



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

This alert highlights some of the key health care conclusions and their implications for practice as published in [The Cochrane Library](#), 2009, Issue 3.

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, [medicalnews@wiley.com](mailto:medicalnews@wiley.com).

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### **Reviews highlighted in this newsletter:**

- **[Muscle Rubs: Use For Pain Is Questionable](#)**  
There is not enough evidence to support using gels and creams containing rubefacients for chronic and acute pain, according to a systematic review by Cochrane Researchers. The review focused on formulations containing salicylates, which are widely prescribed or sold over the counter as topical treatments for sports injuries and muscle pain.
- **[Chinese Herbs For Endometriosis: May Have Comparable Benefits With Fewer Side Effects Than Conventional Drug Treatment](#)**  
Chinese herbal medicine (CHM) may relieve symptoms in the treatment of endometriosis. A Cochrane Systematic Review found evidence that women who had undergone laparoscopic surgery had comparable benefits and suffered fewer adverse effects if they were given Chinese herbs when compared with conventional drug treatments.
- **[Student Drinking: Changing Perceptions Reduces Alcohol Misuse](#)**  
Giving students personalised feedback on their drinking behaviour and how it compares to social norms might help to reduce alcohol misuse, according to a systematic review by Cochrane Researchers.
- **[Progressive Resistance Strength Training Helps Older People In Daily Life](#)**  
Progressive resistance strength training not only helps older adults become stronger but also improves their ability to perform some every-day activities, a Cochrane Review suggests.
- **[Blood Pressure Targets: Aiming Lower Offers No Benefit](#)**  
Aiming for lower than standard blood pressure targets offers no known clinical benefit, according to Cochrane Review. In a systematic review of the evidence, researchers found that using antihypertensive drugs to reduce blood pressure below the 140/90 mm Hg standard was not associated with any reduction in death rates or serious morbidity.
- **[Non Drug Interventions May Comfort Children Having an Anaesthetic](#)**  
Parental acupuncture, clown doctors, hypnotherapy, low sensory stimulation and hand-held video games are promising non-drug interventions that are likely to help reduce children's anxiety during the onset of their anaesthetic, is the main conclusion of a new Cochrane Systematic Review.

- **[Post-Traumatic Stress Disorder: Psychological Treatments May Not Prevent PTSD](#)**  
Psychological interventions intended to prevent the development of post-traumatic stress disorder (PTSD) in the early stages after a traumatic experience have not been shown to be effective, Cochrane Researchers have concluded. This systematic review focused on multiple-session treatments for everyone involved, irrespective of the presence of symptoms. Two previous reviews found single session interventions to be ineffective at preventing PTSD.
- **[Bacterial Vaginosis Treatments: Probiotics Can Increase Effectiveness of Some Antibiotic Therapies](#)**  
Antimicrobial treatments for bacterial vaginosis (BV) are effective, but taking lactobacillus tablets alongside metronidazole antibiotic therapy increases effectiveness over taking this antibiotic alone, according to a Cochrane Systematic Review.
- **[Caesarean Section: Local Anaesthetic Reduces Need For Painkillers Post-Op](#)**  
Giving a local anaesthetic during a Caesarean section helps manage pain after the operation and can reduce consumption of painkillers, according to Cochrane Researchers. The researchers recommend local anaesthetics as part of integrated pain management strategies for Caesarean section operations..

## **Muscle Rubs: Use For Pain Is Questionable**

There is not enough evidence to support using gels and creams containing rubefaciants for chronic and acute pain, according to a systematic review by Cochrane Researchers. Rubefaciants cause irritation and reddening of the skin, due to increased blood flow. The review focused on formulations containing salicylates, which are widely prescribed or sold over the counter as topical treatments for sports injuries and muscle pain.

“At present, due to a lack of high quality evidence, we can’t say exactly how effective rubefaciants are for acute injuries and there are certainly other more effective treatments which could be prescribed for use in chronic conditions like osteoarthritis,” says lead researcher Andrew Moore, of the Nuffield Department of Anaesthetics at the University of Oxford in the UK.

There are over a million prescriptions each year for rubefacient gels and creams such as Movelat. As with Movelat, the rubefacient compounds in many of these products are salicylates, which, while they are related to aspirin, may not work in the same way, especially when applied to the skin. They are referred to as “counter-irritants” because it is thought that they offset localised pain through local skin irritation.

