

Cochrane Reviews für den Fachbereich Ergotherapie

Ressourcen zur Evidenzbasierung
in den Gesundheitsfachberufen

April bis Juni 2017



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.

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Ergotherapie-relevante Cochrane Reviews (CR)

Harvey LA, Katalinic OM, Herbert RD, Moseley AM, Lannin NA, Schurr K. Stretch for the treatment and prevention of contractures. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD007455. DOI: 10.1002/14651858.CD007455.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007455.pub3/full>

Publiziert 01_2017 Studien bis 2015

There was high-quality evidence that stretch did not have clinically important effects on joint mobility in people with or without neurological conditions if performed for less than seven months. Sensitivity analyses indicate results were robust in studies at risk of selection and detection biases in comparison to studies at low risk of bias. Sub-group analyses also suggest the effect of stretch is consistent in people with different types of neurological or non-neurological conditions. The effects of stretch performed for periods longer than seven months have not been investigated. There was moderate- and high-quality evidence that stretch did not have clinically important short-term effects on quality of life or pain in people with non-neurological conditions, respectively. The short-term effects of stretch on quality of life and pain in people with neurological conditions, and the short-term effects of stretch on activity limitations and participation restrictions for people with and without neurological conditions are uncertain.

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

CR IN
CR OUT

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>

Publiziert 01_2017 Studien bis 2016

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):

CR IN
CR OUT

Ergotherapie-relevante Cochrane Reviews (CR)

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

Karkou V, Meekums B. Dance movement therapy for dementia. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD011022. DOI: 10.1002/14651858.CD011022.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011022.pub2/full>

Publiziert 02_2017 Studien bis 2016

Trials of high methodological quality, large sample sizes and clarity in the way the intervention is put together and delivered are needed to assess whether dance movement therapy is an effective intervention for dementia.

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

CR IN

CR OUT

Vogel N, Schandelmaier S, Zumbunn T, Ebrahim S, de Boer WEL, Busse JW, Kunz R. Return-to-work coordination programmes for improving return to work in workers on sick leave. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD011618. DOI: 10.1002/14651858.CD011618.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011618.pub2/full>

Publiziert 03_2017 Studien bis 2016

Offering return-to-work coordination programmes for workers on sick leave for at least four weeks results in no benefits when compared to usual practice. We found no significant differences for the outcomes time to return to work, cumulative sickness absence, the proportion of participants at work at end of the follow-up or the proportion of participants who had ever returned to work at short-term, long-term or very long-term follow-up. For patient-reported outcomes, we found only marginal effects below the MID. The quality of the evidence ranged from very low to moderate across all outcomes.

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

CR IN

CR OUT

Ergotherapie-relevante Cochrane Reviews (CR)

Anderson L, Nguyen TT, Dall CH, Burgess L, Bridges C, Taylor RS. Exercise-based cardiac rehabilitation in heart transplant recipients. *Cochrane Database of Systematic Reviews* 2017, Issue 4. Art. No.: CD012264. DOI: 10.1002/14651858.CD012264.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012264.pub2/full>

Publiziert 04_2017 Studien bis 2016

We found moderate quality evidence suggesting that exercise-based cardiac rehabilitation improves exercise capacity, and that exercise has no impact on health-related quality of life in the short-term (median 12 weeks follow-up), in heart transplant recipients. Cardiac rehabilitation appears to be safe in this population, but long-term follow-up data are incomplete and further good quality and adequately-powered trials are needed to demonstrate the longer-term benefits of exercise on safety and impact on both clinical and patient-related outcomes, such as health-related quality of life, and healthcare costs.

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

CR IN

CR OUT

van der Steen JT, van Soest-Poortvliet MC, van der Wouden JC, Bruinsma MS, Scholten RJPM, Vink AC. Music-based therapeutic interventions for people with dementia. *Cochrane Database of Systematic Reviews* 2017, Issue 5. Art. No.: CD003477. DOI: 10.1002/14651858.CD003477.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003477.pub3/full>

Publiziert 05_2017 Studien bis 2016

Providing people with dementia with at least five sessions of a music-based therapeutic intervention probably reduces depressive symptoms but has little or no effect on agitation or aggression. There may also be little or no effect on emotional well-being or quality of life, overall behavioural problems and cognition. We are uncertain about effects on anxiety or social behaviour, and about any long-term effects. Future studies should employ larger sample sizes, and include all important outcomes, in particular 'positive' outcomes such as emotional well-being and social outcomes. Future studies should also examine the duration of effects in relation to the overall duration of treatment and the number of sessions.

