



The Nigerian Cochrane Contributors Meeting – 2012

Thirty-seven Cochrane Contributors from all over Nigeria, Gambia and South Africa converged from July 9th-11th for the 2012 Nigerian Cochrane Contributors Meeting. This year's meeting which took place in Calabar, the capital city of Cross River State, was preceded by a 2-day GradePro workshop on the 9th-10th July. The actual Contributors Meeting took place on 11th July 2012 and comprised of an opening ceremony, plenary sessions and an annual general meeting.

The opening ceremony was attended by the Chief Medical Director of the University of Calabar Teaching Hospital (UCTH), Dr Thomas Agan, the Chairman of the Medical Advisory Committee (CMAC) of the UCTH, Dr. Queeneth Kalu and the Provost of the College of Medicine, University of Calabar, Professor Saturday Etuk. The Provost, who was representing the Vice Chancellor of the University of

Calabar as the chairman of the occasion, gave the opening remarks in which he lauded the work of the Cochrane Collaboration. He said that the University was proud to be associated with the Nigerian Branch of the South African Cochrane Centre and pledged to support the Branch in any way that was necessary. The CMD, who was the Chief Host of the occasion, declared his commitment to health research while the CMAC named provision of community services, teaching and research as the core functions of the Teaching Hospital. She stated that the Hospital has made remarkable progress in the first two aspects of its core functions and called on the Branch to support its initiative in capacity development in research.

As part of the opening ceremony, Professor Godwin Aja, a notable contributor to the work of the

Cochrane Collaboration in Nigeria and one-time member of the Steering Group of the Cochrane Collaboration, made a presentation on 'Consumer participation in the Cochrane Collaboration' in which he described how a consumer is and the important role that consumers play in the collaboration. He also highlighted how Africans and Nigerian consumers have been involved in the work of the Collaboration, the challenges they face and opportunities available to them.

The focal point of the event was the General Meeting of the Nigerian Contributors during which important issues pertaining to the progress of the work of the Collaboration in Nigeria were discussed. By the end of the meeting the contributors came up with a number of strategic decisions. To cap it all the participants were taken on sightseeing and treated to a dinner at an exotic restaurant.

Cross section of participants at GradePro Workshop

Professor S.J. Etuk (Provost, College of Medicine, University of Calabar) making opening Remarks

Nigerian Contributors at dinner

Group Photo – Nigerian Cochrane Contributors Meeting

Dr. Oniyangi giving a vote of thanks at NCCM Dinner

Participants at Nigerian Contributors Meeting

Nigerian Contributors at General Meeting

Dr. Thomas Agan (CMD, UCTH) giving Special Remarks

L-R Front Row - Dr. Thomas Agan and Dr. Queeneth Kalu (CMAC, UCTH) at the Opening Ceremony of the NCCM

Prof. Martin Meremikwu (Director, Nigerian Branch of South African Cochrane Centre) giving a welcome speech at NCCM Dinner

Evidence At Your Fingertips

(From the Cochrane Library)

TECHNICAL SUMMARY

Oral Zinc for Treating Diarrhoea in Children

Background

Despite improving trends in mortality rates, diarrhoea still causes about 15% of all deaths in children under five years of age and accounts for nearly 1.4 million child deaths in developing countries every year. This is due to infection and malnutrition. Dehydration from diarrhoea is often the immediate cause of death in the young. Giving fluids by mouth (using an oral rehydration solution) has been shown to save children's lives, but it seems not to have an effect on the length of time the children suffer the diarrhoeal illness. Children in developing countries are often zinc deficient. Zinc supplementation could help reduce the duration and the severity of diarrhoea, and therefore have an additional benefit over ORS in reducing children mortality.

Review objective

To evaluate oral zinc supplementation for treating children with acute or persistent diarrhoea.

Main Results

Twenty-five trials (9128 children) were included in the review, mostly from Asian countries at high risk of zinc deficiency, and thus may not be applicable elsewhere. There is currently not enough evidence from well conducted randomized controlled trials to be able to say whether zinc supplementation during acute diarrhoea reduces death or hospitalization

(very low quality evidence).

In children aged >6 months with acute diarrhoea, zinc supplementation may shorten the duration of diarrhoea by around 10 hours (RR 1.24, 95%CI -0.14, 2.091 children, five trials, low quality evidence), and probably reduces the number of children whose diarrhoea persists until day seven (RR 0.73, 95%CI 0.61 to 0.88; 3865 children, six trials, moderate quality evidence).

