

# Cochrane Reviews für den Fachbereich Pflege

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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## Pflegerelevante Cochrane Reviews (CR)

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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

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

Lindsley K, Nichols JJ, Dickersin K. Non-surgical interventions for acute internal hordeolum. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD007742. DOI: 10.1002/14651858.CD007742.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007742.pub4/full>

Publiziert 01\_2017 Studien bis 2016

We did not find any evidence for or against the effectiveness of non-surgical interventions for the treatment of an internal hordeolum. Controlled clinical trials would be useful to determine which interventions are effective for the treatment of acute internal hordeola.

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

CR IN

CR OUT

## Pflegerelevante Cochrane Reviews (CR)

Dieterich M, Irving CB, Bergman H, Khokhar MA, Park B, Marshall M. Intensive case management for severe mental illness. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD007906. DOI: 10.1002/14651858.CD007906.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007906.pub3/full>

Publiziert 01\_2017 Studien bis 2016

Based on very low- to moderate-quality evidence, ICM is effective in ameliorating many outcomes relevant to people with severe mental illness. Compared to standard care, ICM may reduce hospitalisation and increase retention in care. It also globally improved social functioning, although ICM's effect on mental state and quality of life remains unclear. Intensive Case Management is at least valuable to people with severe mental illnesses in the subgroup of those with a high level of hospitalisation (about four days per month in past two years). Intensive Case Management models with high fidelity to the original team organisation of ACT model were more effective at reducing time in hospital.

However, it is unclear what overall gain ICM provides on top of a less formal non-ICM approach.

We do not think that more trials comparing current ICM with standard care or non-ICM are justified, however we currently know of no review comparing non-ICM with standard care, and this should be undertaken.

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

CR IN  
CR OUT

O'Mahony M, Comber H, Fitzgerald T, Corrigan MA, Fitzgerald E, Grunfeld EA, Flynn MG, Hegarty J. Interventions for raising breast cancer awareness in women. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD011396. DOI: 10.1002/14651858.CD011396.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011396.pub2/full>

Publiziert 02\_2017 Studien bis 2016

Based on the results of two RCTs, a brief intervention has the potential to increase women's breast cancer awareness. However, findings of this review should be interpreted with caution, as GRADE assessment identified moderate-quality evidence in only one of the two studies reviewed. In addition, the included trials were heterogeneous in terms of the interventions, population studied and outcomes measured. Therefore, current evidence cannot be generalised to the wider context. Further studies including larger samples, validated outcome measures and longitudinal approaches are warranted.

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

CR IN  
CR OUT

Johnston C, Campbell-Yeo M, Disher T, Benoit B, Fernandes A, Streiner D, Inglis D, Zee R. Skin-to-skin care for procedural pain in neonates. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD008435. DOI: 10.1002/14651858.CD008435.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008435.pub3/full>

Publiziert 02\_2017 Studien bis 2016

SSC appears to be effective as measured by composite pain indicators with both physiological and behavioural indicators and, independently, using heart rate and crying time; and safe for a single painful procedure. Purely behavioural indicators tended to favour SSC but with facial actions there is greater possibility of observers not being blinded. Physiological indicators were mixed although the common measure of heart rate favoured SSC. Two studies compared mother-providers to others, with non-significant results. There was more heterogeneity in the studies with behavioural or composite outcomes. There is a need for replication studies that use similar, clearly defined outcomes. Studies examining optimal duration of SSC, gestational age groups, repeated use, and long-term effects of SSC are needed. Of interest would be to study synergistic effects of SSC with other interventions.

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

CR IN  
CR OUT

## Pflegerelevante Cochrane Reviews (CR)

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Al-aqeel S, Gershuni O, Al-sabhan J, Hiligsmann M. Strategies for improving adherence to antiepileptic drug treatment in people with epilepsy. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD008312. DOI: 10.1002/14651858.CD008312.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008312.pub3/full>

Publiziert 02\_2017      Studien bis 2016

Behavioural interventions such as intensive reminders and the use of mixed interventions demonstrate some positive results; however, we need more reliable evidence on their efficacy, derived from carefully-designed randomised controlled trials before we can draw a firm conclusion. Since the last version of this review, none of the new relevant studies have provided additional information that would lead to significant changes in our conclusions. This current update includes 12 studies, of which six came from the latest searches.

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

CR IN

CR OUT

Smith SM, Cousins G, Clyne B, Allwright S, O'Dowd T. Shared care across the interface between primary and specialty care in management of long term conditions. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD004910. DOI: 10.1002/14651858.CD004910.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004910.pub3/full>

Publiziert 02\_2017      Studien bis 2015

This review suggests that shared care improves depression outcomes and probably has mixed or limited effects on other outcomes. Methodological shortcomings, particularly inadequate length of follow-up, may account in part for these limited effects. Review findings support the growing evidence base for shared care in the management of depression, particularly stepped care models of shared care. Shared care interventions for other conditions should be developed within research settings, with account taken of the complexity of such interventions and awareness of the need to carry out longer studies to test effectiveness and sustainability over time.

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

CR IN

CR OUT

da Silva Lopes K, Takemoto Y, Ota E, Tanigaki S, Mori R. Bed rest with and without hospitalisation in multiple pregnancy for improving perinatal outcomes. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD012031. DOI: 10.1002/14651858.CD012031.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012031.pub2/full>

Publiziert 03\_2017      Studien bis 2016

The evidence to date is insufficient to inform a policy of routine bed rest in hospital or at home for women with a multiple pregnancy. There is a need for large-scale, multicenter randomised controlled trials to evaluate the benefits, adverse effects and costs of bed rest before definitive conclusions can be drawn.

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

CR IN

CR OUT

## Pflegerelevante Cochrane Reviews (CR)

Shepherd AJ, Mackay WG, Hagen S. Washout policies in long-term indwelling urinary catheterisation in adults. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD004012. DOI: 10.1002/14651858.CD004012.pub5.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004012.pub5/full>

Publiziert 03\_2017      Studien bis 2016

Data from seven trials that compared different washout policies were limited, and generally, of poor methodological quality or were poorly reported. The evidence was not adequate to conclude if washouts were beneficial or harmful. Further rigorous, high quality trials that are adequately powered to detect benefits from washout being performed as opposed to no washout are needed. Trials comparing different washout solutions, washout volumes, and frequencies or timings are also needed.

