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This alert highlights some of the key health care conclusions and their implications for practice as published this week in The Cochrane Library, 2007, Issue 4.

To receive a full copy of the Reviews highlighted in this newsletter, or to arrange an interview with an author, contact Jennifer Beal +44 (0)1243 770633 or by email, jbeal@wiley.co.uk.

Reviews highlighted in this newsletter:

- **Stretching out does not prevent soreness after exercise**
Studies show that stretching before or after exercise has little or no effect on muscle soreness between half a day and three days later, a team of Cochrane Researchers has found.
- **Simple measures can reduce spread of respiratory viruses**
Blocking transmission of respiratory viruses is an important part of halting spread of disease if an epidemic breaks out. A Cochrane Review has found that good hand-washing with normal soap and water are effective ways of containing respiratory virus epidemics. This is particularly important for children because it will help to protect them as well as reduce the chance of passing viruses to other household members.
- **High-dose ibuprofen may slow cystic fibrosis lung disease – especially in children**
This updated Cochrane Review supports the intriguing suggestion that long-term high-dose ibuprofen slows the rate of decline in lung function in children when treatment is started under the age of 13.
- **No evidence that insoles prevent general back pain**
There is strong evidence that using insoles does not prevent people from getting non-specific back pain, and there is insufficient evidence to say whether or not they help solve existing low-back pain, a Cochrane Systematic Review has found.
- **Chinese herbal medicine may help relieve painful menstrual cramps**

A team of Cochrane Researchers has found evidence that Chinese herbal medicine may provide one possible form of treatment for women with menstrual cramps.

- **No evidence that regulations on construction sites for reducing fatal and non-fatal accidents are effective**

Construction workers are frequently exposed to injury-inducing hazards, and various interventions have been proposed to make the work safer. This Cochrane Review has concluded that regulatory interventions did not show either an initial or a sustained effect on reducing fatal or non-fatal injuries.

- **Waterpipe smoking of tobacco is increasing, but research still lags behind**

With the increased use of waterpipes (also known as hookahs, hubble-bubbles, narghiles, shishas, gozas or narkeelas) in Western countries, many people believe that because the tobacco smoke is drawn through water, it is less harmful than other forms of smoking, but the evidence accumulated so far does not support that assumption, this Cochrane Systematic review has found.

Stretching out does not prevent soreness after exercise

Studies show that stretching before or after exercise has little or no effect on muscle soreness between half a day and three days later, a team of Cochrane Researchers has found.

Many people stretch before starting to exercise, and some stretch again at the end of a period of exertion. The aim may be to prevent injury, to promote higher performance, or to limit the chances of feeling stiff in the days after the exercise.

Two researchers set out to assess whether stretching could reduce stiffness. They identified 10 relevant trials, each of which involved between 10 and 30 people. Nine of the studies had been carried out in laboratory situations and stretching varied from between 40 seconds and 10 minutes.

The researchers used a 100-point scale to assess stiffness after exercise. They concluded that the estimated effects of stretching were extremely small, with most estimates showing that stretching reduced soreness by less than 1 point on the 100-point scale. The size of the effect was similar if stretching was performed before or after activity.

“The data were remarkably consistent,” says lead researcher Robert Herbert from the School of Physiotherapy at the University of Sydney, Australia, “The available evidence suggests that stretching before or after exercise does not prevent muscle soreness in young healthy adults.”

The researchers do, however, believe that there is a need to see whether stretching can have an effect on people in the community who have reduced levels of flexibility.

Simple measures can reduce spread of respiratory viruses

Blocking transmission of respiratory viruses is an important part of halting spread of disease if an epidemic breaks out. A Cochrane Review has found that good hand-washing with normal soap and water are effective ways of containing respiratory virus epidemics. This is particularly important for children because it will help to protect them as well as reduce the chance of passing viruses to other household members.

Using barriers such as simple face masks and gloves, isolating people known to be infected are also useful means of containing respiratory viruses.

This conclusion came after a multinational team of Cochrane Researchers combed many databases for scientific studies and found 51 that fitted their inclusion criteria.

