

## Pflegerelevante Cochrane Reviews (CR)

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**Ng L, Khan F, Young CA, Galea M. Symptomatic treatments for amyotrophic lateral sclerosis/motor neuron disease. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD011776. DOI: 10.1002/14651858.CD011776.pub2.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011776.pub2/full>

Publiziert 01\_2017      Studien bis 2016

This overview has highlighted the lack of robust evidence in Cochrane Systematic Reviews on interventions to manage symptoms resulting from MND. It is important to recognise that clinical trials may fail to demonstrate efficacy of an intervention for reasons other than a true lack of efficacy, for example because of insufficient statistical power, the wrong choice of dose, insensitive outcome measures or inappropriate participant eligibility. The trials were mostly too small to reliably assess adverse effects of the treatments. The nature of MND makes it difficult to research clinically accepted or recommended practice, regardless of the level of evidence supporting the practice. It would not be ethical, for example, to design a placebo-controlled trial for treatment of pain in MND or to withhold multidisciplinary care where such care is available. It is therefore highly unlikely that there will ever be classically designed placebo-controlled RCTs in these areas.

We need more research with appropriate study designs, robust methodology, and of sufficient duration to address the changing needs—of people with MND and their caregivers—associated with MND disease progression and mortality. There is a significant gap in studies assessing the effectiveness of interventions for symptoms relating to MND, such as pseudobulbar emotional lability and cognitive and behavioural difficulties. Future studies should use appropriate outcome measures that are reliable, have internal and external validity, and are sensitive to change in what is being measured (such as quality of life).

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

CR IN  
CR OUT

**Rose L, Adhikari NKJ, Leasa D, Fergusson DA, McKim D. Cough augmentation techniques for extubation or weaning critically ill patients from mechanical ventilation. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD011833. DOI: 10.1002/14651858.CD011833.pub2.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011833.pub2/full>

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The overall quality of evidence on the efficacy of cough augmentation techniques for critically-ill people is very low. Cough augmentation techniques when used in mechanically-ventilated critically-ill people appear to result in few adverse events.

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

CR IN  
CR OUT

**Magee WL, Clark I, Tamplin J, Bradt J. Music interventions for acquired brain injury. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD006787. DOI: 10.1002/14651858.CD006787.pub3.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006787.pub3/full>

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Music interventions may be beneficial for gait, the timing of upper extremity function, communication outcomes, and quality of life after stroke. These results are encouraging, but more high-quality randomised controlled trials are needed on all outcomes before recommendations can be made for clinical practice.

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

CR IN  
CR OUT



## Pflegerelevante Cochrane Reviews (CR)

Mitchell C, Bowen A, Tyson S, Butterfint Z, Conroy P. Interventions for dysarthria due to stroke and other adult-acquired, non-progressive brain injury. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD002088. DOI: 10.1002/14651858.CD002088.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002088.pub3/full>

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We found no definitive, adequately powered RCTs of interventions for people with dysarthria. We found limited evidence to suggest there may be an immediate beneficial effect on impairment level measures; more, higher quality research is needed to confirm this finding.

Although we evaluated five studies, the benefits and risks of interventions remain unknown and the emerging evidence justifies the need for adequately powered clinical trials into this condition.

People with dysarthria after stroke or brain injury should continue to receive rehabilitation according to clinical guidelines.

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

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