

# Cochrane Reviews für den Fachbereich Logopädie

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.

**Autoren:**

Katharina Kunzweiler & Sebastian Voigt-Radloff

**Kontakt:**

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

## Logopädie-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

Rose L, Adhikari NKJ, Leasa D, Fergusson DA, McKim D. Cough augmentation techniques for extubation or weaning critically ill patients from mechanical ventilation. *Cochrane Database of Systematic Reviews* 2017, Issue 1. Art. No.: CD011833. DOI: 10.1002/14651858.CD011833.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011833.pub2/full>

Publiziert 01\_2017      Studien bis 2016

The overall quality of evidence on the efficacy of cough augmentation techniques for critically-ill people is very low. Cough augmentation techniques when used in mechanically-ventilated critically-ill people appear to result in few adverse events.

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

CR IN  
CR OUT

Magee WL, Clark I, Tamplin J, Bradt J. Music interventions for acquired brain injury. *Cochrane Database of Systematic Reviews* 2017, Issue 1. Art. No.: CD006787. DOI: 10.1002/14651858.CD006787.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006787.pub3/full>

Publiziert 01\_2017      Studien bis 2016

Music interventions may be beneficial for gait, the timing of upper extremity function, communication outcomes, and quality of life after stroke. These results are encouraging, but more high-quality randomised controlled trials are needed on all outcomes before recommendations can be made for clinical practice.

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

CR IN  
CR OUT

## Logopädie-relevante Cochrane Reviews (CR)

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

Morrison L, Innes S. Oscillating devices for airway clearance in people with cystic fibrosis. *Cochrane Database of Systematic Reviews* 2017, Issue 5. Art. No.: CD006842. DOI: 10.1002/14651858.CD006842.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006842.pub4/full>

Publiziert 05\_2017 Studien bis 2017

There was no clear evidence that oscillation was a more or less effective intervention overall than other forms of physiotherapy; furthermore there was no evidence that one device is superior to another. The findings from one study showing an increase in frequency of exacerbations requiring antibiotics whilst using an oscillating device compared to positive expiratory pressure may have significant resource implications. More adequately-powered long-term randomised controlled trials are necessary and outcomes measured should include frequency of exacerbations, individual preference, adherence to therapy and general satisfaction with treatment. Increased adherence to therapy may then lead to improvements in other parameters, such as exercise tolerance and respiratory function. Additional evidence is needed to evaluate whether oscillating devices combined with other forms of airway clearance is efficacious in people with cystic fibrosis. There may also be a requirement to consider the cost implication of devices over other forms of equally advantageous airway clearance techniques. Using the GRADE method to assess the quality of the evidence, we judged this to be low or very low quality, which suggests that further research is very likely to have an impact on confidence in any estimate of effect generated by future interventions.

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

CR IN  
CR OUT

Madhok VB, Gagyor I, Daly F, Somasundara D, Sullivan M, Gammie F, Sullivan F. Corticosteroids for Bell's palsy (idiopathic facial paralysis). *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD001942. DOI: 10.1002/14651858.CD001942.pub5.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001942.pub5/full>

Publiziert 07\_2016 Studien bis 2016

The available moderate- to high-quality evidence from randomised controlled trials showed significant benefit from treating Bell's palsy with corticosteroids.

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/030-013l\\_S2k\\_I idiopathische\\_Fazialisparese\\_Therapie\\_2011-09.pdf](http://www.awmf.org/uploads/tx_szleitlinien/030-013l_S2k_I idiopathische_Fazialisparese_Therapie_2011-09.pdf)

## Logopädie-relevante Cochrane Reviews (CR)

---

Pennington L, Parker NK, Kelly H, Miller N. Speech therapy for children with dysarthria acquired before three years of age. Cochrane Database of Systematic Reviews 2016, Issue 7. Art. No.: CD006937. DOI: 10.1002/14651858.CD006937.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006937.pub3/full>

Publiziert 07\_2016 Studien bis 2015

This review found no evidence from randomised trials of the effectiveness of speech and language therapy interventions to improve the speech of children with early acquired dysarthria. Rigorous, fully powered randomised controlled trials are needed to investigate if the positive changes in children's speech observed in phase I and phase II studies are generalisable to the population of children with early acquired dysarthria served by speech and language therapy services. Research should examine change in children's speech production and intelligibility. It must also investigate children's participation in social and educational activities, and their quality of life, as well as the cost and acceptability of interventions.

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/030-103I\\_S1\\_Neurogene\\_Sprechst%C3%B6rung\\_Stimmst%C3%B6rung\\_Dysarthrie\\_Dysarthrophonie\\_2012\\_verl%C3%A4ngert.pdf](http://www.awmf.org/uploads/tx_szleitlinien/030-103I_S1_Neurogene_Sprechst%C3%B6rung_Stimmst%C3%B6rung_Dysarthrie_Dysarthrophonie_2012_verl%C3%A4ngert.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](http://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](http://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](http://www.awmf.org/uploads/tx_szleitlinien/027-043I_S1_Schilddruesenkarzinome_2011-abgelaufen.pdf)

Irons JY, Petocz P, Kenny DT, Chang AB. Singing as an adjunct therapy for children and adults with cystic fibrosis. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD008036. DOI: 10.1002/14651858.CD008036.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008036.pub4/full>

Publiziert 09\_2016 Studien bis 2016

There is insufficient evidence to determine the effects of singing on quality of life or on the respiratory parameters in people with cystic fibrosis. However, there is growing interest in non-medical treatments for cystic fibrosis and researchers may wish to investigate the impact of this inexpensive therapy on respiratory function and psychosocial well-being further in the future.

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/026-024.html>

## Logopädie-relevante Cochrane Reviews (CR)

Kloukos D, Fudalej P, Sequeira-Byron P, Katsaros C. Maxillary distraction osteogenesis versus orthognathic surgery for cleft lip and palate patients. *Cochrane Database of Systematic Reviews* 2016, Issue 9. Art. No.: CD010403. DOI: 10.1002/14651858.CD010403.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010403.pub2/full>

Publiziert 09\_2016      Studien bis 2016

This review found only one small randomised controlled trial concerning the effectiveness of distraction osteogenesis compared to conventional orthognathic surgery. The available evidence is of very low quality, which indicates that further research is likely to change the estimate of the effect. Based on measured outcomes, distraction osteogenesis may produce more satisfactory results; however, further prospective research comprising assessment of a larger sample size with participants with different facial characteristics is required to confirm possible true differences between interventions.

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/007-038\\_S2k\\_Einseitige\\_Lippen-Kiefer-Gaumen-Spalten\\_2010\\_abgelaufen.pdf](http://www.awmf.org/uploads/tx_szleitlinien/007-038_S2k_Einseitige_Lippen-Kiefer-Gaumen-Spalten_2010_abgelaufen.pdf)

Carvalho FR, Lentini-Oliveira DA, Prado LBF, Prado GF, Carvalho LBC. Oral appliances and functional orthopaedic appliances for obstructive sleep apnoea in children. *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD005520. DOI: 10.1002/14651858.CD005520.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005520.pub3/full>

Publiziert 10\_2016      Studien bis 2016

There is insufficient evidence to support or refute the effectiveness of oral appliances and functional orthopaedic appliances for the treatment of obstructive sleep apnoea in children. Oral appliances or functional orthopaedic appliances may be considered in specified cases as an auxiliary in the treatment of children who have craniofacial anomalies which are risk factors for apnoea.

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

CR IN

CR OUT