Cochrane Library
An introduction

Vanna Pistotti
Mario Negri Institute , Milan, Italy
and Cochrane Italy

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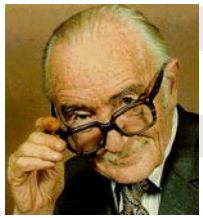

- Archie Cochrane - A British medical researcher
- Established in 1993
- Over 28,000 members
- Our vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesised research evidence
- Our mission is to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesised research evidence.

Cochrane Library

The Cochrane Library is a collection of six databases that contain different types of high-quality, independent evidence to inform healthcare decision-making

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Cochrane Database of Systematic Reviews

- Cochrane Database of Systematic Reviews (CDSR) is the leading resource for systematic reviews in health care
- Each Cochrane Review is a peer-reviewed systematic review
- Each Cochrane Review addresses a clearly formulated question
- Cochrane authors search for and assess the evidence so you don’t have to
- Over 9000 Cochrane reviews: 6793 reviews and 2492 protocols

Other databases

- **The Cochrane Central Register of Controlled Trials (CENTRAL)** is a highly concentrated source of reports of randomised and quasi-randomised controlled trials. The World's largest database of Randomized Controlled Trials. **936,869**

- **The Database of Abstracts of Reviews of Effects (DARE)** is the only database to contain abstracts of systematic reviews that have been quality-assessed. DARE is a key resource for busy decision-makers and can be used for answering questions about the effects of specific interventions, whether such questions arise from practice or when making policy. **36,795 (Archive – Up to March 2015)**

- **The Cochrane Methodology Register (CMR)** is a bibliography of publications that report on methods used in the conduct of controlled trials. CMR contains studies of methods used in reviews and more general methodological studies that could be relevant to anyone preparing systematic reviews. **15,764**

Other databases cont.

- **The Health Technology Assessment (HTA)** Database brings together details of completed and ongoing health technology assessments (studies of the medical, social, ethical, and economic implications of healthcare interventions) from around the world. The aim of the HTA Database is to improve the quality and cost-effectiveness of health care. **15,854**

- **NHS Economic Evaluation Database** As healthcare resources are finite, information about both costs and effects are essential to making evidence-based decisions about competing healthcare interventions. But information about cost-effectiveness can be difficult to identify, appraise and interpret. **17,433 (Archive – Up to March 2015)**

Live demonstration

- Homepage Overview
- Browsing
- How to register and login
- Searching the Cochrane Library
- Searching using MeSH terms
- Using Search Manager
- The Cochrane review

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Yoga for asthma

Cochrane Review in support of World Asthma Day

Read the review

When reviews change scope

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Migrant health

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Highlighted Reviews | Editorials | Special Collections

Yoga for asthma

Zu-Yao Yang, Hui-Bin Zhong, Chen Mao, Jin-Qiu Yuan, Ya-Fang Huang, Xin-Yin Wu, Yuan-Mei Gao, Jin-Ling Tang

27 April 2016

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Browse by Topic

Browse the *Cochrane Database of Systematic Reviews*...

A
- Allergy & intolerance

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- Blood disorders

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- Complementary & alternative medicine
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- Developmental, psychosocial & learning problems
- Diagnosis

E
- Ear, nose & throat
- Effective practice & health

G
- Gastroenterology & hepatology
- Genetic disorders
- Gynaecology

H
- Health & safety at work
- Heart & circulation

I
- Infectious disease

K
- Kidney disease

L
- Lungs & airways

M
- Mental health
- Methodology

N

P
- Pain & anaesthesia
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R
- Rheumatology

S
- Skin disorders

T
- Tobacco, drugs & alcohol

U
- Urology

W
- Wounds

Tobacco, drugs & alcohol

Narrow your results

Topic

Tobacco, drugs & alcohol

- Alcohol (36)
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Highlighted Cochrane Review

Legislative smoking bans for reducing harms from secondhand smoke exposure, smoking prevalence and tobacco consumption

Kate Frazer, Joanne E Callinan, Jack McHugh, Susan van Baarsel, Anna Clarke, Kirsten Doherty, Cecily Kelleher

