



**The Cochrane Library
... the best single source of reliable evidence
about the effects of health care**

Strictly Embargoed until 00:01 hours (BST), 15th April 2009

This alert highlights some of the key health care conclusions and their implications for practice as published next week in [The Cochrane Library](#), 2009, Issue 2.

To receive a full copy of the reviews highlighted in this newsletter, or to arrange an interview with an author, please contact Jennifer Beal on +44 (0)1243 770633 / +44 (0) 7802 468863 or by email, wnews europe@wiley.com.

*Also: Have you seen the **Pain Therapy** cluster of releases? Just reply to this email if you would like to receive it*

Reviews highlighted in this newsletter:

- **[Male Circumcision Reduces HIV Risk: No Further Evidence Needed](#)**
Three recent African trials support male circumcision for reducing the risk of contracting HIV in heterosexual men, according to this Cochrane Review.
- **[Homeopathic Medicines: Can They Help Relieve Side-Effects of Cancer Therapy?](#)**
In a systematic review of randomised controlled trials, Cochrane Researchers examined recent evidence for the safety and effectiveness of homeopathic medicines used to treat the side-effects of cancer treatment.
- **[Giving Birth: Upright Positions Shorten First Stage Labour](#)**
Lying down during the early stages of childbirth may slow progress, according to a new systematic review. Cochrane Researchers found that the first stage of labour was significantly shorter for women who kneel, stand up, walk around, or sit upright as opposed to lying down.
- **[Music Reduces Stress in Heart Disease Patients](#)**
Listening to music may benefit patients who suffer severe stress and anxiety associated with having and undergoing treatment for coronary heart disease. Benefits included a decrease in blood pressure, heart rate, and levels of anxiety in heart patients.
- **[Exercise Reduces Falls in Older People](#)**
Exercise programmes are an effective option for preventing falls among older people living in the community. There is less evidence at present for the effectiveness of other interventions, such as home safety improvements and vitamin D supplements.

- [Baby Canine Teeth: No Evidence to Support Extraction](#)
The practice of extracting baby canine teeth to make way for adult canines that are erupting in the wrong place has no evidential basis, according to a new review by Cochrane Researchers. The researchers were unable to identify a single high quality study to support the practice.
- [Oral Rehydration Solution for Diarrhoea: More Research Needed On New Formulations](#)
Newer polymer-based formulations of oral rehydration solution given to treat diarrhoea may offer some benefits over older sugar-salt formulations.
- [Selection of Other New Cochrane Systematic Reviews](#)

Male Circumcision Reduces HIV Risk: No Further Evidence Needed

Three recent African trials support male circumcision for reducing the risk of contracting HIV in heterosexual men. After including new data from these trials in their review, Cochrane Researchers have changed their previous conclusions that there was insufficient evidence to recommend circumcision as an intervention to prevent HIV infection in heterosexual men.

“Research on the effectiveness of male circumcision for preventing HIV in heterosexual men is conclusive. No further trials are required to establish that HIV infection rates are reduced in heterosexual men for at least the first two years after circumcision,” says lead researcher Nandi Siegfried, Co-director of the South African Cochrane Centre at the South African Medical Research Council. “Policy makers can consider implementing circumcision as an additional measure into HIV prevention programmes.”

Circumcision may help to protect against HIV by removing cells in the foreskin to which the virus is specifically attracted. Called Langerhans cells, they display receptors that enable HIV entry. Previous non-randomised studies investigated the association between circumcision and HIV, but until now, Cochrane researchers have been unable to make strong recommendations for the intervention due to a lack of high quality evidence gained from randomised clinical trials.

The clinical trials included in the review took place in South Africa, Uganda, and Kenya between 2002 and 2006, and included a total of 11,054 men. The results show that circumcision in heterosexual men significantly reduces their risk of acquiring HIV by 54% over a two year period, compared with uncircumcised men. This reduced risk is the best estimate of the average effect and the researchers report that the true risk will be reduced by between 38 to 66%. Further research, however, is required to establish whether male circumcision offers any benefit to women partners of circumcised men and homosexual men.

The researchers warn that policy makers also need to think about the culture and environment in which circumcision is carried out. “In many countries, male circumcision is practiced as part of the rites of initiation by traditional healers who are not trained in aseptic surgical techniques. So adverse events following traditional circumcisions can be high,” says Siegfried.

Full citation: Siegfried N, Muller M, Deeks JJ, Volmink J. Male circumcision for prevention of heterosexual acquisition of HIV in men. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD003362. DOI: 10.1002/14651858.CD003362.pub2.

SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 15th APRIL 2009

[\[To top\]](#)

Homeopathic Medicines: Can They Help Relieve Side-Effects of Cancer Therapy?

