



Cochrane News

Issue Number 12, January 1998

The Cochrane Collaboration

Preparing, maintaining, and disseminating systematic reviews of the effects of health care

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Cochrane News is the international newsletter of the Cochrane Collaboration (UK Registered Charity No 1045921; Registered in England No 3044323). It has been produced quarterly by the Australasian Cochrane Centre, and as of 1998 will be produced by the San Antonio Cochrane Center. It is distributed by [Cochrane Centres world wide](#).

This is the final issue of Cochrane News to be edited by Hilda Bastian. The views expressed are those of the authors, and are not necessarily shared by the Cochrane Collaboration, or the editor. Cartoons and illustrations this issue by Greg Smith and Hilda Bastian.

Future contributions are welcome to the new editor, **Karen Stamm**, at:

Cochrane News
The San Antonio Cochrane Center
Audie L Murphy Memorial Veterans Hospital
VA ACOS/AC (11C6)
7400 Merton Minter Boulevard
San Antonio Texas 78284, USA
Phone: 1 210 617 5190, Fax: 1 210 617 5234
E-mail: stamm@uthscsa.edu

[Home page](#)

The Cochrane Library takes off!

The word is spreading. Update Software has produced 5,000 CD-ROM and disk packs of the 1998, Issue 1 edition of The Cochrane Library. Roughly 3,000 of these are for existing subscribers. The remainder are for the complimentary copies sent to all contact reviewers and registered entities (how many other journals can you name where contributors receive free subscriptions?), evaluation and promotional copies, and stock for sales to new subscribers.

About 10% of subscriptions go to Australia/New Zealand, 20% to the Americas, and 70% to Europe and Africa.

We expect subscriptions to increase over the coming year, and are working to ensure the complete Library is available online, through online providers, professional societies, and hospital networks. See The Cochrane Library web site for the latest news, bug reports, and other information (<http://www.cochrane.co.uk>).

Groups within the Collaboration are addressing several quality issues. These range from how to introduce copy-editing to ensure consistency of style, to how best to indicate what has changed in reviews flagged as "updated", to how to incorporate reviewers' responses to comments and criticisms. Other issues include how to manage translations of part or all of the Library into languages other than English, and how to make it easier to find relevant material more quickly.

Ideas on how to tackle these issues are always appreciated. We would also encourage you to send comments on the Library and other issues that need to be addressed. An email discussion list dedicated to planning the future of The Cochrane Library has been established. Contact Update Software (mstarr@update.co.uk) for information on how to subscribe to this list.

Mark Starr (Oxford, UK)



Cochrane Groups

[Contact details for all groups](#)

Full details in The Cochrane Library, or from the nearest Cochrane Centre:

Collaborative Review Groups

Acute respiratory infections (Australia)
Airways (UK)
Breast cancer (Australia)
Consumers & communication (Aust) *NEW*
Cystic Fibrosis (UK)
Dementia & cognitive impairment (UK)
Depression, anxiety & neurosis (New Zealand)
Diabetes (UK)
Drugs & alcohol (Italy) * NEW *
Effective professional practice (UK)
Epilepsy (UK)
Eyes and vision (UK)
Fertility regulation (Netherlands) * NEW *
Gynaecological cancers (UK)
Hepato-biliary (Denmark)
Hypertension (USA)
Incontinence (UK)

Infectious diseases (UK)
Inflammatory bowel disease (Canada)
Injuries (UK)
Menstrual disorders & subfertility (New Zealand)
Movement disorders (Portugal)
Musculoskeletal (Canada) (with 12 sub-groups)
Multiple sclerosis (Italy) * NEW *
Neonatal (Canada)
Oral health (UK)
Peripheral vascular diseases (UK)
Pregnancy and Childbirth (UK)
Prostatic diseases (USA)
Renal diseases (France)
Schizophrenia (UK)
Skin (UK) * NEW *
Stroke (UK)
Tobacco addiction (UK)
Wounds (UK)

Fields

Complementary medicine (USA)
Health care of older people (UK)
Health promotion (UK)
Rehabilitation & related therapies (Netherlands)
Primary health care (Australia)
Vaccines (UK)
Cancer (UK)

Networks

The Consumer Network (Australia)



From the Editor

Looking back over the time I've been editing Cochrane News, I would have to say that an ongoing theme in the Collaboration has been wanting more - more reviews, more resources, more people, more software capabilities, more trials. Now we certainly have a lot more of those things. There are now almost as many review groups as we need. With strong networks growing in Asia, enough Cochrane centres are in sight. There are thousands of people involved in the Collaboration, a big trials register, and a steadily increasing number of reviews (more than double the number we had at this time last year).