The review analysed data from 16 trials for acute and chronic pain, which together included 1,276 people. Only salicylates were studied and trials were generally small. Results from four studies showed topical salicylates performed better than placebos against acute pain, but excluding lower quality studies meant the results were not statistically significant. When used for chronic conditions, salicylates performed better than placebos. However, only one in six patients with chronic pain benefited substantially from using the muscle rubs compared to one in three using non-steroidal anti-inflammatory drugs.

“Larger and higher quality controlled trials of topical rubefaciants are needed to establish whether these treatments really work. We also need more studies on other rubefaciants as we were only able to assess the effectiveness of the salicylate formulations in this

review,” says Moore. “But it is important to remember that not all analgesic gels or creams are the same, and for others there is very good evidence of effectiveness. Those will be dealt with in other reviews presently being finalised.”

Full citation: Matthews P, Derry S, Moore RA, McQuay HJ. Topical rubefaciants for acute and chronic pain in adults. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD007403. DOI: 10.1002/14651858.CD007403.pub2.

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## **Chinese Herbs For Endometriosis: May Have Comparable Benefits With Fewer Side Effects Than Conventional Drug Treatment**

Chinese herbal medicine (CHM) may relieve symptoms in the treatment of endometriosis. A systematic review by Cochrane Researchers found some evidence that women had comparable benefits following laparoscopic surgery and suffered fewer adverse effects if they were given Chinese herbs compared with conventional drug treatments.

Endometriosis is a gynaecological disorder affecting as many as one in six women of reproductive age. It can cause pelvic pain, irregular and painful periods, and infertility. Surgical treatments do not always lead to long-term improvement in symptoms and drug treatments can have unpleasant side effects such as hot flushes, acne and weight gain.

The researchers conducted the first English language systematic review of CHM for treatment of endometriosis. Two trials, which together focused on a total of 158 women, were included in the review. In one trial, CHM provided symptomatic relief comparable to that provided by the hormonal drug gestrinone, but with fewer side effects. In the other trial, CHM was more effective than the hormonal drug danazol, and also resulted in fewer side effects.

“These findings suggest that Chinese herbs may be just as effective as certain conventional drug treatments for women suffering from endometriosis, but at present we don’t have enough evidence to generalize the results,” says lead researcher Andrew Flower of the Complementary Medicine Research Unit at the University of Southampton in the UK.

110 studies were originally considered for review but most were of poor methodological quality and had to be excluded. The researchers stress the need for Chinese researchers to adopt more rigorous methods in carrying out trials and reporting them. “Poor quality reporting has the potential to confuse and undermine research in Chinese herbal medicine,” says Flower.

Full citation: Flower A, Liu JP, Chen S, Lewith G, Little P. Chinese herbal medicine for endometriosis. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD006568. DOI: 10.1002/14651858.CD006568.pub2.

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## **Student Drinking: Changing Perceptions Reduces Alcohol Misuse**

Giving students personalised feedback on their drinking behaviour and how it compares to social norms might help to reduce alcohol misuse, according to a Cochrane Systematic Review.

A large body of social science research has established that students tend to overestimate the amount of alcohol that their peers consume. This overestimation causes many to have misguided views about whether their own behaviour is normal and may contribute to the 1.8 million alcohol related deaths every year. Social norms interventions that provide feedback about own and peer drinking behaviours may help to address these misconceptions.

Researchers analysed data from 22 trials that together included 7,275 college and university students, mostly studying in the US. They found that students who were provided with personalised feedback via the internet or individual face-to-face sessions drank less often and indulged in less binge drinking than those in control groups. Web-based feedback also resulted in significant reductions in blood alcohol content and alcohol related problems.

Group counselling and mailed feedback were not found to be effective compared to control interventions, although the researchers say further studies comparing the different ways of providing social normative feedback are required. "We can't make direct comparisons between the different interventions, but based on a small number of studies web-based interventions would certainly seem to be a cost-effective option for reducing alcohol misuse," said lead researcher Maria Teresa Moreira, from the School of Health and Social Care at Oxford Brookes University in the UK.

"We know that social norms have a powerful impact on thought and behaviour, so changing people's perceptions about what is normal can really help. Most of the effects lasted for a few months, but some lasted over a year, particularly for the web-based feedback," added Moreira.