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

CR IN  
CR OUT

Normansell R, Kew KM, Mathioudakis AG. Interventions to improve inhaler technique for people with asthma. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD012286. DOI: 10.1002/14651858.CD012286.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012286.pub2/full>

Publiziert 03\_2017      Studien bis 2016

Although interventions to improve inhaler technique may work in some circumstances, the variety of interventions and measurement methods used hampered our ability to perform meta-analyses and led to low to moderate confidence in our findings. Most included studies did not report important improvement in clinical outcomes. Guidelines consistently recommend that clinicians check regularly the inhaler technique of their patients; what is not clear is how clinicians can most effectively intervene if they find a patient's technique to be inadequate, and whether such interventions will have a discernible impact on clinical outcomes.

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

CR IN  
CR OUT

Young C, Hall AM, Gonçalves-Bradley DC, Quinn TJ, Hooft L, van Munster BC, Stott DJ. Home or foster home care versus institutional long-term care for functionally dependent older people. *Cochrane Database of Systematic Reviews* 2017, Issue 4. Art. No.: CD009844. DOI: 10.1002/14651858.CD009844.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009844.pub2/full>

Publiziert 04\_2017      Studien bis 2015

There are insufficient high-quality published data to support any particular model of care for functionally dependent older people. Community-based care was not consistently beneficial across all the included studies; there were some data suggesting that community-based care may be associated with improved quality of life and physical function compared to institutional care. However, community alternatives to institutional care may be associated with increased risk of hospitalisation. Future studies should assess healthcare utilisation, perform economic analysis, and consider caregiver burden.

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

CR IN  
CR OUT

## Pflegerelevante Cochrane Reviews (CR)

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Stacey D, Légaré F, Lewis K, Barry MJ, Bennett CL, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Thomson R, Trevena L. Decision aids for people facing health treatment or screening decisions. *Cochrane Database of Systematic Reviews* 2017, Issue 4. Art. No.: CD001431. DOI: 10.1002/14651858.CD001431.pub5.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001431.pub5/full>

Publiziert 04\_2017      Studien bis 2015

Compared to usual care across a wide variety of decision contexts, people exposed to decision aids feel more knowledgeable, better informed, and clearer about their values, and they probably have a more active role in decision making and more accurate risk perceptions. There is growing evidence that decision aids may improve values-congruent choices. There are no adverse effects on health outcomes or satisfaction. New for this updated is evidence indicating improved knowledge and accurate risk perceptions when decision aids are used either within or in preparation for the consultation. Further research is needed on the effects on adherence with the chosen option, cost-effectiveness, and use with lower literacy populations.

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

CR IN

CR OUT

Gatheral TL, Rushton A, Evans DJW, Mulvaney CA, Halcovitch NR, Whiteley G, Eccles FJR, Spencer S. Personalised asthma action plans for adults with asthma. *Cochrane Database of Systematic Reviews* 2017, Issue 4. Art. No.: CD011859. DOI: 10.1002/14651858.CD011859.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011859.pub2/full>

Publiziert 04\_2017      Studien bis 2016

Analysis of available studies was limited by variable reporting of primary and secondary outcomes; therefore, it is difficult to draw firm conclusions related to the effectiveness of PAAPs in the management of adult asthma. We found no evidence from randomised controlled trials of additional benefit or harm associated with use of PAAP versus no PAAP, or PAAP plus education versus education alone, but we considered the quality of the evidence to be low or very low, meaning that we cannot be confident in the magnitude or direction of reported treatment effects. In the context of this caveat, we found no observable effect on the primary outcomes of hospital attendance with an asthma exacerbation, asthma symptom scores or adverse events. We recommend further research with a particular focus on key patient-relevant outcomes, including exacerbation frequency and quality of life, in a broad spectrum of adults, including those over 60 years of age.

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-002.html>

## Pflegerelevante Cochrane Reviews (CR)

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Feinberg J, Nielsen EE, Korang SK, Halberg Engell K, Nielsen MS, Zhang K, Didriksen M, Lund L, Lindahl N, Hallum S, Liang N, Xiong W, Yang X, Brunsgaard P, Garioud A, Safi S, Lindschou J, Kondrup J, Gluud C, Jakobsen JC. Nutrition support in hospitalised adults at nutritional risk. *Cochrane Database of Systematic Reviews* 2017, Issue 5. Art. No.: CD011598. DOI: 10.1002/14651858.CD011598.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011598.pub2/full>

Publiziert 05\_2017 Studien bis 2016

There is low-quality evidence for the effects of nutrition support on mortality and serious adverse events. Based on the results of our review, it does not appear to lead to a risk ratio reduction of approximately 10% or more in either all-cause mortality or serious adverse events at short-term and long-term follow-up.

There is very low-quality evidence for an increase in weight with nutrition support at the end of treatment in hospitalised adults determined to be at nutritional risk. The effects of nutrition support on all remaining outcomes are unclear.

Despite the clinically heterogenous population and the high risk of bias of all included trials, our analyses showed limited signs of statistical heterogeneity. Further trials may be warranted, assessing enteral nutrition (tube-feeding) for different patient groups. Future trials ought to be conducted with low risks of systematic errors and low risks of random errors, and they also ought to assess health-related quality of life.

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

CR IN  
CR OUT

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/ll/nvl-007.html>

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>

## Pflegerelevante Cochrane Reviews (CR)

Haun MW, Estel S, Rücker G, Friederich HC, Villalobos M, Thomas M, Hartmann M. Early palliative care for adults with advanced cancer. *Cochrane Database of Systematic Reviews* 2017, Issue 6. Art. No.: CD011129. DOI: 10.1002/14651858.CD011129.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011129.pub2/full>

Publiziert 06\_2017      Studien bis 2016

This systematic review of a small number of trials indicates that early palliative care interventions may have more beneficial effects on quality of life and symptom intensity among patients with advanced cancer than among those given usual/standard cancer care alone. Although we found only small effect sizes, these may be clinically relevant at an advanced disease stage with limited prognosis, at which time further decline in quality of life is very common. At this point, effects on mortality and depression are uncertain. We have to interpret current results with caution owing to very low to low certainty of current evidence and between-study differences regarding participant populations, interventions, and methods. Additional research now under way will present a clearer picture of the effect and specific indication of early palliative care. Upcoming results from several ongoing studies (N = 20) and studies awaiting assessment (N = 10) may increase the certainty of study results and may lead to improved decision making. In perspective, early palliative care is a newly emerging field, and well-conducted studies are needed to explicitly describe the components of early palliative care and control treatments, after blinding of participants and outcome assessors, and to report on possible adverse events.

