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Strictly Embargoed until 00:01 hours (BST), 8th October 2008

This alert highlights some of the key health care conclusions and their implications for practice as published next week in [The Cochrane Library](#), 2008, Issue 4.

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@wiley.com.

Reviews highlighted in this newsletter:

- **[Bad Breath? Mouthrinses Work, But Some Cause Temporary Staining](#)**
Over-the-counter mouthrinses really do put a stop to bad breath. The first systematic review on the effectiveness of mouthrinses shows that they play an important role in reducing levels of bacteria and chemicals that cause mouth odours. Pick which one you use though, because some can temporarily stain your tongue and teeth.
- **[Probiotic Bacteria Don't Make Eczema Better – And May Have Side Effects](#)**
There is no evidence probiotics can relieve the symptoms of eczema, but there is some evidence that they may occasionally cause infections and gut problems. These findings from The Cochrane Library come at a time when use of probiotics to treat eczema is increasing.
- **[St. John's Wort Relieves Symptoms of Major Depression](#)**
New research provides support for the use of St. John's wort extracts in treating major depression. A Cochrane Systematic Review backs up previous research that showed the plant extract is effective in treating mild to moderate depressive disorders.
- **[Formoterol For Asthma: Evidence of Serious Adverse Effects](#)**
Asthma sufferers who regularly take the beta₂-agonist formoterol are more likely to suffer non-fatal serious adverse events than those given placebos. A review carried out by Cochrane Researchers showed a significantly increased risk for people who took the drug once or twice daily for at least 12 weeks.
- **[Belt and braces approach may prevent Deep Vein Thromboses \(DVT\)](#)**
Combining short periods of leg compression with medications such as heparin is more effective at preventing blood clots in high-risk patients than using either preventative measure alone. A team of Cochrane Researchers believe that this 'belt and braces' approach can significantly decrease a patient's risk of deep vein thrombosis (DVT).

- **[Early Breast Cancer: LHRH Agonists Show Considerable Promise](#)**
Women who have had early stage breast cancer surgically removed, and whose tumour cells are stimulated by the hormone oestrogen, can benefit from taking Luteinizing hormone releasing hormone (LHRH) antagonists, a Cochrane Systematic Review has concluded. This medication may be taken alone or alongside the use of tamoxifen.
- **[Can Stem Cells Heal Damaged Hearts? No Easy Answers, But Some Signs of Hope](#)**
Recent studies indicate that infusing hearts with stem cells taken from bone marrow could improve cardiac function after myocardial infarction (tissue damage that results from a heart attack). But in a recent systematic review, Cochrane Researchers concluded that more clinical trials are needed to assess the effectiveness of stem cell therapies for heart patients, as well as studies to establish how these treatments work.
- **[Contracting Pelvic Floor Muscles Prevents Urine Leakage Before and After Pregnancy](#)**
Women who receive one to one instruction on how to contract the pelvic floor muscles and practice pelvic floor muscle exercises with health professional supervision are less likely to suffer urine leakage during or after pregnancy. A systematic review from The Cochrane Library suggests that these exercises are effective for preventing and treating incontinence.
- **[Selection of Other New Cochrane Systematic Reviews](#)**

Bad Breath? Mouthrinses Work, But Some Cause Temporary Staining

Over-the-counter mouthrinses really do put a stop to bad breath. The first systematic review on the effectiveness of mouthrinses shows that they play an important role in reducing levels of bacteria and chemicals that cause mouth odours. Pick which one you use though, because some can temporarily stain your tongue and teeth, warns this new review from The Cochrane Library.

Bad breath is a very common complaint affecting around half the population in developed countries. The smell is generated by bacteria that accumulate on the tongue and produce sulphur compounds including hydrogen sulphide. This is the same compound that makes rotten eggs smell bad. To combat this, mouth rinses are classified in two categories, those that kill the bacteria producing the sulphur compounds and those that neutralise or mask the odour of these compounds. Antibacterial mouthrinses are widely used to treat bad breath, despite some uncertainty about their effectiveness.