“There is a strong indication that introducing hygienic measures around younger children can be a very powerful way of blocking spread, protecting them and the community they live in,” says lead researcher Professor Tom Jefferson from Rome, Italy.

The team also concluded that there was little if any evidence that expensive and uncomfortable N95 masks were any better than simple surgical masks. They were also left uncertain about whether adding chemicals that kill bacteria and viruses to soap made them any more effective at preventing transmission than normal soap.

“Many simple and probably low-cost interventions could help reduce transmission of epidemic respiratory viruses,” says Jefferson.

Jefferson T, Foxlee R, Del Mar C, Dooley L, Ferroni E, Hewak B, Prabhala A, Nair S, Rivetti A. Interventions for the interruption or reduction of the spread of respiratory viruses. *Cochrane Database of Systematic Reviews* 2007, Issue 4. DOI: 10.1002/14651858.CD006207.pub2.

High-dose ibuprofen may slow cystic fibrosis lung disease – especially in children

The most important clinical problem for people with cystic fibrosis (CF) is inflammation of their lungs. The inflammation then plays a role in further damaging the tissues. Consequently, people have wondered whether giving non-steroidal anti-inflammatory drugs (NSAIDs) to patients with CF will reduce lung inflammation.

This updated Cochrane Review supports the intriguing suggestion that long-term high-dose ibuprofen slows the rate of decline in lung function in children when treatment is started under the age of 13.

The Review now includes new data from a large Canadian multi-centre study, which doubled the number of participants that the researchers could analyse, and in particular, added a large number of children. “The results now show that high-dose ibuprofen may slow down the rate at which the lung function of a child with CF deteriorates. By slowing the rate of deterioration, high-dose ibuprofen can contribute to longer and healthier lives for children with Cystic Fibrosis,” said lead researcher Dr Larry Lands, who works in the Department of Pediatrics at Montreal Children’s Hospital.

“High-dose ibuprofen, a relatively inexpensive treatment, requires medical supervision, but is generally well-tolerated. Further work is ongoing in my laboratory on the mechanisms of action of high-dose ibuprofen, so that more targeted and potent therapies can be developed,” said Lands.

The long-term effects of prolonged use of high doses of NSAIDs have yet to be determined. This treatment is not currently recommended for routine use and patients receiving the therapy should do so under the supervision of a specialist CF Centre. However, future research could lead to real improvements in patients' lives.

Lands LC, Stanojevic S. Oral non-steroidal anti-inflammatory drug therapy for cystic fibrosis. Cochrane Database of Systematic Reviews 2007, Issue 4. DOI: 10.1002/14651858.CD001505.pub2.

No evidence that insoles prevent general back pain

There is strong evidence that using insoles does not prevent people from getting non-specific back pain, and there is insufficient evidence to say whether or not they help solve existing low-back pain, a Cochrane Systematic Review has found.

Back pain is one of the most common health problems in the industrialised world. It comes second only to upper respiratory infection as a reason for people to visit a doctor in the USA. Up to 85% of people in the USA suffer from back pain at one point in their lives.

Some people have suggested that insoles in shoes might help by absorbing shock, keeping the foot more stable as it touches the ground and helping the person's walking action to become more stable and fluent.

A team of Cochrane Researchers searched the international literature for relevant studies and found six randomised controlled trials that met their inclusion criteria. These involved over 2300 participants. The researchers came to two main conclusions:

- 1) there is strong evidence that the use of insoles does not prevent back pain in someone who does not have it already, and,
- 2) there is limited evidence that using insoles may reduce back pain in people who have pain – but it may also shift the pain from the back to the legs.

“We do need some good studies of the effect of insoles on existing or recurrent back pain, so that we can make recommendations with a greater sense of certainty,” says lead researcher Dr Tali Sahar who works at the Department of Family Practice at the Hebrew University, Jerusalem, Israel.

Sahar T, Cohen MJ, Ne'eman V, Kandel L, Odebiyi DO, Lev I, Brezis M, Lahad A. Insoles for prevention and treatment of back pain. Cochrane Database of Systematic Reviews 2007, Issue 3. DOI: 10.1002/14651858.CD005275.pub2.

