Cochrane Reviews für den Fachbereich Physiotherapie

Ressourcen zur Evidenzbasierung
in den Gesundheitsfachberufen

Oktober bis Dezember 2017

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.

Autoren:

Katharina Kunzweiler & Sebastian Voigt-Radloff

Kontakt:

Cochrane Deutschland Stiftung
Universitätsklinikum Freiburg
Breisacher Str. 153
D-79110 Freiburg
www.cochrane.de

Physiotherapie-relevante Cochrane Reviews (CR)

Kew KM, Malik P, Aniruddhan K, Normansell R. Shared decision-making for people with asthma. Cochrane Database of Systematic Reviews 2017, Issue 10. Art. No.: CD012330. DOI: 10.1002/14651858.CD012330.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012330.pub2/full

Publiziert 10/2017 Studien bis 2016

Substantial differences between the four included randomised controlled trials (RCTs) indicate that we cannot provide meaningful overall conclusions. Individual studies demonstrated some benefits of SDM over control, in terms of quality of life; patient and parent satisfaction; adherence to prescribed medication; reduction in asthma-related healthcare visits; and improved asthma control. Our confidence in the findings of these individual studies ranges from moderate to very low, and it is important to note that studies did not measure or report adverse events.

Future trials should be adequately powered and of sufficient duration to detect differences in patient-important outcomes such as exacerbations and hospitalisations. Use of core asthma outcomes and validated scales when possible would facilitate future meta-analysis. Studies conducted in lower-income settings and including an economic evaluation would be of interest. Investigators should systematically record adverse events, even if none are anticipated. Studies identified to date have not included adolescents; future trials should consider their inclusion. Measuring and reporting of intervention fidelity is also recommended.

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

CR IN

CR OUT http://www.awmf.org/leitlinien/detail/ll/020-009.html, http://www.awmf.org/leitlinien/detail/ll/nvl-002.html

Johnson MI, Claydon LS, Herbison GP, Jones G, Paley CA. Transcutaneous electrical nerve stimulation (TENS) for fibromyalgia in adults. Cochrane Database of Systematic Reviews 2017, Issue 10. Art. No.: CD012172. DOI: 10.1002/14651858.CD012172.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012172.pub2/full

Publiziert 10/2017 Studien bis 2017

There was insufficient high-quality evidence to support or refute the use of TENS for fibromyalgia. We found a small number of inadequately powered studies with incomplete reporting of methodologies and treatment interventions.

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

CR IN

CR OUT http://www.awmf.org/leitlinien/detail/ll/145-004.html

Physiotherapie-relevante Cochrane Reviews (CR)

Shepherd E, Gomersall JC, Tieu J, Han S, Crowther CA, Middleton P. Combined diet and exercise interventions for preventing gestational diabetes mellitus. Cochrane Database of Systematic Reviews 2017, Issue 11. Art. No.: CD010443. DOI: 10.1002/14651858.CD010443.pub3.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010443.pub3/full

Publiziert 11/2017 Studien bis 2017

Moderate-quality evidence suggests reduced risks of GDM and caesarean section with combined diet and exercise interventions during pregnancy as well as reductions in gestational weight gain, compared with standard care. There were no clear differences in hypertensive disorders of pregnancy, perinatal mortality, large-for-gestational age, perineal trauma, neonatal hypoglycaemia, and childhood adiposity (moderate- tovery low-quality evidence).

Using GRADE methodology, the evidence was assessed as moderate to very low quality. Downgrading decisions were predominantly due to design limitations (risk of bias), and imprecision (uncertain effect estimates, and at times, small sample sizes and low event rates), however two outcomes (pregnancy-induced hypertension/hypertension and neonatal hypoglycaemia), were also downgraded for unexplained inconsistency (statistical heterogeneity).

Due to the variability of the diet and exercise components tested in the included studies, the evidence in this review has limited ability to inform practice. Future studies could describe the interventions used in more detail, if and how these influenced behaviour change and ideally be standardised between studies. Studies could also consider using existing core outcome sets to facilitate more standardised reporting.