Drugs and radiotherapy given for cancer can cause unpleasant side effects such as nausea and vomiting, mouth sores, dermatitis, and menopausal symptoms. Around a third of patients with cancer use complementary therapies, including homeopathic medicines, to try to reduce these side effects. In a systematic review of randomised controlled trials, Cochrane Researchers examined recent evidence for the safety and effectiveness of homeopathic medicines used in this way.

The review included eight studies involving a total of 664 participants. One study with 256 participants found that skin irritation caused by radiotherapy was less in patients using calendula ointment compared with those using the topical agent trolamine. In another study of 32 participants, those who took Traumeel S (a combination of 14 homeopathic medicines) had more relief from mouth sores caused by chemotherapy than those who took placebo. Two small studies on adverse effects of radiotherapy were positive but may have been biased, and two small studies on adverse effects of chemotherapy did not show any positive effects.

“We found preliminary data that suggest there may be benefit associated with two homeopathic medicines in specific circumstances, although these results need to be replicated in further studies,” says Dr Sosie Kassab, Director of the Royal London Homoeopathic Hospital’s Complementary Cancer Service and lead author of the review. “The effects of calendula may also depend on the formulation, as it can be prepared using a range of different methods.”

Two other studies tested homeopathic medicines for relieving menopausal symptoms caused by breast cancer therapies. However, the researchers found no evidence in these studies for any benefit over placebo.

None of the homeopathic medicines studied reported serious side effects or interactions with conventional treatments.

“At present, there is no convincing evidence to support the use of homeopathic medicines for other adverse effects of cancer treatments,” says Kassab. “But very little research has been undertaken and more is required.”

Full citation: Kassab S, Cummings M, Berkovitz S, van Haselen R, Fisher P. Homeopathic medicines for adverse effects of cancer treatments. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD004845. DOI: 10.1002/14651858.CD004845.pub2.

*****SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 15th APRIL 2009*****

[\[To top\]](#)

Giving Birth: Upright Positions Shorten First Stage Labour

Lying down during the early stages of childbirth may slow progress, according to a new systematic review. Cochrane Researchers found that the first stage of labour was significantly shorter for women who kneel, stand up, walk around, or sit upright as opposed to lying down.

Using data from 21 studies carried out in developed countries since the 1960s, involving 3,706 women, the researchers found that the first stage of labour was around an hour shorter in those who adopted upright positions compared to those who lay down.

“In most developing countries, women stand up or walk around as they wish during the early stages of birth with no ill effects,” says Annemarie Lawrence, who works at the Institute of Women’s and Children’s Health at the Townsville Hospital in Queensland, Australia. “This review demonstrates that there is some benefit and no risk to being upright and or mobile during first stage labour.”

“Based on these results, we would recommend that women are encouraged to use whichever positions they find most comfortable, but are specifically advised to avoid lying flat,” says Lawrence.

The researchers stress that more information is urgently needed to understand how birthing positions relate to levels of pain, control and satisfaction among birthing women.

Full citation: Lawrence A, Lewis L, Hofmeyr GJ, Dowswell T, Styles C. Maternal positions and mobility during first stage labour. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art.No.: CD003934. DOI: 10.1002/14651858.CD003934.pub2.

[\[To top\]](#)

Music Reduces Stress in Heart Disease Patients

Listening to music may benefit patients who suffer severe stress and anxiety associated with having and undergoing treatment for coronary heart disease. A Cochrane Systematic Review found that listening to music could decrease blood pressure, heart rate, and levels of anxiety in heart patients.

Living with heart disease is extremely stressful. The uncertainties and anxieties surrounding diagnosis and the various medical procedures involved in treatment can significantly worsen the condition. For example, stress can increase blood pressure, leading to increased risk of complications. Music listening may help to alleviate stress and therefore reduce this risk.

“Our findings suggest music listening may be beneficial for heart disease patients,” says Joke Bradt, who works at the Arts and Quality of Life Research Center at Temple University in Philadelphia. “But the trials we looked at were generally small and varied in terms of styles of music used and length of music sessions. More research on the specifics of music listening is certainly warranted.”

The researchers reviewed data from 23 studies, which together included 1,461 patients. Two studies focused on patients treated by trained music therapists, but most did not, using instead interventions where patients listened to pre-recorded music on CDs offered by healthcare professionals.

Listening to music provided some relief for coronary heart disease patients suffering from anxiety, by reducing heart rate and blood pressure. There was also some indication that music listening improved mood, although no improvement was seen for patients suffering from depression due to the disease.