Full citation: Moreira MT, Smith LA, Foxcroft D. Social norms interventions to reduce alcohol misuse in University or College students. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD006748. DOI: 10.1002/14651858. CD006748.pub2.

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## **Progressive Resistance Strength Training Helps Older People In Daily Life**

Progressive resistance strength training not only helps older adults become stronger but also makes their everyday life easier, a Cochrane Review suggests.

Muscle strength decreases naturally as people age. This reduction in muscle strength could affect older adults carrying out daily activities. Progressive resistance strength training is a type of strength training that uses free weights, exercise machines, or elastic bands to strengthen muscles. Key to this type of this exercise is adjusting the resistance, or weight, according to the person's progress. This exercise can be prescribed to help older adults gain the strength necessary to carry out everyday activities such as walking, climbing stairs, bathing or doing housework.

“Older adults seem to benefit from this type of exercise even at the age of 80, and even with some type of health condition. The data support the idea that muscle strength is largely improved after the training, and the impact on older adults’ daily activities can be significant. Simply having enough strength to do things such as carrying groceries would make a difference for seniors” says lead researcher Chiung-ju Liu of the Department of Occupational Therapy at the Indiana University at Indianapolis in the US.

The 121 trials reviewed in the study involved 6,700 people over the age of 60, who trained two to three times a week. Training produced a large improvement in muscle strength, a moderate to large improvement in doing simple activities such as getting up from a chair or climbing stairs and a small but statistically significant improvement in doing complex daily activities, such as bathing or preparing a meal.

Severe adverse events were rare and most reported events were muscle soreness and pain.

“We recommend older adults work with a health professional or an exercise professional to do progressive resistance strength training” says Liu. Because the long-term effect was not assessed in most trials, the Cochrane Researchers did not know how long the effects could last.

Full citation: Liu CJ, Latham NK. Progressive resistance strength training for improving physical function in older adults. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD002759. DOI: 10.1002/14651858.CD002759.pub2.

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## **Blood Pressure Targets: Aiming Lower Offers No Benefit**

Aiming for lower than standard blood pressure targets offers no known clinical benefit, according to a Cochrane Review. In a systematic review of the evidence, researchers found that using antihypertensive drugs to reduce blood pressure below the 140/90 mm Hg standard was not associated with any reduction in death rates or serious morbidity.

“At present there is no evidence from randomized trials to support aiming for a blood pressure target lower than 140/90, in the general population of patients with elevated blood pressure,” says lead researcher Jose Arguedas of the Faculty of Medicine at the University of Costa Rica in Costa Rica.

The findings do not support guidelines in a number of publications that recommend aiming for lower targets, based on the assumption that “lower is better” when it comes to blood pressure. The researchers were unable to determine whether it is safe to aim for lower targets because relevant data was missing from most of the trials.

The review is based on the results of seven trials, which together involved 22,089 people. Whilst patients aiming for targets below 135/85 mmHg did succeed in achieving greater reductions in blood pressure than those in the standard target group, there was no difference between the two groups in terms of the number of patients dying or suffering heart attacks, strokes, heart failure or kidney failure.

“Our research included patients with diabetes or chronic renal disease, and the evidence was slightly less robust for those subgroups of patients. We intend to carry out separate

systematic reviews for those subgroups, especially because guidelines recommend even lower blood pressure targets for them”, says Arguedas.

Full citation: Arguedas JA, Perez MI, Wright JM. Treatment blood pressure targets for hypertension. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD004349. DOI: 10.1002/14651858.CD004349.pub2.

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## **Non Drug Interventions May Comfort Children Having an Anaesthetic**

Parental acupuncture, clown doctors, hypnotherapy, low sensory stimulation and hand-held video games are promising non-drug interventions that are likely to help reduce children’s anxiety during the onset of their anaesthetic, is the main conclusion of a new Cochrane Systematic Review.

The review was conducted because undergoing a general anaesthetic can be a frightening experience for a young child and distressing to parents. Children can be given a “premed” to sedate them when anaesthesia is being administered, but these drugs can have unwanted harmful effects. Some non-drug alternatives have been tested to see if they could be used instead of sedative drugs when anaesthesia is being administered to children. A new study is the first systematic review to investigate whether non-drug interventions are helpful in alleviating stress in children undergoing general anaesthetics.