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/128-001OL.html>

Papageorgiou A, Loke YK, Fromage M. Communication skills training for mental health professionals working with people with severe mental illness. *Cochrane Database of Systematic Reviews* 2017, Issue 6. Art. No.: CD010006. DOI: 10.1002/14651858.CD010006.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010006.pub2/full>

Publiziert 06\_2017      Studien bis 2016

The evidence available is from one pilot cluster-randomised controlled trial, it is not adequate enough to draw any robust conclusions. There were relatively few good quality data and the trial is too small to highlight differences in most outcome measures. Adding a CST programme appears to have a modest positive effect on patients' experiences of the therapeutic relationship. More high-quality research is needed in this area.

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

CR IN

CR OUT

## Pflegerelevante Cochrane Reviews (CR)

Kendrick T, El-Gohary M, Stuart B, Gilbody S, Churchill R, Aiken L, Bhattacharya A, Gimson A, Brütt AL, de Jong K, Moore M. Routine use of patient reported outcome measures (PROMs) for improving treatment of common mental health disorders in adults. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD011119. DOI: 10.1002/14651858.CD011119.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011119.pub2/full>

Publiziert 07\_2016 Studien bis 2015

We found insufficient evidence to support the use of routine outcome monitoring using PROMs in the treatment of CMHDs, in terms of improving patient outcomes or in improving management. The findings are subject to considerable uncertainty however, due to the high risk of bias in the large majority of trials meeting the inclusion criteria, which means further research is very likely to have an important impact on the estimate of effect and is likely to change the estimate. More research of better quality is therefore required, particularly in primary care where most CMHDs are treated.

Future research should address issues of blinding of assessors and attrition, and measure a range of relevant symptom outcomes, as well as possible harmful effects of monitoring, health-related quality of life, social functioning, and costs. Studies should include people treated with drugs as well as psychological therapies, and should follow them up for longer than six months.

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

CR IN  
CR OUT

Dentice R, Elkins M. Timing of dornase alfa inhalation for cystic fibrosis. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD007923. DOI: 10.1002/14651858.CD007923.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007923.pub4/full>

Publiziert 07\_2016 Studien bis 2016

The current evidence derived from a small number of participants does not indicate that inhalation of dornase alfa after airway clearance techniques is more or less effective than the traditional recommendation to inhale nebulised dornase alfa 30 minutes prior to airway clearance techniques, for most outcomes. For children with well-preserved lung function, inhalation before airway clearance may be more beneficial for small airway function than inhalation after. However, this result relied on a measure with high variability and studies with variable follow up. In the absence of strong evidence to indicate that one timing regimen is better than another, the timing of dornase alpha inhalation can be largely based on pragmatic reasons or individual preference with respect to the time of airway clearance and time of day. Further research is warranted.

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](http://www.awmf.org/uploads/tx_szleitlinien/026-022l_S3_Lungenerkrankung_bei_Mukoviszidose_Modul_1_2013-06_01.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](http://www.awmf.org/uploads/tx_szleitlinien/012-006l_S1_Endoprothese_bei_Koxarthrose_abgelaufen.pdf)

## Pflegerelevante Cochrane Reviews (CR)

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Ng RT, Lee WS, Ang HL, Teo KM, Yik YI, Lai NM. Transcutaneous electrical stimulation (TES) for treatment of constipation in children. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD010873. DOI: 10.1002/14651858.CD010873.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010873.pub2/full>

Publiziert 07\_2016      Studien bis 2015

The very low quality evidence gathered in this review does not suggest that TES provides a benefit for children with chronic constipation. Further randomized controlled trials assessing TES for the management of childhood constipation should be conducted. Future trials should include clear documentation of methodologies, especially measures to evaluate the effectiveness of blinding, and incorporate patient-important outcomes such as the number of patients with improved CSBM, improved clinical symptoms and quality of life.

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

CR IN  
CR OUT

Heneghan CJ, Garcia-Alamino JM, Spencer EA, Ward AM, Perera R, Bankhead C, Alonso-Coello P, Fitzmaurice D, Mahtani KR, Onakpoya IJ. Self-monitoring and self-management of oral anticoagulation. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD003839. DOI: 10.1002/14651858.CD003839.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003839.pub3/full>

Publiziert 07\_2016      Studien bis 2015

Participants who self-monitor or self-manage can improve the quality of their oral anticoagulation therapy. Thromboembolic events were reduced, for both those self-monitoring or self-managing oral anticoagulation therapy. A reduction in all-cause mortality was observed in trials of self-management but not in self-monitoring, with no effects on major haemorrhage.

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

CR IN  
CR OUT

Mckoy NA, Wilson LM, Saldanha IJ, Odelola OA, Robinson KA. Active cycle of breathing technique for cystic fibrosis. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD007862. DOI: 10.1002/14651858.CD007862.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007862.pub4/full>

Publiziert 07\_2016      Studien bis 2016

There is insufficient evidence to support or reject the use of the active cycle of breathing technique over any other airway clearance therapy. Five studies, with data from eight different comparators, found that the active cycle of breathing technique was comparable with other therapies in outcomes such as participant preference, quality of life, exercise tolerance, lung function, sputum weight, oxygen saturation, and number of pulmonary exacerbations. Longer-term studies are needed to more adequately assess the effects of the active cycle of breathing technique on outcomes important for people with cystic fibrosis such as quality of life and preference.

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](http://www.awmf.org/uploads/tx_szleitlinien/026-022l_S3_Lungenerkrankung_bei_Mukoviszidose_Modul_1_2013-06_01.pdf)

## Pflegerelevante Cochrane Reviews (CR)

Oyo-Ita A, Wiysonge CS, Oranganje C, Nwachukwu CE, Oduwole O, Meremikwu MM. Interventions for improving coverage of childhood immunisation in low- and middle-income countries. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD008145. DOI: 10.1002/14651858.CD008145.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008145.pub3/full>

Publiziert 07\_2016 Studien bis 2016

Providing parents and other community members with information on immunisation, health education at facilities in combination with redesigned immunisation reminder cards, regular immunisation outreach with and without household incentives, home visits, and integration of immunisation with other services may improve childhood immunisation coverage in LMIC. Most of the evidence was of low certainty, which implies a high likelihood that the true effect of the interventions will be substantially different. There is thus a need for further well-conducted RCTs to assess the effects of interventions for improving childhood immunisation coverage in LMICs.

