC compared with placebo or BSC, especially for the patients who had adenocarcinomas, non-smokers and patients with EGFR gene mutations.

Keywords: Adenocarcinoma, Anemia, Anorexia, Asian, Cancer, Care, Cell, Chemotherapy, Clinical, Clinical Features, Confidence, Criteria, Databases, Double-Blind, Efficacy, EGFR, EGFR Inhibitor, Embase, Erlotinib, Ethnicity, Front Line, Gefitinib, Gene, Growth, Growth Factor, Inhibitor, Inhibitors, Interval, Lung, Lung Cancer, Maintenance Therapy, Meta-Analysis, Metaanalysis, Mutation, Mutations, Never Smokers, Non-Small Cell Lung Cancer, Nsclc, Oncology, Patients, Phase-III Trial, Placebo, Pubmed, Randomized, Review, Role, Safety, Science, Support, Survival, Systematic Review, Therapy, Tyrosine Kinase Inhibitor, Web Of Science

# Title: Current Opinion in Anesthesiology

Full Journal Title: Current Opinion in Anesthesiology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Miller, D.R. (2011), Publication fraud: Implications to the individual and to the specialty. *Current Opinion in Anesthesiology*, **24** (2), 154-159.

Abstract: Purpose of review To provide a brief review and update on the subject of scientific misconduct relevant to the specialty of anesthesia. The overall goal is to raise awareness amongst readers of the scientific literature that although publication fraud is relatively infrequent, the reasons for fraud are complex and the consequences to the individual and for the specialty are substantial. Recent findings Scientific misconduct and publication fraud can easily go undetected. However, plagiarism is being detected with increasing frequency as a result of newer detection software. There are recent examples of scientific misconduct involving extensive data fabrication in the anesthesiology literature that have far-reaching, and as-yet-to-be determined implications for the scientific record. The reasons for publication fraud and methods to detect scientific misconduct are reviewed. The implications for related studies in the field, systematic reviews and practice guidelines are considered. Summary When suspected, alleged misconduct must be thoroughly investigated. When proven, scientific misconduct must be addressed by the relevant institutions and the scientific record must be corrected. Many stakeholders are involved in this complex and most unfortunate process.

Keywords: Blocks, Data Fabrication, Literature, Misconduct, Plagiarism, Publication, Publication: Publication Ethics, Retraction, Review, Scientific Misconduct, Systematic Reviews

# Title: Current Opinion in Rheumatology

Full Journal Title: Current Opinion in Rheumatology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

(2000), Bibliography current world literature. *Current Opinion in Rheumatology*, **12** (2), B25.

Full Text: [2000\Cur Opi Rhe12, B25.pdf](2000\Cur%20Opi%20Rhe12,%20B25.pdf)

# Title: Current Pharmaceutical Analysis

Full Journal Title: Current Pharmaceutical Analysis

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hur, D., DiFrancesco, R., Hochreiter, J., Ma, Q., Slish, J., Maponga, C.C. and Morse, G.D. (2007), Review of HIV-1 protease inhibitor assay methods. *Current Pharmaceutical Analysis*, **3** (3), 180-185.

Abstract: In support of individualizing antiretroviral treatment by combining therapeutic drug monitoring (TDM) and HIV resistance tests, numerous assays have been reported in the literature in an attempt to optimize treatment outcomes. These assays vary with regard to analysis method of separation and detection such as using high performance liquid chromatography (HPLC) coupled to mass tandem spectrometry (HPLC/MS or HPLC/MSMS) or ultraviolet spectrometry (HPLC/UV). To prepare plasma samples prior to analysis, clinical samples are subject to chemical procedures including solid phase extraction (SPE), liquid-liquid extraction (LLE), and protein precipitation (PP). Information searches were performed using database searching tools such as PUBMED, MEDLINE, Web of Science, and EMBASE using the key words protease inhibitors, HIV, assay, quantification, determination, therapeutic drug monitoring and pharmacokinetics. Publications were reviewed and the data categorized by the specific protease inhibitor, the limit of quantification (LOQ), The type of assay, chromatographic conditions, sample preparation, and total assay run time. The analytical methods summarized in the review reflect the timeframe since the PI were introduced, their eventual combination with ritonavir, transitioning toward once or twice daily dosing and more recently their use in simplified regimes for chronic dosing. As antiretrovirals are introduced into developing countries additional considerations related to drug quality and potency may require that laboratories adapt these assays in support of clinical pharmacology research and patient monitoring.

Keywords: Active Metabolite M8, Analysis, Antiretroviral, Antiretroviral Drugs, Blood Mononuclear-Cells, Developing Countries, Drug, Embase, Hiv, Human Plasma, Infected Patients, Literature, MEDLINE, Monitoring, Outcomes, Performance Liquid-Chromatography, Plasma, Preparation, Publications, Pubmed, Quantitative-Determination, Research, Resistance, Reverse-Transcriptase Inhibitors, Review, Science, Solid-Phase Extraction, Tandem Mass-Spectrometry, Treatment, Web of Science

# Title: Current Pharmaceutical Design

Full Journal Title: Current Pharmaceutical Design

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Hasani-Ranjbar, S., Nayebi, N., Moradi, L., Mehri, A., Larijani, B. and Abdollahi, M. (2010), The efficacy and safety of herbal medicines used in the treatment of hyperlipidemia: A systematic review. *Current Pharmaceutical Design*, **16** (26), 2935-2947.

Abstract: Objective: This review focuses on the efficacy and safety of effective herbal medicines in the management of hyperlipidemia in human. Methods: PUBMED, Scopus, Google Scholar, Web of Science, and IranMedex databases were searched up to 11(th) May 2010. The search terms were “hyperlipidemia” and (“herbal medicine” or “medicine traditional”, “extract plant”) without narrowing or limiting search elements. All of the human studies on the effects of herbs with the key outcome of change in lipid profiles were included. Results: Fifty three relevant clinical trials were reviewed for efficacy of plants. This study showed significant decrease in total cholesterol and LDL cholesterol after treatment with Daming capsule (DMC), chunghyul-dan, Glycyrrhiza glabra, garlic powder (Allicor), black tea, green tea, soy drink enriched with plant sterols, licorice, Satureja khuzestanica, Monascus purpureus Went rice, Fenugreek, Commiphora mukul (guggul), Achillea wilhelmsii C. Koch, Ningzhi capsule (NZC), cherry, compositie salviae dropping pill (CSDP), shanzha xiaozhi capsule, Ba-wei-wan (hachimijiogan), rhubarb stalk, Silybum marianum, Rheum Ribes and Jingmingdan granule (primrose oil). Conflicting data exist for red yeast rice, garlic and guggul. No significant adverse effect or mortality were observed except in studies with DMC, guggul, and Terminalia belerica, Terminalia chebula, Emblica officinalis, ginger, and garlic powder (Allium sativum). Conclusion: Amongst reviewed studies, 22 natural products were found effective in the treatment of hyperlipidemia that deserve further works to isolate and characterization of their constituents to reach novel therapeutic and more effective agents.

Keywords: Clinical Trials, Colesevelam Hydrochloride, Coronary-Heart-Disease, Databases, Density-Lipoprotein-Cholesterol, Efficacy, Extract Plant, Garlic-Powder Tablets, Google Scholar, Herbal Medicine, Human, Hyperlipidemia, Ldl, Lipid, Management, Medicine Traditional, Methods, Mortality, Outcome, Oxidative Stress, Placebo-Controlled-Trial, Plant, Plants, Plasma-Lipid Levels, Primary Hypercholesterolemia, Pubmed, Randomized Controlled-Trial, Red-Yeast-Rice, Review, Safety, Science, Scopus, Systematic, Systematic Review, Total Cholesterol, Treatment, Web of Science

? Nikfar, S., Mirfazaelian, H. and Abdollahi, M. (2010), Efficacy and tolerability of immunoregulators and antibiotics in fistulizing crohn’s disease: A systematic review and meta-analysis of placebo-controlled trials. *Current Pharmaceutical Design*, **16** (33), 3684-3698.

Abstract: Objective: This meta-analysis of randomized controlled trials was conducted to evaluate the efficacy and tolerability of two drug groups (immunoregulators and antibiotics) in the treatment of fistula in Crohn’s disease (CD). Methods: PUBMED, EMBASE, Scopus, Google Scholar, and Web of Science were searched for clinical trial studies investigated the effects of immunoregulators and antibiotics in the treatment of fistulizing CD. Clinical response and adverse effects were the key outcomes of interest. Data were searched from the time period of 1966 through June 2010. Result: Eleven randomized placebo-controlled clinical trials that met our criteria (nine in different immunoregulators and two in antibiotics) were included in the analysis. Pooling of data showed that immunoregulators and antibiotics are significantly effective for at least a 50% reduction from baseline in the number of open actively draining fistulas with relative risk (RR) of 2.57 (95% CI of 1.55-4.25, P= 0.0003) in four trials and 2.05 (95% CI of 1.03-4.08, P= 0.0414) in two trials respectively. The summary of RR for complete closure of fistulas in nine trials was 2.65 with a 95% CI of 1.66-4.22 and a significant RR (P < 0.0001). In regard to the tolerability, both immunoregulators and antibiotics showed insignificant adverse effects in comparison to placebo with an RR of 1.11 (95% CI of 0.96-1.27, P= 0.1513) and 0.6 (95% CI of 0.36-1, P= 0.0515), respectively and discontinuation because of these adverse effects in drug-treated groups was the same as placebo. Data about severe adverse effects were only available for immunoregulators that showed a significantly higher incidence when compared to placebo (RR= 2.24 with a 95% CI of 1.05-4.79; significant at P= 0.0374). Conclusion: This meta-analysis demonstrates the efficacy of immunoregulators and antibiotics in fistulizing CD. Regarding the safety, mild to moderate adverse effects were the same in both antibiotic and immunoregulators groups in comparison to the placebo but incidence of severe adverse effects in immunoregulator groups was higher than that of antibiotics.

Keywords: Adverse Effects, Anal Fistulas, Analysis, Antibiotic, Antibiotics, Azathioprine, Cd, Ciprofloxacin, Clinical Trial, Clinical Trials, Complications, Crohn’s Disease, Disease, Double-Blind, Drug, Efficacy, Fistula, Google Scholar, Immunoregulators, Inflammatory Bowel Disease, Inflammatory-Bowel-Disease, Infliximab, Interest, Meta Analysis, Meta-Analysis, Methods, Outcomes, Perianal Fistulas, Predictors, PUBMED, Randomized Controlled Trials, Relative Risk, Review, Risk, Safety, Science, Scopus, Systematic, Systematic Review, Tacrolimus, Treatment, Web of Science

? Armstrong, A.W., Brezinski, E.A., Follansbee, M.R. and Armstrong, E.J. (2014), Effects of biologic agents and other disease-modifying antirheumatic drugs on cardiovascular outcomes in psoriasis and psoriatic arthritis: A systematic review. *Current Pharmaceutical Design*, **20** (4), 500-512.

Full Text: 2014\Cur Pha Des20, 500.pdf

Abstract: Background: Whether systemic treatments for psoriasis or psoriatic arthritis affect cardiovascular comorbidities is a clinically significant question. Objective: To examine the effects of biologic agents and other Disease-Modifying Antirheumatic Drugs (DMARDs) used to treat psoriasis and psoriatic arthritis on cardiovascular risk factors and adverse cardiovascular outcomes. Methods: MEDLINE (1980-October 2012), Web of Science, the EULAR abstract database, and the AAD annual meeting abstract archive were searched for studies evaluating biologic and other DMARD therapy for psoriasis and psoriatic arthritis that reported cardiovascular events as primary outcomes. Results: From 20 studies that met the search criteria for the review, 81,469 patients with psoriasis and/or psoriatic arthritis were included in the data synthesis of the current literature. While the data on the cardioprotective effect of methotrexate exist in patients with rheumatoid arthritis, its effect on the psoriasis and psoriatic arthritis populations with regards to cardiovascular outcomes are inconclusive at this time. The association of hypertension with long-term cyclosporine use prompts discontinuation of cyclosporine in selected patients. The use of TNF inhibitors may be associated with reduced risk of adverse cardiovascular events in preliminary epidemiologic studies; however, large randomized controlled trials and epidemiologic studies with well-characterized populations will be necessary to elucidate their exact effects. The short-term data regarding the safety of IL-12/23 inhibitors showed that, to date, there are no increased cardiovascular events compared to the general population. Conclusions: To date, epidemiologic data is insufficient to reach definitive conclusions with regards to the effects of biologics and other DMARDs on cardiovascular outcomes in psoriasis and psoriatic arthritis patients. Adequately powered, long-term, controlled studies are necessary to determine the cardioprotective effects of TNF inhibitors observed in preliminary studies on psoriasis and psoriatic arthritis populations.

Keywords: Arthritis, Association, Biologics, Cardiovascular, Cardiovascular Disease, Chronic Plaque Psoriasis, Criteria, Cyclosporine, Data, Database, Double-Blind, Drugs, Effects, Events, General, Hypertension, Inhibitors, Interleukin-12, 23 Monoclonal-Antibody, Literature, Long Term, Long-Term, Long-Term Safety, Medline, Meeting Abstract, Methods, Methotrexate, Myocardial-Infarction, Open-Label Extension, Outcomes, Patients, Phase-Iii Trial, Placebo-Controlled Trial, Population, Populations, Primary, Psoriasis, Psoriatic Arthritis, Randomized, Randomized Controlled Trials, Randomized Controlled-Trial, Results, Review, Rheumatoid Arthritis, Risk, Risk Factors, Safety, Science, Synthesis, Systematic Review, Therapy, TNF, Tnf Inhibitors, To-Severe Psoriasis, Ustekinumab, Web Of Science

? Brezinski, E.A., Follansbee, M.R., Armstrong, E.J. and Armstrong, A.W. (2014), Endothelial dysfunction and the effects of TNF inhibitors on the endothelium in psoriasis and psoriatic arthritis: A systematic review. *Current Pharmaceutical Design*, **20** (4), 513-528.

Full Text: 2014\Cur Pha Des20, 513.pdf

Abstract: Background: Epidemiologic data support the association of psoriasis and psoriatic arthritis with adverse cardiovascular outcomes. Shared pathogenesis in endothelial dysfunction may underlie psoriasis and atherosclerosis. Tumor necrosis factor (TNF) inhibitors may modulate endothelial dysfunction seen in patients with psoriasis and psoriatic arthritis. Objective: To perform a systematic review that investigated endothelial function in psoriasis and psoriatic arthritis and the effect of TNF inhibitors on endothelial function in psoriasis and psoriatic arthritis. Methods: MEDLINE (1980-October 2012), Web of Science, the EULAR abstract database, and the AAD annual meeting abstract archive were searched for cross-sectional or longitudinal studies that 1) examined endothelial function in patients with psoriasis or psoriatic arthritis, or 2) investigated the effect of TNF inhibitor therapy on endothelial function. Results: Twenty articles and four abstracts with 2261 patients evaluated endothelial function in psoriasis and psoriatic arthritis, which was measured by pulse wave velocity, flow-mediated dilation, nitroglycerine-induced vasodilation, carotid intima-media thickness, peripheral arterial tonometry, or aortic stiffness parameters. The majority of the data suggests that patients with psoriasis and psoriatic arthritis have significantly increased arterial stiffness, impaired endothelial-dependent vasodilation, increased carotid intima-media thickness, and decreased aortic elasticity compared to the general population. Two out of three studies showed that TNF inhibitors improved endothelial function in psoriasis and psoriatic arthritis. Limitations: Measurements of endothelial function were not standardized across studies. Conclusions: The preponderance of literature suggests that endothelial function is significantly impaired in patients with psoriasis and psoriatic arthritis compared to the general population. Preliminary evidence suggests that TNF inhibitors may improve endothelial function in the psoriasis and psoriatic arthritis populations.

Keywords: Adalimumab, Aortic Stiffness, Arthritis, Association, Atherosclerosis Risk-Factors, Cardiovascular, Cardiovascular Disease, Data, Database, Elasticity, Endothelial Dysfunction, Endothelial Function, Epidemiologic, Etanercept, Evidence, Evident Cardiovascular-Disease, Factor-Alpha Treatment, Function, General, Increased Arterial Stiffness, Inflammatory Arthropathies, Infliximab, Inhibitor, Inhibitors, Insulin-Resistance, Intima-Media Thickness, Literature, Longitudinal, Longitudinal Studies, Medline, Meeting Abstract, Methods, Necrosis, Outcomes, Pathogenesis, Patients, Population, Populations, Psoriasis, Psoriatic Arthritis, Results, Review, Rheumatoid-Arthritis, Science, Subclinical Atherosclerosis, Support, Systematic Review, Therapy, Tnf, Tnf Inhibitors, Vasodilation, Web Of Science

? Gasparyan, A.Y., Ayvazyan, L., Pretorius, E. and Kitas, G.D. (2014), Platelets in rheumatic diseases: friend or foe? *Current Pharmaceutical Design*, **20** (4), 552-566.