Chinese herbal medicine may help relieve painful menstrual cramps

Women with menstrual cramps are often offered either non steroidal anti-inflammatory drugs or oral contraceptives. Many women, however, find that this treatment does not work or they can not take the drugs, and more women would prefer a non-drug alternative.

Chinese herbal medicine (CHM) has been used for centuries in China, being used in public hospitals to treat unexplained cramps that occur during menstruation (primary dysmenorrhoea). A team of Cochrane Researchers has found evidence that CHM may provide one possible form of treatment.

This evidence came from studying 39 randomised controlled trials that together involved 3,475 women. CHM gave significant improvements in pain relief when compared to pharmaceutical drugs. It also reduced overall symptoms. The research revealed that CHM was also better at alleviating pain than acupuncture or heat compression.

“All available measures of effectiveness confirmed the overall superiority of Chinese herbal medicine to placebo, no treatment, NSAIDs OCP, acupuncture and heat compression, and, at the same time, there were no indications that CHM caused any adverse events,” says lead author Xiaoshu Zhu who works at the Center for Complementary Medicine Research at the University of Western Sydney, Australia.

Zhu X, Proctor M, Bensoussan A, Smith CA, Wu E. Chinese herbal medicine for primary dysmenorrhoea. *Cochrane Database of Systematic Reviews* 2007, Issue 3. DOI: 10.1002/14651858.CD005288.pub2.

No evidence that regulations on construction sites for reducing fatal and non-fatal accidents are effective

Construction workers are frequently exposed to injury-inducing hazards, and various interventions have been proposed to make the work safer.

A team of Cochrane Researchers gathered by the Finnish Institute of Occupational Health, however, looked for trials that could indicate whether any recommendations had been effective. They found only five studies that met their inclusion criteria, and even those were not of particularly high quality. Three of these evaluated the effect of specific regulations, one looked at a safety campaign and the fifth was a drug-free workplace program.

From the data they did find, they concluded that the regulatory interventions did not show either an initial or a sustained effect on reducing fatal or non-fatal injuries. In contrast, the safety campaign and the drug-free workplace program both had initial and sustained effects.

“The vast majority of technical and human factors and organisational interventions which are recommended by standard texts of safety, consultants and safety courses, have not been adequately evaluated,” says lead researcher Dr Henk van der Molen, from Arbouw and the Coronel Institute of Occupational Health in The Netherlands, who was financed by an Australian government agency.

The researchers say that there is a clear need for interrupted time series studies conducted over several years as a means of evaluating the effectiveness of safety interventions.

“The construction industry needs to take a serious look at the ways that it attempts to keep its workforce safe and check that the interventions they call for have a proven track record of success,” says Dr van der Molen.

van der Molen HF, Lehtola MM, Lappalainen J, Hoonakker PLT, Hsiao H, Haslam R, Hale AR, Verbeek J. Interventions for preventing injuries in the construction industry. Cochrane Database of Systematic Reviews 2007, Issue 4. DOI: 10.1002/14651858.CD006251.pub2.

Waterpipe smoking of tobacco is increasing, but research still lags behind

While in many Western countries there is public health pressure to stop smoking, the use of waterpipes (also known as hookahs, hubble-bubbles, narghiles, shishas, gozas or narkeelas) is increasing.

A team of Cochrane Researchers set out to see if there was any evidence about the addictive properties of this form of tobacco use, and whether there were research trials looking at treatment options to help waterpipe users quit.

“We searched for published and unpublished waterpipe cessation trials in any language, especially in areas of the world where waterpipe use is widespread, but were unable to find any,” says lead researcher Dr Wasim Maziak, who says that some of the information gap will be plugged because his team is currently researching ways of developing cessation interventions for waterpipe users. Dr Maziak works at the University of Memphis, Tennessee, USA, and is the director of the Syrian Centre for Tobacco Studies in Syria.

Many people believe that because the tobacco smoke is drawn through water, it is less harmful than other forms of smoking, but the evidence accumulated so far does not support that assumption. It also appears that using a waterpipe is as addictive as other forms of tobacco smoking.