So now we have turned to wanting more of other things as well: in fact, our expectations and wish lists just seem to keep growing! Having hundreds of reviews means a lot of attention is shifting towards them, and towards making them more useful and usable.

Wanting more out of the reviews themselves is definitely a recurring theme in this issue. Andrew Herxheimer sets out his [wish list as a user of Cochrane reviews](#), pointing out ways reviewers and the Collaboration could improve the content and presentation of reviews. He hopes for more debate and action in this key area, and I certainly join

him in that.

Andrew expresses concern about the lack of attention paid to adverse effects. In an analysis Philippa Middleton and I prepared for the 1997 Colloquium, we discovered that one in five Cochrane reviews made no mention of adverse effects or safety whatsoever. Clearly, this severely limits the help Cochrane reviews can provide people making decisions about health care. How can people weigh up the value of a treatment when only the benefits are discussed?

Ensuring that Cochrane reviews help people make decisions about health care is also the focus of [an article by Iain Chalmers](#). He worries about the possibility of reviews being used for another purpose - that of telling people what their decisions should be. Iain suggests a way of shifting the focus of reviews more clearly towards discussing the evidence itself, rather than encouraging too bright a spotlight on the reviewers' opinions of what it means.

It is an important warning. Making recommendations can be a tricky business. There is always a danger of going too far and encouraging people out onto some very thin ice. There is also the possibility of not going far enough, though, and failing to let people know clearly just where the ground is firm enough to take a stand.

Whichever way you look at it, finding words or images that convey just what you mean them to, can be a difficult balancing act. We need all the help we can get to keep on finding ways of getting it right throughout all the Collaboration's work.

I have had a lot of help in trying to get it right in Cochrane News - my thanks to everyone who contributed. Special thanks to the Australasian Cochrane Centre and to cartoonist Greg Smith, who certainly knows how to get a message across - and who fearlessly skated across slabs of thin ice whenever asked! All the best to the new editor, Karen Stamm from the San Antonio Cochrane Center, and I hope she enjoys this task as much as I have. As for me, the thing I have been wanting more of is time, and I am glad to now be able to spend it on supporting [consumer involvement in the Collaboration](#). Adios!

Hilda Bastian, Editor (Adelaide, Australia)



Canadian Centre

The Washington-based Agency for Health Care Policy and Research (AHCPR) is dedicated to narrowing the gap between health care research and health care practice. To this end, AHCPR awarded 12 five-year contracts to institutions in the US and Canada to serve as Evidence-based Practice Centers (EPCs). McMaster University (Hamilton, Canada) in collaboration with St Joseph's Hospital (Hamilton, Canada), the Health Information Research Unit, and the Canadian Cochrane Centre were successful applicants and have been awarded the prestigious EPC designation. Indeed, all North American Cochrane Centres are represented in the successful applicants.

The EPCs will review all the relevant scientific literature on medical topics assigned to them by AHCPR and conduct additional analyses when appropriate. Topics will include treatments, conditions, procedures, or technologies and may include alternative and complementary therapies. In addition, AHCPR will fund projects on methodological issues to further knowledge on evidence-based health care, a particular strength of this team of collaborators. The findings will be produced as "evidence reports" or technology assessments, which AHCPR will disseminate through its site on the World Wide Web and as printed documents. The findings will be useful for educators, review organisations, payers, and policy makers to assess, review, or improve the provision of care.

Special congratulations to Alex Jadad, co-director of the Canadian Cochrane Centre and assistant professor at the Department of Clinical Epidemiology and Biostatistics at McMaster University, and his team for leading the proposal process. Alex has been designated as the Director of the McMaster Evidence-Based Practice Centre.

A new governance structure for the Canadian Cochrane Network and Centre (CCNC) was introduced over the past year to ensure that the Network meets its objectives and that Canadian efforts support the strategic direction of the Collaboration. In addition to the 16 Canadian academic health sciences centres, the board was expanded to include representation from various professional health care provider associations, government, and consumer organisations.

Another new development is **Archie Cochrane Week**, to be held for the first time from 12 to 16 January. A variety of daily events includes demonstrations of The Cochrane Library and RevMan, presentation of review results, and a birthday celebration in memory of Archie Cochrane (born 12 January, 1909) - a wine and cheese party, and a unique birthday cake!

The CCNC was successful at securing a second year of funding from the Canadian Conference of Deputy Minister's Health. These monies will be dedicated to the Centre activities and the work being done at each of the 15 Network sites. The key target areas to be addressed in the upcoming year will continue to be dissemination and evaluation. The Centre also has a new coordinator, Kathie Clark.