Full Text: 2014\Cur Pha Des20, 552.pdf

Abstract: Platelets are intimately involved in hemostasis, inflammation, innate and adaptive immunity, tissue regeneration and other physiological and pathological processes. Their granular structure is programmed to release a wide range of bioactive substances in response to agonists. Upon activation, platelet membranes display thrombotic and inflammatory agents, which may take an active part in the pathophysiology of autoimmune and autoinflammatory disorders. The aim of this review is to analyze current evidence of platelet (dys)function in inflammatory rheumatic diseases and overview platelet-targeting mechanisms of antirheumatic drug therapies. A comprehensive search through Medline/PubMed, SciVerse/Scopus and Web of Science was performed for English-language original research papers, using the keywords related to platelets in autoimmune and autoinflammatory rheumatic disorders. Additionally, the Cochrane Collaboration database was searched for the literature on the effects of antirheumatic drugs on platelet function. A variety of platelet markers have been tested in systemic lupus erythematosus, rheumatoid arthritis, systemic sclerosis, spondyloarthropathies, vasculitides, and some autoinflammatory disorders. It has been shown that platelets circulate in an activated state in most of these disorders and tend to form complexes with other inflammatory and immune cells. Thrombotic and inflammatory agents, released from platelets, may trigger disease-specific complications (e.g., extraarticular features, fibrosis in systemic sclerosis) and propagate endothelial dysfunction. Whether platelet activation is a primary or secondary feature in rheumatic disorders remains to be elucidated. Some widely used antirheumatic drugs may suppress thrombopoiesis and platelet activity, however the clinical implications of this effect have yet to be examined in specifically designed prospective studies. Large retrospective cohort studies supported the use of low-dose aspirin for suppressing platelet function and preventing cerebrovascular events in giant-cell arteritis. However, emerging data suggest that the release rate of activated platelets applied topically to the inflamed cartilage in arthritis or skin ulcers in scleroderma may suppress the inflammation and facilitate tissue repair. Taken together, current evidence necessitates a balanced approach to platelet-activating and suppressing drug therapies in inflammatory rheumatic diseases.

Keywords: Activation, Activity, Ankylosing-Spondylitis, Anti-Tnf Therapy, Antiphospholipid Syndrome, Antirheumatic Drugs, Approach, Arthritis, Aspirin, Behcets-Disease, Beta-Thromboglobulin, Clinical, Cochrane Collaboration, Cohort, Collaboration, Complications, Data, Database, Diseases, Drug, Drug Design, Drugs, Effects, Endothelial Dysfunction, Events, Evidence, Familial Mediterranean Fever, Feature, Fibrosis, Function, Giant-Cell Arteritis, Hemostasis, Immune, Immunity, Inflammation, Inflammatory Rheumatic Diseases, Innate, Literature, Low-Dose, Low-Dose Aspirin, Lupus Erythematosus, Mechanisms, Mefv Gene-Mutations, Overview, Papers, Pathophysiology, Platelet Function, Platelets, Primary, Prospective, Prospective Studies, Regeneration, Release, Research, Response, Review, Rheumatic Disease, Rheumatoid Arthritis, Science, Scleroderma, Skin, State, Structure, Systemic Lupus Erythematosus, Systemic-Lupus-Erythematosus, Thrombosis, Vasculopathy, Web Of Science

? Bautmans, I., Van De Winkel, N., Ackerman, A., De Dobbeleer, L., De Waele, E., Beyer, I., Mets, T. and Maggio, M. (2014), Recovery of muscular performance after surgical stress in elderly patients. *Current Pharmaceutical Design*, **20** (19), 3215-3221.

Full Text: 2014\Cur Pha Des20, 3215.pdf

Abstract: Introduction: Inflammation is related to muscle wasting in elderly persons. Since surgery is accompanied by an important inflammatory response, the degree of muscle wasting and related symptoms such as weakness and tiredness might exacerbate very rapidly in elderly surgery patients. Methods: PubMed and Web of Science were systematically screened for articles reporting the influence of surgery-induced inflammation on muscle performance and/or fatigue in elderly patients. Studies reporting surgery-induced inflammation and changes in muscle performance and/or fatigue, but without analyzing their association were excluded. Although 5 relevant articles were identified including older patients (highest ages reported were 71-92 years), none focused exclusively on elderly patients. Only 2 studies assessed muscle performance, and in none muscle mass was evaluated. Overall, we found evidence that in elderly patients higher surgery-induced inflammation was significantly related to worse muscle performance and fatigue in the first postoperative days as well as after more than one month (especially for fatigue) following the intervention. Pre-operative anti-inflammatory treatment using steroids or glucocorticoids can reduce the surgery-induced inflammatory response and improve the recovery of muscle performance and postoperative fatigue in elderly elective abdominal surgery or arthroplasty patients. Conclusion: We can conclude that to date, only few studies have investigated the association between surgery-induced inflammation and changes in postoperative muscle performance and fatigue in elderly patients. More research is warranted focusing on both the short -and long-term effects of surgical stress on muscle performance in elderly patients as well as the on risks and benefits of peri-operative anti-inflammatory treatment.

Keywords: Abdominal, Abdominal Surgery, Acute Phase, Arthroplasty, Articles, Association, Benefits, Changes, Colonic Resection, Disuse Muscle Atrophy, Effects, Elderly, Elective, Evidence, Fatigue, First, Geriatric-Patients, Glucocorticoids, Handgrip Strength, Induced Sickness Behavior, Inflammation, Inflammatory Response, Influence, Intervention, Long Term, Long-Term, Major Abdominal-Surgery, Methods, Muscle, Muscle Weakness, Muscular Atrophy, Patients, Performance, Peritoneal Inflammation, Postoperative, Postoperative Recovery, Pubmed, Randomized Controlled-Trial, Recovery, Reporting, Research, Response, Risks, Sarcopenia, Science, Skeletal-Muscle, Steroids, Stress, Surgery, Surgical, Surgical Stress, Symptoms, Treatment, Web Of Science

? Phan, K., Gomez, Y.H., Elbaz, L. and Daskalopoulou, S.S. (2014), Statin treatment non-adherence and discontinuation: Clinical implications and potential solutions. *Current Pharmaceutical Design*, **20** (40), 6314-6324.

Full Text: 2014\Cur Pha Des20, 6314.pdf

Abstract: Statins are the most powerful lipid lowering drugs in clinical practice. However, the efficacy of statin therapy, as seen in randomized control trials, is undermined by the documented non-adherence observed in clinical practice. Understanding the clinical consequences of statin non-adherence is an important step in implementing successful interventions aimed at improving adherence. Our previous systematic review included a literature search up to January 2010 on the effects of statin non-adherence or discontinuation on cardiovascular (CV) and cerebrovascular outcomes. We provide an update to this publication and a review of promising interventions that have reported a demonstrated improvement in statin adherence. Through a systematic literature search of PubMed, Ovid Medline, Ovid Embase, CINAHL, Cochrane Library and Web of Science, out of the 3440 initially identified, 13 studies were selected. Non-adherence in a primary prevention population was associated with a graded increase in CV risk. Individuals taking statins for secondary prevention were at particular risk when taking statin with highly variable adherence. Moreover, particular attention is warranted for non-adherence in diabetic and rheumatoid arthritis populations, as non-adherence is significantly associated with CV risk as early as 1 month following discontinuation. Statin adherence, therefore, represents an important modifiable risk factor. Numerous interventions to improve adherence have shown promise, including copayment reduction, automatic reminders, mail-order pharmacies, counseling with a health professional, and fixed-dose combination therapy. Given the complexity of causes underlying statin non-adherence, successful strategies will likely need to be tailored to each patient.

Keywords: Acute Myocardial-Infarction, Adherence, Arthritis, Attention, Average Cholesterol Levels, Cardiovascular, Cardiovascular Disease, Cardiovascular-Disease, Cerebrovascular Disease, Clinical, Clinical Practice, Combination Therapy, Complexity, Control, Coronary-Artery-Disease, Discontinuation, Drugs, Effects, Efficacy, Health, Health Professional, Health-Care Costs, Heart-Disease, Improvement, Interventions, Lipid, Literature, Literature Search, Medline, Non-Adherence, Outcomes, Population, Populations, Practice, Prevention, Primary, Primary Prevention, Primary Prevention, Publication, Pubmed, Randomized, Randomized Controlled-Trial, Reduction, Review, Rheumatoid Arthritis, Rheumatoid-Arthritis, Risk, Risk Assessment, Risk Factor, Science, Secondary Prevention, Secondary Prevention, Statin, Statins, Systematic, Systematic Literature Search, Systematic Review, Therapy, Treatment, Web Of Science

# Title: Current Science

Full Journal Title: [Current Science](http://www.ias.ac.in/currsci/)

ISO Abbreviated Title: Curr. Sci.

JCR Abbreviated Title: Curr Sci India

ISSN: 0011-3891

Issues/Year: 24

Journal Country/Territory: India

Language: English

Publisher: Current Science Assn

Publisher Address: CV Raman Avenue, PO Box 8005, Bangalore 560 080, India

Subject Categories:

Multidisciplinary Sciences: Impact Factor 0.533, 20/48 (2002), Impact Factor 0.694, 17/46 (2003); Impact Factor 0.782, 22/48 (2009)

Mehrotra, R. and Lancaster, F.W. (1984), Where Indian scientists publish? *Current Science*, **53** (13), 684-688.

Full Text: [1984\Cur Sci53, 684.pdf](1984\Cur%20Sci53,%20684.pdf)

West, W.D. (1985), Current Science - 50 years ago - Some recent advances in Indian geology (Reprinted from Curr SCI, Vol 3, Pg 412, 1935). *Current Science*, **54** (6), 275-276.

Full Text: [1985\Cur Sci54, 275.pdf](1985\Cur%20Sci54,%20275.pdf)

Keywords: SCI

(1985), Current Science 50 years ago – Agricultural Research in India (Reprinted in Curr SCI, Vol 4, Pg 212, 1935). *Current Science*, **54** (19), 991-993.

Full Text: [1985\Cur Sci54, 991.pdf](1985\Cur%20Sci54,%20991.pdf)

Keywords: SCI

(1985), Current Science - 50 years ago - (Reprinted From, Curr SCI, Vol 4, Pg 293, 1935) Over-population in India. *Current Science*, **54** (21), 1107-1108.

Full Text: [1985\Cur Sci54, 1107.pdf](1985\Cur%20Sci54,%201107.pdf)

Keywords: SCI

? (1986), Current Science - 50 years ago - Neglected Human-Genetics (Reprinted from Current SCI, Vol 4, March 1936, Pg 637). *Current Science*, **55** (5), 239-240.

Full Text: Cur Sci55, 239.pdf

Keywords: SCI

(1987), Current Science - 50 years ago - Need for a soil survey of India (Reprinted from Current Sci J, Vol 5, Pg 563, 1937). *Current Science*, **56** (7), 302-303.

Full Text: [1987\Cur Sci56, 302.pdf](1987\Cur%20Sci56,%20302.pdf)

Keywords: SCI

Subrahmanyan, V. (1987), Current Science - 50 years ago - Some aspects of the chemistry of swamp soil (Reprinted from Current SCI, Vol 5, P 656, 1937). *Current Science*, **56** (11), 527-529.

Full Text: [1987\Cur Sci56, 527.pdf](1987\Cur%20Sci56,%20527.pdf)

Keywords: SCI

(1988), Current Science - 50 years ago - the Calder Plan (Reprinted from Curr SCI, Vol 7, P 41, 1938). *Current Science*, **57** (15), 835-836.

Full Text: [1988\Cur Sci57, 835.pdf](1988\Cur%20Sci57,%20835.pdf)

Keywords: SCI

Gale, A.J.V. and Brimble, L.J.F. (1989), Current Science - 50 years ago - Gregory, Richard - (Reprinted from Current SCI, Vol 8, Pg 249, 1939). *Current Science*, **58** (11), 619-620.

Full Text: [1989\Cur Sci58, 619.pdf](1989\Cur%20Sci58,%20619.pdf)

Keywords: SCI

Notes: CCountry

Arunachalam, S., Singh, U.N. and Sinha, R. (1993), The sleeping dragon wakes up: A scientometric analysis of the growth of science and the usage of journals in China. *Current Science*, **65** (11), 809-822.

Full Text: [1993\Cur Sci65, 809.pdf](1993\Cur%20Sci65,%20809.pdf)

Keywords: China, Citation Patterns, Countries, Growth, Publication, Science, Scientometric

Ranganathan, S. (1994), Quasicrystals: Indian research accomplishments and imperatives. *Current Science*, **67** (11), 884-886.

Full Text: [1994\Cur Sci67, 884.pdf](1994\Cur%20Sci67,%20884.pdf)

Abstract: Within two months of the first report on quasicrystals in PRL in November 1984, Indian research which had a ‘premature discovery’ in 1978 in this area got under way, In the past nine years these efforts have led to original discoveries relating to new types of quasicrystalline phases as well as extensive investigations involving tiling theory, hyperspace, positron annihilation and electrical properties, These researches have been multi-institutional and multi-disciplinary. Enlightened and generous funding was extended by DST from 1986 by recognizing it as a thrust area in basic research via SERC and US-India Funds. International recognition, subjective though it is, in the form of citation of Indian papers, invited lectures and reviews, books as well as the membership of International Advisory Committee has followed and is among the highest in the fields of condensed matter science covered at the Bangalore meeting, Future directions pertaining to the exploration of mechanical and electronic properties as well as structures beyond the quasicrystalline order will be pointed out.

Keywords: Alloys, Crystallography, Electron-Microscopy, Fe, Icosahedral Symmetry, Order, Phase, Quasi-Crystals, System

Szavá Kováts, E. (1997), Non-indexed citedness. *Current Science*, **72** (10), 705-707.

Full Text: [1997\Cur Sci72, 705.pdf](1997\Cur%20Sci72,%20705.pdf)

Abstract: Two recent fact-finding investigations demonstrate that eponymal and indirect-collective citedness are very frequent and long-standing phenomena in the journal literature of physics, and present not indexed by Citation Indexes. In consequence of non-indexed literature citedness, the Indexes are not suitable for the measurement of real literature citedness. The meaning and value of quantified citation data of the Citation Indexes must be reduced, especially in the cases of the (mis)use of the dta for the purpose of evaluating scientists as scientists.

Keywords: Citation Analysis

Garfield, E. (1997), A statistically valid definition of bias is needed to determine whether the Science Citation Index(R) discriminates against third world journals. *Current Science*, **73** (8), 639-641.

Full Text: [1997\Cur Sci73, 639.pdf](1997\Cur%20Sci73,%20639.pdf)

Keywords: Bias, Citation, Journals, World

Arunachalam, S., Srinivasan, R. and Raman, V. (1998), Science in India - A profile based on India’s publications as covered by Science Citation Index 1989-1992. *Current Science*, **74** (5), 433-441.

Full Text: [1998\Cur Sci74, 433.pdf](1998\Cur%20Sci74,%20433.pdf)

Keywords: Citation, India, MAR, Output, Publications, Science Citation Index, Scientific Journals

Balaram, P. (1998), Citation counting and impact factors. *Current Science*, **75** (3), 175.

Full Text: [1998\Cur Sci75, 175.pdf](1998\Cur%20Sci75,%20175.pdf)

Jain, N.C. (1999), Indian journals and SCI. *Current Science*, **76** (8), 1061-1062.

Full Text: [1999\Cur Sci76, 1061.pdf](1999\Cur%20Sci76,%201061.pdf)

Keywords: SCI

Arunachalam, S. (1999), Mapping life sciences research in India: A profile based on BIOSIS 1992-1994. *Current Science*, **76** (9), 1191-1203.

Full Text: [1999\Cur Sci76, 1191.pdf](1999\Cur%20Sci76,%201191.pdf)

Keywords: Citation Patterns, Medical-Research, Publication

Notes: CCountry

Virk, H.S. (2000), A bibliometric analysis of scientific research in India. *Current Science*, **78** (11), 1280-1281.

Full Text: [2000\Cur Sci78, 1280.pdf](2000\Cur%20Sci78,%201280.pdf)

Keywords: Science Citation Index

? Vinkler, P. (2000), Evaluation of the publication activity of research teams by means of scientometric indicators. *Current Science*, **79** (5), 602-612.

Full Text: [2000\Cur Sci79, 602.pdf](2000\Cur%20Sci79,%20602.pdf)

Abstract: In the Chemical Research Center of the Hungarian Academy of Sciences, special scientometric indicators have been used for evaluating publication activity of research teams for about 30 years. Modified Garfield impact factors for journals as well as relative citedness of papers are applied as indicators because of differences among subfields in scientometric features of the publications assessed. Our experience has shown that the evaluation of real scientometric systems needs compromises among the parties interested and between the practical applicability and the theoretical requirements of scientometrics.