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

CR IN  
CR OUT

Janum S, Afshari A. Central venous catheter (CVC) removal for patients of all ages with candidaemia. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD011195. DOI: 10.1002/14651858.CD011195.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011195.pub2/full>

Publiziert 07\_2016 Studien bis 2015

Despite indications from observational studies in favour of early catheter removal, we found no eligible RCTs or quasi-RCTs to support these practices and therefore could draw no firm conclusions. At this stage, RCTs have provided no evidence to support the benefit of early or late catheter removal for survival or other important outcomes among patients with candidaemia; no evidence with regards to assessment of harm or benefit with prompt central venous catheter removal and subsequent re-insertion of new catheters to continue treatment; and no evidence on optimal timing of insertion of a new central venous catheter.

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

CR IN  
CR OUT

Stevens B, Yamada J, Ohlsson A, Haliburton S, Shorkey A. Sucrose for analgesia in newborn infants undergoing painful procedures. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD001069. DOI: 10.1002/14651858.CD001069.pub5.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001069.pub5/full>

Publiziert 07\_2016 Studien bis 2016

Sucrose is effective for reducing procedural pain from single events such as heel lance, venipuncture and intramuscular injection in both preterm and term infants. No serious side effects or harms have been documented with this intervention. We could not identify an optimal dose due to inconsistency in effective sucrose dosage among studies. Further investigation of repeated administration of sucrose in neonates is needed. There is some moderate-quality evidence that sucrose in combination with other non-pharmacological interventions such as non-nutritive sucking is more effective than sucrose alone, but more research of this and sucrose in combination with pharmacological interventions is needed. Sucrose use in extremely preterm, unstable, ventilated (or a combination of these) neonates needs to be addressed. Additional research is needed to determine the minimally effective dose of sucrose during a single painful procedure and the effect of repeated sucrose administration on immediate (pain intensity) and long-term (neurodevelopmental) outcomes.

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

CR IN  
CR OUT

## Pflegerelevante Cochrane Reviews (CR)

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Lim CED, Ng RWC, Cheng NCL, Cigolini M, Kwok C, Brennan F. Advance care planning for haemodialysis patients. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD010737. DOI: 10.1002/14651858.CD010737.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010737.pub2/full>

Publiziert 07\_2016      Studien bis 2016

We found sparse data that were assessed at suboptimal quality and therefore we were unable to formulate conclusions about whether advance care planning can influence numbers of hospital admissions and treatment required by people with ESKD, or if patients' advance care directives were followed at end-of-life. Further well designed and adequately powered RCTs are needed to better inform patient and clinical decision-making about advance care planning and advance directives among people with ESKD who are undergoing dialysis.

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

CR IN  
CR OUT

Cooper FPM, Alexander CE, Sinha S, Omar MI. Policies for replacing long-term indwelling urinary catheters in adults. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD011115. DOI: 10.1002/14651858.CD011115.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011115.pub2/full>

Publiziert 07\_2016      Studien bis 2016

There is currently insufficient evidence to assess the value of different policies for replacing long-term urinary catheters on patient outcomes. In particular, there are a number of policies for which there are currently no trial data; and a number of important outcomes which have not been assessed, including patient satisfaction, quality of life, urinary tract trauma, and economic outcomes. There is an immediate need for rigorous, adequately powered randomised controlled trials which assess important clinical outcomes and abide by the principles and recommendations of the CONSORT statement.

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

CR IN  
CR OUT

O'Connell NE, Wand BM, Gibson W, Carr DB, Birklein F, Stanton TR. Local anaesthetic sympathetic blockade for complex regional pain syndrome. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD004598. DOI: 10.1002/14651858.CD004598.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004598.pub4/full>

Publiziert 07\_2016      Studien bis 2015

This update's results are similar to the previous versions of this systematic review, and the main conclusions are unchanged. There remains a scarcity of published evidence and a lack of high quality evidence to support or refute the use of local anaesthetic sympathetic blockade for CRPS. From the existing evidence, it is not possible to draw firm conclusions regarding the efficacy or safety of this intervention, but the limited data available do not suggest that LASB is effective for reducing pain in CRPS.

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/030-116l\\_S1\\_Schmerzsyndrome\\_CRPS\\_2012-09.pdf](http://www.awmf.org/uploads/tx_szleitlinien/030-116l_S1_Schmerzsyndrome_CRPS_2012-09.pdf)

## Pflegerelevante Cochrane Reviews (CR)

Lai NM, Lai NA, O'Riordan E, Chaikunapruk N, Taylor JE, Tan K. Skin antiseptics for reducing central venous catheter-related infections. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD010140. DOI: 10.1002/14651858.CD010140.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010140.pub2/full>

Publiziert 07\_2016 Studien bis 2016

It is not clear whether cleaning the skin around CVC insertion sites with antiseptic reduces catheter related blood stream infection compared with no skin cleansing. Skin cleansing with chlorhexidine solution may reduce rates of CRBSI and catheter colonisation compared with cleaning with povidone iodine. These results are based on very low quality evidence, which means the true effects may be very different. Moreover these results may be influenced by the nature of the antiseptic solution (i.e. aqueous or alcohol-based). Further RCTs are needed to assess the effectiveness and safety of different skin antiseptics regimens in CVC care; these should measure and report critical clinical outcomes such as sepsis, catheter-related BSI and mortality.

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

CR IN  
CR OUT

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/030-010I\\_S3\\_Parkinson\\_Syndrome\\_Idiopathisch\\_2016-06.pdf](http://www.awmf.org/uploads/tx_szleitlinien/030-010I_S3_Parkinson_Syndrome_Idiopathisch_2016-06.pdf)

Conde-Agudelo A, Díaz-Rossello JL. Kangaroo mother care to reduce morbidity and mortality in low birthweight infants. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD002771. DOI: 10.1002/14651858.CD002771.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002771.pub4/full>

Publiziert 08\_2016 Studien bis 2016

Evidence from this updated review supports the use of KMC in LBW infants as an alternative to conventional neonatal care, mainly in resource-limited settings. Further information is required concerning the effectiveness and safety of early-onset continuous KMC in unstabilized or relatively stabilized LBW infants, as well as long-term neurodevelopmental outcomes and costs of care.

