Cochrane Reviews für den Fachbereich Ergotherapie

Ressourcen zur Evidenzbasierung in den Gesundheitsfachberufen

Oktober bis Dezember 2018

Cochrane Deutschland

Nutzerspezifische Cochrane Reviews

Die Cochrane Deutschland Stiftung analysiert monatlich alle neu erschienenen Cochrane Reviews nach Relevanz für die Gesundheitsfachberufe (GFB). Die Relevanz für die Disziplinen wird jeweils durch zwei Experten der GFB unabhängig voneinander beurteilt. Ebenso prüft die Cochrane Deutschland Stiftung, in wie weit die jeweiligen Cochrane Reviews für AWMF-Leitlinien relevant sind und ob sie dort zitiert werden.

Die Berichte können eine aktuelle und berufsspezifische Basis für Übersetzungsaktivitäten und andere Nutzungen von Cochrane Reviews in Forschung und Praxis werden. Für die Erarbeitung von Leitlinien können diese Übersichten ebenfalls hilfreich sein.

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Morris K, Reid G, Spencer S. Occupational therapy delivered by specialists versus non-specialists for people with schizophrenia. Cochrane Database of Systematic Reviews 2018, Issue 10. Art. No.: CD012398. DOI: 10.1002/14651858.CD012398.pub2.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012398.pub2/full

Publiziert 10/2018 Studien bis 2018

Currently there are no randomised controlled trials comparing delivery of occupational therapy for people diagnosed with schizophrenia by occupational therapists with delivery of similar interventions by anyone other than occupational therapists. Research studies employing methodologically robust trial designs are needed to establish whether or not there are better outcomes for people with a diagnosis of schizophrenia with occupational therapy that is delivered by trained occupational therapists.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN
CR OUT

Williams AD, Bird ML, Hardcastle SGK, Kirschbaum M, Ogden KJ, Walters JAE. Exercise for reducing falls in people living with and beyond cancer. Cochrane Database of Systematic Reviews 2018, Issue 10. Art. No.: CD011687. DOI: 10.1002/14651858.CD011687.pub2.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011687.pub2/full

Publiziert 10/2018 Studien bis 2018

There is a paucity of evidence for exercise training to reduce fall rates in people living with and beyond cancer. Exercise training may improve strength, flexibility and balance for people in this population, but the evidence is very low quality.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN
CR OUT

Mulimani P, Hoe VCW, Hayes MJ, Idiculla JJ, Abas ABL, Karanth L. Ergonomic interventions for preventing musculoskeletal disorders in dental care practitioners. Cochrane Database of Systematic Reviews 2018, Issue 10. Art. No.: CD011261. DOI: 10.1002/14651858.CD011261.pub2.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011261.pub2/full

Publiziert 10/2018 Studien bis 2018

There is very low-quality evidence from one study showing that a multi-faceted intervention has no clear effect on dentists' risk of WMSD in the thighs or feet when compared to no intervention over a six-month period. This was a poorly conducted study with several shortcomings and errors in statistical analysis of data. There is low-quality evidence from one study showing no clear difference in elbow pain or shoulder pain in participants using light weight, wider handled curettes or heavier and narrow handled curettes for scaling over a 16-week period.

We did not find any studies evaluating the effectiveness of cognitive ergonomic interventions or organisational ergonomic interventions.

Our ability to draw definitive conclusions is restricted by the paucity of suitable studies available to us, and the high risk of bias of the studies that are available. This review highlights the need for well-designed, conducted, and reported RCTs, with long-term follow-up that assess prevention strategies for WMSDs among dental care practitioners.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN
CR OUT

Langhorne P, Collier JM, Bate PJ, Thuy MNT, Bernhardt J. Very early versus delayed mobilisation after stroke. Cochrane Database of Systematic Reviews 2018, Issue 10. Art. No.: CD006187. DOI: 10.1002/14651858.CD006187.pub3.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006187.pub3/full