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/057-023l_S3_Diabetes_und_Schwangerschaft_2014-12.pdf

Radtke T, Nevitt SJ, Hebestreit H, Kriemler S. Physical exercise training for cystic fibrosis. Cochrane Database of Systematic Reviews 2017, Issue 11. Art. No.: CD002768. DOI: 10.1002/14651858.CD002768.pub4.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002768.pub4/full

Publiziert 11/2017 Studien bis 2017

Evidence about the efficacy of physical exercise training in cystic fibrosis from 15 small studies with low to moderate methodological quality is limited. Exercise training is already part of regular outpatient care offered to most people with cystic fibrosis, and since there is some evidence for beneficial effects on aerobic fitness and no negative side effects exist, there is no reason to actively discourage this. The benefits from including physical exercise training in an individual's regular care may be influenced by the type and duration of the training programme. High-quality randomised controlled trials are needed to comprehensively assess the benefits of exercise programmes in people with cystic fibrosis and the relative benefits of the addition of aerobic versus anaerobic versus a combination of both types of physical exercise training to the care of people with cystic fibrosis.

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/026-022l_S3_Lungenerkrankung_bei_Mukoviszidose_Modul_1_2013-06_01.pdf

Physiotherapie-relevante Cochrane Reviews (CR)

Laver KE, Lange B, George S, Deutsch JE, Saposnik G, Crotty M. Virtual reality for stroke rehabilitation. Cochrane Database of Systematic Reviews 2017, Issue 11. Art. No.: CD008349. DOI: 10.1002/14651858.CD008349.pub4.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008349.pub4/full#CD008349-sec1-0004

Publiziert 11/2017 Studien bis 2017

We found evidence that the use of virtual reality and interactive video gaming was not more beneficial than conventional therapy approaches in improving upper limb function. Virtual reality may be beneficial in improving upper limb function and activities of daily living function when used as an adjunct to usual care (to increase overall therapy time). There was insufficient evidence to reach conclusions about the effect of virtual reality and interactive video gaming on gait speed, balance, participation, or quality of life. This review found that time since onset of stroke, severity of impairment, and the type of device (commercial or customised) were not strong influencers of outcome. There was a trend suggesting that higher dose (more than 15 hours of total intervention) was preferable as were customised virtual reality programs; however, these findings were not statistically significant.

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

Synnot A, Chau M, Pitt V, O'Connor D, Gruen RL, Wasiak J, Clavisi O, Pattuwage L, Phillips K. Interventions for managing skeletal muscle spasticity following traumatic brain injury. Cochrane Database of Systematic Reviews 2017, Issue 11. Art. No.: CD008929. DOI: 10.1002/14651858.CD008929.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008929.pub2/full

Publiziert 11/2017 Studien bis 2017

The very low quality and limited amount of evidence about the management of spasticity in people with TBI means that we are uncertain about the effectiveness or harms of these interventions. Well-designed and adequately powered studies using functional outcome measures to test the interventions used in clinical practice are needed.

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

CR IN

CR OUT

Hajibandeh S, Hajibandeh S, Antoniou GA, Scurr JRH, Torella F. Neuromuscular electrical stimulation for the prevention of venous thromboembolism. Cochrane Database of Systematic Reviews 2017, Issue 11. Art. No.: CD011764. DOI: 10.1002/14651858.CD011764.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011764.pub2/full

Publiziert 11/2017 Studien bis 2017

Low-quality evidence shows no clear difference in the risk of DVT between NMES and alternative methods of prophylaxis but suggest that NMES may be associated with lower risk of DVT compared with no prophylaxis (moderate-quality evidence) and higher risk of DVT compared with low-dose heparin (low-quality evidence). The best available evidence about the effectiveness of NMES in the prevention of VTE is not adequately robust to allow definitive conclusions. Adequately powered high-quality randomised controlled trials are required to provide adequately robust evidence.

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/003-001l_S3_VTE-Prophylaxe_2015-12.pdf, www.awmf.org/uploads/tx_szleitlinien/065-002l_S2k_VTE_2016-01.pdf

Physiotherapie-relevante Cochrane Reviews (CR)

Lawrence M, Celestino Junior FT, Matozinho HHS, Govan L, Booth J, Beecher J. Yoga for stroke rehabilitation. Cochrane Database of Systematic Reviews 2017, Issue 12. Art. No.: CD011483. DOI: 10.1002/14651858.CD011483.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011483.pub2/full

Publiziert 12/2017 Studien bis 2017

Yoga has the potential for being included as part of patient-centred stroke rehabilitation. However, this review has identified insufficient information to confirm or refute the effectiveness or safety of yoga as a stroke rehabilitation treatment. Further large-scale methodologically robust trials are required to establish the effectiveness of yoga as a stroke rehabilitation treatment.

