

# Cochrane Reviews für den Fachbereich Pflege

Nutzerspezifische  
Cochrane Reviews

Ressourcen zur Evidenzbasierung  
in den Gesundheitsfachberufen

Januar bis März 2017



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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## Pflegerelevante Cochrane Reviews (CR)

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Dieterich M, Irving CB, Bergman H, Khokhar MA, Park B, Marshall M. Intensive case management for severe mental illness. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD007906. DOI: 10.1002/14651858.CD007906.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007906.pub3/full>

Publiziert 01\_2017 Studien bis 2016

Based on very low- to moderate-quality evidence, ICM is effective in ameliorating many outcomes relevant to people with severe mental illness. Compared to standard care, ICM may reduce hospitalisation and increase retention in care. It also globally improved social functioning, although ICM's effect on mental state and quality of life remains unclear. Intensive Case Management is at least valuable to people with severe mental illnesses in the subgroup of those with a high level of hospitalisation (about four days per month in past two years). Intensive Case Management models with high fidelity to the original team organisation of ACT model were more effective at reducing time in hospital.

However, it is unclear what overall gain ICM provides on top of a less formal non-ICM approach.

We do not think that more trials comparing current ICM with standard care or non-ICM are justified, however we currently know of no review comparing non-ICM with standard care, and this should be undertaken.

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

CR IN  
CR OUT

Lindsley K, Nichols JJ, Dickersin K. Non-surgical interventions for acute internal hordeolum. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD007742. DOI: 10.1002/14651858.CD007742.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007742.pub4/full>

Publiziert 01\_2017 Studien bis 2016

We did not find any evidence for or against the effectiveness of non-surgical interventions for the treatment of an internal hordeolum. Controlled clinical trials would be useful to determine which interventions are effective for the treatment of acute internal hordeola.

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>

Publiziert 01\_2017 Studien bis 2016

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

## Pflegerelevante Cochrane Reviews (CR)

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>

Publiziert 01\_2017      Studien bis 2016

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

Al-aqeel S, Gershuni O, Al-sabhan J, Hiligsmann M. Strategies for improving adherence to antiepileptic drug treatment in people with epilepsy. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD008312. DOI: 10.1002/14651858.CD008312.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008312.pub3/full>

Publiziert 02\_2017      Studien bis 2016

Behavioural interventions such as intensive reminders and the use of mixed interventions demonstrate some positive results; however, we need more reliable evidence on their efficacy, derived from carefully-designed randomised controlled trials before we can draw a firm conclusion. Since the last version of this review, none of the new relevant studies have provided additional information that would lead to significant changes in our conclusions. This current update includes 12 studies, of which six came from the latest searches.

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

CR IN  
CR OUT

O'Mahony M, Comber H, Fitzgerald T, Corrigan MA, Fitzgerald E, Grunfeld EA, Flynn MG, Hegarty J. Interventions for raising breast cancer awareness in women. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD011396. DOI: 10.1002/14651858.CD011396.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011396.pub2/full>

Publiziert 02\_2017      Studien bis 2016

Based on the results of two RCTs, a brief intervention has the potential to increase women's breast cancer awareness. However, findings of this review should be interpreted with caution, as GRADE assessment identified moderate-quality evidence in only one of the two studies reviewed. In addition, the included trials were heterogeneous in terms of the interventions, population studied and outcomes measured. Therefore, current evidence cannot be generalised to the wider context. Further studies including larger samples, validated outcome measures and longitudinal approaches are warranted.

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

CR IN  
CR OUT

## Pflegerelevante Cochrane Reviews (CR)

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Johnston C, Campbell-Yeo M, Disher T, Benoit B, Fernandes A, Streiner D, Inglis D, Zee R. Skin-to-skin care for procedural pain in neonates. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD008435. DOI: 10.1002/14651858.CD008435.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008435.pub3/full>

Publiziert 02\_2017      Studien bis 2016

SSC appears to be effective as measured by composite pain indicators with both physiological and behavioural indicators and, independently, using heart rate and crying time; and safe for a single painful procedure. Purely behavioural indicators tended to favour SSC but with facial actions there is greater possibility of observers not being blinded. Physiological indicators were mixed although the common measure of heart rate favoured SSC. Two studies compared mother-providers to others, with non-significant results. There was more heterogeneity in the studies with behavioural or composite outcomes. There is a need for replication studies that use similar, clearly defined outcomes. Studies examining optimal duration of SSC, gestational age groups, repeated use, and long-term effects of SSC are needed. Of interest would be to study synergistic effects of SSC with other interventions.

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

CR IN  
CR OUT

Smith SM, Cousins G, Clyne B, Allwright S, O'Dowd T. Shared care across the interface between primary and specialty care in management of long term conditions. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD004910. DOI: 10.1002/14651858.CD004910.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004910.pub3/full>

Publiziert 02\_2017      Studien bis 2015

This review suggests that shared care improves depression outcomes and probably has mixed or limited effects on other outcomes. Methodological shortcomings, particularly inadequate length of follow-up, may account in part for these limited effects. Review findings support the growing evidence base for shared care in the management of depression, particularly stepped care models of shared care. Shared care interventions for other conditions should be developed within research settings, with account taken of the complexity of such interventions and awareness of the need to carry out longer studies to test effectiveness and sustainability over time.

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

CR IN  
CR OUT

da Silva Lopes K, Takemoto Y, Ota E, Tanigaki S, Mori R. Bed rest with and without hospitalisation in multiple pregnancy for improving perinatal outcomes. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD012031. DOI: 10.1002/14651858.CD012031.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012031.pub2/full>

Publiziert 03\_2017      Studien bis 2016

The evidence to date is insufficient to inform a policy of routine bed rest in hospital or at home for women with a multiple pregnancy. There is a need for large-scale, multicenter randomised controlled trials to evaluate the benefits, adverse effects and costs of bed rest before definitive conclusions can be drawn.

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

CR IN  
CR OUT

## Pflegerelevante Cochrane Reviews (CR)

Shepherd AJ, Mackay WG, Hagen S. Washout policies in long-term indwelling urinary catheterisation in adults. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD004012. DOI: 10.1002/14651858.CD004012.pub5.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004012.pub5/full>

Publiziert 03\_2017      Studien bis 2016

Data from seven trials that compared different washout policies were limited, and generally, of poor methodological quality or were poorly reported. The evidence was not adequate to conclude if washouts were beneficial or harmful. Further rigorous, high quality trials that are adequately powered to detect benefits from washout being performed as opposed to no washout are needed. Trials comparing different washout solutions, washout volumes, and frequencies or timings are also needed.

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

CR IN  
CR OUT

Normansell R, Kew KM, Mathioudakis AG. Interventions to improve inhaler technique for people with asthma. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD012286. DOI: 10.1002/14651858.CD012286.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012286.pub2/full>

Publiziert 03\_2017      Studien bis 2016

Although interventions to improve inhaler technique may work in some circumstances, the variety of interventions and measurement methods used hampered our ability to perform meta-analyses and led to low to moderate confidence in our findings. Most included studies did not report important improvement in clinical outcomes. Guidelines consistently recommend that clinicians check regularly the inhaler technique of their patients; what is not clear is how clinicians can most effectively intervene if they find a patient's technique to be inadequate, and whether such interventions will have a discernible impact on clinical outcomes.

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

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CR OUT