180 items matching Tobacco, drugs & alcohol

Page: 1 2 3 4 5 6 7 8 Next

25 per page

Sort by: Date: Newest First

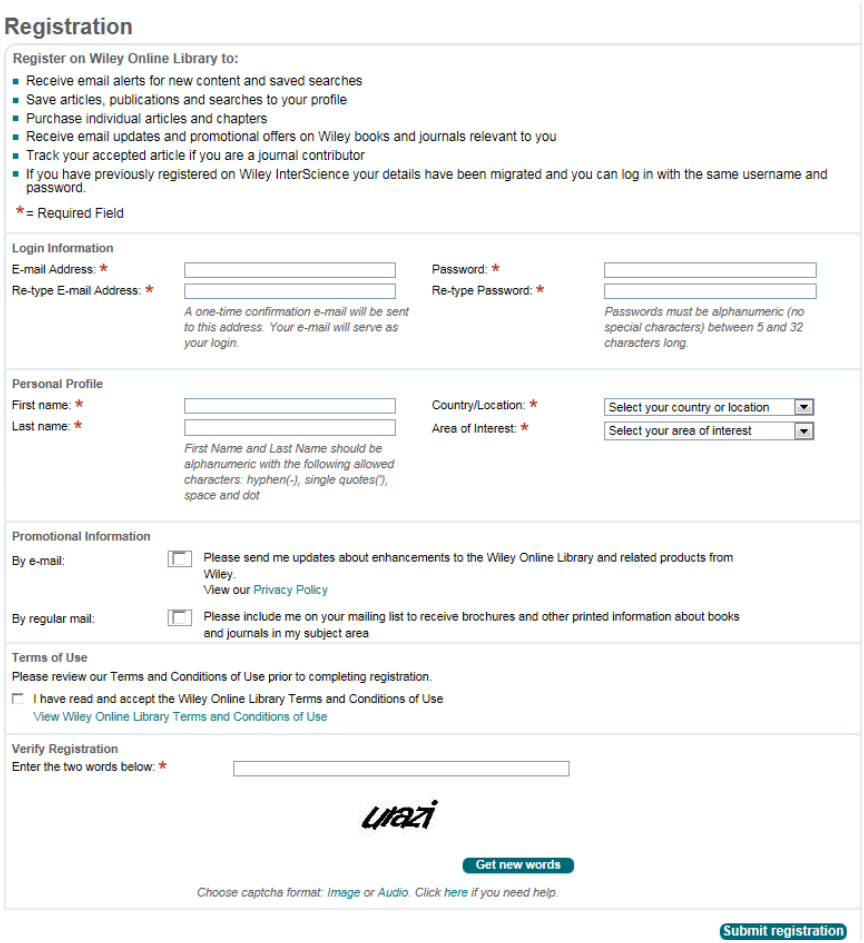
Alpha$_2$-adrenergic agonists for the management of opioid withdrawal

Linda Gowing, Michael Farrell, Robert Ali, Jason M White

Online Publication Date: May 2016

New search | Review | Intervention

How to register and log in



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* = Required Field

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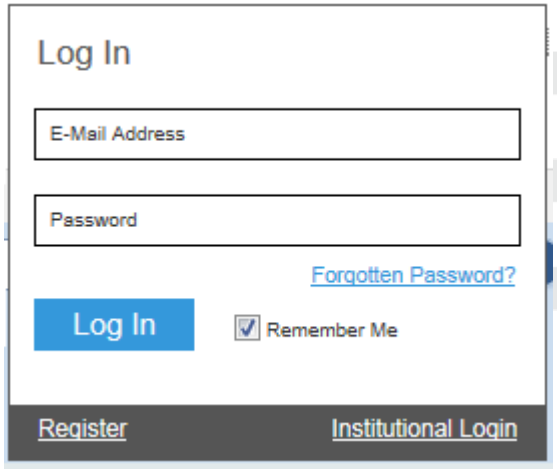
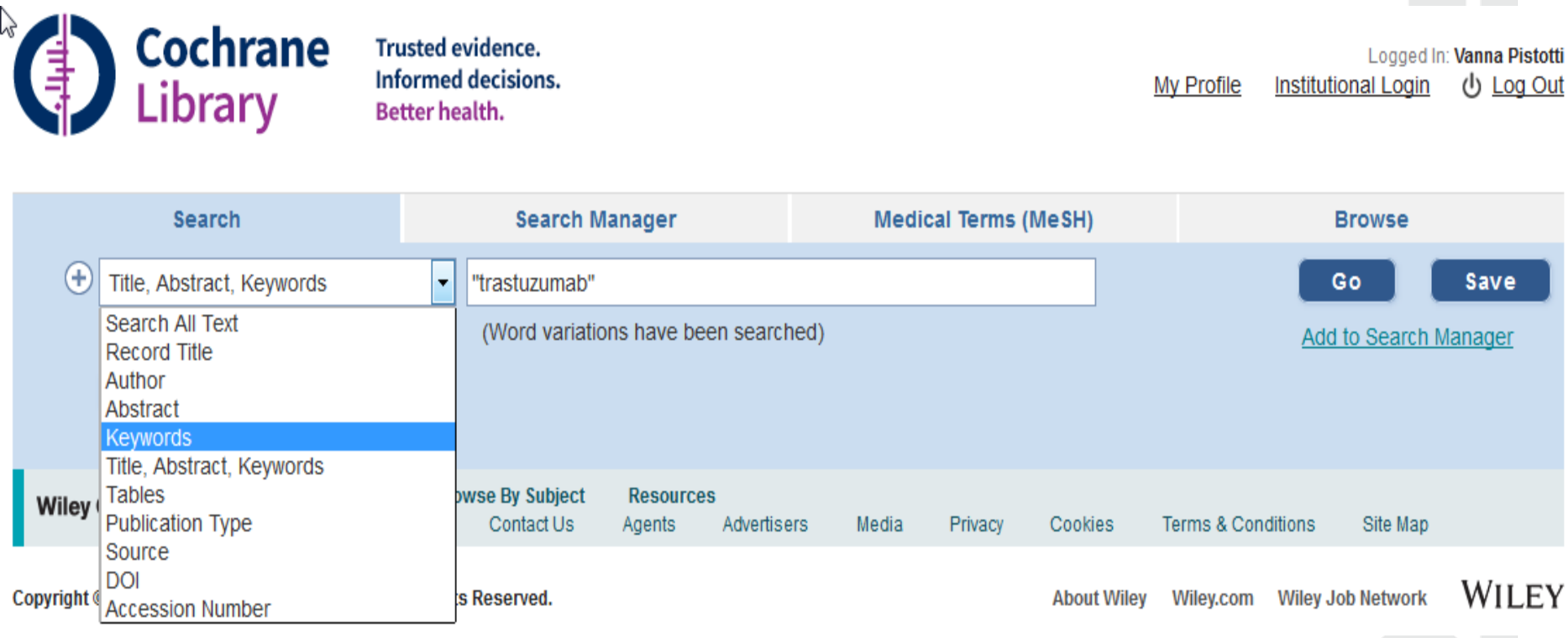