Keywords: Basic Research, Evaluation, Impact, Impact Factors, Indicators, Journals, Performance, Publication, Publications, Research, Scientometric Indicators, Scientometrics

Jayashree, B. and Arunachalam, S. (2000), Mapping fish research in India. *Current Science*, **79** (5), 613-620.

Full Text: [2000\Cur Sci79, 613.pdf](2000\Cur%20Sci79,%20613.pdf)

Abstract: Fish and aquaculture research in India has been mapped using data from six databases, About 460 papers, roughly 5.5% of the world output, come from India every year, of which 82% are journal articles. Close to 70% of journal articles have appeared in 113 Indian journals. Less than a third of the journal articles are published in journals indexed in SCI, About 61% of publications are contributed by government laboratories and over 25% by academic institutions. Government laboratories publish most of their work in low impact and low visibility journals and academic institutions in journals of medium impact. However, even those papers appearing in better- rated journals are not cited well. Kochi, Chennai, Mumbai and Mangalore are the cities and Tamil Nadu and Kerala are the states contributing large number of papers.

Keywords: Citation Patterns, Fisheries, Publication, Science

Arunachalam, S. and Jinandra, D.M. (2000), Mapping international collaboration in science in Asia through coauthorship analysis. *Current Science*, **79** (5), 621-628.

Full Text: [2000\Cur Sci79, 621.pdf](2000\Cur%20Sci79,%20621.pdf)

Abstract: Using data from SCI 1998, we have analysed international collaboration in science in 11 Asian countries. Papers resulting from collaboration among these countries and with G7, European Union, OECD and selected Latin American and African countries were classified under subject categories to characterize each country’s total and collaborated scientific literature output. Japan (16.4% of internationally collaborated papers), India (17.6%) and Taiwan (16.3%) recorded an internationalization index less than 30 whereas China (28.5%), South Korea (24.6%) and Hong Kong (36.2%) recorded an internationalization index greater than 40. India, China and South Korea have collaborated more in physics, whereas the other eight countries have collaborated more in life sciences. In almost all fields and for virtually all Asian countries, USA is the most preferred collaborating partner. All G7 countries collaborate more with China, which is emerging as a leader in regional collaboration, than with India.

Basa, D.K. (2000), Publication lists, citation counts and the impact factor. *Current Science*, **79** (8), 1042-1043.

Full Text: [2000\Cur Sci79, 1042.pdf](2000\Cur%20Sci79,%201042.pdf)

Garfield, E. (2002), Research impact vs economic impact. *Current Science*, **81** (1), 9.

Full Text: [C\Cur Sci81, 9.pdf](C\Cur%20Sci81,%209.pdf)

Notes: CCountry

Arunachalam, S. and Gunasekaran, S. (2002), Tuberculosis research in India and China: From bibliometrics to research policy. *Current Science*, **82** (8), 933-947.

Full Text: [2002\Cur Sci82, 933.pdf](2002\Cur%20Sci82,%20933.pdf)

Abstract: India and China lead the world in the incidence of tuberculosis (TB), accounting for 23% and 17% respectively, of the global burden of the disease and hold the 15th and the 18th positions in terms of incidence per 100,000 population. But India accounts for only about 5-6% of the world’s research output in this area and China a paltry 1% as seen from papers indexed in three international databases, viz. PUBMED, Science Citation Index and Biochemistry and Biophysics Citation Index over the ten-year period 1990-1999. Thus there is a tremendous mismatch between the share of the burden of the disease and share of research efforts. Is such mismatch acceptable? It raises the question ‘should resource-poor countries invest in research or should they depend on research performed elsewhere and invest their meagre resources predominantly in health-care measures?’ We argue that both India and China should invest much more in research than they do. We have also mapped TB research in the two countries and identified institutions and cities active in research, journals used to publish the findings, use of high impact journals, impact of their research as seen from citations received and extent of international collaboration. Although China performs much less research than India and its work is quoted much less often, it seems to have done far better than India in health-care delivery in TB. Perhaps the Chinese are better able to translate know-how into do-how than the Indians.

Balasubrahmanyam, S.N. (2002), Science is alive and kicking, but has not sci-fi fantasy done better? *Current Science*, **82** (6), 611-612.

Full Text: [2002\Cur Sci82, 611.pdf](2002\Cur%20Sci82,%20611.pdf)

Keywords: SCI

Arunachalam, S. and Gunasekaran, S. (2002), Tuberculosis research in India and China: From bibliometrics to research policy. *Current Science*, **82** (8), 933-947.

Full Text: [2002\Cur Sci82, 933.pdf](2002\Cur%20Sci82,%20933.pdf)

Abstract: India and China lead the world in the incidence of tuberculosis (TB), accounting for 23% and 17% respectively, of the global burden of the disease and hold the 15th and the 18th positions in terms of incidence per 100,000 population. But India accounts for only about 5–6% of the world’s research output in this area and China a paltry 1% as seen from papers indexed in three international databases, viz. PUBMED, Science Citation Index and Biochemistry and Biophysics Citation Index over the ten-year period 1990–1999. Thus there is a tremendous mismatch between the share of the burden of the disease and share of research efforts. Is such mismatch acceptable? It raises the question ‘should resource-poor countries invest in research or should they depend on research performed elsewhere and invest their meagre resources predominantly in health-care measures?’ We argue that both India and China should invest much more in research than they do. We have also mapped TB research in the two countries and identified institutions and cities active in research, journals used to publish the findings, use of high impact journals, impact of  
their research as seen from citations received and extent of international collaboration. Although China performs much less research than India and its work is quoted much less often, it seems to have done far better than India in health-care delivery in TB. Perhaps the Chinese are better able to translate know-how into do-how than the Indians.

Arunachalan, S. and Gunasekaran, S. (2002), Diabetes research in India and China today: From literature- based mapping to health-care policy. *Current Science*, **82** (9), 1086-1097.

Full Text: [2002\Cur Sci82, 1086.pdf](2002\Cur%20Sci82,%201086.pdf)

Abstract: We have mapped and evaluated diabetes research in India and China, based oil papers published during 1990-1999 and indexed in PUBMED, Science Citation Index (SCI) and biochemistry and Biophysics Citation Index (BBCI) and citations to each one of these papers lip to 2000. We have identified institutions carrying out diabetes research, journals used to publish the results, subfields in which the two countries have published often, and the impact of the work as seen from actual citations to the papers. We have also assessed the extent of international collaboration in diabetes research in these two countries, based on papers indexed in SCI and BBCI. There is an enormous mismatch between the disease burden and the share of research performed in both countries. Although together these two countries account for 26% of the prevalence of diabetes, they contribute less than 2% of the world’s research. We argue that both India and China need to (i) strengthen their research capabilities in this area, (ii) increase investment in health- care research considerably, (iii) facilitate substantive international collaboration in research, and (iv) support cross-disciplinary research between basic life sciences researchers and medical researchers. As data such as those presented here should form the basis of health policy, India and China should encourage evaluation of research.

Keywords: Disease, Global Burden, Information

Arunachalam, S. (2002), Is science in India on the decline? *Current Science*, **83** (2), 107-108.

Full Text: [2002\Cur Sci83, 107.pdf](2002\Cur%20Sci83,%20107.pdf)

Gupta, B.M., Munshi, U.M. and Mishra, P.K. (2002), S&T collaboration of India with other South Asian countries. *Current Science*, **83** (10), 1201-12098.

Full Text: [2002\Cur Sci83, 1201.pdf](2002\Cur%20Sci83,%201201.pdf)

Abstract: Science and technology (S&T) is being practised today in a collaborative manner with participation of scientists from different disciplines, institutions and countries. To combat the problems of pollution, environment, energy, biodiversity, health and nutrition, many countries in the world, particularly the developing countries, need cooperation and support from other developed countries. Thus, collaboration in S&T is fast emerging as the keyword in the scientific world. India had recognized the importance of international scientific collaboration quite early and considers it an important instrument for the development of S&T in India. As a result, India has signed a number of collaboration agreements on S&T with many countries, including South Asian countries. In this article, a study on the outputs of S&T collaborations is presented through the analysis of co-authored research papers published during the period 1992-99 in the journals covered by the Science Citation Index. The study analyses these collaborations front various angles, viz. nature, S&T areas, institutions involved and their impact on individual fields. It has been observed that of the four South Asian countries - Bangladesh, Pakistan, Sri Lanka and Nepal - India had stronger collaborative linkages with Bangladesh, covering the major broad areas in S&T, and the co-authored papers resulting out of these collaborations had high values of impact factor. Collaboration with other South Asian countries had been quite narrow and restricted to few subject areas. Need for further cooperation is highlighted in newly emerging areas of ST.

Prathap, G. (2003), Cost of research Index: What is an SCI paper worth? *Current Science*, **84** (3), 258.

Full Text: [2003\Cur Sci84, 258.pdf](2003\Cur%20Sci84,%20258.pdf)

Keywords: SCI, Science

Huang, N.Y. and Wu, Y.S. (2003), A comparative study of scientific and technical output indicators of Mainland China and Taiwan region. *Current Science*, **84** (5), 634-639.

Full Text: [2003\Cur Sci84, 634.pdf](2003\Cur%20Sci84,%20634.pdf)

Abstract: the article compares Mainland. China and Taiwan region in terms of two kinds of output indicators, namely scientific output indicators represented by the quantity and the citation of SCI papers, and technical output indicator represented by the number of patents granted by USPTO. Both indicators examined are those of the last decade of the 20th century. The article also examines the growth rate of these indicators. Mainland China and Taiwan region showed different trends-in terms of S&T output: the scientific output and technical output of Mainland China grew unevenly, while those of Taiwan region climbed evenly and more quickly. The possible factors causing these differences between Mainland China and Taiwan region, especially those related to S&T policies and their implementation, are discussed.

Keywords: SCI

Jain, N.C. (2003), Measuring and assessing science beyond SCI. *Current Science*, **84** (7), 863.

Full Text: [2003\Cur Sci84, 863.pdf](2003\Cur%20Sci84,%20863.pdf)

Keywords: SCI

Garfield, E. (2003), Measuring and assessing science beyond SCI. *Current Science*, **85** (4), 425.

Full Text: [2003\Cur Sci85, 425.pdf](2003\Cur%20Sci85,%20425.pdf)

Keywords: SCI

Prathap, G. (2003), A soft mathematical model for brain drain. *Current Science*, **85** (5), 593-596.

Full Text: [2003\Cur Sci85, 593.pdf](2003\Cur%20Sci85,%20593.pdf)

Abstract: It is a widely held belief, even among senior people in the government, that India is a country with vast human resources and that even if about 10% goes abroad after higher qualifications, it would not make a dent in the country’s total productive potential. Implied in this argument is the assumption that if 10% of the human resources goes abroad, it would take away only 10% of the intellectual energy in the population. Is there any scientific basis for this? If a scientific, or a mathematical model were to be sought for this, how should this be done? In this article, based on some well-known power-law models used in complex systems like ecology, economics, scientometrics and seismology, one can argue through a soft mathematical model that a small per cent of the cream at the top can take away a disproportionately large amount of intellectual resources.

Arunachalam, S. (2003), Use of SCI-based publication counts. *Current Science*, **85** (10), 1391-1392.

Full Text: [2003\Cur Sci85, 1391.pdf](2003\Cur%20Sci85,%201391.pdf)

Keywords: SCI, Science

Roy, R. (2004), International citation analysis of materials research institutions. *Current Science*, **86** (1), 9-10.

Full Text: [2004\Cur Sci86, 9.pdf](2004\Cur%20Sci86,%209.pdf)

Balaram, P. (2004), Science, scientists and scientometrics. *Current Science*, **86** (5), 623-624.

Full Text: [2004\Cur Sci86, 623.pdf](2004\Cur%20Sci86,%20623.pdf)

Dastidar, P.G. (2004), Science Citation Index, co-citation and the scientists. *Current Science*, **86** (5), 626.

Full Text: [2004\Cur Sci86, 626.pdf](2004\Cur%20Sci86,%20626.pdf)

Keywords: Citation, Co-Citation, Cocitation, MAR, Science Citation Index

Satyanarayana, K. and Jain, N.C. (2004), Web of Science: Measuring and assessing science beyond SCI. *Current Science*, **86** (5), 627-629.

Full Text: [2004\Cur Sci86, 627.pdf](2004\Cur%20Sci86,%20627.pdf)

Keywords: SCI

Garfield, E. (2004), Web of Science: Measuring and assessing science beyond SCI - Response. *Current Science*, **86** (5), 629.

Full Text: [2004\Cur Sci86, 629.pdf](2004\Cur%20Sci86,%20629.pdf)

Keywords: SCI

Arunachalam, S. (2004), Science in India - Reply. *Current Science*, **86** (9), 1197-1198.

Full Text: [2004\Cur Sci86, 1197.pdf](2004\Cur%20Sci86,%201197.pdf)

Keywords: SCI

Prathap, G. (2004), Cost of research Index: What is an SCI paper worth? *Current Science*, **86** (11), 1469.

Full Text: [2004\Cur Sci86, 1469.pdf](2004\Cur%20Sci86,%201469.pdf)

Bhatt, D.K. (2004), Reply to the comments by: Mathur (Curr SCI, 2004, 86, 761-762). *Current Science*, **86** (11), 1470.

Full Text: [2004\Cur Sci86, 1470.pdf](2004\Cur%20Sci86,%201470.pdf)

? Prathap, G. (2005), Who’s afraid of research assessment? *Current Science*, **88** (1), 14-17.

Full Text: [2005\Cur Sci88, 14.pdf](2005\Cur%20Sci88,%2014.pdf)

Abstract: Although the field of scientometrics now offers well-tested procedures for some measure of quantitative assessment of research performance, these are largely left unused in our country when we attempt exercises to assess the performance of individuals or institutions. This is baffling in a country that is so comfortable with its obsession with cricket and cricket statistics. The present analysis is based on data from the SCOPUS database, and this approach has the potential to offer interesting sociological insights into the scientific productivity of individuals, research institutes and research agencies.

Keywords: Research, Research Performance, Scientometrics

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Full Text: [2005\Cur Sci88, 331.pdf](2005\Cur%20Sci88,%20331.pdf)

Keywords: Citation, SCI, Science Citation Index, Scope

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Full Text: [2005\Cur Sci88, 1880.pdf](2005\Cur%20Sci88,%201880.pdf)

Abstract: Academic research in the aeronautical sector is confined to a narrow base. Scientometric data allow a quantitative assessment of this to be made. The current status of aeronautical research shows that many departments of aerospace engineering are working in a fragmented manner and that for the aeronautical research base to contribute significantly to the strategic development sector, it must be consolidated and increased in strength.

Keywords: Development, Research

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Full Text: [2005\Cur Sci89, 1510.pdf](2005\Cur%20Sci89,%201510.pdf)

Keywords: Assessments, British Science, Collaboration, Decline, Evaluation, Innovation, Patterns, Performance, Policy Decision, Research, Research Evolution, Science Indicators, Scientometrics, Systems

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Keywords: Academic-Institutions, Author Cocitation, Bibliometrics, Citation, Co-Authorship Networks, Collaboration, Complex Networks, Hyperlink Networks, Impact-Factors, Knowledge, Linking, Scholarly Communication, Science, Web Site Interlinking

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Keywords: Citation, Citation Indexing, Emergence, NOV, Science Citation Index, Web of Science

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Keywords: Chemistry, Citation Impact, Fields, Gatekeepers, Life Sciences, Mathematics, National Performances, Publication Output, Science Indicators, Science Journals, Scientific Wealth, Scientometric Weight, World Science

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Keywords: Antarctic Research, Antarctic Treaty System, Global Structure, Research, Scientometrics

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Full Text: [2005\Cur Sci89, 1990.pdf](2005\Cur%20Sci89,%201990.pdf)

Abstract: Eugene Garfield’s creative work on journal impact measures served more than one function. These measures were originally designed and applied to monitor the journal coverage of the Science Citation Index (SCI). They constituted a tool to identify on a permanent basis, the most important journals in the scientific communication system, and to highlight candidates to be included or dropped in view of the need to establish a cost-effective Citation Index.

