

Cochrane Oral Health Group

Newsletter



THE COCHRANE
COLLABORATION®

An international organisation that aims to help people make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions

Cochrane Oral Health Group

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Scope of the Group:

The Cochrane Oral Health Group aims to produce systematic reviews which primarily include all randomised controlled trials (RCTs) of oral health. Oral health is broadly conceived to include the prevention, treatment and rehabilitation of oral, dental and craniofacial diseases and disorders.

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Editorial

by Helen Worthington, Co-ordinating Editor, and Emma Tavender, Review Group Co-ordinator.

The Cochrane Oral Health Group has had its editorial base in Manchester for 10 years in 2006 and we thought it would be a great opportunity to celebrate our achievements over this period.

We are therefore hosting a symposium in Manchester on 30-31 May 2006 on 'Incorporating evidence into dental practice' and will be inviting several international speakers.

The aims of the symposium are:

- To promote high quality dental research evidence, including systematic reviews and evidence based clinical guidelines
- To encourage partnerships among clinicians, researchers, policy makers and funders committed to advancing evidence based dentistry
- Identify and discuss different barriers to the use of research evidence in informing dental practice
- Reflect on the role and development of the Cochrane Oral Health Group over the last 10 years.

Please put this date in your diaries now if you would like to join us.

The progress of the Group over the past 10 years has been phenomenal, we now have 51 reviews and 51 protocols published in *The Cochrane Library*, and a further 58 titles registered with the Group. Comparing our productivity to the other 50 Cochrane review groups we are currently number 17 in the league table although many of the groups with more reviews have been established for far longer and have had more resources. The Oral Health Group Trials Register has grown substantially from 3,500 references relating to trials in 1997 to currently over 20,000. It is an invaluable resource for all those wanting to undertake a systematic review.

Sylvia Bickley, who is the Trials Search Co-ordinator for both the Cochrane Oral Health Group and the Pain, Palliative and Supportive Care (PAPAS) Group, has been seconded, for a 3-year period, as a non-elected member to the Monitoring and Registration Group (a subgroup of the main Steering Group) for The Cochrane Collaboration as a TSC/CRG representative. This is a fantastic achievement for Sylvia and the Oral Health Group and reflects the quality of the expertise we have available at the editorial base.

The Oral Health Group has recently received some very good news. We have obtained an NIDCR (National Institute of Dental and Craniofacial Research) grant of about \$200,000 over 2 years to undertake a series of reviews for the treatment of oral cancer and to undertake some new reviews and update some of our existing reviews on the management of oral problems which occur during cancer treatment. This is the first time to our knowledge that NIDCR have funded Cochrane reviews. This successful application will also be of interest to other Cochrane entities who, like the Oral Health Group, continually face problems of attracting funding which cannot be seen as a conflict of interest. We are delighted to be able to move ahead with these reviews and will employ a researcher who will be able to spend time dedicated to this.

We do hope that we will see many of you next year at our celebrations in May.



Oral Health Group

Abstracts – Selection of recently published reviews (The Cochrane Library Issues 1, 2, 2005)

Routine scale and polish for periodontal health in adults

Beirne P, Forgie A, Worthington HV, Clarkson JE

Background: Many dentists or hygienists provide scaling and polishing for patients at regular intervals even if those patients are considered to be at low risk of developing periodontal disease. There is debate over the clinical effectiveness and cost effectiveness of 'routine scaling and polishing' and the 'optimal' frequency at which it should be provided.

Objectives: The main objectives were: to determine the beneficial and harmful effects of routine scaling and polishing for periodontal health; to determine the beneficial and harmful effects of providing routine scaling and polishing at different time intervals on periodontal health; to compare the effects of routine scaling and polishing provided by a dentist or professionals complementary to dentistry (PCD) (dental therapist or dental hygienist) on periodontal health.

Search strategy: We searched the Cochrane Oral Health Group Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE and EMBASE. Reference lists from relevant articles were scanned and the authors of eligible studies were contacted where possible to identify trials and obtain additional information. Date of most recent searches: 9th April 2003.

Selection criteria: Trials were selected if they met the following criteria: design – random allocation of participants; participants – anyone with an erupted permanent dentition who were judged to have received a 'routine scale and polish' (as defined in this review); interventions – 'routine scale and polish' (as defined in this review) and routine scale and polish provided at different time intervals; outcomes – tooth loss, plaque, calculus, gingivitis, bleeding and periodontal indices, changes in probing depth, attachment change, patient-centred outcomes and economic outcomes.

Data collection and analysis: Information regarding methods, participants, interventions, outcome measures and results were independently extracted, in duplicate, by two reviewers. Authors were contacted where possible and where deemed necessary for further details regarding study design and for data clarification. A quality assessment of all included trials was carried out. The Cochrane Collaboration's statistical guidelines were

followed and both standardised mean differences and weighted mean differences were calculated as appropriate using random-effects models.

Main results: Eight studies were included in this review and all studies were assessed as having a high risk of bias. Two split-mouth studies provided data for the comparison between scale and polish versus no scale and polish. One study, involving patients attending a recall programme following periodontal treatment, found no statistically significant differences for plaque, gingivitis and attachment loss between experimental and control units at each time point during the 1 year trial. The other study, involving adolescents in a developing country with high existing levels of calculus who had not received any dental treatment for at least 5 years, reported statistically significant differences in calculus and gingivitis (bleeding) scores between treatment and control units at 6, 12 and 22 months (in favour of 'scale and polish units') following a single scale and polish provided at baseline to treatment units. For comparisons between routine scale and polish provided at different time intervals, there were some statistically significant differences in favour of scaling and polishing provided at more frequent intervals: 2 weeks versus 6 months, 2 weeks versus 12 months (for the outcomes plaque, gingivitis, pocket depth and attachment change); 3 months versus 12 months (for the outcomes plaque, calculus and gingivitis). There were no studies comparing the effects of scaling and polishing provided by dentists or professionals complementary to dentistry.

Authors' conclusions: The research evidence is of insufficient quality to reach any conclusions regarding the beneficial and adverse effects of routine scaling and polishing for periodontal health and regarding the effects of providing this intervention at different time intervals. High quality clinical trials are required to address the basic questions posed in this review.

Citation: Beirne P, Forgie A, Worthington HV, Clarkson JE. Routine scale and polish for periodontal health in adults. The Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD004628.pub2. DOI: 10.1002/14651858.CD004625.pub2.

Interventions for replacing missing teeth: denture chewing surface designs in edentulous people

Sutton AF, Glenny AM, McCord JF

Background: When constructing complete dentures for edentulous patients, ultimately patient satisfaction is key. Complete dentures can be produced with different types of occlusal schemes (chewing surfaces) and it is widely accepted that the occlusal scheme for complete dentures has a direct influence upon their success.

Objectives: To assess the relative effectiveness of differing occlusal schemes for complete dentures with regard to patient satisfaction. The null hypothesis is that there is no difference in terms of patient satisfaction between different designs of chewing surfaces for complete dentures.

Search strategy: Several electronic databases were searched in order to identify relevant trials: Cochrane Oral Health Group Trials Register, Cochrane Central Register of Controlled Trials (CENTRAL) (*The Cochrane Library*, Issue 2, 2004), MEDLINE (1966 to week 2 April 2004), OLDMEDLINE (1953 to 1965), EMBASE (1980 to week 16 2004), Zetoc (1993 to December 2003), SIGLE (1980 to December 2003), SCI (Science Citation Index) (1945 to 04 April 2004). Reference lists of identified, relevant trials and review articles were scanned. Unpublished data were sought through personal contact with experts in the field. There was no language restriction.

Selection criteria: Randomised or quasi-randomised controlled clinical trials (RCTs), recruiting edentulous adults, and comparing complete dentures produced with different occlusal schemes with regard to patient satisfaction and masticatory function.

Data collection and analysis: The quality assessment of the included trials was undertaken independently and in duplicate by two reviewers based initially on what was written in the articles. Data were extracted by two reviewers independently. Disagreements were discussed and a third reviewer consulted as necessary. Authors were contacted for clarification or missing information. Data were excluded until further clarification if agreement could not be reached.

Main results: 1076 titles and abstracts were identified through the electronic searches. Thirteen trials were thought to be potentially relevant. Ten of these studies were subsequently excluded following further analysis. Two trials require further information from the author before being considered eligible for inclusion. Only one cross-over trial (n = 30), comparing lingualised teeth and zero-degree teeth, fully met the review's inclusion criteria. Twenty patients preferred the lingualised denture, five the zero-degree denture and five patients had no preference. There was a statistically significant

difference in favour of the lingualised denture with an odds ratio of 10 (95% confidence interval 2.04 to 48.96).

Authors' conclusions: There is weak evidence that it may be advantageous, for dentists providing a complete denture service, to prescribe prosthetic posterior teeth with cusps to improve patient satisfaction compared to providing cusplless teeth. However, this conclusion may only be made tentatively until further well conducted trials comparing different occlusal schemes for complete dentures are undertaken.

Citation: Sutton AF, Glenny AM, McCord JF. Interventions for replacing missing teeth: denture chewing surface designs in edentulous people. *The Cochrane Database of Systematic Reviews* 2005, Issue 1. Art. No.: CD004941.pub2. DOI: 10.1002/14651858.CD004941.pub2.

Interventions for the treatment of burning mouth syndrome

Zakrzewska JM, Forssell H, Glenny AM

Background: The complaint of a burning sensation in the mouth can be said to be a symptom of other disease or a syndrome in its own right of unknown aetiology. In patients where no underlying dental or medical causes are identified and no oral signs are found, the term burning mouth syndrome (BMS) should be used. The prominent feature is the symptom of burning pain which can be localised just to the tongue and/or lips but can be more widespread and involve the whole of the oral cavity. Reported prevalence rates in general populations vary from 0.7% to 15%. Many of these patients show evidence of anxiety, depression and personality disorders.

Objectives: The objectives of this review are to determine the effectiveness and safety of any intervention versus placebo for relief of symptoms and improvement in quality of life and to assess the quality of the studies.

Search strategy: We searched the Cochrane Oral Health Group Trials Register (20 October 2004), the Cochrane Central Register of Controlled Trials (CENTRAL, *The Cochrane Library*, Issue 4, 2004), MEDLINE (January 1966 to October 2004), EMBASE (January 1980 to October). Clinical Evidence Issue No. 10 2004, conference proceedings and bibliographies of identified publications were searched to identify the relevant literature, irrespective of language of publication.

Selection criteria: Studies were selected if they met the following criteria: study design - randomised controlled trials (RCTs) and controlled clinical trials (CCTs) which compared a

placebo against one or more treatments; participants - patients with burning mouth syndrome, that is, oral mucosal pain with no dental or medical cause for such symptoms; interventions - all treatments that were evaluated in placebo-controlled trials; primary outcome - relief of burning/discomfort.