Search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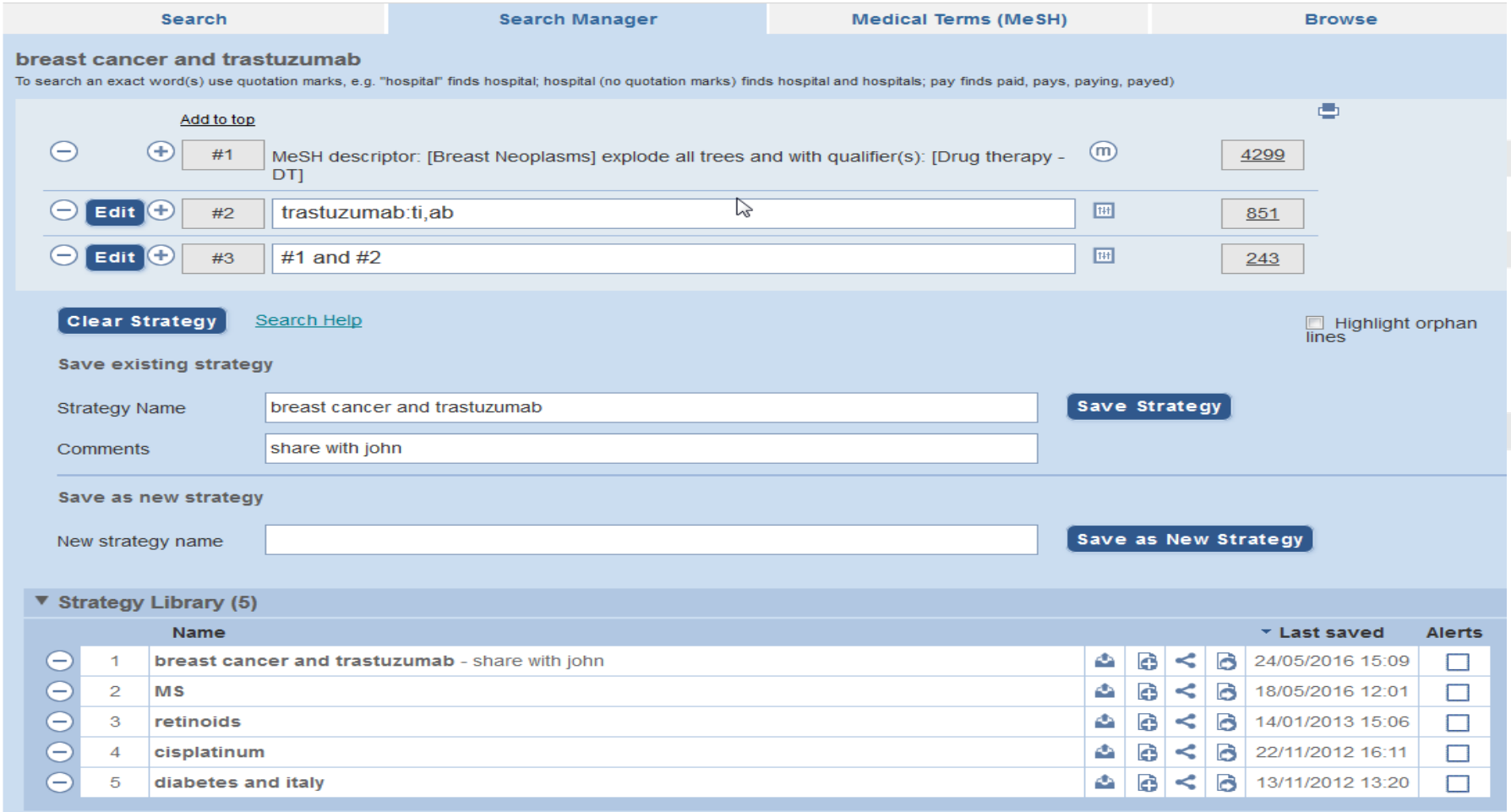