In children with signs of moderate malnutrition the effect appears greater, reducing the duration of diarrhoea by around 27 hours (MD -26.98 hours, 95% CI -14.62 to -39.34; 336 children, three trials, high quality evidence). Conversely, in children aged less than six months, the available evidence suggests zinc supplementation may have no effect on mean diarrhoea duration (MD 5.23 hours, 95% CI -4.00 to 14.45; 1334 children, two trials, low quality evidence), and may even increase the proportion of children whose diarrhoea persists until day seven (RR 1.24, 95% CI 0.99 to 1.54; 1074 children, one trial, moderate quality evidence).

No trials reported serious adverse events but zinc supplementation during acute diarrhoea caused

vomiting in both age groups (RR 1.59, 95%CI 1.27 to 1.99; 5189 children, 120 trials, high quality evidence).

In children with persistent diarrhoea, zinc supplementation probably shortens the duration of diarrhoea by around 16 hours (MD -15.84 hours, 95% CI -25.43 to -6.24; 529 children, five trials, moderate quality evidence).

Implications for practice

In areas where diarrhoea is an important cause of child mortality, and the prevalence of zinc deficiency or mild/moderate malnutrition is high, zinc may be of benefit in children aged 6 months.

Implications for research

Causes of heterogeneity in the effect of zinc in children over six months should be further explored, and further research is necessary to justify continued supplementation in children less than 6 months.

Lazzerini M, Ronfani L. Oral zinc for treating diarrhoea in children. *Cochrane Database of Systematic Reviews* 2012, Issue 6. Art. No.: CD005379. DOI: 10.1002/14651858.CD005379.pub3.

Evidence At Your Fingertips continued

PLAIN LANGUAGE SUMMARIES

Fish oils for the prevention of dementia in older people

Dementia is a progressive illness which mainly affects older people. Previous research from observational studies has suggested that increased consumption of fish oils rich in omega-3 long-chain polyunsaturated fatty acids (omega-3 PUFA) may reduce the chance of developing dementia, while other studies show no effect. Oily fish, such as salmon, mackerel, herring and sardines are a rich source of omega-3 PUFA which are essential for brain development.

The authors of this review included studies where healthy participants over the age of 60 years who were cognitively healthy at the start of the study were randomly assigned to receive extra omega-3 PUFA in their diet or a placebo (such as olive oil). The main outcomes of interest were new cases of dementia diagnosed during the study period, cognitive decline, side-effects, and adherence to the intervention.

Three randomized controlled trials involving 3536 participants were included in the review. In two trials, the participants were randomly assigned to receive either gel capsules containing omega-3 PUFA or olive or sunflower oil for six or 24 months. In the third trial, the participants were randomly assigned to receive tubs of margarine spread for 40 months (regular margarine versus margarine fortified with omega-3 PUFA).

None of the studies examined the effect of omega-3 PUFA on new dementia cases over the study period. In two studies involving 3221 participants there was no difference between the omega-3 PUFA and placebo group in minimal state examination score at final follow-up. In two studies (1043 participants), other tests of cognitive function such as word learning, digit span and verbal fluency showed no beneficial effect of omega-3 PUFA supplementation. Participants in both the intervention and control groups experienced little or no cognitive decline during the studies.

The main side-effect reported with omega-3 PUFA supplementation was mild gastrointestinal problem, but overall minor symptoms were reported by fewer than 15% of participants, and people in the control group were just as likely to report similar symptoms as those receiving an omega-3 PUFA supplement. Adherence to the supplementation protocol was high in all trials with on, average over 90% of supplements being apparently consumed by trial participants. All three studies included in this review were of high methodological quality, and so the findings are unlikely to be due to chance or bias.

The results of the available studies show no benefit for cognitive function with omega-3 PUFA supplementation among cognitively healthy older people. Omega-3 PUFA supplements may

have other health benefits, and the authors comment that consumption of fish is recommended as part of a healthy diet.

Larger studies with a longer duration of treatment with Omega-3 PUFA supplements are required to determine the possible benefits of omega-3 PUFA in preventing cognitive decline.

Sydenham E, Dangour AD, Lim WS. *Omega 3 fatty acid for the prevention of cognitive decline and dementia. Cochrane Database of Systematic Reviews* 2012, Issue 6. Art. No.: CD005379. DOI: 10.1002/14651858.CD005379.pub3.

