

Cochrane Reviews für den Fachbereich Pflege

Ressourcen zur Evidenzbasierung
in den Gesundheitsfachberufen

Oktober bis Dezember 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.

Autoren:

Katharina Kunzweiler & Sebastian Voigt-Radloff

Kontakt:

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

Pflegerelevante 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/II/020-009.html>, <http://www.awmf.org/leitlinien/detail/II/nvl-002.html>

Rice VH, Heath L, Livingstone-Banks J, Hartmann-Boyce J. Nursing interventions for smoking cessation. Cochrane Database of Systematic Reviews 2017, Issue 12. Art. No.: CD001188. DOI: 10.1002/14651858.CD001188.pub5.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001188.pub5/full>

Publiziert 12/2017 Studien bis 2017

There is moderate quality evidence that behavioural support to motivate and sustain smoking cessation delivered by nurses can lead to a modest increase in the number of people who achieve prolonged abstinence. There is insufficient evidence to assess whether more intensive interventions, those incorporating additional follow-up, or those incorporating pathophysiological feedback are more effective than one-off support. There was no evidence that the effect of support differed by patient group or across healthcare settings.

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/076-006l_S3_Tabak_2015-02.pdf