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/II/038-013.html>

Mehrholz J, Thomas S, Werner C, Kugler J, Pohl M, Elsner B. Electromechanical-assisted training for walking after stroke. *Cochrane Database of Systematic Reviews* 2017, Issue 5. Art. No.: CD006185. DOI: 10.1002/14651858.CD006185.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006185.pub4/full>

Publiziert 05_2017 Studien bis 2016

People who receive electromechanical-assisted gait training in combination with physiotherapy after stroke are more likely to achieve independent walking than people who receive gait training without these devices. We concluded that seven patients need to be treated to prevent one dependency in walking. Specifically, people in the first three months after stroke and those who are not able to walk seem to benefit most from this type of intervention. The role of the type of device is still not clear. Further research should consist of large definitive pragmatic phase III trials undertaken to address specific questions about the most effective frequency and duration of electromechanical-assisted gait training as well as how long any benefit may last.

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/anmeldung/1/II/080-004.html>

Ergotherapie-relevante Cochrane Reviews (CR)

McCabe C, McCann M, Brady AM. Computer and mobile technology interventions for self-management in chronic obstructive pulmonary disease. *Cochrane Database of Systematic Reviews* 2017, Issue 5. Art. No.: CD011425. DOI: 10.1002/14651858.CD011425.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011425.pub2/full>

Publiziert 05_2017 Studien bis 2016

Although our review suggests that interventions aimed at facilitating, supporting, and sustaining self-management in people with COPD and delivered via smart technology significantly improved HRQoL and levels of activity up to six months compared with interventions given through face-to-face/digital and/or written support, no firm conclusions can be drawn. This improvement may not be sustained over a long duration. The only included study that measured outcomes up to 12 months highlighted the need to ensure sustained engagement with the technology over time. Limited evidence suggests that using computer and mobile technology for self-management for people with COPD is not harmful and may be more beneficial for some people than for others, for example, those with an interest in using technology may derive greater benefit.

The evidence, provided by three studies at high risk of bias, is of poor quality and is insufficient for advising healthcare professionals, service providers, and members of the public with COPD about the health benefits of using smart technology as an effective means of supporting, encouraging, and sustaining self-management. Further research that focuses on outcomes relevant to different stages of COPD is needed. Researchers should provide clear information on how self-management is assessed and should include longitudinal measures that allow comment on behavioural change.

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/anmeldung/1/ll/020-006.html>, <http://www.awmf.org/leitlinien/detail/anmeldung/1/ll/nvl-003.html>

Ryan JM, Cassidy EE, Noorduyn SG, O'Connell NE. Exercise interventions for cerebral palsy. *Cochrane Database of Systematic Reviews* 2017, Issue 6. Art. No.: CD011660. DOI: 10.1002/14651858.CD011660.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011660.pub2/full>

Publiziert 06_2017 Studien bis 2016

The quality of evidence for all conclusions is low to very low. As included trials have small sample sizes, heterogeneity may be underestimated, resulting in considerable uncertainty relating to effect estimates. For children with CP, there is evidence that aerobic exercise may result in a small improvement in gross motor function, though it does not improve gait speed. There is evidence that resistance training does not improve gait speed, gross motor function, participation or quality of life among children with CP.

Based on the evidence available, exercise appears to be safe for people with CP; only 55% of trials, however, reported adverse events or stated that they monitored adverse events. There is a need for large, high-quality, well-reported RCTs that assess the effectiveness of exercise in terms of activity and participation, before drawing any firm conclusions on the effectiveness of exercise for people with CP. Research is also required to determine if current exercise guidelines for the general population are effective and feasible for people with CP.

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

CR IN

CR OUT

Ergotherapie-relevante Cochrane Reviews (CR)

Al-Khudairy L, Loveman E, Colquitt JL, Mead E, Johnson RE, Fraser H, Olajide J, Murphy M, Velho RM, O'Malley C, Azevedo LB, Eells LJ, Metzendorf MI, Rees K. Diet, physical activity and behavioural interventions for the treatment of overweight or obese adolescents aged 12 to 17 years. *Cochrane Database of Systematic Reviews* 2017, Issue 6. Art. No.: CD012691. DOI: 10.1002/14651858.CD012691.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012691/full>

Publiziert 06_2017 Studien bis 2016

We found low quality evidence that multidisciplinary interventions involving a combination of diet, physical activity and behavioural components reduce measures of BMI and moderate quality evidence that they reduce weight in overweight or obese adolescents, mainly when compared with no treatment or waiting list controls. Inconsistent results, risk of bias or indirectness of outcome measures used mean that the evidence should be interpreted with caution. We have identified a large number of ongoing trials (50) which we will include in future updates of this review.