“We all know that music can impact on our emotions, our physiological responses, as well as our outlook on life, and this early research shows that it is well worth finding out more about how it could help heart disease patients. In particular, it would be interesting to learn more about the potential benefits of music offered by trained music therapists, which may be differ substantially from those associated with pre-recorded music,” says Bradt.

Full citation: Bradt J, Dileo C. Music for stress and anxiety reduction in coronary heart disease patients. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD006577. DOI: 10.1002/14651858.CD006577.pub2.

Also published in this issue:

Laopaiboon M, Lumbiganon P, Martis R, Vatanasapt P, Somjaivong B. Music during caesarean section under regional anaesthesia for improving maternal and infant outcomes. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD006914. DOI: 10.1002/14651858.CD006914.pub2.

*****SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 15th APRIL 2009*****

[\[To top\]](#)

Exercise Reduces Falls in Older People

Exercise programmes are an effective option for preventing falls among older people living in the community. There is less evidence at present for the effectiveness of other interventions, such as home safety improvements and vitamin D supplements, according to Cochrane Researchers who carried out a systematic review of the available evidence.

Although few falls result in serious injuries, they may have many additional impacts on an older person's quality of life. For example, after a fall, they may feel less confident and decide to restrict their own activities to avoid further accidents. It is therefore important to consider how falls can be prevented in order to provide peace of mind for those at risk, as well as family members.

Exercise may help to prevent falls by improving strength, flexibility, balance, and endurance. "Programmes that contain a combination of these components reduce falls. These include exercising in supervised groups, participating in Tai Chi, and carrying out individually prescribed exercise programmes at home," says lead researcher Lesley Gillespie, who is based at Dunedin School of Medicine at the University of Otago in New Zealand. "What remains less clear is whether some other interventions really do reduce falls. Some may be of more benefit to those at higher risk of falling. There also seem to be differences in the effectiveness of some kinds of interventions when carried out in different health care settings."

Researchers reviewed data from 111 trials that included 55,303 older people altogether. As well as trials focused on group and individual home-based exercise programmes, they considered interventions such as vitamin D for reducing muscle weakness, home safety improvements, cataract surgery for improving vision, and combination interventions based on individual assessments.

Those who took part in exercise programmes were less likely to suffer a fall and individuals fell less frequently than those who did not. Combination interventions based on individual assessments also reduce falls. There was evidence from single trials that falls are reduced by some other interventions: gradual withdrawal from some types of drugs taken to improve sleep, reduce anxiety and treat depression; bringing forward cataract surgery on the first affected eye, and anti-slip shoes for icy conditions. Vitamin D showed potential for reducing the risk of falls only in those with vitamin D deficiencies. Home interventions were relatively unsuccessful, except in high-risk groups.

Gillespie says further research may help to determine which components are crucial to an effective exercise programme. "We need more research to see which components of an exercise programme are most important, but the trials would need to be large trials to discern any differences," she says.

A further Cochrane review focusing on prevention of falls among older people living in residential care facilities and hospitals is nearing completion.

Full citation: Gillespie LD, Robertson MC, Gillespie WJ, Lamb SE, Gates S, Cumming RG, Rowe BH. Interventions for preventing falls in older people living in the community. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art.No.: CD007146. DOI: 10.1002/14651858.CD007146.pub2.

*****SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 15th APRIL 2009*****

[\[To top\]](#)

Baby Canine Teeth: No Evidence to Support Extraction

The practice of extracting baby canine teeth to make way for adult canines that are erupting in the wrong place has no evidential basis, according to a new study by Cochrane Researchers. In a systematic review, the researchers were unable to identify a single high quality study to support the practice.

“The recommendation of extracting the baby canine is in fact based on one uncontrolled study that was carried out over twenty years ago,” says lead author of the study Nicola Parkin of the Department of Oral Health and Development at the University of Sheffield.

It is common for adult upper canines to grow in the wrong place. Normally adult canine teeth erupt in the mouth around the age of 12 years and, in approximately 2-3% of the population of 12 year old children, these teeth become displaced in the roof of the mouth. Displaced canines can cause damage to neighbouring teeth as well as unfavourable movement of other teeth and, more rarely, cysts. One suggested way of avoiding canine displacement and encouraging the eruption of the adult canine is to remove a child’s baby canine tooth at around 10 to 13 years, under local anaesthetic.

According to the researchers, however, the most commonly cited evidence for this practice comes from one trial, carried out in 1988, in which a group of children with canine displacement had their baby canines extracted. A major flaw of this study was the absence of a control group. Two other studies considered for the review did have an untreated control group, but had to be excluded because of inadequacies in reporting.

“Extracting the primary canine may help the secondary tooth to emerge correctly, but at this time we can’t provide any hard evidence,” says Dr Parkin. “Greater attention to the design and reporting of studies is needed to improve the quality of clinical trials on this topic.”