Keywords: Analysis, Citation, Citation Analysis, Communication, Cost-Effective, Coverage, Eugene Garfield, Function, Impact, Impact Factor, Journal, Journal Impact, Journals, Permanent, SCI, Science, Science Citation Index, Scientific Communication, Scientific Journals, Tool, Work

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Full Text: [2006\Cur Sci91, 1616.pdf](2006\Cur%20Sci91,%201616.pdf)

Abstract: This article presents results of the analysis of 325 book reviews published in Current Science during 2002 to 2005. The analysis shows that around 60% books were original works produced by single, double or multiple authors. The rest were collected works including two journals, corporate works, and a translation. The documents reviewed comprised mostly monographs (90%) followed by annual reviews and others. The largest number of documents reviewed belong to pure sciences (73%), followed by applied sciences (24%), and others (3%). of the documents reviewed, 52.62% were published abroad and the rest 47.38% in India, Books containing 151 to 350 pages accounted for about 53% of the books. It is noticed that the number of books reviewed per year in Current Science varies from 60 to more than 100. of the books reviewed, 71 were published from Delhi, 2 7 from Hyderabad, 24 each from New Jersey and Basel, 21 from New York, and the rest from other places. Publishers responsible for bringing out 321 books (publishers not mentioned in four cases) total 124. Birkhauser Verlag and Princeton University accounted for 26 books each, University Press (India) Ltd 24, Annual Review Inc. 18, MIT Press 13, Springer Verlag 12 books, and others less than 10 books. Prices were not mentioned in about 33% book reviews, possibly because the books did not provide the information. About 47% books were above the price range of Rs 1000. The minimum price of a book was found to be Rs 35 and maximum Rs 14,850. A large number of scientists shouldered the responsibility of reviewing books, foremost amongst them being C. P. Rajendran, M. S. Swaminathan, T. J. Pandian, S. Arunachalam and K. R. Rao.

Keywords: Analysis, Bibliometric Study, Book Reviews, Current Science, DEC, India, Information, Journals, New York, P, Quantitative Analysis, Range, Responsibility, Reviews, Sciences, Translation, York

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Keywords: Citation, Data, India, MAR, Science Citation Index

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Abstract: Text mining was used to extract technical intelligence from the open source global nanotechnology and nanoscience research literature (SCI/SSCI databases). The following were identified: (i) the nanotechnology/nanoscience research literature infrastructure (prolific authors, key journals/institutions/countries, most cited authors/joumals/documents); (ii) the technical structure (pervasive technical thrusts and their inter-relationships); (iii) nanotechnology instruments and their relationships; (iv) potential nanotechnology applications; (v) potential health impacts and applications, and (vi) seminal nanotechnology literature. The results are summarized in this article.

Keywords: Bibliometrics, Document Clustering, Infrastructure, Mining, Nanoparticle, Nanoscience, Nanotechnology, Nanotube, Text Mining

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Full Text: [2007\Cur Sci96, 762.pdf](2007\Cur%20Sci96,%20762.pdf)

Abstract: In benchmarking international research, although publication and citation analyses should not be used to compare different disciplines, scientometrists frequently fail to resist the temptation to present rankings based on total publications and citations. Such measures are affected by significant distortions, due to the uneven fertility across scientific disciplines and the dishomogeneity of scientific specialization among nations and universities. In this note, we provide an indication of the extent of the distortions when comparative bibliometric analyses fail to recognize the range of levels of scientific fertility, not only within a given major disciplinary area, but also within different scientific disciplines encompassed by the same area.

Keywords: Nations, Publications, Science, Universities

Notes: CCountry

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Full Text: [2007\Cur Sci93, 1088.pdf](2007\Cur%20Sci93,%201088.pdf)

Keywords: Bibliometrics, India, Research and Technology Assessment, Science, Science and Technology, Text Mining

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Full Text: [2008\Cur Sci94, 1265.pdf](2008\Cur%20Sci94,%201265.pdf)

Abstract: The objective of this work was to analyse the scientometric parameters for chemical engineering publications. We have compared the number of journal publications and citations by various countries and institutions. The publication record in terms of quantitative aspects of the number of publications from China has increased exponentially over the last decade and has overtaken USA. However, the citation analysis indicates that there is ample scope for improvement. Thus, USA continues to maintain its leadership position with regard to impact in the field. Analysis of the output of selected Indian universities/organizations against that of the top universities in the world, indicated that the records of top institutions from India are not comparable to the best universities in USA, but are comparable to the best in Asia and are significantly better than the best universities in China.

Keywords: Chemical Engineering, Citations, Publications, Scientometric Analysis

Notes: CCountry

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Full Text: [2008\Cur Sci95, 36.pdf](2008\Cur%20Sci95,%2036.pdf)

Abstract: Fuel-cell research in China, India, Japan, Singapore, South Korea and Taiwan, over the years 1983-2007 is analysed and compared with that in USA for number of papers, document type, journals used and international collaboration. For India and China we have also identified the key researchers and institutions. Using HistCite, the visualization technique developed by Garfield and colleagues, we have constructed the historiographs for India and China based on both local citation scores (LCS) and global citation scores, and identified key papers. We find that the knowledge flow among different Asian countries is rather limited and that China has something to offer to India. The thrust in China is in developing noble metal nanoparticle catalysts supported on carbon nanotubes and the thrust in India is in the area of direct methanol fuel cells. In India, A. K. Shukla is the single most significant contributor to fuel cell research. He is the author of 14 of the 50 nodes in the India LCS historiograph.

Keywords: Fuel-Cell Research, Historiographic Analysis, Local and Global Citation Scores

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Keywords: Science, Asia

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Full Text: [2008\Cur Sci95, 431.pdf](2008\Cur%20Sci95,%20431.pdf)

Keywords: Science, Scientometrics

Notes: CCountry

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Keywords: Indian, Nov, Science, Science and Technology, Scientometric, Technology

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Full Text: [2008\Cur Sci95, 1656.pdf](2008\Cur%20Sci95,%201656.pdf)

Keywords: Modified, Scientometrics

Notes: TTopic

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Keywords: Analysis, Research, Scientometric, Scientometric Analysis

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Keywords: Authorship

Notes: CCountry

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Full Text: [2010\Cur Sci98, 993.pdf](2010\Cur%20Sci98,%20993.pdf)

Keywords: India, Leadership, Science, Scientometrics

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Keywords: Science

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Full Text: [2010\Cur Sci99, 577.pdf](2010\Cur%20Sci99,%20577.pdf)

Abstract: We have carried out a three-part study comparing the research performance of Indian institutions with that of other international institutions. In the first part, the publication profiles of various Indian institutions were examined and ranked based on the h-Index and p-index. We found that the institutions of national importance contributed the highest in terms of publications and citations per institution. In the second part of the study, we looked at the publication profiles of various Indian institutions in the high-impact journals and compared these profiles against that of the top Asian and US universities. We found that the number of papers in these journals from India was miniscule compared to the US universities. Recognizing that the publication profiles of various institutions depend on the field/departments, we studied the publication profiles of many science and engineering departments at the Indian Institute of Science (IISc), Bangalore, the Indian Institutes of Technology, as well as top Indian universities. Because the number of faculty in each department varies widely, we have computed the publications and citations per faculty per year for each department. We have also compared this with other departments in various Asian and US universities. We found that the top Indian institution based on various parameters in various disciplines was IISc, but overall even the top Indian institutions do not compare favourably with the top US or Asian universities.

Keywords: Indian and International Institutions, Publications, Research Performance, Scientometric Analysis

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Full Text: [2010\Cur Sci99, 738.pdf](2010\Cur%20Sci99,%20738.pdf)

Keywords: China, Citations, Highly Cited Papers, Impact Factor, Papers, Research Papers, Science, Science and Technology, System

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Full Text: [2010\Cur Sci99, 1161.pdf](2010\Cur%20Sci99,%201161.pdf)

Keywords: Comparison

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Full Text: [2010\Cur Sci99, 1639.pdf](2010\Cur%20Sci99,%201639.pdf)

Keywords: Analysis, Biology, Biology and Genetics, Genetics, Molecular Biology, Rankings, Representation, Scientometric

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Full Text: [2011\Cur Sci100, 21.pdf](2011\Cur%20Sci100,%2021.pdf)

Keywords: China, India, Science, Scientometrics

Notes: TTopics

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Full Text: [2011\Cur Sci100, 654.pdf](2011\Cur%20Sci100,%20654.pdf)

Abstract: This article reports a comparative analysis of the thrust in solar photovoltaic (PV) research during 1981-1988 and 2001-2008. Global solar PV literature in the latter period recorded a 4.5-fold increase over those in 1981-1988. The USA leads all the countries in terms of absolute number of publications as is the case in other areas of basic sciences. But its relative activity in solar PV research in terms of transformative activity index (TAI) values has decreased from 1.8 in 1981-1988 to 0.9 in 2001-2008. The performance of National Renewable Energy Laboratory of USA, the top institute is similar to its national trend, i.e. increase in absolute number and decrease in TAI. Presence of 3 German institutes in the top 10 institutes is an indication of Germany’s emphasis as well as the leadership in global solar PV research. The share of silicon-based papers as percentage of total solar PV publication has decreased from around 36% in 1981-1988 to 34% in 2001-2008. The share of non-silicon-based publication has increased from 9% in 1981-1988 to 17% in 2001-2008. Within silicon, the emphasis is still on crystalline silicon while among non-silicon materials, the growth of dye-sensitized solar cells output is outstanding. The developments especially in the areas of non-silicon solar PV cells, thus, raise hopes of the possibility of developing cost-effective and more efficient solar cells.

Keywords: Amorphous Silicon, Analysis, Bibliometrics, Cadmium Telluride, Cells, Cost-Effective, Crystalline Silicon, Developing, Dye-Sensitized Solar Cells, Emerging Technologies, Future, Gallium Arsenide, Growth, Impact, Index, Indication, Leadership, Literature, Mar, Papers, Performance, Photovoltaic, Publication, Publication Output, Publications, Research, Science, Sciences, Silicon, Solar Cells, Trend, USA

? Madhan, M. and Arunachalam, S. (2011), Use made of open access journals by Indian researchers to publish their findings. *Current Science*, **100** (9), 1297-1306.

Full Text: [2011\Cur Sci100, 1297.pdf](2011\Cur%20Sci100,%201297.pdf)

Abstract: Most of the papers published in the more than 360 Indian open access journals are by Indian researchers. But how many papers do they publish in high impact international open access journals? We have looked at India’s contribution to all seven Public Library of Science (PLoS) journals, 10 BioMed Central (BMC) journals and Acta Crystallographica Section E: Structure Reports. Indian crystallographers have published more than 2,000 structure reports in Acta Crystallographica, second only to China in number of papers, but have a much better citations per paper average than USA, Britain, Germany and France, China and South Korea. India’s contribution to BMC and PLoS journals, on the other hand, is modest at best. We suggest that the better option for India is institutional self-archiving.

Keywords: China, Citations, Impact Factor, Journals, Open Access, Papers, Science Citation Index, Web of Science

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Full Text: [2011\Cur Sci101, 1287.pdf](2011\Cur%20Sci101,%201287.pdf)

Abstract: Indian researchers have published more than 43,400 papers in over 4,600 journals in 2009 as seen from Science Citation Index (SCI) - Expanded. of these, over 6,900 (or one in six) papers were published in 445 open access (OA) journals. The proportion of papers published by Indian researchers in OA journals is considerably higher than the world average, which is estimated to be 8.5-10.0%. Although India publishes well over a thoUSAnd journals, including about 360 OA journals, SCI Expanded indexed in 2009 only 101 Indian S&T journals including 46 OA journals. It is likely that the percentage of Indian papers in OA journals as seen from SCI will be higher if more Indian journals are indexed in SCI Expanded.

Keywords: Citation, Impact Factor, India, Indian Researchers, Journals, Open Access, Open Access Journals, Papers, Research Papers, Researchers, SCI, Science, Science Citation Index, Science Citation Index Expanded

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Full Text: [2013\Cur Sci104, 60.pdf](2013\Cur%20Sci104,%2060.pdf)

Keywords: h-Index, Hirsch Index, Sciences

? Arora, J., Trivedi, K.J. and Kembhavi, A. (2013), Impact of access to e-resources through the UGC-INFONET Digital Library Consortium on research output of member universities. *Current Science*, **104** (3), 307-315.

Full Text: [2013\Cur Sci104, 307.pdf](2013\Cur%20Sci104,%20307.pdf)

Abstract: Over the last several years, the UGC-INFONET Digital Library Consortium has been providing Indian universities with electronic access to national and international scholarly journals. These journals span wide areas of natural and physical sciences, social sciences and humanities, and address a long-standing need of the university community for access to scholarly publications. In this article, we describe some details of this programme and examine the impact it has made on research and development activity in the universities. The research output data from three citation indices, namely Science Citation Index, Social Sciences Citation Index and Arts and Humanities Citation Index for the first 50 universities to be made part of the programme have revealed that the number of research articles produced by these 50 universities has increased by more than 75% in past 5 years, i.e. from 2005 to 2009 in comparison to the previous block of 5 years, i.e. 2000 to 2004. While increase in research output is evident in all three major subject disciplines, i.e. science, social science and arts and humanities, increase in research output is significantly higher in science, compared to the other two disciplines. Moreover, a strong positive correlation is found between the number of articles downloaded by these 50 universities from e-resources accessible to them through the consortium and research articles published by them. We also comment on the influence of other factors such as number of researchers and level of research funding on this correlation.

Keywords: Access, Activity, Arts and Humanities Citation Index, Citation, Community, Comparison, Correlation, Data, Development, Digital Library, Disciplines, E-Resources, First, Funding, Humanities, Impact, Indices, Influence, International, Journals, Member Universities, Natural, Physical, Physical Sciences, Publications, Research, Research and Development, Research Funding, Research Output, Scholarly Journals, Science, Science Citation Index, Sciences, Social, Social Sciences, Social Sciences Citation Index, Universities, University

? Persson, O. and Dastidar, P.G. (2013), Citation analysis to reconstruct the dynamics of Antarctic ozone hole research and formulation of the Montreal Protocol. *Current Science*, **104** (7), 835-840

Full Text: [2013\Cur Sci104, 835.pdf](2013\Cur%20Sci104,%20835.pdf)

Keywords: Analysis, Bibexcel, Citation, Citation Analysis, Dynamics, Formulation, Ozone, Ozone Hole, Policy Research, Protocol, Research, Science, Scientometrics, Weighted Direct Citation

Notes: CCountry

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Full Text: [2013\Cur Sci104, 1619.pdf](2013\Cur%20Sci104,%201619.pdf)

Abstract: Neuroscience research in India has been mapped for the years 1992-2005 using Neuroscience Citation Index (NSCI) and PubMed. A total of 18, 138 papers, with 1.31 times citations, have been published in 1975 journals from 47 different countries. Fourteen out of the top 18 productive journals are from India; of which only 6 have Impact Factor 2009 (IF-2009). Interestingly, only 4 out of the 25 highly cited journals are Indian. and 322 papers have appeared in 28 Letters and Communication journals. The dataset has been found to be a perfect fit for the Bradford law of scattering - both verbal and graphical formulations of the law. About 20% of the papers are published in journals which are having no IF, and 61% papers in journals having IF < 3. However, only 128 papers are published in journals having IF > 10, out of which 15 papers have not been cited at all. Papers have authors from 1401 Indian institutions; but only 9.2% institutions contribute 80.1% papers. Also, papers are authored by 1 to 27 authors; multi-author papers are better cited. Collaborations have been studied for papers indexed in NSCI only and not PubMed. Indian authors have international collaborations in only 12% papers indexed in NSCI with authors from 75 different countries - predominantly G7 nations and the internationalization index is 16.14. More than 70% papers have not been cited at all and those published in 1998 have been better cited. Papers drew maximum citations 4-5 years after publication. Papers having international collaborations are cited more often.

Keywords: Approach, Authors, Bibliometric, Bibliometrics, Bradford’s Law of Scattering, Citation, Citation Analysis, Citations, Collaboration, Collaboration Study, Collaborations, Communication, Highly Cited, Highly-Cited, Impact, Impact Factor, Index, India, Institutions, International, Internationalization, Journal Impact Factor, Journals, Law, Mapping, Nations, Neuroscience, Neuroscience Research, Papers, Profile, Publication, Pubmed, Research, Scattering, Science

Notes: CCountry

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Full Text: [2013\Cur Sci105, 821.pdf](2013\Cur%20Sci105,%20821.pdf)

Abstract: There is evidence that the growth of medical literature in India is phenomenal. However, the trajectory of this growth requires further study and the findings need to be disseminated. With this in mind the present study attempts to draw inferences on the trajectory of four broad domains of medical sciences in India over the span of 16 years, utilizing the available scientometrics information. The results are indicative of differential growth trajectory in many sub-disciplines of medical sciences. The specialities such as epidemiology, obstetrics and gynaecology, geriatrics and psychiatry and mental health, need to be pursued more seriously.

Keywords: Article, Epidemiology, Evidence, Geriatrics, Growth, Growth Trajectory, Gynaecology, Health, India, Information, Life, Literature, Medical, Medical Literature, Medical Sciences, Mental Health, Methodology, New Delhi, Obstetrics, P, Psychiatry, Raman, SCI, Science, Sciences, Scientometric, Scientometrics, Specialities, Statistical Methodology, Technology, Topics, Trajectory

? Pyke, G.H. (2013), Struggling scientists: Please cite our papers! *Current Science*, **105** (8), 1061-1066.

