

# Cochrane Reviews für den Fachbereich Pflege

Ressourcen zur Evidenzbasierung  
in den Gesundheitsfachberufen

Januar bis März 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.

**Autoren:**

Katharina Kunzweiler & Sebastian Voigt-Radloff

**Kontakt:**

Cochrane Deutschland Stiftung  
Breisacher Str. 153  
D-79110 Freiburg  
[www.cochrane.de](http://www.cochrane.de)

## Pflege-relevante Cochrane Reviews (CR)

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Eamer G, Taheri A, Chen SS, Daviduck Q, Chambers T, Shi X, Khadaroo RG. Comprehensive geriatric assessment for older people admitted to a surgical service. *Cochrane Database of Systematic Reviews* 2018, Issue 1. Art. No.: CD012485. DOI: 10.1002/14651858.CD012485.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012485.pub2/full>

Publiziert 01/2018      Studien bis 2017

There is evidence that CGA can improve outcomes in people with hip fracture. There are not enough studies to determine when CGA is most effective in relation to surgical intervention or if CGA is effective in surgical patients presenting with conditions other than hip fracture.

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

CR IN

CR OUT

Möhler R, Renom A, Renom H, Meyer G. Personally tailored activities for improving psychosocial outcomes for people with dementia in long-term care. *Cochrane Database of Systematic Reviews* 2018, Issue 2. Art. No.: CD009812. DOI: 10.1002/14651858.CD009812.pub2.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD009812.pub2/full>

Publiziert 02/2018      Studien bis 2017

Offering personally tailored activities to people with dementia in long-term care may slightly improve challenging behaviour. Evidence from one study suggested that it was probably associated with a slight reduction in the quality of life rated by proxies, but may have little or no effect on self-rated quality of life. We acknowledge concerns about the validity of proxy ratings of quality of life in severe dementia. Personally tailored activities may have little or no effect on negative affect and we are uncertain whether they improve positive affect or mood. There was no evidence that interventions were more likely to be effective if based on one specific theoretical model rather than another. Our findings leave us unable to make recommendations about specific activities or the frequency and duration of delivery. Further research should focus on methods for selecting appropriate and meaningful activities for people in different stages of dementia.

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

CR IN

CR OUT [http://www.awmf.org/uploads/tx\\_szleitlinien/038-013l\\_S3-Demenzen-2016-07.pdf](http://www.awmf.org/uploads/tx_szleitlinien/038-013l_S3-Demenzen-2016-07.pdf) [http://www.awmf.org/uploads/tx\\_szleitlinien/030-038l\\_S1\\_Vaskul%C3%A4re\\_Demenzen\\_2017-04.pdf](http://www.awmf.org/uploads/tx_szleitlinien/030-038l_S1_Vaskul%C3%A4re_Demenzen_2017-04.pdf)

Carr PJ, Higgins NS, Cooke ML, Mihala G, Rickard CM. Vascular access specialist teams for device insertion and prevention of failure. *Cochrane Database of Systematic Reviews* 2018, Issue 3. Art. No.: CD011429. DOI: 10.1002/14651858.CD011429.pub2.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD011429.pub2/full>

Publiziert 03/2018      Studien bis 2018

This systematic review failed to locate relevant published RCTs to support or refute the assertion that vascular access specialist teams are superior to the generalist model. A vascular access specialist team has advanced knowledge with regard to insertion techniques, clinical care, and management of vascular access devices, whereas a generalist model comprises nurses, doctors, or other designated healthcare professionals in the healthcare facility who may have less advanced insertion techniques and who care for vascular access devices amongst other competing clinical tasks. However, this conclusion may change once the one study awaiting classification and one ongoing study are published. There is a need for good-quality RCTs to evaluate the efficacy of a vascular access specialist team approach for vascular access device insertion and care for the prevention of failure.

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

CR IN

CR OUT

## Pflege-relevante Cochrane Reviews (CR)

Fleeman N, Bradley PM. Care delivery and self-management strategies for children with epilepsy. Cochrane Database of Systematic Reviews 2018, Issue 3. Art. No.: CD006245. DOI: 10.1002/14651858.CD006245.pub4.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD006245.pub4/full>

Publiziert 03/2018      Studien bis 2016

While each of the programmes in this review showed some benefit to children with epilepsy, their impacts were extremely variable. No programme showed benefits across the full range of outcomes, and all studies had major methodological problems. At present there is insufficient evidence in favour of any single programme.

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

CR IN

CR OUT

Woods B, O'Philbin L, Farrell EM, Spector AE, Orrell M. Reminiscence therapy for dementia. Cochrane Database of Systematic Reviews 2018, Issue 3. Art. No.: CD001120. DOI: 10.1002/14651858.CD001120.pub3.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD001120.pub3/full#CD001120-sec1-0005>

Publiziert 03/2018      Studien bis 2017

The effects of reminiscence interventions are inconsistent, often small in size and can differ considerably across settings and modalities. RT has some positive effects on people with dementia in the domains of QoL, cognition, communication and mood. Care home studies show the widest range of benefits, including QoL, cognition and communication (at follow-up). Individual RT is associated with probable benefits for cognition and mood. Group RT and a community setting are associated with probable improvements in communication. The wide range of RT interventions across studies makes comparisons and evaluation of relative benefits difficult. Treatment protocols are not described in sufficient detail in many publications. There have been welcome improvements in the quality of research on RT since the previous version of this review, although there still remains a need for more randomised controlled trials following clear, detailed treatment protocols, especially allowing the effects of simple and integrative RT to be compared.

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

CR IN [http://www.awmf.org/uploads/tx\\_szleitlinien/038-013l\\_S3-Demenzen-2016-07.pdf](http://www.awmf.org/uploads/tx_szleitlinien/038-013l_S3-Demenzen-2016-07.pdf) [http://www.awmf.org/uploads/tx\\_szleitlinien/038-020l\\_S3\\_Psychosoziale\\_Therapien\\_10-2012.pdf](http://www.awmf.org/uploads/tx_szleitlinien/038-020l_S3_Psychosoziale_Therapien_10-2012.pdf)

CR OUT [http://www.awmf.org/uploads/tx\\_szleitlinien/030-038l\\_S1\\_Vaskul%C3%A4re\\_Demenzen\\_2017-04.pdf](http://www.awmf.org/uploads/tx_szleitlinien/030-038l_S1_Vaskul%C3%A4re_Demenzen_2017-04.pdf)