The researchers reviewed data from 17 trials that together involved 1,796 children between the ages of 10 months and 17 years. The eight studies focusing on parental presence did not find parental presence to be helpful in alleviating anxiety or improving cooperation in their children whilst the anaesthetic was being administered. “It is interesting that parental presence is often encouraged, even though there it has not been shown to help,” says lead researcher Allan Cyna of the Women’s and Children’s Hospital in Adelaide, Australia. “Based on our findings, we would recommend that parents do not need to stay for their child’s anaesthetic unless they are keen to do so”.

The Cochrane Researchers concluded that a number of different interventions show promise in being effective in increasing cooperation and reducing anxiety in children during anaesthetic administration and need further research. In single studies, clown doctors, a quiet environment, video games and computer packages (but not music therapy) each showed benefits. These promising interventions need to be tested in additional trials.

The authors also suggest that relaxation techniques targeted at parents merit further investigation, since in one trial children seemed to benefit when their parents were given acupuncture to reduce anxiety. Parental stress can be transmitted to the child. It is likely that parents who are relaxed are more likely to help their children stay calm during the administration of anaesthesia. Yoga, hypnosis and meditation may help parents relax and could be explored in future studies.

“We also need more trials investigating the effects of the promising non drug interventions for children identified in this review. These, and other, methods need to be tested in further trials.” says Dr Cyna.

Full citation: Yip P, Middleton P, Cyna AM, Carlyle AV. Non-pharmacological interventions for assisting the induction of anaesthesia in children. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD006447. DOI: 10.1002/14651858.CD006447.pub2.

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## **Post-Traumatic Stress Disorder: Psychological Treatments May Not Prevent PTSD**

Psychological interventions intended to prevent the development of post-traumatic stress disorder (PTSD) in the early stages after a traumatic experience have not been shown to be effective, Cochrane Researchers have concluded. This systematic review focused on multiple-session treatments for everyone involved, irrespective of the presence of symptoms. Two previous reviews found single session interventions to be ineffective.

“It is important to note that these interventions were for everyone involved in a traumatic event rather than just those who had symptoms, which may account for the results. We found no benefit associated with any of the multiple session interventions studied, and there was some evidence that multiple session interventions may result in worse outcome than no intervention for some individuals,” says lead researcher Neil Roberts of the Traumatic Stress Service at the University Hospital of Wales in Cardiff, UK. “Our recommendation is, therefore, that these interventions should not be used as a blanket approach for everyone involved in traumatic events.”

PTSD is a condition that affects people who undergo extremely stressful experiences, such as earthquakes, violent crimes and military combat. They may suffer long-lasting psychological difficulties as a result. Experts have been trying to develop effective treatments to prevent PTSD from developing for 25 years, but there is little evidence that those used routinely offer any benefit.

The review encompassed people of all risk levels. Researchers looked at data from eleven studies involving a total of 941 people exposed to traumatic events. These studies offered interventions, which included cognitive behavioural therapy and individual and group counselling, to people whether or not they were experiencing symptoms of PTSD. None of these was effective at preventing PTSD. Patients given the treatments were more likely to report symptoms of PTSD after three to six months than patients who were not.

The reviewers are keen to emphasise that this review should not be read as suggesting that psychological intervention has no role in treating PTSD. “The current study was looking at the ability of psychological interventions to prevent onset of symptoms, and deliberately excluded targeted interventions where therapy was only offered to people who were already displaying symptoms of PTSD,” says Roberts. “We are currently evaluating the success of similar interventions when given as treatment to people who have already developed early symptoms.”

“We urgently need more research on the most effective ways of giving psychological help to people who suffer traumatic events,” says Roberts. “Coupled with the results of earlier reviews, our research indicates that there is currently no effective option for early stage prevention of post traumatic stress disorder.”

Full citation: Roberts NP, Kitchiner NJ, Kenardy J, Bisson J. Multiple session early psychological interventions for the prevention of post-traumatic stress disorder. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD006869. DOI: 10.1002/14651858.CD006869.pub2.

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## **Bacterial Vaginosis Treatments: Probiotics Can Increase Effectiveness of Some Antibiotic Therapies**

Antimicrobial treatments for bacterial vaginosis (BV) are effective, but taking lactobacillus tablets alongside metronidazole antibiotic therapy increases effectiveness over taking this antibiotic alone, according to a Cochrane Systematic Review. The researchers also concluded that intravaginal lactobacillus was as effective as oral metronidazole, although they did note unexplained drop-outs from the trials.