“We found that antibacterial mouthrinses, as well as those containing chemicals that neutralise odours, are actually very good at controlling bad breath,” says lead researcher, Zbys Fedorowicz, who works at the Ministry of Health in Bahrain.

Although the different mouthrinses had similar effects on odours, the researchers point out that products containing chlorhexidine resulted in noticeable but temporary staining of the tongue and teeth, and also can temporarily alter taste sensations.

The review, carried out by a team of Cochrane Researchers, included the results of five separate trials involving 293 participants. The team found that mouthrinses employing antibacterial agents such as chlorhexidine and cetylpyridinium were significantly more effective than placebos in reducing mouth odours, as judged by

human noses. Mouthrinses containing chlorine dioxide and zinc were more effective in neutralising odour compounds.

Researchers also noted that more studies are needed to compare the effectiveness of different mouthrinses in treating bad breath. And they say that despite the growing trend for electronic assessment of mouth odours, the human nose should remain the gold standard.

“There’s no substitute for a human nose when it comes to sniffing out bad breath,” says Fedorowicz.

Fedorowicz Z, Aljufairi H, Nasser M, Outhouse TL, Pedrazzi V. Mouthrinses for the treatment of halitosis. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD006701. DOI: 10.1002/14651858.CD006701.pub2.

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[\[To top\]](#)

Probiotic Bacteria Don’t Make Eczema Better – And May Have Side Effects

There is no evidence probiotics can relieve the symptoms of eczema, but there is some evidence that they may occasionally cause infections and gut problems. These findings from The Cochrane Library come at a time when use of probiotics to treat eczema is increasing.

Eczema is an itchy skin condition that affects more than 1 in 20 people at some time in their lives and is especially common in children. Its cause is complex and not well understood, but sufferers do have different bacteria in their guts compared to unaffected people. Consequently, some nutritionists have suggested that eating live gut-dwelling bacteria, such as those found in probiotic yoghurts and some infant formulas, could be beneficial.

“Some doctors are recommending probiotics as a cheap treatment for eczema, but having carried out a systematic review we have found no evidence that they work for treating eczema,” says lead researcher Robert Boyle of Imperial College, London, UK.

The Cochrane Researchers looked at 12 studies that together involved 781 children diagnosed with eczema. These studies compared severity of the disease in children given live bacteria to severity in those given a placebo. The researchers found that probiotics provided no significant health improvement. Similar bacteria were given across all studies, so the researchers could not rule out the possibility that other strains might be beneficial. Moreover they found that in separate studies 46 patients had been reported to suffer side effects from using probiotics, including infection and bowel damage.

“There is no evidence that probiotics are a worthwhile treatment for eczema, and they may be harmful for certain groups of people,” says Boyle. “However, further studies of new probiotics are needed, because it is possible that different types of

probiotics which haven't yet been studied in eczema treatment could be more effective.”

Boyle RJ, Bath-Hextall FJ, Leonardi-Bee J, Murrell DF, Tang MLK. Probiotics for treating eczema. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD006135. DOI: 10.1002/14651858.CD006135.pub2.

[\[To top\]](#)

St. John's Wort Relieves Symptoms of Major Depression

New research provides support for the use of St. John's wort extracts in treating major depression. A Cochrane Systematic Review backs up previous research that showed the plant extract is effective in treating mild to moderate depressive disorders.

“Overall, we found that the St. John's wort extracts tested in the trials were superior to placebos and as effective as standard antidepressants, with fewer side effects,” says lead researcher, Klaus Linde of the Centre for Complementary Medicine in Munich, Germany.

Extracts of the plant *Hypericum perforatum*, commonly known as St. John's wort, have long been used in folk medicine to treat depression and sleep disorders. The plant produces a number of different substances that may have anti-depressive properties, but the whole extract is considered to be more effective.

Cochrane Researchers reviewed 29 trials which together included 5,489 patients with symptoms of major depression. All trials employed the commonly used Hamilton Rating Scale for Depression to assess the severity of depression. In trials comparing St. John's wort to other remedies, not only were the plant extracts considered to be equally effective, but fewer patients dropped out of trials due to adverse effects. The overall picture is complicated, however, by the fact that the results were more favourable in trials conducted in German speaking countries, where St. John's extracts have a long tradition and are often prescribed by doctors.

Despite the favourable findings for St. John's wort, researchers are anxious not to make generalisations about the plant's use as an anti-depressant and recommend consulting a doctor in the first instance, especially as the extracts can sometimes affect the actions of other beneficial drugs.

“Using a St. Johns wort extract might be justified, but products on the market vary considerably, so these results only apply to the preparations tested,” says Linde.

Linde K, Berner MM, Kriston L. St John's wort for major depression. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD000448. DOI: 10.1002/14651858.CD000448.pub3.

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[\[To top\]](#)

Formoterol For Asthma: Evidence of Serious Adverse Effects

Asthma sufferers who regularly take the beta₂-agonist formoterol are more likely to suffer non-fatal serious adverse events than those given placebos. A review carried out by Cochrane Researchers showed a significantly increased risk for people who took the drug once or twice daily for at least 12 weeks.

Long-acting beta₂-agonists are inhaled to help open the airways and last for 12 hours or more, but their long-term use is controversial. Recent research has cast doubt on the safety of salmeterol. Now researchers are calling into question the safety of the related drug formoterol.

“Our findings are similar to those of a review published earlier this year, which found that regular salmeterol causes an increase in non-fatal adverse events,” says lead researcher of both studies, Christopher Cates, who works in Community Health Sciences at St George’s, London.

22 studies involving 8,032 people diagnosed with asthma were included in the latest review. In those studies that compared formoterol to a placebo, 16 patients per thousand taking formoterol suffered serious adverse effects, whilst only 10 per thousand taking placebos were similarly affected. Serious adverse effects were most commonly asthma-related. The increase in adverse events was more marked in younger patients.

“It is possible that children are at a higher risk of suffering serious effects due to this drug, but we can’t say for sure. We would urge that all serious adverse events are more fully reported in medical journals so that we can make a better assessment of drug safety,” says Cates.

Cates CJ, Cates MJ, Lasserson TJ. Regular treatment with formoterol for chronic asthma: serious adverse events. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD006923. DOI: 10.1002/14651858.CD006923.pub2.

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[\[To top\]](#)

Belt and braces approach may prevent Deep Vein Thromboses (DVT)

Combining short periods of leg compression with medications such as heparin is more effective at preventing blood clots in high-risk patients than using either preventative measure alone. A team of Cochrane Researchers believe that this ‘belt and braces’ approach can significantly decrease a patient’s risk of deep vein thrombosis (DVT).

DVT can be fatal if the clot breaks free and travels to the lungs (pulmonary embolism). They can also cause severe leg swelling and ulcers – a condition known as post-thrombotic syndrome.

While DVTs have grabbed media attention when they occur in people who have sat in cramped conditions (e.g. economy class syndrome), they are much more common in patients undergoing surgery, hospitalised with severe illnesses or with leg fractures. Most occur in the legs. Healthcare providers often recommend

anticoagulant medications such as heparin, which thin the blood, as preventative measures for patients at high risk of DVT. Alternatively, using a pump to inflate an airtight bag around the leg can also prevent blood “pooling” and reduce the risk.

By analysing data from eleven trials involving 7,431 patients, Cochrane Researchers found that a combined approach to prevention reduced the risk of DVT from 4 in 100 to less than 1 in 100 when compared to anticoagulants alone. When compared to compression alone, the risk of DVT was reduced from 4 in 100 to 1 in 100.

“Our results support guidelines that already recommend the combined use of medication and leg compression to prevent deep vein blood clots,” says lead researcher, Stavros Kakkos of the Henry Ford Hospital in Detroit, Michigan.

There is, however, still some uncertainty as to whether the combined approach reduces a patient’s risk of a life-threatening pulmonary embolism caused by a clot travelling to the lungs.

“If these clots get into the lungs they can be fatal. We urgently need more studies to find out whether combined preventative approaches are also useful in preventing pulmonary embolism,” says Kakkos.

Kakkos SK, Caprini JA, Geroulakos G, Nicolaidis AN, Stansby GP, Reddy DJ. Combined intermittent pneumatic leg compression and pharmacological prophylaxis for prevention of venous thromboembolism in high-risk patients. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD005258. DOI: 10.1002/14651858.CD005258.pub2.

[\[To top\]](#)

Early Breast Cancer: LHRH Agonists Show Considerable Promise

Women who have had early stage breast cancer surgically removed, and whose tumour cells are stimulated by the hormone oestrogen, can benefit from taking Luteinizing hormone releasing hormone (LHRH) antagonists, a Cochrane Systematic Review has concluded. This medication may be taken alone or alongside the use of tamoxifen.

Developing effective treatment regimes is important because approximately 30% of women diagnosed with early stage breast cancer eventually die of the disease.

In over half of the premenopausal women who develop breast cancer, the cells in the tumours grow faster in the presence of oestrogen. Their tumours are said to be ER+. Treatment often starts with the surgical removal of the tumour, but some cancer cells may be left behind. The challenge then is to slow down their rate of growth.

A well recognised chain of events leads to oestrogen-stimulated tumour cell growth. First LHRH causes the pituitary gland to release luteinizing hormone (LH). This LH travels to the ovaries and triggers the release of oestrogen. The oestrogen moves to the region of the tumour where it locks on to receptors on the cells and stimulates tumour growth.

There are two possible ways of preventing oestrogen from stimulating growth. One is to block the oestrogen receptors that are present on the cells so that they can’t respond to the hormone. Tamoxifen works this way. The second is to reduce the

amount of oestrogen that is present in the bloodstream. This can be done by blocking LHRH's ability to cause a release of LH.

A team of Cochrane Researchers searched for evidence on the value of using LHRH antagonists. They identified 14 randomised trials that involved nearly 12,000 premenopausal women with operable breast cancer, most of whom were ER+. The LHRH agonist in most trials was goserelin.

“While we cannot yet recommend using ovarian suppression as the standard therapy for these women, it is possible that LHRH antagonists may reduce the risk of cancer reoccurring and extend survival times in premenopausal women who have early breast cancer that is not known to be ER negative. Given this potential, we eagerly await the results of current clinical trials that could answer this important issue,” says lead researcher Rohini Sharma, who works in the Department of Medical Oncology, Hammersmith Hospital, London, UK.

The researchers point out that they were able to determine whether tamoxifen or the LHRH antagonist was better if used alone. They did find that women who used LHRH alone had fewer, or less severe, adverse effects than those on tamoxifen.

The researchers also stress the need for studies that investigate long term effects on women given the various different treatment regimes, and the need to wait for the mature results of studies in order to fully answer this important question.

Sharma R, Hamilton A, Beith J. LHRH agonists for adjuvant therapy of early breast cancer in premenopausal women. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD004562. DOI:10.1002/14651858.CD004562.pub3.

[\[To top\]](#)

Can Stem Cells Heal Damaged Hearts? No Easy Answers, But Some Signs of Hope

Recent studies indicate that infusing hearts with stem cells taken from bone marrow could improve cardiac function after myocardial infarction (tissue damage that results from a heart attack). But in a recent systematic review, Cochrane Researchers concluded that more clinical trials are needed to assess the effectiveness of stem cell therapies for heart patients, as well as studies to establish how these treatments work.

In a heart attack, blocked arteries can cut off the blood supply to areas of heart tissue. This leads to myocardial infarction - severe tissue damage caused by lack of oxygen, which is transported in the blood.

“We need more studies that look at the long term effects of these interventions, as well as at the types of cells that are used and how they actually repair the heart tissue,” says lead researcher Dr. Enca Martin-Rendon, who works in the Stem Cell Research Department, NHS Blood and Transplant, at the John Radcliffe Hospital in Oxford, UK.

The team drew together data from 13 different trials involving 811 patients. Although these trials show that treatment with bone marrow stem cells (BMSCs) may lead to a moderate improvement in cardiac function, the researchers say there is still not

enough evidence to confirm this. They also found that BMSC treatment did not reduce the measurable area of damaged heart tissue.

Only three trials looked to see if effects lasted for more than six months after BMSC treatment. The researchers discovered that in these trials, there was no evidence of any benefit 12 months after treatment.

Quite how BMSCs cause this short term benefit is uncertain. One theory is that they enable extra blood vessels to develop, while another is that they release chemicals that encourage the growth of healthy heart muscle cells while decreasing the development of scar tissue in the damaged area.

“If it turns out these treatments are beneficial in any way, they could be made available to all heart attack patients. We think infusion with stem cells may help increase blood flow into damaged heart tissues, but without more investment in this area of research, we can’t be sure,” says Martin-Rendon.

Martin-Rendon E, Brunskill S, Dorée C, Hyde C, Watt S, Mathur A, Stanworth S. Stem cell treatment for acute myocardial infarction. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD006536. DOI: 10.1002/14651858.CD006536.pub2.

[\[To top\]](#)

Contracting Pelvic Floor Muscles Prevents Urine Leakage Before and After Pregnancy

Women who receive one to one instruction on how to contract the pelvic floor muscles and practice pelvic floor muscle exercises with health professional supervision are less likely to suffer urine leakage during or after pregnancy. A systematic review from The Cochrane Library suggests that these exercises are effective for preventing and treating incontinence.

A third of women are known to leak urine following childbirth, while 1 in 10 leak faeces, although due the obvious embarrassment and distress associated with incontinence, it is possible that rates are underestimated. To avoid giving medication during pregnancy and breastfeeding, pelvic floor muscle exercises are widely recommended for strengthening the muscles supporting the pelvic organs and helping women to gain greater urine control. This systematic review shows these exercises can markedly decrease rates of incontinence.

“With good one to one teaching and supervision, these exercises are safe and will benefit many women,” says lead author, Jean Hay-Smith, who works at the Wellington School of Medicine and Health Sciences at the University of Otago in Wellington, New Zealand.

The review team found 15 relevant studies involving a total of 6,181 women. They discovered that those with no prior history of leakage who are taught the exercises on a one to one basis and practice pelvic floor muscle exercises with supervision from a health professional are half as likely to report urinary incontinence in late pregnancy, and a third less likely up to six months after birth, than those who receive usual antenatal and postnatal care. Exercises are also an effective treatment for women with persistent urinary incontinence after childbirth.

The authors also say that exercises might be particularly beneficial for certain groups of women. "Those who give birth to large babies or who have forceps deliveries run a higher risk of incontinence and may benefit more from intensive pelvic floor muscle exercises," says Hay-Smith.

Hay-Smith J, Mørkved S, Fairbrother KA, Herbison GP. Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD007471. DOI: 10.1002/14651858.CD007471.

Extracts from a selection of other Cochrane Systematic Reviews

This section contains extracts from 14 selected new or updated reviews also publishing in The Cochrane Library 2008, Issue 4. These extracts have been divided into headings of:

- [Alternative Therapies](#)
- [Blood Pressure](#)
- [Cancer](#)
- [Depression and Mental Health](#)
- [Ear, Nose and Throat](#)
- [Policy](#)
- [Pregnancy and Childbirth](#)

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, wbnwseurope@wiley.com.

Alternative Therapies

"Touch therapies for pain relief in adults"

(CD006535) by So et al

Background

Pain is a global public health problem affecting the lives of large numbers of patients and their families. Touch therapies (Healing Touch (HT), Therapeutic Touch (TT) and Reiki) have been found to relieve pain, but some reviews have suggested there is insufficient evidence to support their use.

Extract from Implications for Practice

Owing to a lack of good quality data and to the heterogeneous nature of the data, the effect of touch therapies on pain relief is inconclusive. Existing data generally favour the analgesic effect of touch therapies. It is unclear whether the experience of practitioners or the types of touch therapies have any effect. Further evaluation is required. No adverse effects were identified.

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

Blood Pressure

"Blood pressure lowering efficacy of angiotensin receptor blockers for primary hypertension"

(CD003822) by Heran et al

Background

Angiotensin receptor blockers (ARBs) are widely prescribed for hypertension so it is essential to determine and compare their effects on blood pressure (BP), heart rate and withdrawals due to adverse effects (WDAE).

Extract from the Implications for Practice findings

This systematic review provides the best available published evidence about the dose-related blood pressure lowering efficacy of ARBs for the treatment of primary hypertension. These findings have the potential to change prescribing behavior and drug funding policies around the world. The evidence from this review suggests that there are no clinically meaningful differences between available ARBs for lowering blood pressure. Thus, substantial cost savings can be achieved by prescribing the least expensive ARB.

"Blood pressure lowering efficacy of angiotensin converting enzyme (ACE) inhibitors for primary hypertension"

(CD003823) by Heran et al

Background

ACE inhibitors are widely prescribed for hypertension so it is essential to determine and compare their effects on blood pressure (BP), heart rate and withdrawals due to adverse effects (WDAE).

Extract from the Implications for Practice findings

This systematic review provides the best available published evidence about the dose-related blood pressure lowering efficacy of ACE inhibitors for the treatment of primary hypertension. These findings have the potential to change prescribing behavior and drug funding policies around the world. The evidence from this review suggests that there are no clinically meaningful differences between ACE inhibitors for lowering blood pressure. Thus, substantial cost savings can be achieved by prescribing the least expensive ACE inhibitor.

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

Cancer

"Propofol for sedation during colonoscopy"

(CD006268) by Singh et al

Background

Propofol is increasingly used for sedation during colonoscopy, with many recent reports of randomized controlled trials (RCTs) and large non-randomized case series.

Extract from the Implications for Practice findings

Propofol for sedation during colonoscopy for generally healthy individuals can lead to faster recovery and discharge times, increased patient satisfaction without an increase in side-effects. Propofol is a reasonable option for sedation during colonoscopy for generally healthy individuals. Propofol may provide an advantage to endoscopy units, where the throughput of procedures is limited by the availability of recovery room resources. Faster turnover of patients through such endoscopy suites using propofol may help meet some of the increasing demands for endoscopy. Moreover higher patient satisfaction when propofol is used for sedation during colonoscopy may also lead to higher patient compliance with subsequent endoscopies. Differences in patient outcomes depend upon not only on the choice of the sedative agent, but also on how the particular sedative agent is used

"Nutrition support for bone marrow transplant patients"

(CD002920) by Murray & Pindoria

Background

This is an update of the original Cochrane review published in Issue 2, 2002. Bone marrow transplantation involves administration of toxic chemotherapy and infusion of marrow cells. After treatment, patients can develop poor appetite, mucositis and gastrointestinal failure, leading to malnutrition. To prevent this, parenteral nutrition (PN) support is often first choice but is associated with increased risk of infection. Enteral nutrition (EN) is an alternative, as is addition of substrates.