Full citation: Parkin N, Benson PE, Shah A, Thind B, Marshman Z, Glenroy G, Dyer F. Extraction of primary (baby) teeth for unerupted palatally displaced permanent canine teeth in children. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD004621. DOI: 10.1002/14651858.CD004621.pub2.

*****SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 15th APRIL 2009*****

[\[To top\]](#)

Oral Rehydration Solution for Diarrhoea: More Research Needed On New Formulations

Newer polymer-based formulations of oral rehydration solution given to treat diarrhoea may offer some benefits over older sugar-salt formulations. But, say Cochrane researchers who carried out a review of the available evidence, more research is required to establish the best treatment option.

Acute diarrhoea is a major cause of childhood death in developing countries. Children are treated with oral rehydration solution (ORS), which is given to help replace lost fluid and prevent further dehydration. While ORS formulations have traditionally contained sugar and salt, new formulations have been tested that replace the sugar with sugar-containing polymers from rice, wheat, sorghum, and maize.

One problem with sugar-based ORS solutions is that the sugar actively draws water from the body, making the diarrhoea worse. The sugar is also present for only a short time before it is used or voided. In contrast, the polymers release sugar slowly, lessening its ability to cause dehydration, and providing a long, low-level source of energy – a so-called ‘glucose-battery’.

The review focused on 27 trials in children, five in adults and two in both. Together they included 4,214 participants and indicated that polymer-based ORS reduced the time that cholera patients suffered from diarrhoea. Polymer-based ORS also decreased the need to give patients intravenous fluid compared to previous, higher concentration sugar-salt solutions, but evidence was limited for the comparison with less concentrated salt solutions that are currently recommended.

“More trials comparing polymer-based ORS formulations to the current best agreed formula are needed,” says lead researcher Germana Gregorio, who works at the Department of Pediatrics of the Philippine General Hospital at the University of the Philippines.

As Gregorio points out, however, polymer based formulations are less practical to prepare. “Glucose-based ORS requires only mixing of the contents of a sachet with boiled water, whereas rice, wheat, maize and potatoes are more tedious to prepare,” she says. “And in humid countries they have to be consumed in a few hours to avoid bacterial contamination.”

Full citation: Gregorio GV, Gonzales MLM, Dans LF, Martinez EG. Polymer-based oral rehydration solution for treating acute watery diarrhoea. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD006519. DOI: 10.1002/14651858.CD006519.pub2.

*****SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 15th APRIL 2009*****

[\[To top\]](#)

Extracts From a Selection of Other Cochrane Systematic Reviews

This section contains extracts from 18 selected new or updated reviews also publishing in The Cochrane Library 2009, Issue 2. These extracts have been divided into headings of:

- [Alternative Therapies](#)
- [Asthma](#)
- [Older People](#)

- [Obesity](#)
- [Policy and Practice](#)
- [Treatment Efficacy](#)
- [Vaccines](#)

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 / +44 (0) 7802 468863 or by email, wnews europe@wiley.com.

Alternative Therapies

Stimulation of the wrist acupuncture point P6 for preventing postoperative nausea and vomiting

(CD003281) by Lee and Fan

Background

Postoperative nausea and vomiting (PONV) are common complications following surgery and anaesthesia. Drugs to prevent PONV are only partially effective. An alternative approach is to stimulate the P6 acupoint on the wrist. This is an update of a Cochrane review first published in 2004.

Extract from Implications for Practice

Patients with a very high baseline risk of postoperative nausea and vomiting are more likely to benefit from P6 acupoint stimulation. No major side effects were associated with P6 acupoint stimulation. The risks of postoperative nausea and vomiting were similar after P6 acupoint stimulation and antiemetic drugs. P6 acupoint stimulation may be a suitable alternative or addition to antiemetic drugs for preventing postoperative nausea and vomiting.

SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 15th APRIL 2009

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Asthma

Regular treatment with formoterol and inhaled steroids for chronic asthma: serious adverse events

(CD006924) by Cates, Lasserson and Jaeschke

Background

Epidemiological evidence has suggested a link between beta2-agonists and increases in asthma mortality. There has been much debate about possible causal links for this association, and whether regular (daily) long-acting beta2-agonists are safe when used alone or in conjunction with inhaled corticosteroids.