Full Text: [2013\Cur Sci105, 1061.pdf](2013\Cur%20Sci105,%201061.pdf)

Abstract: We scientists, whether struggling or not, need colleagues to cite our papers, and increasingly so; we also need to carry out worthwhile research. I present a strategy that simultaneously enhances citations and research quality, but is simple and straightforward. Yet it is rarely adopted, perhaps because it requires integration of a particular approach with necessary tools, aided through feedback, and the tools can be difficult to implement. The approach has four goals: high significance, high influence, excellent presentation and sustained effort. Achievement of these goals is more likely if the tools are used and helpful feedback obtained.

Keywords: Approach, Article, Australia, Bibliometrics, Citations, Citing Behavior, Collection, Goals and Tools, H-Index, Hirsch Index, India, Indicators, Influence, Integration, Journal Impact Factor, P, Papers, Presentation, Quality, Raman, Rankings, Research, Research Performance, Research Quality, SCI, Science, Sciences, Scientists, Significance, Strategy, Struggling Scientists, Sydney, Technology, Topics

? Prathap, G. (2013), Benchmarking research performance of the IITs using *Web of Science* and *Scopus* bibliometric databases. *Current Science*, **105** (8), 1134-1143.

Full Text: [2013\Cur Sci105, 1134.pdf](2013\Cur%20Sci105,%201134.pdf)

Abstract: Although engineering education at the tertiary level in India is now more than 150 years old, it was only since independence that the IITs have been set up as institutions of national importance with an emphasis on postgraduate education and research. In this communication, we benchmark the recent research performance of the IITs in academic research in the area of engineering science and technology in the country against that of similarly placed institutions in the world using bibliometric indicators from the Web of Science and Scopus databases.

Keywords: Article, Benchmarking, Bibliometric, Bibliometric Indicators, Bibliometrics, Communication, Country, Databases, Education, Engineering, Engineering Education, India, Indicators, Institutions, Interdisciplinary, Machine, Npl, P, Performance, Postgraduate Education, Raman, Recent, Research, Research Evaluation, Research Performance, SCI, Science, Science and Technology, Sciences, Scopus, Technology, Topics, Web of Science, World

? Dasgupta, A. (2013), National Knowledge Resource Consortium: A national gateway of S&T on-line resources for CSIR and DST laboratories. *Current Science*, **105** (10), 1353-1357.

Full Text: [2013\Cur Sci105, 1353.pdf](2013\Cur%20Sci105,%201353.pdf)

Abstract: Todays cutting edge S&T research areas of interdisciplinary character have not only metamorphosed the very resource needs of the researchers, but it has also reflected deep impact on the qualitative and quantitative character of the resources concerned. The quest of more resources is on the exponential curve. In this scenario, the cost effective way of accessing scholarly S&T resources is crucial for all the DST and CSIR laboratories. The National Knowledge Resource Consortium is the national platform to allocate core S&T online resources (7000+ online journals and 18 major global databases like Web of Science, SciFinder, Science Direct) to all 23 DST and 40 CSIR laboratories in a substantive cost effective manner.

Keywords: Cost, Cost-Effective, Databases, Dst, Global, Impact, Interdisciplinary, Journals, Knowledge, Needs, Nov, Online, Qualitative, Research, Resources, Scenario, Science, Web of Science

? Liu, X.L., Wang, M.Y., Zhang, L., Wang, P. and Zhou, Z.X. (2013), Journal impact factor: Is it only used in China and South Asia? *Current Science*, **105** (11), 1480-1484.

Full Text: [2013\Cur Sci105, 1480.pdf](2013\Cur%20Sci105,%201480.pdf)

Abstract: Impact factor, as an important indicator for the evaluation of research performance, has always been the concern of scientists and scientometricians. For a long time, many Chinese researchers have believed that impact factor is used as an indicator to evaluate research performance only in South Asian countries and regions, especially in China. in this article, we study how impact factor is presented on the websites of medical journals indexed in Web of Science (WoS) in 2009, and examine the number of articles about impact factor published between 2001 and 2010 in the WoS and Scopus databases. Finally, we summarize the attitude of researchers in various countries towards impact factor. We conclude that impact factor is not only a concern in South Asia but also has a profound influence in Europe and other regions. It is widely used for academic evaluation in various fields. Therefore, infatuation with impact factor is a global phenomenon that has gradually spread to other regions, thus gaining more importance.

Keywords: Asia, Asian, Attitude, China, Chinese, Citations, Databases, Europe, Evaluation, Factor Manipulation, Global, Global Infatuation, H-Index, Impact, Impact Factor, Indicator, Influence, Journal, Journal Impact, Journal Impact Factor, Journals, Medical, Medical Journals, Performance, Power, Research, Research Performance, Research Performance Evaluation, Science, Scientists, Scopus, South Asia, Web of Science, Websites, Wos

? Prakasan, E.R., Mohan, L., Girap, P., Surwase, G., Kademani, B.S. and Bhanumurthy, K. (2014), Scientometric facts on international collaborative Indian publications. *Current Science*, **106** (2), 166-169.

Full Text: [2014\Cur Sci106, 166.pdf](2014\Cur%20Sci106,%20166.pdf)

Abstract: The upward trend in collaborative S&T research at the international level is significant in the present Information and Communication Technology era. The present study focuses on analysing India’s strengths and weaknesses in collaborative research at the international level and collaborative fields are analysed for their macro- and micro-levels. The chronological trend of international collaboration, the collaborative countries, quality of the collaborative publications, collaborative fields, specialization in collaboration, etc. are the main criteria evaluated in the present work.

Keywords: Collaboration, Collaborative Research, Communication, Criteria, Domains of Collaboration, Information, Information And Communication Technology, International, International Collaboration, Multilateral Collaboration, Publications, Quality, Quality Of, Research, Scientific Collaboration, Scientometric, Scientometric Analyses, Technology, Trend, Work

? Prathap, G. (2014), The myth of frugal innovation in India. *Current Science*, **106** (3), 374-377.

Full Text: [2014\Cur Sci106, 374.pdf](2014\Cur%20Sci106,%20374.pdf)

Abstract: We examine the evidence from large bibliometric databases to see if India is on the way to be able to ‘market its distinctive expertise in frugal innovation to the world’ and to ‘establish a research programme on “science of science and innovation policy” ‘; two of the recommendations that a recent celebrated report on India’s potential for frugal innovation made. We find that there are countries which are more profligate than India in the scramble for leadership in innovation, and also that there are countries which are harnessing their resources more effectively toward the same goal.

Keywords: Bibliometric, Bibliometric Database, Databases, Evidence, Frugal Innovation, India, Innovation, Leadership, Market, Notional Ideal, Potential, Recent, Recommendations, Research, Resources, Science, Scientific Research, World

? Zhang, L. and Feng, Y.K. (2014), Bibliometrics and visualization analysis of artificial blood vessel research. *Current Science*, **106** (6), 816-822.

Full Text: [2014/Cur Sci106, 816.pdf](2014\Cur%20Sci106,%20816.pdf)

Keywords: Analysis, Artificial Blood Vessel, Artificial Blood Vessels, Bibliometrics, Blood, Citation Data, Dacron, In-Situ, Mar, Metaanalysis, Polyurethane Vascular Grafts, Research, Research Output, Scaffolds, Science, Scientometrics, Strategies, Surface, Visualization, Visualization Analysis

? Dragos, C.M. and Dragos, S.L. (2014), Scientific productivity versus efficiency of R&D financing: Bibliometric analysis of African countries. *Current Science*, **106** (7), 942-945.

Full Text: [2014/Cur Sci106, 942.pdf](2014\Cur%20Sci106,%20942.pdf)

Abstract: Commonly, bibliometric analysis at the national level measures the scientific performance through the complete production of articles and citations and through productivity related to the number of inhabitants. In our study we also report on efficiency as the scientific output obtained related to the available financing. The results indicate that only two African countries (South Africa and Tunisia) have covered a learning process and become mature entities in the R&D process, the productivity being doubled by efficiency.

Keywords: Africa, African Countries, Analysis, Articles, Bibliometric, Bibliometric Analysis, Citations, Complete, Efficiency, Financing, Learning, Measures, Multiple Regression, Output, Performance, Productivity, R&D, R&D Financing, Science, Scientific Output, Scientific Performance, Scientific Productivity, South Africa

? Prathap, G. (2014), A bibliometric profile of Current Science. *Current Science*, **106** (7), 958-963.

Full Text: [2014/Cur Sci106, 958.pdf](2014\Cur%20Sci106,%20958.pdf)

Abstract: We carry out a citation-based bibliometric profiling of the journal Current Science. A three-dimensional approach breaks down scholarly performance into three primary components quantity, quality and consistency. The citation data are retrieved from the Web of Science. We quantify the evolution of these primary indicators with time, and along with two additional secondary indicators, the h-index and the z-index, identify the most productive authors, cities and states that have published articles and notes in Current Science in the recent past.

Keywords: Approach, Articles, Authors, Bibliometric, Bibliometrics, Citation, Cities, Consistency, Current Science, Data, Evolution, H Index, H-Index, Indicators, Journal, Journal Impact Factor, Performance, Primary, Profiling, Published Articles, Quality, Recent, Science, Three-Dimensional, Three-Dimensional Evaluation, Web Of Science

Notes: CCountry

? Pathak, M. and Bharati, K.A. (2014), Botanical survey of India (1971-2010): A scientometric analysis. *Current Science*, **106** (7), 964-971.

Full Text: [2014/Cur Sci106, 964.pdf](2014\Cur%20Sci106,%20964.pdf)

Abstract: The present study reports on the research performance of the Botanical Survey of India (BSI) between 1971 and 2010, based on number of parameters, including publications, citations, impact in terms of average citation per paper, international and national collaboration output, share of publication by different circles of BSI, type of communication, most preferred journals, highly cited papers, authorship pattern and most productive authors. The study analyses 40 years (1971-2010) of publication data drawn from Web of Science (SCI-Expanded). A total of 423 papers were published in 40 years (10.57 papers per year), which received 892 citations with an average of 2.1 citations per paper, h-index of 12 and a p-index of 12.34. It has been observed that during 1977-1986, number of publications was comparatively better. Between 1987 and 2005, a long recession was observed; again it is on rise from 2006 onwards, the citations were following almost the same trend. BSI has published 72 and 38 collaborative papers with involvement of 56 national and 22 foreign institutions respectively. Current Science is the most preferred journal, Council of Scientific and Industrial Research is major domestic collaborator (21 papers), University of Rhode Island, Kingston is the major foreign collaborator (11 papers), USA is the major collaborator country (16 papers) and BSI, Kolkata has contributed maximum number of publications (41%).

Keywords: Analyses, Analysis, Articles, Authors, Authorship, Authorship Pattern, Botanical Survey Of India, Botany, Citation, Citations, Collaboration, Communication, Country, Current Science, Data, H Index, H-Index, Highly Cited, Highly Cited Papers, Highly-Cited, Impact, Index, India, Institutions, International, Journal, Journals, Mapping, P-Index, Papers, Pattern, Performance, Publication, Publications, Research, Research Output, Research Performance, SCI-Expanded, Science, Scientometric, Scientometric Analysis, Survey, Taxonomy, Trend, University, USA, Web Of Science

? Prathap, G. (2014), India’s declining share in computational mechanics research. *Current Science*, **106** (8), 1110-1120.

Full Text: [2014/Cur Sci106, 1110.pdf](2014\Cur%20Sci106,%201110.pdf)

Abstract: Modern science began with Galileo’s discourses on two new sciences, namely kinematics and materials science. Over five centuries, the discipline of mechanics which emerged from such studies has played a leading role in many engineering disciplines. Over the last five decades, with the advent of digital computing, mechanics has become ‘algorithmized’ and this new discipline of computational mechanics has played a very significant role in modern science and engineering, from the execution of megaprojects to the fabrication of nano and quantum devices. In this communication, using bibliometric techniques, we examine India’s current place in the area of computational mechanics research and see stagnation and may be a steady decline.

Keywords: Assam, Bibliometric, Bibliometric Techniques, Bibliometrics, Citation, Communication, Computational Mechanics, Disciplines, Engineering, Indicators, Research, River, Role, Science, Sciences, Techniques, Three-Dimensional Evaluation

? Karpagam, R. (2014), Global research output of nanobiotechnology research: A scientometrics study. *Current Science*, **106** (11), 1490-1499.

Full Text: [2014/Cur Sci106, 1490.pdf](2014\Cur%20Sci106,%201490.pdf)

Abstract: An effective scientometric analysis based on SCOPUS database was conducted to evaluate nano-biotechnology research from a different perspective for the period 2003-2012. Nanobiotechnology has been intensively investigated by bibliometric methods due to its technological importance and expected impacts on economic activity. The present study analyses nanobiotechnology research output during 2003-2012 on different parameters, including the growth, global publications share and citation impact, share of international collaborative papers and contributions of major collaborative partner countries. A total of 114,684 papers were published during 10 years, which received 2,503,795 citations with an average of 21.83 citations per paper. It has been observed that during 2003-2012, USA held the first position by number of publications (34,736), h-index (349), g-index (541), hg-index (434.52) and p-index (326.47). Developing countries such as India, China, South Korea and Canada showed increasing trends in their publications and their activity index also showed increasing trends. Top 10 institutions contributed 7.16% share of total publications. Masssachusetts Institute of Technology, USA received the highest h-index (120) among the top 10 institutions. Biomaterials (1631) was the top journal of publication output; Nano Letters had the highest impact with an average citation per paper (73.86) and American Chemical Society received the highest h-index (158) among the top 10 journals.

Keywords: Activity, Analyses, Analysis, Bibliometric, Bibliometric Methods, Bibliometric Study, Biomaterials, Canada, China, Citation, Citation Impact, Citations, Database, Developing Countries, Economic, First, G Index, G-Index, Global, Global Research Output, Growth, H Index, H-Index, Hg-Index, Impact, Impacts, Index, India, Institutions, Interdisciplinarity, International, Journal, Journals, Korea, Methods, Nano, Nano-Technology, Nanobiotechnology, Nanoscience, Nanotechnology Research, P-Index, Papers, Partner, Patents, Patterns, Publication, Publications, Research, Research Collaboration, Research Output, Science, Scientometric, Scientometric Analysis, Scientometrics, Scientometrics Study, Scopus, South Korea, Technology, Technology Field, Trends, USA

? Uddin, A. and Singh, V.K. (2014), Measuring research output and collaboration in South Asian countries. *Current Science*, **107** (1), 31-38.

Full Text: [2014/Cur Sci107, 31.pdf](2014\Cur%20Sci107,%2031.pdf)

Abstract: This article presents a scientornetric analysis of academic research output, growth trend, citation & impact, and research collaboration levels in the South Asian region. The analysis is done on several important parameters such as total research production, global share and rank, subject categories, citation impact, in and out-region citation patterns, and inter-country collaborations. The economic indicators relating to higher education and research for the countries in the region are correlated with the analytical results. It also analyses the research growth and maturity levels for the region. In summary, it tries to map the academic research status in the South Asian region, including details about the countries in the region.

Keywords: Analyses, Analysis, Article, Asian, Citation, Citation Analysis, Citation Impact, Citation Patterns, Collaboration, Collaborations, Economic, Education, Global, Growth, Higher Education, Impact, Indicators, Knowledge Creation, Period, Rank, Region, Research, Research Collaboration, Research Impact, Research Output, Scientometrics, Trend

Notes: CCountry

? Prathap, G. (2014), Field-normalized bibliometric evaluation of leading research institutions in chemistry in China and India. *Current Science*, **107** (2), 269-272.

Full Text: [2014/Cur Sci107, 269.pdf](2014\Cur%20Sci107,%20269.pdf)

Abstract: Chemistry is the biggest area of research in which India publishes and it is the second biggest for China in recent years. Within this broad research area, the Council of Scientific and Industrial Research (CSIR) is India’s biggest single academic research contributor, while the Chinese Academy of Sciences (CAS) is China’s biggest player. In this communication, we use field-normalized bibliometric indicators from the latest (2013) release of SCImago Institutions Rankings World Reports to show that while the leading institutions from CSIR are showing a declining trend in the quality of research output, their counterparts from CAS are rapidly improving on both quality and quantity terms.

Keywords: Bibliometric, Bibliometric Evaluation, Bibliometric Indicators, Chemistry, China, Chinese, Communication, Evaluation, Field-Normalization, India, Indicators, Institutions, Quality, Quality Of, Rankings, Recent, Release, Research, Research Institutions, Research Institutions Ranking, Research Output, Sciences, Scimago, Trend

? Balhara, Y.P.S. and Mishra, A. (2014), Compliance of retraction notices for retracted articles on mental disorders with COPE guidelines on retraction. *Current Science*, **107** (5), 757-760.