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

CR IN  
CR OUT

## Pflegerelevante Cochrane Reviews (CR)

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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

Bradt J, Dileo C, Magill L, Teague A. Music interventions for improving psychological and physical outcomes in cancer patients. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD006911. DOI: 10.1002/14651858.CD006911.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006911.pub3/full>

Publiziert 08\_2016      Studien bis 2016

This systematic review indicates that music interventions may have beneficial effects on anxiety, pain, fatigue and QoL in people with cancer. Furthermore, music may have a small effect on heart rate, respiratory rate and blood pressure. Most trials were at high risk of bias and, therefore, these results need to be interpreted with caution.

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/128-001OLI\\_S3\\_Palliativmedizin\\_2015-07.pdf](http://www.awmf.org/uploads/tx_szleitlinien/128-001OLI_S3_Palliativmedizin_2015-07.pdf)

## Pflegerelevante Cochrane Reviews (CR)

**Abdel-Aleem H, El-Gibaly OMH, EL-Gazzar AFES, Al-Attar GST. Mobile clinics for women's and children's health. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD009677. DOI: 10.1002/14651858.CD009677.pub2.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009677.pub2/full>

Publiziert 08\_2016      Studien bis 2015

The paucity of evidence and the restricted range of contexts from which evidence is available make it difficult to draw conclusions on the impacts of mobile clinics on women's and children's health compared to static clinics. Further rigorous studies are needed in low-, middle-, and high-income countries to evaluate the impacts of mobile clinics on women's and children's health.

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

CR IN

CR OUT

**Bravo Zuñiga JI, Loza Munárriz C, López-Alcalde J. Isolation as a strategy for controlling the transmission of hepatitis C virus (HCV) infection in haemodialysis units. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD006420. DOI: 10.1002/14651858.CD006420.pub2.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006420.pub2/full>

Publiziert 08\_2016      Studien bis 2015

The benefits and harms of isolation of HCV-infected patients during haemodialysis on the transmission of HCV to other patients are uncertain. Evidence from one short-duration cluster-randomised study with a high risk of bias did not find differences in terms of the number of participants developing HCV infection when comparing the use of dedicated haemodialysis machines for HCV infected patients with the use of non-dedicated machines.

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/021-012l\\_S3\\_Hepatitis-C-Virus\\_HCV-Infektion\\_abgelaufen-mit-a\\_2015-02.pdf](http://www.awmf.org/uploads/tx_szleitlinien/021-012l_S3_Hepatitis-C-Virus_HCV-Infektion_abgelaufen-mit-a_2015-02.pdf)

**Morag I, Ohlsson A. Cycled light in the intensive care unit for preterm and low birth weight infants. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD006982. DOI: 10.1002/14651858.CD006982.pub4.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006982.pub4/full>

Publiziert 08\_2016      Studien bis 2016

Trials assessing the effects of CL have enrolled 544 infants. No study reported on our primary outcome of weight at three or six months. Results from one additional study strengthen our findings that CL versus CBL shortens length of stay, as does CL versus ND. The quality of the evidence on both comparisons for this outcome according to GRADE was low. Future research should focus on comparing CL versus ND.

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/024-019l\\_S2k\\_Fr%C3%BChgeburt\\_Grenze\\_Lebensf%C3%A4higkeit\\_2014-09.pdf](http://www.awmf.org/uploads/tx_szleitlinien/024-019l_S2k_Fr%C3%BChgeburt_Grenze_Lebensf%C3%A4higkeit_2014-09.pdf)

## Pflegerelevante Cochrane Reviews (CR)

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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](http://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](http://www.awmf.org/uploads/tx_szleitlinien/030-122I_S1_Multiprofessionelle_neurologische_Rehabilitation_2012_1.pdf)

Smith SR, Newton K, Smith JA, Dumville JC, Ihezor-Ejiofor Z, Pearce LE, Barrow PJ, Hancock L, Hill J. Internal dressings for healing perianal abscess cavities. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD011193. DOI: 10.1002/14651858.CD011193.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011193.pub2/full>

Publiziert 08\_2016 Studien bis 2016

It is unclear whether using internal dressings (packing) for the healing of perianal abscess cavities influences time to healing, wound pain, development of fistulae, abscess recurrence or other outcomes. Despite this absence of evidence, the practice of packing abscess cavities is commonplace. Given the lack of high quality evidence, decisions to pack may be based on local practices or patient preferences. Further clinical research is needed to assess the effects and patient experience of packing.

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/088-005I\\_S3\\_Analabszess\\_2016-09.pdf](http://www.awmf.org/uploads/tx_szleitlinien/088-005I_S3_Analabszess_2016-09.pdf) [www.awmf.org/uploads/tx\\_szleitlinien/088-003I\\_S3\\_Kryptoglandul%C3%A4re\\_Analfisteln\\_2016-09.pdf](http://www.awmf.org/uploads/tx_szleitlinien/088-003I_S3_Kryptoglandul%C3%A4re_Analfisteln_2016-09.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\\_100QLI\\_S3\\_Mundhoehlenkarzinom\\_122012-verlaengert.pdf](http://www.awmf.org/uploads/tx_szleitlinien/007_100QLI_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\\_Schildruesenkarzinome\\_2011-abgelaufen.pdf](http://www.awmf.org/uploads/tx_szleitlinien/027-043I_S1_Schildruesenkarzinome_2011-abgelaufen.pdf)

## Pflegerelevante Cochrane Reviews (CR)

**Barker F, Mackenzie E, Elliott L, Jones S, de Lusignan S. Interventions to improve hearing aid use in adult auditory rehabilitation. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD010342. DOI: 10.1002/14651858.CD010342.pub3.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010342.pub3/full>

Publiziert 08\_2016      Studien bis 2016

There is some low to very low quality evidence to support the use of self-management support and complex interventions combining self-management support and delivery system design in adult auditory rehabilitation. However, effect sizes are small. The range of interventions that have been tested is relatively limited. Future research should prioritise: long-term outcome assessment; development of a core outcome set for adult auditory rehabilitation; and study designs and outcome measures that are powered to detect incremental effects of rehabilitative healthcare system changes.

