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More Research Needed!

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The Cochrane Library and other sources regularly publish new reviews, some of which highlight the lack of good quality studies on which to base recommendations. This is a good starting point for identifying a new area of research.

The second step is to find out what else has been published. If you would like a literature search on any of these topics please contact the Library Service on ext 53831.

Library & Knowledge Service

New in the Cochrane Library

Modafinil for people with schizophrenia or related disorders

Authors' conclusions: Due to methodological issues, low sample size, and short duration of the clinical trials as well as high risk of bias for outcome reporting, most of the evidence available for this review is of very low or low quality. For results where quality is low or very low, we are uncertain or very uncertain if the effect estimates are true effects, limiting our conclusions. Specifically, we found that modafinil is no better or worse than placebo at preventing worsening of psychosis; however, we are uncertain about this result. We have more confidence that participants receiving modafinil are no more likely to leave a trial early than participants receiving placebo. However, we are very uncertain about the remaining equivocal results between modafinil and placebo for outcomes such as improvement in global state or cognitive function, incidence of adverse events, and changes in quality of life. More high-quality data are needed before firm conclusions regarding the effects of modafinil for people with schizophrenia or related disorders can be made.

Psychosocial interventions for people with both severe mental illness and substance misuse

Authors' conclusions: We included 41 RCTs but were unable to use much data for analyses. There is currently no high-quality evidence to support any one psychosocial treatment over standard care for important outcomes such as remaining in treatment, reduction in substance use or improving mental or global state in people with serious mental illnesses and substance misuse. Furthermore, methodological difficulties exist which hinder pooling and interpreting results. Further high-quality trials are required which address these concerns and improve the evidence in this important area.

Interventions for managing halitosis

Authors' conclusions: We found low- to very low-certainty evidence to support the effectiveness of interventions for managing halitosis compared to placebo or control for the OLT and patient-reported outcomes tested. We were unable to draw any conclusions regarding the superiority of any intervention or concentration. Well-planned RCTs need to be conducted by standardising the interventions and concentrations.

Parent training programmes for managing infantile colic

Authors' conclusions: There is limited evidence on the effectiveness and safety of parent training programmes for managing infantile colic. Despite a single meta-analysis showing that parent training may reduce crying times for infants, compared to control, the

From other sources…

certainty of the evidence was low. Evidence for other comparisons was sparse. We were unable to identify comprehensively the educational content and attributes of the included programmes due to a lack of information in study reports. Further RCTs are needed: they should define interventions clearly to ensure replicability, address all appropriate outcome measures, and minimise risk of bias in order to assess definitively the role of parent training programmes in managing infantile colic.

Accelerometer- and Pedometer-Based Physical Activity Interventions Among Adults With Cardiometabolic Conditions: A Systematic Review and Meta-analysis

Results: Thirty-six randomized clinical trials (20 using accelerometers and 16 using pedometers) involving 5208 participants were eligible for review. Meta-analysis involving 32 of these trials (4856 participants) showed medium improvements in PA: accelerometers and pedometers combined vs comparator showed a small significant increase in PA overall (standardized mean difference, 0.39 [95% CI, 0.28-0.51]; I2 = 60% [95% CI, 41%-73%]) in studies of short to medium follow-up over a mean (SD) of 32 (28.6) weeks. Multivariable metaregression showed improved association with PA for complex interventions that involved face-to-face consultation sessions with facilitators (β = 0.36; 95% CI, 0.17-0.55; P < .001) and pedometer-based interventions (β = 0.30; 95% CI, 0.08-0.52; P = .002).
Conclusions and Relevance: In this study, complex accelerometer- and pedometer-based interventions led to significant small to medium improvements in PA levels of people with cardiometabolic conditions. However, longer-term trials are needed to assess their performance over time. This study found no evidence that simple self-monitored interventions using either pedometers or accelerometers are associated with improvements in PA.

Development and Content Validation of End of Treatment Questionnaires for Children With Cancer

Results: Three EOT questionnaires were ultimately developed. The Child/AYA questionnaire was divided into two separate measures for developmental and literacy considerations. The Parent/Caregiver and the AYA questionnaires each contain 38 items with a content validity index score of 100%. The Child questionnaire contains 37 items with a content validity index score of 100%. Conclusion: Content validity was established for three EOT questionnaires, each of which has the potential to elicit information regarding needs and potential gaps in services perceived by childhood cancer survivors and their parents. Further psychometric testing is needed to determine stability (test-retest reliability) and construct validity of the questionnaires.

From other sources

Prediction of Diabetic Foot Ulceration: The Value of Using Microclimate Sensor Arrays

RESULTS: The current prognostic models rely either solely on contralateral temperature, pressure, or shear measurement; these parameters, however, rarely reach 50% specificity in relation to DFU. There is also considerable variation in methodological investigation, anatomical sensor configuration, and resting time prior to temperature measurements (5-20 minutes). Few studies have considered relative humidity and mean skin resistance.
CONCLUSION: Very limited evidence supports the use of single clinical parameters in predicting the risk of DFU. We suggest that the microclimate as a whole should be considered to predict DFU more effectively and suggest nine specific features which appear to be implicated for further investigation. Technology supports real-time in-shoe data collection and wireless transmission, providing a potentially rich source of data to better predict the risk of DFU.

Comparison of drug-coated balloon angioplasty versus conventional angioplasty for arteriovenous fistula stenosis: Systematic review and meta-analysis

RESULTS: Ten studies were included in the final meta-analysis: six studies were randomized controlled trials and four studies were cohort studies. There were 911 participants with a mean age of 64.78 (±5.96) years, and 61.89% were male. Outcome of interest was target lesion primary patency, recorded at 1, 3, 6, 7, 12, and 24 months. Meta-analysis of randomized controlled trials shows that paclitaxel-coated balloons did not statistically improve target lesion primary patency compared to conventional balloons at months 1 (odds ratio = 1.54, p = 0.6373), 3 (odds ratio = 0.57, p = 0.0575), 6 (odds ratio = 0.65, p = 0.3644), 7 (odds ratio = 0.63, p = 0.0582), 12 (odds ratio = 0.64, p = 0.0612), and 24 (odds ratio = 0.43, p = 0.3452). Effect of paclitaxel-coated balloons was statistically significant for cohort studies at months 6 (odds ratio = 0.26, p = 0.0007), 12 (odds ratio = 0.21, p = 0.0001), and 24 (odds ratio = 0.23, p = 0.01).
CONCLUSION: Paclitaxel-coated balloon showed no statistically significant improvement over conventional balloons in decreasing fistula stenosis in randomized controlled trial but were significant for cohort studies.

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If you would like to get involved with research or have an idea for a project contact the R&D Department who can offer advice and support on getting started.
The Clinical Research Centre is located on the Second Floor within Area 5 of Blackpool Victoria Hospital.

For general enquiries, please call us on: 01253 65 5547
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