Full Text: [2014/Cur Sci107, 757.pdf](2014/Cur%20Sci107,%20757.pdf)

Abstract: The current study is aimed at assessment of compliance of retraction notices for articles on mental disorders with COPE guidelines and impact of open access on post-retraction citation of retracted articles on mental disorders. A bibliometric search was carried out for retraction notices for articles on mental disorders using PubMed. Twenty-four (43.63%) articles were retracted in the year 2010 or later and 31 (56.36%) were retracted before 2010. A significantly. higher proportion of articles cited at least once post-retraction were without a freely accessible retraction notice (chi square = 10.06, df = 1, P = 0.002). Open access status of the article did not influence the times (in months) to retraction after publication (U = 321.00, P = 0.73).

Keywords: Access, Article, Articles, Assessment, Bibliometric, Chi-Square, Citation, Compliance, Guidelines, Impact, Influence, Journals, Mental Disorders, Misconduct, Open, Open Access, P, Publication, Publications, Pubmed, Retraction Notice, U, Web Of Science

? Garg, K.C. and Kumar, S. (2014), Uncitedness of Indian scientific output. *Current Science*, **107** (6), 965-970.

Full Text: [2014/Cur Sci107, 965.pdf](2014/Cur%20Sci107,%20965.pdf)

Abstract: An analysis of 35,640 papers published by Indian scientists as journal articles and reviews in journals indexed by Science Citation Index-Expanded (SCI-E) in 2008 revealed that 6231 (17.5%) papers remained uncited during 2008-2013. Most of the uncited papers were published by State Agricultural Universities and the Indian Council of Agricultural Research. The highest proportion of uncited papers was in the discipline of agricultural sciences followed by multidisciplinary and mathematical sciences. These uncited papers appeared in journals published from India, Singapore, Romania and Japan with low impact factor (IF). Lowest number of uncited papers was published by the Department of Biotechnology. It was also found that a small fraction of papers published in journals with IF more than 5 also remained uncited.

Keywords: Agricultural, Agricultural Sciences, Analysis, Articles, Biotechnology, Citation, Citation Analysis, From, Impact, Impact Factor, India, Japan, Journal, Journal Articles, Journals, Multidisciplinary, Papers, Profile, Research, Reviews, Romania, SCIE, Science, Science Citation Index Expanded, Science Citation Index-Expanded, Science-Citation-Index, Sciences, Scientific Output, Scientists, Scientometrics, Singapore, Small, Uncitedness, Universities

Notes: CCountry

? Venu, P. and Sanjappa, M. (2014), Some observations on a report on scientometric analysis on Botanical Survey of India. *Current Science*, **107** (7), 1103-1104

Full Text: [2014/Cur Sci107, 1103.pdf](2014/Cur%20Sci107,%201103.pdf)

Keywords: Analysis, Botanical Survey Of India, India, Observations, Scientometric, Scientometric Analysis, Survey

? Ho, Y.S. (2014), A bibliometric analysis of highly cited articles in material science area. *Current Science*, **107** (9), 1565-1572.

Full Text: [2014/Cur Sci107, 1565.pdf](2014/Cur%20Sci107,%201565.pdf); [2014/Cur Sci-Ho.pdf](2014/Cur%20Sci-Ho.pdf)

Abstract: This study aimed to identify and analyze the characteristics of the highly cited articles in material science area including eight Web of Science categories: multidisciplinary materials science, coatings and films materials science, biomaterials materials science, ceramics materials science, composites materials science, paper and wood materials science, characterization and testing materials science, and textiles materials science within the publication year from 1900 to 2011 based on Science Citation Index Expanded. Articles that have been cited at least 100 times since publication to 2011 were assessed regarding their distribution in indexed journals. The citation lives of the highly cited articles depending on citations in publication year, recent year, and years after publications were applied for the impact of articles. A new indicator, the Y-index, is applied to assess publication quantity and the characteristics of contribution to articles. Results showed that 14,044 highly cited articles were published between 1900 and 2010. Among them 70% were published in 1990s and 2000s, and 48% originated from US. Langmuir and Journal of the Electrochemical Society hosted the highly cited articles. Most top cited articles in publication year would not be top cited in recent year. Y-index results showed that Massachusetts Institute of Technology had high articles publication potential as well as published the most first author and corresponding author articles. Geim and Novoselov who are Nobel laureates in 2010, published the most potential article in material science area. Y-index showed that Inoue, A. and Xia, Y.N. had highest publication performance but different publication characteristics.

Keywords: Analysis, Article, Article Life, Articles, Bibliometric, Bibliometric Analysis, Biomaterials, Carbon-Films, Characteristics, Characterization, Citation, Citation-Index, Citations, Coatings, Composites, Contribution, Dislocations, Distribution, Efficiency, Electrochemical, First, From, Graphene, Highly Cited, Highly Cited Articles, Highly-Cited, Impact, Indicator, Journal, Journals, Langmuir, Massachusetts, Multidisciplinary, Nov, Performance, Potential, Publication, Publication Performance, Recent, Results, Science, Science Citation Index Expanded, Science Citation Index-Expanded, Solar-Cells, Structural Materials, Technology, Testing, Textiles, Top-Cited, US, USA, Viscosity, Web, Web Of Science, Wood, Y-Index

? Qian, G. (2014), Computational and visual analysis of the development stage of theories in the social sciences: A case in the entrepreneurship field. *Current Science*, **107** (11), 1795-1799.

Full Text: [2014\Cur Sci107, 1795.pdf](2014/Cur%20Sci107,%201795.pdf)

Abstract: The aim of this article is to develop a method combining calculation, visualization and intuitive analysis, which will help social scientists to study the history of a theory in a particular discipline. Considering that the typical type of knowledge-domain map is too complicated and cumbersome for social scientists who possess little knowledge about scientometrics, a new and simplified 3D knowledge-mapping method is designed and illustrated using examples from the entrepreneurship field. The major difference between the orthodox knowledge mapping method and the method we introduce is that co-citation network is not marked, but only co-citation analysis results. Using an alternative method, our map shows the three prominent researchers in the entrepreneurship field as well as three stages: the first from approximately 1920 to 1960, the second from 1960 to 2000, and the third beginning in 2000.

Keywords: 3d, Alternative, Analysis, Article, Calculation, Co-Citation, Co-Citation Analysis, Cocitation, Combining, Development, Entrepreneurship, Entrepreneurship Field, Field, First, From, History, Knowledge, Knowledge Domain, Knowledge Domains, Knowledge Mapping, Mapping, Mapping Method, Network, Networks, Researchers, Sciences, Scientific Literature, Scientists, Scientometrics, Social, Social Sciences, Theory, Visualization

? Chatterjee, D. and Sahasranamam, S. (2014), Trends in innovation management research in India: An analysis of publications for the period 1991-2013. *Current Science*, **107** (11), 1800-1805.

Full Text: [2014\Cur Sci107, 1800.pdf](2014/Cur%20Sci107,%201800.pdf)

Abstract: With increasing recognition of the importance of technological innovations in economic development, scholarship on innovation management seeking to understand the context; process and management of technological innovations, as distinct from their purely scientific, engineering and technical aspects has been steadily rising as well. This field of research has been instrumental in discovering important concepts that have subsequently informed innovation management in industry, public R&D and academia. In the past two decades, India has also significantly advanced the pace of technological innovations, as evident from patents filed out of the country. However, there is little understanding of whether research on innovation management in the country has also witnessed a similar trend. The present article seeks to address this gap. We looked at the abstracts and keywords of 58 articles related to technology and innovations in India published in 21 journals during the period 1991-2013. We conclude that the trend is not very encouraging. We discuss its implications and offer suggestions for future research.

Keywords: Analysis, Article, Articles, Bibliometric Analysis, Context, Country, Development, Economic, Economic Development, Engineering, Field, From, India, Innovation, Innovation Management, Journals, Knowledge, Management, Patents, Public, Publication Trends, Publications, R&D, Research, Scholarship, Strategic Management, Technology, Trend, Trends, Understanding

? Shao, J.F. and Shen, H.Y. (2014), Academic impact of Chinese medical journals in the Web of Science, 2009-2012. *Current Science*, **107** (11), 1854-1858.

Full Text: [2014\Cur Sci107, 1854.pdf](2014/Cur%20Sci107,%201854.pdf)

Abstract: An objective and multi-perspective evaluation of academic impact might provide a more complete understanding of the recent evolution of Chinese medical journals. In this study, we aimed to evaluate the academic impact of these journals using citation data from the JCR database. We collected data on Chinese medical journals for the analysis, including journal title, ISSN, language, publisher, frequency, impact factor, median impact factor (category), citable items, total cites, self cites, immediacy index, and aggregate immediacy index (category). We found most indicators of the Chinese medical journals were in middle low position or low position. This indicated that the quality and impact of these journals was comparatively low. Based on the above finding, efforts need to be made to improve the quality and impact of Chinese medical journals.

Keywords: Academic, Academic Impact, Analysis, Chinese, Chinese Medical Journals, Citation, Complete, Data, Database, Evaluation, Evolution, From, Immediacy Index, Impact, Impact Factor, Index, Indicators, JCR, Journal, Journals, Language, Medical, Medical Journals, Position, Publisher, Quality, Recent, Science, Self, Understanding, Web, Web of Science

? Prathap, G. (2015), Bibliometrics: Problems and promises. *Current Science*, **108** (2), 147-148

Full Text: [2015/Cur Sci108, 147.pdf](2015/Cur%20Sci108,%20147.pdf)

Keywords: Bibliometrics, Science

? Chuang, K.Y. and Ho, Y.S. (2015), An evaluation based on highly cited publications in Taiwan. *Current Science*, **108** (5), 933-941.

Full Text: [2015\Cur Sci108, 933.pdf](2015/Cur%20Sci108,%20933.pdf); [2015\Cur Sci-Chuang1.pdf](2015/Cur%20Sci-Chuang1.pdf); [2015\Cur Sci-Chuang.pdf](2015/Cur%20Sci-Chuang.pdf)

Abstract: Bibliometric analysis of highly cited papers of a country can provide interesting insights concerning authors, institutions, collaboration patterns and even useful recommendations for future research policy. The purpose of this study is to conduct biblio metric analysis of highly cited papers from Taiwan. Data used in the study were extracted from the SCI-Expanded database of the Web of Science Core Collection of Thomson Reuters. Authorship, collaboration pattern and Y-index were reported. Results showed that highly cited papers might not have high citations in early years and may be published in journals with low impact factors. International collaboration was responsible for the increasing number of highly cited papers over the years. Institutions can be categorized into three phenotypes and majority of the institutions were characterized with high dependency and low leadership in the collaboration. The United States was the leading choice for international collaboration, while National Taiwan University was the leading choice of institutions for domestic collaboration. With a few exceptions, leading authors tended to be the corresponding author, rather than the first author as in previous studies. It is speculated that this phenomenon may be due to a pecking order among institutions, traditional Confucius values of seniority, and inequality in resource allocation by funding agencies. Providing more balanced research funding, increasing the number of PhD students studying abroad, eliminating gift authorships, especially partners in a project but not in papers and increasing the emphasis on independent research may be needed to amend the observed patterns.

Keywords: Allocation, Analysis, Articles, Authors, Authorship, Bibliometric, Bibliometric Analysis, Bibliometric Analysis, Choice, Citations, Classics, Collaboration, Collaboration Patterns, Country, Data, Database, Dependency, Domestic Collaboration, Evaluation, Factors, First, From, Funding, Genome, Gold Nanorods, Hepatitis-B, Highly Cited, Highly Cited Papers, Highly-Cited, Impact, Impact Factor, Impact Factors, Inequality, Institutions, International, International Collaboration, Journals, Leadership, Mar, Papers, Pattern, Phd, Policy, Publications, Purpose, Recommendations, Research, Research Funding, Research Policy, Resource Allocation, Results, Sci-Expanded, Science, Science-Citation-Index, Scientometrics, Sequence, Students, Taiwan, Thomson Reuters, Thomson-Reuters, United States, University, Web, Web Of Science, Y Index, Y-Index

Notes: CCountry

? Gupta, B.M. and Prathap, G. (2015), Bibliometric benchmarking of Himalayan studies in India. *Current Science*, **108** (6), 1053-1054.

Full Text: [2015\Cur Sci108, 1053.pdf](2015/Cur%20Sci108,%201053.pdf)

Keywords: Benchmarking, Bibliometric, India, Mar

# Title: Current Sociology

Full Journal Title: Current Sociology

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0011-3921

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Alatas, S.F. (2003), Academic dependency and the global division of labour in the social sciences. *Current Sociology,* **51** (6), 599-613.

Full Text: [2003\Cur Soc51, 599.pdf](2003\Cur%20Soc51,%20599.pdf)

Abstract: This article attempts a political economy of the social sciences in order to assess the state of the social sciences at the global level. The focus is on the relations between the social sciences in the First and Third Worlds. The political economy approach that is utilized for this purpose is academic dependency theory. The condition of academic dependency is related to the global division of labour in the social sciences, which, I argue, plays a significant role in maintaining the structures of academic dependency.

? Mosbah-Natanson, S. and Gingras, Y. (2014), The globalization of social sciences? Evidence from a quantitative analysis of 30 years of production, collaboration and citations in the social sciences (1980-2009). *Current Sociology*, **62** (5), 626-646.

Full Text: [2014\Cur Soc62, 626.pdf](2014\Cur%20Soc62,%20626.pdf)

Abstract: This article addresses the issue of internationalization of social sciences by studying the evolution of production (of academic articles), collaboration and citations patterns among main world regions over the period 1980-2009 using the SSCI. The results confirm the centre-periphery model and indicate that the centrality of the two major regions that are North America and Europe is largely unchallenged, Europe having become more important and despite the growing development of Asian social sciences. The authors’ quantitative approach shows that the growing production in the social sciences but also the rise of international collaborations between regions have not led to a more homogeneous circulation of the knowledge produced by different regions, or to a substantial increase in the visibility of the contributions produced by peripheral regions. Social scientists from peripheral regions, while producing more papers in the core journals compiled by the SSCI, have a stronger tendency to cite journals from the two central regions, thus losing at least partially their more locally embedded references, and to collaborate more with western social scientists. In other words, the dynamic of internationalization of social science research may also lead to a phagocytosis of the periphery into the two major centers, which brings with it the danger of losing interest in the local objects specific to those peripheral regions.

Keywords: American, Analysis, Approach, Article, Articles, Asian, Authors, Bibliometrics, Centre-Periphery Model, Citations, Collaboration, Collaborations, Coverage, Databases, Development, Dynamic, Europe, Evidence, Evolution, Globalization, International, Internationalization, Journals, Knowledge, Lead, Local, Model, North, North America, Papers, Patterns, Peripheral, Periphery, Quantitative Analysis, Quantitative Studies, References, Research, Science, Science Research, Sciences, Scientific Output, Scientists, Si, Social, Social Sciences, Sociology, SSCI, Visibility, World

# Title: Current Stem Cell Research & Therapy

Full Journal Title: Current Stem Cell Research & Therapy

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Caudwell, M., Crowley, C., Khan, W.S. and Wong, J.M.L. (2015), Systematic review of preclinical and clinical studies on scaffold use in knee ligament regeneration. *Current Stem Cell Research & Therapy*, **10** (1), 11-18.

Full Text: 2015\Cur Ste Cel Res The10, 11.pdf

Abstract: Background: The management and treatment of ligamentous injuries within an orthopaedic population has continued to evolve throughout the last several decades. Limitations with autograft, allograft and synthetics have led to research into tissue engineering using scaffolds and mesenchymal stem cells. Objectives: This systematic review aims to examine and summarise the pre clinical in-vivo studies and limited clinical studies on the use of scaffolds in the treatment of ligamentous injuries Data sources: Databases: PubMed, CINAHL, Web of science, Medline, Cochrane library and Embase. The following key words and search terms were used: scaffolds, ligament, mesenchymal stem cells, tissue engineering, clinical, and preclinical. Methods: A total of 118 articles were reviewed. 19 articles were identified as relevant for the purpose of this systematic literature review. An additional 2 articles were sourced from the reference list of reviewed articles. Results: Three tables of studies were constructed: pre clinical biological scaffolds, pre clinical synthetic scaffolds and clinical scaffolds. Conclusions: There is a large body of pre clinical evidence that the use of scaffolds combined with mesenchymal stem cells can be a viable option in the regeneration of ligamentous structures with biological and mechanical properties suitable for function. There is, however, limited clinical evidence supporting the use of recently developed scaffolds and historical evidence of synthetic scaffolds failing in the management of anterior cruciate ligament repairs. There appears to be no consensus in the literature as to the nature of the scaffold material that is most suitable for clinical trials. No randomised control trials have yet been conducted.

