



Newsletter with PEARLS January 2013

Call for Eols for a Satellite editorial base of the Cochrane ARI Group

The Cochrane Acute Respiratory Infections (ARI) Group is calling for expressions of interest to establish a Satellite editorial base of the Cochrane Acute Respiratory Infections (ARI) Group.

Details of the Cochrane Collaboration are well known:

<http://www.cochrane.org/about-us>.

Information about the ARI Group can be found here <http://ari.cochrane.org/> We are based on the Gold Coast, Australia. We have published >200 protocols, out of which, more than 170 have progressed to full reviews. Many are highly cited. The volume of work currently going through the editorial process, as well as updating out-of-date reviews, have been the main contributing factors prompting the ARI editorial base to release this call for proposals for individuals interested in establishing a Satellite ARI Group editorial base.

Roles and responsibilities of the Satellite editorial base will include:

1. Supporting authors in the editorial process of producing and updating high quality Cochrane reviews.
2. Increasing capacity to prepare and maintain Cochrane reviews through author training.
3. Assist the Trials Search Co-ordinator with:
 - developing search strategies and running searches for review authors; and
 - managing the ARI Group's Central Register of Studies.

We expect the successful candidate to secure funding, (for example from a national funding agency), to establish the Satellite base, editorial and administrative resources to run the editorial base. Strong systematic review research experience in respiratory infections and the ability to successfully manage an editorial team are desired attributes of the Satellite editorial base.

Expressions of interest should be no more than two pages in length. Please also attach relevant CVs, declarations of all conflicts of interests, a description of research experience, any other relevant expertise, and experience in managing resources effectively.

Please send applications or any enquiries to me or Liz Dooley, Managing Editor, ARI Group (ldooley@bond.edu.au)

Closing date: July 2013

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NEWS

The Cochrane Library iPad Edition

The Cochrane Library iPad Edition is now available for download in the App Store. Issues feature Cochrane Systematic Reviews selected by the Editor in Chief and specifically abridged to provide the best possible iPad reading experience. The reviews are enriched with the addition of multimedia content, including podcasts, videos and slide decks.

In this app, you can easily access abstracts, read selected reviews, and view full-page summary of findings tables. With access to a range of topics each month, you can create a reading list tailored to your own interests. All content in the app is free, and new issues will be downloaded regularly to your Newsstand. The Cochrane Library iPad Edition is simple and easy to navigate and presents an optimized reading experience from your iPad.

Download the app from iTunes: <https://itunes.apple.com/app/id573181475#>

Cochrane20 Video Series

The Collaboration is celebrating twenty years of its existence throughout 2013.

In a series of events to mark this anniversary, 24 videos (<10 minutes each) are being released, a new one every two weeks, focussing on the ideas, achievements and people that have contributed to its growth since 1993, drawing on about hundred interviews with past and present Cochrane contributors from all over the world.

The first in the 'Cochrane20 Video Series' has just been released. View the videos on :

<http://anniversary.cochrane.org>

Events

Free webinar

Cochrane Canada Live presents free webinar on Using Evidence:

Soutenir l'élaboration de politiques publiques informées par des données probantes: Le rôle de Health Systems Evidence, des dialogues avec les parties prenantes et autres initiatives

Wednesday, 6 February 2013, 12PM EST (Toronto), one hour (In French)

For more information and to register, visit <http://ccnc.cochrane.org/cochrane-canada-live-webinars>

Workshop Critical Evaluation Of Medical Studies, Austria

The aim of this workshop is twofold, firstly to impart the theoretical and methodic background that is necessary for the critical evaluation of studies and secondly give you practical experience in the critical evaluation of studies.

Contact: Simon Ledinek

E-mail: simon.ledinek@donau-uni.ac.at

Website: www.cochrane.at/de/workshops-2013#1

Date: 5 - 6. March 2013

Location: Austrian Cochrane Branch (ACB), Danube University Krems

Workshop Systematic Literature Search, Austria

The aim of this workshop is to give you sound theoretical and practical knowledge in the systematic search of medical literature. You will receive a theoretical introduction to the basics of the literature with practical

examples. The learned search techniques are applied in various databases such as "Medline", "PubMed", and "The Cochrane Library." The workshop is aimed at those people who want to deepen their knowledge in the efficient, systematic search of medical literature (e.g., doctors, writers, and information specialists). The focus of the workshop is extended literature research in the databases "Medline", "PubMed", and "The Cochrane Library" with the fee-based service of Ovid Technologies.

Contact: Simon Ledinek

E-mail: simon.ledinek@donau-uni.ac.at

Website: www.cochrane.at/de/workshops-2013#2

Date: 9 -10 April 2013

Location: Austrian Cochrane Branch (ACB), Danube University Krems

Interesting new and updated reviews

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

[Antenatal interventions for reducing weight in obese women for improving pregnancy outcome](#)

[Behavioral interventions for improving contraceptive use among women living with HIV](#)

[Exercise for improving outcomes after osteoporotic vertebral fracture](#)

[Slum upgrading strategies involving physical environment and infrastructure interventions and their effects on health and socio-economic outcomes](#)

Interesting new titles

The following titles have been registered with the Cochrane Collaboration. This means that at this moment the protocol is being written. If you feel that this topic is of special importance and that you want to be of assistance in some way (e.g., peer review protocol, give advice etc.) please contact us at info@cochraneprimarycare.org

- **Interventions for improving maternal, newborn and reproductive health in crisis settings (deregistered title and may have become available)**
- **Proton pump inhibitors for functional dyspepsia**
- **Psychological therapies versus pharmacotherapy for panic disorder in adults**
- **Hormonal contraceptives: effect on sexual function in women**

P.E.A.R.L.S.

practical evidence about real life situations

The New Zealand Guideline Group fund the Cochrane Primary Care Field to produce the P.E.A.R.L.S. (click [here](#) for the websitelink)

Access <http://www.cochraneprimarycare.org/> to view the PEARLS online.

Alternative institutional birth environments may be beneficial

Clinical question	How effective are alternative institutional birth environments compared with care in a conventional institutional setting?
Bottom line	Compared with conventional institutional settings, hospital-based alternative birth settings were associated with a reduced likelihood of medical interventions (epidural analgesia, oxytocin augmentation of labour and episiotomy), increased likelihood of spontaneous vaginal delivery, increased maternal satisfaction, and greater likelihood of continued breastfeeding at one to two months postpartum, with no apparent risks to mother or baby. No firm conclusions could be drawn regarding the effects of variations in staffing, organisational models, or architectural characteristics of the alternative settings.
Caveat	Although more than 10,000 women have participated in randomised trials of alternative birth settings, the low number of women allocated to alternative settings who actually gave birth in their allocated setting serves to dilute both the potential benefits and risks of alternative settings. Other important factors that complicate interpretation of the results are the variations in organisational models of care in the trials, including the potential impact of antenatal care, continuity of caregiver, and midwifery-led versus consultant-led care.
Context	Alternative institutional settings have been established for the care of pregnant women who prefer and require little or no medical intervention. The settings may offer care throughout pregnancy and birth, or only during labour; they may be part of hospitals or freestanding entities. Specially designed labour rooms include bedroom-like rooms, ambient rooms, and Snoezelen rooms (in which the user is exposed to multiple sensory stimulation, including fibre-optic lights, auditory stimuli, and aromatherapy).
Cochrane Systematic Review	Hodnett ED et al. Alternative versus conventional institutional settings for birth. Cochrane Reviews, 2010, Issue 9. Article No. CD000012. DOI: 10.1002/14651858.CD000012.pub3. This review contains 8 studies involving 10,392 participants.
Pearls No. 297, February 2011, written by Brian R McAvoy.	
Update PEARL 16 May 2012	
Minor changes to Results which did not alter Conclusions	

Magnesium sulphate effective for eclampsia

Clinical question	How effective is magnesium sulphate for eclampsia?
Bottom line	Compared to phenytoin, magnesium sulphate significantly reduced the risk of recurrence of seizures, decreased pneumonia, ventilation and admission to an intensive care unit, probably reduced the risk of maternal death, and improved outcomes for the baby (fewer admissions to a special care baby unit [SCBU], fewer deaths, and fewer babies spending more than seven days in a SCBU). Magnesium sulphate also appeared to be safer for the baby. The use of phenytoin should be abandoned.
Caveat	Recruitment to trials in this review was primarily from hospitals in low- and middle-income countries, which is where 99% of maternal deaths occur. None of the trials were conducted at primary care level, and none included evaluation of care during transfer to a higher level of care.

Context	Eclampsia is rare: in high-income countries it affects 2 to 3 in every 10,000 pregnant women, and in low- and middle-income countries 16 to 69 in every 10,000. However, 15% of maternal deaths are associated with eclampsia.
Cochrane Systematic Review	Duley L et al. Magnesium sulphate versus phenytoin for eclampsia. <i>Cochrane Reviews</i> , 2010, Issue 10. Article No. CD000128. DOI: 10.1002/14651858. CD000128.pub2. This review contains 7 studies involving 972 participants
Pearls No. 298, January 2011, written by Brian R McAvoy	

Gamma-hydroxybutyrate effective for treatment of alcohol withdrawal and prevention of relapses

Clinical question	How effective is gamma-hydroxybutyrate (GHB) for the treatment of alcohol withdrawal syndrome and the prevention of relapses?
Bottom line	GHB 50mg is effective compared with placebo in the treatment of alcohol withdrawal syndrome, and in preventing relapses in previously detoxified alcoholics at 3 months follow-up. However, the results of this review do not provide sufficient evidence in favour of GHB compared with benzodiazepines or chlormethiazole for the prevention of alcohol withdrawal syndrome. GHB is better than naltrexone and disulfiram in maintaining abstinence and it has a better effect on craving than placebo or disulfiram. Side effects of GHB 50mg/kg/day are limited and manageable, and are not statistically different from those with benzodiazepines, naltrexone or disulfiram.
Caveat	The overall quality of the evidence is generally low. Most trials were from a single country (Italy, n=11), and sample sizes were generally very small (range 17-98 patients). Concern has been raised regarding the risk of developing addiction, misuse or abuse of GHB, especially in polydrug abusers.
Context	The main goals for clinical management of alcohol withdrawal are to minimise the severity of symptoms and facilitate entry into a treatment programme so the person can achieve and maintain abstinence from alcohol. Medications used for alcohol withdrawal syndrome include benzodiazepines, anticonvulsants, chlormethiazole and GHB, which was first available as a health food and body-building supplement. Reports of adverse events led to its withdrawal for that purpose. Naltrexone and disulfiram are also used to prevent relapses.
Cochrane Systematic Review	Leone MA et al. Gamma-hydroxybutyrate (GHB) for treatment of alcohol withdrawal and prevention of relapses. <i>Cochrane Reviews</i> , 2010, Issue 2. Article No. CD006266. DOI: 10.1002/14651858. CD006266.pub2. This review contains 13 studies involving 648 participants.
Pearls No. 299, January 2011, written by Brian R McAvoy.	

Misoprostol and mifepristone effective for mid-trimester termination of pregnancy

Clinical question	What is the most effective method of mid-trimester (second trimester) termination of pregnancy (TOP)?
Bottom line	Medical TOP in the second trimester using the combination of mifepristone and misoprostol appeared to have the highest efficacy

	and shortest abortion time interval. Where mifepristone was not available, misoprostol alone was a reasonable alternative. Vaginal administration was the most efficient route of administration, and 3-hourly intervals of administration were more effective than 6-hourly intervals. Women who had previously given birth could take misoprostol sublingually. Pain resulting from uterine contractions and diarrhoea were the most common side-effects.
Caveat	Conclusions from this review were limited by the gestational age ranges and variable medical regimens (including dosing, administrative routes and intervals of medication) in the included trials. Irrespective of the medication used for second trimester TOP, there is a considerable risk of surgical intervention because of vaginal bleeding or incomplete abortion.
Context	Second-trimester medical TOP regimens have evolved greatly over the past 20 years with increasing availability of prostaglandin analogues, such as misoprostol and gemeprost, and anti-progesterone agents such as mifepristone, this is in addition to older regimens, such as instillation of hypertonic saline or dinoprostone.
Cochrane Systematic Review	Wildschut H et al. Medical methods for mid-trimester termination of pregnancy. <i>Cochrane Reviews</i> , 2011, Issue 1. Article No. CD005216. DOI: 10.1002/14651858.CD005216.pub2. This review contains 40 studies involving 5893 participants.
Pearls No. 300, March 2011, written by Brian R McAvoy	

Abstracts

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

No. 297 [Alternative institutional birth environments may be beneficial](#), updated

No. 298 [Magnesium sulphate effective for eclampsia](#)

No. 299 [Gamma-hydroxybutyrate effective for treatment of alcohol withdrawal and prevention of relapses](#)

No. 300 [Misoprostol and mifepristone effective for mid-trimester termination of pregnancy](#)

Colophon

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We would be grateful if you could forward the URL for colleagues to sign up to our website by going to

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

More information

For more information about the Field, or to view the previously published PEARLS please visit: <http://www.cochraneprimarycare.org>

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The Cochrane Primary Health Care Field is a collaboration between:

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Department of General Practice and Primary Health Care, University of
Auckland and funded by the New Zealand Guidelines Group;

² Academic Department of Primary and Community Care in The
Netherlands, The Dutch College of General Practitioners, and the
Netherlands Institute for Health Services Research;

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