Data collection and analysis: Articles were screened independently by two reviewers to confirm eligibility and extract data. The reviewers were not blinded to the identity of the studies. The quality of the included trials was assessed independently by two reviewers, with particular attention given to allocation concealment, blinding and the handling of withdrawals and drop outs. Due to both clinical and statistical heterogeneity statistical pooling of the data was inappropriate.

Main results: Nine trials were included in the review. The interventions examined were anti-depressants (two trials), cognitive behavioural therapy (one trial), analgesics (one trial), hormone replacement therapy (one trial), alpha-lipoic acid (three trials) and anticonvulsants (one trial). Diagnostic criteria were not always clearly reported. Out of the nine trials included in the review, only three interventions demonstrated a reduction in BMS symptoms: alpha-lipoic acid (three trials), the anticonvulsant clonazepam (one trial) and cognitive behavioural therapy (one trial). Only two of these studies reported using blind outcome assessment. Although none of the other treatments examined in the included studies demonstrated a significant reduction in BMS symptoms, this may be due to methodological flaws in the trial design, or small sample size, rather than a true lack of effect.

Authors' conclusions: Given the chronic nature of BMS, the need to identify an effective mode of treatment for sufferers is vital. However, there is little research evidence that provides clear guidance for those treating patients with BMS. Further trials, of high methodological quality, need to be undertaken in order to establish effective forms of treatment for patients suffering from BMS.

Citation: Zakrzewska JM, Forssell H, Glenny AM. Interventions for the treatment of burning mouth syndrome. *The Cochrane Database of Systematic Reviews* 2005, Issue 1. Art. No.: CD002779.pub2. DOI: 10.1002/14651858.CD002779.pub2.

Interventions for replacing missing teeth: different types of dental implants

Esposito M, Coulthard P, Thomsen P,
Worthington HV

Background: Dental implants are available in different materials, shapes and with different

surface characteristics. In particular, numerous implant surface modifications have been developed for enhancing clinical performances.

Objectives: To test the null hypothesis of no difference in clinical performance between various root-formed osseointegrated dental implant types.

Search strategy: We searched the Cochrane Oral Health Group's Trials Register, The Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE and EMBASE. Hand-searching included several dental journals. We checked the bibliographies of relevant clinical trials and review articles for studies outside the handsearched journals. We wrote to authors of the identified randomised controlled trials (RCTs), to more than 55 oral implant manufacturers; we used personal contacts and we asked on an internet discussion group in an attempt to identify unpublished or ongoing RCTs. No language restriction was applied. The last electronic search was conducted on 28 June 2004.

Selection criteria: All RCTs of oral implants comparing osseointegrated implants with different materials, shapes and surface properties having a follow up of at least 1 year.

Data collection and analysis: Screening of eligible studies, assessment of the methodological quality of the trials and data extraction were conducted in duplicate and independently by two reviewers. Results were expressed as random effects models using weighted mean differences for continuous outcomes and relative risk for dichotomous outcomes with 95% confidence intervals.

Main results: Thirty-one different RCTs were identified. Twelve of these RCTs, reporting results from a total of 512 patients, were suitable for inclusion in the review. Twelve different implant types were compared with a follow up ranging from 1 to 5 years. All implants were made in commercially pure titanium and had different shapes and surface preparations. On a 'per patient' rather than 'per implant' basis no significant differences were observed between various implant types for implant failures. There were statistically significant differences for peri-implant bone level changes on intraoral radiographs in three comparisons in two trials. In one trial there was more bone loss only at 1 year for IMZ implants compared to Brånemark (mean difference 0.60 mm; 95% CI 0.01 to 1.10) and to ITI implants (mean difference 0.50 mm; 95% CI 0.01 to 0.99). In the other trial Southern implants displayed more bone loss at 5 years than Steri-Oss implants (mean difference -0.35 mm; 95% CI -0.70 to -0.01). However this difference disappeared in the meta-analysis. More implants with rough surfaces were affected by perimplant-

itis (RR 0.80; 95% CI 0.67 to 0.96) meaning that turned implant surfaces had a 20% reduction in risk of being affected by perimplantitis over a 3-year period.

Authors' conclusions: Based on the available results of RCTs, there is limited evidence showing that implants with relatively smooth (turned) surfaces are less prone to loose bone due to chronic infection (perimplantitis) than implants with rougher surfaces. On the other hand, there is no evidence showing that any particular type of dental implant has superior long-term success. These findings are based on a few RCTs, often at high risk of bias, with few participants and relatively short follow-up periods. More RCTs should be conducted, with follow up of at least 5 years including a sufficient number of patients to detect a true difference if any exists. Such trials should be reported according to the CONSORT recommendations (<http://www.consort-statement.org/>).

Citation: Esposito M, Coulthard P, Thomsen P, Worthington HV. Interventions for replacing missing teeth: different types of dental implants. *The Cochrane Database of Systematic Reviews* 2005, Issue 1. Art. No.: CD003815.pub2. DOI: 10.1002/14651858.CD003815.pub2.

Recall intervals for oral health in primary care patients

Beirne P, Forge A, Clarkson JE, Worthington HV

Background: The frequency with which patients should attend for a dental check-up and the potential effects on oral health of altering recall intervals between check-ups have been the subject of ongoing international debate for almost 3 decades. Although recommendations regarding optimal recall intervals vary between countries and dental healthcare systems, 6-monthly dental check-ups have traditionally been advocated by general dental practitioners in many developed countries.

Objectives: To determine the beneficial and harmful effects of different fixed recall intervals (for example 6 months versus 12 months) for the following different types of dental check-up: a) clinical examination only; b) clinical examination plus scale and polish; c) clinical examination plus preventive advice; d) clinical examination plus preventive advice plus scale and polish. To determine the relative beneficial and harmful effects between any of these different types of dental check-up at the same fixed recall interval. To compare the beneficial and harmful effects of recall intervals based on clinicians' assessment of patients' disease risk with fixed recall intervals. To compare the beneficial and harmful effects of no recall interval/patient driven attendance (which

may be symptomatic) with fixed recall intervals.

Search strategy: We searched the Cochrane Oral Health Group Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE and EMBASE. Reference lists from relevant articles were scanned and the authors of some papers were contacted to identify further trials and obtain additional information. Date of most recent searches: 9th April 2003.

Selection criteria: Trials were selected if they met the following criteria: design- random allocation of participants; participants - all children and adults receiving dental check-ups in primary care settings, irrespective of their level of risk for oral disease; interventions -recall intervals for the following different types of dental check-ups: a) clinical examination only; b) clinical examination plus scale and polish; c) clinical examination plus preventive advice; d) clinical examination plus scale and polish plus preventive advice; e) no recall interval/patient driven attendance (which may be symptomatic); f) clinician risk-based recall intervals; outcomes - clinical status outcomes for dental caries (including, but not limited to, mean dmft/DMFT, dmfs/DMFS scores, caries increment, filled teeth (including replacement restorations), early carious lesions arrested or reversed); periodontal disease (including, but not limited to, plaque, calculus, gingivitis, periodontitis, change in probing depth, attachment level); oral mucosa (presence or absence of mucosal lesions, potentially malignant lesions, cancerous lesions, size and stage of cancerous lesions at diagnosis). In addition the following outcomes were considered where reported: patient-centred outcomes, economic cost outcomes, other outcomes such as improvements in oral health knowledge and attitudes, harms, changes in dietary habits and any other oral health-related behavioural change.

Data collection and analysis: Information regarding methods, participants, interventions, outcome measures and results were independently extracted, in duplicate, by two authors. Authors were contacted, where deemed necessary and where possible, for further details regarding study design and for data clarification. A quality assessment of the included trial was carried out. The Cochrane Oral Health Group's statistical guidelines were followed.

Main results: Only one study (with 188 participants) was included in this review and was assessed as having a high risk of bias. This study provided limited data for dental caries outcomes (dmfs/DMFS increment) and economic cost outcomes (reported time taken to provide examinations and treatment).

Authors' conclusions: There is insufficient evidence from randomised controlled trials

(RCTs) to draw any conclusions regarding the potential beneficial and harmful effects of altering the recall interval between dental check-ups. There is insufficient evidence to support or refute the practice of encouraging patients to attend for dental check-ups at 6-monthly intervals. It is important that high quality RCTs are conducted for the outcomes listed in this review in order to address the objectives of this review.

Citation: Beirne P, Forgie A, Clarkson JE, Worthington HV. Recall intervals for oral health in primary care patients. *The Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD004346.pub2. DOI: 10.1002/14651858.CD004346.pub2.

Interventions for treating asymptomatic impacted wisdom teeth in adolescents and adults

Mettes TG, Nienhuijs MEL, van der Sanden WJM, Verdonschot EH, Plasschaert AJM

Background: The prophylactic removal of asymptomatic impacted wisdom teeth is defined as the (surgical) removal of wisdom teeth in the absence of local disease. Impacted wisdom teeth have been associated with pathological changes, such as inflammation of the gums around the tooth, root resorption, gums- and alveolar bone disease, damage of the adjacent teeth, the development of cysts and tumours. Several other reasons to justify prophylactic removal have also been given. Wisdom teeth do not always fulfil a functional role in the mouth. When surgical removal is carried out in older patients the risk of more postoperative complications, pain and discomfort increases. Nevertheless, in most developed countries the prophylactic removal of trouble-free wisdom teeth, either impacted or fully erupted, has long been considered as 'appropriate care'. Prudent decision-making, with adherence to specified indicators for removal, may reduce the number of surgical procedures by 60% or more. It has been suggested that watchful monitoring of asymptomatic wisdom teeth may be an appropriate strategy.

Objectives: To evaluate the effect of prophylactic removal of asymptomatic impacted wisdom teeth in adolescents and adults compared with the retention of these wisdom teeth.

Search strategy: The following electronic databases were searched: The Cochrane Oral Health Group Trials Register (4 August 2004), the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (1966 to 4 August 2004), PubMed (1966 to 4 August 2004), EMBASE (1974 to 4 August 2004). There was no restriction on language. Key journals were handsearched.

An attempt was made to identify ongoing and unpublished trials.

Selection criteria: All randomised or controlled clinical trials (RCTs/CCTs) comparing the effect of prophylactic removal of asymptomatic impacted wisdom teeth with no-treatment (retention).

Data collection and analysis: Assessment of relevance, validity and data extraction were conducted in duplicate and independently by three reviewers. Where uncertainty existed, authors were contacted for additional information about randomisation and withdrawals. A quality assessment of the trials was carried out.

Main results: Only three trials were identified that satisfied the review selection criteria. Two were completed RCTs and both assessed the influence of prophylactic removal on late incisor crowding in adolescents. One ongoing RCT was identified, but the researchers were unable to provide any data. They intend to publish in the near future and information received will be included in updates. Although both completed trials met the inclusion criteria of the review, regarding participants characteristics, interventions and outcomes assessed, different outcomes measures were assessed which prevented pooling of data.

Authors' conclusions: No evidence was found to support or refute routine prophylactic removal of asymptomatic impacted wisdom teeth in adults. There is some reliable evidence that suggests that the prophylactic removal of asymptomatic impacted wisdom teeth in adolescents neither reduces nor prevents late incisor crowding.