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/anmeldung/1/II/050-002.html>

Cavalheri V, Granger C. Preoperative exercise training for patients with non-small cell lung cancer. *Cochrane Database of Systematic Reviews* 2017, Issue 6. Art. No.: CD012020. DOI: 10.1002/14651858.CD012020.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012020.pub2/full>

Publiziert 06_2017 Studien bis 2016

Preoperative exercise training may reduce the risk of developing a postoperative pulmonary complication, the duration of intercostal catheter use, postoperative length of hospital stay, and improve both exercise capacity and FVC in people undergoing lung resection for NSCLC. The findings of this review should be interpreted with caution due to disparities between the studies, risk of bias, and small sample sizes. This review emphasises the need for larger RCTs.

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/anmeldung/1/II/020-007OL.html>

English C, Hillier SL, Lynch EA. Circuit class therapy for improving mobility after stroke. *Cochrane Database of Systematic Reviews* 2017, Issue 6. Art. No.: CD007513. DOI: 10.1002/14651858.CD007513.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007513.pub3/full>

Publiziert 06_2017 Studien bis 2017

There is moderate evidence that CCT is effective in improving mobility for people after stroke - they may be able to walk further, faster, with more independence and confidence in their balance. The effects may be greater later after the stroke, and are of clinical significance. Further high-quality research is required, investigating quality of life, participation and cost-benefits, that compares CCT with standard care and that also investigates the influence of factors such as stroke severity and age. The potential risk of increased falls during CCT needs to be monitored.

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/anmeldung/1/II/080-004.html>

Ergotherapie-relevante Cochrane Reviews (CR)

Marin TJ, Van Eerd D, Irvin E, Couban R, Koes BW, Malmivaara A, van Tulder MW, Kamper SJ. Multidisciplinary biopsychosocial rehabilitation for subacute low back pain. *Cochrane Database of Systematic Reviews* 2017, Issue 6. Art. No.: CD002193. DOI: 10.1002/14651858.CD002193.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002193.pub2/full>

Publiziert 06_2017 Studien bis 2016

On average, people with subacute LBP who receive MBR will do better than if they receive usual care, but it is not clear whether they do better than people who receive some other type of treatment. However, the available research provides mainly low to very low-quality evidence, thus additional high-quality trials are needed before we can describe the value of MBP for clinical practice.

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/II/nvl-007.html>

Momosaki R, Yamada N, Ota E, Abo M. Repetitive peripheral magnetic stimulation for activities of daily living and functional ability in people after stroke. *Cochrane Database of Systematic Reviews* 2017, Issue 6. Art. No.: CD011968. DOI: 10.1002/14651858.CD011968.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011968.pub2/full>

Publiziert 06_2017 Studien bis 2016

Available trials provided inadequate evidence to permit any conclusions about routine use of rPMS for people after stroke. Additional trials with large sample sizes are needed to determine an appropriate rPMS protocol as well as long-term effects. We identified three ongoing trials and will include these trials in the next review update.

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/III/053-011.html>

Bidonde J, Busch AJ, Schachter CL, Overend TJ, Kim SY, Góes SM, Boden C, Foulds HJA. Aerobic exercise training for adults with fibromyalgia. *Cochrane Database of Systematic Reviews* 2017, Issue 6. Art. No.: CD012700. DOI: 10.1002/14651858.CD012700.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012700/full>

Publiziert 06_2017 Studien bis 2016

When compared with control, moderate-quality evidence indicates that aerobic exercise probably improves HRQL and all-cause withdrawal, and low-quality evidence suggests that aerobic exercise may slightly decrease pain intensity, may slightly improve physical function, and may lead to little difference in fatigue and stiffness. Three of the reported outcomes reached clinical significance (HRQL, physical function, and pain). Long-term effects of aerobic exercise may include little or no difference in pain, physical function, and all-cause withdrawal, and we are uncertain about long-term effects on remaining outcomes. We downgraded the evidence owing to the small number of included trials and participants across trials, and because of issues related to unclear and high risks of bias (performance, selection, and detection biases). Aerobic exercise appears to be well tolerated (similar withdrawal rates across groups), although evidence on adverse events is scarce, so we are uncertain about its safety.

