

# Cochrane Reviews für den Fachbereich Ergotherapie

Ressourcen zur Evidenzbasierung  
in den Gesundheitsfachberufen

April bis Juni 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](http://www.cochrane.de)

Hageman D, Fokkenrood HJP, Gommans LNM, van den Houten MML, Teijink JAW. Supervised exercise therapy versus home-based exercise therapy versus walking advice for intermittent claudication. Cochrane Database of Systematic Reviews 2018, Issue 4. Art. No.: CD005263. DOI: 10.1002/14651858.CD005263.pub4.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD005263.pub4/full>

Publiziert 04/2018      Studien bis 2016

Evidence of moderate and high quality shows that SET provides an important benefit for treadmill-measured walking distance (MWD and PFWD) compared with HBET and WA, respectively. Although its clinical relevance has not been definitively demonstrated, this benefit translates to increased MWD of 120 and 210 meters after three months in SET groups. These increased walking distances are likely to have a positive impact on the lives of patients with IC. Data provide no clear evidence of a difference between HBET and WA. Trials show no clear differences in quality of life parameters nor in self-reported functional impairment between SET and HBET. However, evidence is of low and very low quality, respectively. Investigators detected some improvements in quality of life favoring SET over WA, but analyses were limited by small numbers of studies and participants. Future studies should focus on disease-specific quality of life and other functional outcomes, such as walking behavior and physical activity, as well as on long-term follow-up.

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

CR IN

CR OUT

Hurley M, Dickson K, Hallett R, Grant R, Hauari H, Walsh N, Stansfield C, Oliver S. Exercise interventions and patient beliefs for people with hip, knee or hip and knee osteoarthritis: a mixed methods review. Cochrane Database of Systematic Reviews 2018, Issue 4. Art. No.: CD010842. DOI: 10.1002/14651858.CD010842.pub2.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD010842.pub2/full>

Publiziert 04/2018      Studien bis 2016

Chronic hip and knee pain affects all domains of people's lives. People's beliefs about chronic pain shape their attitudes and behaviours about how to manage their pain. People are confused about the cause of their pain, and bewildered by its variability and randomness. Without adequate information and advice from healthcare professionals, people do not know what they should and should not do, and, as a consequence, avoid activity for fear of causing harm. Participation in exercise programmes may slightly improve physical function, depression and pain. It may slightly improve self-efficacy and social function, although there is probably little or no difference in anxiety. Providing reassurance and clear advice about the value of exercise in controlling symptoms, and opportunities to participate in exercise programmes that people regard as enjoyable and relevant, may encourage greater exercise participation, which brings a range of health benefits to a large population of people.

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

CR IN

CR OUT

Manheimer E, Cheng K, Wieland LS, Shen X, Lao L, Guo M, Berman BM. Acupuncture for hip osteoarthritis. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD013010. DOI: 10.1002/14651858.CD013010.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD013010/full>

Publiziert 05/2018 Studien bis 2018

Acupuncture probably has little or no effect in reducing pain or improving function relative to sham acupuncture in people with hip osteoarthritis. Due to the small sample size in the studies, the confidence intervals include both the possibility of moderate benefits and the possibility of no effect of acupuncture. One unblinded trial found that acupuncture as an addition to routine primary physician care was associated with benefits on pain and function. However, these reported benefits are likely due at least partially to RCT participants' greater expectations of benefit from acupuncture. Possible side effects associated with acupuncture treatment were minor.

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

CR IN

CR OUT

Hilton N, Solis-Moya A. Respiratory muscle training for cystic fibrosis. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD006112. DOI: 10.1002/14651858.CD006112.pub4.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD006112.pub4/full>

Publiziert 05/2018 Studien bis 2018

There is insufficient evidence to suggest whether this intervention is beneficial or not. Healthcare practitioners should consider the use of respiratory muscle training on a case-by-case basis. Further research of reputable methodological quality is needed to determine the effectiveness of respiratory muscle training in people with cystic fibrosis. Researchers should consider the following clinical outcomes in future studies; respiratory muscle function, pulmonary function, exercise capacity, hospital admissions, and health-related quality of life. Sensory-perceptual changes, such as respiratory effort sensation (e.g. rating of perceived breathlessness) and peripheral effort sensation (e.g. rating of perceived exertion) may also help to elucidate mechanisms underpinning the effectiveness of respiratory muscle training.

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

CR IN

CR OUT

Hill K, Cavalheri V, Mathur S, Roig M, Janaudis-Ferreira T, Robles P, Dolmage TE, Goldstein R. Neuromuscular electrostimulation for adults with chronic obstructive pulmonary disease. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD010821. DOI: 10.1002/14651858.CD010821.pub2.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD010821.pub2/full>

Publiziert 05/2018 Studien bis 2018

NMES, when applied in isolation, increased quadriceps force and endurance, 6MWD and time to symptom limitation exercising at a submaximal intensity, and reduced the severity of leg fatigue on completion of exercise testing. It may increase VO<sub>2</sub>peak, but the true effect on this outcome measure could be trivial. However, the quality of evidence was low or very low due to risk of bias within the studies, imprecision of the estimates, small number of studies and inconsistency between the studies. Although there were no additional gains in quadriceps force with NMES plus conventional exercise training, there was evidence of an increase in 6MWD. Further, in people who were the most debilitated, the addition of NMES may have accelerated the achievement of a functional milestone, that is, the first time someone sits out of bed.

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

CR IN

CR OUT

Shrestha N, Kukkonen-Harjula KT, Verbeek JH, Ijaz S, Hermans V, Pedisic Z. Workplace interventions for reducing sitting at work. Cochrane Database of Systematic Reviews 2018, Issue 6. Art. No.: CD010912. DOI: 10.1002/14651858.CD010912.pub4.

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD010912.pub4/full>

Publiziert 06/2018      Studien bis 2017

At present there is low-quality evidence that the use of sit-stand desks reduce workplace sitting at short-term and medium-term follow-ups. However, there is no evidence on their effects on sitting over longer follow-up periods. Effects of other types of interventions, including workplace policy changes, provision of information and counselling, and multi-component interventions, are mostly inconsistent. The quality of evidence is low to very low for most interventions, mainly because of limitations in study protocols and small sample sizes. There is a need for larger cluster-RCTs with longer-term follow-ups to determine the effectiveness of different types of interventions to reduce sitting time at work.

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

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