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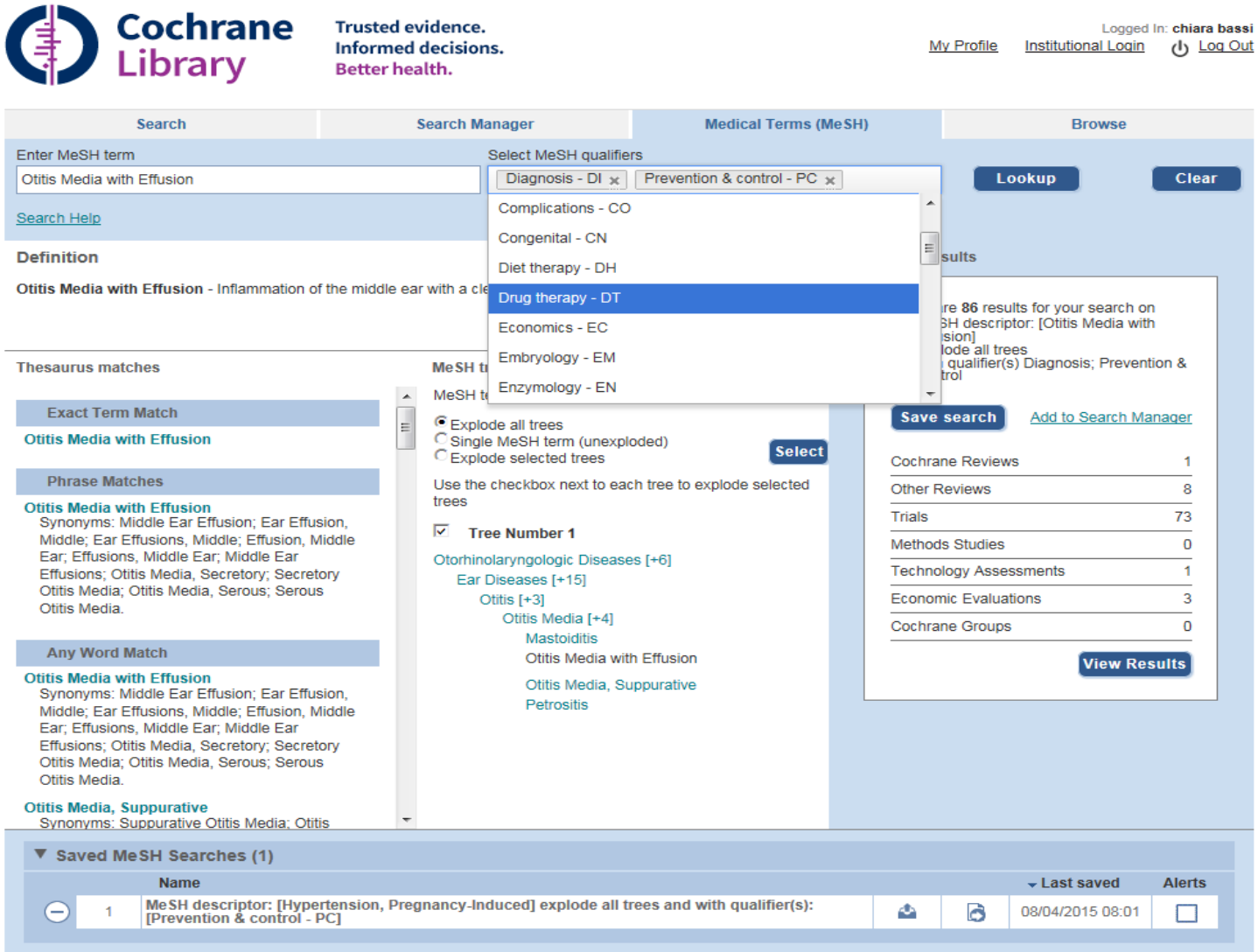