“As waterpipe use is increasing throughout Europe and North America it is very important that we initiate comprehensive research efforts to combat this looming epidemic,” says Dr Maziak.

Maziak W, Ward KD, Eissenberg T. Interventions for waterpipe smoking cessation. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD005549. DOI: 10.1002/14651858.CD005549.pub2.

Extracts from a selection of other Cochrane Systematic Reviews

This section contains extracts from 20 selected new or updated reviews also publishing in The Cochrane Library 2007, Issue 4. These extracts have been divided into headings of:

Family / Parenting / Children
Disease / Infection / Treatment
Cancer
Balance / Walking
Patient Education

To receive a full copy of the results from this selection, or to arrange an interview with an author, contact Jennifer Beal on +44 (0)1243 770633 or by email, jbeal@wiley.co.uk.

Family / Parenting / Children

“Copper containing, framed intra-uterine devices for contraception”

(CD005347) by R Kulier, PA O'Brien, FM Helmerhorst, M Usher-Patel, C D'Arcangues

Background

Intrauterine devices (IUD) are safe and effective methods of long term reversible contraception. The design, and copper content as well as placement of the copper on IUDs could affect their effectiveness and side-effect profile.

Extract from the Implications for Practice findings

TCu380A or TCu380S appear to be more effective than other IUDs. No IUD showed consistently lower removal rates for bleeding and pain in comparison to other IUDs. There is no evidence that any particular framed copper device is better suited to women who have not had children.

“Cleavage stage versus blastocyst stage embryo transfer in assisted conception”

(CD002118) by DA Blake, CM Farquhar, N Johnson, M Proctor

Background

Recent advances in cell culture media have led to a shift in IVF practice from early cleavage embryo transfer to blastocyst stage transfer. The rationale for blastocyst culture is to improve both uterine and embryonic synchronicity and self selection of viable embryos thus resulting in higher implantation rates.

Extract from the Implications for Practice findings

This review provides evidence that there is a significant difference in pregnancy and live birth rates in favour of blastocyst transfer with good prognosis patients with high numbers of eight-cell embryos on Day three being the most favoured in subgroup for whom there is no difference in cycle cancellation. There is emerging evidence to suggest that in selected patients, blastocyst culture maybe applicable for single embryo transfer.

“Venepuncture versus heel lance for blood sampling in term neonates”

(CD001452) by V Shah, A Ohlsson

Background

Heel lance has been the conventional method of blood sampling in neonates for screening tests. Neonates undergoing this procedure experience pain. Despite various studies evaluating the role of pharmacological and non-pharmacological interventions to date, there are no effective and practical methods to alleviate pain from heel lance.

Extract from the Implications for Practice findings

Venepuncture, when performed by a skilled phlebotomist, appears to be the method of choice for blood sampling in term neonates. For each three venepunctures instead of heel lance, the need for one additional skin puncture can be avoided.

“Cooling for newborns with hypoxic ischaemic encephalopathy”

(CD003311) by S Jacobs, R Hunt, W Tarnow-Mordi, T Inder, P Davis

Background

Newborn animal studies and pilot studies in humans suggest that mild hypothermia following peripartum hypoxia-ischaemia in newborn infants may reduce neurological sequelae without adverse effects.

Extract from the Implications for Practice findings

There is evidence from the eight randomised controlled trials included in this systematic review (n = 638) that therapeutic hypothermia is beneficial to term newborns with hypoxic ischaemic encephalopathy. Cooling reduces mortality without increasing major disability in survivors.

“Psychosocial and psychological interventions for treating postpartum depression”

(CD006116) by C-L Dennis, E Hodnett

Background

Postpartum depression is a major health issue for many women from diverse cultures. While pharmacological interventions are an effective treatment for depression, mothers are often reluctant to take antidepressant medication due to concerns about breast milk transmission or potential side-effects. It is important that non-pharmacologic interventions be evaluated for use with postpartum women experiencing depressive symptomatology.

Extract from the Implications for Practice findings

Although the methodological quality of the majority of trials was, in general, not strong, the meta-analysis results suggest that psychosocial and psychological interventions are an effective treatment option for women suffering from postpartum depression.

