Cochrane Reviews für den Fachbereich Ergotherapie

Ressourcen zur Evidenzbasierung in den Gesundheitsfachberufen

Juli bis Dezember 2016

Cochrane Deutschland

Nutzerspezifische Cochrane Reviews

Cochrane Deutschland 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 Cochrane Deutschland, 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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Ergotherapie-relevante Cochrane Reviews (CR)

Elsner B, Kugler J, Pohl M, Mehrholz J. Transcranial direct current stimulation (tDCS) for idiopathic Parkinson's disease . Cochrane Database of Systematic Reviews 2016, Issue 7. Art. No.: CD010916. DOI: 10.1002/14651858.CD010916.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010916.pub2/full

Publiziert 07_2016 Studien bis 2016

There is insufficient evidence to determine the effects of tDCS for reducing off time (when the symptoms are not controlled by the medication) and on time with dyskinesia (time that symptoms are controlled but the person still experiences involuntary muscle movements) , and for improving health- related quality of life, disability, and impairment in patients with IPD. Evidence of very low quality indicates no difference in dropouts and adverse events between tDCS and control groups.

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

CR IN

CR OUT www.awmf.org/uploads/tx_szleitlinien/030-010l_S3_Parkinson_Syndrome_Idiopathisch_2016-06.pdf

Smith TO, Jepson P, Beswick A, Sands G, Drummond A, Davis ET, Sackley CM. Assistive devices, hip precautions, environmental modifications and training to prevent dislocation and improve function after hip arthroplasty. Cochrane Database of Systematic Reviews 2016, Issue 7. Art. No.: CD010815. DOI: 10.1002/14651858.CD010815.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010815.pub2/full

Publiziert 07_2016 Studien bis 2016

Very low quality evidence is available from single trials, thus we are uncertain if hip precautions with or without the addition of equipment and functional restrictions are effective in preventing dislocation and improving outcomes after THA. There is also insufficient evidence to support or refute the adoption of a postoperative community rehabilitation programme consisting of functional reintegration and education compared to conventional rehabilitation strategies based on functional outcomes.

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

CR IN

CR OUT www.awmf.org/uploads/tx_szleitlinien/012-006l_S1_Endoprothese_bei_Koxarthrose_abgelaufen.pdf

Linden M, Hawley C, Blackwood B, Evans J, Anderson V, O'Rourke C. Technological aids for the rehabilitation of memory and executive functioning in children and adolescents with acquired brain injury. Cochrane Database of Systematic Reviews 2016, Issue 7. Art. No.: CD011020. DOI: 10.1002/14651858.CD011020.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011020.pub2/full

Publiziert 07_2016 Studien bis 2015

This review provides low-quality evidence for the use of technology-based interventions in the rehabilitation of executive functions and memory for children and adolescents with TBI. As all of the included studies contained relatively small numbers of participants (12 to 120), our findings should be interpreted with caution. The involvement of a clinician or therapist, rather than use of the technology, may have led to the success of these interventions. Future research should seek to replicate these findings with larger samples, in other regions, using ecologically valid outcome measures, and reduced clinician involvement.

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

CR IN

CR OUT www.awmf.org/uploads/tx_szleitlinien/024-018l_S2k_Schaedel-Hirn-Trauma_im_Kindesalter-2011-abgelaufen.pdf www.awmf.org/uploads/tx_szleitlinien/008-001l_S2e_Schaedelhirntrauma_SHT_Erwachsene_2016-06.pdf

Ergotherapie-relevante Cochrane Reviews (CR)

Fryer CE, Luker JA, McDonnell MN, Hillier SL. Self management programmes for quality of life in people with stroke. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD010442. DOI: 10.1002/14651858.CD010442.pub2.

http://onlinelibrary.wiley.com/wol1/doi/10.1002/14651858.CD010442.pub2/abstract

Publiziert 08_2016 Studien bis 2016

The current evidence indicates that self management programmes may benefit people with stroke who are living in the community. The benefits of such programmes lie in improved quality of life and self efficacy. These are all well-recognised goals for people after stroke. There is evidence for many modes of delivery and examples of tailoring content to the target group. Leaders were usually professionals but peers (stroke survivors and carers) were also reported - the commonality is being trained and expert in stroke and its consequences. It would be beneficial for further research to be focused on identifying key features of effective self management programmes and assessing their cost-effectiveness.