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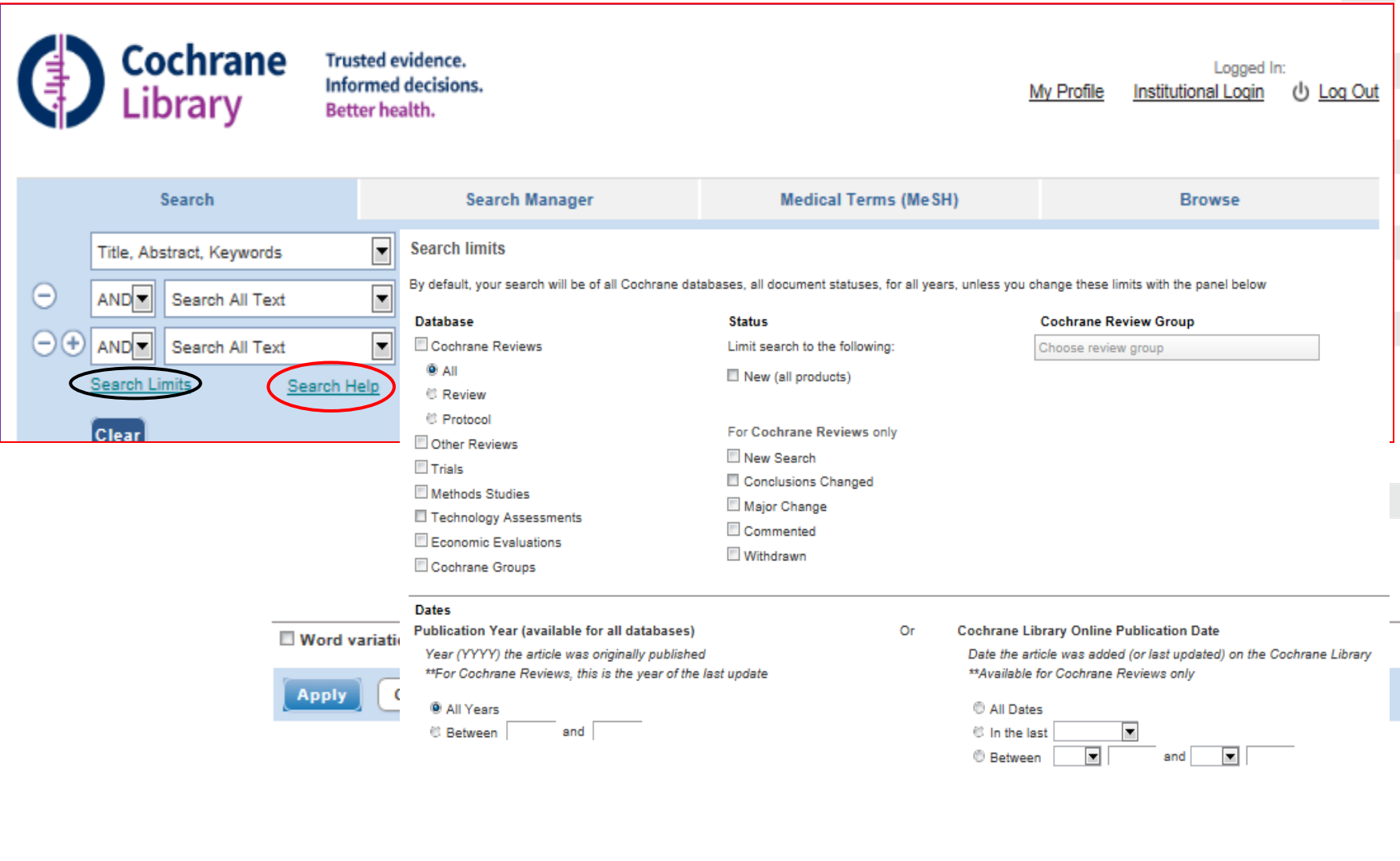