Citation: Mettes TG, Nienhuijs MEL, van der Sanden WJM, Verdonschot EH, Plasschaert AJM. Interventions for treating asymptomatic impacted wisdom teeth in adolescents and adults. *The Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD003879.pub2. DOI: 10.1002/14651858.CD003879.pub2.

Antibiotic use for irreversible pulpitis

Keenan JV, Farman AG, Fedorowicz Z, Newton JT

Background: Irreversible pulpitis, which is characterised by acute and intense pain, is one of the most frequent reasons that patients attend for emergency dental care. Apart from removal of the tooth the customary way of relieving the pain of irreversible pulpitis is by drilling into the tooth, removing the inflamed pulp (nerve) and cleaning the root canal. However, a significant minority of dentists continue to prescribe antibiotics to stop the pain of irreversible pulpitis.

Objectives: The objective of this review was to provide reliable evidence regarding the effective-

ness of prescribing systemic antibiotics for irreversible pulpitis by comparing clinical outcomes expressed as pain relief.

Search strategy: We searched the following databases: Cochrane Oral Health Group Trials Register and Pain, Palliative Care and Supportive (PaPaS) Care Group Trials Register to 6th September 2004; the Cochrane Central Register of Controlled Trials (CENTRAL) *The Cochrane Library* Issue 3 2004; MEDLINE (1966 to 6th September 2004); EMBASE (1980 to week 36 2004).

Selection criteria: This review includes one randomised controlled trial which compared pain relief with systemic antibiotics and analgesics, against placebo and analgesics in the acute preoperative phase of irreversible pulpitis.

Data collection and analysis: Only one trial is included in this review, therefore pooling of data from studies was not possible and a descriptive summary is presented.

Main results: One trial involving 40 participants was included in this review. There was a close parallel distribution of the pain ratings in both the intervention and placebo groups over the 7 day study period. The between-group differences in sum pain intensity differences (SPID) for the penicillin group were (6.0±10.5), and for placebo (6.0±9.5) $P = 0.776$. The sum pain percussion intensity differences (SPPID) for the penicillin group were (3.5±7.5) and placebo (2.0±7.0) $P = 0.290$, with differences as assessed by the Mann-Whitney-Wilcoxon test considered to be statistically significant at $P < 0.05$. There was no significant difference in the mean total number of ibuprofen tablets ($P = 0.839$) and Tylenol tablets ($P = 0.325$), in either group over the study period. The administration of penicillin over placebo did not appear to significantly reduce the quantity of analgesic medication taken ($P > 0.05$) for irreversible pulpitis.

Authors' conclusions: This review which was based on one methodologically sound but low powered small sample trial provided some evidence that there is no significant difference in pain relief for patients with untreated irreversible pulpitis who did or did not receive antibiotics in addition to analgesics.

Citation: Keenan JV, Farman AG, Fedorowicz Z, Newton JT. Antibiotic use for irreversible pulpitis. *The Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD004969. pub2. DOI: 10.1002/14651858.CD004969. pub2.

Sedation of anxious children undergoing dental treatment

Matharu LM, Ashley PF

Background: Anxiety about dental treatment

maybe a barrier to its uptake in children. Sedation can be used to relieve anxiety and manage behaviour, unfortunately it is difficult to determine from published research which agents, dosages and techniques are effective.

Objectives: To evaluate the relative efficacy of the various conscious sedation techniques and dosages for behaviour management in paediatric dentistry.

Search strategy: Computerised: MEDLINE, PubMed, EMBASE, Cochrane Central Register of Controlled Trials, Dissertation Abstracts, SIGLE, the World Wide Web (Google) and the Community of Science Database were searched for relevant trials and references. Searches were carried out for MEDLINE and EMBASE up to June 2003 and for the remaining databases December 2002. Reference lists from relevant articles were scanned and the authors contacted to identify trials and obtain additional information. There were no language restrictions. Trials pre-1966 were not searched.

Selection criteria: Studies were selected if they met the following criteria: randomised controlled trials of conscious sedation comparing two or more drugs/techniques/placebo undertaken by the dentist or one of the dental team in anxious children up to 16 years of age.

Data collection and analysis: Information regarding methods, participants, interventions and outcome measures and results were independently extracted, in duplicate, by two authors. Specialist advice was asked to categorise interventions. Authors of trials were contacted for details of randomisation and withdrawals and a quality assessment was carried out not using any formal scoring system. The Cochrane Oral Health Group statistical guidelines were followed.

Main results: Fifty-three studies were included with 2345 subjects in total. Overall quality of studies was found to be disappointing with poor reporting often the main problem. Data reported could not be easily aggregated into groups to facilitate description of results. Meta-analysis of the available data was also not possible for the same reason. The variety of differing drug regimens compared made it difficult to isolate groups of studies that were sufficiently similar in design to allow sensible comparison. Where groups of studies could be isolated, then the differing outcome measures used made their meta-analysis impossible.

Authors' conclusions: Authors were not able to reach any definitive conclusion on which was the most effective drug or method of sedation used for anxious children. A list of proposed areas of study was described.

Citation: Matharu LM, Ashley PF. Sedation of

anxious children undergoing dental treatment. *The Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD003877.pub2. DOI: 10.1002/14651858.CD003877.pub2.

Manual versus powered toothbrushing for oral health

Robinson PG, Deacon SA, Deery C, Heanue M, Walmsley AD, Worthington HV, Glenny AM, Shaw WC

Background: Removing dental plaque may play a key role maintaining oral health. There is conflicting evidence for the relative merits of manual and powered toothbrushing in achieving this.

Objectives: To compare manual and powered toothbrushes in relation to the removal of plaque, the health of the gingivae, staining and calculus, dependability, adverse effects and cost.

Search strategy: We searched the Cochrane Oral Health Group Trials Register (to 17/06/2004) and Central Register of Controlled Trials (*The Cochrane Library* Issue 2, 2004); MEDLINE (January 1966 to week 2 June 2004); EMBASE (January 1980 to week 2 2004) and CINAHL (January 1982 to week 2 June 2004). Manufacturers were contacted for additional data.

Selection criteria: Trials were selected for the following criteria: design-random allocation of participants; participants - general public with uncompromised manual dexterity; intervention - unsupervised manual and powered toothbrushing for at least 4 weeks. Primary outcomes were the change in plaque and gingivitis over that period.

Data collection and analysis: Six authors independently extracted information. The effect measure for each meta-analysis was the standardised mean difference (SMD) with 95% confidence intervals (CI) using random-effects models. Potential sources of heterogeneity were examined, along with sensitivity analyses for quality and publication bias. For discussion purposes SMD was translated into percentage change.

Main results: Forty-two trials, involving 3855 participants, provided data. Brushes with a rotation oscillation action removed plaque and reduced gingivitis more effectively than manual brushes in the short term and reduced gingivitis scores in studies over 3 months. For plaque at 1 to 3 months the SMD was -0.43 (95% CI: -0.72 to -0.14), for gingivitis SMD -0.62 (95% CI: -0.90 to -0.34) representing an 11% difference on the Quigley Hein plaque index and a 6% reduction on the Löe and Silness gingival index. At over 3 months the SMD for plaque was -1.29 (95% CI: -2.67 to 0.08) and for gingivitis was -0.51 (-0.76 to -0.25) representing a 17% reduction on the

Ainamo Bay bleeding on probing index. There was heterogeneity between the trials for the short-term follow up. Sensitivity analyses revealed the results to be robust when selecting trials of high quality. There was no evidence of any publication bias. No other powered designs were as consistently superior to manual toothbrushes. Cost, reliability and side effects were inconsistently reported. Any reported side effects were localised and temporary.

Authors' conclusions: Powered toothbrushes with a rotation oscillation action reduce plaque and gingivitis more than manual toothbrushing. Observation of methodological guidelines and greater standardisation of design would benefit both future trials and meta-analyses.

Citation: Robinson PG, Deacon SA, Deery C, Heanue M, Walmsley AD, Worthington HV, Glenny AM, Shaw WC. Manual versus powered toothbrushing for oral health. *The Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD002281.pub2. DOI: 10.1002/14651858.CD002281.pub2.

For the abstracts of all the Cochrane Oral Health Group reviews please refer to the following website:

<http://www.cochrane-oral.man.ac.uk/abstracts.htm>



CC Info

International Cochrane email list: CCInfo.

This moderated list offers an excellent means of keeping informed about the activities and policies of The Cochrane Collaboration. The list is used for announcements and discussion of matters relevant to the Collaboration as a whole.

To subscribe send an email to: ccinfo@mcmaster.ca with the message: subscribe ccinfo firstname lastname. Do not fill in the subject or add a signature. You will receive confirmation that you have been added to the list.

Cochrane Oral Health Group News

10th Anniversary – Oral Health Group Symposium

30th – 31st May 2006
Manchester, UK

The Cochrane Oral Health Group is organising an international symposium to mark the Group's 10 years based in Manchester.

The Oral Health Group was registered with the Collaboration on the 5th June 1994. The editorial base was initially set up in the USA under the co-ordinating editorship of Alexia Antczak-Bouckoms but later on it was transferred to Manchester within the School of Dentistry, The University of Manchester, with Bill Shaw and Helen Worthington as Co-ordinating Editors.

To celebrate our achievements over the last 10 years, the Group is hosting an international symposium on 'Incorporating research evidence into dental practice' with the following aims:

- To promote high quality dental research evidence, including systematic reviews and evidence based clinical guidelines
- To encourage partnerships among clinicians, researchers, policy makers and funders committed to advancing evidence based dentistry
- Identify and discuss different barriers to the use of research evidence in informing dental practice
- Reflect on the role and development of the Cochrane Oral Health Group over the last 10 years.

DIARY DATES



13th Cochrane Colloquium
22nd-26th October 2005, Melbourne, Australia
14th Cochrane Colloquium
2006, Dublin, Ireland
15th Cochrane Colloquium
2007, São Paulo, Brazil

The programme will be spread over two days and consist of a mix of plenary sessions, led by internationally acclaimed speakers, parallel sessions and open meetings to allow for discussion and development of future collaborative research projects.

Further details and registration information can soon be found at the Group's website:

<http://www.cochrane-oral.man.ac.uk>

OHG Editorial Team news



The first half of 2005 has seen the relocation of two of the Group's Editors, one leaving and the other arriving at the editorial base in Manchester.

On the one hand we said goodbye to Dr Lee Hooper who has accepted a lectureship in Research Synthesis at the University of East Anglia but continues her work and involvement with the Group remotely from Norwich.

On the other hand we welcomed Dr Marco Esposito who has relocated from Sweden to a new position in Manchester as Senior Lecturer in Oral and Maxillofacial Surgery at the School of Dentistry.

Would you like to visit us?

We have had several visits from reviewers who come to Manchester to work on their review with us. If you would like to come please just call and let us know so we can arrange some desk space for you. In the past our reviewers used their time here to:

- Have 'protected' time away from their busy desks
- Develop and run search strategies
- Consult statisticians
- Input data into RevMan.