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/II/145-004.html>

Ergotherapie-relevante Cochrane Reviews (CR)

Anderson L, Brown JPR, Clark AM, Dalal H, Rossau HK, Bridges C, Taylor RS. Patient education in the management of coronary heart disease. *Cochrane Database of Systematic Reviews* 2017, Issue 6. Art. No.: CD008895. DOI: 10.1002/14651858.CD008895.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008895.pub3/full>

Publiziert 06_2017 Studien bis 2016

We found no reduction in total mortality, in people who received education delivered as part of cardiac rehabilitation, compared to people in control groups (moderate quality evidence). There were no improvements in fatal or non fatal MI, total revascularisations or hospitalisations, with education. There was some evidence of a reduction in fatal and/or non-fatal cardiovascular events with education, but this was based on only two studies. There was also some evidence to suggest that education-based interventions may improve HRQoL. Our findings are supportive of current national and international clinical guidelines that cardiac rehabilitation for people with CHD should be comprehensive and include educational interventions together with exercise and psychological therapy. Further definitive research into education interventions for people with CHD is needed.

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/nvl-004.html>

Anderson L, Sharp GA, Norton RJ, Dalal H, Dean SG, Jolly K, Cowie A, Zawada A, Taylor RS. Home-based versus centre-based cardiac rehabilitation. *Cochrane Database of Systematic Reviews* 2017, Issue 6. Art. No.: CD007130. DOI: 10.1002/14651858.CD007130.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007130.pub4/full>

Publiziert 06_2017 Studien bis 2016

This update supports previous conclusions that home- and centre-based forms of cardiac rehabilitation seem to be similarly effective in improving clinical and health-related quality of life outcomes in patients after myocardial infarction or revascularisation, or with heart failure. This finding supports the continued expansion of evidence-based, home-based cardiac rehabilitation programmes. The choice of participating in a more traditional and supervised centre-based programme or a home-based programme may reflect local availability and consider the preference of the individual patient. Further data are needed to determine whether the effects of home- and centre-based cardiac rehabilitation reported in the included short-term trials can be confirmed in the longer term and need to consider adequately powered non-inferiority or equivalence study designs.

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

CR IN

CR OUT

Ergotherapie-relevante Cochrane Reviews (CR)

Mead E, Brown T, Rees K, Azevedo LB, Whittaker V, Jones D, Olajide J, Mainardi GM, Corpeleijn E, O'Malley C, Beardsmore E, Al-Khudairy L, Baur L, Metzendorf MI, Demaio A, Eills LJ. Diet, physical activity and behavioural interventions for the treatment of overweight or obese children from the age of 6 to 11 years. *Cochrane Database of Systematic Reviews* 2017, Issue 6. Art. No.: CD012651. DOI: 10.1002/14651858.CD012651.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012651/full>

Publiziert 06_2017 Studien bis 2016

Multi-component behaviour-changing interventions that incorporate diet, physical activity and behaviour change may be beneficial in achieving small, short-term reductions in BMI, BMI z score and weight in children aged 6 to 11 years. The evidence suggests a very low occurrence of adverse events. The quality of the evidence was low or very low. The heterogeneity observed across all outcomes was not explained by subgrouping. Further research is required of behaviour-changing interventions in lower income countries and in children from different ethnic groups; also on the impact of behaviour-changing interventions on health-related quality of life and comorbidities. The sustainability of reduction in BMI/BMI z score and weight is a key consideration and there is a need for longer-term follow-up and further research on the most appropriate forms of post-intervention maintenance in order to ensure intervention benefits are sustained over the longer term.

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/050-002.html>

Elsner B, Kugler J, Pohl M, Mehrholz J. Transcranial direct current stimulation (tDCS) for idiopathic Parkinson's disease . *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD010916. DOI: 10.1002/14651858.CD010916.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010916.pub2/full>

Publiziert 07_2016 Studien bis 2016

There is insufficient evidence to determine the effects of tDCS for reducing off time (when the symptoms are not controlled by the medication) and on time with dyskinesia (time that symptoms are controlled but the person still experiences involuntary muscle movements) , and for improving health- related quality of life, disability, and impairment in patients with IPD. Evidence of very low quality indicates no difference in dropouts and adverse events between tDCS and control groups.

