NEW REVIEWS

Use of electronic health records (EHRs) to increase clinician action to address smoking: Electronic health records have the potential to be used to remind clinicians to follow clinical guidelines to support smoking cessation in primary care. Read more...

Systematic review of peer support for breastfeeding continuation: Peer support interventions may not be effective where routine services are already established to support breastfeeding, as in some high income countries. Read more...

Home-based child development interventions for preschool children from socially disadvantaged families: Supporting parents to provide a stimulating and nurturing environment can mitigate the effects of social disadvantage on child development. Home-based interventions may be an effective way to support parents but more research is needed. Read more...

Young people’s access to tobacco: Young people in the UK find it easy to access tobacco through social sources, retail purchases, and proxy purchases. Read more...

Exercise interventions for smoking cessation: Although exercise can reduce tobacco cravings, there is insufficient evidence to recommend exercise to aid quit smoking attempts. Read more...

Interventions for preventing obesity in children: There is strong evidence to support positive effects on BMI for obesity prevention programs aimed at 6-12 year olds. Read more...

FORTHCOMING REVIEWS

Mass media interventions for reducing mental health-related stigma
Advance care planning for end-of-life care
Incentive-based interventions for increasing physical activity and fitness
Behavioural interventions as adjuncts to pharmacotherapy for smoking cessation

NEW REVIEWS

Use of electronic health records (EHRs) to increase clinician action to address smoking

Clinical guidelines for treating tobacco use recommend actions including: documenting smoking status, offering quit advice, assessing readiness to quit and facilitating cessation assistance (e.g., referral to counselling or prescribing medication). Electronic Health Records (EHRs) have the potential to be used to remind clinicians to take the recommended actions. This review included randomised control trials and observational studies to determine the effectiveness of using EHRs to increase action taken by clinicians, and on patient smoking cessation. The review included three RCTs and eight non-randomised trials, with most studies in the general practice/primary care setting. Only one
measured cessation rates and it found a significant effect in the intervention group compared to the control group. For clinical guideline recommended actions the authors found an overall increase in documenting smoking status and facilitating cessation assistance at least in the short term following changes to the EHR. The authors concluded that introducing an expectation to use EHRs to record and treat tobacco use increases some of the actions for treating tobacco use recommended in clinical guidelines.


Systematic review of peer support for breastfeeding continuation

While previous research indicates that peer support is associated with improved rates of breastfeeding, the results of these trials show substantial differences in effects. This meta analysis was undertaken to clarify the specific effects on breastfeeding of setting (low-, middle-, or high-income countries), intensity (number of contacts), and timing (antenatal or postnatal) of peer support interventions. The study combined data from 15 trials of the impact of peer support versus usual care on (i) any breastfeeding, and (ii) exclusive breastfeeding, at the end of the study follow-up. The relative risk of not breastfeeding was found to be 30% lower than usual care in low or middle income countries, but only 7% lower in studies from high income countries. Women in the intensive interventions (≥5 contacts planned) had a significantly lower risk of not breastfeeding compared with usual care, whereas the less intensive interventions were not associated with lower rates of not breastfeeding. Combined antenatal and postnatal peer support was not associated with a significant improvement in not breastfeeding, but postnatal only interventions did significantly reduce not breastfeeding. The authors conclude that peer support interventions may not be effective where routine services are already established to support breast feeding, as in some high income countries.


Home-based child development interventions for preschool children from socially disadvantaged families

Children from socially disadvantaged families are at risk of poorer health and developmental outcomes in early childhood and in the longer term. Parenting skills, access to resources and a home environment that stimulates learning are key factors in supporting child development. This review aimed to determine the impact of home-based interventions to improve developmental outcomes for preschool aged children from socially disadvantaged families. It looked specifically at home visiting programs which offered education and support to parents to provide a more stimulating and nurturing environment. The review included randomised control trials where the control group received no intervention or standard care. Of the seven included studies, the most recent of which was more than 15 years old, only four trials involving 285 participants provided adequate data for meta analysis. Meta analysis was only possible for one outcome, cognitive development, and the results were not statistically significant. The authors concluded that the review does not provide evidence of the effectiveness of home-based interventions to improve outcomes for children from socially disadvantaged families and noted the need for current, rigorous research in this area.


Young people’s access to tobacco

This systematic review drew on data from a range of study types to examine how young
people aged 11-18 years access tobacco in the UK, including: the retail and non-retail sources of tobacco used most by young people; young people’s experiences and views about tobacco access; and interventions that aim to limit the non-retail supply of tobacco to young people. Data on over 9,000 young smokers from seven UK surveys indicated that friends and shops were the most common sources of tobacco for young people. While boys, older young people and regular smokers were more likely to use retail sources, girls, younger young people and occasional smokers were more likely to use social sources. Data from six UK qualitative studies involving around 500 young people suggested that young people found it easy to access tobacco. According to these data, young people predominantly accessed tobacco through social sources (purchases and sharing between among friends, school peers or family members), retail purchases, and proxy purchases (over-the-counter purchases made by others on behalf of young people). Young people described specific customs and practices associated with each method of sourcing they used. An analysis of 16 intervention studies aimed at curtailing non-retail access to tobacco revealed a lack of methodologically strong research. The authors concluded with calls for more intervention research addressing non-retail tobacco access, improved prevalence data on proxy purchasing, and continued investigation through surveys and qualitative research of tobacco sources.


Exercise interventions for smoking cessation

Exercise may be recommended to those quitting smoking as a method of supporting the quit attempt. This review looked at studies where the effectiveness of exercise as part of a quit attempt was evaluated. Fifteen studies were included in the review, and these compared an exercise program and smoking cessation program, an exercise program alone, or a cessation and health education program. The authors did not combine the studies because of the different exercise programs and duration of follow up. While a small number of studies showed some benefit associated with exercise, only one study found that those who exercised were more likely to not smoke after 12 months. Although there is strong evidence that exercise can reduce tobacco cravings, the reviewers found that there was insufficient evidence to recommend exercise to aid quit smoking attempts. Further studies were recommended to understand what types of exercise, exercise intensity and timing, are effective in supporting smokers to quit.


Interventions for preventing obesity in children

Childhood obesity continues to emerge as a major public health problem, with potential health and social impacts throughout life. This review aimed to update the previous Cochrane review on childhood obesity prevention research, and to identify effective program elements, who benefitted, and the cost. While the authors reported that there was strong evidence to support positive effects on BMI for obesity prevention programs aimed at 6 – 12 year olds, they were cautious in their recommendations for how these findings should be interpreted. They described strategies likely to be effective, with most of these delivered in schools. These included: healthy eating, physical activity and body image programs; increased physical activity sessions; more nutritional food available; and support for teachers to implement healthy living activities. Other strategies were those aimed to support parents with home based physical activity and healthy eating. The authors concluded that research in this area should now be focused on determining how effective elements can be built into everyday activities, in the home, childcare, education and wider community settings.

Mass media interventions for reducing mental health-related stigma

Mental health-related stigma is common and has a major impact on the lives of people with mental health problems, directly affecting their quality of life as well as affecting their families and friends. People who experience mental health related stigma often experience problems with employment, personal relationships and parenting as well as poor physical health and health care. Using a concept of stigma that includes both prejudice (attitudes) and discrimination (behaviour) this review will focus on mass-media interventions to reduce mental health related stigma. The review aims to consider variables that influence the effectiveness of these interventions including: whether the intervention is based in formative research or has a theoretical basis, targeting, the media channel, if the intervention is part of a broader campaign and the social and cultural context in which the intervention is delivered. The review will include randomised control trials and interrupted time series analyses.


Advance care planning for end-of-life care

Advance care planning is a process of discussion between a patient and professional caregiver which may result in an advance statement describing the patient's preferences and aims for future care, and/or an advance decision providing informed consent for refusal of specific treatment if the patient is not competent to make such a decision in the future. Although the use of advance care planning is widely supported, its effectiveness has not been established to date. This review aims to examine whether end-of-life care involving advance care planning, compared to end-of-life care without or with a less structured form of advance care planning, results in fewer hospital admissions, less use of treatments with a primary life-prolonging or curative intent near the end of life, and fewer hospital deaths.


Incentive-based interventions for increasing physical activity and fitness

An increase in population levels of physical activity is important to address the increasing burden of chronic diseases. This review aims to determine the effectiveness of using incentive-based approaches (IBAs) to increase physical activity. Other objectives will be to examine the use of incentives to improve fitness, and to determine whether there are any adverse effects associated with IBAs.


Behavioural interventions as adjuncts to pharmacotherapy for smoking cessation

Clinical practice guidelines recommend that health care providers offer people who are
prepared to make a quit attempt both pharmacotherapy and behavioural support. However, in practice, people who purchase nicotine-replacement therapy (NRT) products may not access any specific behavioural support. This review will evaluate trials of interventions that combine effective NRT products with behavioural support (tailored materials, brief advice, in person or telephone counselling). Specifically, the review will compare different levels of behavioural intervention for people receiving any pharmacotherapy for smoking cessation to provide an estimate of the effectiveness of intensifying behavioural support as an adjunct to pharmacotherapy.


NEWS

Health Systems Evidence

The next generation of Health Systems Evidence, a free access point for high-quality evidence on health systems, has been launched by the McMaster Health Forum. Health Systems Evidence is a continuously updated repository of syntheses of research evidence about governance, financial and delivery arrangements within health systems, and about implementation strategies that can support change in health systems. It aims to help policymakers and stakeholders rapidly identify the best available research evidence on a given topic that has been prepared in a systematic and transparent way, including how recently the search for studies was conducted, the quality of the synthesis, the countries in which the studies included in the synthesis were conducted, and the key findings from the synthesis. Health Systems Evidence is also now providing the option for users to subscribe to a customisable evidence service that will provide monthly email alerts identifying new documents available in the database specific to someone’s individual interests. A video tutorial provides users with a guide to making the best use of the site.

http://www.healthsystemsevidence.org

Survey on the future of the Cochrane Library

As part of a broad strategic review of the content and presentation of The Cochrane Library, users are invited to take part in a survey: “Your views on the future of The Cochrane Library”. The survey has been compiled by the Cochrane Editorial Unit as part of a consultation process that will inform the development of The Cochrane Library over the next three to five years.

The survey can be accessed at: http://tinyurl.com/CochraneContentSurvey