

KNOWLEDGE & INFORMATION FAST TRACK

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MORE RESEARCH NEEDED

SEPTEMBER 2021



What it's all about...



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.

**NOT SURE
WHERE TO
START?**

This bulletin highlights recently published work that requires further research to be undertaken - get your inspiration here...

**WANTING
TO DO
SOME
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.

Recently published

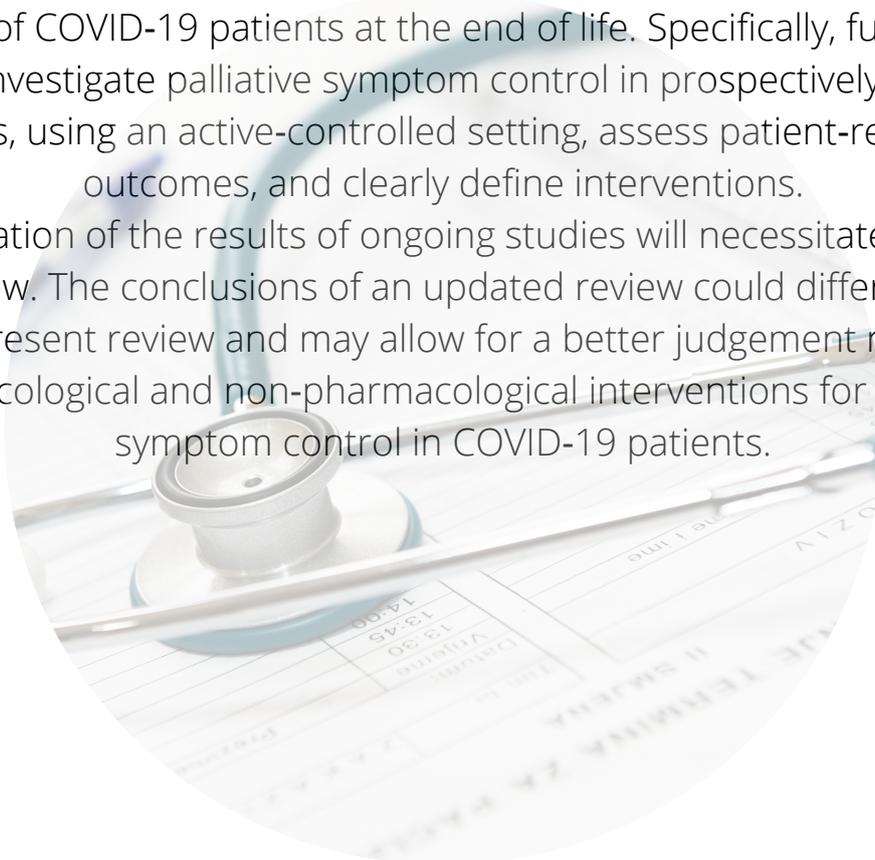
But more research is needed...



Interventions for palliative symptom control in COVID-19 patients

Authors' conclusions: We found very low certainty evidence for the efficacy of pharmacological interventions for palliative symptom relief in COVID-19 patients. We found no evidence on the safety of pharmacological interventions or efficacy and safety of non-pharmacological interventions for palliative symptom control in COVID-19 patients. The evidence presented here has no specific implications for palliative symptom control in COVID-19 patients because we cannot draw any conclusions about the effectiveness or safety based on the identified evidence. More evidence is needed to guide clinicians, nursing staff, and caregivers when treating symptoms of COVID-19 patients at the end of life. Specifically, future studies ought to investigate palliative symptom control in prospectively registered studies, using an active-controlled setting, assess patient-reported outcomes, and clearly define interventions.

The publication of the results of ongoing studies will necessitate an update of this review. The conclusions of an updated review could differ from those of the present review and may allow for a better judgement regarding pharmacological and non-pharmacological interventions for palliative symptom control in COVID-19 patients.



Interventions for great saphenous vein incompetence

Authors' conclusions: Our conclusions are limited due to the relatively small number of studies for each comparison and differences in outcome definitions and time points reported. Technical success was comparable between most modalities. EVLA may offer improved technical success compared to UGFS or HL/S. HL/S may have improved technical success compared to UGFS. No evidence of a difference was detected in recurrence, except for a possible long-term benefit for RFA compared to EVLA or HL/S. Studies which provide more evidence on the breadth of treatments are needed. Future trials should seek to standardise clinical terminology of outcome measures and the time points at which they are measured.



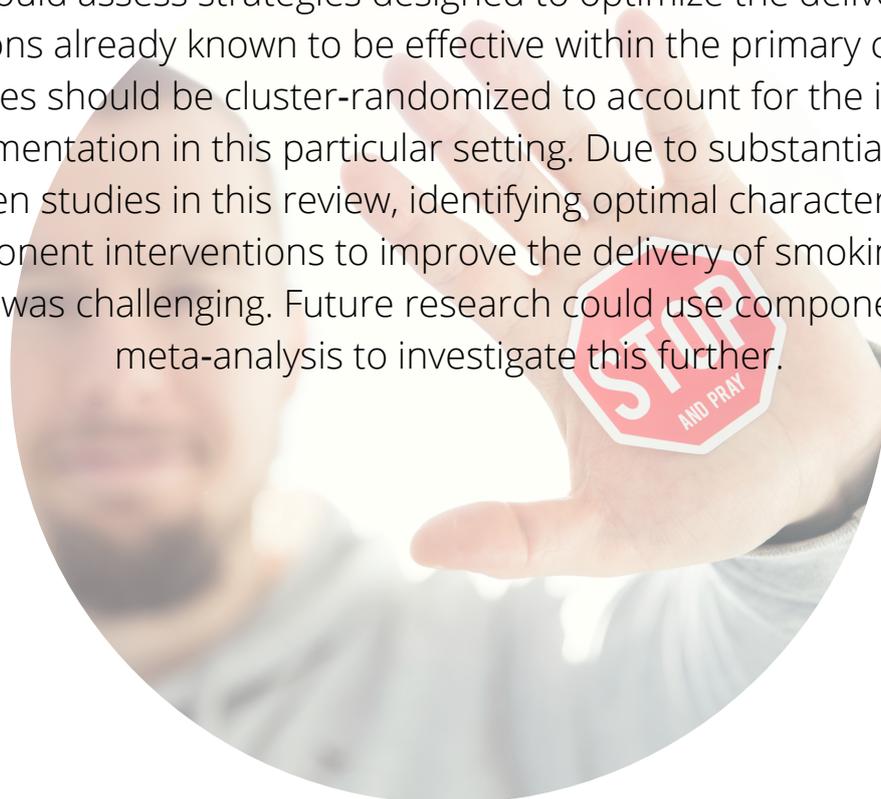
High-dose chemotherapy followed by autologous haematopoietic cell transplantation for children, adolescents, and young adults with first recurrence of Ewing sarcoma

Authors' conclusions: Since we did not identify any eligible studies, we are unable to draw any conclusions about the efficacy and toxicity of HDC with AHCT versus conventional chemotherapy in children, adolescents, and young adults with a first recurrence of Ewing sarcoma. Further high-quality research is urgently needed.

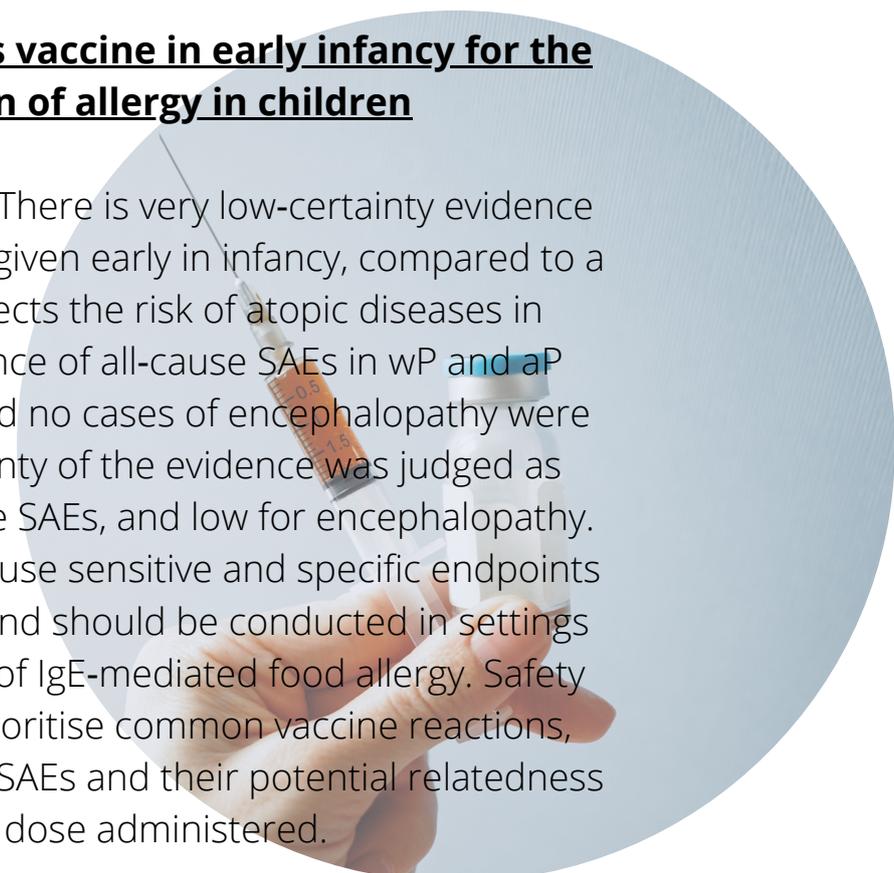
Strategies to improve smoking cessation rates in primary care



Authors' conclusions: There is moderate-certainty evidence that providing adjunctive counseling by an allied health professional, cost-free smoking cessation medications, and tailored printed materials as part of smoking cessation support in primary care can increase the number of people who achieve smoking cessation. There is no clear evidence that providing participants with biomedical risk feedback, or primary care providers with training or incentives to provide smoking cessation support enhance quit rates. However, we rated this evidence as of low or very low certainty, and so conclusions are likely to change as further evidence becomes available. Most of the studies in this review evaluated smoking cessation interventions that had already been extensively tested in the general population. Further studies should assess strategies designed to optimize the delivery of those interventions already known to be effective within the primary care setting. Such studies should be cluster-randomized to account for the implications of implementation in this particular setting. Due to substantial variation between studies in this review, identifying optimal characteristics of multicomponent interventions to improve the delivery of smoking cessation treatment was challenging. Future research could use component network meta-analysis to investigate this further.



Whole-cell pertussis vaccine in early infancy for the prevention of allergy in children



Authors' conclusions: There is very low-certainty evidence that a first dose of wP given early in infancy, compared to a first dose of aP, affects the risk of atopic diseases in children. The incidence of all-cause SAEs in wP and aP vaccinees was low, and no cases of encephalopathy were reported. The certainty of the evidence was judged as moderate for all-cause SAEs, and low for encephalopathy. Future studies should use sensitive and specific endpoints of clinical relevance, and should be conducted in settings with high prevalence of IgE-mediated food allergy. Safety endpoints should prioritise common vaccine reactions, parental acceptability, SAEs and their potential relatedness to the dose administered.

Oxytocin antagonists for assisted reproduction

Authors' conclusions: We are uncertain whether intravenous atosiban improves pregnancy outcomes for women undergoing assisted reproductive technology. This conclusion is based on currently available data from seven RCTs, which provided very low- to low-certainty evidence across studies.

We could draw no clear conclusions about subcutaneous barusiban, based on limited data from one RCT.

Further large well-designed RCTs reporting on live births and adverse clinical outcomes are still required to clarify the exact role of atosiban and barusiban before ET.

Oral nolasiban appears to improve clinical pregnancy rate but not live birth rate, with an uncertain effect on miscarriage and adverse events. This conclusion is based on a phased study comprising three trials that provided low- to high-certainty evidence. Further large, well-designed RCTs, reporting on live births and adverse clinical outcomes, should focus on identifying the subgroups of women who are likely to benefit from this intervention.

From other sources...



Use of opioids in patients with cancer with hepatic impairment-a systematic review

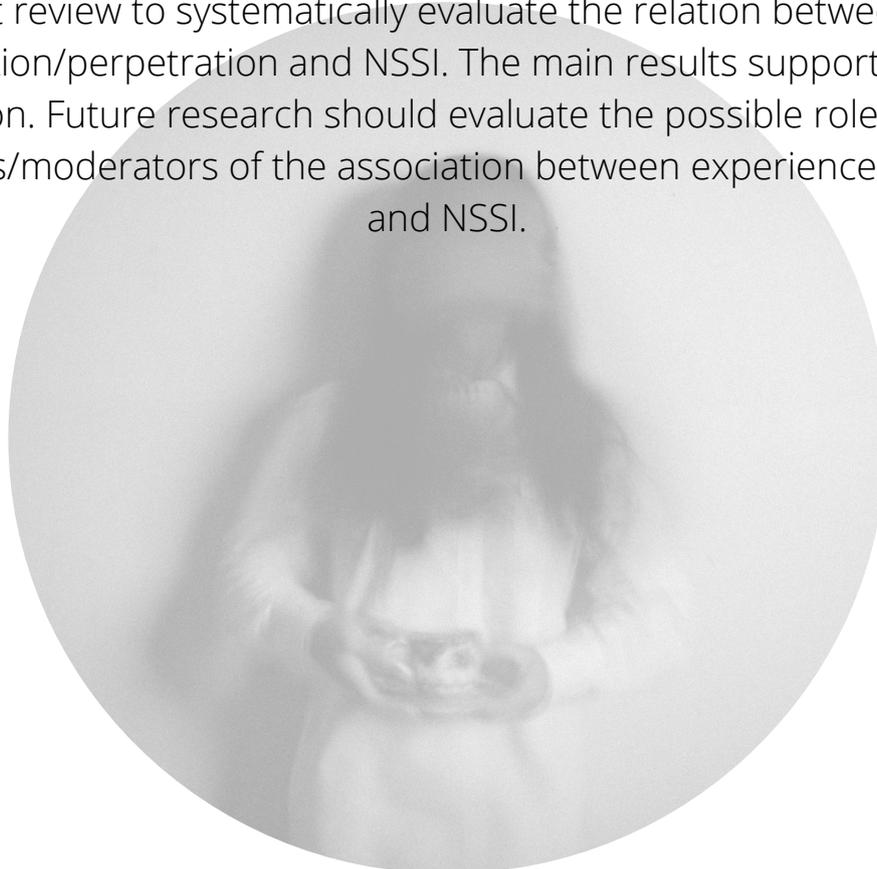
Conclusions: Morphine is the preferred opioid in hepatic impairment owing to clinical experience and pharmacokinetics. This review, however, found little clinical evidence to support this. Dose adjustments of morphine and the oxycodone formulations reviewed remain necessary in the absence of quality evidence. Overall, the quality of existing evidence on opioid treatments in cancer pain and hepatic impairment is low and there remains a need for high-quality clinical studies examining this.

Use of artificial intelligence for image analysis in breast cancer screening programmes: systematic review of test accuracy.

Conclusions: Current evidence for AI does not yet allow judgement of its accuracy in breast cancer screening programmes, and it is unclear where on the clinical pathway AI might be of most benefit. AI systems are not sufficiently specific to replace radiologist double reading in screening programmes. Promising results in smaller studies are not replicated in larger studies. Prospective studies are required to measure the effect of AI in clinical practice. Such studies will require clear stopping rules to ensure that AI does not reduce programme specificity.

The Relationship Between Bullying Victimization and Perpetration and Non-suicidal Self-injury: A Systematic Review

Abstract: Experience of bullying may be a significant risk factor for non-suicidal self-injury (NSSI). This study had three aims: to systematically investigate the association between bullying and NSSI, analyze the possible mechanisms underlying the two phenomena, and evaluate any differences between bullying victimization and bullying perpetration with respect to NSSI. A systematic search about the association between bullying victimization and perpetration and NSSI was conducted using specific databases (PubMed, Scopus, Science Direct). The following keywords were used in all database searches: "bullying" AND "NSSI" OR "peer victimization" and NSSI. The searches in PubMed, Scopus and Science Direct revealed a total of 88 articles about bullying or peer victimization and NSSI. However, only 29 met our inclusion criteria and were used for the present review. Overall, all studies examined victimization; four studies also evaluated the effects of perpetration and one included bully-victims. According to the main findings, both being a victim of bullying and perpetrating bullying may increase the risk of adverse psychological outcomes in terms of NSSI and suicidality in the short and the long run. To the best of our knowledge, this is the first review to systematically evaluate the relation between bullying victimization/perpetration and NSSI. The main results support a positive association. Future research should evaluate the possible role of specific mediators/moderators of the association between experience of bullying and NSSI.



Skills-Based Programs Used to Reduce Physician Burnout in Graduate Medical Education: A Systematic Review

Results: A total of 3534 articles met the search criteria, and 24 studies were included in the final analysis. Article quality varied, with MERSQI assessment scores varying between 8.5 and 14. Evaluation was based on participant scores on burnout reduction scales. Eleven produced significant results pertaining to burnout, 10 of which yielded a decrease in burnout. Curricula to reduce burnout among GME trainees varies. Content taught most frequently included stress management (n = 8), burnout reduction (n = 7), resilience (n = 7), and general wellness (n = 7). The most frequent pedagogical methods were discussion groups (n = 14), didactic sessions (n = 13), and small groups (n = 11). Most programs occurred during residents' protected education time.

Conclusions: There is not a consistent pattern of successful or unsuccessful programs. Further randomized controlled trials within GME are necessary to draw conclusions on which components most effectively reduce burnout.

Home-Based Exercise for People With Chronic Kidney Disease: A Systematic Review and Meta-Analysis

Results: Out of the 14 studies finally selected, 11 were included in the meta-analysis and most presented high methodological quality. The meta-analysis showed significant effects of home-based exercise on fitness and quality of life, but a little impact on renal function. Although exercise performed at home was mostly feasible and safe, adherence was not high and a considerable number of dropouts were observed.

Conclusion: Home-based exercise has positive effects on the fitness' level and on the quality of life on people with chronic kidney disease. Future studies are needed to identify whether exercise performed at home is a better physical therapy option than center-based exercise.

Differences Between Exergaming Rehabilitation and Conventional Physiotherapy on Quality of Life in Parkinson's Disease: A Systematic Review and Meta-Analysis

Abstract: Parkinson's disease (PD) is a neurodegenerative condition with both motor and non-motor symptoms affecting the quality of life (QoL) of older adults. Exergaming rehabilitation allows the interaction of the subject with digital games through the implementation of repetitive functional activities. Conventional physiotherapy uses patient-centered programs that include a variety of active exercises. The aim of this review was to look into the effectiveness of exergaming rehabilitation on the QoL of people with PD and compare it with conventional physiotherapy. Five electronic databases were searched for eligible studies until February 2021. For the statistical analysis, the mean, standard deviation, and 95% confidence interval were used to calculate effect sizes between groups. To determine heterogeneity, statistical index I^2 was used. A total of 548 participants were included in 14 studies. Exergaming rehabilitation related with improved QoL ($p = 0.687$, 95% CI: -1.682 to -0.734), balance ($p = 0.039$, 95% CI: 0.364-13.689), ($p = 0.018$, 95% CI: 0.446-4.830), and gait ($p = 0.005$, 95% CI: 0.351-1.924). No significant difference was found between groups regarding the Unified Parkinson's Disease Rating Scale ($p = 0.196$, 95% CI: -5.970 to 1.225) and for the Timed Up and Go Test ($p = 0.12$, 95% CI: 0.446-4.830). Exergames as a rehabilitation method can be used to provide alternative interactive intervention with positive results for QoL in people with PD. Further investigation is needed to assess the effect on mental health in this population group.





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