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/030-010l_S3_Parkinson_Syndrome_Idiopathisch_2016-06.pdf

Smith TO, Jepson P, Beswick A, Sands G, Drummond A, Davis ET, Sackley CM. Assistive devices, hip precautions, environmental modifications and training to prevent dislocation and improve function after hip arthroplasty. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD010815. DOI: 10.1002/14651858.CD010815.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010815.pub2/full>

Publiziert 07_2016 Studien bis 2016

Very low quality evidence is available from single trials, thus we are uncertain if hip precautions with or without the addition of equipment and functional restrictions are effective in preventing dislocation and improving outcomes after THA. There is also insufficient evidence to support or refute the adoption of a postoperative community rehabilitation programme consisting of functional reintegration and education compared to conventional rehabilitation strategies based on functional 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/012-006l_S1_Endoprothese_bei_Koxarthrose_abgelaufen.pdf

Ergotherapie-relevante Cochrane Reviews (CR)

Linden M, Hawley C, Blackwood B, Evans J, Anderson V, O'Rourke C. Technological aids for the rehabilitation of memory and executive functioning in children and adolescents with acquired brain injury. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD011020. DOI: 10.1002/14651858.CD011020.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011020.pub2/full>

Publiziert 07_2016 Studien bis 2015

This review provides low-quality evidence for the use of technology-based interventions in the rehabilitation of executive functions and memory for children and adolescents with TBI. As all of the included studies contained relatively small numbers of participants (12 to 120), our findings should be interpreted with caution. The involvement of a clinician or therapist, rather than use of the technology, may have led to the success of these interventions. Future research should seek to replicate these findings with larger samples, in other regions, using ecologically valid outcome measures, and reduced clinician involvement.

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/024-018l_S2k_Schaedel-Hirn-Trauma_im_Kindesalter-2011-abgelaufen.pdf www.awmf.org/uploads/tx_szleitlinien/008-001l_S2e_Schaedelhirntrauma_SHT_Erwachsene_2016-06.pdf

Treanor CJ, McMenamin UC, O'Neill RF, Cardwell CR, Clarke MJ, Cantwell M, Donnelly M. Non-pharmacological interventions for cognitive impairment due to systemic cancer treatment. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD011325. DOI: 10.1002/14651858.CD011325.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011325.pub2/full>

Publiziert 08_2016 Studien bis 2015

Overall, the, albeit low-quality evidence may be interpreted to suggest that non-pharmacological interventions may have the potential to reduce the risk of, or ameliorate, cognitive impairment following systemic cancer treatment. Larger, multi-site studies including an appropriate, active attentional control group, as well as consideration of functional outcomes (e.g. activities of daily living) are required in order to come to firmer conclusions about the benefits or otherwise of this intervention approach. There is also a need to conduct research into cognitive impairment among cancer patient groups other than women with breast cancer.

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

CR IN

CR OUT

Baker PRA, Francis DP, Hairi NN, Othman S, Choo WY. Interventions for preventing abuse in the elderly. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD010321. DOI: 10.1002/14651858.CD010321.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010321.pub2/full>

Publiziert 08_2016 Studien bis 2016

There is inadequate trustworthy evidence to assess the effects of elder abuse interventions on occurrence or recurrence of abuse, although there is some evidence to suggest it may change the combined measure of anxiety and depression of caregivers. There is a need for high-quality trials, including from low- or middle-income countries, with adequate statistical power and appropriate study characteristics to determine whether specific intervention programmes, and which components of these programmes, are effective in preventing or reducing abuse episodes among the elderly. It is uncertain whether the use of educational interventions improves knowledge and attitude of caregivers, and whether such programmes also reduce occurrence of abuse, thus future research is warranted. In addition, all future research should include a component of cost-effectiveness analysis, implementation assessment and equity considerations of the specific interventions under review.

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

CR IN

CR OUT

Ergotherapie-relevante Cochrane Reviews (CR)

Fryer CE, Luker JA, McDonnell MN, Hillier SL. Self management programmes for quality of life in people with stroke. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD010442. DOI: 10.1002/14651858.CD010442.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010442.pub2/abstract>

Publiziert 08_2016 Studien bis 2016

The current evidence indicates that self management programmes may benefit people with stroke who are living in the community. The benefits of such programmes lie in improved quality of life and self efficacy. These are all well-recognised goals for people after stroke. There is evidence for many modes of delivery and examples of tailoring content to the target group. Leaders were usually professionals but peers (stroke survivors and carers) were also reported - the commonality is being trained and expert in stroke and its consequences. It would be beneficial for further research to be focused on identifying key features of effective self management programmes and assessing their cost-effectiveness.