The 3rd Annual General Meeting of the CCNC was held on 7 November at the Dundas Golf and Country Club, Dundas, Ontario. This meeting provided an opportunity for the Network Site representatives, other board members, Canadian-based review group editors and coordinators, and Centre staff to discuss issues and strategic directions of the Canadian contribution to the Collaboration.

Melissa Brouwers (Hamilton, Canada)

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The Cochrane Collaboration Should Provide Information, Not Give Advice

At the 1st Cochrane Colloquium, during discussion of the proposed structure for a Cochrane Review, Brian Haynes and Mike Clarke made a very important point. They drew attention to the distinction between using a review to display the research evidence and to discuss its likely validity (providing information), and, on the other hand, using analysis of the evidence assembled in the review as a basis for making judgements about the implications for practice and research (giving advice).

The importance of this distinction has been reiterated intermittently over the four years since then in the Collaboration's brochure and elsewhere. But I worry that the difference between providing information and giving advice is often being blurred. Some very firm judgements are being made by some authors of reviews and others about whether particular forms of care should or shouldn't be used. I believe that this tendency will lead to avoidable (and justified) hostility to the Collaboration.

One example of the kind of thing I am worried about is illustrated by a recent exchange of views in the correspondence columns of the British Medical Journal about a Cochrane review which had also been published as a paper in the journal. The critics of the review expressed their concern "that this study has now been placed in the Cochrane database, where it will be seen to be the last word on the use of antifungal agents in neutropenic patients". I believe that the main concern of the critics was that, although the review showed that prophylaxis prevents candidiasis, the firm opinion of the reviewers was that this evidence does not justify the use of prophylaxis.

A recent issue of Cochrane News provides another illustration of what I believe is a worrying tendency. In an

article entitled "What's New in The Library", new reviews were assigned to categories as follows: "What's worth doing", "It works but?", "Worth more research?", "Probably not helpful", and "What should not be done". Routine corticosteroids following acute stroke were assigned to the category "What should not be done," whereas routine corticosteroids after traumatic head injury were "Worth more research"; yet the 95% confidence intervals in these reviews indicated that steroids in stroke might reduce the odds of death by 30%, while steroids in traumatic brain injury might reduce the odds of death by (only) 25%.

I recognise that many people will be interested in the judgements of reviewers and others about the implications of the evidence assembled in Cochrane reviews, and that the evidence and judgements about its implications **MUST** be summarised for busy people. But I think that these judgements need to be labelled clearly and seen for what they are. The Collaboration cannot afford to run the risk of being seen to be trying to dictate policies without regard to the values, priorities, resources, and other research evidence which will quite properly influence decisions about these whether at individual patient level or in ministries of health.

These dangers can be reduced if reviewers and editors ensure that: (i) the Discussion section of the review is used to discuss the validity of the data in the review; (ii) the Conclusions section is relabelled "Authors' opinions about implications", and used to offer their opinion and advice; and (iii) the last section of the Abstract is based on the Discussion section. At least within the UK, organisations commissioning systematic reviews are making it increasingly clear that they expect reliable reviews of the evidence to be produced, not practice guidelines.

Iain Chalmers (Oxford, UK)



Planning Consumer Participation in Review Groups

Cochrane reviews aim to consider issues of importance to the people who use health care all around the world, and to identify areas where more research is needed. They are meant to be useful sources of information for consumers and non-specialist readers. The Collaboration highlights consumer participation as a vital strategy to achieving these (and other) goals, but for many people this is breaking new ground. Involving consumers is something that is easier said than done - especially when everyone's time and resources are stretched.

For most review groups (CRGs), all this commonly boils down to two questions: what should we be doing, and how can we actually do it? For consumer involvement to be more than an ad hoc or token activity, the broad answer to these questions is that there needs to be a systematic plan and approach - and someone has to be responsible for seeing it through.

Waiting for people to come along, or making simple approaches to consumer groups, will only sometimes do the trick. Consumer participation needs thought, planning, and time - and it needs to be well-integrated into the routine processes of the CRG. For most groups, it will mean carefully building relationships that will often have to start from scratch - and that won't happen overnight.

Current practice outlined in CRGs' modules in The Cochrane Library is roughly indicative of the activity found from various surveys. Scouring through the modules in Issue 1 of 1998, consumer involvement is a very patchy and barely visible affair. Consumer participation is evident in half the CRGs - and for some of those that is only so if you have insider knowledge of some of the names. This is a source of much dissatisfaction with consumer participants in the Collaboration - both because it does not credit and acknowledge consumers' contributions, and because the different methods and styles of involving consumers are not accessible to others. Only two groups spell out detailed plans for consumer participation: Breast Cancer and Consumers & Communication.