If Manchester, UK, is too far to travel, but a similar set up would be useful, let us know as another Cochrane Group/Centre local to you may be able to help.

Cochrane Oral Health Group Trials Register

Database searching – 'One size' does not fit all!

by Sylvia R Bickley, *Trials Search Co-ordinator.*

Literature searching is a crucial element of the systematic reviewing process and first-time systematic reviewers soon realize that a much more disciplined approach to searching must be applied than perhaps they have ever considered before. Beyond the review subject knowledge authors need to have much more in depth knowledge and understanding of the science of electronic literature searching and the functionality of different search engines to assure an effective search strategy.

Having thought through the research question, listed the search terms on which the search strategy will be built, and identified which databases we plan to search, we then have to identify the specific indexing terms for the review topic in each database (in MEDLINE these are MeSH terms and in EMBASE Emtree terms). This alone is quite an exercise in itself, but we are not finished yet because next we have to address the individual programming of the search engines we shall use to search the databases. For example shall we search MEDLINE via PubMed, OVID or Silver Platter? The choice we make will dictate how we should use search operators (AND, OR, NOT) truncation symbols, (* or \$ or ?) and whether or not the search engine allows proximity searching (NEAR, NEXT, adj, adj5 etc.).

For systematic reviewing we need to search a number of different databases via different platforms such as OVID, Wiley InterScience, PubMed etc., each of which have different search engines with their own individual functionality. When moving from one database to another during systematic review searching, most of us will get caught out from time to time trying to put operators or truncation symbols for one search engine into another. When this happens some search engines will not run the search and alert us by flagging up an error message but be aware that not all do this and if we do not spot the error ourselves a search will be run which will not be doing what we intended.

We are more likely to spot errors in our search strategies if we keep the search lines short. Errors in a long complex search string on one line are

more easily 'hidden' and are less likely to be spotted, as executing the search will usually produce *some* results. Keeping search lines short is a particularly useful tip to guard against introducing typos into a search strategy. A simple search line that produces no 'hits' will draw our attention to check the search line for errors.

Fortunately each provider (e.g. OVID, Wiley InterScience, Silver Platter) presents, through their help files, detailed guidance on searching through their particular platform and it is well worth spending a little time to study this before getting too involved in setting up your search strategies.

Those of us who spend our days developing search strategies and running searches find keeping on top of all the finer points of search platforms and search engines both testing and challenging. Recently perhaps none more so than for *The Cochrane Library* which, over the past two years, has been on a rolling programme of changing over publishers from Update Software to John Wiley & Sons and has presented us with particular challenges. For a period of time, there were three versions of *The Cochrane Library* available; Update Software online, Wiley InterScience online, and the Update Software CD version. In January 2005 the Update Software online version was withdrawn, to complete the transition of the online version to the Wiley InterScience site. In the meantime, the CD version continued to be published by Update Software while the Wiley CD version was undergoing radical testing by the Search Testing Group and subsequently by Trials Search Co-ordinators. During this period some of us found ourselves working with three different versions – each with their own variations of application and functionality. A testing time indeed! From and including Issue 4 2005 Wiley will take over the publication of the CD version, thereby fully completing the transition for publication of *The Cochrane Library* from Update Software to John Wiley & Sons. It will take time to adjust the mindset from one set of searching rules to another but a little patience and the guidance notes provided by the publishers should facilitate a reasonably smooth if not seamless transition.

For an interesting account of the development of *The Cochrane Library* see Starr M, Chalmers I. The evolution of *The Cochrane Library*, 1988-2003. Update Software: Oxford:

www.update-software.com/history/clibhist.htm

The Cochrane Library

The Cochrane Library on Wiley InterScience

John Wiley & Sons Limited have taken over the publishing responsibilities of *The Cochrane Library* from Update Software. *The Cochrane Library* is now available through Wiley InterScience at:

<http://www.thecochranelibrary.com>

Comments and Criticisms for The Cochrane Library

The Criticism Management Advisory Group (CMAG) have recently launched a new Comments and Criticisms (feedback) site for *The Cochrane Library* that will help to improve the quality of Cochrane Reviews. The house rules that accompany the site were approved by the Publishing Policy Group at their meeting on January 24, 2005. Feedback Editors and Review Group Co-ordinators (RGCs) have already received a copy of the 'house rules' and a user guide to the site.

This development was founded on the responses to a survey about the current system that the CMAG administered in early 2004 to Feedback Editors, RGCs, and interested others. Over the past year, the CMAG, with advice from the Information Management System Group (IMSG), members of the Cochrane Collaboration Steering Group (CCSG), and John Wiley & Sons Ltd., was successful in integrating most of the findings of the survey with the new site. In particular, in response to the survey's findings, the site includes the following enrichments:

- Clearer instructions
- Greater visibility of the comment button – now renamed 'Add/View Feedback' with an icon on top and bottom
- Review titles ordered by date
- Voluntary listing of any department affiliations
- Easy to follow
- Cleaner and more user-friendly
- Simpler, with less administration required
- Viewing of all feedback together online to encourage 'cutting and pasting'
- Feedback author must declare a conflict of interest, and is bound by the house rules, particularly about posting on a public website

- Includes email contact: CochraneFeedback@wiley.co.uk for follow up if feedback is not posted in 10 days
- Communication patterns about the review, feedback, and acknowledgement are clearer [in conjunction with the Feedback Editor].

The site enlarges the opportunities for readers to submit and view the feedback to all Cochrane Reviews. The CMAG will continue to revise it based on user experience.



Cochrane News Alert

The Cochrane Library covers all areas of medicine, not just oral health issues. John Wiley & Sons have introduced a news alert system to publicise key healthcare conclusions and their implications for practice in advance of the publication of each issue of *The Cochrane Library*. This is the latest listing (Issue 2, 2005):

- Psychological interventions can help fight fat
- Chest physio doesn't help most infants with bronchiolitis
- Hospitalised neonates with RDS better off lying on chests
- Don't take HRT if the sole reason is to ward off cardiovascular disease
- NSAIDs don't increase bleeding after tonsillectomy in children
- Memantine provides some help in moderate to severe Alzheimer's disease
- A program of music therapy can help people with schizophrenia
- Most electric brushes no better than manual toothbrushes.

For more information on these and many other reviews and *The Cochrane Library* Press Room, visit:

<http://www.thecochranelibrary.com>

or

<http://www.cochrane.org/press/releases.htm>

Cochrane and The Science Citation Index Expanded™

The Science Citation Index Expanded™ (SCIE) and Current Contents/Clinical Medicine (CC/CM) were developed by ISI (Institute for Scientific Information). The ISI is part of Thomson Scientific & Healthcare (TSH), a segment of The Thomson Corporation, a global provider of integrated information solutions.

ISI provides over 5.4 million record links to full-text documents hosted by primary publishers and a growing list of key databases.

ISI is also well known for the term 'impact factor'. Based upon citation analysis and quantifiable statistical data, it provides a systematic, objective way to determine the relative importance of journals within their subject categories. The impact factor can address what are the hottest journals, what journals have the highest impact, and what journals are most frequently used or cited. The higher the impact factor of a journal, the more prestigious and influential it is to publish in it. It is regarded as one of the ways to measure the usefulness of a journal, and the impact of researchers' work.

- The **Science Citation Index Expanded™** (SCIE) provides access to current and retrospective bibliographic information, author abstracts, and cited references found in approximately 5,900 of the world's leading scholarly science and technical journals covering more than 150 disciplines. The SCIE format available through the Web of Science® and the online version and SciSearch®.
- **Current Contents/Clinical Medicine** (CC/CM) provides access to complete bibliographic information from articles, editorials, meeting abstracts, commentaries, and all other significant items in recently published editions of over 1,120 of the world's leading clinical medicine journals and books in a broad range of categories.

The main obstacle for Cochrane reviews to be able to have individual formal entries in SCIE has

been the lack of journal status of *The Cochrane Database of Systematic Reviews* (CDSR) with ISI.

The Cochrane Collaboration Steering Group (CCSG) has always considered getting CDSR accepted as a journal by ISI a priority for increasing recognition and standing of Cochrane reviews in the scientific community. Negotiations were started by Update Software, previous publishers of *The Cochrane Library*, and continued by Wiley, current publishers, with the CCSG's support so Cochrane reviews take their rightful place alongside other scientific research in ISI.

In order to increase the impact of Cochrane publications and for the CDSR to gain journal status, the starting point was to have a constant identifier for each Cochrane review – called a digital object identifier (DOI). Wiley have been conducting discussions with ISI on how Cochrane reviews can be included in ISI and have developed plans on how to achieve a model for inclusion that will best capture citations to Cochrane reviews. Recently the assignment of DOIs to reviews has been completed and information on the new citation format of Cochrane reviews has been circulated.

Wiley have received an email from ISI confirming that CDSR has passed their technical evaluation. Coverage in The Science Citation Index Expanded™ (SCIE) and Current Contents/Clinical Medicine (CC/CM) will now go forward.

Details of the start date, impact factor and other important issues will be forthcoming and Wiley will keep The Cochrane Collaboration informed on the latest developments of what marks a very exciting time for Cochrane reviews.

For more information about ISI go to:

<http://www.isinet.com>

Cochrane Reviews: new citation format

How to cite:

- **The Cochrane Library:**
The Cochrane Library, Issue X, 200X. Chichester: Wiley.
- A **Cochrane review** in *The Cochrane Database of Systematic Reviews* (CDSR) or in *The Cochrane Database of Methodology Reviews* (CDMR):

“This record should be cited as: [Author(s) and/or Group Author(s)]. [Record title]. [Product title in italic] [year of issue immediately following date of most recent substantive amendment], Issue [number of the issue immediately following date of most recent substantive amendment]. Art. No.: [record number]. DOI: [Digital Object Identifier].”

Examples:

This record should be cited as: Robinson PG, Deacon SA, Deery C, Heanue M, Walmsley AD, Worthington HV, Glenny AM, Shaw WC. Manual versus powered toothbrushing for oral health. *The Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD002281.pub2. DOI: 10.1002/14651858.CD002281.pub2.

This record should be cited as: Demicheli V, Di Pietrantonj C. Peer review for improving the quality of grant applications. *The Cochrane Database of Methodology Reviews* 2003, Issue 1. Art. No.: MR000003. DOI: 10.1002/14651858.MR000003.

The main change to the citation format to enable compatibility with The Science Citation Index Expanded™ (SCIE) is that the issue number and date of publication are now constant and calculated as functions of the date of the last substantive amendment, i.e. the issue number in citations of reviews that have not been substantively updated no longer change each time a new issue of *The Cochrane Library* is published. This approach has been driven by the need to meet ISI (Institute for Scientific Information) requirements for listing the records in CDSR to gain an impact factor.

