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**Strictly Embargoed until 00:01 hours (BST), 15<sup>th</sup> April 2009**

This cluster focuses on two reviews of interventions for pain publishing next week in [The Cochrane Library](#), 2009, Issue 2, and highlights some of the key health care conclusions and their implications for practice.

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](mailto:wnews europe@wiley.com).

**Reviews highlighted in this newsletter:**

- [CBT and BT: Some Effect Against Chronic Pain](#)  
Cognitive Behaviour Therapy (CBT) and Behaviour Therapy (BT) show some effect in helping the disability associated with chronic pain, according to a Cochrane Systematic Review. The researchers assessed the use of CBT and BT on chronic pain, mood, and disability.
- [Etoricoxib Provides Long Lasting Pain Relief After Surgery](#)  
Oral etoricoxib is at least as effective as other drugs commonly used for pain relief after surgery. A Cochrane Systematic Review has confirmed the effectiveness of the drug, which is sold under the brand name of Arcoxia.
- [Selection of Other New Cochrane Systematic Reviews](#)

**CBT and BT: Some Effect Against Chronic Pain**

Cognitive Behaviour Therapy (CBT) and Behaviour Therapy (BT) show some effect in helping the disability associated with chronic pain, according to a Cochrane Systematic Review. The researchers assessed the use of CBT and BT on chronic pain, mood, and disability.

“For people with chronic pain, psychological therapies can reduce depression and anxiety, disability, and in some cases pain, but guidance is still required on the best type and duration of treatment,” says lead researcher Christopher Eccleston, at the Centre for Pain Research at the University of Bath.

Both CBT and BT try to manage pain by addressing the associated psychological and practical processes. CBT involves the avoidance of negative thoughts. BT helps patients to understand how they can change their behaviour in order to reduce pain. Both approaches have been in

development for around 40 years and are sometimes recommended for patients with long lasting, distressing pain that cannot be relieved by conventional medicines.

In a systematic review, researchers considered the results of 40 trials of CBT and BT, which included 4,781 patients in total. Patients suffering from pain due to any cause, except headache, migraine, or cancer, were included. Most studies were of CBT, which showed small positive effects on pain, disability, and mood. There was less evidence for BT, which the researchers say had no effect on disability or mood.

“Although there is overall promise for CBT in chronic pain, the term covers a diverse range of treatment and assessment procedures. Right now, we are not able to say which specific features of therapy may be critical for improvement of a patient’s condition,” says Eccleston.

According to the researchers, simpler studies of CBT and BT that focus on a purer form of treatment, rather than a variety of mixed methods, would benefit the field.

**Full citation:** Eccleston C, Williams ACDC, Morley S. Psychological therapies for the management of chronic pain (excluding headache) in adults. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD007407. DOI: 10.1002/14651858.CD007407.pub2.

**Also in this issue:** Eccleston C, Palermo TM, Williams ACDC, Lewandowski A, Morley S. Psychological therapies for the management of chronic and recurrent pain in children and adolescents. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD003968. DOI: 10.1002/14651858.CD003968.pub2.

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## **Etoricoxib Provides Long Lasting Pain Relief After Surgery**

Oral etoricoxib is at least as effective as other drugs commonly used for pain relief after surgery. A Cochrane Systematic Review has confirmed the effectiveness of the drug, which is sold under the brand name of Arcoxia.

Developed as an alternative to conventional non-steroidal anti-inflammatory drugs (NSAIDs), which can cause intestinal bleeding, “coxibs” are licensed for chronic and acute pain. In primary care in England, 64,000 prescriptions for the highest etoricoxib dose (120 mg) were issued in 2007.

Five studies with 880 participants were included in the review. Four followed patients experiencing pain due to tooth extractions. The fifth focused on patients with pain following orthopaedic surgery. For two thirds of patients etoricoxib provided effective pain relief for 20 hours, compared to one in ten patients for just two hours with a placebo.

“Single dose oral etoricoxib produces high levels of good quality pain relief after surgery,” says lead researcher Andrew Moore, of the Pain Research and Nuffield Department of Anaesthetics at the University of Oxford.

Moore adds that the long lasting action of etoricoxib makes it qualitatively different from other coxibs and ibuprofen. “We have effective analgesics, but often fail to deliver them effectively. A longer time before remedication is likely to benefit patients by providing long-lasting pain relief, and reduce demands on nursing staff,” he says.