The Consumers and Communication plan addresses participation in three dimensions:

- the CRG's general work and directions;
- the reviewing process itself (including describing consumer participation as part of each review's methodology); and
- promotion of the Group to consumers (to attract more consumers to the CRG as well as to promote "the product" and ideas).

The modules show that consumer involvement at this time is largely restricted to refereeing protocols and/or reviews - essentially a subset of the second dot point above.

A third of CRGs are involving consumers occasionally or routinely in refereeing. This is an important start, but it is a very limited role. Consumer referees appear to generally be working without access necessarily to the primary literature on which reviews are based, and with little other assistance. CRG referee checklists and guides are almost universally not geared towards meeting the objectives in the first paragraph of this article. With very few exceptions, consumer participation is not international.

Over the next year, the Consumer Network will be able to provide more support to both consumers and CRGs who want to improve and expand this picture. Support materials will be developed and shared, along with people's experiences. Keep an eye on our module in The Cochrane Library, and the Australasian Cochrane Centre (ACC) home page (see back page). (Contact us via the ACC or hilda.bastian@flinders.edu.au)

Hilda Bastian (Adelaide, Australia)



Some Remediable Problems with Current Cochrane Reviews

Like many of us, I suppose, I now often dip into the systematic reviews in The Cochrane Library. Scientifically they are mostly of the high standard that we expect and are proud of, but regrettably few of them are a pleasure to read or easy to use. Four problems have struck me that I would like us all to consider. They concern:

- the text: often not clear enough, inelegant, or needlessly boring;
- the description of the studies and their methodological qualities: often incomplete;
- the table of characteristics of included trials: misplaced and poorly arranged;
- insufficient information about the authors and others who have contributed.

I will describe each in turn and suggest how we could improve them.

The text:

A simple test to apply to a sentence, a paragraph, or a longer piece of text is whether it is clear at first reading, and if not whether we can pinpoint the difficulty. Is it awkwardly constructed? Does it contain any word that needs explanation or definition? Is any specialised background knowledge required?

A good way of detecting some of these problems is to ask one or more consumers, or colleagues from a different field to read the text, and then to check whether they understood it correctly. Their help should of course be noted in the acknowledgements at the end of the review. Reading the text aloud can also help.

The discussion could often be made more interesting than it is now. I would like to know what points the authors consider most important and interesting, and whether they differ among themselves on any of these issues. I want to be stimulated, not anaesthetised.

Description of studies & methodological quality:

In most reviews this section lacks an introduction that surveys the population of trials retrieved. I would like to know how investigation of the problems addressed by the review has evolved, including the sources of funding, what comparisons have been made over the years, and where or whether the methods used have improved and if so in what ways. The logic or justification of the comparisons made sometimes requires explanation or comment.

- The assessment of methodological quality is usually confined to matters of allocation concealment, possible heterogeneity, and analysis and reporting of the trials. I would like to know much more:
- The precision and reproducibility of the methods of measurement used, observer variability, and measures taken to minimise it.
- Whether reports include anything about the adherence of participants or staff to the intended regimens, and if so what they found and what was concluded.
- The methods used to detect and record unwanted effects of the interventions, suspected and proven, and a comment on these negative aspects of the results. Every review should include a statement on this.
- Was there any consumer input into the design and conduct of the trials, and a comment on this from the reviewers.
- What information the participants of the trials were given before and during the trial, and how this information might have affected the outcomes. Up to now very few trial reports say anything about this, but the point is important because the information influences a person's decision to participate, and helps to determine which events during the trial and later are considered relevant and reported to the investigators. Differing information given to patients is thus an important potential source of heterogeneity.

Characteristics of included trials:

The table of these characteristics is needed when one is looking at the description of the trials, not at the end as an appendix. And the arrangement of trials in the table, in alphabetical order of the first author's name or of the country where it was done, is irrelevant to the reader's needs.

The table should appear next to the description of trials and their methodological qualities, and the trials within it should be arranged according to the comparisons they make. If four different comparisons are represented in the population of trials, then the table would be appropriately presented in four separate sections, and within each section in chronological order to highlight how knowledge grew.

More information about authors and other contributors:

It is annoying to have only the contact address of one of the authors. In many cases not even the country of the other authors is stated. It is obviously convenient to be able contact whichever of the authors is nearest.