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

CR IN

CR OUT www.awmf.org/uploads/tx_szleitlinien/053-011l_S3_Schlaganfall_2012-abgelaufen.pdf www.awmf.org/uploads/tx_szleitlinien/030-122l_S1_Multiprofessionelle_neurologische_Rehabilitation_2012_1.pdf

Perry A, Lee SH, Cotton S, Kennedy C. Therapeutic exercises for affecting post-treatment swallowing in people treated for advanced-stage head and neck cancers. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD011112. DOI: 10.1002/14651858.CD011112.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011112.pub2/full

Publiziert 08_2016 Studien bis 2016

We found no evidence that undertaking therapeutic exercises before, during and/or immediately after HNC treatment leads to improvement in oral swallowing. This absence of evidence may be due to the small participant numbers in trials, resulting in insufficient power to detect any difference. Data from the identified trials could not be combined due to differences in the choice of primary outcomes and in the measurement tools used to assess them, and the differing baseline and endpoints across studies.

Designing and implementing studies with stronger methodological rigour is essential. There needs to be agreement about the key primary outcomes, the choice of validated assessment tools to measure them and the time points at which those measurements are made.

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

CR IN

CR OUT www.awmf.org/uploads/tx_szleitlinien/007_100OLl_S3_Mundhoehlenkarzinom_122012-verlaengert.pdf www.awmf.org/uploads/tx_szleitlinien/049-014l_S1_Neurogene_Sprech-_Stimmst%C3%B6rungen_Erwachsene_2014-09.pdf www.awmf.org/uploads/tx_szleitlinien/027-043l_S1_Schilddruesenkarzinome_2011-abgelaufen.pdf

Treanor CJ, McMenamin UC, O'Neill RF, Cardwell CR, Clarke MJ, Cantwell M, Donnelly M. Non-pharmacological interventions for cognitive impairment due to systemic cancer treatment. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD011325. DOI: 10.1002/14651858.CD011325.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011325.pub2/full

Publiziert 08_2016 Studien bis 2015

Overall, the, albeit low-quality evidence may be interpreted to suggest that non-pharmacological interventions may have the potential to reduce the risk of, or ameliorate, cognitive impairment following systemic cancer treatment. Larger, multi-site studies including an appropriate, active attentional control group, as well as consideration of functional outcomes (e.g. activities of daily living) are required in order to come to firmer conclusions about the benefits or otherwise of this intervention approach. There is also a need to conduct research into cognitive impairment among cancer patient groups other than women with breast cancer.

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

CR IN

CR OUT

Ergotherapie-relevante Cochrane Reviews (CR)

Baker PRA, Francis DP, Hairi NN, Othman S, Choo WY. Interventions for preventing abuse in the elderly. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD010321. DOI: 10.1002/14651858.CD010321.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010321.pub2/full

Publiziert 08_2016 Studien bis 2016

There is inadequate trustworthy evidence to assess the effects of elder abuse interventions on occurrence or recurrence of abuse, although there is some evidence to suggest it may change the combined measure of anxiety and depression of caregivers. There is a need for high-quality trials, including from low- or middle-income countries, with adequate statistical power and appropriate study characteristics to determine whether specific intervention programmes, and which components of these programmes, are effective in preventing or reducing abuse episodes among the elderly. It is uncertain whether the use of educational interventions improves knowledge and attitude of caregivers, and whether such programmes also reduce occurrence of abuse, thus future research is warranted. In addition, all future research should include a component of cost-effectiveness analysis, implementation assessment and equity considerations of the specific interventions under review.

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

CR IN
CR OUT

Furmaniak AC, Menig M, Markes MH. Exercise for women receiving adjuvant therapy for breast cancer. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD005001. DOI: 10.1002/14651858.CD005001.pub3.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005001.pub3/full

Publiziert 09_2016 Studien bis 2015

Exercise during adjuvant treatment for breast cancer can be regarded as a supportive self care intervention that probably results in less fatigue, improved physical fitness, and little or no difference in cancer-specific quality of life and depression. Exercise may also slightly improve cancer site-specific quality of life and cognitive function, while it may result in little or no difference in health-related quality of life. This review is based on trials with a considerable degree of clinical heterogeneity regarding adjuvant cancer treatments and exercise interventions. Due to the difficulty of blinding exercise trials, all included trials were at high risk for performance bias. Furthermore, the majority of trials were at high risk for detection bias, largely due to most outcomes being self reported.

The findings of the updated review have enabled us to make a more precise conclusion that both aerobic and resistance exercise can be regarded as beneficial for individuals with adjuvant therapy-related side effects. Further research is required to determine the optimal type, intensity, and timing of an exercise intervention. Furthermore, long-term evaluation is required due to possible long-term side effects of adjuvant treatment.

