MAKING THE MOST OF THE COCHRANE **LIBRARY**

THE COCHRANE LIBRARY 1 WHAT IT IS?

resource, containing research on the effectiveness of interventions for healthcare conditions. It has been acclaimed as the 'single best source of reliable evidence for healthcare

delivery?

decision making' worldwide. It is produced by the Cochrane Collaboration, an international not-for-profit organization dedicated to helping people make well informed decisions about healthcare and understand the impact of these decisions. Over the years healthcare workers have been inundated with questions as to what works or does not work, what will cause more harm than good and vice versa, and what health care interventions can be delivered to the greatest number of people in the most cost-effective way. For instance, here are a few

The Cochrane library is an up-to-date electronic information

common health care questions for which information is needed to guide healthcare decisions: 1. What antimalarial medications are safe in pregnancy? 2. What diagnostic modality is best for screening for breast

- cancer?
- 3. What types of vaccines are most effective for preventing poliomyelitis? 4. What is the most cost effective way of preventing
- teenage pregnancies? 5. What is the most effective way of treating bleeding after
- The answers to these and other questions are as important to clinicians as they are to patients, policymakers, researchers, students and medical interest groups. And because so much has
- been published, it can often be a real task teasing out what is useful. In the Cochrane library, a synthesis of information, using unbiased and evidence based methods, is available at the click of a button saving time, energy and even resources.

WHAT DOES IT CONTAINS? The Library comprises seven databases. Six of these consist of various high quality, reliable documents containing evidence to inform healthcare decision making. The seventh database contains information on the various groups involved in the preparation of these documents.

The six databases are: Database of Systematic Reviews (COCHRANE REVIEWS)

This is a collection of summaries of effects of interventions for treating or preventing diseases and for rehabilitation. Effectively, it is a synthesis of all studies designed to answer questions such as 'what works', 'what does not work', and 'what is harmful'. Database of Abstracts of Reviews of Effects (OTHER **REVIEWS)**

The Database of Abstracts of Reviews of Effects (DARE) contains reviews that have not been supervised by the Cochrane collaboration using their laid down procedures but which have been quality-assessed.

Cochrane Central Register of Controlled trials (CLINICAL Published controlled trials, assembled from many bibliographic databases, are contained in the Cochrane Central Register of Controlled trials. Cochrane Methodology Register (METHODS STUDIES)

The Cochrane Methodology Register details the methods used in controlled clinical trials in a bibliography of publications such as journal articles and conference

Health Technology Assessment Database (TECHNOLOGY ASSESSMENT) Studies that look at the medical as well as the social, ethical and economic implications of healthcare interventions have been brought together in the Health

proceedings.

Technology Assessment Database. NHS Economic Evaluation Database (ECONOMIC **EVALUATION**) This includes critically appraised studies of economic evaluations (including their merits and demerits) which

can assist policymakers in making healthcare decisions that are cost effective. **HOW DO I ACCESS IT?**

In Nigeria, the Cochrane Library can be accessed free of charge at www.thecochranelibrary.com. Free online access is also available via HINARI to people in resource poor settings at www.who.int/hinari. In most countries in Europe and America, national and institutional access is guaranteed through national funding agreements or library subscriptions. Consequently, over

50% of people worldwide have access to the Cochrane library.

The Cochrane library enables one to search for a wide range of evidence based health care information. How you use the library or what you search for will depend on your peculiar needs. There is information for researchers, patients, doctors, nurses, community health workers, policymakers, students, advocacy

GETTING THE BEST OUT OF THE COCHRANE LIBRARY

groups etc. Each of these groups uses health information in different ways and for varying purposes depending on their background, expertise, affiliation. The Cochrane Library has something to offer every group. For HEALTH WORKERS, questions on what interventions work and the benefits or harm caused by an intervention can be answered

by simply viewing a relevant Cochrane Review. Using the search

RESEARCHERS can identify gaps in knowledge by viewing relevant Cochrane Reviews, controlled trials and economic

The health technology assessments and economic evaluations are a ready source of up-to-date information to guide POLICY

interface will lead us to relevant reviews.

evaluations of such conditions.

CONCLUSION

advantage.

Calabar

MAKERS in decision making. Viewing the Plain Language Summaries contained in Cochrane Systematic Reviews will help to answer many of the pertinent questions which PATIENTS AND CONSUMER GROUPS ask and furnish them with the information they seek.

