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Latest Reviews...

MORE RESEARCH NEEDED!

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Key Features:

- Question and Answer format
- Outcome-focused presentation of impact of interventions on patient
- GRADE Summary of findings statements of quality of evidence
- Link to full Cochrane Review on which Answer is based
- Narrative statement of number of patients and studies contributing data on each outcome
- Links to forest plots for each outcome

www.cochraneclinicalanswers.com

The Cochrane Library and other sources regularly publish new reviews, some of which highlight the lack of good quality studies on which to base recommendations. This is a good starting point for identifying a new area of research. The second step is to find out what else has been published. If you would like a literature search on any of these topics please contact the Library Service on ext 3831.

Psychological preparation and postoperative outcomes for adults undergoing surgery under general anaesthesia

Authors' conclusions

The evidence suggested that psychological preparation may be beneficial for the outcomes postoperative pain, behavioural recovery, negative affect and length of stay, and is unlikely to be harmful. However, at present, the strength of evidence is insufficient to reach firm conclusions on the role of psychological preparation for surgery. Further analyses are needed to explore the heterogeneity in the data, to identify more specifically when intervention techniques are of benefit. As the current evidence quality is low or very low, there is a need for well-conducted and clearly reported research.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008646.pub2/full?campaign=highlighted-reviews-clib-RSS>

Biologic interventions for fatigue in rheumatoid arthritis

Authors' conclusions

Treatment with biologic interventions in patients with active RA can lead to a small to moderate improvement in fatigue. The magnitude of improvement is similar for anti-TNF and non-anti-TNF biologics. However, it is unclear whether the improvement results from a direct action of the biologics on fatigue or indirectly through reduction in inflammation, disease activity or some other mechanism.

<http://onlinelibrary.wiley.com/wol1/doi/10.1002/14651858.CD008334.pub2/abstract>

Induction of labour at or near term for suspected fetal macrosomia

Authors' conclusions

Induction of labour for suspected fetal macrosomia has not been shown to alter the risk of brachial plexus injury, but the power of the included studies to show a difference for such a rare event is limited. Also antenatal estimates of fetal weight are often inaccurate so many women may be worried unnecessarily, and many inductions may not be needed. Nevertheless, induction of labour for suspected fetal macrosomia results in a lower mean birthweight, and fewer birth fractures and shoulder dystocia. The unexpected observation in the induction group of increased perineal damage, and the plausible, but of uncertain significance, observation of increased use of phototherapy, both in the largest trial, should also be kept in mind.

Findings from trials included in the review suggest that to prevent one fracture it would be necessary to induce labour in 60 women. Since induction of labour does not appear to alter the rate of caesarean delivery or instrumental delivery, it is likely to be popular with many women. In settings where obstetricians can be reasonably confident about their scan assessment of fetal weight, the advantages and disadvantages of induction at or near term for fetuses suspected of being macrosomic should be discussed with parents.

Although some parents and doctors may feel the evidence already justifies induction, others may justifiably disagree. Further trials of induction shortly before term for suspected fetal macrosomia are needed. Such trials should concentrate on refining the optimum gestation of induction, and improving the accuracy of the diagnosis of macrosomia.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000938.pub2/full?campaign=highlighted-reviews-clib-RSS>

From other sources:

Thermal ablative therapies for treatment of localised renal cell carcinoma: a systematic review of the literature

CONCLUSION:

Thermal ablative therapies are valid alternatives to partial nephrectomy for the treatment of small renal masses in patients unfit for surgery. Prospective long-term data will be needed before the indications for their use expand further.

<http://www.ncbi.nlm.nih.gov/pubmed/27247133>

Health-related quality-of-life outcome measures in paediatric palliative care: A systematic review of psychometric properties and feasibility of use

For more information about this newsletter please contact Laura Sims in the Library (ext. 3831)

CONCLUSION:

There is currently no 'ideal' outcome assessment measure for use in paediatric palliative care. The domains of generic health-related quality-of-life measures are not relevant to all children receiving palliative care and some domains within disease-specific measures are only relevant for that specific population. Potential solutions include adapting an existing measure or developing more individualized patient-centred outcome and experience measures. Either way, it is important to continue work on outcome measurement in this field.

<http://www.ncbi.nlm.nih.gov/pubmed/27247087>

Unravelling the confusion behind hyaluronic acid efficacy in the treatment of symptomatic knee osteoarthritis

Hyaluronic acid (HA) is a commonly prescribed treatment for knee pain resulting from osteoarthritis (OA). Although numerous HA products have been approved for use by the US Food and Drug Administration, the efficacy of HA injections for knee OA remains disputed with meta-analyses and societal clinical guidelines drawing disparate conclusions. The American Academy of Orthopaedic Surgeons (AAOS) recently published a best-evidence systematic review and concluded that available data did not support the routine use of HA for knee OA. The purpose of the current article is to highlight issues that confound interpretation of meta-analyses on HA for knee OA, to provide realistic estimates of the true efficacy of HA injections in knee OA, and to provide commentary on the methods and conclusions from the AAOS systematic review. In general, the clinical benefit of HA is underestimated using conventional meta-analytic techniques. When accounting for differential control group effects in HA studies, it can be reasonably concluded that HA injections may be beneficial to an appreciable number of patients with knee OA. In addition, the systematic review methodology used by AAOS was questionable due to exclusion of numerous relevant studies and inclusion of studies that used HAs not approved for use in the US, both of which underestimated the true efficacy of HA injections. Overall, the efficacy of HA injections for knee OA is likely better than previously reported. Future clinical trials and meta-analyses should account for differential control group effects in order to avoid the continued confusion surrounding HA injection efficacy.

<http://www.ncbi.nlm.nih.gov/pubmed/27382328>

If you would like to get involved with research or have an idea for a project contact the R&D Department who can offer advice and support on getting started.

The Clinical Research Centre is located on the Second Floor within Area 5 of Blackpool Victoria Hospital.

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