It is also recommended that the Digital Object Identifier (DOI) is included in the citation. The DOI is a very reliable way to find a review. DOIs are names assigned to intellectual property (i.e. Cochrane reviews). They are used to provide current information, including where they can be found on the Internet. Information about a digital object may change over time, including where to find it, but its DOI will not change. Users can turn a DOI into a URL by appending <http://dx.doi.org/> to the front of the DOI and they will be taken to the review. General information about DOIs can be found at <http://www.doi.org>.

All authors and readers should ensure that they cite Cochrane reviews using the new recommended format, and with the actual issue of publication rather than the currently available issue.

How can we improve?

Any comments or suggestions on how we can improve any aspect of our newsletter? Please send them to the COHG Newsletter editor:
luisa.fernandez@manchester.ac.uk or post them to: Luisa Fernandez, Cochrane Oral Health Group, MANDEC, School of Dentistry, The University of Manchester, Higher Cambridge Street, Manchester M15 6FH, UK.

Deadlines dates for publication on



| Issue | Review/Protocol sent to referees | | Final version to Editorial base | Editorial base submit Module | Cochrane Library Publication Date |
|----------------|----------------------------------|----------------------|---------------------------------|--------------------------------|-----------------------------------|
| 2005 | <i>Protocol</i> | <i>Review</i> | | | |
| Issue 1 | 8 th Oct | 12 th Sep | 10 th November 2004 | 17 th November 2004 | 24 th January 2005 |
| Issue 2 | 3 rd Jan | 22 nd Dec | 16 th February 2005 | 23 rd February 2005 | 20 th April 2005 |
| Issue 3 | 8 th Apr | 28 th Mar | 18 th May 2005 | 25 th May 2005 | 20 th July 2005 |
| Issue 4 | 8 th Jul | 20 th Jun | 17 th August 2005 | 24 th August 2005 | 19 th October 2005 |
| 2006 | <i>Protocol</i> | <i>Review</i> | | | |
| Issue 1 | 1 st Oct | 12 th Sep | 9 th November 2005 | 16 th November 2005 | 25 th January 2006 |

Cochrane Collaboration News

The Cochrane Collaboration supports prospective registration of clinical trials

statement by the *Executive of the Cochrane Collaboration Steering Group*.

The Cochrane Collaboration is committed to providing the most reliable evidence of the effectiveness of health care through systematic reviews of randomised controlled trials (RCTs), and recognises the importance of prospectively registering trials to ensure that the evidence assessed is complete and unbiased.

The Cochrane Collaboration recommends that:

- all randomised controlled trials are registered at their inception (at the time of the ethical approval and/or funding approval);
- registered information should be potentially accessible to all interested parties;
- registration should be with a register that complies with an appropriate minimum standard of practice;
- prospective registration of trials should be part of ethical guidelines for clinical trials;
- government agencies should ensure that adequate mechanisms and infrastructure are provided so that all randomised controlled trials can be registered prospectively;
- government agencies should explore legislative and other strategies to mandate prospective registration as a condition of, for example, funding, ethics or regulatory approval.

In addition, The Cochrane Collaboration supports:

- the principle of a global trials register;
- a unique international numbering system such as the ISRCTN (International Standard Randomised Controlled Trial Number) currently available through the organization Current Controlled Trials (www.controlled-trials.com);
- activities that facilitate the widespread adoption of this unique numbering system: If a fee is charged to obtain this unique number, and this fee is a significant barrier to obtaining a number, The Cochrane Collaboration encourages endeavours that would result in a reduction or removal of this fee;
- the comprehensiveness of the global trials register through the incorporation of the Cochrane Central Register of Controlled Trials (CENTRAL).

The Cochrane Collaboration recognises that the registration of trials at their inception will:

1. Help identify health care strategies that require research, and set priorities for research in the light of concurrent studies in progress.
2. Avoid unintentional duplication of clinical trials or allow replication of trials when appropriate.

3. Foster collaboration between investigators considering similar trials.
4. Assist recruitment to trials in progress.
5. Allow patients and patient support groups to be kept informed.
6. Ensure that all trial results do eventually become publicly available (through publication) and are subsequently used in systematic reviews of the evidence.
7. Ensure that more ethical and worthwhile trials are undertaken by better defining the unanswered questions (through systematic reviews of completed trials) and through knowledge of similar trials in progress.

Many clinical trials, especially those with negative or inconclusive results, may fail to be published in medical journals. This risks the unethical use of healthcare resources and participants in trials. To prevent this, ethics committees should promote prospective registration of clinical trials and thus ensure that trial results can subsequently become publicly available.

References:

- Antes G, Chalmers I. Under-reporting of clinical trials is unethical. *The Lancet* 2004;361(9362):978.
- Dickersin K. Why register clinical trials? Revisited. *Controlled Clinical Trials* 1992;13(2):170-7.
- Dickersin K, Rennie D. Registering clinical trials. *JAMA* 2003;290:516-23.
- Horton R, Smith R. Time to register randomised trials. *The Lancet* 1999; 354:1138-9.
- Simes RJ. Publication bias: the case for an international registry of clinical trials. *Journal of Clinical Oncology* 1986;4:1529-41.

Dissemination of Cochrane evidence

Cochrane reviews have become known internationally as sources of high quality, reliable health information, and other groups have

begun to interpret, adapt and disseminate Cochrane reviews and information derived from them.

Over the past several months, The Canadian Cochrane Centre has been working to collect evidence of the reach and impact of The Cochrane Collaboration on health care.

The first part of this project is an inventory of resources (print and online) that use and disseminate evidence derived from Cochrane reviews and *The Cochrane Library*.

The Dissemination of Cochrane Evidence inventory is now available on The Cochrane Collaboration website at:

<http://www.cochrane.org/reviews/impact/index.htm>

The inventory contains over 70 resources in 20 languages, including textbooks, journals, online libraries, newsletters, summaries, clinical guidelines and indexes.

Any additions or corrections to the inventory can be sent to: ccnc@mcmaster.ca.

NewsManager

'NewsManager', a new Cochrane news and events publishing system, is now running on www.cochrane.org. Many of the site's calendars, workshops lists, and news pages receive live data feeds with articles submitted online by system users. You can now contribute articles - just look for the 'submit your news' link on the pages to which you would like to contribute or visit:

<http://news.cochrane.org>

Cochrane Style Guide (CSG)

The Cochrane Style Guide is designed to help review authors and people responsible for copy editing to copy edit reviews and other documents produced by The Cochrane Collaboration in a consistent manner.

Its latest version is Version 2.3.0, released 5th November 2004. For further details and to download the Cochrane Style Guide as Word or pdf or to browse it online visit:

<http://www.liv.ac.uk/Istm/ehcap/CSR/CSG.html>

Cochrane Style Basics

The Cochrane Style Guide Working Group has drafted a two-page summary of the Cochrane Style Guide that contains its most essential items, such as abbreviation format, presenting statistical results, and reference style.

Designed specifically for review authors, but in a format that editorial bases can modify according to their needs, the Cochrane Style Basics could help prevent common copy-editing errors.

A draft version (22nd April 2005) is currently available to browse online or to download as Word or pdf when visiting:

<http://www.liv.ac.uk/Istm/ehcap/CSR/Cochrane-Style-Basics.html>

The Cochrane Style Guide Working Group would value feedback from review authors and other users on the Cochrane Style Basics. The feedback will be used to improve the Cochrane Style Basics before releasing the final version with a Cochrane Style Guide update. (The content may be modified following any changes to the Cochrane Style Guide.)

You can submit your feedback at:

http://www.liv.ac.uk/Istm/ehcap/CSR/Feedback_submit.html

Cochrane Reviewers' Handbook

The Reviewers' Handbook is the official document which describes in detail the process of creating Cochrane systematic reviews.

The Reviewers' Handbook has been updated and renamed **Cochrane Handbook for Systematic Reviews of Interventions**, version 4.2.5 (May 2005). This version includes the following major changes:

- Extensive revision of Sections 1 and 2.
- Synopses will now be renamed 'Plain Language Summaries'. The Cochrane Collaboration Steering Group has decided that there should be no release of a new or substantively updated Cochrane review without a Plain Language Summary, and it is hoped that reviews will be updated with the new style of Plain Language Summary over the next two years. Included in version 4.2.5 of the Handbook is new advice about the form and content of Plain Language Summaries.
- Revised Section 3 (Guide to the contents of a protocol and review) which replaces Appendix 2a (Guide to the format of a Cochrane review). This guide has been extensively revised and updated, including a series of recommended subheadings to be used in the text of a review.
- Two new sections have been added to Section 8 (Analysing and presenting results): 8.11.2 Cluster randomised controlled trials and 8.11.3 Cross-over trials.
- A new appendix of the Handbook on including adverse effects in Cochrane reviews (Appendix 6b).
- The Reviewers' Handbook Glossary has also been updated and renamed the Glossary of Terms in The Cochrane Collaboration. It is available from:

<http://www.cochrane.org/resources/glossary.htm>

- Changes to How to cite the Handbook to reflect the new title and editors.

Cochrane Handbook for Systematic Reviews of Interventions is available from:

<http://www.cochrane.org/resources/handbook/index.htm>

The Cochrane Manual

The last update of the *The Cochrane Manual* (a 255-page document containing the policies and procedures of The Cochrane Collaboration) is now available on the Collaboration website:

<http://www.cochrane.org/admin/manual.htm>

IMS: Introducing Archie



The new Cochrane Collaboration's Information Management System (IMS) consists of the specialised software used to support the Collaboration's electronic infrastructure.

The new IMS will consist of a central internet based system and a new version of RevMan (RevMan 5). The central system will be built around a database that contains contact details, reviews, studies, review group topics lists, and other information that is currently included in the entity modules (e.g. sources of support). RevMan will act as a client application to the system (an application that resides on a local computer but exchanges data with a central system), and will be used for preparing and maintaining reviews 'off-line' (i.e. when not connected to the internet). All other information will be updated 'on-line' in the central system, preferably using a standard browser. Collaborative Review Groups (CRGs) will still retain ownership of all the information that is included in CRG modules today, and continue to be in charge of authorising when this information, for instance individual reviews, is ready for publication. The new IMS will also contain an integrated system for titles registration; a tracking system with workflow management to help with the editorial process of CRGs; a system for managing contact information, and a data delivery module for publishers and websites. A subsequent priority will be to add a central study register, a repository for unpublished documents and groupware functionality (e.g. discussion lists). These systems are not part of the current IMS.

The system is being developed by software developers at the Nordic Cochrane Centre and the Norwegian Branch of the Nordic Cochrane Centre. The overall development is overseen by the Information Management System Group (IMSG) with input from the ModMan, RevMan and Technical Implementation advisory groups. The

IMSG is an advisory group to the Cochrane Collaboration Steering Group.

Phase 1 of the new IMS took place in November 2004 with a new version of the Cochrane Contact Database. The rollout of Phase 2 of the new IMS has started in March 2005 and will continue until 2006 when the new IMS is expected to be fully developed and generally used.