Extract from Implications for Practice

It is not possible, from the data in this review, to reassure people with asthma that regular use of inhaled corticosteroids with formoterol carries no risk of increasing mortality in comparison to inhaled corticosteroids alone as all four deaths occurred among 6,594 people using both drugs. On the other hand we have found no conclusive evidence of harm and there was only one asthma related death registered during over 3,000 patient years observation on formoterol. In adults, the decrease in asthma-related serious adverse events on regular formoterol with inhaled corticosteroids was not accompanied by a similar decrease in all cause serious adverse events. In children the number of events was too small to determine whether the increase in all cause non-fatal serious adverse events previously found on regular formoterol alone is abolished by the additional use of inhaled corticosteroids. Clinical decisions and information for patients regarding regular use of formoterol have to take into account the balance between known symptomatic benefits of formoterol and the degree of uncertainty and concern associated with its potential harmful effects.

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Combination formoterol and budesonide as maintenance and reliever therapy versus inhaled steroid maintenance for chronic asthma in adults and children

(CD007313) by Cates and Lasserson

Background

Traditionally inhaled treatment for asthma has been considered as preventer and reliever therapy. The combination of formoterol and budesonide in a single inhaler introduces the possibility of using a single inhaler for both prevention and relief of symptoms (single inhaler therapy).

Extract from Implications for Practice

Single inhaler therapy can reduce the risk of asthma exacerbations needing oral corticosteroids or hospital admission in comparison with fixed dose maintenance inhaled corticosteroids. Guidelines and common best practice suggest the addition of regular long-acting beta2-agonist to inhaled corticosteroids for uncontrolled asthma, and single inhaler therapy has not been demonstrated to reduce exacerbations in comparison with current best practice, although results of five large trials are awaiting publication. Single inhaler therapy is not currently licensed for children under 18 years of age in the United Kingdom.

SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 15th APRIL 2009

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Older People

Cannabinoids for the treatment of dementia

(CD007204) by Krishnan, Cairns and Howard

Background

Following the discovery of an endogenous cannabinoid system and the identification of specific cannabinoid receptors in the central nervous system, much work has been done to investigate the main effects of these compounds. There is increasing evidence that the cannabinoid system may regulate neurodegenerative processes such as excessive glutamate production, oxidative stress and neuroinflammation. Neurodegeneration is a feature common to the various types of dementia and this has led to interest in whether cannabinoids may be clinically useful in the treatment of people with dementia. Recent studies have also shown that cannabinoids may have more specific effects in interrupting the pathological process in Alzheimer's disease.

Extract from Implications for Practice

At present this review finds no evidence that cannabinoids are effective in the improvement of disturbed behaviour in dementia or in the treatment of other symptoms of dementia.

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Enteral tube feeding for older people with advanced dementia

(CD007209) by Sampson, Candy and Jones

Background

The use of enteral tube feeding for patients with advanced dementia who have poor nutritional intake is common. In one US survey 34% of 186,835 nursing home residents with advanced cognitive impairment were tube fed. Potential benefits or harms of this practice are unclear.

Extract from Implications for Practice

Despite the large number of patients receiving this intervention there is insufficient evidence for the effectiveness of enteral feeding for older people with advanced dementia on survival, quality of life, nutrition and pressure ulcers, function and behavioural or psychiatric symptoms of dementia.

SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 15th APRIL 2009

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Protein and energy supplementation in elderly people at risk from malnutrition

(CD003288) by Milne et al

Background

Evidence for the effectiveness of nutritional supplements containing protein and energy, often prescribed for older people, is limited. Malnutrition is more common in this age group and deterioration of nutritional status can occur during illness. It is important to establish whether supplementing the diet is an effective way of improving outcomes for older people at risk from malnutrition.

Extract from Implications for Practice

The results of the present review, which included more than twice the number of patients than the previous version of this review, supports the findings of the previous review in that there is a small weight gain, but no longer supports the finding that there is a beneficial effect on mortality overall. However, mortality in undernourished patients may be reduced. There is more evidence of a reduction in complications than in the previous review. Results however still require to be substantiated as there are doubts due to many included trials having poor study quality. More evidence of benefit from oral nutritional supplements for older people at risk of malnutrition in the community is still required.

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Rivastigmine for Alzheimer's disease

(CD001191) by Birks et al

Background

Alzheimer's disease (AD) is the commonest cause of dementia affecting older people. One of the therapeutic strategies aimed at ameliorating the clinical manifestations of Alzheimer's disease is to enhance cholinergic neurotransmission in relevant parts of the brain by the use of cholinesterase inhibitors to delay the breakdown of acetylcholine released into synaptic clefts. Tacrine, the first of the cholinesterase inhibitors to undergo extensive trials for this purpose, was associated with significant adverse effects including hepatotoxicity. Other cholinesterase inhibitors, including rivastigmine, with superior properties in terms of specificity of action and low risk of adverse effects, have now been introduced. Rivastigmine has received approval for use in 60 countries including all member states of the European Union and the USA.

