

Cochrane Reviews für den Fachbereich Physiotherapie

Ressourcen zur Evidenzbasierung
in den Gesundheitsfachberufen

Oktober bis Dezember 2018



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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Wolfenden L, Goldman S, Stacey FG, Grady A, Kingsland M, Williams CM, Wiggers J, Milat A, Rissel C, Bauman A, Farrell MM, Légaré F, Ben Charif A, Zomahoun HTV, Hodder RK, Jones J, Booth D, Parmenter B, Regan T, Yoong SL. Strategies to improve the implementation of workplace-based policies or practices targeting tobacco, alcohol, diet, physical activity and obesity. Cochrane Database of Systematic Reviews 2018, Issue 11. Art. No.: CD012439. DOI: 10.1002/14651858.CD012439.pub2.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012439.pub2/full>

Publiziert 11/2018 Studien bis 2017

Available evidence regarding the effectiveness of implementation strategies for improving implementation of health-promoting policies and practices in the workplace setting is sparse and inconsistent. Low certainty evidence suggests that such strategies may make little or no difference on measures of implementation fidelity or different employee health behaviour outcomes. It is also unclear if such strategies are cost-effective or have potential unintended adverse consequences. The limited number of trials identified suggests implementation research in the workplace setting is in its infancy, warranting further research to guide evidence translation in this setting.

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

CR IN
CR OUT

Yang J, Chen J, Yang M, Yu S, Ying L, Liu GJ, Ren YL, Wright JM, Liang FR. Acupuncture for hypertension. Cochrane Database of Systematic Reviews 2018, Issue 11. Art. No.: CD008821. DOI: 10.1002/14651858.CD008821.pub2.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008821.pub2/full>

Publiziert 11/2018 Studien bis 2017

At present, there is no evidence for the sustained BP lowering effect of acupuncture that is required for the management of chronically elevated BP. The short-term effects of acupuncture are uncertain due to the very low quality of evidence. The larger effect shown in non-sham acupuncture controlled trials most likely reflects bias and is not a true effect. Future RCTs must use sham acupuncture controls and assess whether there is a BP lowering effect of acupuncture that lasts at least seven days.

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

CR IN
CR OUT

Sachdeva A, Dalton M, Lees T. Graduated compression stockings for prevention of deep vein thrombosis. Cochrane Database of Systematic Reviews 2018, Issue 11. Art. No.: CD001484. DOI: 10.1002/14651858.CD001484.pub4.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001484.pub4/full>

Publiziert 11/2018 Studien bis 2018

There is high-quality evidence that GCS are effective in reducing the risk of DVT in hospitalised patients who have undergone general and orthopaedic surgery, with or without other methods of background thromboprophylaxis, where clinically appropriate. There is moderate-quality evidence that GCS probably reduce the risk of proximal DVT, and low-quality evidence that GCS may reduce the risk of PE. However, there remains a paucity of evidence to assess the effectiveness of GCS in diminishing the risk of DVT in medical patients.

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

Shrestha N, Kukkonen-Harjula KT, Verbeek JH, Ijaz S, Hermans V, Pedisic Z. Workplace interventions for reducing sitting at work. Cochrane Database of Systematic Reviews 2018, Issue 12. Art. No.: CD010912. DOI: 10.1002/14651858.CD010912.pub5.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010912.pub5/full#CD010912-sec1-0004>

Publiziert 12/2018 Studien bis 2017

At present there is low-quality evidence that the use of sit-stand desks reduce workplace sitting at short-term and medium-term follow-ups. However, there is no evidence on their effects on sitting over longer follow-up periods. Effects of other types of interventions, including workplace policy changes, provision of information and counselling, and multi-component interventions, are mostly inconsistent. The quality of evidence is low to very low for most interventions, mainly because of limitations in study protocols and small sample sizes. There is a need for larger cluster-RCTs with longer-term follow-ups to determine the effectiveness of different types of interventions to reduce sitting time at work.

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>

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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>

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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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