The main purpose of the new IMS is to support more efficient preparation, maintenance and publication of high quality Cochrane reviews.

The new IMS will integrate the software programs currently used by CRGs (RevMan, ModMan) into one streamlined internet-based system. Using a standard internet browser, accurate and up-to-date resources such as contact details, protocols, reviews, studies, review group topic lists, and other information will be easily accessible to all Cochrane entities (with the appropriate access rights).

Additional advantages of the new IMS will include the avoidance of duplication of data;

centralised back-up and archiving of reviews and other documents; a check-in/check-out system that ensures that review authors, editors, and CRG staff are always working with the latest version of a RevMan file; the ability to track reviews during their preparation and maintenance; and the automation of some administrative and editorial tasks.



Archie

In August 2004, a competition to identify a good name for the IMS server was announced. A total of 56 names were proposed by Cochrane people from all over the world. After two rounds of short-listing by the IMSG and the IMS team, six names were finally passed to the members of the Steering Group in December 2004. 'Archie' was chosen as the winning name.

Archie is the core component of the new IMS: the central server that Cochrane entities use to manage and store their shared data. Archie is currently being used to:

- maintain contact details of the members of all entities
- maintain and submit the modules published in *The Cochrane Library* for the Consumer Network, Centres, Fields, Methods Groups and the Steering Group

- share documents within some entities.

Over the next year, CRGs will also be starting to use Archie for handling the editorial process, and storing and submitting reviews and other information for publication in *The Cochrane Library*.

The other major component of the new IMS, RevMan 5, is currently planned to be released in the middle of 2006.

More information about the new IMS is available at:

<http://www.cc-ims.net>



Summary of findings in Cochrane reviews

by Gunn Vist.

In: Hopewell S, Clarke M (editors). *The Cochrane Collaboration Methods Groups Newsletter* June 2005;9:4.

Systematic reviews are often long and overwhelming and can be quite difficult for users to understand quickly. A Summary of Findings table should include the main results only and hence make rapid understanding of a review easier.

Based on open meetings held at both the Cochrane Colloquium in Barcelona and Ottawa, there is strong support for the inclusion of a Summary of Findings table within Cochrane reviews. The Summary of Findings table is thought to be an important contribution to making the reviews more accessible to users and to helping improve the quality of reviews. The Summary of Findings table is made based on the GRADE approach¹ to grading the quality of evidence and strength of recommendations and it includes brief information about the main outcomes.

The Summary of Findings table is suggested as a separate element of the Cochrane review to be located near the abstract. The table should include information about each of the main outcomes, how many patients in how many trials are reported on,

what the control group risk was, the measured risk ratio, the change in events and the quality of the evidence, the effects size (relative and absolute), the scale used (for continuous outcomes) and the quality of the information for each of the main outcomes.

The Summary of Findings table will be pilot tested during mid-2005, to evaluate the use of the GRADE approach with the GRADEpro programming package to make these tables in Cochrane reviews. We hope to gain information that will enable us to develop and improve further the specifications for the Summary of Findings table.

Summary of Findings tables will be prepared for a range of different types of reviews across Review Groups. Collaborative Review Groups are helping to identify one or two of their reviews. We will include reviews that are close to completion or in the process of being updated.

The authors of the reviews who agree to take part in this evaluation will be given written guidelines for preparing Summary of Findings tables. Additionally, each group will be allocated one contact person. The contact person is someone familiar with the GRADE approach, who will be available for support and help. We will also ask for information about the amount of time used, problems encountered and suggestions for improvements.

References:

1. Atkins D, Best D, Briss PA, Eccles M, Falck-Ytter Y, Flottorp S, Guyatt GH, Harbour RT, Haugh MC, Henry D, Hill S, Jaeschke R, Leng G, Liberati A, Magrini N, Mason J, Middleton P, Mrukowicz J, O'Connell D, Oxman AD, Phillips B, Schünemann HJ, Edejer TT, Varonen H, Vist GE, Williams JW Jr, Zaza S; GRADE Working Group. Grading quality of evidence and strength of recommendations. *BMJ* 2004;328:1490-4.

Reporting bias

Reporting bias: any consequences for Methods and Results sections in Cochrane reviews?

by *Peter Gøtzsche, Director, Nordic Cochrane Centre.*
In: Muir A (editor). *Cochrane News* 2005; Issue 33.

Reporting bias within published trials has long been suspected but had not been well documented before a study published in May 2004¹ showed that full reporting of trial outcomes – enabling them to be entered into a meta-

analysis – was considerably more common when the outcome was statistically significant than when it was not. The study was based on an unbiased cohort of trial protocols approved by a regional scientific-ethical committee and corresponding publications. The study also showed that two-thirds of the trial reports had at least one primary outcome that was changed, introduced, or omitted, compared to the protocol. Finally, 86% of surveyed trialists denied the existence of unreported outcomes in trial reports despite evidence to the contrary. A subsequent study with similar results was recently published in the *Canadian Medical Association Journal*².

At the meeting of the Reporting Bias Methods Group in Ottawa we discussed these issues and what possible consequences the findings might have for Cochrane reviews. Some Cochrane reviews have very long Results sections, in some cases exceeding 5,000 words, which is about the length of two full articles in a paper journal. Perhaps it is time to consider whether it is a good idea to report all the many outcomes the primary authors selected for their trial report, given that this selection has so often occurred in a biased fashion.

It might be preferable to concentrate on a few outcomes that are commonly used. For example Hamilton's Depression Scale if the disease is depression. In such a case, one should count the number of reports where the scale, or a similar one, was not mentioned at all, and the number of reports where it was mentioned, but where insufficient data had been published to allow them to be entered in a meta-analysis. This could perhaps give the readers a better impression of the scope for bias in the Cochrane review.

More widespread use of the standardised mean difference could also be considered, e.g. when similar scales to Hamilton's Depression Scale have been used. This could increase the power of the analyses and the chance of detecting bias.

These suggestions could considerably limit the number of outcomes reported in Cochrane reviews, at the same time increasing the reliability of those that are reported. And a shortening of the Results sections would in many cases be more reader-friendly. A good example of this approach is given in a review of 99 trials where the Results section takes up 731 words³.

References:

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comparison of protocols to published articles. *JAMA* 2004;291:2457-65.

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3. Geddes JR, Freemantle N, Mason J, Eccles MP, Boynton J. Selective serotonin reuptake inhibitors (SSRIs) versus other antidepressants for depression. *The Cochrane Database of Systematic Reviews* 1999, Issue 4. Art. No.: CD001851. DOI: 10.1002/14651858.CD001851.

New methods for pooling binary outcomes will be available in RevMan 5.0

by Jan Friedrich, Neill Adhikari, Jon Deeks and Joseph Beyene.

In: Hopewell S, Clarke M (editors). *The Cochrane Collaboration Methods Groups Newsletter* June 2005;9:8-9.

A set of new methods for pooling binary outcomes will be introduced with the release of RevMan 5.0. This brief note explains the rationale for their inclusion.

When calculating fixed-effect pooled binary outcome measures (risk differences (RD), odds ratios (OR), and relative risks (RR)), the current version of RevMan 4.2 uses the Mantel-Haenszel method¹. In contrast, RevMan weights each trial by the inverse of the variance of its effect measure (the inverse variance method) when performing a DerSimonian and Laird random-effects analysis². When there is no difference between study heterogeneity, this reduces to a fixed-effect model but gives a different estimator than the Mantel-Haenszel method. Study weights are adjusted when heterogeneity is present. These adjusted weights change the random-effects pooled estimate and confidence interval (CI) and are calculated using a constant derived from the heterogeneity Q statistic.³

The Q statistic and derived I^2 statistic (used to quantify heterogeneity)⁴ are calculated using the Mantel-Haenszel pooled fixed-effect estimator, consistent with the Mantel-Haenszel fixed-effect model in RevMan. An alternative approach, consistent with the random-effects model, would use the inverse variance pooled fixed-effect estimator. (When calculating Q, the squared difference between each trial's effect estimator and the pooled effect estimator is weighted by the inverse of its variance regardless of the form of

the pooled estimator that is used.)

We compared the Q and I^2 statistics obtained using both methods for three binary effect measures from a Cochrane review of antibiotic therapy of sore throat to prevent rheumatic fever.⁵ The review contains seven studies with more than one event in either group and nine studies with no events in either group.

Q and I^2 are higher when calculated using the Mantel-Haenszel versus the inverse variance pooled estimator for all effect measures, which results in wider confidence intervals using a random-effects analysis. The differences are relatively small for OR (Q-statistic 11.6 using the Mantel Haenszel vs 11.1 using the inverse variance method) and RR (Q-statistic 12.2 using the Mantel Haenszel vs 11.5 using the inverse variance method). However, the difference is larger for RD (Q-statistic 76.6 using the Mantel Haenszel vs 32.7 using the inverse variance method). In fact, in this example, the random-effects pooled RD changes from statistical significance with the smaller Q calculated using the inverse variance fixed-effect pooled RD (-0.006, 95%CI -0.011 to -0.001, p=0.011) to non-significance with the larger Q calculated using the Mantel Haenszel pooled RD (-0.007, 95%CI -0.014 to 0.000, p=0.057; reported in RevMan as RD -0.01, 95%CI -0.01 to 0.00, p=0.08 because of rounding).

The choice of method to calculate Q was discussed by the Cochrane Statistical Methods Group when RevMan was programmed, and the next release of RevMan (version 5.0) will allow the alternative option using the inverse variance fixed-effect pooled estimator for computing Q. This change allows a statistical test for differences between subgroups (as described in Deeks et al⁶) to be added to the software.

Inverse variance methods are already used for fixed-effect meta-analyses of continuous outcomes, as well as for the generic inverse variance method, so no changes are necessary.

With further research, we hope to define the statistical properties, implications for clinical interpretation and optimal choice of Q statistic. Meta-analysts using RevMan should understand that the heterogeneity Q statistic can be calculated using different methods and appreciate that the choice of method can affect the pooled random-effects estimates and confidence intervals.

References:

1. Mantel N, Haenszel W. Statistical aspects of the

- analysis of data from retrospective studies of disease. *Journal of the National Cancer Institute* 1959;22:719-48.
2. DerSimonian R, Laird N. Meta-analysis in clinical trials. *Controlled Clinical Trials* 1986;7:177-88.
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 4. Higgins JP, Thompson SG, Deeks JJ, Altman DG. Measuring inconsistency in meta-analyses. *BMJ* 2003;327:557-60.
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Bias susceptibility in Cochrane reviews

by Julian Higgins and Sally Hopewell on behalf of participants of the bias susceptibility workshop.
In: Hopewell S, Clarke M (editors). *The Cochrane Collaboration Methods Groups Newsletter* June 2005;9:7.

Assessment of the potential degree of bias in included studies is an important and mandatory part of a Cochrane review. The strength of evidence provided by a review should reflect the strength of evidence from the included studies. This requires that the risk of bias in these studies be fully assessed, presented and incorporated into the analyses and conclusions. Problems in this area were raised as a priority issue during a meeting of the Methods Group convenors, the Handbook Advisory Group and the Quality Advisory Group at a meeting in Oxford, UK, in June 2004.