Extract from Implications for Practice

Use of rivastigmine in doses of 6-12 mg daily is associated with statistically significant benefits in terms of cognitive function, and rated severity of dementia. Benefits are also seen in the activities of daily living and CIBIC-Plus ratings which suggests that they may also be of clinical as well as statistical significance. At lower doses (4 mg or less total daily dose) differences were in the same direction and were significant for cognitive function.

***SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW,
AVAILABLE FROM WEDNESDAY 15th APRIL 2009***

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Statins for the prevention of dementia

(CD003160) by McGuinness et al

Background

This is an update of a Cochrane review first published in 2001. At that stage there was insufficient evidence to recommend statins for the prevention of Alzheimer's disease (AD). The scope of this review has been expanded to include all forms of dementia.

Extract from Implications for Practice

There is good evidence that statins given in late life to individuals at risk of vascular disease have no effect in preventing Alzheimer's disease and dementia. Inclusion of statins for this indication on national or local formularies is not currently warranted. For patients with an elevated cholesterol level, the decision to treat is made much easier because statins reduce the incidence of cardiovascular disease. The challenge comes from patients with normal cholesterol. From the identified studies there is no convincing evidence to support their use for dementia prevention in populations at low vascular risk.

***SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW,
AVAILABLE FROM WEDNESDAY 15th APRIL 2009***

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Obesity

Surgery for obesity

(CD003641) by Colquitt et al

Background

Bariatric (weight loss) surgery for obesity is considered when other treatments have failed. The effects of the available bariatric procedures compared with medical management and with each other are uncertain. This is an update of a Cochrane review first published in 2003 and previously updated in 2005.

Extract from Implications for Practice

Surgery for obesity results in greater weight loss than conventional treatment, and the results are maintained at least up to ten years. Furthermore, the weight loss is associated with reductions in comorbidities, such as diabetes and hypertension, and medication use. Short term (two years) improvements in health-related quality of life were reported, but longer term (ten years) effects are less clear, with improvements in some aspects of quality of life, but not others. However, surgery is associated with adverse effects and the possibility of postoperative mortality. Due to the limited evidence and poor quality of the trials, caution is required when interpreting the comparative safety and effectiveness of these procedures.

***SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW,
AVAILABLE FROM WEDNESDAY 15th APRIL 2009***

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Policy and Practice

Alcohol and drug screening of occupational drivers for preventing injury

(CD006566) by Cashman et al

Background

Workforce alcohol and drug testing is commonplace but its effect in reducing occupational injuries remains unclear.

Extract from Implications for Practice

There is insufficient evidence to advise for or against the use of drug and alcohol testing of occupational drivers for preventing injuries as a sole, effective, long-term solution in the context of workplace culture, peer interaction and other local factors.

***SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW,
AVAILABLE FROM WEDNESDAY 15th APRIL 2009***

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Continuing education meetings and workshops: effects on professional practice and health care outcomes

(CD003030) by Forsetlund et al

Background

Educational meetings are widely used for continuing medical education. Previous reviews found that interactive workshops resulted in moderately large improvements in professional practice, whereas didactic sessions did not.

Extract from Implications for Practice

Educational meetings, alone or combined with other interventions, can improve professional practice and patient outcomes. The effect is most likely to be small and similar to other types of continuing medical education, such as audit and feedback and educational outreach visits. Strategies to increase attendance at educational meetings, using mixed interactive and didactic formats and focusing on outcomes that are likely to be perceived as serious, may increase the effectiveness of educational meetings. Educational meetings alone are not likely to be effective for changing complex behaviours.

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Treatment Efficacy

Dental fillings for the treatment of caries in the primary dentition

(CD004483) by Yengopal et al

Background

Childhood caries (tooth decay) consists of a form of tooth decay that affects the milk teeth (also known as baby or primary teeth) of children. This may range from tooth decay in a single tooth to rampant caries affecting all the teeth in the mouth. Primary teeth in young children are vital to their development and every effort should be made to retain these teeth for as long as is possible. Dental fillings or restorations have been used as an intervention to repair these damaged teeth. Oral health professionals need to make astute decisions about the type of restorative (filling) material they choose to best manage their patients with childhood caries. This decision is by no means an easy one as remarkable advances in dental restorative materials over the last 10 years has seen the introduction of a multitude of different filling materials claiming

to provide the best performance in terms of durability, aesthetics, symptom relief, etc when placed in the mouth. This review sought to compare the different types of dental materials against each other for the same outcomes.

