

Cochrane Reviews für den Fachbereich Ergotherapie

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

Ergotherapie-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

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

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/030-001l_Amyotrophe_Lateralsklerose_ALS_2015-06.pdf

Ergotherapie-relevante Cochrane Reviews

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>

Möhler R, Renom A, Renom H, Meyer G. Personally tailored activities for improving psychosocial outcomes for people with dementia in long-term care. *Cochrane Database of Systematic Reviews* 2018, Issue 2. Art. No.: CD009812. DOI: 10.1002/14651858.CD009812.pub2.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD009812.pub2/full>

Publiziert 02/2018 Studien bis 2017

Offering personally tailored activities to people with dementia in long-term care may slightly improve challenging behaviour. Evidence from one study suggested that it was probably associated with a slight reduction in the quality of life rated by proxies, but may have little or no effect on self-rated quality of life. We acknowledge concerns about the validity of proxy ratings of quality of life in severe dementia. Personally tailored activities may have little or no effect on negative affect and we are uncertain whether they improve positive affect or mood. There was no evidence that interventions were more likely to be effective if based on one specific theoretical model rather than another. Our findings leave us unable to make recommendations about specific activities or the frequency and duration of delivery. Further research should focus on methods for selecting appropriate and meaningful activities for people in different stages of dementia.

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/038-013l_S3-Demenzen-2016-07.pdf http://www.awmf.org/uploads/tx_szleitlinien/030-038l_S1_Vaskul%C3%A4re_Demenzen_2017-04.pdf

Long L, Anderson L, Dewhirst 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

Ergotherapie-relevante Cochrane Reviews

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/001-015l_S2e_Lagerungstherapie_Fr%C3%BChmobilisation_pulmonale_Funktionsst%C3%B6rungen_2015-05.pdf

Woods B, O'Philbin L, Farrell EM, Spector AE, Orrell M. Reminiscence therapy for dementia. *Cochrane Database of Systematic Reviews* 2018, Issue 3. Art. No.: CD001120. DOI: 10.1002/14651858.CD001120.pub3.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD001120.pub3/full#CD001120-sec1-0005>

Publiziert 03/2018 Studien bis 2017

The effects of reminiscence interventions are inconsistent, often small in size and can differ considerably across settings and modalities. RT has some positive effects on people with dementia in the domains of QoL, cognition, communication and mood. Care home studies show the widest range of benefits, including QoL, cognition and communication (at follow-up). Individual RT is associated with probable benefits for cognition and mood. Group RT and a community setting are associated with probable improvements in communication. The wide range of RT interventions across studies makes comparisons and evaluation of relative benefits difficult. Treatment protocols are not described in sufficient detail in many publications. There have been welcome improvements in the quality of research on RT since the previous version of this review, although there still remains a need for more randomised controlled trials following clear, detailed treatment protocols, especially allowing the effects of simple and integrative RT to be compared.

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

CR IN http://www.awmf.org/uploads/tx_szleitlinien/038-013l_S3-Demenzen-2016-07.pdf [http://www.awmf.org/uploads/tx_szleitlinien/038-](http://www.awmf.org/uploads/tx_szleitlinien/038-013l_S3-Demenzen-2016-07.pdf)

CR OUT http://www.awmf.org/uploads/tx_szleitlinien/030-038l_S1_Vaskul%C3%A4re_Demenzen_2017-04.pdf