There is a growing amount of empirical evidence to show large variation in how the quality of included studies are assessed and incorporated in Cochrane reviews. For example, in a sample of 548 Cochrane reviews from Issue 1 2002 of *The Cochrane Library*, only half described how quality assessments were (or were to be) incorporated within the review. A large proportion (44%) of authors did not follow through with their plans.¹ Two studies have specifically targeted assess-

ments of concealment of allocation in Cochrane reviews. A survey of 200 reviews, with 2035 included studies, revealed high miscoding rates and confusion regarding allocation concealment, randomisation and blinding.² A study in which 122 trial reports that had been included in 23 reviews were re-evaluated found a mismatch in 35% of trial reports between Handbook advice and the code the reviewer used. All of these were over ratings.³

There is an urgent need to develop a Collaboration-wide strategy for assessing the risk of bias, which needs to be described in the *Cochrane Handbook for Systematic Reviews of Interventions* (formerly the *Cochrane Reviewers' Handbook*) and disseminated to review authors in order to improve the quality of Cochrane reviews and their conclusions. The relevant chapter in the Handbook is currently out of date, due to the fast pace of research in this area.

To address this issue, a meeting was held at the Institute of Public Health, Cambridge, UK on 16 to 18 May, 2005, and was attended by 16 methodologists, experienced Cochrane reviewers and members of Collaborative Review Groups (Doug Altman, Gerd Antes, Chris Cates, Jon Deeks, Peter Gøtzsche, Julian Higgins, Sally Hopewell, Peter Jüni, Steff Lewis, Philippa Middleton, David Moher, Andy Oxman, Ken Schulz, Nandi Siegfried, Jonathan Sterne and Simon Thompson).

The aim of the workshop was to develop a consensus policy on how to assess the risk of bias in Cochrane reviews. This will result in a major revision of Chapter 6 of the *Cochrane Handbook for Systematic Reviews of Interventions* and will contain specific guidance and policies resulting from the discussions and recommendations of the meeting. Recommendations will also be made to the RevMan Advisory Group regarding possible changes to the RevMan software in line with the new guidance. It is hoped that a draft version of the chapter will be available in time for the 13th Cochrane Colloquium in Melbourne in October 2005 where a special session is planned to discuss and present the new guidance.

References:

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Update on Cochrane reviews of diagnostic test accuracy

by *Jim Neilson and Mark Davies, Co-Chairs of the Cochrane Collaboration Steering Group.*

The Co-Chairs of the Collaboration's Steering Group have been made aware that there is some confusion about Cochrane reviews of diagnostic test accuracy. This message is to clarify the current situation.

The Steering Group set up a Working Group to develop methods and materials for reviews of diagnostic test accuracy in 2003. This group has made good progress developing review specifications, a draft Handbook and software specifications.

The working group has developed an implementation plan for introducing these reviews into the work of the Collaboration. We ask you to adhere to this plan. We need to ensure that the introduction of these reviews is carefully managed to make best use of very limited resources, avoid duplication of effort, work with existing CRG (Collaborative Review Group) processes and ensure that authors are working to the right guidelines.

The pilot phase of the implementation plan is currently underway. This involves the working group supporting 13 reviews from 11 CRGs (airways; back; bone, joint and muscle trauma; eyes and vision; inflammatory bowel disease and functional bowel disorders; menstrual disorders and subfertility; neonatal; pregnancy and childbirth; renal; stroke; wounds) to test out the methods and material.

After this phase of work, the *Diagnostic Reviewers' Handbook* and software will be revised and released, and procedures developed to assist CRGs in managing these reviews. These will include providing training to CRG teams, training reviewers, setting up title registration databases, study registers and peer review processes. Only when the pilot phase has finished and RevMan 5

is ready will further reviews and review groups be able to start.

We also need to work with our publishers to create a new database within *The Cochrane Library* in which the protocols and reviews will be published.

The ability of the working group to provide training and support when reviews are rolled out across the Collaboration will depend on full time staff being employed within Cochrane entities. Funding applications to employ key staff to provide training and support to CRGs have been submitted, we wait to hear whether these are successful.

However, we are aware that:

- some CRGs are registering titles of diagnostic reviews on the current system
- others have reviewers who have started diagnostic reviews without any discussion with the working group.

We ask that CRGs who have registered titles remove them from the system, and those who have reviewers starting these reviews who are not part of the official pilot project make it clear that they cannot yet be registered as Cochrane reviews, and that they may need total reworking if they are found to be contrary to the guidance and structure decided by the working group.

In the meantime there are three things interested CRGs could do:

1. CRGs could work on producing a scope of questions regarding test selection in their area
2. CRGs could look out for new editors interested and skilled in test evaluation
3. CRGs could register expressions of interest from potential reviewers.

We acknowledge your patience in waiting to commence this exciting new area of work for the Collaboration.

It is important to stress that there is no expectation that busy CRGs will take on reviews of diagnostic test accuracy unless they (1) wish to (2) have additional resources to do so.

RevMan 4.2.8

RevMan 4.2.8 is a minor service release that includes the latest version of the *Cochrane Handbook for Systematic Reviews of Interventions* and fixes the following four problems in RevMan 4.2.7:

- Additional figures inserted as PNG files may become corrupted so they cannot be published.

- RevMan fails to rename studies when the Text of review window is open.
- RevMan Analyses 1.0.2 always reports zero studies and participants for non-estimable outcomes or subgroups.
- Funnel plots based on outcomes using the generic inverse variance method may not include all points (in RevMan Analyses 1.0.2).

The upgrade is installed using a 'patch' program (~1.4 MB) available from:

[http://www.cc-ims.net/
download/revman/revman42patch.exe](http://www.cc-ims.net/download/revman/revman42patch.exe)

The patch will only work on RevMan versions 4.2 and later. To install the patch, click on the link and open the file, or save the file on your hard drive and run it from there. Follow the instructions and make sure to install the patch in the same directory as RevMan 4.2.x. If the installation program suggests a directory with another version, you need to browse to the right one.

The full version of RevMan on the website <http://www.cc-ims.net/RevMan> has also been upgraded to 4.2.8. You will need this if the patch does not work.



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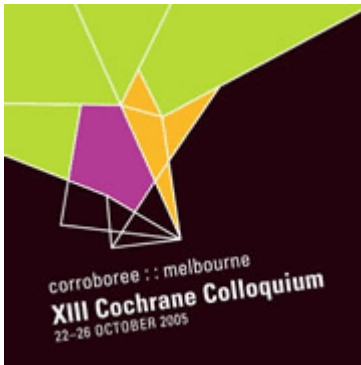
Collaborators Wanted!



There are several ways in which you can contribute to the work of the Oral Health Group:

- **Preparing a review** as a lead author or assisting as a co-author. If you would like more information or if you have a particular subject area you wish to pursue, please contact Emma Tavender (emma.tavender@manchester.ac.uk) who will be happy to discuss your ideas.
- **Peer-reviewing** reviews and protocols for the Group.
- **Handsearching a journal.** If you have access to a particular oral health related journal and would be willing to handsearch for trials, please contact Sylvia Bickley (Sylvia.R.Bickley@manchester.ac.uk).
- **Offering consumer input** commenting on drafts of Cochrane reviews or suggesting questions for review. Representing the recipients of health care (patients or carers) viewpoint, as a consumer you will ensure that reviews are relevant and clear to those affected by the condition, their carers or family members. Please contact Luisa Fernandez (luisa.fernandez@manchester.ac.uk) for further information.
- **Translating articles or parts of articles.** Cochrane reviews include all relevant studies regardless of language. Translators are therefore needed to translate these studies from the original language to English.

If you are interested in contributing please complete the OHG's membership form, which can be found on the last page of this newsletter.



XIII Cochrane Colloquium

CORROBOREE :: MELBOURNE

The 13th Cochrane Colloquium will take place from 22nd to 26th of October 2005 in Melbourne, Australia.

“Cochrane Colloquia are occasions to reflect upon the achievements of The Cochrane Collaboration and to recognise the efforts of its many tireless contributors. In October 2005 the 13th Cochrane Colloquium will be held in Melbourne, Australia and we invite you to join us in a Cochrane-style corroboree. In

Aboriginal Australia, corroborees represent the physical and philosophical coming together of the tribe. In Melbourne we are planning a scientific and social program that will stimulate, inform and entertain.” (*Colloquium Organising Committee*).

Colloquium objectives

1. To introduce The Cochrane Collaboration and its achievements to those interested in using the best available evidence to inform healthcare decision making.
2. To provide members of the Collaboration with opportunities to hold meetings and to advance their knowledge and skills.
3. To encourage partnerships among clinicians, researchers, consumers, policy makers and funders committed to advancing evidence-based practice.
4. To provide opportunities for members of the Collaboration to get together at social, cultural and recreational events.
5. To provide a forum where members of the Collaboration can contribute to the future directions of the organisation.

Target audience

- Current and future contributors to The Cochrane Collaboration
- Policy makers, consumers, clinicians and researchers interested in the application of Cochrane reviews to inform decision-making
- People interested in learning more about the Collaboration’s activities, and in attending the scientific program
- Potential partner organisations and institutions.

Provisional program

The Scientific Program Committee is planning plenary sessions to focus on both the existing scope of the Collaboration’s work and to explore potential opportunities. There will be four plenaries exploring the following themes:

1. Innovative approaches to enhance the use of evidence in health care decisions
2. Latest methodological advances in evidence generation and synthesis
3. Addressing inequities in the representation, coverage, accessibility and relevance of systematic reviews
4. Influencing the future research agenda by promoting participation and relevance.

Key dates

- Early registration deadline: 15 July 2005
- Regular registration deadline: 16 July 2005 onwards
- Hotel registration deadline: 16 September 2005
- Cancellation refunds deadline: 23 September 2005
- On-site registration: 22 October to 26 October 2005

Full details, including a complete list of plenary sessions, workshops, oral and poster presentations and social events, are available on the Colloquium website:

<http://www.colloquium.info>

Cochrane Training & Events Calendar

Training Course: Evidence Based Practice in Dentistry

A three-day course for all dentists and members of the dental team provided by staff from the Cochrane Oral Health Group.

The aim of the course is to develop the skills to implement an evidence based care approach for effective clinical practice, audit and research.

The course will be complemented by distance learning, self directed study and mentored support.

By the end of the course you will be able to:

- ◆ Understand the ideas and principles of evidence based practice
- ◆ Identify clinical issues where assessment of the evidence would be helpful
- ◆ Search out and critically appraise relevant dental literature
- ◆ Concisely present the evidence on a clinical issue
- ◆ Interpret your findings and develop an implementation strategy, audit criteria and/or research plan.

21 hours verifiable CPD

Three days of workshops taught by members of the editorial team will take place in Manchester at the headquarters of the Cochrane Oral Health Group.