Extract from the Implications for Practice findings

Readers of the original review are advised to re-read this update as the conclusions have changed. Routine use of parenteral nutrition and glutamine for bone marrow patients

predicted to have prolonged gastrointestinal failure, could be considered. Caution in the routine use of PN is still required because of the increased risk of line infection. Where possible use of intravenous fluids and oral diet should be considered as a preference to parenteral nutrition, however, in the event of a patient suffering severe gastrointestinal failure even with a trial of enteral feeding, PN with the addition of glutamine could be considered.

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

Depression and Mental Health

"Procaine treatments for cognition and dementia"

(CD005993) by Szatmári & Bereczki

Background

Procaine is a controversial substance which has been used for “antiageing” effects including cognitive improvement for more than 50 years. Preparations which contain procaine as a component are claimed to prevent, reverse and interrupt dementia. Several products are widely promoted and can be purchased “over the counter” outside the US and via the Internet. Procaine preparations are said to be readily available in over 70 countries and to be used by more than 100 million people.

Extract from the Implications for Practice findings

This review provides no evidence for benefit from procaine and its preparations in preventing and treating dementia or cognitive impairment. There were a few but some serious adverse events related to longer term treatment.

"Exercise for depression"

(CD004366) by Mead et al

Background

Depression is a common and important cause of morbidity and mortality worldwide. Depression is commonly treated with antidepressants and/or psychotherapy, but some people may prefer alternative approaches such as exercise. There are a number of theoretical reasons why exercise may improve depression.

Extract from the Implications for Practice findings

It is reasonable to recommend exercise to people with depressive symptoms and to those who fulfil diagnostic criteria for depression. However, we cannot give people accurate information about how effective exercise might be, nor can recommendations be made about the relative benefits of aerobic exercise, resistance exercise or mixed exercise, whether group or individual exercises are better, nor about the optimum duration of exercise. Given that the drop-out rates from exercise can be substantial, a pragmatic approach would be to recommend that patients choose a form of exercise which they will enjoy; this may improve adherence and increase the likelihood that people will continue exercise long-term.

"Relaxation for depression"

(CD007142) by Jorm et al

Background

Many members of the public have negative attitudes towards antidepressants. Psychological interventions are more acceptable but require considerable therapist training. Acceptable psychological interventions that require less training and skill are needed to ensure increased uptake of intervention. A potential intervention of this sort is relaxation techniques.

Extract from the Implications for Practice findings

This review shows that relaxation is better than wait-list, no treatment or minimal treatment at relieving self-rated depression, but not as effective as psychological therapies like cognitive-behaviour therapy. If relaxation and psychological therapies were equal in cost and availability, then relaxation would have no clinical role. However, relaxation is a very simple intervention which could be implemented at minimal cost. Relaxation can be readily manualised and requires brief training. By contrast, psychological therapies require a highly skilled clinician and are a scarce resource. Relaxation and psychological treatment could be used together in stepped care, with relaxation offered as a first-line treatment and psychological therapy as a second-line for those who do not respond.

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

Ear, Nose and Throat

"Tonsillectomy or adeno-tonsillectomy versus non-surgical treatment for chronic/recurrent acute tonsillitis"

(CD001802) by Burton & Glasziou

Background

Surgical removal of the tonsils, with or without adenoidectomy (adeno-/tonsillectomy), is a common ENT operation but the indications for surgery are controversial.

Extract from the Implications for Practice findings

Those considering tonsillectomy or adeno-tonsillectomy for themselves or their children, and those advising them, should be aware of two important uncertainties which may affect their treatment decisions. They must acknowledge some uncertainty about whether or not their symptoms are primarily due to their tonsils and realise that adeno-/tonsillectomy is not a panacea for all types of sore throat. There is also uncertainty about the likelihood that these will continue in the future, which is only partly predictable from the frequency and severity of symptoms they have experienced in the past.