Keywords: Acl, Allograft, Anterior Cruciate Ligament, Articles, Autograft, Biological, Bone, Cells, Clinical, Clinical And Pre Clinical, Clinical Studies, Clinical Trials, Consensus, Constructed, Control, Data, Databases, Engineering, Evidence, Failure, From, Function, In Vivo, In-Vitro, Knee, Ligament, Literature, Literature Review, Management, Mechanical Properties, Medline, Mesenchymal Stem Cells, Methods, Plasma Scaffold, Population, Pre-Clinical, Primary Repair, Properties, Pubmed, Purpose, Randomised, Reconstruction, Reference, Regeneration, Replacement, Research, Results, Review, Scaffold, Scaffolds, Science, Sources, Stem Cells, Systematic, Systematic Literature Review, Systematic Review, Tissue Engineering, Treatment, Web, Web Of Science

# Title: Current Surgery

Full Journal Title: Current Surgery

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Schein, M., Paladugu, R., Sutija, V.G. and Wise, L. (2000), What American surgeons read: A survey of a thoUSAnd Fellows of the American College of Surgeons. *Current Surgery*, **57** (3), 252-258.

Full Text: [2000\Cur Sur57, 252.pdf](2000\Cur%20Sur57,%20252.pdf)

Abstract: Purpose: the modern American surgeon is immersed in an ever-deepening sea of printed and electronic information. Although publishers know how many books and journals they sell, and journals can quote their calculated impact factor, no information exists whatsoever about what surgeons read. Which surgical journals are ‘popular,’ and how does it compare with their impact factor (IF)? Our objective was to assess the sources of information and reading habits of American surgeons and to compare the ‘popularity’ of journals with their IFs.

Methods: A questionnaire was mailed to 1000 American surgeons, randomly selected from a list provided by the American College of Surgeons.

Results: A total of 418 surgeons responded, and 371 responses could be analyzed (37%). The leading sources of medical information were medical literature (93%), professional meetings (88%), and CME courses (69%). The average time per surgeon/month dedicated to medical literature was 14 hours (range, 1 to 120). Peer-reviewed journals were read by 95%, textbooks by 68%, and update series by 60% of the respondents. The three most popular surgical journals were *Annals of Surgery* (IF, 5.40), selected by 60%; *Journal of the American College of Surgery* (IF, 1.87), selected by 48%; and *Archives of Surgery* (IF, 2.53), selected by 36%. The most popular subspecialty journals were *Cancer* (IF, 3.66), selected by 31%; *Critical Care Medicine* (IF, 3.74), selected by 17%; and *Gastroenterology* (IF, 10.33), selected by 12%. The *New England Journal of Medicine* (IF, 28.66), selected by 67%, and the *Journal of the American Medical Association* (IF, 9.55), selected by 66%, were the most popular general medical journals, followed by *Mayo Clinic Proceedings* (IF, 1.98), selected by 16%. Among the ‘leaders’ on the IF list for international, British medical and surgical journals were *Lancet* (IF, 11.79), selected by 5%, and *British JournaL of Surgery* (IF, 2.38), selected by 0.5% of the respondents.

Conclusions: Those American surgeons responding consider published literature as their chief source of information, especially peer-reviewed journals. Overall, they ignore non–United States publications and select the journals they read without considering its IF.

Keywords: CME, Surgical Education, Surgical Literature, Impact Factor, Surgical Journals

# Title: Current Therapeutic Research-Clinical and Experimental

Full Journal Title: [Current Therapeutic Research-Clinical and Experimental](http://www.sciencedirect.com/science/journal/0011393X)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0011-393X

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Windsor, D.A. (1975), Levodopa - Bibliometric differences before and after NDA approval. *Current Therapeutic Research-Clinical and Experimental*, **18** (3), 521-524.

? Zhong, Y.Q., Fu, J.J., Liu, X.M., Diao, X., Mao, B., Fan, T., Yang, H.M., Liu, G.J. and Zhang, W.B. (2010), The reporting quality, scientific rigor, and ethics of randomized placebo-controlled trials of traditional Chinese medicine compound formulations and the differences between Chinese and non-Chinese trials. *Current Therapeutic Research-Clinical and Experimental*, **71** (1), 30-49.

Full Text: [2010\Cur the Res-Clin Exp71, 30.pdf](2010\Cur%20The%20Res-Clin%20Exp71,%2030.pdf)

Abstract: BACKGROUND: An increasing number of randomized placebo-con trolled trials involving traditional Chinese medicine (TCM) compound formulations have been implemented worldwide. OBJECTIVE: the aim of this study was to assess the reporting quality, scientific rigor, and ethics of randomized placebo-controlled trials of TCM compound formulations and compare these differences between Chinese and non-Chinese trials. METHODS: English-language databases included the following: PUBMED, OVID, EMBASE, and Science Citation Index Expanded. Chinese-language databases included the following: Chinese Biomedical Literature Database, Wanfang Database, Chinese Scientific and Technological Periodical Database, and the China National Knowledge Infrastructure. All were searched from respective inception to March 2009 to identify randomized placebo-controlled trials involving TCM compound prescriptions. Two reviewers independently assessed the retrieved trials via a modified Consolidated Standard of Reporting Trials (CONSORT) checklist and some evaluation indices that embodied the TCM characteristics or the scientific rigor and ethics of placebo-controlled trials. Trial publishing time was divided into 3 intervals: phase I (<= 1999); phase 2 (2000-2004); and phase 3 (2005-2009). The number and percentage of trials reporting each item and the corresponding differences between Chinese (mainland China, Hong Kong, and Taiwan) and non-Chinese (eg, Japan, United States, Australia, Korea, and United Kingdom) trials were calculated. Moreover, the influence of trial publishing time on the reporting of CONSORT items and the differences in the number of items reported for each time interval between Chinese and non-Chinese trials were assessed. RESULTS: A total of 324 trials from China and 51 trials from other countries were included. A mean of 39.7% of the CONSORT items across all Chinese trials and 50.2% of the items across all non-Chinese trials were reported. The number of the reported CONSORT items all increased over time in both groups and the gap between Chinese articles and non-Chinese articles gradually decreased. Additionally, of the 324 Chinese articles, 137 (42.28%) reported TCM syndrome type, 113 (34.88%) reported the diagnostic criteria of diseases for TCM, and 69 (21-30%) reported efficacy evaluation indices of TCM. of the non-Chinese articles, 3 (5.88%) reported TCM syndrome type and 1 (1.96%) reported the diagnostic criteria of diseases and evaluation indices of efficacy for TCM. It was found that 45.37% and 6.17% of Chinese articles reported the standard intervention for the diseases being treated and the emergency plan, respectively, compared with 23.53% and 9.80% for the non-Chinese articles; 33.02% and 10.49% of Chinese articles reported informed consent and ethics committee approval, respectively, compared with 92.16% and 82.35% for the non-Chinese articles. With regard to placebo ethics, 38.89% of the Chinese trials and 23.53% of the non-Chinese trials found it would not be ethically acceptable to use placebo alone in the control group. CONCLUSIONS: the data indicate that the reporting quality of the included trials on TCM compounds has improved over time, but still remains poor regardless of Chinese or non-Chinese trials. Across all trials, particularly Chinese trials, the reporting of the CONSORT items was inadequate (39.7%). The difference in the mean number of the reported CONSORT items between Chinese trials and non-Chinese trials narrowed from phase 1 (10.0 vs 13.8) to phase 3 (14.4 vs 17.4). Moreover, a large number of trials, especially non-Chinese trials (94.1%), were lacking syndrome differentiation of TCM. More importantly, in many placebo-controlled trials, especially Chinese trials, the use of placebo was not justified and was ethically contradictory. (Curr Ther Res Clin Exp. 2010;71:30-49) (C) 2010 Excerpta Medica Inc.

Keywords: Articles, Australia, Blind, Characteristics, China, Citation, Consort Statement, Consort Statement, Database, Databases, Elaboration, Ethics, Evaluation, Explanation, Groups, Health Research Today, Herbal Medicine, Hong Kong, Korea, Literature, Medicine, Placebo, Premenstrual-Syndrome, Publishing, Randomized Controlled Trial, Recommendations, Reporting Quality, Science, Science Citation Index, Scientific Rigor, Traditional Chinese Medicine Compound Formulation, United Kingdom, United States

? Li, W.X., Gou, J.F., Tian, J.H., Yan, X.A. and Yang, L. (2010), Glucagon-like peptide-1 receptor agonists versus insulin glargine for type 2 diabetes mellitus: A systematic review and meta-analysis of randomized controlled trials. *Current Therapeutic Research-Clinical and Experimental*, **71** (4), 211-238.

Full Text: 2010\Cur the Res-Clin Exp71, 211.pdf

Abstract: BACKGROUND: Glucagon-like peptide-1 (GLP-1) receptor agonists are a new class of hypoglycemic drugs, including exenatide, liraglutide, albiglutide, lixisenatide, and taspoglutide. Insulin glargine is a standard agent used to supplement basal insulin in type 2 diabetes mellitus (T2DM). OBJECTIVE: the aim of this study was to review the efficacy and safety profiles of GLP-1 receptor agonists versus insulin glargine in type 2 diabetic patients who have not achieved treatment goals with oral hypoglycemic agents. METHODS: the Cochrane Library, MEDLINE, EMBASE, Science Citation Index Expanded, and the database of ongoing trials were searched from inception through April 2010. Additional data were sought from relevant Web sites, the American Diabetes Association, reference lists of included trials and related (systematic) reviews, and industry. Randomized controlled trials (RCTs) were selected if they were months in duration, compared GLP-1 receptor agonists with insulin glargine in patients with T2DM, and included >= 1 of the following outcomes: mortality, complications of T2DM, glycemic control, weight, lipids, blood pressure, adverse effects, and health-related quality of life. Quasirandomized controlled trials were excluded. The quality of the eligible studies was assessed on the basis of the following aspects: randomization procedure, allocation concealment, blinding, incomplete outcome data (intent-to-treat [ITT] analysis), selective outcome reporting, and publication bias. RESULTS: A total of 410 citations were retrieved; 5 multicenter RCTs that met the inclusion criteria were identified. They were all open-label designs with an insulin glargine arm, predefined outcomes reported, and ITT analysis. One trial had an unclear randomization procedure and allocation concealment. Publication bias was not able to be determined. No data were found with regard to mortality or diabetes-associated complications, and few data were found on quality of life. The results of the meta-analysis suggest that insulin glargine was significantly better in reducing the fasting blood glucose (mean difference [MD] [95% CI], 1.31 [1.04 to 1.58]; P < 0.001), but exhibits greater incidence of nocturnal hypoglycemia (risk ratio [RR] [95% CI], 0.40 [0.23 to 0.71]; P = 0.002) and influenza (RR [95% CI], 0.56 [0.32 to 0.98]; P = 0.04). GLP-1 receptor agonists are more conducive to reducing weight (MD [95% CI], -3.96 [-5.14 to 2.77]; P < 0.001), postprandial blood glucose (after breakfast, P < 0.001; after dinner, P < 0.001), and LDL-C (MD [95% CI], -0.18 [-0.28 to -0.08]; P < 0.001), but have significantly more gastrointestinal adverse effects (eg, nausea/vomiting, P < 0.001). There were no significant differences between GLP-1 receptor agonists and insulin glargine in reducing glycosylated hemoglobin (HbA(1c)) levels (MD [95% CI], -0.03 [-0.13 to 0.08]) and the overall incidence of hypoglycemia (RR [95% CI], 0.69 [0.42 to 1.14]). CONCLUSIONS: Compared with insulin glargine, GLP-1 receptor agonists did not have a significant difference in regard to reducing HbA(1c) levels and they were significantly associated with decreased weight but increased gastrointestinal adverse events. It remains unclear whether GLP-1 receptor agonists influence mortality or diabetes-associated complications in patients with T2DM. More trials with longer follow-up are needed to determine the exact long-term efficacy and safety profiles of this new class of hypoglycemic drugs. (Curr Ther Res Clin Exp. 2010;71:211-238) (C) 2010 Excerpta Medica Inc.

Keywords: Antidiabetic Agents, Beta-Cell Function, Citation, Citations, Complications, Cost-Effectiveness, Diabetes Mellitus, Exenatide, GLP-1, Glucagon-Like Peptide-1, Glycemic Control, Insulin Detemir, Insulin Glargine, Meta-Analysis, Metformin, Publication, Quality of Life, Science Citation Index, Science Citation Index Expanded, Sulfonylurea, Tolerability, Treatment, Type 2 Diabetes, Weight

# Title: Current Topics in Medicinal Chemistry

Full Journal Title: Current Topics in Medicinal Chemistry

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Drlica, K. and Malik, M. (2003), Fluoroquinolones: Action and resistance. *Current Topics in Medicinal Chemistry*, **3** (3), 249-282.

Full Text: [2003\Cur Top Med Che3, 249.pdf](2003\Cur%20Top%20Med%20Che3,%20249.pdf)

Abstract: Fluoroquinolones trap gyrase and topoisomerase IV on DNA as ternary complexes that block the movement of replication forks and transcription complexes. 71, Studies with resistant mutants indicate that during complex formation quinolones bind to a surface alpha-helix of the GyrA and ParC proteins. Lethal action is a distinct event that is proposed to arise from release of DNA breaks from the ternary complexes. Many bacterial pathogens are exhibiting resistance due to alterations in drug permeability, drug efflux, gyrase- protecting proteins, and target topoisomerases. When selection of resistant mutants is described in terms of fluoroquinolone concentration, a threshold (mutant prevention concentration, MPC) can be defined for restricting the development of resistance. MPC varies among fluoroquinolones and pathogens; when combined with pharmacokinetics, MPC can be used to identify compounds least likely to enrich mutant subpopulations. Use of suboptimal doses and compounds erodes the efficacy of the class as a whole because resistance to one quinolone reduces susceptibility to others and, or increases the frequency at which resistance develops. When using fluoroquinolones in combination therapy, the development of resistance may be minimized by optimizing regimens for pharmacokinetic overlap

Keywords: Antimicrobial Surveillance Program, Coli Dna Gyrase, Community-Acquired Pneumonia, Complete Genome Sequence, Fluoroquinolones, Gatifloxacin, Gyrase, HIV-Related Tuberculosis, Level Ciprofloxacin Resistance, Levofloxacin, Mosaic Elements Bimes, Moxifloxacin, Mutant Prevention Concentration, Mutant Prevention Concentration, Neisseria-Gonorrhoeae Strains, Resistance, Topoisomerase IV, Topoisomerase-I Mutants

? Tenorio-Borroto, E., Penuelas-Rivas, C.G., Vasquez-Chagoyan, J.C., Prado-Pradoa, F.J., Garcia-Mera, X. and Gonzalez-Diaz, H. (2012), Immunotoxicity, flow cytometry, and chemoinformatics: Review, bibliometric analysis, and new QSAR model of drug effects over macrophages. *Current Topics in Medicinal Chemistry*, **12** (16), 1815-1833.

Full Text: 2012\Cur Top Med Che12, 1815.pdf

Abstract: Bibliometric methods for analyzing and describing research output have been supported internationally by the establishment and operation of organizations such as the Institute for Scientific Information (ISI) or Scimago Ranking Institutions (SRI). This study provides an overview of the research performance of major World countries in the field cytokines, Citometric bead assays and QSAR, the most important journals in which they published their research articles, and the most important academic institutions publishing them. The analysis was based on Thomson Scientific’s Web of Science (WoS), and Scimago group calculated bibliometric indicators of publication activity and actual citation impact. Studying the time period 2005-2010, and shows the visibility of Medicinal Chemistry Bioorganic in this thematic noting that the visibility of a journal must take into account not only the impact factor, but the prestige, popularity and representativeness of the theme that addresses the same making a comprehensive assessment of bibliometric indicators.

Keywords: Analysis, Assessment, Bead Array, Bibliometric, Bibliometric Analysis, Bibliometric Indicators, Bibliometric Methods, Chemistry, Citation, Citation Impact, Citometric Bead Assays, Cytokine Analysis, Cytokines, Discovery, Drug, Field, h-Index, Impact, Impact Factor, Impact Factors, Indicators, Institute FOR Scientific Information, Institutions, ISI, Journal, Journals, Linear Indexes, Methods, Model, Operation, Performance, Publication, Publication Activity, Publishing, QSAR, Ranking, Rational Design, Research, Research Output, Research Performance, Review, Science, Spectral Moments, Tyrosinase Inhibitors, Visibility, Web of Science

# Title: Custos e Agronegocio on Line

Full Journal Title: Custos e Agronegocio on Line

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? do Nascimento, J.C.H.B., Bernardes, J.R., de Sousa, W.D., Pinheiro, L.V.D. and de Castro, M.B.M.B. (2014), Analysis of progression of knowledge about Target Costing: A bibliometric analysis of papers presented at the 19th editions of the Brazilian Congress Cost. *Custos e Agronegocio on Line*, **10** (3), 350-373.