Disease / Infection / Treatment

“Use of plastic adhesive drapes during surgery for preventing surgical site infection”

(CD006353) by J Webster, A A Alghamdi

Background

Surgical site infection has been estimated to occur in about 15% of clean surgery and 30% of contaminated surgery. Using plastic adhesive drapes to protect the wound from organisms that may be present on the surrounding skin during surgery is one strategy used to prevent surgical site infection. Results from non-randomised studies have produced conflicting results about the efficacy of this approach but no systematic review has been conducted to date to guide clinical practice.

Extract from the Implications for Practice findings

There was no evidence from the seven trials that plastic adhesive drapes reduce surgical site infection rate and some evidence that they increase infection rates.

“Artesunate versus quinine for treating severe malaria”

(CD005967) by KL Jones, S Donegan, DG Lalloo

Background

Severe malaria kills over a million people every year. We sought evidence of superiority of artesunate compared with the standard treatment quinine.

Extract from the Implications for Practice findings

Intravenous artesunate is the drug of choice for adults with severe malaria, particularly if acquired in Asia. This review did not identify sufficient data to make firm conclusions about the treatment of children or the effectiveness of intramuscular artesunate. There is an urgent need to compare the effects of artesunate with quinine in African children with severe malaria. This review highlights the inadequate routine measurement of blood glucose, which ideally should be checked several times a day as advocated by recent World Health Organization guidelines (WHO 2006).

“Colloids versus crystalloids for fluid resuscitation in critically ill patients”

(CD000567) by P Perel, I Roberts

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.

Extract from the Implications for Practice findings

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 further, colloids are considerably more expensive than crystalloids, it is hard to see how their continued use outside the context of randomised controlled trials in subsets of patients of particular concern, can be justified.

“Azathioprine for multiple sclerosis”

(CD003982) by I Casetta, G Iuliano, G Filippini

Background

Azathioprine is the most widely used immunosuppressive treatment in multiple sclerosis (MS). It is an alternative to interferon beta for treating MS also because it is less expensive. Concerns about its safety, mainly a possible increased risk of malignancy, have limited its use. This systematic review aimed to determine the trade off between the benefits and risks of azathioprine in multiple sclerosis.

Extract from the Implications for Practice findings

Azathioprine is an appropriate maintenance treatment for patients with multiple sclerosis who frequently relapse and require steroids. Cumulative doses of 600g should not be exceeded in relation to a possible increased risk of malignancy. Considering the trade off between the benefits and harms, azathioprine is a fair alternative to interferon beta for treating multiple sclerosis.

“Surgical treatment options for carpal tunnel syndrome”

(CD003905) by RJPM Scholten, A Mink van der Molen, BMJ Uitdehaag, LM Bouter, HCW Vet

Background

Carpal tunnel syndrome is a common disorder for which several surgical treatment options are available.

Extract from the Implications for Practice findings

There is no strong evidence supporting the need for replacement of standard open carpal tunnel release by existing alternative surgical procedures for the treatment of carpal tunnel syndrome. The decision to apply endoscopic carpal tunnel release instead of open carpal tunnel release seems to be guided by the surgeon's and patient's preferences.

“Abstinence-only programs for HIV infection prevention in high-income countries”

(CD005421) by K Underhill, D Operario, P Montgomery

Background

Abstinence-only interventions promote sexual abstinence as the only means of preventing sexual acquisition of HIV; they do not promote safer-sex strategies (e.g., condom use). Although abstinence-only programs are widespread, there has been no internationally focused review of their effectiveness for HIV prevention in high-income countries.

Extract from the Implications for Practice findings

Evidence does not indicate that abstinence-only interventions effectively decrease or exacerbate HIV risk among participants in high-income countries; trials suggest that the programs are ineffective, but generalizability may be limited to US youth.

“Deworming drugs for treating soil-transmitted intestinal worms in children: effects on growth and school performance”

(CD000371) by DC Taylor-Robinson, AP Jones, P Garner

Background

In areas where intestinal worm infections occur, the World Health Organization recommends treating all school children at regular intervals with deworming drugs to improve growth and school performance. The evidence base for this policy needs to be established for countries to commit resources to implement these programmes.

