

An example of a Cochrane review

Amodiaquine for treating malaria

The review authors collected convincing evidence of amodiaquine (AQ) superiority over chloroquine (CQ), in areas with considerable CQ resistance. Clearly, therefore, there is a role for AQ in areas with CQ resistance, although the lifespan of that role may be curtailed by partial AQ cross resistance with CQ. The comparison with sulphadoxine-pyrimethamine (SP) is potentially more important in view of the value of low cost antimalarial drugs and the concerns around the lifespan of long half-life sulfadruugs after introduction for wide use in sub-Saharan Africa. While the faster symptomatic recovery with AQ would not necessitate concurrent antipyretics, the longer protection induced by SP may prove a hazard long-term as it could encourage the selection of resistant parasites.

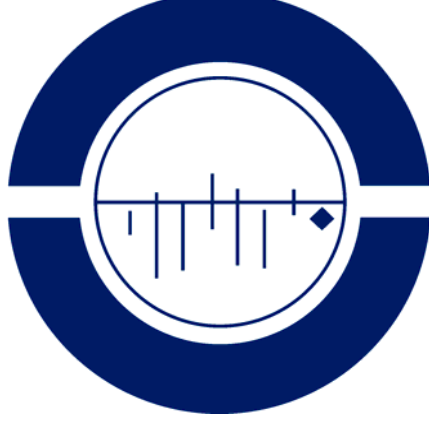
This review makes the most comprehensive attempt to date to identify all relevant published and unpublished trials. Another review using a different methodology, also assessed the World Health Organization's (WHO) recommendation no longer to use AQ for treatment in malaria control programmes. This review was more prudent than practical, particularly in light of the limited availability of alternative affordable antimalarial drugs. When CQ, AQ, and SP are no longer effective, the next antimalarial drugs in line cost up to 60 times as much. This places a full treatment course financially out of reach of many patients.

Want to know more?

Read the Newcomers' Guide (www.cochrane.org/docs/newcomersguide.htm); then contact your nearest Cochrane Centre (www.cochrane.org/contact), or The Cochrane Collaboration Secretariat: Tel +44 (0)1865 310138; Fax +44 (0)1865 316023; E-mail secretariat@cochrane.org.

The Cochrane Library

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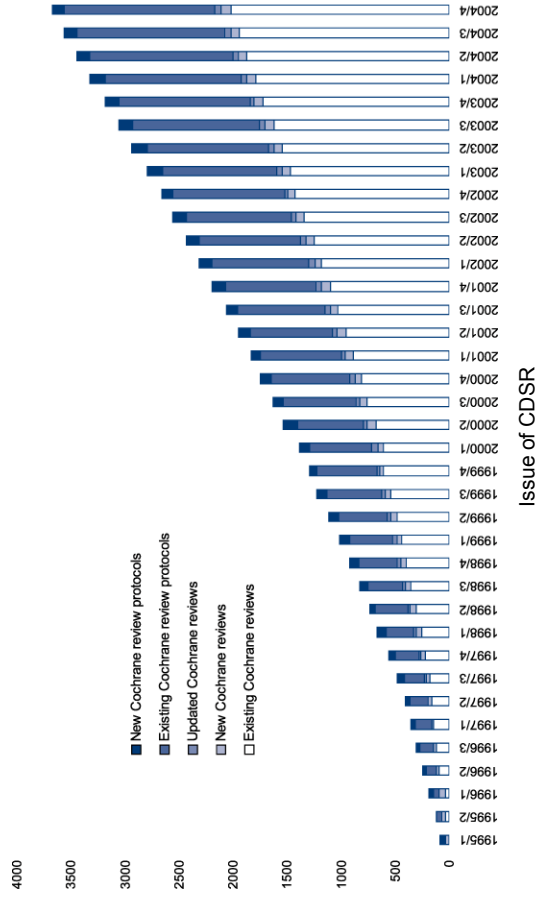
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*Our vision is that healthcare decision-making
around the world will be informed by high quality,
timely research evidence, and that
The Cochrane Collaboration will play a pivotal role
in the production and dissemination of this evidence
across all areas of health care*

Cochrane Reviews

Reviews and protocols for reviews in The Cochrane Database of Systematic Reviews



(For the up to date version of this graph see www.cochrane.org/reviews/impact/cdsrpubgraph1995present)

Every year, thousands of healthcare related research reports are published in hundreds of journals around the world. No single person can make sense of this deluge of information, and unless the results of these many papers are brought together systematically in one place, the time, money, and energy involved in producing these reports will have been largely wasted. The Cochrane Collaboration seeks out these reports and brings their results together in Cochrane systematic reviews.

What's different about Cochrane reviews?

Many people produce systematic reviews. Nobody produces as many as The Cochrane Collaboration, across such a wide range of healthcare topics, with such rigorous research methods. What makes Cochrane reviews different is that they are updated regularly, ensuring that treatment decisions can be based on the most up-to-date and reliable evidence.

What are Cochrane reviews?

Narrative reviews of healthcare research have existed for many decades, but are often not systematic. They may have been written by a recognised expert, but no one individual has the time to try to identify and bring together all relevant studies. Of more concern, they might actively seek to discuss and combine only that research which supports their opinions and prejudices.

In contrast, a Cochrane review circumvents this by using a predefined, explicit methodology. The methods used include steps to minimise bias in all parts of the process: a massive international effort identifies relevant studies, they are selected for inclusion, and their data are collected and combined.

Without such reviews, people making decisions about their own or someone else's health care are unlikely to be able to access and make full use of existing healthcare research. This research may have been very costly and yet, without Cochrane reviews, it is inaccessible to most people.

The future

The Cochrane Collaboration is striving to ensure that its work is sustainable. Even with thousands of Cochrane reviews underway, and results already available from more than 2000 of these, there is still a large amount of work to be done.

The latest estimate is that at least 10,000 Cochrane reviews are needed to cover all healthcare interventions that have already been investigated in controlled trials, and these reviews will need to be updated at the rate of 5000 per year.

If the growth in The Cochrane Collaboration continues at the pace of the last few years, this target will be reached within the next decade or so. However, this will require continuing and evolving partnership and collaboration. The Cochrane Collaboration will need to continue to attract and support the wide variety of people who contribute to its work.

It will also need to work together with funders and providers of health care to ensure growth in the resources needed for the work, and accessibility of the output of the work to people throughout the world making decisions about health care.