Intermittent regimens of iron supplementation during pregnancy

Anaemia is a frequent condition during pregnancy, particularly among women from developing countries who have insufficient iron intake to meet increased iron needs. Traditionally, pregnancy anaemia has been prevented with the provision of daily iron supplements, however, it has recently been proposed that if women take supplements less often, such as once or twice weekly rather than daily, this might reduce side effects and increase acceptance and adherence to supplementation. In this review we assess the benefits and harms of intermittent (i.e. one, two or three times a week on non-consecutive

days) oral supplementation with daily iron or iron+folic acid or iron+vitamins and minerals for pregnant women.

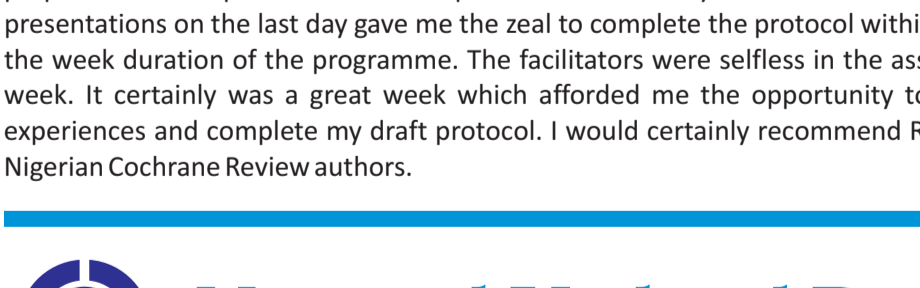
We included 21 randomized controlled trials, but only 18 trials involving 4072 women, had information on the outcomes we evaluated. Three studies looked at intermittent iron alone versus daily iron alone and showed no difference in the effects of two types of regimens when women were followed up. The other studies included in the review compared intermittent iron+folic acid versus daily iron+folic acid. Two of these studies looked at intermittent versus daily iron+folic acid in

regimens. High haemoglobin concentrations may be harmful as they may be associated with an increased risk of having a premature birth and low birth weight baby. There were no other clear differences between groups for other outcomes examined.

Peña-Rosas JP, De-Regil LM, Dowswell T, Viteri FE. *Intermittent oral iron supplementation during pregnancy. Cochrane Database of Systematic Reviews* 2012, Issue 7. Art. No.: CD009997. DOI: 10.1002/14651858.CD009997.

Recent Events

RAP - My Experience



Group Photo of Rap Interns and Facilitators

The Reviews for Africa Programme (RAP) is an intensive course which aims to mentor African health researchers and providers in the science of research synthesis and assist them to initiate, prepare and publish a Cochrane Systematic Review.

The programme was originated by the South African Cochrane Centre and the Nigerian Edition was initiated in 2009. It is designed to take participants through the rudiments of conducting a Cochrane Systematic review. What makes the programme so

attractive is the fact that it provides the participants an opportunity to dedicate quality time to work on their review under the direct supervision of experienced review authors – away from their regular environment and possible distractions. This gives it an edge over the regular one or two-day workshops.

The 2nd edition of RAP Nigeria took place in Calabar, Cross River State from 2-7 July 2012. Six review authors participated in the programme. It was a very intensive week for both the staff and the interns. The participants had this to say about their experiences.

RAP - My Experience

Dr. Adegoke Adelufosi

Review Title: Pyridoxal 5 phosphate for neuroleptic induced tardive dyskinesia
Review Group: Schizophrenia Group

The choice of Calabar as the training venue was ideal. The city is neat, quiet and has an inviting ambience. The staff at the branch were very professional and warm, always eager to ensure that our stay was as comfortable as possible. The trainers were very competent and organized in the delivery of their presentations. I appreciate the interactive and practical nature of the training, which made complex concepts easy to understand. The course content was equally rich and comprehensive. I will sum up my whole experience in one word – UNFORGETTABLE!

Dr. Babasola Okusanya

Review Title: Prophylactic versus selective blood transfusion for sickle cell disease in pregnancy
Review Group: Pregnancy and Child Birth Group

The Reviews for Africa Programme (RAP) was my first experience of being taught the nitty-gritty of doing a systematic review. I enjoyed the lectures on developing a search strategy and practical session on assessing the risks of bias in trials. The agenda for the RAP was such that I am better equipped to complete the review I initiated.