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

CR IN  
CR OUT

**Kew KM, Cates CJ. Home telemonitoring and remote feedback between clinic visits for asthma. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD011714. DOI: 10.1002/14651858.CD011714.pub2.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011714.pub2/full>

Publiziert 08\_2016      Studien bis 2016

Current evidence does not support the widespread implementation of telemonitoring with healthcare provider feedback between asthma clinic visits. Studies have not yet proven that additional telemonitoring strategies lead to better symptom control or reduced need for oral steroids over usual asthma care, nor have they ruled out unintended harms. Investigators noted small benefits for quality of life, but these are subject to risk of bias, as the studies were unblinded. Similarly, some benefits for lung function are uncertain owing to possible attrition bias.

Larger pragmatic studies in children and adults could better determine the real-world benefits of these interventions for preventing exacerbations and avoiding harms; it is difficult to generalise results from this review because benefits may be explained at least in part by the increased attention participants receive by taking part in clinical trials. Qualitative studies could inform future research by focusing on patient and provider preferences, or by identifying subgroups of patients who are more likely to attain benefit from closer monitoring, such as those who have frequent asthma attacks.

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-002l\\_S3\\_Asthma\\_2013-abgelaufen.pdf](http://www.awmf.org/uploads/tx_szleitlinien/nvl-002l_S3_Asthma_2013-abgelaufen.pdf)

**Shepperd S, Iliffe S, Doll HA, Clarke MJ, Kalra L, Wilson AD, Gonçalves-Bradley DC. Admission avoidance hospital at home. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD007491. DOI: 10.1002/14651858.CD007491.pub2.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007491.pub2/full>

Publiziert 09\_2016      Studien bis 2016

Admission avoidance hospital at home, with the option of transfer to hospital, may provide an effective alternative to inpatient care for a select group of elderly patients requiring hospital admission. However, the evidence is limited by the small randomised controlled trials included in the review, which adds a degree of imprecision to the results for the main outcomes.

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

CR IN  
CR OUT

## Pflegerelevante Cochrane Reviews (CR)

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Albrecht M, Kupfer R, Reissmann DR, Mühlhauser I, Köpke S. Oral health educational interventions for nursing home staff and residents. *Cochrane Database of Systematic Reviews* 2016, Issue 9. Art. No.: CD010535. DOI: 10.1002/14651858.CD010535.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010535.pub2/full>

Publiziert 09\_2016      Studien bis 2016

We found insufficient evidence to draw robust conclusions about the effects of oral health educational interventions for nursing home staff and residents. We did not find evidence of meaningful effects of educational interventions on any measure of residents' oral health; however, the quality of the available evidence is low. More adequately powered and high-quality studies using relevant outcome measures are needed.

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

CR IN

CR OUT

Korang SK, Feinberg J, Wetterslev J, Jakobsen JC. Non-invasive positive pressure ventilation for acute asthma in children. *Cochrane Database of Systematic Reviews* 2016, Issue 9. Art. No.: CD012067. DOI: 10.1002/14651858.CD012067.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012067.pub2/full>

Publiziert 09\_2016      Studien bis 2016

Current evidence does not permit confirmation or rejection of the effects of NPPV for acute asthma in children. Large RCTs with low risk of bias are warranted.

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/020-009.html>

Moore ZEH, van Etten MT, Dumville JC. Bed rest for pressure ulcer healing in wheelchair users. *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD011999. DOI: 10.1002/14651858.CD011999.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011999.pub2/full>

Publiziert 10\_2016      Studien bis 2016

We set out to evaluate the research evidence, from randomised controlled trials, of the impact of bed rest on pressure ulcer healing in wheelchair users. No study met the inclusion criteria. It is uncertain whether bed rest makes a difference to the healing of pressure ulcers in wheelchair users. Well-designed trials addressing important clinical, quality of life and economic outcomes are required.

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

CR IN

CR OUT

## Pflegerelevante Cochrane Reviews (CR)

Pereira Gomes Morais E, Riera R, Porfírio GJM, Macedo CR, Sarmiento Vasconcelos V, de Souza Pedrosa A, Torloni MR. Chewing gum for enhancing early recovery of bowel function after caesarean section. *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD011562. DOI: 10.1002/14651858.CD011562.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011562.pub2/full>

Publiziert 10\_2016      Studien bis 2016

This review found 17 randomised controlled trials (involving 3149 women). We downgraded the quality of the evidence for time to first passage of flatus and of faeces and for adverse effects/intolerance to gum chewing because of the high risk of bias of the studies (due to lack of blinding and self-report). For time to first flatus and faeces, we downgraded the quality of the evidence further because of the high heterogeneity in these meta-analyses and the potential for publication bias based on the visual inspection of the funnel plots. The quality of the evidence for adverse effects/tolerance to gum chewing and for ileus was downgraded because of the small number of events. The quality of the evidence for ileus was further downgraded due to the unclear risk of bias for the assessors evaluating this outcome.

The available evidence suggests that gum chewing in the immediate postoperative period after a CS is a well tolerated intervention that enhances early recovery of bowel function. However the overall quality of the evidence is very low to low.

Further research is necessary to establish the optimal regimen of gum-chewing (initiation, number and duration of sessions per day) to enhance bowel function recovery and to assess potential adverse effects of and women's satisfaction with this intervention. New studies also need to assess the compliance of the participants to the recommended gum-chewing instructions. Future large, well designed and conducted studies, with better methodological and reporting quality, will help to inform future updates of this review and enhance the body of evidence for this intervention.

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

CR IN  
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

## Pflegerelevante Cochrane Reviews (CR)

Asnani MR, Quimby KR, Bennett NR, Francis DK. Interventions for patients and caregivers to improve knowledge of sickle cell disease and recognition of its related complications. *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD011175. DOI:

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011175.pub2/full>

Publiziert 10\_2016 Studien bis 2016

This review identifies important positive effects of educational interventions on improving patient knowledge of sickle cell disease and depression. Effects on patients' knowledge were maintained for longer than for caregivers. The effect on knowledge was significant but small and whether it offers any clinical benefit is uncertain. Significant factors limiting these effects could be trials being under powered as well as attrition rates. Effects were not statistically significant in assessments of secondary outcomes, possibly due to the paucity of the number of trials and patients and caregivers. Trials showed moderate to high heterogeneity which might impact the results. To better study effects on outcomes, further controlled trials are needed with rigorous attention given to improve recruitment and retention and to decrease bias. Predetermined protocols using similar measurements should be used across multiple sites.