Extract from Implications for Practice

Restorative procedures are carried out daily in children all over the world. The rationale for choosing one type of material over another for a particular outcome should be based on clinical efficacy which is best highlighted by clinical trials. It is thus extremely disappointing that only three trials that compared three different types of materials were suitable for inclusion into this review. There were no significant differences found in all three trials for all of the outcomes assessed. The absence of high quality trials that guide clinical decisions in practice (one of the cornerstones of evidence based dentistry) is of great concern as informed decisions by both clinicians and patients on the best filling material to use in a particular clinical situation would be open to a number of biases.

SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 15th APRIL 2009

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Ginkgo biloba for intermittent claudication

(CD006888) by Nicolà et al

Background

People with intermittent claudication suffer from pain in the muscles of the leg occurring during exercise which is relieved by a short period of rest. Symptomatic relief can be achieved by (supervised) exercise therapy and pharmacological treatments. Ginkgo biloba is a vasoactive agent and is used to treat intermittent claudication.

Extract from Implications for Practice

Ginkgo biloba has no significant effect on walking distance in people with intermittent claudication. Even if the small positive point estimate of the effect could be documented to be statistically significant in a larger trial, this effect would be marginal to the effect of (supervised) exercise therapy. Hence, currently no evidence supports the use of Ginkgo biloba in the treatment of peripheral arterial disease.

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Sertraline versus other antidepressive agents for depression

(CD006117) by Cipriani et al

Background

The National Institute for Health and Clinical Excellence clinical practice guideline on the treatment of depressive disorder recommended that selective serotonin reuptake inhibitors should be the first-line option when drug therapy is indicated for a depressive episode. Preliminary evidence suggested that sertraline might be slightly superior in terms of effectiveness.

Extract from Implications for Practice

Taken together with previous evidence, the results of this review suggest that sertraline is a strong candidate as the initial choice of AD in people with major depression.

SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 15th APRIL 2009

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Topical treatments for chronic plaque psoriasis

(CD005028) by Mason Anne et al

Background

Chronic plaque psoriasis is the most common type of psoriasis and is characterised by redness, thickness and scaling. First line management of chronic plaque psoriasis is with topical treatments, including vitamin D analogues, topical corticosteroids, tar-based preparations, dithranol, salicylic acid and topical retinoids.

Extract from Implications for Practice

Evidence from large numbers of trials indicates that most of the topical treatments tested in the trials reviewed here alleviate the symptoms of psoriasis. However, it was not possible to assess the performance of treatments at different levels of severity of psoriasis. The evidence suggests that vitamin D products are more effective than emollient alone. Potent and very potent corticosteroids are also effective and very potent corticosteroids are more effective than either potent corticosteroids or vitamin D products. The effectiveness of dithranol and tazarotene appears to be similar to that of vitamin D products.

***SEE WWW.COCHRANE.ORG/PODCASTS FOR A PODCAST BY THE AUTHOR OF THIS REVIEW,
AVAILABLE FROM WEDNESDAY 15th APRIL 2009***

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Honey and lozenges for children with non-specific cough

(CD007523) by Mulholland and Chang

Background

Chronic non-specific cough is a chronic, dry cough of in the absence of identifiable respiratory disease or known aetiology; although it is usually not reflective of an underlying severe illness, it does cause significant morbidity, and as such relief from it is often sought. The use of honey and lozenges to soothe upper respiratory tract irritation is common, inexpensive, and potentially more effective in treating the symptoms than pharmacological interventions.

Extract from Implications for Practice

Clinically, this review was unable to provide any justifiable recommendation for or against honey and/or lozenges due to the lack of evidence. These treatments are not recommended when managing very young children (as lozenges are a potential choking hazard, and honey can cause infant botulism in children under 1 year of age)

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Hypothermia for traumatic head injury

(CD001048) by Sydenham, Roberts and Alderson

Background

Hypothermia has been used in the treatment of head injury for many years. Encouraging results from small trials and laboratory studies led to renewed interest in the area and some larger trials.

Extract from Implications for Practice

There is no evidence that hypothermia is beneficial in the treatment of head injury. Hypothermia may be effective in reducing death and unfavourable outcomes for traumatic head injured patients, but significant benefit was only found in low quality trials. Low quality trials have a tendency to overestimate the treatment effect. The high quality trials found no decrease in the likelihood of death with hypothermia, but this finding was not statistically significant and could be due to the play of chance. Hypothermia should not be used except in the context of a high quality randomised controlled trial with good allocation concealment.

[\[Extracts Top\]](#) | [\[Release Top\]](#)

Vaccines

Vaccines for preventing anthrax

(CD006403) by Donegan, Bellamy and Gamble

Background

Anthrax is a bacterial zoonosis that occasionally causes human disease and is potentially fatal. Anthrax vaccines include a live-attenuated vaccine, an alum-precipitated cell-free filtrate vaccine, and a recombinant protein vaccine.