It is also helpful to know the institutional affiliations of all the authors, and their professional role. If a comment is about a statistical point, it makes sense to address it to a statistician among the authors, if it is on an aspect of physiotherapy, to a physiotherapist among them, etc.

Although all reviews state the sources of support, acknowledgements to individuals who have helped with the

particular review are often absent. That their contribution should be properly acknowledged is one of the basic principles of the Collaboration. I would like to see the name, role or profession, and location stated for each referee or commentator, and am especially keen to know whether the review had any consumer input. It is unsatisfactory to list referees only in the entry for the review Group, because one then cannot see who has contributed to a particular review.

Let's have lots of discussion about how to improve our reviews - and do it

I have tried to provoke you all as authors, editors, and users of systematic reviews, and will be disappointed if some of you do not argue about, disagree with, or improve on these suggestions for making our reviews more user-friendly (Andrew_Herxheimer@compuserve.com).

Andrew Herxheimer (Oxford, UK)



Colloquium by the Canals

The 5th Annual Colloquium of the Cochrane Collaboration (8-12 October 1997) was held in Amsterdam in conjunction with the 2nd International Conference on the Scientific Basis of Health Care Services (5-8 October), with a joint day for both meetings on 8 October.

The main thrust of the Scientific Basis of Health Services meeting was the need to base medical decision making, within a health service setting, on scientific evidence wherever possible. The Cochrane Collaboration exists to generate and make available precisely this type of information, so the joint day enabled delegates from both conferences to meet and exchange ideas. Running the conferences back to back allowed delegates to attend both in one trip, which a substantial proportion did. Registrations for this year's Cochrane Colloquium exceeded 700 - the best yet!

The Dutch government provided substantial financial support for both conferences, allowing registration fees to be reduced and costs for delegates to be kept to a minimum - a gesture much appreciated by those attending.

Elizabeth Royle (Edinburgh, Scotland) in the Dec 1997 Peripheral Vascular Diseases Group Newsletter

This Colloquium was the only conference I've been to where an umbrella was included in the conference pack! It was, however, an essential and constantly used item as it rained every day! It was also a wonderful way of recognising Cochrane participants. You could spot the distinctive blue umbrellas with the Cochrane logo all over Amsterdam...

For many health professionals and researchers attending the Colloquium, it was the first time they had encountered consumers in an active role working within review groups and alongside reviewers. The interest from these professionals was heartening although it was very evident that the role of the consumer is not well understood. There is also a need for clarification of who is a consumer and what the potential range of roles are for consumers who wish to be actively involved with Cochrane review groups, networks, and fields...

I appreciated being able to attend the meetings of a range of review groups to make contact with review group

members from all over the world and to catch up with the current focus of each group. This opportunity for networking and liaison proved particularly useful for groups where there are areas of overlap. Hormone replacement therapy, for example, spans a number of review groups, so the collective meeting of those interested in this area was very worthwhile.

Judi Strid (Auckland, New Zealand) in the Jan 1998 Consumer Network Newsletter

The [Scientific Basis of] Health Services meeting helped to put Cochrane activity into context. All over the world, health administrators are struggling to build rationality into the way funds are allocated. Increasingly, Cochrane reviews will provide the transparent evidence base on which policy can be made.

The size of the Cochrane work force is expanding; the infrastructure which supports a growing body of voluntary activity is becoming more sophisticated and The Cochrane Library is finding its way into the decision-making process, both at the level of government and at the level of individual clinicians. Several features need to be highlighted:

- Groups like the Acute Respiratory Infections Group, which has now been active for a little over three years, need rapidly to expand the coverage of our discipline in order to make The Cochrane Library on Acute Respiratory Infections an up-to-date and complete reference source.
- Having the evidence base is only the beginning. Keeping it updated, making it user-friendly, ensuring that the questions it answers are the questions being asked, and that the over-viewing processes remain rigorous, transparent, and contestable.
- Understanding how clinicians and policy makers can most effectively use evidence to optimise their day-to-day decisions.

Bob Douglas (Canberra, Australia) in the November 1997 ARI Group Newsletter

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Focus on...

Wounds

The Cochrane Wounds Group was registered in April 1995. Our scope originally focused on chronic wounds, but is now broadening to embrace the prevention and treatment of all types of wounds.

The progress of the Wounds Group feels exceptionally slow at times, but we have to remind ourselves that we have only this year acquired some funding for the Group, for one year, from the Department of Health and Social Services, Northern Ireland. We have appointed a coordinator for the group, Andrea Nelson, who started working at the editorial base at the University of York in October 1997. Andrea is already a reviewer in the Group, and as a bioengineer, nurse, and experienced leg ulcer trialist, she has a rare combination of skills!