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

Stewart F, Berghmans B, Bø K, Glazener CMA. Electrical stimulation with non-implanted devices for stress urinary incontinence in women. Cochrane Database of Systematic Reviews 2017, Issue 12. Art. No.: CD012390. DOI: 10.1002/14651858.CD012390.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012390.pub2/full

Publiziert 12/2017 Studien bis 2017

The current evidence base indicated that electrical stimulation is probably more effective than no active or sham treatment, but it is not possible to say whether ES is similar to PFMT or other active treatments in effectiveness or not. Overall, the quality of the evidence was too low to provide reliable results. Without sufficiently powered trials measuring clinically important outcomes, such as subjective assessment of urinary incontinence, we cannot draw robust conclusions about the overall effectiveness or cost-effectiveness of electrical stimulation for stress urinary incontinence in women.

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/015_005l_S2e_Belastungsinkontinenz_2013-07.pdf

Hou WH, Chi CC, Lo HL, Chou YY, Kuo KN, Chuang HY. Vocational rehabilitation for enhancing return-to-work in workers with traumatic upper limb injuries. Cochrane Database of Systematic Reviews 2017, Issue 12. Art. No.: CD010002. DOI: 10.1002/14651858.CD010002.pub3.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010002.pub3/full

Publiziert 12/2017 Studien bis 2017

There is currently no high-quality evidence to support or refute the efficacy of vocational rehabilitation for enhancing RTW in workers with traumatic upper limb injuries. Since injured people in occupational settings frequently receive vocational rehabilitation with the aim of decreasing work disability, enhancing RTW, increasing productivity, and containing the welfare cost, further high-quality RCTs assessing the efficacy of vocational rehabilitation for workers with traumatic upper limb injury are needed to fill this gap in knowledge.

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

CR IN
CR OUT

Martimbianco ALC, Torloni MR, Andriolo BNG, Porfírio GJM, Riera R. Neuromuscular electrical stimulation (NMES) for patellofemoral pain syndrome. Cochrane Database of Systematic Reviews 2017, Issue 12. Art. No.: CD011289. DOI: 10.1002/14651858.CD011289.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011289.pub2/full

Publiziert 12/2017 Studien bis 2017

This review found insufficient and inconclusive evidence from randomised controlled trials to inform on the role of NMES for treating people with PFP in current clinical practice. The very low-quality evidence available means that we are uncertain whether or not a multiple-session programme of NMES combined with exercise over several weeks versus exercise alone results in clinically important differences in knee pain and function at the end of the treatment period or at one year. There were no data on adverse effects such as muscle fatigue and discomfort. High-quality randomised clinical trials are needed to inform on the use of NMES for people with PFP. However, professional and stakeholder consensus is required on prioritisation of the research questions for interventions for treating people with PFP, including on the NMES treatment protocol for trials testing NMES.

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

CR IN
CR OUT

Rietberg MB, Veerbeek JM, Gosselink R, Kwakkel G, van Wegen EEH. Respiratory muscle training for multiple sclerosis. Cochrane Database of Systematic Reviews 2017, Issue 12. Art. No.: CD009424. DOI: 10.1002/14651858.CD009424.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009424.pub2/full

Publiziert 12/2017 Studien bis 2017

This review provides low-quality evidence that resistive inspiratory muscle training with a resistive threshold device is moderately effective postintervention for improving predicted maximal inspiratory pressure in people with mild to moderate MS, whereas expiratory muscle training showed no significant effects. The sustainability of the favourable effect of inspiratory muscle training is unclear, as is the impact of the observed effects on quality of life.

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

CR IN
CR OUT

Physiotherapie-relevante Cochrane Reviews (CR)

Woodley SJ, Boyle R, Cody JD, Mørkved S, Hay-Smith EJC. Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women. Cochrane Database of Systematic Reviews 2017, Issue 12. Art. No.: CD007471. DOI: 10.1002/14651858.CD007471.pub3.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007471.pub3/full

Publiziert 12/2017 Studien bis 2017

Targeting continent antenatal women early in pregnancy and offering a structured PFMT programme may prevent the onset of urinary incontinence in late pregnancy and postpartum. However, the cost-effectiveness of this is unknown. Population approaches (recruiting antenatal women regardless of continence status) may have a smaller effect on urinary incontinence, although the reasons for this are unclear. It is uncertain whether a population-based approach for delivering postnatal PFMT is effective in reducing urinary incontinence. Uncertainty surrounds the effects of PFMT as a treatment for urinary incontinence in antenatal and postnatal women, which contrasts with the more established effectiveness in mid-life women.