"Grommets (ventilation tubes) for recurrent acute otitis media in children"

(CD004741) by McDonald et al

Background

Acute suppurative otitis media is one of the most common infectious diseases in childhood. Recurrent acute otitis media is defined for the purposes of this review as either three or more acute infections of the middle ear cleft in a six-month period, or at least four episodes in a year. Strategies for managing the condition include the assessment and modification of risk factors where possible, repeated courses of antibiotics for each new infection, antibiotic prophylaxis and the insertion of ventilation tubes (grommets).

Extract from the Implications for Practice findings

This review concludes that in children of three years and under with recurrent acute otitis media, ventilation tubes reduce the number of episodes of acute otitis media in the first six months after surgery. In addition more children treated with ventilation tubes are rendered symptom free in the six months following surgery compared to controls. The effect size is small in terms of total number of episodes of recurrent AOM but in both studies more than 50% of children were AOM free after grommet insertion while no more than a handful were rendered AOM free in the antibiotic arm. Clinicians should take into account an individual patient's circumstances, the possible adverse effects of grommet insertion and the potential complications of acute otitis media.

"Once or twice daily versus three times daily amoxicillin with or without clavulanate for the treatment of acute otitis media"

(CD004975) by Thanaviratananich et al

Background

Acute otitis media (AOM) is a common problem in children, for which the antibiotic amoxicillin, with or without clavulanate, is frequently prescribed.

Extract from the Implications for Practice findings

The evidence appears to be biased and therefore we can draw no firm conclusions.

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

Policy

"Increased police patrols for preventing alcohol-impaired driving"

(CD005242) by Goss et al

Background

Road traffic injuries cause 1.2 million deaths worldwide each year. Alcohol consumption increases the risk of traffic crashes, especially fatal crashes. Increased police patrols aim to increase both the perceived and actual likelihood of being caught driving while alcohol-impaired, potentially reducing alcohol-related driving, crashes and injuries.

Extract from the Implications for Practice findings

We found many studies of increased police patrol programs, which in general showed at least some beneficial effect on fatalities and crashes although few results were statistically

significant. The most consistent benefits were seen for total crashes, fatalities and fatal crashes. However, nearly three-quarters of the studies had at least one methodological limitation which could affect their results. Evidence about whether prevention of alcohol-impaired driving is a mechanism for the decrease in crashes and injuries that is observed with increased police patrols is also inconclusive. Thus, existing evidence, although suggestive, does not establish whether increased police patrols, implemented with or without other intervention elements, has an important effect on the adverse consequences of alcohol-impaired driving.

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

Pregnancy and Childbirth

"Methods of milk expression for lactating women"

(CD006170) by Becker et al

Background

Breastfeeding is important for health. However, not all infants can feed at the breast and effective methods of expressing milk have not been adequately evaluated.

Extract from the Implications for Practice findings

Practitioners need to understand that mothers express milk for various reasons and the effectiveness of a method depends on the reason. If time is of high importance to the mother, she may prefer simultaneous pumping because it takes less time than sequential pumping, though some mothers may prefer sequential pumping for other reasons. There was no evidence of difference in volumes of milk obtained between simultaneous pumping and sequential pumping. Both the foot-powered double pump and the electric-powered double pump tested provided a greater mean volume than hand expression, 212.10 ml and 373.10 ml difference respectively, over six days' pumping in the first two weeks after birth, but the differences in volume may not be clinically significant.

"Acupuncture and assisted conception"

(CD006920) by Cheong et al

Background

Acupuncture has recently been studied in assisted reproductive treatment (ART) although its role in reproductive medicine is still debated.

Extract from the Implications for Practice findings

Acupuncture may improve IVF pregnancy rates, and the perception that acupuncture is harmless may encourage patients and clinics to offer this as an adjunct to IVF treatment. The evidence from current literature suggests that acupuncture should be offered only at the time of ET, and not at the time of putative implantation. The use of acupuncture in the luteal phase of the cycle should not be encouraged in routine clinical practice until further evidence is available from properly powered RCTs concerning the possible associations between luteal phase acupuncture and miscarriage.

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

- Ends -

Notes for editors

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^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.