Funds from the Health Technology Assessment Programme (UK NHS R&D programme) have enabled Nicky

Cullum (coordinating editor), in collaboration with the NHS Centre for Reviews and Dissemination, to undertake eight reviews in chronic wound care, and compile a trials register. The reviews will be adopted and maintained by Cochrane reviewers on completion.

Our editorial team comes from a diverse range of professional backgrounds. Raj Mani is a medical physicist (Southampton, UK), Mike Stacey is a surgeon (Fremantle, Australia), Mieke Flour a dermatologist (Leuven, Belgium), and Christina Lindholm (Malmo, Sweden) and Nicky Cullum (York, UK) are nurses.

We have two protocols on the database, and others near completion. The Group desperately needs contributions from people genuinely committed to undertaking and maintaining systematic reviews in wound care. Contact us at: n.cullum@pulse.york.ac.uk (full address in The Cochrane Library or from your local Cochrane centre).

Nicky Cullum (York, UK)

Consumers & Communication

The Cochrane Group on Consumers and Communication was registered in October 1997, after a long and steady climb from our exploratory meeting in 1995. Hilda Bastian (consumer advocate, Australia) is our coordinating editor, and our review group coordinator is Paola Rio. Our three other editors are Heather Buchan (public health physician, Australia), Vikki Entwistle (social scientist, UK), and Alejandro Jadad (epidemiologist, Canada). We are delighted to welcome Faye Bower as our trials search coordinator, and to have Greg Smith (of Cochrane News fame!) enliven our module and other products with cartoons. A research officer will also be joining us soon. We are very grateful to the Victorian Department of Human Services for their funding and intramural support for our editorial base in Melbourne, Australia.

The Group undertakes reviews of the effects of interventions (particularly those which focus on information and communication) which affect consumers' interactions with health care professionals, health care services, and health care researchers. We now also include reviews on placebo effects, and are working with the Cochrane methods working group on developing this area.

The scope of our Group can be seen by some of the review topics currently in the pipeline: shared decision making; risk communication in screening; information at hospital discharge; informed consent; and the impact of the colour of medications. Look out for our first module in the 1998 Cochrane Library, and our first protocols later in the year. We are keen to welcome people who would like be reviewers, consumers, referees, and handsearchers in our Group. Contact Paola at rio@hna.ffh.vic.gov.au (full details from The Cochrane Library or your local Cochrane centre).

Hilda Bastian (Adelaide, Australia)

Depression, Anxiety & Neurosis

The Depression Anxiety and Neurosis Group was registered in June 1996. The editorial base is located in Auckland, New Zealand, along with our coordinating editor, Mark OakleyBrowne, review group coordinator, Natalie Khin, and secretary, Josie McCallion. The Group's database of trials is maintained in London by Hugh

McGuire (trials coordinator), Rachel Churchill (editor), and Simon Wessely (editor). Other people involved in the group are: David Gill, Simon Hatcher, Philip Hazell (editors), Dianne O'Connell, Rebecca Hardy (statistical consultants), Glyn Lewis (epidemiological consultant), and Carolyn Doughty (consumer liaison).

The scope of the Group includes the evaluation of health care relevant to mood disorders, anxiety disorders, somatoform disorders, dissociative disorders, and eating disorders. The Group also considers significant problems, such as deliberate selfharm and suicide attempt, which are often associated with these disorders. Excluded are personality disorders, and aspects of mental health care covered by the Schizophrenia and Dementia Groups. Also excluded are areas covered by the Group on Drug and Alcohol Addiction, and the proposed group on developmental and behaviour disorders.

The Group has been very productive, with the number of registered titles and completed protocols on The Cochrane Library increasing significantly. We hope to have one or two completed reviews by the end of 1997. We have a steady stream of expressions of interest and there appears to be no difficulty in recruiting new participants.

Hugh McGuire has put in an enormous effort in establishing the register of trials for the Group. We are very grateful to him and Kings College London for funding this work. Hugh is also developing a WWW page.

Thanks to Oakley Mental Health Research Foundation, the New Zealand Mental Health Commission, and the Auckland Medical Research Foundation funding for the next 24 months is secure. Over the next 12 months we have a number of important challenges. It is essential that we complete and publish a number of reviews. Unless we do so our credibility with funding bodies will be poor and our future viability at risk. Therefore, one of our main objectives is helping reviewers move through the title to protocol to completed reviews stages more efficiently.