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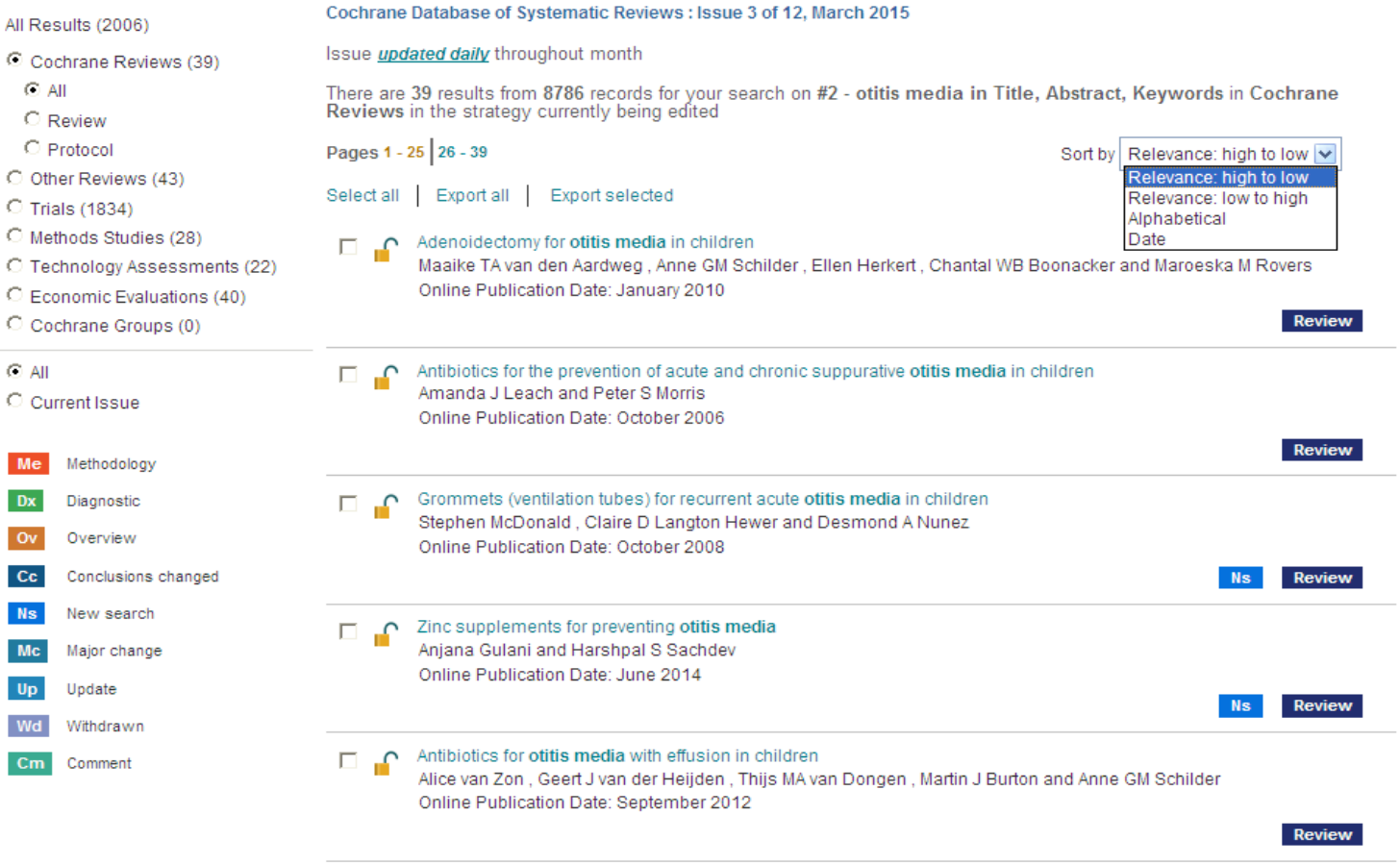
The results



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Me	Methodology
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Cc	Conclusions changed
Ns	New search
Mc	Major change
Up	Update
Wd	Withdrawn
Cm	Comment

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All Results (2006)

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- Current Issue

Me Methodology
Dx Diagnostic
Ov Overview
Cc Conclusions changed
Ns New search
Mc Major change
Up Update
Wd Withdrawn
Cm Comment

Cochrane Database of Systematic Reviews : Issue 3 of 12, March 2015

Issue *updated daily* throughout month

There are **39** results from **8786** records for your search on **#2 - otitis media in Title, Abstract, Keywords** in **Cochrane Reviews** in the strategy currently being edited

Pages 1 - 25 | 26 - 39

Sort by Relevance: high to low
Relevance: high to low
Relevance: low to high

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Adenoidectomy for **otitis media** in children
Maaike TA van den Aardweg , Anne GM Sch
Online Publication Date: January 2010

Antibiotics for the prevention of acute and c
Amanda J Leach and Peter S Morris
Online Publication Date: October 2006

Grommets (ventilation tubes) for recurrent acute **otitis media** in children
Stephen McDonald , Claire D Langton
Online Publication Date: October 200

Zinc supplements for preventing **otitis**
Anjana Gulani and Harshpal S Sachd
Online Publication Date: June 2014

Antibiotics for **otitis media** with effusio
Alice van Zon , Geert J van der Heijden , Thijs MA van Dongen , Martin J Burton and Anne GM Schilder
Online Publication Date: September 2012

Review

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Intervention Review

Thrombolysis for acute ischaemic stroke

Joanna M Wardlaw[1,*], Veronica Murray[2], Eivind Berge[3], Gregory J del Zoppo[4]

Database Title
The Cochrane Library

Editorial Group: Cochrane Stroke Group

Published Online: 29 JUL 2014

Assessed as up-to-date: 2 APR 2014

DOI: 10.1002/14651858.CD000213.pub3

Additional Information (Show All)