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/053-011I_S3_Schlaganfall_2012-abgelaufen.pdf www.awmf.org/uploads/tx_szleitlinien/030-122I_S1_Multiprofessionelle_neurologische_Rehabilitation_2012_1.pdf

Perry A, Lee SH, Cotton S, Kennedy C. Therapeutic exercises for affecting post-treatment swallowing in people treated for advanced-stage head and neck cancers. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD011112. DOI: 10.1002/14651858.CD011112.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011112.pub2/full>

Publiziert 08_2016 Studien bis 2016

We found no evidence that undertaking therapeutic exercises before, during and/or immediately after HNC treatment leads to improvement in oral swallowing. This absence of evidence may be due to the small participant numbers in trials, resulting in insufficient power to detect any difference. Data from the identified trials could not be combined due to differences in the choice of primary outcomes and in the measurement tools used to assess them, and the differing baseline and endpoints across studies.

Designing and implementing studies with stronger methodological rigour is essential. There needs to be agreement about the key primary outcomes, the choice of validated assessment tools to measure them and the time points at which those measurements are made.

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/007_100OLI_S3_Mundhoehlenkarzinom_122012-verlaengert.pdf www.awmf.org/uploads/tx_szleitlinien/049-014I_S1_Neurogene_Sprech- Stimmst%C3%B6rungen_Erwachsene_2014-09.pdf www.awmf.org/uploads/tx_szleitlinien/027-043I_S1_Schilddruesenkarzinome_2011-abgelaufen.pdf

Ergotherapie-relevante Cochrane Reviews (CR)

Furmaniak AC, Menig M, Markes MH. Exercise for women receiving adjuvant therapy for breast cancer. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD005001. DOI: 10.1002/14651858.CD005001.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005001.pub3/full>

Publiziert 09_2016 Studien bis 2015

Exercise during adjuvant treatment for breast cancer can be regarded as a supportive self care intervention that probably results in less fatigue, improved physical fitness, and little or no difference in cancer-specific quality of life and depression. Exercise may also slightly improve cancer site-specific quality of life and cognitive function, while it may result in little or no difference in health-related quality of life. This review is based on trials with a considerable degree of clinical heterogeneity regarding adjuvant cancer treatments and exercise interventions. Due to the difficulty of blinding exercise trials, all included trials were at high risk for performance bias. Furthermore, the majority of trials were at high risk for detection bias, largely due to most outcomes being self reported.

The findings of the updated review have enabled us to make a more precise conclusion that both aerobic and resistance exercise can be regarded as beneficial for individuals with adjuvant therapy-related side effects. Further research is required to determine the optimal type, intensity, and timing of an exercise intervention. Furthermore, long-term evaluation is required due to possible long-term side effects of adjuvant treatment.

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

CR IN www.awmf.org/uploads/tx_szleitlinien/032-045OL_I_S3_Brustkrebs_Mammakarzinom_Diagnostik_Therapie_Nachsorge_2012-07.pdf

CR OUT

Cochrane A, Furlong M, McGilloway S, Molloy DW, Stevenson M, Donnelly M. Time-limited home-care reablement services for maintaining and improving the functional independence of older adults. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD010825. DOI: 10.1002/14651858.CD010825.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010825.pub2/full>

Publiziert 10_2016 Studien bis 2015

There is considerable uncertainty regarding the effects of reablement as the evidence was of very low quality according to our GRADE ratings. Therefore, the effectiveness of reablement services cannot be supported or refuted until more robust evidence becomes available. There is an urgent need for high quality trials across different health and social care systems due to the increasingly high profile of reablement services in policy and practice in several countries.

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

CR IN

CR OUT

Ergotherapie-relevante Cochrane Reviews (CR)

Bennett S, Pigott A, Beller EM, Haines T, Meredith P, Delaney C. Educational interventions for the management of cancer-related fatigue in adults. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD008144. DOI: 10.1002/14651858.CD008144.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008144.pub2/full>

Publiziert 11_2016 Studien bis 2016

Educational interventions may have a small effect on reducing fatigue intensity, fatigue's interference with daily life, and general fatigue, and could have a moderate effect on reducing fatigue distress. Educational interventions focused on fatigue may also help reduce anxiety and improve global quality of life, but it is unclear what effect they might have on capacity for activities of daily living or depressive symptoms. Additional studies undertaken in the future are likely to impact on our confidence in the conclusions.