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/025-016l\\_S2k\\_Sichelzellerkrankheit\\_2014-12.pdf](http://www.awmf.org/uploads/tx_szleitlinien/025-016l_S2k_Sichelzellerkrankheit_2014-12.pdf)

Jordan J, Rose L, Dainty KN, Noyes J, Blackwood B. Factors that impact on the use of mechanical ventilation weaning protocols in critically ill adults and children: a qualitative evidence-synthesis. *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD011812. DOI: 10.1002/14651858.CD011812.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011812.pub2/full>

Publiziert 10\_2016 Studien bis 2016

There is a clear need for weaning protocols to take account of the social and cultural environment in which they are to be implemented. Irrespective of its inherent strengths, a protocol will not be used if it does not accommodate these complexities. In terms of protocol development, comprehensive interprofessional input will help to ensure broad-based understanding and a sense of 'ownership'. In terms of implementation, all relevant ICU staff will benefit from general weaning as well as protocol-specific training; not only will this help secure a relevant clinical knowledge base and operational understanding, but will also demonstrate to others that this knowledge and understanding is in place. In order to maximize relevance and acceptability, protocols should be designed with the patient profile and requirements of the target ICU in mind. Predictably, an under-resourced ICU will impact adversely on protocol implementation, as staff will prioritize management of acutely deteriorating and critically-ill patients.

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

CR IN

CR OUT

Hua F, Xie H, Worthington HV, Furness S, Zhang Q, Li C. Oral hygiene care for critically ill patients to prevent ventilator-associated pneumonia. *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD008367. DOI: 10.1002/14651858.CD008367.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008367.pub3/full>

Publiziert 10\_2016 Studien bis 2016

OHC including chlorhexidine mouthwash or gel reduces the risk of developing ventilator-associated pneumonia in critically ill patients from 25% to about 19%. However, there is no evidence of a difference in the outcomes of mortality, duration of mechanical ventilation or duration of ICU stay. There is no evidence that OHC including both antiseptics and toothbrushing is different from OHC with antiseptics alone, and some weak evidence to suggest that povidone iodine mouthrinse is more effective than saline/placebo, and saline rinse is more effective than saline swab in reducing VAP. There is insufficient evidence to determine whether powered toothbrushing or other oral care solutions are effective in reducing VAP. There is also insufficient evidence to determine whether any of the interventions evaluated in the studies are associated with adverse effects.

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/020-020l\\_S3\\_ambulant\\_erworbene\\_Pneumonie\\_Behandlung\\_Praevention\\_2016-02-2.pdf](http://www.awmf.org/uploads/tx_szleitlinien/020-020l_S3_ambulant_erworbene_Pneumonie_Behandlung_Praevention_2016-02-2.pdf)

## Pflegerelevante Cochrane Reviews (CR)

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Coyne I, O'Mathúna DP, Gibson F, Shields L, Leclercq E, Sheaf G. Interventions for promoting participation in shared decision-making for children with cancer. *Cochrane Database of Systematic Reviews* 2016, Issue 11. Art. No.: CD008970. DOI: 10.1002/14651858.CD008970.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008970.pub3/full>

Publiziert 11\_2016      Studien bis 2016

No conclusions can be made on the effects of interventions to promote SDM for children with cancer aged four to 18 years. This review has highlighted the dearth of high-quality quantitative research on interventions to promote participation in SDM for children with cancer. There are many potential reasons for the lack of SDM intervention studies with children. Attitudes towards children's participation are slowly changing in society and such changes may take time to be translated or adopted in healthcare settings. The priority may be on developing interventions that promote children's participation in communication interactions since information-sharing is a prerequisite for SDM. Restricting this review to RCTs was a limitation and extending the review to non-randomised studies (NRS) may have produced more evidence. For this update, we included only RCTs and CCTs. Clearly more research is needed.

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

CR IN  
CR OUT

Rivas-Fernandez M, Roqué i Figuls M, Diez-Izquierdo A, Escribano J, Balaguer A. Infant position in neonates receiving mechanical ventilation. *Cochrane Database of Systematic Reviews* 2016, Issue 11. Art. No.: CD003668. DOI: 10.1002/14651858.CD003668.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003668.pub4/full>

Publiziert 11\_2016      Studien bis 2016

This update of our last review in 2013 supports previous conclusions. Evidence of low to moderate quality favours the prone position for slightly improved oxygenation in neonates undergoing mechanical ventilation. However, we found no evidence to suggest that particular body positions during mechanical ventilation of the neonate are effective in producing sustained and clinically relevant improvement.

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

CR IN  
CR OUT

Beeckman D, Van Damme N, Schoonhoven L, Van Lancker A, Kottner J, Beele H, Gray M, Woodward S, Fader M, Van den Bussche K, Van Hecke A, De Meyer D, Verhaeghe S. Interventions for preventing and treating incontinence-associated dermatitis in adults. *Cochrane Database of Systematic Reviews* 2016, Issue 11. Art. No.: CD011627. DOI: 10.1002/14651858.CD011627.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011627.pub2/full>

Publiziert 11\_2016      Studien bis 2015

Little evidence, of very low to moderate quality, exists on the effects of interventions for preventing and treating IAD in adults. Soap and water performed poorly in the prevention and treatment of IAD. Application of leave-on products (moisturisers, skin protectants, or a combination) and avoiding soap seems to be more effective than withholding these products. The performance of leave-on products depends on the combination of ingredients, the overall formulation and the usage (e.g. amount applied). High quality confirmatory trials using standardised, and comparable prevention and treatment regimens in different settings/regions are required. Furthermore, to increase the comparability of trial results, we recommend the development of a core outcome set, including validated measurement tools. The evidence in this review is current up to 28 September 2016.

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/084-001l\\_S2e\\_Harninkontinenz\\_geriatrische\\_Patienten\\_2016-05\\_1.pdf](http://www.awmf.org/uploads/tx_szleitlinien/084-001l_S2e_Harninkontinenz_geriatrische_Patienten_2016-05_1.pdf)

## Pflegerelevante Cochrane Reviews (CR)

**Weeks G, George J, Maclure K, Stewart D. Non-medical prescribing versus medical prescribing for acute and chronic disease management in primary and secondary care. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD011227. DOI: 10.1002/14651858.CD011227.pub2.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011227.pub2/full>

Publiziert 11\_2016 Studien bis 2016

The findings suggest that non-medical prescribers, practising with varying but high levels of prescribing autonomy, in a range of settings, were as effective as usual care medical prescribers. Non-medical prescribers can deliver comparable outcomes for systolic blood pressure, glycated haemoglobin, low-density lipoprotein, medication adherence, patient satisfaction, and health-related quality of life. It was difficult to determine the impact of non-medical prescribing compared to medical prescribing for adverse events and resource use outcomes due to the inconsistency and variability in reporting across studies. Future efforts should be directed towards more rigorous studies that can clearly identify the clinical, patient-reported, resource use, and economic outcomes of non-medical prescribing, in both high-income and low-income countries.

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

CR IN  
CR OUT

**Ekström M, Ahmadi Z, Bornefalk-Hermansson A, Abernethy A, Currow D. Oxygen for breathlessness in patients with chronic obstructive pulmonary disease who do not qualify for home oxygen therapy. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD006429. DOI: 10.1002/14651858.CD006429.pub3.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006429.pub3/full>

Publiziert 11\_2016 Studien bis 2016

We are moderately confident that oxygen can relieve breathlessness when given during exercise to mildly hypoxaemic and non-hypoxaemic people with chronic obstructive pulmonary disease who would not otherwise qualify for home oxygen therapy. Most evidence pertains to acute effects during exercise tests, and no evidence indicates that oxygen decreases breathlessness in the daily life setting. Findings show that oxygen does not affect health-related quality of life.

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

CR IN  
CR OUT

**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](http://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](http://www.awmf.org/uploads/tx_szleitlinien/025-003l_S1_Nachsorge_von_krebskranken_Kindern_Jugendlichen_06-2013.pdf)

## Pflegerelevante Cochrane Reviews (CR)

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Elkins M, Dentice R. Timing of hypertonic saline inhalation for cystic fibrosis. *Cochrane Database of Systematic Reviews* 2016, Issue 12. Art. No.: CD008816. DOI: 10.1002/14651858.CD008816.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008816.pub3/full>

Publiziert 12\_2016 Studien bis 2016

People with cystic fibrosis could be encouraged to inhale hypertonic saline before or during airway clearance techniques to maximise perceived efficacy and satisfaction, even though these timing regimens may not have any better effect on lung function than inhalation after airway clearance techniques. Given the long-term efficacy of hypertonic saline has only been established for twice-daily inhalations, clinicians should advise patients to inhale hypertonic saline twice daily. However, if only one dose per day is tolerated, the time of day at which it is inhaled could be based on convenience or tolerability until evidence comparing these regimens is available.

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/026-022l\\_S3\\_Lungenerkrankung\\_bei\\_Mukoviszidose\\_Modul\\_1\\_2013-06\\_01.pdf](http://www.awmf.org/uploads/tx_szleitlinien/026-022l_S3_Lungenerkrankung_bei_Mukoviszidose_Modul_1_2013-06_01.pdf)

Baldwin C, Kimber KL, Gibbs M, Weekes CE. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults. *Cochrane Database of Systematic Reviews* 2016, Issue 12. Art. No.: CD009840. DOI: 10.1002/14651858.CD009840.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009840.pub2/full>

Publiziert 12\_2016 Studien bis 2016

There is evidence of moderate to very low quality to suggest that supportive interventions to improve nutritional care results in minimal weight gain. Most of the evidence for the lower risk of all-cause mortality for supportive interventions comes from hospital-based trials and more research is needed to confirm this effect. There is very low-quality evidence regarding adverse effects; therefore whilst some of these interventions are advocated at a national level clinicians should recognise the lack of clear evidence to support their role. This review highlights the importance of assessing patient-important outcomes in future research.

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

CR IN

CR OUT

Cabello JB, Burls A, Emparanza JI, Bayliss SE, Quinn T. Oxygen therapy for acute myocardial infarction. *Cochrane Database of Systematic Reviews* 2016, Issue 12. Art. No.: CD007160. DOI: 10.1002/14651858.CD007160.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007160.pub4/full>

Publiziert 12\_2016 Studien bis 2016

There is no evidence from randomised controlled trials to support the routine use of inhaled oxygen in people with AMI, and we cannot rule out a harmful effect. Given the uncertainty surrounding the effect of oxygen therapy on all-cause mortality and on other outcomes critical for clinical decision, well-conducted, high quality randomised controlled trials are urgently required to inform guidelines in order to give definitive recommendations about the routine use of oxygen in AMI.

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

CR IN

CR OUT

## Pflegerelevante Cochrane Reviews (CR)

Howcroft M, Walters EH, Wood-Baker R, Walters JAE. Action plans with brief patient education for exacerbations in chronic obstructive pulmonary disease. *Cochrane Database of Systematic Reviews* 2016, Issue 12. Art. No.: CD005074. DOI: 10.1002/14651858.CD005074.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005074.pub4/full>

Publiziert 12\_2016      Studien bis 2015

Use of COPD exacerbation action plans with a single short educational component along with ongoing support directed at use of the action plan, but without a comprehensive self-management programme, reduces in-hospital healthcare utilisation and increases treatment of COPD exacerbations with corticosteroids and antibiotics. Use of COPD action plans in this context is unlikely to increase or decrease mortality. Whether additional benefit is derived from periodic ongoing support directed at use of an action plan cannot be determined from the results of this review.

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

CR IN

CR OUT

Murphy E, Froggatt K, Connolly S, O'Shea E, Sampson EL, Casey D, Devane D. Palliative care interventions in advanced dementia. *Cochrane Database of Systematic Reviews* 2016, Issue 12. Art. No.: CD011513. DOI: 10.1002/14651858.CD011513.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011513.pub2/full>

Publiziert 12\_2016      Studien bis 2016

Very little high quality work has been completed exploring palliative care interventions in advanced dementia. There were only two included studies in this review, with variation in the interventions and in the settings that made it impossible to conduct a meta-analysis of data for any outcome. Thus, we conclude that there is insufficient evidence to assess the effect of palliative care interventions in advanced dementia. The fact that there are six ongoing studies at the time of this review indicates an increased interest in this area by researchers, which is welcome and needed.

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

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