At present we are establishing a New Zealand wide list of consumer organisations, and will soon be contacting the international affiliations of these groups. We have a specific consumer contact person (Carolyn Doughty, email at: cdoughty@chmeds.ac.nz) who is involved with consumer groups in Christchurch, New Zealand.

If you would like more information, contact Natalie Khin at: n.khin@auckland.ac.nz (full address from The Cochrane Library or your local Cochrane Centre).

Natalie Khin (Auckland, New Zealand)

Medical Editors Trial Amnesty

Underreporting of trials is an important source of bias in systematic reviews, and searching out unpublished trials is an important but time consuming part of conducting systematic reviews. Because of the important health care consequences of unreported trials, the editors of the British Medical Journal and The Lancet have joined in calling an unreported trial amnesty. In simultaneous editorials, investigators with unreported trials have been invited to register these with the journals. Any unreported trial in which participants were prospectively assigned to one of two or more alternative forms of health care using random or quasirandom allocation will be eligible for registration.

The registration information (contact details, number of randomised participants, type of participants, type of intervention) can be posted, faxed or emailed to the journal. Trial information will then be listed on a dedicated web site. If trial data are required by those conducting systematic reviews, the reviewer will be able to seek this information directly from the trialist. Efforts are currently underway to increase the number of journals participating in the amnesty. This initiative sends a strong signal to investigators about the important health care consequences of unreported trials. Fingers crossed for a good response!

Ian Roberts (London, UK)

Getting to Know the UK Cochrane Centre

The day arrived, our induction day at the UK Cochrane Centre (UKCC) in Oxford! Sally Hunt (workshops/meetings coordinator) greeted us warmly with coffee, and we then met Phil Alderson (acting deputy director of the centre). We had an interesting meeting with Phil which covered topics such as editing modules, searching the register and the holistic role of the Cochrane Collaboration, including the relation of the UKCC to individual review groups (CRGs).

We then met with Cath Milwain and Nicola Thornton. The contacts database was discussed and we began to understand just how our review group (CCEPP - Cochrane Collaboration on Effective Professional Practice) fitted into the grand scheme of things. Unfortunately Iain Chalmers (director) and Carol Lefebvre (information specialist) were away that day but Cath gave us some insight into the work in which they were involved. Everyone seemed very enthusiastic about the Collaboration's role.

Sally and Phil then accompanied us to a stimulating seminar on 'practical problems from systematic reviews in one therapeutic area' by Henry McQuay, Oxford Pain Relief Unit. It gave us the chance to meet in person more people who, up to that point, had just been 'names on a page'. We were then treated to a delicious lunch by Sally and Phil at a charming, old world pub called The Trout. The morning's activities gave rise to some stimulating conversation over lunch before our return to the UKCC, where we met with Jini Hetherington (Collaboration secretariat).

Jini was most interesting to talk to and was very informative about the work of the Collaboration worldwide. She explained the role of the steering group, and we also discussed the Handbook and other Cochrane documents.

Onward and downward! Downstairs is located the Cochrane Schizophrenia Group. We met with Ben Thornley, the trials coordinator who was most helpful and gave us an interesting demonstration of the Group's trials register, which is maintained on a Procite database.

We found our visit very worthwhile, for a variety of reasons. Beforehand, we had only limited knowledge of what the UKCC was about. During the visit we met in person, staff at the centre who we had only known by name, and discovered what their individual roles were and the support they could provide to CRGs. We were also given a useful insight into the work of the centre as a whole and how it related to that of the CRGs. At the end of the day we left the UKCC with an even greater sense of enthusiasm for the work of the Collaboration, keen to make our own contribution through the work of our collaborative review group.

Claire Allen & Graham Mowatt (Aberdeen, Scotland)

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Getting Together

New Group Emerging

An important part of the development of a Cochrane review group is what's called an "exploratory meeting" gathering together those interested in forming a group. The following exploratory meeting is scheduled in 1998: if you would like to know more about this meeting, contact the sponsoring Cochrane centre (UK Cochrane Centre).

Ear, nose & throat disorders: 5-6 April, 1998, Oxford (UK Cochrane Centre)

Annual Meetings

The next annual meeting for UK contributors will be at St Catherine's College in Oxford, 3-4 April (contact the UK Cochrane Centre); and the next annual meeting for Italian contributors will be held in Palermo, 6 November (contact the Italian Cochrane Centre).

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Training Workshops

Australasian Cochrane Centre: Protocol and RevMan workshops in Auckland the week of 20 April, and in Sydney and Adelaide later in 1998; consumer workshops in New Zealand, Adelaide, and Sydney or Melbourne depending on demand.