The Cochrane library is highly rated worldwide for its content, quality and methods. The information which it contains continues to assist people in all walks of life to make evidence based health care decisions. It is an invaluable resource and I have no hesitation in recommending it to you. If you have already been using this important resource but have not been making maximum use of it, I would like to encourage you to explore all the various facets of the Cochrane Library and use them to your

please mail us at cochranenigeria@yahoo.co.uk or call us on +234 (8) 036742377 Dr Emmanuel Effa Senior Research Associate

Should you require any help or further information,

Nigerian Branch of South African Cochrane Centre

EVIDENCE AT YOUR FINGERTIPS (From the Cochrane Library) **PLAIN LANGUAGE SUMMARIES**

Reintroducing a normal diet following acute diarrhoea

Many children in developing countries die from acute diarrhoea. Although it is usually caused by infectious viruses or bacteria, the exact organism is rarely known, as it is impractical to test for the organism. Treating the diarrhoea is thus standard therapy, with the recommended policy of using oral rehydration therapy and dietary supplements. Because the gut can be damaged by the infection, many doctors recommend a period of fasting followed by gradual reintroduction of food, although the evidence for when exactly a "normal" diet should be reintroduced is lacking. The authors here looked at children who received 'early' refeeding (within 12 hours of the start of rehydration) or 'late' refeeding (after 12 hours from the start of rehydration). The authors identified 12 trials that met their inclusion criteria, with a total of 1283 children under 5 years; of these, 1226 were used in the analysis (724 given early refeeding; 502 given late

There was no significant difference between the two refeeding groups in the number of participants who needed unscheduled

stay was also similar (246 participants, 2 trials). There is therefore no evidence to suggest that early refeeding increases

intravenous fluids (813 participants, 6 trials), who experienced episodes of vomiting (466 participants, 5 trials), and who developed persistent diarrhoea i.e. greater than 14 days in duration (522 participants, 4 trials). The mean length of hospital

refeeding).

the risk of complications after acute diarrhoea such as the need for IV fluids, or increases the risk of developing persistent diarrhoea. Further studies are needed to fully examine other parameters such as duration of diarrhoea, and effect on weight

gain. Citation: Gregorio GV, Dans LF, Silvestre MA. Early versus Delayed Refeeding for Children with Acute Diarrhoea. Cochrane Database of Systematic Reviews 2011, Issue 7. Art. No.: CD007296. DOI: 10.1002/14651858.CD007296.pub2. Material incentives for improving patient adherence to tuberculosis diagnosis, prophylaxis, and treatment Patients do not always follow the advice of health care providers if being investigated or treated for tuberculosis. Material incentives (such as cash, vouchers and tokens) may encourage them to return for the results of tests or to take prescribed treatments. This review, which analysed the results of 11 randomized controlled trials, concluded that material incentives do increase the number of patients (in certain

marginalized subpopulations, mostly men) who return to the clinic to receive their test results for the diagnosis of tuberculosis, and the number of patients who go to the clinic to start treatment for tuberculosis. There was no evidence to show that incentives increase the number of patients who complete

treatment for latent or active tuberculosis.

and enablers in the management of tuberculosis. Cochrane Database of Systematic Reviews 2012, Issue 1. Art. No.: CD007952. DOI: 10.1002/14651858.CD007952.pub2. Immediate Start of Hormonal Birth Control Health care providers often tell women to wait until their next menstrual cycle to begin birth control pills. The main reason is to

avoid using birth control during an undetected pregnancy. Another method involves starting the pills right away ('immediate start' or 'quick start'). Another birth control method

Citation: Lutge EE, Wiysonge CS, Knight SE, Volmink J. Material incentives

should be used as back-up for the first seven days. Unclear issues are whether guick start of hormonal birth control works as well as the usual start and whether women like it. The quick start method might improve women's use of hormonal birth control. We did computer searches for randomized controlled trials of the quick-start method for pills and other hormonal birth control. We contacted researchers to find other studies. We included trials that compared quick start to the usual start of birth control. Also included were studies that compared quick start of different types of hormonal birth control with each other. Birth control methods could have the hormones estrogen and progestin (combined hormonal birth control) or just the progestin. Five studies were included. In a study of 'depo,' a progestin-only injection, fewer women with quick start of depo became pregnant than those who used another method for 21 days before depo. In this review, the numbers of women who stopped using their birth control method early were similar between groups in all trials. In the depo trial, more women with quick start of depo