Sheena Derry, another author, comments, “Acute pain studies like these have been done for over 60 years, using similar patients, similar methods, and the same outcomes. This is just one of a series of new reviews and updates in acute pain aiming to cover one whole section of the British

National Formulary. The end product should help providers construct consistent and effective ways of delivering good pain relief to patients.”

**Full citation:** Clarke R, Derry S, Moore RA, McQuay HJ. Single dose oral etoricoxib for acute postoperative pain in adults. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD004309. DOI: 10.1002/14651858.CD004309.pub2.

**Also published in this issue:** Lloyd R, Derry S, Moore RA, McQuay HJ. Intravenous or intramuscular parecoxib for acute postoperative pain in adults. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD004771. DOI: 10.1002/14651858.CD004771.pub4.

\*\*\*SEE [WWW.COCHRANE.ORG/PODCASTS](http://WWW.COCHRANE.ORG/PODCASTS) FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 15<sup>th</sup> APRIL 2009\*\*\*

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## Extracts From a Selection of Other Cochrane Systematic Reviews

This section contains extracts from two new reviews on interventions for pain also publishing in The Cochrane Library 2009, Issue 2.

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](mailto:wnews europe@wiley.com).

### Transcutaneous electrical nerve stimulation (TENS) for pain relief in labour

(CD007214) by Dowswell et al

#### Background

Transcutaneous nerve stimulation (TENS) has been proposed as a means of reducing pain in labour. The TENS unit emits low-voltage electrical impulses which vary in frequency and intensity. During labour, TENS electrodes are generally placed on the lower back, although TENS may be used to stimulate acupuncture points or other parts of the body. The physiological mechanisms whereby TENS relieves pain are uncertain. The TENS unit is frequently operated by women, which may increase sense of control in labour.

#### Extract from Implications for Practice

There is some evidence that women using TENS in labour are less likely to rate their pain as severe, but the evidence is neither strong nor consistent. Women using TENS applied to the back (and many using placebo devices) were willing to use TENS in future labours. The relative acceptability of placebo devices may suggest that the device offers a useful distraction, and the fact that women themselves operate the device may enhance a woman's sense of control. The findings regarding the use of TENS to acupuncture points are positive, but only two studies have evaluated this intervention and the fact that the technology is applied by staff trained in acupuncture techniques may limit its implementation. Many obstetric units have self-operated TENS units for application to the back available. TENS does not seem to increase the use of other interventions or cause harm to mothers or babies. Women should be offered the choice of using TENS (with or without other analgesia) at whatever stage of labour they think it might help.

\*\*\*SEE [WWW.COCHRANE.ORG/PODCASTS](http://WWW.COCHRANE.ORG/PODCASTS) FOR A PODCAST BY THE AUTHOR OF THIS REVIEW, AVAILABLE FROM WEDNESDAY 15<sup>th</sup> APRIL 2009\*\*\*

### Transcutaneous electrical nerve stimulation for acute pain

(CD006142) by Walsh et al

#### Background

Transcutaneous Electrical Nerve Stimulation (TENS) is a non-pharmacological agent, based on delivering low voltage electrical currents to the skin. TENS is used for the treatment of a variety of pain conditions.

## Extract from Implications for Practice

Conclusions about the effectiveness of TENS as a sole treatment for acute pain are impossible to make due to the limited data available. There was incomplete reporting of treatment regimes by many of studies in this review making the interpretation of analysis or even replication impossible.

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## 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 .
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:

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Scotland	<a href="http://www.nes.scot.nhs.uk">http://www.nes.scot.nhs.uk</a>
South Africa	<a href="http://www.sahealthinfo.org/evidence/databases.htm">http://www.sahealthinfo.org/evidence/databases.htm</a>
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Wales	<a href="http://www.thecochranelibrary.com">http://www.thecochranelibrary.com</a>
The Canadian Province of New Brunswick	<a href="http://www.gnb.ca/0003">http://www.gnb.ca/0003</a>
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The US State of Wyoming	<a href="http://wyld.state.wy.us/dbloginform.html">http://wyld.state.wy.us/dbloginform.html</a>

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  
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<sup>a</sup> 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.