Dr. Ifeanyi Ezebialu

Review Title: Methods for assessing pre-induction cervical ripening
Review Group: Pregnancy and Child Birth Group

I am indeed grateful to the Nigerian Branch of the South African Cochrane Centre for giving me this opportunity to attend the RAP training. It was indeed an exciting experience. The warm welcome on arrival at Calabar was thrilling, even the hotel staff were very nice. The facilitators made me understand to earth in their presentations. The practical sessions made me extend the different aspects of the training better. I will not forget the nice meals that were served. I did make a comment that by the end of the programme, I'd probably have gained up to 5KG! The experience in Calabar was simply exciting!

Dr. Tinuade Ogunlesi

Review Title: Corticosteroids in the treatment of neonatal pyogenic meningitis
Review Group: Neonatal Group

RAP provided me the opportunity to transform from a mere observer into a partaker in the project of promoting evidence based medicine globally and particularly in Nigeria. Didactic lectures were delivered in simple, easy-to-assimilate manners in a relaxed environment of friendliness, humour and yet a lot of serious, mentally-tasking academic activities. The interactive sessions and practical sessions were most useful. The facilitators were pleasantly hospitable. Within a week, we interacted like friends of many years. I came in search of knowledge and skills in Evidence-based Medicine and I found it in abundance in RAP2012.

Dr. Nahya Masoud

Review Title: Measles vaccines for reducing all-cause mortality in children in low-income countries
Review Group: Acute Respiratory Infections Group

“When I walked into the class in Calabar, Nigeria, I knew that I was committed towards completing my Cochrane Review and that our title was already registered but I had no idea how to do it” but through the RAP training and hands-on practice, I realized what I’m into and understood what to do. I deeply appreciate the knowledge, skills and hospitality provided during my stay in Calabar, I felt at home throughout the whole week of my stay. On behalf of my Institute (Ibadan Health Institute), we look forward to further work with the Cochrane Collaboration. I promise to share my knowledge and experience with others. Thank you all.

Mr. Ekpereonne Esu

Review Title: Artemether injections for severe malaria in children
Review Group: Infectious Diseases Group

The Reviews for Africa Fellowship has come as a great privilege for me. I have been involved with Cochrane reviews for a while now, nevertheless, the pool of expertise (from facilitators) and the varied systematic review topics registered by the RAP fellows provided for a great learning atmosphere. It highlighted issues I had never been confronted with in the course of participating in the preparation of Cochrane Systematic reviews. The dedicated time to focus on the preparation of the protocol in this first phase was immensely useful and also the presentations on the last day gave me the zeal to complete the protocol within the week duration of the programme. The facilitators were selfless in the assistance they gave to us throughout the week. It certainly was a great week which afforded me the opportunity to make new friends, learn from varied experiences and complete my draft protocol. I would certainly recommend RAP-Nigeria to all eligible and interested Nigerian Cochrane Review authors.

Other Recent Reviews

- Advance misoprostol distribution for preventing and treating postpartum haemorrhage by *Olufermi T. Oladapo, Bukola Fawole, Jennifer Blum, Edgardo Abalos. Issue 2, 2012.*
- Effectiveness and safety of first-line tenofovir + emtricitabine + efavirenz for patients with HIV by *Innocent Omeje, Charles I*

2011 Impact Factor for Cochrane Database of Systematic Reviews:

The 2011 impact factor for the Cochrane Database of Systematic Reviews (CDSR) is 5.715. The CDSR is ranked among the top 10 of the 153 journals in the Medicine, General & Internal category.

New Cochrane Branch Registered:

The Central American and Spanish Caribbean Branch of the Iberoamerican Cochrane Centre has been registered by the Monitoring and Registration Committee (MaRC) of the Cochrane Collaboration. This new Branch will cover the following countries: Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua and Panama.

ANNOUNCEMENTS

- **Issue 8, 2012 of the Cochrane Library is online -** To access full text reviews, visit: www.thecochranelibrary.com
- **Follow us on Facebook and Twitter** – The Nigerian Branch of the South African Cochrane Centre is now on Facebook and Twitter. Follow us on Facebook: CochraneNigeriaBranchSacc Twitter: @cochraneigeria
- **20th Annual Cochrane Colloquium** - The 20th Annual Cochrane Colloquium will be coming up from 30th September to 3rd October 2012 in Auckland, New Zealand.