Full Text: [2014\Cus Agr Lin10, 350.pdf](2014/Cus%20Agr%20Lin10,%20350.pdf)

Abstract: This study sought to frame the thematic Target Costing in the framework of progression of knowledge proposed by Ansari, Bell and Okano (2007). To this end, we conducted a bibliometric study in 19 editions of the Brazilian Congress Cost (BCC), which were selected 44 published articles with topics Target Costing, Target Costing and Target Costing. Were noted relevant opportunities for the development of future research at the phases ‘standing practice in the organizational context’, ‘connection with other management tools’ and ‘institutionalization and diffusion’ respectively. On the bibliometric analysis, using the software UCINET (R), it was noted that Wellington Rock occupies the central position in the network of researchers Target Costing in BCC, being the author most influential and of most prestigious in the context analyzed. Finally, it was observed that the books still remain the main source of references, authors with more than one publication in the proceedings of the CBC tend to perform research with different methods over time and that future studies may adopt methodological procedures survey research, action research and simulations.

Keywords: Action Research, Analysis, Articles, Authors, Bibliometric, Bibliometric Analysis, Bibliometric Study, Cbc, Context, Development, Diffusion, Framework, Knowledge, Management, Methods, Network, Organizational, Papers, Position, Practice, Procedures, Progression, Progression Of Knowledge, Publication, Published Articles, R, References, Research, Researchers, Software, Source, Survey, Target Costing

# Title: Cutaneous and Ocular Toxicology

Journal of Toxicology. Cutaneous and Ocular Toxicology 1982-2004

Full Journal Title: [Cutaneous and Ocular Toxicology](http://informahealthcare.com/loi/cot)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 0731-3829

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

Notes: TTopic

? Golda, N., Koo, J. and Maibach, H.I. (2005), Effects and uses of occlusion on human skin: An overview. *Cutaneous and Ocular Toxicology*, **24** (2), 91-104.

Full Text: [2005\Cut Ocu Tox24, 91.pdf](2005\Cut%20Ocu%20Tox24,%2091.pdf)

Abstract: the objective of this study is to review and synthesize the literature with reference to the effects of occlusive material applied to normal and diseased human skin. Data Sources: A key word and title search of all years available on the MEDLINE, PUBMED, and Science Citation Index databases, 1966 through 2004, was executed with search terms including occlusion, occlusive, and skin. Conclusions: Occlusive dressings provide effective therapeutic intervention either as an adjunct to topical medications or as a monotherapy for skin diseases such as psoriasis and verruca vulgaris and possibly other dermatologic diseases involving disruption of the stratum corneum permeability barrier or abnormal epidermal differentiation; its greatest uses thus far is in treatment of psoriasis and dermatitis. The mechanism(s) of action remain incompletely explored, and their therapeutic potential is incompletely developed.

Keywords: Occlusion, Occlusive, Skin, Safety, Therapy, Steroid, Sodium Lauryl Sulfate, Epidermal Water-Loss, Barrier Function, Carbon-Dioxide, Percutaneous-Absorption, Triamcinolone Acetonide, Permeability Barrier, Prolonged Occlusion, Psoriasis-Vulgaris, Exposure

? Hostynek, J.J. and Maibach, H.I. (2010), Fentanyl transdermal patches: Overview of cutaneous adverse effects in humans. *Cutaneous and Ocular Toxicology*, **29** (4), 241-246.

Full Text: [2010\Cut Ocu Tox29, 241.pdf](2010\Cut%20Ocu%20Tox29,%20241.pdf)

Abstract: Using MEDLINE, Embase, and the Science Citation Index, we summarize the cutaneous adverse effects of transdermal and parenteral fentanyl. The fentanyl transdermal therapeutic system (TTS; patch) provides continuous systemic delivery of fentanyl (N-phenyl-N-(1-(2-phenylethyl)-4-piperidinyl) propanamide), a potent opioid analgesic, for 72 hours. Clinical studies of fentanyl TTSs demonstrated varying rates of irritation at the application site, ranging from none to 42%, with a median of 25%. Most descriptions of skin reactions included erythema at the application site, indicating irritant dermatitis. Skin testing in 2 subjects receiving parenteral doses concluded that although immunoglobulin E (IgE) antibodies to fentanyl exist, few cases of immediate-type allergic reactions to fentanyl have been substantiated. Comparing the reactions to anesthetic agents during allergenic testing demonstrated positive “wheal and flare” to fentanyl in only 1 of 50 patients (2%). Pruritus has been frequently reported during administration of epidural fentanyl, but allergenicity has not been shown. The few case reports of possible anaphylactic reactions to fentanyl have not clearly demonstrated fentanyl as the caUSAl agent. In addition, transdermal and intravenous/epidural routes of administration may not be comparable because of large differences in plasma concentrations: When these results are taken together, fentanyl (TTS) has shown limited skin intolerance.

Keywords: Cancer Pain, Citation, Epidural Fentanyl, Fatal Anaphylactic Reaction, Model, Placebo, Postoperative Analgesia, Propofol, Science Citation Index, Skin, System

? Hafeez, F. and Maibach, H. (2013), Do partition coefficients (liphophilicity/hydrophilicity) predict effects of occlusion on percutaneous penetration in vitro: A retrospective review. *Cutaneous and Ocular Toxicology*, **32** (4), 299-303.

Full Text: [2013\Cut Ocu Tox32, 299.pdf](2013\Cut%20Ocu%20Tox32,%20299.pdf)

Abstract: Context: Skin occlusion influences percutaneous penetration by limiting penetrant evaporation, but also through impeding loss of water from skin and increasing the hydration state of the stratum corneum, thus dramatically altering the physiological nature of the stratum corneum. In general, occlusion is widely utilized to enhance penetration of applied drugs in clinical practice; however, occlusion does not increase the percutaneous absorption of all chemicals. Objective: We focus on what effect occlusion has on the in vitro percutaneous absorption of compounds of varying lipophilicities/hydrophilicities. Methods: Studies and prior reviews of the effects of occlusion on the in vitro percutaneous penetration of penetrants of varying lipophilicities/hydrophilicities were identified in the MEDLINE, PubMED, Embase and Science Citation Index databases using the terms occlusive, occluded, occlusion, in vitro, skin and percutaneous absorption/penetration to generate as broad of a search as possible. From the results generated, abstracts were subsequently scrutinized to identify articles dealing primarily with in vitro models of the skin involving occlusion. Moreover, after the identification of relevant articles, their references were examined to find additional sources of information. Results: After examining the research articles generated by the search results, five original research articles were obtained that used in vitro occlusion models and provided insight regarding the role of partition coefficients in predicting occlusion’s effects on percutaneous penetration; articles that dealt with occlusion and percutaneous penetration but did not shed light on how the lipophilicity/hydrophilicity of a compound could affect occlusion efficacy were excluded. Some of the studies bolster the notion that occlusion-enhanced hydration of the stratum corneum increases the percutaneous absorption of lipophilic molecules more than hydrophilic molecules, which seems to confirm some in vivo studies. However, this effect was not consistent; many studies reviewed did not find that the penetrant’s liphophilicity/hydrophilicity reliably predicted occlusion’s effect on penetration. In these studies, lipophilic compounds did not demonstrate increased percutaneous absorption under occlusion. Conclusion: Thus, it does not seem that partition coefficients can reliably predict the effect of occlusion on percutaneous penetration in vitro. This suggests skin occlusion may be more complex than previously thought.

Keywords: Absorption, Barrier Function, Barrier Function, Chemicals, Citation, Clinical, Clinical Practice, Databases, Dressings, Drugs, Effects, Efficacy, Epidermal Water-Loss, General, Human-Skin, Hydration, Hydrophilicity, Identification, In Vitro, Information, Liphophilicity, MEDLINE, Methods, Models, Notion, Occlusion, Octanol-Water Partition Coefficient, Percutaneous, Percutaneous Absorption, Percutaneous Absorption, Penetration, Practice, Prolonged Occlusion, References, Research, Results, Review, Reviews, Role, Science, Science Citation Index, Skin, Sources, Sources of Information, State, Stratum Corneum, Stratum-Corneum, Superficial Wounds, Vivo, Volatile Compounds, Water

# Title: Cybermetrics

International Journal of Scientometrics, Informetrics and Bibliometrics

Full Journal Title: [Cybermetrics](http://www.cindoc.csic.es/cybermetrics/)

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1137-5019

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Koehler, W., Anderson, A., Dowdy, B., Fields, D., Golden, M., Hall, D., Johnson, A., Kipp, C., Ortega, U., Ripley, E., Roddy, R., Shaffer, K., Shelburn, S. and Wasteneys, C. (2000), A profile in statistics of journal articles: fifty years of American documentation and the *Journal of the American Society for Information Science*. *Cybermetrics*, **4** (1), paper 3.

Full Text: [2000\Cybermetrics4, 3.pdf](2000\Cybermetrics4,%203.pdf)

Abstract: JASIS has consistently been identified as one the major information science and library journals both in the United States as well as for the rest of the world (Kohl & Davis, 1985; Rice 1990; Siddiqui, 1997; Wormeli, 1998; Nisonger, 1999). The journal has also long been regarded as one of the discipline’s chief archival documents. and archival documents retain their influence over their disciplines far longer than do other quality publications (Griffith et al, 1979). Based on our analysis of articles published in AD and JASIS from 1950 to 1999, we find that there has been a slow but perhaps inevitable shift based first on the single nonfunded researcher and author to a much wider research and publishing participation among authors, regions, corporate authors, and countries. This suggests not only cross-fertilization of ideas, but also more complex research questions. A small trend toward greater external funding further reinforces this finding. We also chose to close our data collection with the last number of volume 50. This is less by design than by serendipity, since the data collection and initial analyses were conceived as a class project for the Elements of Research course of the School of Library and Information Studies at the University of Oklahoma for fall semester 1999.

Keywords: Ad, Analyses, Analysis, Collection, Course, Data, Data Collection, Design, Documentation, First, Funding, Information, Information Science, Journal, Journal Articles, Journals, Oklahoma, Participation, Publications, Publishing, Quality, Research, Science, Small, Statistics, Trend, United States, Volume, World

Chan, L.C.Y., Jin, B., Rousseau, R., Vaughan, L. and Yu, Y. (2002-3), Newspaper coverage of SARS: A comparison among Canada, Hong Kong, Mainland China and Western Europe. *Cybermetrics*, **6-7**, 1-12.

Full Text: [2002\Cybermetrics6-7, 1.pdf](2002\Cybermetrics6-7,%201.pdf)

Abstract: A quantitative analysis of newspaper coverage of SARS was conducted, where the occurrence of the word SARS in newspaper articles, rather than newspaper content was examined. Data were collected from six newspapers representing Canada, mainland China, Hong Kong, and Western Europe. These data were then compared with the World Health Organization’s data on SARS cases and SARS deaths. A brief history of SARS is also provided to place the results of the study in the context of the SARS events. The analysis finds not only a similarity between the two western media examined, but also a contrast between the western media and the Chinese media in SARS coverage. The study demonstrates the usefulness of informetric methods in analyzing popular media.

Keywords: Search Engines, Web, Performance, Stability, Case Study

Ignacio de Granda-Orive, J., García-Río, F., Gutiérrez-Jiménez, T., Escobar-Sacristán, J., Riera-Palmero, J. and Callol-Sánchez, L. (2004), Evolution of bibliometric indicators and his websites evaluation approaches in relation to the foremost respiratory journal in Spanish. *Cybermetrics*, **8** (1), 1-18.

Full Text: [2004\Cybermetrics8, 1.pdf](2004\Cybermetrics8,%201.pdf)

Abstract: the aim of this study was to examine the evolution of bibliometric indicators from 1970 to 2000 in relation to the foremost journal on the respiratory system published in Spanish, Archivos de Bronconeumología (Arch Bronconeumol). The evolution of these indicators over this three-decade period and the origin and specialties of the authors are reported. All issues of the journal from 1970 to 2000 (inclusive) were reviewed manually. In addition, we make a websites evaluation and a search was made in Pub-Med to evaluate the dissemination of the journal and in SCISEARCH to find citations of articles published in Archivos de Bronconeumología. We conclude that there has been a notable increase in scientific output in the field of respiratory research in Spain, as indicated by the articles published in the journal Archivos de Bronconeumología. Production and consumption indicators have stabilized in this 30-year period. A maximum circulation index has been achieved and the citation rate has increased considerably in the last three decades. Archivos de Bronconeumología has a discrete estimated impact factor.

Keywords: Bibliometrics, Web-metrics, Webometrics, Respiratory System, Scientific Documentation, Statistics

# Title: CyberPsychology & Behavior

Full Journal Title: CyberPsychology & Behavior

ISO Abbreviated Title:

JCR Abbreviated Title:

ISSN: 1094-9313

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

? Weiss, P.L.T., Kedar, R. and Shahar, M. (2006), TIES that BIND: An introduction to domain mapping as a visualization tool for virtual rehabilitation. *CyberPsychology & Behavior*, **9** (2), 114-122.

Full Text: [2006\Cyb Beh9, 114.pdf](2006\Cyb%20Beh9,%20114.pdf)

Abstract: the application of virtual reality (VR) to rehabilitation is a young, interdisciplinary field where clinical implementation very rapidly follows scientific discovery and technological advancement. Implementation is often so rapid that demonstration of intervention efficacy by investigators, and establishment of research and development priorities by funding bodies tend to be more reactive than proactive. An examination of the dynamic unfolding of the history of our young discipline may help us recognize the facilitators of current practice and identify the barriers that limit greater progress. This paper presents a first step towards the examination of the past and future growth of VR-based rehabilitation by presenting the use of concept maps to explore the publication history of application of VR to rehabilitation.

Keywords: Co-Word Analysis, Neuropsychology, Science, Field

# Title: CytoJournal

Full Journal Title: CytoJournal

ISO Abbreviated Title: CytoJournal

JCR Abbreviated Title: CytoJournal

ISSN:

Issues/Year:

Journal Country/Territory:

Language:

Publisher:

Publisher Address:

Subject Categories:

: Impact Factor

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Full Text: 2014\CytoJournal11, 10.pdf

Abstract: Background: The era of Open Access (OA) publication, a platform which serves to better disseminate scientific knowledge, is upon us, as more OA journals are in existence than ever before. The idea that peer-reviewed OA publication leads to higher rates of citation has been put forth and shown to be true in several publications. This is a significant benefit to authors and is in addition to another relatively less obvious but highly critical component of the OA charter, i.e. retention of the copyright by the authors in the public domain. In this study, we analyzed the citation rates of OA and traditional non-OA publications specifically for authors in the field of cytopathology. Design: We compared the citation patterns for authors who had published in both OA and traditional non-OA peer-reviewed, scientific, cytopathology journals. Citations in an OA publication (CytoJournal) were analyzed comparatively with traditional non-OA cytopathology journals (Acta Cytologica, Cancer Cytopathology, Cytopathology, and Diagnostic Cytopathology) using the data from web of science citation analysis site (based on which the impact factors (IF) are calculated). After comparing citations per publication, as well as a time adjusted citation quotient (which takes into account the time since publication), we also analyzed the statistics after excluding the data for meeting abstracts. Results: Total 28 authors published 314 publications as articles and meeting abstracts (25 authors after excluding the abstracts). The rate of citation and time adjusted citation quotient were higher for OA in the group where abstracts were included (P < 0.05 for both). The rates were also slightly higher for OA than non-OA when the meeting abstracts were excluded, but the difference was statistically insignificant (P = 0.57 and P = 0.45). Conclusion : We observed that for the same author, the publications in the OA journal attained a higher rate of citation than the publications in the traditional non-OA journals in the field of cytopathology over a 5 year period (2007-2011). However, this increase was statistically insignificant if the meeting abstracts were excluded from the analysis. Overall, the rates of citation for OA and non-OA were slightly higher to comparable.

Keywords: A-Case-Report, Access, Analysis, Articles, Atypical Squamous-Cells, Authors, Cancer, Cervicovaginal Melanoma Thinprep, Citation, Citation Analysis, Citation Patterns, Citation Rates, Citations, Conventional Papanicolaou Tests, Cyto-Histological Correlation, Data, Design, Experience, Field, Fine-Needle-Aspiration, High-Risk Hpv, Impact, Impact Factors, In-Situ Hybridization, Interlaboratory Comparison Program, Journal, Journals, Knowledge, Non-Gynecologic Cytopathology, Open, Open Access, Open Access Journal, P, Peer-Reviewed, Public, Publication, Publications, Publishing, Rates, Results, Retention, Science, Site, Statistics, Web, Web Of Science

# Title: Czechoslovak Journal of Physics

Full Journal Title: [Czechoslovak Journal of Physics](http://www.springerlink.com/content/106035/)

ISO Abbreviated Title: Czech. J. Phys.

JCR Abbreviated Title: Czech J Phys

ISSN: 0011-4626

Issues/Year: 11

Journal Country/Territory: Czech Republic

Language: English

Publisher: Czechoslovak Jnl of Physics

Publisher Address: Fyzikalni Ustav AV Na Slovance 2, Prague 180 40, Czech Republic

Subject Categories:

Physics: Impact Factor

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