Extract from the Implications for Practice findings

Deworming drugs used in targeted community programmes may be effective in relation to weight gain in some circumstances but not in others. Also, there is no direct evidence from trials to show that this depends on background helminth prevalence or intensity. Whether it has an effect on school performance or cognition is unknown. We suggest that policy advocates make clear the research evidence has sometimes demonstrated benefits and sometimes has not demonstrated benefit. Guideline developers and policy makers at global,

national, and local levels should be allowed to consider carefully the evidence carefully before committing to investing existing resources in delivering these programmes.

“Single dose oral lumiracoxib for postoperative pain”

(CD006865) by YM Roy, S Derry, RA Moore

Background

Lumiracoxib is a novel selective cyclooxygenase-2 (COX-2) inhibitor. COX-2 inhibitors have been developed to avoid COX-1 related gastrointestinal (GI) problems. Lumiracoxib has analgesic and anti-inflammatory activity comparable with traditional non-steroidal anti-inflammatory drugs (tNSAIDs) in the management of post-operative pain, but with the advantage of better GI tolerability.

Extract from the Implications for Practice findings

Lumiracoxib 400 mg given as a single oral dose, is an effective analgesic for acute postoperative pain. Based on limited evidence lumiracoxib 400 mg is as effective as ibuprofen 400 mg, both in terms of its NNT for at least 50% pain relief over six hours and for the duration of analgesia as measured by time to remedication.

Cancer

“Taxanes for adjuvant treatment of early breast cancer”

(CD004421) by T Ferguson, N Wilcken, R Vagg, D Gherzi, AK Nowak

Background

Adjuvant chemotherapy improves survival in pre- and post-menopausal women with early breast cancer. Taxanes are highly active chemotherapy agents in metastatic breast cancer. Their role in early breast cancer was examined in this review.

Extract from the Implications for Practice findings

This meta-analysis of studies supports the use of taxane containing adjuvant chemotherapy regimens with improvement of overall survival and disease-free survival for women with operable early breast cancer.

“Interventions for sexual dysfunction following treatments for cancer”

(CD005540) by CL Miles, B Candy, L Jones, R Williams, A Tookman, M King

Background

The proportion of people living with and surviving cancer is growing. This has led to increased awareness of the importance of quality of life including sexual function in people with cancer. Sexual dysfunction (SD) is a potential long-term complication of cancer treatments.

Extract from the Implications for Practice findings

PDE5 inhibitors are an effective treatment for SD secondary to treatments for prostate cancer. Other interventions identified need to be tested in further RCTs. The SD interventions in this review are not representative of the range available for men and women. Further evaluations are needed for these interventions for SD following cancer treatments.

“Oral morphine for cancer pain”

(CD003868) by PJ Wiffen, HJ McQuay

Background

Morphine has been used for many years to relieve pain. Oral morphine in either immediate release or modified release form remains the analgesic of choice for moderate or severe cancer pain.

Extract from the Implications for Practice findings

The randomised trial literature for morphine is small given the importance of this medicine. There is qualitative evidence for effectiveness of oral morphine which compares well to other available opioids. There is limited evidence to suggest that transmucosal fentanyl provides more rapid pain relief for breakthrough pain compared to morphine. This updated review now has stronger evidence demonstrating that it is possible to titrate to pain relief using modified release morphine. There is limited evidence that suggests that transmucosal fentanyl (so called 'lollipops') may be superior for breakthrough pain. However, there are a small number of patients who do not benefit from morphine or who may develop intolerable side effects.

Balance / Walking

“Electromechanical-assisted training for walking after stroke”

(CD006185) by J Mehrholz, C Werner, J Kugler, M Pohl

Background

Electromechanical and robotic-assisted gait training devices are used in rehabilitation and might help to improve walking after stroke.

Extract from the Implications for Practice findings

Patients who receive electromechanical-assisted gait training in combination with physiotherapy after stroke are more likely to achieve independent walking than patients receiving gait training without these devices

“Exercise for improving balance in older people”

(CD004963) by TE Howe, L Rochester, A Jackson, PMH Banks, VA Blair

Background

Diminished ability to maintain balance may be associated with an increased risk of falling. In older adults, falls commonly lead to injury, loss of independence, associated illness and early death. Although some exercise interventions with balance and muscle strengthening components have been shown to reduce falls it is not known which elements, or combination of elements, of exercise interventions are most effective for improving balance in older people.