How to Cite | Author Information | Publication History

Abstract | Article | Figures | Tables | References | Other Versions | Cited By

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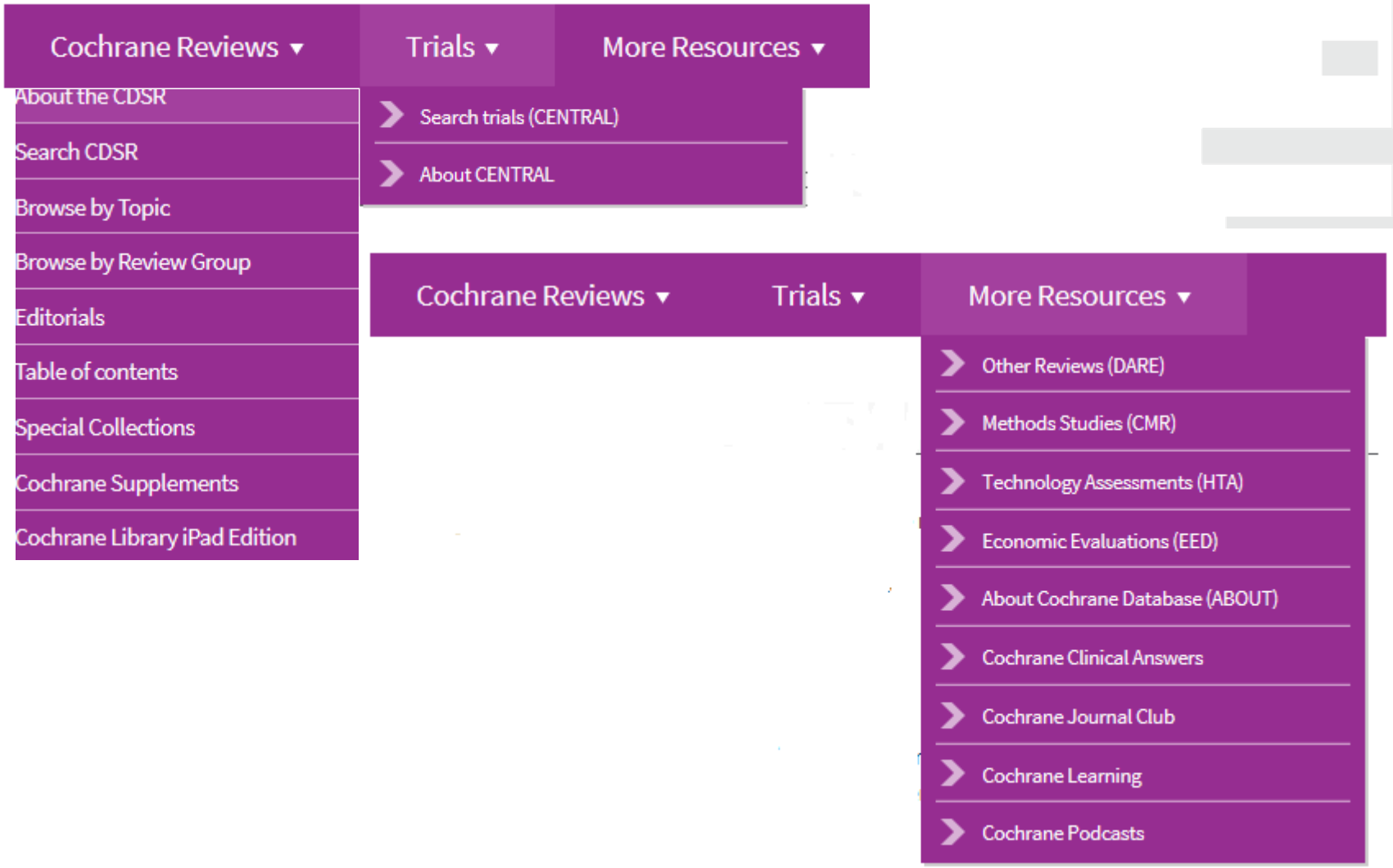

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- Infectious disease

Question:

What are the benefits and harms of calcium antagonists in people with acute ischemic stroke?

Clinical Answer:

Calcium antagonists (calcium channel blockers) are often used for acute cerebral insults, particularly subarachnoid hemorrhage. However, randomized controlled trial evidence does not support routine use of calcium antagonists in acute ischemic stroke.

In randomized controlled trials including around 7000 patients who had an acute ischemic stroke within the previous 14 days, there was no evidence of benefit with calcium antagonists over placebo for outcomes related to mortality, recurrent stroke or disability. This lack of effect was seen across various calcium antagonists studied and for one agent (flunarizine) there was suggestion of higher mortality in an assessment of three studies including 800 patients.