The incorporation of education for the management of fatigue as part of routine care appears reasonable. However, given the complex nature of this symptom, educational interventions on their own are unlikely to optimally reduce fatigue or help people manage its impact, and should be considered in conjunction with other interventions. Just how educational interventions are best delivered, and their content and timing to maximise outcomes, are issues that require further research.

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

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CR OUT www.awmf.org/uploads/tx_szleitlinien/053-002l_S3_Muedigkeit_2011-abgelaufen.pdf www.awmf.org/uploads/tx_szleitlinien/025-003l_S1_Nachsorge_von_krebskranken_Kindern_Jugendlichen_06-2013.pdf

McKeough ZJ, Velloso M, Lima VP, Alison JA. Upper limb exercise training for COPD. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD011434. DOI: 10.1002/14651858.CD011434.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011434.pub2/full>

Publiziert 11_2016 Studien bis 2016

Evidence from this review indicates that some form of upper limb exercise training when compared to no upper limb training or a sham intervention improves dyspnoea but not HRQoL in people with COPD. The limited number of studies comparing different upper limb training interventions precludes conclusions being made about the optimal upper limb training programme for people with COPD, although endurance upper limb training using unsupported upper limb exercises does have a large effect on unsupported endurance upper limb capacity. Future RCTs require larger participant numbers to compare the differences between endurance upper limb training, resistance upper limb training, and combining endurance and resistance upper limb training on patient-relevant outcomes such as dyspnoea, HRQoL and arm activity levels.

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

CR IN

CR OUT

French B, Thomas LH, Coupe J, McMahon NE, Connell L, Harrison J, Sutton CJ, Tishkovskaya S, Watkins CL. Repetitive task training for improving functional ability after stroke. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD006073. DOI: 10.1002/14651858.CD006073.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006073.pub3/full>

Publiziert 11_2016 Studien bis 2016

There is low- to moderate-quality evidence that RTT improves upper and lower limb function; improvements were sustained up to six months post treatment. Further research should focus on the type and amount of training, including ways of measuring the number of repetitions actually performed by participants. The definition of RTT will need revisiting prior to further updates of this review in order to ensure it remains clinically meaningful and distinguishable from other interventions.

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

CR IN www.awmf.org/uploads/tx_szleitlinien/053-011l_S3_Schlaganfall_2012-abgelaufen.pdf www.awmf.org/uploads/tx_szleitlinien/030-123l_S2k_Rehabilitation_sensomotorische_St%C3%B6rungen_2012-09_verlaengert.pdf

CR OUT [123l_S2k_Rehabilitation_sensomotorische_St%C3%B6rungen_2012-09_verlaengert.pdf](http://www.awmf.org/uploads/tx_szleitlinien/030-123l_S2k_Rehabilitation_sensomotorische_St%C3%B6rungen_2012-09_verlaengert.pdf)

Ergotherapie-relevante Cochrane Reviews (CR)

Caliandro P, La Torre G, Padua R, Giannini F, Padua L. Treatment for ulnar neuropathy at the elbow. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD006839. DOI: 10.1002/14651858.CD006839.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006839.pub4/full>

Publiziert 11_2016 Studien bis 2016

We found only two studies of treatment of ulnar neuropathy using conservative treatment as the comparator. The available comparative treatment evidence is not sufficient to support a multiple treatment meta-analysis to identify the best treatment for idiopathic UNE on the basis of clinical, neurophysiological, and imaging characteristics. We do not know when to treat a person with this condition conservatively or surgically. Moderate-quality evidence indicates that simple decompression and decompression with transposition are equally effective in idiopathic UNE, including when the nerve impairment is severe. Decompression with transposition is associated with more deep and superficial wound infections than simple decompression, also based on moderate-quality evidence. People undergoing endoscopic surgery were more likely to have a haematoma. Evidence from one small RCT of conservative treatment showed that in mild cases, information on movements or positions to avoid may reduce subjective discomfort.