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

CR IN www.awmf.org/uploads/tx_szleitlinien/032-045OL_I_S3__Brustkrebs_Mammakarzinom_Diagnostik_Therapie_Nachsorge_2012-07.pdf
CR OUT

Cochrane A, Furlong M, McGilloway S, Molloy DW, Stevenson M, Donnelly M. Time-limited home-care reablement services for maintaining and improving the functional independence of older adults. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD010825. DOI: 10.1002/14651858.CD010825.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010825.pub2/full

Publiziert 10_2016 Studien bis 2015

There is considerable uncertainty regarding the effects of reablement as the evidence was of very low quality according to our GRADE ratings. Therefore, the effectiveness of reablement services cannot be supported or refuted until more robust evidence becomes available. There is an urgent need for high quality trials across different health and social care systems due to the increasingly high profile of reablement services in policy and practice in several countries.

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

CR IN
CR OUT

Ergotherapie-relevante Cochrane Reviews (CR)

Bennett S, Pigott A, Beller EM, Haines T, Meredith P, Delaney C. Educational interventions for the management of cancer-related fatigue in adults. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD008144. DOI: 10.1002/14651858.CD008144.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008144.pub2/full

Publiziert 11_2016 Studien bis 2016

Educational interventions may have a small effect on reducing fatigue intensity, fatigue's interference with daily life, and general fatigue, and could have a moderate effect on reducing fatigue distress. Educational interventions focused on fatigue may also help reduce anxiety and improve global quality of life, but it is unclear what effect they might have on capacity for activities of daily living or depressive symptoms. Additional studies undertaken in the future are likely to impact on our confidence in the conclusions.

The incorporation of education for the management of fatigue as part of routine care appears reasonable. However, given the complex nature of this symptom, educational interventions on their own are unlikely to optimally reduce fatigue or help people manage its impact, and should be considered in conjunction with other interventions. Just how educational interventions are best delivered, and their content and timing to maximise outcomes, are issues that require further research.

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

CR IN

CR OUT www.awmf.org/uploads/tx_szleitlinien/053-002l_S3_Muedigkeit_2011-abgelaufen.pdf www.awmf.org/uploads/tx_szleitlinien/025-003l_S1_Nachsorge_von_krebskranken_Kindern_Jugendlichen_06-2013.pdf

McKeough ZJ, Velloso M, Lima VP, Alison JA. Upper limb exercise training for COPD. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD011434. DOI: 10.1002/14651858.CD011434.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011434.pub2/full

Publiziert 11_2016 Studien bis 2016

Evidence from this review indicates that some form of upper limb exercise training when compared to no upper limb training or a sham intervention improves dyspnoea but not HRQoL in people with COPD. The limited number of studies comparing different upper limb training interventions precludes conclusions being made about the optimal upper limb training programme for people with COPD, although endurance upper limb training using unsupported upper limb exercises does have a large effect on unsupported endurance upper limb capacity. Future RCTs require larger participant numbers to compare the differences between endurance upper limb training, resistance upper limb training, and combining endurance and resistance upper limb training on patient-relevant outcomes such as dyspnoea, HRQoL and arm activity levels.

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

CR IN

CR OUT

Caliandro P, La Torre G, Padua R, Giannini F, Padua L. Treatment for ulnar neuropathy at the elbow. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD006839. DOI: 10.1002/14651858.CD006839.pub4.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006839.pub4/full

Publiziert 11_2016 Studien bis 2016

We found only two studies of treatment of ulnar neuropathy using conservative treatment as the comparator. The available comparative treatment evidence is not sufficient to support a multiple treatment meta-analysis to identify the best treatment for idiopathic UNE on the basis of clinical, neurophysiological, and imaging characteristics. We do not know when to treat a person with this condition conservatively or surgically. Moderate-quality evidence indicates that simple decompression and decompression with transposition are equally effective in idiopathic UNE, including when the nerve impairment is severe. Decompression with transposition is associated with more deep and superficial wound infections than simple decompression, also based on moderate-quality evidence. People undergoing endoscopic surgery were more likely to have a haematoma. Evidence from one small RCT of conservative treatment showed that in mild cases, information on movements or positions to avoid may reduce subjective discomfort.

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

CR IN

CR OUT www.awmf.org/uploads/tx_szleitlinien/030-114l_S1_Neuropathischer_Schmerzen_Therapie_2014-verlaengert.pdf www.awmf.org/uploads/tx_szleitlinien/030-130l_S2e_Neuropathien_Neuritiden_2016-12.pdf

Ergotherapie-relevante Cochrane Reviews (CR)

French B, Thomas LH, Coupe J, McMahon NE, Connell L, Harrison J, Sutton CJ, Tishkovskaya S, Watkins CL. Repetitive task training for improving functional ability after stroke. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD006073. DOI: 10.1002/14651858.CD006073.pub3.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006073.pub3/full

Publiziert 11_2016 Studien bis 2016

There is low- to moderate-quality evidence that RTT improves upper and lower limb function; improvements were sustained up to six months post treatment. Further research should focus on the type and amount of training, including ways of measuring the number of repetitions actually performed by participants. The definition of RTT will need revisiting prior to further updates of this review in order to ensure it remains clinically meaningful and distinguishable from other interventions.