Although calcium antagonists can be used for blood pressure control, the agents/doses of calcium antagonists used in these studies did not seem to increase the proportion of people that had hypotension necessitating stopping

Cochrane Journal Club

Index of Cochrane Journal Club articles

If you take part in a regular journal club or would simply like a greater understanding of an important Cochrane review, Cochrane Journal Club is the place to start. Each issue focuses on a recent Cochrane Review, providing relevant background information and related resources. Readers can listen to a podcast in which the lead author explains the key points of the review, read discussion questions to help think about the review methods and findings in more detail, or ask the authors a question. Downloadable PowerPoint slides contain key graphs and tables so that the Cochrane Review can be used at a Journal Club meeting and there is also a vignette to help you place the review in the context of a specific scenario. In addition, a PDF of the review is free for all to access.

Aimed at trainees, researchers and practitioners alike, each Cochrane Journal Club covers a single review of special interest, selected from the new and updated reviews published in the Cochrane Library. They highlight practice-changing findings, controversial conclusions, new methodology, evidence-based methods, and reviews from diverse health and social care topics. Cochrane Journal Club content is written by the review authors, working with the editor, Professor Mike Clarke, and the Cochrane Editorial Unit.

Cochrane Journal Club provides everything you need to present a relevant and interesting paper at your next journal club, or simply to explore a review in more depth on your own.

Latest Issue

#59 Incentives for smoking cessation
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Previous Issues

- #58 **Effects of restricted caffeine intake by mother on fetal, neonatal and pregnancy outcomes**
  Clinical Version | Methodological Version unavailable
- #47 [updated] Assisted reproductive technology: an overview of Cochrane Reviews
  Clinical Version | Methodological Version unavailable
- #57 **Xylitol-containing products for preventing dental caries in children and adults**
  Clinical Version | Methodological Version unavailable

Thrombolysis for acute ischaemic stroke

Clinical Summary

Most strokes are ischaemic, caused by the blockage of an artery in the brain by a blood clot that might have come from the heart or neck arteries. Acute ischaemic strokes are relatively common and are a major cause of death and disability worldwide. One way to treat them might be to dissolve the clot with a thrombolytic drug. These are derived from naturally-occurring enzymes that dissolve thrombus as part of the natural clotting cascade. Some are extracted from biological samples (e.g. urokinase, desmoteplase) and others are manufactured (e.g. recombinant tissue plasminogen activator (rt-PA), or recombinant pro-urokinase). Thrombolytic drugs might reduce brain damage from a stroke by restoring the blood flow if given rapidly enough after the stroke, but they can also cause serious bleeding in the brain.

In 1992, an overview of the literature on thrombolysis in acute ischaemic stroke identified six randomised trials of various thrombolytic drugs, including a total of just 700 participants. This was followed by the first Cochrane Review in 1995, which was updated in 1999 when data were included from nearly 3500 participants. Further updates in 2003 (5727 participants) and 2009 (7152 participants) left many essential questions unanswered. This latest update seeks to answer some of these, to determine if, and under what circumstances, thrombolytic therapy might be a safe and effective treatment for people after an acute ischaemic stroke.

This updated review from July 2014 includes all trials completed and made public since 2009, as well as additional data published since 2009 from trials that were in earlier versions of the review. The total number of participants is now 10,187. This is a more than 10-fold increase since the work on the review began in 1990 and represents more than 40% more data than the 2009 version. Many of the data are from trials testing intravenous rt-PA within the first 6 hours after stroke onset, but the more recent trials have also explored alternative methods for selecting participants and extending time windows. Furthermore, this update includes many more patients who were over the age 80 years when they were treated.

One of the thrombolytic drugs, rt-PA or alteplase, has been studied more than all the others combined. It is licensed for use in selected patients within 4.5 hours of stroke in Europe and three hours in the USA. Of the 10,000 patients in the review, 7000 were in trials of alteplase.

Expand

Read the Paper | Abstract | References | Plain Language | Conclusions

Title: Thrombolysis for acute ischaemic stroke
Author: Wardlaw JM, Murray V, Berge E, del Zoppo GJ

Background:
Most strokes are due to blockage of an artery in the brain by a blood clot. Prompt treatment with thrombolytic drugs can restore blood flow before major brain damage has occurred and improve recovery after stroke in some people. Thrombolytic drugs, however, can also cause serious bleeding in the brain, which can be fatal. One drug, recombinant tissue plasminogen activator (rt-PA), is licensed for use in selected patients within 4.5 hours of stroke in Europe and within three hours in the USA. There is an upper age limit of 80 years in some countries, and a limitation to mainly non-severe stroke in others. Forty per cent more data are available since this

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For any questions or information I will be at the Wiley stand this afternoon and be glad to answer.

THANK YOU