BV is a very common vaginal infection. Traditionally, antibiotics in tablet or gel form have been given to treat the disease, but some have unpleasant side effects. BV is usually a mild disease and can pass unnoticed but is associated with an increased risk of HIV transmission.

“Treating BV could help reduce susceptibility of women to HIV. Therefore it is important, particularly in the developing world, to establish the most effective and appropriate forms of treatment,” says lead researcher Oyinola Oduyebo, of the Department of Medical Microbiology and Parasitology at the University of Lagos in Lagos Nigeria.

The researchers reviewed 24 trials involving 4,422 people. The antibiotics clindamycin and metronidazole both cured BV in over 90% of cases within two to three weeks, although there was a high rate of relapse. Side effects of metronidazole included nausea and a metallic taste in the mouth. However, it is the cheaper option and therefore likely to remain the most widely used in developing countries. Lactobacillus probiotic taken alongside metronidazole and taken intravaginally both showed significant effectiveness. Hydrogen peroxide and triple sulphonamide cream were not effective.

“There are a range of good treatments for BV, but the high relapse rates require more attention and indicate that we need more research into other agents that can increase their effectiveness,” said Oduyebo. “We also need to understand why so many people dropped out of the Lactobacillus trials as this suggests there are unreported adverse effects.”

Full citation: Oduyebo OO, Anorlu RI, Ogunsola FT. The effects of antimicrobial therapy on bacterial vaginosis in non-pregnant women. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD006055. DOI: 10.1002/14651858.CD006055.pub2.

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## **Caesarean Section: Local Anaesthetic Reduces Need For Painkillers Post-Op**

Giving a local anaesthetic during a Caesarean section helps manage pain after the operation and can reduce consumption of painkillers, according to Cochrane Researchers. The researchers recommend local anaesthetics as part of integrated pain management strategies for Caesarean section operations, provided that consideration is given to the cost.

“This review is particularly important in light of the growing number of women giving birth by Caesarean section,” says lead researcher, Anthony Bamigboye, of the Department of Obstetrics and Gynaecology at the University of Witwatersrand in Johannesburg, South Africa. “Improved pain relief allows mothers to bond with their babies and begin breastfeeding more quickly.”

Caesarean sections account for around a quarter of all births in the US, Canada and the UK. Local anaesthetics can be given, in addition to general or regional anaesthetics, to help manage pain during and after operations. The anaesthetic is either injected to block nerves in the abdominal wall or applied directly to the wound as an anaesthetic solution.

The researchers reviewed data from 20 studies that together involved 1,150 women who gave birth by Caesarean section in both developing and developed countries. They found that women treated with local anaesthetic as well as local or regional anaesthesia did not require as much morphine or other opioid drugs for pain relief after their operations. When non-steroidal anti-inflammatory drugs were also given, pain was reduced further.

One concern, however, is the additional cost of giving local anaesthetic. “None of the trials in this review addressed the cost implications of increasing use of local anaesthetic,” says Bamigboye. “A cost benefit analysis is needed to find out whether increased expenditure on theatre time and local anaesthetic can be offset by reductions in postoperative painkillers.”

Full citation: Bamigboye AA, Hofmeyr GJ. Local anaesthetic wound infiltration and abdominal nerves block during caesarean section for postoperative pain relief. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD006954. DOI: 10.1002/14651858.CD006954.pub2.

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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<sup>a</sup>.
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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India	<a href="http://www.icmr.nic.in/">http://www.icmr.nic.in/</a>
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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 second Impact Factor in 2008 and has an IF of 5.182, giving it a ranking of 12 out of 107 in the ISI category Medicine, General & Internal.
5. The Cochrane Library Issue 3, 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 8th July 2009. For Issue 3, 2009, the podcasts are:
- **Progressive resistance strength training for improving physical function in older adults**
  - **Green tea (*Camellia sinensis*) for the prevention of cancer**
  - **Combined DTP-HBV-HIB vaccine versus separately administered DTP-HBV and HIB vaccines for primary prevention of diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenzae B (HIB)**
  - **Interventions to prevent occupational noise induced hearing loss**
  - **Topical rubefaciants for acute and chronic pain in adults**
  - **Garlic for the common cold**
  - **Erythropoietin as an adjuvant treatment with (chemo) radiation therapy for head and neck cancer**

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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.