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

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CR OUT www.awmf.org/uploads/tx_szleitlinien/030-114I_S1_Neuropathischer_Schmerzen_Therapie_2014-verlaengert.pdf www.awmf.org/uploads/tx_szleitlinien/030-130I_S2e_Neuropathien_Neuritiden_2016-12.pdf

Dockx K, Bekkers EMJ, Van den Bergh V, Ginis P, Rochester L, Hausdorff JM, Mirelman A, Nieuwboer A. Virtual reality for rehabilitation in Parkinson's disease. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD010760. DOI: 10.1002/14651858.CD010760.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010760.pub2/full>

Publiziert 12_2016 Studien bis 2016

We found low-quality evidence of a positive effect of short-term VR exercise on step and stride length. VR and physiotherapy may have similar effects on gait, balance, and quality of life. The evidence available comparing VR with passive control interventions was more limited. Additional high-quality, large-scale studies are needed to confirm these findings.

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/030-010I_S3_Parkinson_Syndrome_Idiopathisch_2016-06.pdf

Larun L, Brurberg KG, Odgaard-Jensen J, Price JR. Exercise therapy for chronic fatigue syndrome. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD003200. DOI: 10.1002/14651858.CD003200.pub6.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003200.pub6/full>

Publiziert 12_2016 Studien bis 2014

Patients with CFS may generally benefit and feel less fatigued following exercise therapy, and no evidence suggests that exercise therapy may worsen outcomes. A positive effect with respect to sleep, physical function and self-perceived general health has been observed, but no conclusions for the outcomes of pain, quality of life, anxiety, depression, drop-out rate and health service resources were possible. The effectiveness of exercise therapy seems greater than that of pacing but similar to that of CBT. Randomised trials with low risk of bias are needed to investigate the type, duration and intensity of the most beneficial exercise intervention.

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

CR IN www.awmf.org/uploads/tx_szleitlinien/053-002I_S3_Muedigkeit_2011-abgelaufen.pdf www.awmf.org/uploads/tx_szleitlinien/051-001I_S3_Nicht-spezifische_funktionelle_somatoforme_Koerperbeschwerden_2012-04.pdf www.awmf.org/uploads/tx_szleitlinien/032-045OL_I_S3_Brustkrebs_Mammakarzinom_Diagnostik_Therapie_Nachsorge_2012-07.pdf

CR OUT www.awmf.org/uploads/tx_szleitlinien/032-045OL_I_S3_Brustkrebs_Mammakarzinom_Diagnostik_Therapie_Nachsorge_2012-07.pdf

Ergotherapie-relevante Cochrane Reviews (CR)

Strike K, Mulder K, Michael R. Exercise for haemophilia. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD011180. DOI: 10.1002/14651858.CD011180.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011180.pub2/full>

Publiziert 12_2016 Studien bis 2016

These results must be considered with caution. There is a lack of confidence in the results due to the small number of included studies and the inability to pool the results due to the heterogeneity of outcome measures. Most exercise interventions produced improvement in one or more of the measured outcomes including pain, range of motion, strength and walking tolerance. Hydrotherapy may be more effective than land exercises for pain relief in adults. Functional exercises such as treadmill walking and partial weight bearing exercises seem to be more effective than static or short arc exercises for improving muscle strength. These findings are consistent with the many non-controlled intervention reports in the haemophilia literature. No adverse effects were reported as a result of any of the interventions. However, some groups used prophylactic factor prior to exercise and other groups studied only subjects with moderate haemophilia. Therefore, the safety of these techniques for persons with severe haemophilia remains unclear.

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

CR IN

CR OUT

Vloothuis JDM, Mulder M, Veerbeek JM, Konijnenbelt M, Visser-Meily JMA, Ket JCF, Kwakkel G, van Wegen EEH. Caregiver-mediated exercises for improving outcomes after stroke. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD011058. DOI: 10.1002/14651858.CD011058.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011058.pub2/full>

Publiziert 12_2016 Studien bis 2015

There is very low- to moderate-quality evidence that CME may be a valuable intervention to augment the pallet of therapeutic options for stroke rehabilitation. Included studies were small, heterogeneous, and some trials had an unclear or high risk of bias. Future high-quality research should determine whether CME interventions are (cost-)effective.

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/053-011I_S3_Schlaganfall_2012-abgelaufen.pdf www.awmf.org/uploads/tx_szleitlinien/080-001I_S2e_Motorische_Therapien_obere_Extremit%C3%A4t_Behandlung_Schlaganfall_2011-abgelaufen.pdf