For further information, course dates and an application form contact:

luisa.fernandez@manchester.ac.uk or visit:

www.cochrane-oral.man.ac.uk

| Australasian Cochrane Centre | | |
|--------------------------------------|-------------------|--|
| DATE | LOCATION | WORKSHOP |
| 21-22 July 2005 | Hobart | Protocol & analysis |
| 28-29 July 2005 | Singapore | Systematic reviews |
| 22-26 Aug 2005 | Melbourne | Review completion program |
| October (dates TBA) | Melbourne | Work-in: progressing your review |
| October (dates TBA) | Auckland | Protocol & analysis (TBC) |
| 8-9 Dec 2005 | Sydney | Protocol & analysis |
| Brazilian Cochrane Centre | | |
| 30 Aug 2005 | São Paulo | Introdução à Colaboração Cochrane e à Revisão Sistemática e Metanálise |
| 15 Sept 2005 | São Paulo | Condução da revisão sistemática |
| 27 Sept 2005 | São Paulo | Introdução à Colaboração Cochrane e à Revisão Sistemática e Metanálise |
| 25 Oct 2005 | São Paulo | Introdução à Colaboração Cochrane e à Revisão Sistemática e Metanálise |
| 29 Nov 2005 | São Paulo | Introdução à Colaboração Cochrane e à Revisão Sistemática e Metanálise |
| Canadian Cochrane Centre | | |
| 30 Nov-1 Dec 2005 | Montreal | Cochrane review author training |
| Dutch Cochrane Centre | | |
| 14 Sept 2005 | Amsterdam | Ontwikkelen van een systematische review |
| 23 Nov 2005 | Amsterdam | Ontwikkelen van een systematische review |
| Iberoamerican Cochrane Centre | | |
| 21 Nov 2005 | Barcelona | Desarrollo de un protocolo de revisión. Uso del programa RevMan |
| 22 Nov 2005 | Barcelona | Desarrollo de un protocolo de revisión. Uso del programa RevMan |
| Nordic Cochrane Centre | | |
| On demand | Copenhagen & Oslo | Individual sessions on writing Protocols/Reviews & using RevMan |
| UK Cochrane Centre | | |
| 12 July 2005 | Oxford | Developing a protocol for a review |
| 13 July 2005 | Oxford | Introduction to analysis |
| 18-22 July 2005 | Oxford | Review completion course |
| 13 Sept 2005 | Leeds | Developing a protocol for a review |
| 14 Sept 2005 | Leeds | Introduction to analysis |
| 11 October 2005 | Dublin | Developing a protocol for a review |
| 12 October 2005 | Dublin | Introduction to analysis |
| 6 Dec 2005 | Liverpool | Developing a protocol for a review |
| 7 Dec 2005 | Liverpool | Introduction to analysis |
| US Cochrane Center | | |
| 21-23 Jul 2005 | Providence | Completing a systematic review |

For an up-to-date listing see:

<http://www.cochrane.org/news/workshops.shtml>

FDI Annual World Dental Congress 2005

24th – 27th August 2005 / Montreal, Canada
 FDI World Dental Federation
 For more information contact congress@fdiworldental.org or visit <http://www.fdiworldental.org>

17th International Conference on Oral & Maxillo-facial Surgery (ICOMS)

28th August – 4th September 2005 / Vienna, Austria
 For more information contact office@medacad.org or visit <http://www.iaoms.org> or <http://www.icomsvienna2005.org/>

IADR World Congress in Preventive Dentistry

7th – 10th September 2005 / Liverpool, UK
 IADR (International Association for Dental Research)
 For more information contact gwynn@iadr.com or visit <http://www.dentalresearch.org>

6th International Orthodontic Congress

11th – 15th September 2005 / Paris, France
 For more information contact vgrimaldi@europa-organisation.com or visit <http://www.wfoparis2005.org>

5th International Congress on Peer Review & Biomedical Publication

16th – 18th September 2005 / Chicago, USA
 JAMA & Archives Journals; BMJ Publishing Group
 For more information contact jama-peer@jama-archives.org or visit <http://www.jama-peer.org>

ADA Annual Session

6th – 9th October 2005 / Philadelphia, USA
 ADA (American Dental Association)
 For more information visit <http://www.ada.org>

20th IAPD International Congress

31st October – 5th November 2005 / Sydney, Australia
 IAPD (International Association of Paediatric Dentistry)
 For more information contact info@iapd2005.com or visit <http://www.iapd2005.com> or <http://www.iapdworld.org>

ICOI/DGOI World Congress XXIII

10th – 12th November 2005 / Strasbourg, France
 ICOI (International Congress of Oral Implantologists)
 For more information contact ICOI@DENTALIMPLANTS.COM or visit <http://www.worldcongress-strasbourg.com>

British Dental Conference & Exhibition 2006

18th – 20th May 2006 / Birmingham, UK
 BDA (British Dental Association)
 For more information contact events@bda.org or visit <http://www.bda.org/events/>

IADR – 84th General Session & Exhibition

28th June – 1st July 2006 / Brisbane, Australia
 IADR (International Association for Dental Research)
 For more information visit <http://www.iadr.com>

13th International Congress on Oral Pathology**and Medicine**

21st – 25th June 2006 / Brisbane, Australia
 IAOP (International Association of Oral Pathologists)
 For more information visit <http://www.icms.com.au/iaop2006/>

18th Congress – International Association for Disability and Oral Health

23rd – 26th August 2006 / Göteborg, Sweden
 For more information contact info@inspiroevent.se or visit <http://www.iadh2006.com>

8th Biennial Congress – European Association of Oral Medicine

Dates TBA / Zagreb, Croatia
 For more information visit <http://www.eastman.ucl.ac.uk/~eaom/meetings.html>

Intensive Systematic Review Training Course

ICEBOH, Eastman Dental Institute, University College London, UK.

Limited attendance annual intensive four-day course in systematic reviews for clinical and non-clinical professionals in oral health care. The course is aimed both at those who have not yet conducted a systematic review and those engaged in a review and who are seeking guidance.

Course content: Scientific basis of systematic reviews; assembling a collaborative review team; developing a protocol; searching for data; quality appraisal of research; planning study eligibility; data abstraction; pooling data and meta-analysis; research ethics, producing review conclusions and reports.

It is provided by staff from the Eastman Dental Institute, UK Cochrane Centre and Cochrane Oral Health Group.

For more details and enquiries contact Mrs Shirley Goodey (s.goodey@eastman.ucl.ac.uk), or visit: <http://www.eastman.ucl.ac.uk/iceboh>

Cochrane Oral Health Group Reviews

Published Reviews

- Orthodontic treatments for posterior crossbites – *Harrison J, Ashby D* [UPDATED JANUARY 2001]
- Interventions for preventing oral candidiasis for patients with cancer receiving treatment – *Clarkson JE, Worthington HV, Eden OB* [UPDATED OCTOBER 2004]
- Potassium nitrate toothpaste for dentine hypersensitivity – *Poulsen S, Errboe M, Hovgaard O, Worthington HV*
- Interventions for the treatment of burning mouth syndrome – *Zakrzewska J, Glenny AM, Forssell H* [UPDATED JANUARY 2005]
- Interventions for treating oral leukoplakia – *Lodi G, Sardella A, Bez C, Demarosi F, Carrassi A* [UPDATED JULY 2004]
- Interventions for treating oral candidiasis for patients receiving chemotherapy and or radiotherapy – *Clarkson JE, Worthington HV, Eden OB* [UPDATED JANUARY 2004]
- Interventions for treating oral mucositis for patients receiving chemotherapy and or radiotherapy – *Worthington HV, Clarkson JE, Eden OB* [UPDATED APRIL 2004]
- Fluoride gels for preventing dental caries in children and adolescents – *Marinho VCC, Sheiham A, Logan S, Higgins J*
- Fluoride varnishes for preventing dental caries in children and adolescents – *Marinho VCC, Sheiham A, Logan S, Higgins JPT*
- Interventions for replacing missing teeth: hyperbaric oxygen therapy for irradiated patients who require dental implants – *Coulthard P, Esposito M, Worthington HV, Jokstad A*
- Interventions for replacing missing teeth: maintaining health around dental implants – *Esposito M, Coulthard P, Worthington HV, Thomsen P* [UPDATED JULY 2004]
- Interventions for preventing oral mucositis for patients with cancer receiving treatment – *Worthington HV, Clarkson JE, Eden OB* [UPDATED JULY 2003]
- Interventions for replacing missing teeth: different types of dental implants – *Esposito M, Coulthard P, Worthington HV, Jokstad A* [UPDATED JANUARY 2005]
- Interventions for replacing missing teeth: pre-prosthetic surgery versus dental implants - *Coulthard P, Esposito M, Worthington HV, Jokstad A*
- Interventions for replacing missing teeth: different times for loading dental implants – *Esposito M, Coulthard P, Worthington HV* [UPDATED JULY 2004]
- Ceramic inlays for restoring teeth – *Hayashi M, Yeung CA*
- Manual versus powered toothbrushing for oral health – *Robinson P, Shaw WC, Walmsley A, Deery C, Deacon S, Heanue M, Worthington HV* [UPDATED APRIL 2005]
- Pulp treatment for extensive decay in primary teeth – *Nadin G, Glenny AM, Goel B, Yeung A*
- Interventions for replacing missing teeth: surgical techniques for placing dental implants – *Coulthard P, Worthington HV, Esposito M, Jokstad A*
- Hyaluronate for the treatment of temporomandibular joint disorders – *Zongdao S, Awad M*
- Occlusal adjustment for treating temporomandibular joint disorders – *Koh H, Robinson P*
- Fluoride toothpastes for preventing dental caries in children and adolescents – *Marinho VCC, Higgins JPT, Sheiham A, Logan S*
- Adhesives for fixed orthodontic brackets - *Mandall NA, Mattick CR, Milett DT, Harrison JE, Davies K, Hickman J, Worthington HV*
- Interventions for replacing missing teeth: bone augmentation techniques for dental implant treatment - *Coulthard P, Esposito M, Worthington HV, Jokstad A*
- Fluoride mouthrinses for preventing dental caries in children and adolescents – *Marinho VCC, Higgins JPT, Sheiham A, Logan S*
- Antibiotics to prevent complications following dental implant treatment – *Esposito M, Coulthard P, Oliver R, Thomsen P, Worthington HV*
- Screening programmes for the early detection and prevention of oral cancer – *Kujan O, Glenny AM, Duxbury AJ, Thakker N, Sloan P*
- Topical fluoride (toothpastes, mouthrinses, gels or varnishes) for preventing dental caries in children and adolescents - *Marinho VCC, Higgins JPT, Sheiham A, Logan S*
- Stabilisation splint therapy for temporomandibular pain dysfunction syndrome – *Al-Ani Z, Gray R, Davies S, Sloan P, Worthington HV*
- Retention procedures for stabilising tooth position after treatment with orthodontic braces – *Littlewood S, Millett D, Doubleday B, