

Cochrane Reviews für den Fachbereich Physiotherapie

Ressourcen zur Evidenzbasierung
in den Gesundheitsfachberufen

Januar bis März 2018



Nutzerspezifische
Cochrane Reviews



Die Cochrane Deutschland Stiftung 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 die Cochrane Deutschland Stiftung, in wie weit die jeweiligen Cochrane Reviews für AWMF-Leitlinien relevant sind und ob sie dort zitiert werden.

Die Berichte können eine aktuelle und berufsspezifische Basis für Übersetzungsaktivitäten und andere Nutzungen von Cochrane Reviews in Forschung und Praxis werden. Für die Erarbeitung von Leitlinien können diese Übersichten ebenfalls hilfreich sein.

Autoren:

Katharina Kunzweiler & Sebastian Voigt-Radloff

Kontakt:

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

Physiotherapie-relevante Cochrane Reviews

Gibbons C, Pagnini F, Friede T, Young CA. Treatment of fatigue in amyotrophic lateral sclerosis/motor neuron disease. Cochrane Database of Systematic Reviews 2018, Issue 1. Art. No.: CD011005. DOI: 10.1002/14651858.CD011005.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011005.pub2/full>

Publiziert 01/2018 Studien bis 2017

It is impossible to draw firm conclusions about the effectiveness of interventions to improve fatigue for people with ALS/MND as there are few randomised studies, and the quality of available evidence is very low.

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/030-001I_Amyotrophe_Lateralsklerose_ALS_2015-06.pdf

Lahart IM, Metsios GS, Nevill AM, Carmichael AR. Physical activity for women with breast cancer after adjuvant therapy. Cochrane Database of Systematic Reviews 2018, Issue 1. Art. No.: CD011292. DOI: 10.1002/14651858.CD011292.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011292.pub2/full>

Publiziert 01/2018 Studien bis 2015

No conclusions regarding breast cancer-related and all-cause mortality or breast cancer recurrence were possible. However, physical activity interventions may have small-to-moderate beneficial effects on HRQoL, and on emotional or perceived physical and social function, anxiety, cardiorespiratory fitness, and self-reported and objectively measured physical activity. The positive results reported in the current review must be interpreted cautiously owing to very low-to-moderate quality of evidence, heterogeneity of interventions and outcome measures, imprecision of some estimates, and risk of bias in many trials. Future studies with low risk of bias are required to determine the optimal combination of physical activity modes, frequencies, intensities, and durations needed to improve specific outcomes among women who have undergone adjuvant therapy.

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/032-045OLI_S3_Mammakarzinom_2017-12.pdf

Franco JVA, Turk T, Jung JH, Xiao YT, Iakhno S, Garrote V, Vietto V. Non-pharmacological interventions for treating chronic prostatitis/chronic pelvic pain syndrome. Cochrane Database of Systematic Reviews 2018, Issue 1. Art. No.: CD012551. DOI: 10.1002/14651858.CD012551.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012551.pub2/full>

Publiziert 01/2018 Studien bis 2017

Some of the interventions can decrease prostatitis symptoms in an appreciable number without a greater incidence of adverse events. The QoE was mostly low. Future clinical trials should include a full report of their methods including adequate masking, consistent assessment of all patient-important outcomes including potential treatment-related adverse events and appropriate sample sizes.

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

CR IN

CR OUT

Physiotherapie-relevante Cochrane Reviews

Eamer G, Taheri A, Chen SS, Daviduck Q, Chambers T, Shi X, Khadaroo RG. Comprehensive geriatric assessment for older people admitted to a surgical service. *Cochrane Database of Systematic Reviews* 2018, Issue 1. Art. No.: CD012485. DOI: 10.1002/14651858.CD012485.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012485.pub2/full>

Publiziert 01/2018 Studien bis 2017

There is evidence that CGA can improve outcomes in people with hip fracture. There are not enough studies to determine when CGA is most effective in relation to surgical intervention or if CGA is effective in surgical patients presenting with conditions other than hip fracture.

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

CR IN

CR OUT

Martin A, Booth JN, Laird Y, Sproule J, Reilly JJ, Saunders DH. Physical activity, diet and other behavioural interventions for improving cognition and school achievement in children and adolescents with obesity or overweight. *Cochrane Database of Systematic Reviews* 2018, Issue 1. Art. No.: CD009728. DOI: 10.1002/14651858.CD009728.pub3.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD009728.pub4/abstract>

Publiziert 01/2018 Studien bis 2017

Despite the large number of childhood and adolescent obesity treatment trials, we were only able to partially assess the impact of obesity treatment interventions on school achievement and cognitive abilities. School and community-based physical activity interventions as part of an obesity prevention or treatment programme can benefit executive functions of children with obesity or overweight specifically. Similarly, school-based dietary interventions may benefit general school achievement in children with obesity. These findings might assist health and education practitioners to make decisions related to promoting physical activity and healthy eating in schools. Future obesity treatment and prevention studies in clinical, school and community settings should consider assessing academic and cognitive as well as physical outcomes.

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

CR IN

CR OUT <http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD009728.pub4/abstract>

Kelly C, Grundy S, Lynes D, Evans DJW, Gudur S, Milan SJ, Spencer S. Self-management for bronchiectasis. *Cochrane Database of Systematic Reviews* 2018, Issue 2. Art. No.: CD012528. DOI: 10.1002/14651858.CD012528.pub2.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD012528.pub2/full>

Publiziert 02/2018 Studien bis 2017

There is insufficient evidence to determine whether self-management interventions benefit people with bronchiectasis. In the absence of high-quality evidence it is advisable that practitioners adhere to current international guidelines that advocate self-management for people with bronchiectasis.

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

CR IN

CR OUT http://www.awmf.org/uploads/tx_szleitlinien/020-006I_S2k_COPD_chronisch-obstruktive-Lungenerkrankung_2018-01.pdf

Physiotherapie-relevante Cochrane Reviews

Long L, Anderson L, Dewhurst AM, He J, Bridges C, Gandhi M, Taylor RS. Exercise-based cardiac rehabilitation for adults with stable angina. *Cochrane Database of Systematic Reviews* 2018, Issue 2. Art. No.: CD012786. DOI: 10.1002/14651858.CD012786.pub2.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD012786.pub2/full>

Publiziert 02/2018 Studien bis 2017

Due to the small number of trials and their small size, potential risk of bias and concerns about imprecision and lack of applicability, we are uncertain of the effects of exercise-based CR compared to control on mortality, morbidity, cardiovascular hospital admissions, adverse events, return to work and health-related quality of life in people with stable angina. Low-quality evidence indicates that exercise-based CR may result in a small increase in exercise capacity compared to usual care. High-quality, well-reported randomised trials are needed to assess the benefits and harms of exercise-based CR for adults with stable angina. Such trials need to collect patient-relevant outcomes, including clinical events and health-related quality of life. They should also assess cost-effectiveness, and recruit participants that are reflective of the real-world population of people with angina.

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

CR IN

CR OUT http://www.awmf.org/uploads/tx_szleitlinien/nvl-006l_S3_Chronische_Herzinsuffizienz_2018-04.pdf

Kitson S, Ryan N, MacKintosh ML, Edmondson R, Duffy JMN, Crosbie EJ. Interventions for weight reduction in obesity to improve survival in women with endometrial cancer. *Cochrane Database of Systematic Reviews* 2018, Issue 2. Art. No.: CD012513. DOI: 10.1002/14651858.CD012513.pub2.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD012513.pub2/full>

Publiziert 02/2018 Studien bis 2018

There is currently insufficient high-quality evidence to determine the effect of combined lifestyle and behavioural interventions on survival, quality of life, or significant weight loss in women with a history of endometrial cancer compared to those receiving usual care. The limited evidence suggests that there is little or no serious or life-threatening adverse effects due to these interventions, although musculoskeletal problems were increased, presumably due to increased activity levels. Our conclusion is based on low- and very low-quality evidence from a small number of trials and very few patients. We therefore have very little confidence in the evidence: the true effect of weight-loss interventions in obese women with endometrial cancer is currently not known.

Further methodologically-rigorous, adequately-powered RCTs are required with follow-up of 5 to 10 years duration. These should focus on the effects of varying dietary modification regimens, pharmacological treatments associated with weight loss and bariatric surgery on survival, quality of life, weight loss and 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/uploads/tx_szleitlinien/032-034OLI_S3_Endometriumkarzinom-Diagnostik-Therapie-Nachsorge_2018-04.pdf

Martin A, Booth JN, Laird Y, Sproule J, Reilly JJ, Saunders DH. Physical activity, diet and other behavioural interventions for improving cognition and school achievement in children and adolescents with obesity or overweight. *Cochrane Database of Systematic Reviews* 2018, Issue 3. Art. No.: CD009728. DOI: 10.1002/14651858.CD009728.pub4.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD009728.pub4/full>

Publiziert 03/2018 Studien bis 2017

Despite the large number of childhood and adolescent obesity treatment trials, we were only able to partially assess the impact of obesity treatment interventions on school achievement and cognitive abilities. School and community-based physical activity interventions as part of an obesity prevention or treatment programme can benefit executive functions of children with obesity or overweight specifically. Similarly, school-based dietary interventions may benefit general school achievement in children with obesity. These findings might assist health and education practitioners to make decisions related to promoting physical activity and healthy eating in schools. Future obesity treatment and prevention studies in clinical, school and community settings should consider assessing academic and cognitive as well as physical outcomes.

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

CR IN

CR OUT http://www.awmf.org/uploads/tx_szleitlinien/050-001l_S3_Adipositas_Pr%C3%A4vention_Therapie_2014-11.pdf
http://www.awmf.org/uploads/tx_szleitlinien/050-002k_S3_Therapie_Adipositas_Kindes- und_Jugendalter_abgelaufen.pdf

Physiotherapie-relevante Cochrane Reviews

O'Connell NE, Marston L, Spencer S, DeSouza LH, Wand BM. Non-invasive brain stimulation techniques for chronic pain. Cochrane Database of Systematic Reviews 2018, Issue 3. Art. No.: CD008208. DOI: 10.1002/14651858.CD008208.pub4.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD008208.pub4/full>

Publiziert 03/2018 Studien bis 2017

There is very low-quality evidence that single doses of high-frequency rTMS of the motor cortex and tDCS may have short-term effects on chronic pain and quality of life but multiple sources of bias exist that may have influenced the observed effects. We did not find evidence that low-frequency rTMS, rTMS applied to the dorsolateral prefrontal cortex and CES are effective for reducing pain intensity in chronic pain. The broad conclusions of this review have not changed substantially for this update. There remains a need for substantially larger, rigorously designed studies, particularly of longer courses of stimulation. Future evidence may substantially impact upon the presented results.

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

CR IN

CR OUT http://www.awmf.org/uploads/tx_szleitlinien/053-036I_S1_Chronischer_Schmerz_2013-10.pdf http://www.awmf.org/uploads/tx_szleitlinien/062-008I_S1_Einsatz_neuromodulierender_Verfahren_bei_prim%C3%A4ren_Kopfschmerzen_2011-abgelaufen.pdf

Freitas DA, Chaves GSS, Santino TA, Ribeiro CTD, Dias FAL, Guerra RO, Mendonça KMPP. Standard (head-down tilt) versus modified (without head-down tilt) postural drainage in infants and young children with cystic fibrosis. Cochrane Database of Systematic Reviews 2018, Issue 3. Art. No.: CD010297. DOI: 10.1002/14651858.CD010297.pub3.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD010297.pub3/full>

Publiziert 03/2018 Studien bis 2017

The limited evidence regarding the comparison between the two regimens of postural drainage is still weak due to the small number of included studies, the small number of participants assessed, the inability to perform any meta-analyses and some methodological issues with the studies. However, it may be inferred that the use of a postural regimen with a 30° head-up tilt is associated with a lower number of gastroesophageal reflux episodes and fewer respiratory complications in the long term. The 20° head-down postural drainage position was not found to be significantly different from the 20° head-up tilt modified position. Nevertheless, the fact that the majority of reflux episodes reached the upper oesophagus should make physiotherapists carefully consider their treatment strategy. We do not envisage that there will be any new trials undertaken that will affect the conclusions of this review; therefore, we do not plan to update this review.

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

CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/Anmeldung/1/II/026-024.html>

Doiron KA, Hoffmann TC, Beller EM. Early intervention (mobilization or active exercise) for critically ill adults in the intensive care unit. Cochrane Database of Systematic Reviews 2018, Issue 3. Art. No.: CD010754. DOI: 10.1002/14651858.CD010754.pub2.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD010754.pub2/full>

Publiziert 03/2018 Studien bis 2017

There is insufficient evidence on the effect of early mobilization of critically ill people in the ICU on physical function or performance, adverse events, muscle strength and health-related quality of life at this time. The four studies awaiting classification, and the three ongoing studies may alter the conclusions of the review once these results are available. We assessed that there is currently low-quality evidence for the effect of early mobilization of critically ill adults in the ICU due to small sample sizes, lack of blinding of participants and personnel, variation in the interventions and outcomes used to measure their effect and inadequate descriptions of the interventions delivered as usual care in the studies included in this Cochrane Review.

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

CR IN

CR OUT http://www.awmf.org/uploads/tx_szleitlinien/001-015I_S2e_Lagerungstherapie_Fr%C3%BChmobilisation_pulmonale_Funktionsst%C3%B6rungen_2015-05.pdf

Physiotherapie-relevante Cochrane Reviews

Fakhry F, Fokkenrood HJP, Spronk S, Teijink JAW, Rouwet EV, Hunink MGM. Endovascular revascularisation versus conservative management for intermittent claudication. Cochrane Database of Systematic Reviews 2018, Issue 3. Art. No.: CD010512. DOI: 10.1002/14651858.CD010512.pub2.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD010512.pub2/full>

Publiziert 03/2018

Studien bis 2017

In the management of patients with IC, endovascular revascularisation does not provide significant benefits compared with supervised exercise alone in terms of improvement in functional performance or QoL. Although the number of studies is small and clinical heterogeneity underlines the need for more homogenous and larger studies, evidence suggests that a synergetic effect may occur when endovascular revascularisation is combined with a conservative therapy of supervised exercise or pharmacotherapy with cilostazol: the combination therapy seems to result in greater improvements in functional performance and in QoL scores than are seen with conservative therapy alone.

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

CR IN

CR OUT http://www.awmf.org/uploads/tx_szleitlinien/065-003l_S3_PAVK_periphere_arterielle_Verschlusskrankheitfinal-2016-04.pdf