It is possible that the effects of PFMT might be greater with targeted rather than mixed prevention and treatment approaches and in certain groups of women. Hypothetically, for instance, women with a high body mass index are at risk factor for urinary incontinence. Such uncertainties require further testing and data on duration of effect are also needed. The physiological and behavioural aspects of exercise programmes must be described for both PFMT and control groups and how much PFMT women in both groups do, to increase understanding of what works and for whom.

Few data exist on faecal incontinence or costs and it is important that both are included in any future trials. It is essential that future trials use valid measures of incontinence-specific quality of life for both urinary and faecal incontinence.

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

CR IN
CR OUT

Lane R, Harwood A, Watson L, Leng GC. Exercise for intermittent claudication. Cochrane Database of Systematic Reviews 2017, Issue 12. Art. No.: CD000990. DOI: 10.1002/14651858.CD000990.pub4.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000990.pub4/full

Publiziert 12/2017 Studien bis 2016

High-quality evidence shows that exercise programmes provided important benefit compared with placebo or usual care in improving both pain-free and maximum walking distance in people with leg pain from IC who were considered to be fit for exercise intervention. Exercise did not improve ABI, and we found no evidence of an effect of exercise on amputation or mortality. Exercise may improve quality of life when compared with placebo or usual care. As time has progressed, the trials undertaken have begun to include exercise versus exercise or other modalities; therefore we can include fewer of the new trials in this update.

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

CR IN
CR OUT

Physiotherapie-relevante Cochrane Reviews (CR)

Hassett L, Moseley AM, Harmer AR. Fitness training for cardiorespiratory conditioning after traumatic brain injury. Cochrane Database of Systematic Reviews 2017, Issue 12. Art. No.: CD006123. DOI: 10.1002/14651858.CD006123.pub3.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006123.pub3/full

Publiziert 12/2017 Studien bis 2017

There is low-quality evidence that fitness training is effective at improving cardiorespiratory deconditioning after TBI; there is insufficient evidence to draw any definitive conclusions about the other outcomes. Whilst the intervention appears to be accepted by people with TBI, and there is no evidence of harm, more adequately powered and well-designed studies are required to determine a more precise estimate of the effect on cardiorespiratory fitness, as well as the effects across a range of important outcome measures and in people with different characteristics (e.g. children). In the absence of high quality evidence, clinicians may be guided by pre-exercise screening checklists to ensure the person with traumatic brain injury is safe to exercise, and set training parameters using guidelines established by the American College of Sports Medicine for people who have suffered a brain injury.

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

CR IN
CR OUT

Hemmingsen B, Gimenez-Perez G, Mauricio D, Roqué i Figuls M, Metzendorf MI, Richter B. Diet, physical activity or both for prevention or delay of type 2 diabetes mellitus and its associated complications in people at increased risk of developing type 2 diabetes mellitus. Cochrane Database of Systematic Reviews 2017, Issue 12. Art. No.: CD003054. DOI: 10.1002/14651858.CD003054.pub4.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003054.pub4/full

Publiziert 12/2017 Studien bis 2017

There is no firm evidence that diet alone or physical activity alone compared to standard treatment influences the risk of T2DM and especially its associated complications in people at increased risk of developing T2DM. However, diet plus physical activity reduces or delays the incidence of T2DM in people with IGT. Data are lacking for the effect of diet plus physical activity for people with intermediate hyperglycaemia defined by other glycaemic variables. Most RCTs did not investigate patient-important 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/nvl-001fl_S3_nvl_Diabetes_Schulung_2016-07-abgelaufen.pdf, www.awmf.org/uploads/tx_szleitlinien/nvl-001gl_S3_Typ-2-Diabetes-Therapie_2014-11.pdf

Brown J, Ceysens G, Boulvain M. Exercise for pregnant women with pre-existing diabetes for improving maternal and fetal outcomes. Cochrane Database of Systematic Reviews 2017, Issue 12. Art. No.: CD012696. DOI: 10.1002/14651858.CD012696.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012696.pub2/full

Publiziert 12/2017 Studien bis 2017

There was no evidence from RCTs that evaluated the effects of exercise interventions for improving maternal and fetal outcomes in women with pre-existing diabetes.

Good quality, large randomised controlled trials are urgently needed to identify exercise interventions that are safe, and improve health outcomes for women with pre-existing diabetes and their babies. Future studies in this area could utilise the standardised outcomes in this review, in order to improve consistency between trials in this area, and aid future meta-analysis.

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/057-023l_S3_Diabetes_und_Schwangerschaft_2014-12.pdf