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

CR IN www.awmf.org/uploads/tx_szleitlinien/053-011l_S3_Schlaganfall_2012-abgelaufen.pdf www.awmf.org/uploads/tx_szleitlinien/030-123l_S2k_Rehabilitation_sensomotorische_St%C3%B6rungen_2012-09_verlaengert.pdf

CR OUT

Larun L, Brurberg KG, Odgaard-Jensen J, Price JR. Exercise therapy for chronic fatigue syndrome. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD003200. DOI: 10.1002/14651858.CD003200.pub6.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003200.pub6/full

Publiziert 12_2016 Studien bis 2014

Patients with CFS may generally benefit and feel less fatigued following exercise therapy, and no evidence suggests that exercise therapy may worsen outcomes. A positive effect with respect to sleep, physical function and self-perceived general health has been observed, but no conclusions for the outcomes of pain, quality of life, anxiety, depression, drop-out rate and health service resources were possible. The effectiveness of exercise therapy seems greater than that of pacing but similar to that of CBT. Randomised trials with low risk of bias are needed to investigate the type, duration and intensity of the most beneficial exercise intervention.

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

CR IN www.awmf.org/uploads/tx_szleitlinien/053-002l_S3_Muedigkeit_2011-abgelaufen.pdf www.awmf.org/uploads/tx_szleitlinien/051-001l_S3_Nicht-spezifische_funktionelle_somatoforme_Koerperbeschwerden_2012-04.pdf www.awmf.org/uploads/tx_szleitlinien/032-045OL_l_S3__Brustkrebs_Mammakarzinom_Diagnostik_Therapie_Nachsorge_2012-07.pdf

CR OUT

Strike K, Mulder K, Michael R. Exercise for haemophilia. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD011180. DOI: 10.1002/14651858.CD011180.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011180.pub2/full

Publiziert 12_2016 Studien bis 2016

These results must be considered with caution. There is a lack of confidence in the results due to the small number of included studies and the inability to pool the results due to the heterogeneity of outcome measures. Most exercise interventions produced improvement in one or more of the measured outcomes including pain, range of motion, strength and walking tolerance. Hydrotherapy may be more effective than land exercises for pain relief in adults. Functional exercises such as treadmill walking and partial weight bearing exercises seem to be more effective than static or short arc exercises for improving muscle strength. These findings are consistent with the many non-controlled intervention reports in the haemophilia literature. No adverse effects were reported as a result of any of the interventions. However, some groups used prophylactic factor prior to exercise and other groups studied only subjects with moderate haemophilia. Therefore, the safety of these techniques for persons with severe haemophilia remains unclear.

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

CR IN

CR OUT

Ergotherapie-relevante Cochrane Reviews (CR)

Dockx K, Bekkers EMJ, Van den Bergh V, Ginis P, Rochester L, Hausdorff JM, Mirelman A, Nieuwboer A. Virtual reality for rehabilitation in Parkinson's disease. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD010760. DOI: 10.1002/14651858.CD010760.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010760.pub2/full

Publiziert 12_2016 Studien bis 2016

We found low-quality evidence of a positive effect of short-term VR exercise on step and stride length. VR and physiotherapy may have similar effects on gait, balance, and quality of life. The evidence available comparing VR with passive control interventions was more limited. Additional high-quality, large-scale studies are needed to confirm these findings.

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

CR IN
CR OUT www.awmf.org/uploads/tx_szleitlinien/030-010l_S3_Parkinson_Syndrome_Idiopathisch_2016-06.pdf

Vloothuis JDM, Mulder M, Veerbeek JM, Konijnenbelt M, Visser-Meily JMA, Ket JCF, Kwakkel G, van Wegen EEH. Caregiver-mediated exercises for improving outcomes after stroke. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD011058. DOI: 10.1002/14651858.CD011058.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011058.pub2/full

Publiziert 12_2016 Studien bis 2015

There is very low- to moderate-quality evidence that CME may be a valuable intervention to augment the pallet of therapeutic options for stroke rehabilitation. Included studies were small, heterogeneous, and some trials had an unclear or high risk of bias. Future high-quality research should determine whether CME interventions are (cost-)effective.

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

CR IN
CR OUT www.awmf.org/uploads/tx_szleitlinien/053-011l_S3_Schlaganfall_2012-abgelaufen.pdf www.awmf.org/uploads/tx_szleitlinien/080-001l_S2e_Motorische_Therapien_obere_Extremit%C3%A4t_Behandlung_Schlaganfall_2011-abgelaufen.pdf