Publiziert 10/2018 Studien bis 2017

VEM, which usually involved first mobilisation within 24 hours of stroke onset, did not increase the number of people who survived or made a good recovery after their stroke. VEM may have reduced the length of stay in hospital by about one day, but this was based on low-quality evidence. Based on the potential hazards reported in the single largest RCT, the sensitivity analysis of trials commencing mobilisation within 24 hours, and the NMA, there was concern that VEM commencing within 24 hours may carry an increased risk, at least in some people with stroke. Given the uncertainty around these effect estimates, more detailed research is still required.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN
CR OUT

Hoe VCW, Urquhart DM, Kelsall HL, Zamri EN, Sim MR. Ergonomic interventions for preventing work-related musculoskeletal disorders of the upper limb and neck among office workers. Cochrane Database of Systematic Reviews 2018, Issue 10. Art. No.: CD008570. DOI: 10.1002/14651858.CD008570.pub3.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008570.pub3/full

Publiziert 10/2018 Studien bis 2018

We found inconsistent evidence that the use of an arm support or an alternative mouse may or may not reduce the incidence of neck or shoulder MSDs. For other physical ergonomic interventions there is no evidence of an effect. For organisational interventions, in the form of supplementary breaks, there is very low-quality evidence of an effect on upper limb discomfort. For training and multifaceted interventions there is no evidence of an effect on upper limb pain or discomfort. Further high-quality studies are needed to determine the effectiveness of these interventions among office workers.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN
CR OUT

Borges LRDM, Fernandes ABGS, Melo LP, Guerra RO, Campos TF. Action observation for upper limb rehabilitation after stroke. Cochrane Database of Systematic Reviews 2018, Issue 10. Art. No.: CD011887. DOI: 10.1002/14651858.CD011887.pub2.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011887.pub2/full

Publiziert 10/2018 Studien bis 2017

We found evidence that AO is beneficial in improving upper limb motor function and dependence in activities of daily living (ADL) in people with stroke, when compared with any control group; however, we considered the quality of the evidence to be low. We considered the effect of AO on hand function to be large, but it does not appear to be clinically relevant, although we considered the quality of the evidence as moderate. As such, our confidence in the effect estimate is limited because it will likely change with future research.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN
CR OUT

Loughney LA, West MA, Kemp GJ, Grocott MPW, Jack S. Exercise interventions for people undergoing multimodal cancer treatment that includes surgery. Cochrane Database of Systematic Reviews 2018, Issue 12. Art. No.: CD012280. DOI: 10.1002/14651858.CD012280.pub2.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012280.pub2/full#CD012280-sec1-0004

Publiziert 12/2018 Studien bis 2018

The findings should be interpreted with caution in view of the low number of studies, the overall low-certainty of the combined evidence, and the variation in included cancer types (mainly people with breast cancer), treatments, exercise interventions, and outcomes. Exercise training may, or may not, confer modest benefit on physical fitness and HRQoL. Limited evidence suggests that exercise training is probably not harmful and probably reduces fatigue. These findings highlight the need for more RCTs, particularly in the neoadjuvant setting.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN
CR OUT

Amatya B, Young J, Khan F. Non-pharmacological interventions for chronic pain in multiple sclerosis. Cochrane Database of Systematic Reviews 2018, Issue 12. Art. No.: CD012622. DOI: 10.1002/14651858.CD012622.pub2.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012622.pub2/full

Publiziert 12/2018 Studien bis 2017

Despite the use of a wide range of non-pharmacological interventions for the treatment of chronic pain in pwMS, the evidence for these interventions is still limited or insufficient, or both. More studies with robust methodology and greater numbers of participants are needed to justify the effect of these interventions for the management of chronic pain in pwMS.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN
CR OUT

Aamann L, Dam G, Rinnov AR, Vilstrup H, Gluud LL. Physical exercise for people with cirrhosis. Cochrane Database of Systematic Reviews 2018, Issue 12. Art. No.: CD012678. DOI: 10.1002/14651858.CD012678.pub2.

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012678.pub2/full

Publiziert 12/2018 Studien bis 2018

We found no clear beneficial or harmful effect of physical exercise on mortality, morbidity, or health-related quality of life. Further evidence is needed to evaluate the beneficial and harmful effects of physical exercise on clinical outcomes.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

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