Canadian Cochrane Centre: Overview or introduction - 12 Feb, McGill; 17 Feb, Uni of Western Ontario; Feb at Queens; 3 March, McMaster; 30 April, Dalhousie; May or June, McGill; Protocol - spring in Ottawa; RevMan - 13 Feb, McGill; 17 Feb, Uni of Western Ontario; spring in Ottawa; May or June at McGill; Advanced methods - 12 November, McMaster.

Italian Cochrane Centre: 2-day workshop in April (to be notified).

Nordic Cochrane Centre: Handsearching -23 September, Helsinki; Protocol - 16 March, Oslo; 24 September, Helsinki; RevMan - 17 March, Oslo; 25 September, Helsinki.

South African Cochrane Centre: Protocol - 2 March, Johannesburg; 24 March, Cape Town; RevMan - 2 March, Johannesburg; 25 March, Cape Town.

Spanish Cochrane Centre: Systematic reviews - 18-19 June, Sabadell; Protocol - 26 Feb, Granada; 12 March, Ourense; 26 March, San Sebastian; 19 November, Sabadell; RevMan - 27 Feb, Granada; 13 March, Ourense; 27 March, San Sebastian; 20 November, Sabadell.

UK Cochrane Centre: Protocol - 9 Feb, 11 May, 22 June, 14 Sept in Oxford; 16 March, London; 8 June, Aberdeen; 16 November, Liverpool RevMan - 10 Feb, 12 May, 23 June, 15 September in Oxford; 9 June, Aberdeen; 17 November, Liverpool. Places on workshops are limited, with priority to UK-based members of registered review groups.

For more details of these & other workshops, contact your nearest Cochrane centre.

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Beware Review Duplication!

We were horrified to recently discover that a number of our key reviews were simultaneously being done for another group by different reviewers! Eventually we negotiated a way forward, but considerable time and effort would have been spared had the situation never arisen.

In another case, we unexpectedly received a protocol which substantially overlapped with another review nearing completion. The protocol had been prepared without our knowledge through another group, and was only identified as being under our scope once completed.

The problem of overlapping review titles is well recognised, particularly since there is now no formal mechanism for publicising titles on The Cochrane Library. Unfortunately, the ever increasing size of the Collaboration mitigates against any new centralised system, such as a master list or a web site where all new titles could be aired, as maintaining this would become a mammoth job in itself.

Good communication must be the key to preventing future duplication, and the responsibility for this rests with any group registering a new title. All titles should be checked for possible overlap with other scope lists, and relevant groups informed that a review potentially in their area is underway. It is essential to pass on this information, and not simply to check the current protocol or scope lists, as the window between title and protocol is large enough for new work to be developing during this period. This system will work, of course, only if groups maintain a rigorous system of title registration.

The final message is therefore a plea to all groups to remember the possibility of overlap whenever a new title appears, as a bit of effort at this stage will prevent considerable heartache later. In particular, look out for groups with broad, diffuse scope lists which may hide areas of similar interest. If in doubt, communicate!

Gillian Leng (Edinburgh, Scotland)



Upcoming Colloquia

6th International Cochrane Colloquium
Systematic Reviews evidence for action
22-26 October 1998
Renaissance Harborplace Hotel
Baltimore, USA

Closing date for abstracts: 30 April 1998

For further details, contact: 6th International Cochrane Colloquium, c/- Courtesy Associates, 2000 L St, NW, Suite 710, Washington DC 20036, USA. Phone: 1 202 973 8685, fax: 1 202 331 0111, email: kgillesp@CourtesyAssoc.com

Keep up-to-date via the Baltimore Cochrane Center website: <http://www.cochrane.org>

Planning ahead? The 1999 Colloquium will open in Rome on the evening of 5 October and continue till 10 October.



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The Cochrane Library is published and distributed by Update Software. Direct subscription ensures maximum benefit for the Cochrane Collaboration.

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The York Database of Abstracts of Reviews of Effectiveness (DARE): including structured abstracts of over 600 further systematic reviews filtered by the NHS Centre for Reviews and Dissemination in York, and references to over 900 more

The Cochrane Controlled Trials Register (CCTR): a bibliography of nearly 160,000 controlled trials (complete only on the CD-ROM version)

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Contact details

For more information, contact you local [Cochrane Centre](#)

More Web pages!

- The Spanish Cochrane Centre (with English option) is at <http://www.altaveu.chpt.es/cochrane/>
- Acute Respiratory Infections review group at <http://nceph.anu.edu.au/user/rnd868/arigroup.html>
- Musculoskeletal's Back Review Group for Spinal Disorders at <http://www.iwh.on.ca/>

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