Extract from Implications for Practice

Based on data from five randomized controlled trials, there is evidence of protection against clinical anthrax for STI vaccine, although safety concerns with live vaccines mean specialists are more likely to recommend the AVA or a recombinant vaccine. There is currently insufficient evidence from the trials to compare the effects of AVA or rPA102.

[\[Extracts Top\]](#) | [\[Release Top\]](#)

- Ends -

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	
England	http://www.library.nhs.uk	
Finland	http://www.terveysportti.fi	
India	http://www.icmr.nic.in/	
Ireland	http://www.thecochranelibrary.com	
Latin and Central America and Caribbean		http://cochrane.bireme.br
New Zealand	http://www.moh.govt.nz/cochranelibrary or http://www.nzqg.org.nz/ or http://www.cochrane.org.nz/	
Northern Ireland	http://www.thecochranelibrary.com	
Norway	http://www.cochrane.no	
Poland	http://www.aotm.gov.pl	
Scotland	http://www.nes.scot.nhs.uk	
South Africa	http://www.sahealthinfo.org/evidence/databases.htm	
Sweden	http://www.sbu.se	
Wales	http://www.thecochranelibrary.com	
The Canadian Province of New Brunswick		http://www.gnb.ca/0003
The Canadian Northwest Territories, Nunavut, Yukon		http://www.thecochranelibrary.com
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. The Cochrane Library is available with free one-click access to all residents of countries in the World Bank's list of low-income economies (countries with a gross national income (GNI) per capita of less than \$1000). Access to The Cochrane Library for low-income countries is via Wiley-Blackwell IP recognition, a system which recognises the country a user is in. Users in low-income countries can access The Cochrane Library via <http://www.thecochranelibrary.com>.

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 Cochrane Database of Systematic Reviews received its first Impact Factor ever in 2007 and has an IF of 4.654, giving it a ranking of 14 out of 100 in the ISI category Medicine, General & Internal.
5. As of January 2009 The Cochrane Library is proud to introduce its first ever Editor-in-Chief, Dr David Tovey. Dr. Tovey was previously Editorial Director of the BMJ Evidence Centre and editor of Clinical Evidence. He graduated from Bristol University in 1983. After completing vocational GP training, he was senior partner in a large, inner city practice in South London, and a postgraduate CPD tutor until 2003, when he joined the BMJ Group. He is a Fellow of the Royal College of General Practitioners.
6. As of Issue 4 2008, the Cochrane Database of Systematic Reviews includes Systematic Reviews of Diagnostic Test Accuracy. Diagnostic test accuracy reviews are full-text systematic reviews of studies that assess the accuracy of a diagnostic test or tests for a given target condition in a specific patient/participant group and setting.
7. The Cochrane Library Issue 2, 2009 Podcasts: a collection of podcasts on a selection of Cochrane Reviews by the authors will be available from <http://www.cochrane.org/podcasts> from Wednesday 15th April 2009. For Issue 2, 2009, the podcasts are:
 - **Male circumcision for prevention of heterosexual acquisition of HIV in men**
 - **Homeopathic medicines for adverse effects of cancer treatments**
 - **Extraction of primary (baby) teeth for unerupted palatally displaced permanent canine teeth in children**
 - **Music for stress and anxiety reduction in coronary heart disease patients**
 - **Interventions for preventing falls in older people living in the community**
 - **Single dose oral etoricoxib for acute postoperative pain in adults**

- Polymer-based oral rehydration solution for treating acute watery diarrhoea
- Rivastigmine for Alzheimer's disease
- Stimulation of the wrist acupuncture point P6 for preventing postoperative nausea and vomiting
- Surgery for obesity
- Sacral neuromodulation with implanted devices for urinary storage and voiding dysfunction in adults
- Dental fillings for the treatment of caries in the primary dentition
- Topical treatments for chronic plaque psoriasis
- Rituximab as maintenance therapy for patients with follicular lymphoma
- Alcohol and drug screening of occupational drivers for preventing injury
- Combination formoterol and budesonide as maintenance and reliever therapy versus inhaled steroid maintenance for chronic asthma in adults and children
- Statins for the prevention of dementia
- Transcutaneous electrical nerve stimulation (TENS) for pain relief in labour
- Sertraline versus other antidepressive agents for depression
- Enteral tube feeding for older people with advanced dementia

If you would like to see a full list of Reviews published in the new issue of The Cochrane Library, or would like to request full access to the contents of The Cochrane Library, please contact:

Contact: Jennifer Beal / Wiley-Blackwell PR Team
Direct line: +44 (0) 1243 770633
Mobile: +44 (0) 7802 468863
Email: wnewseurope@wiley.com

^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.