A trial of two quick-start methods showed women with the vaginal ring had less long-term bleeding and less frequent bleeding than those with pills. For six side effects, including changes in breasts, mood, and nausea, quick start of the ring showed fewer problems than quick start of pills. For satisfaction in that trial, more women in the ring group were very satisfied

We found little strong evidence that quick start leads to fewer pregnancies or fewer women stopping early. However, fewer women on quick-start of depo became pregnant than the women who started with another method. Other differences were between types of birth control rather than start times. Women using the vaginal ring had fewer problems than women using birth control pills. More studies are needed comparing quick start versus usual start of the same hormonal birth control

were very satisfied.

with their method of birth control.

impairs a woman's immunity.

Review Objective

endemic areas.

Main Results

Lopez LM, Newmann SJ, Grimes DA, Nanda K, Schulz KF. Immediate start of hormonal contraceptives for contraception. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD006260. DOI: 10.1002/14651858.CD006260.pub2. **TECHNICAL SUMMARY** Intermittent preventive treatment regimens for malaria in HIV-positive pregnant women Background

Intermittent preventive treatment is recommended for pregnant women living in malaria endemic countries due to benefits for both mother and baby. However, the impact may not be the same in HIV-positive pregnant women, as HIV infection

To compare intermittent preventive treatment regimens for malaria in HIV-positive pregnant women living in malaria-

> Two randomized trials with 722 HIV-positive pregnant women were included, comparing monthly regimens of sulfadoxine pyrimethamine (SP) to the standard 2-dose

> There were no statistically significant differences between monthly SP and 2-dose SP in rates of maternal anaemia, low birth weight, and neonatal mortality. In

mean difference (WMD) 130 g; 95% CI 120 g to 150 g, two trials) than babies born to mothers on 2-dose SP. Multigravidae women treated with monthly SP had significant higher haemoglobin level than those treated with 2 dose SP (WMD 0.21 g/dL, 95% CI 0.15 g/dL to 0.27 g/dL, one trial).

positive pregnant women.

cannot concurrently use SP.

Implications for practice

Implications for research

Ekpereonne Esu Research Associate

There were no trials that assessed other treatment regimens for intermittent preventive treatment in HIV-

Despite the adoption of a policy to use three or more doses of SP to prevent malaria in HIV-positive pregnant women, alternative regimens are needed for HIV-positive pregnant women who are also eligible for use of cotrimoxazole as a prophylaxis, as this group of women

Apart from SP, the review did not find any other regimens to prevent malaria in HIV-positive pregnant women.

Since SP cannot be administered concurrently with cotrimoxazole, it is important that the safety and

RECENT EVENTS

INTRODUCTION TO COCHRANE SYSTEMATIC REVIEWS WORKSHOP

The Nigerian Branch of the South African Cochrane Centre held an 'Introduction to Cochrane Systematic Reviews Workshop on 5-6th December 2011 at the Directorate for Research, University of Calabar. The participants comprised of twelve medical doctors from Calabar (Cross River State), Nnewi and Awka (Anambra State), and Cameroon. The workshop covered a variety of topics such as: Introduction to the Cochrane Collaboration, formulating a review question, background of a Cochrane Systematic Review, critical appraisal of studies, developing a search strategy as well as a number of hands-on sessions. These topics were handled by a faculty composed of experienced Cochrane review authors, namely

Nigerian Branch of the South African Cochrane Centre

enthusiastic commented: 'It was terrific! I look forward to being invited for the Review Completion Workshop'. The staff at the branch will continue to work with the participants to help them through the registration of titles and to assist those who have already registered titles through to protocol development and subsequently, review completion. **BUILDING A NETWORK OF CONSUMERS**

The Nigerian Branch of the South African Cochrane Centre (NBofSACC) was awarded the 'Cochrane Opportunities Fund in 2007. Under this grant, it carried out a number of consumer workshops. One such workshop carried out in Calabar brought together key persons from civil society organizations involved in advocacy in the areas of HIV/AIDS, Tuberculosis and Malaria, caregivers, and other consumers. Since then the NBofSACC has been working with the participants at that workshop to form a network of consumers.

A constitution was drafted for the proposed network and on 20th January 2012, a meeting held with the consumers to ratify the constitution. In addition, the meeting was used to build capacity in the participants. Two presentations were made. The first, by Moriam Chibuzor (Communications Officer, NBofSACC), gave the participants an overview of the Cochrane Collaboration, Systematic reviews and the CCNET. Mrs. Chibuzor highlighted the important role that consumers play, under the aegis of CCNET, in the Collaboration. At the end of the presentation, she showed the participants how to join the CCNET and encouraged them to do so.

Mrs. Olabisi Oduwole, (Research Officer, NBofSACC), gave a presentation on Priority Setting for Systematic Reviews in Nigeria.

In the near future it is expected that, through the network, more consumers will become involved in preparing and disseminating evidence-based health care information from Cochrane Reviews.

Group photo of Consumers with Staff of the Branch

Intermittent Preventive Treatment Regimens for Malaria in HIV-positive Pregnant Women by Don P Mathanga, Olalekan A Uthman, Jobiba Chinkhumba Issue 10, 2011. Therapeutic Interventions for Burkitt's Lymphoma in Children by Joseph U Okebe, Nicole Skoetz, Martin M Meremikwu, Sue Richards, Issue 7, 2011. Interventions for Improving Coverage of Immunization in Low and Middle Income Countries by Angela Oyo-Ita, Chukwuemeka C. Nwachukwu, Chioma Oringanje, Martin Meremikwu. Issue 7, 2011.

Mansur Rabiu, Idris Agbabiaka. Issue 6, 2011. Announcements

New Staff: Mrs. Olabisi Oduwole has joined the staff of the Nigerian Branch of the South African Cochrane Centre as Research Officer. Olabisi is a medical microbiologist and has a lot of experience in medical research. She has also authored/co-authored two Cochrane Reviews.



primigravidae and secundigravidae, the monthly regimen was associated with less placental parasitaemia (RR 0.38, 95% CI 0.21 to 0.70, two trials) and less peripheral parasitaemia (RR 0.25, 95% CI 0.14 to 0.43, two trials), but no effect was demonstrated in multigravidae women. Babies born to primigravidae and secundigravidae women on monthly SP had a higher mean birth weight (weighted

regimen in the second and third trimesters.

efficacy of other antimalarials be studied in HIV-positive pregnant women, especially now that resistance to SP is high in many malaria endemic countries. It is also important to study the efficacy of using cotrimoxazole in preventing malaria in HIV-positive pregnant women. Mathanga DP, Uthman OA, Chinkhumba J. Intermittent preventive treatment regimens for malaria in HIV positive pregnant women. Cochrane Database of Systematic Reviews 2011, Issue 10. Art. No.: CD006689. DOI: 10.1002/14651858.CD006689.pub2.

Martin Meremikwu, Angela Oyo-Ita, Emmanuel Effa, Ekong Udoh, Friday Odey and Ekpereonne Esu. On the whole, the participants indicated that the workshop was beneficial to them. One participant, who was particularly

This was based on a study carried out by Martin Meremikwu and several other authors, which identified priority areas for systematic reviews in Nigeria. This presentation drew a number of questions from the participants, some of whom indicated interest in becoming part of review teams. Participants were encouraged to join review teams and carry out reviews so that they can lend a consumer perspective to Cochrane Systematic Reviews.

The following recent reviews published in the Cochrane Library were authored or coauthored by Nigerians. Topical treatments for HIV-related oral ulcers by Charles I Okwundu, Teslim Kuteyi. Issue 1, 2012. Prophylactic Phototherapy for Preventing Jaundice in Preterm or Low Birth Weight Infants by Charles I Okwundu, Christy AN Okoromah, Prakeshkumar S Shah. Issue 1, 2012.

Interventions for Mooren's Ulcer by Mahmoud B Alhassan,

Other Recent Reviews

Issue 1, 2012 of the Cochrane Library is now online: To access full text reviews, visit: www.thecochranelibrary.com

New Venue for 2012 Cochrane Colloquium: The 2012 Cochrane Colloquium will no longer hold in China due to

the South African Cochrane Centre has a new website.

recent changes in Chinese government policy governing scientific meetings. The colloquium will now take place in Auckland, New Zealand from 30 September to 3 October. Website for Nigerian Branch: The Nigerian Branch of



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COLLABORATION

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 - Please visit at: nigeria.cochrane.org How can we serve you better? Please feel free to contact us and let us know how we can tailor the Info Sheet to better meet your needs. Send your emails to cochranenigeria@yahoo.co.uk