Extract from the Implications for Practice findings

Exercise appears to have statistically significant beneficial effects on balance ability compared to usual activity. Interventions involving gait, balance, co-ordination and functional exercises; muscle strengthening; and multiple exercise types, appear to have the greatest impact on indirect measures of balance. However, there was limited evidence that effects were long lasting.

Patient Education

“Dietary advice for reducing cardiovascular risk”

(CD002128) by EJ Brunner, K Rees, K Ward, M Burke, M Thorogood

Background

Changes in population diet are likely to reduce cardiovascular disease and cancer, but the effect of dietary advice is uncertain.

Extract from the Implications for Practice findings

Dietary advice appears to be effective in bringing about modest beneficial changes in diet and cardiovascular risk factors over approximately 10 months but longer term effects are not known.

“Educational outreach visits: effects on professional practice and health care outcomes”

(CD000409) by MA O'Brien, S Rogers, G Jamtvedt, AD Oxman, J Odgaard-Jensen, DT Kristoffersen, L Forsetlund, D Bainbridge, N Freemantle, DA Davis, RB Haynes, EL Harvey

Background

Educational outreach visits (EOVs) have been identified as an intervention that may improve the practice of healthcare professionals. This type of face-to-face visit has been referred to as university-based educational detailing, academic detailing, and educational visiting.

Extract from the Implications for Practice findings

EOVs, with or without additional interventions, can be effective in improving health professional practice. The effects are, for the most part, small to moderate, but potentially important. The effects on prescribing are small and consistent whereas the effect on other professional behaviours is more variable. It is not known to what extent performance is likely to deteriorate or improve over time, or whether multiple visits are worth the additional cost.

Notes for editors

1. The Cochrane Library contains high quality health care information, including Systematic Reviews from The Cochrane Collaboration. These Reviews bring together research on the effects of health care and are considered the gold standard for determining the relative effectiveness of different interventions. The Cochrane Collaboration (<http://www.cochrane.org>) is a UK registered international charity and the world's leading producer of systematic Reviews. It has been demonstrated that Cochrane Systematic Reviews are of comparable or better quality and are updated more often than the Reviews published in print journals^a.
2. The Cochrane Library can be accessed at <http://www.thecochranelibrary.com>. Guest users may access abstracts for all Reviews in the database, and members of the media may request full access to the contents of the Library. For further information, see contact details below.

A number of countries have national provisions by which some or all of their residents are able to access The Cochrane Library for free. These include:

Australia	http://www.nicsl.com.au/Cochrane
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Norway	http://www.cochrane.no
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Scotland	http://www.nes.scot.nhs.uk
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South Africa	http://www.sahealthinfo.org/evidence/databases.htm
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The Canadian Province of Saskatchewan	http://www.thecochranelibrary.com
The Canadian Province of Nova Scotia	http://www.library.dal.ca/kellogg/ahkp/cochrane.htm
The US State of Wyoming	http://wyld.state.wy.us/dbloginform.html

3. There are also several programmes, such as the Health InterNetwork Access to Research Initiative (HINARI) and the International Network for the Availability of Scientific Publications (INASP) that provide access in developing countries. To find out whether your country is included in any of these programmes/provisions, or to learn how to get access if you don't already have it, please visit: <http://www.thecochranelibrary.com>.
4. The XV Cochrane Colloquium 2007 will be held in Sao Paulo, Brazil, 23rd - 27th October 2007. All plenary sessions will be recorded and available for free online at www.cochrane.org.

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Contact: Jennifer Beal
Tel: +44 (0)1243 770633
Email: jbeal@wiley.co.uk

^a Jadad AR, Cook DJ, Jones A, Klassen TP, Tugwell P, Moher M, et al. Methodology and reports of systematic Reviews and meta-analyses: a comparison of Cochrane Reviews with articles published in paper-based journal.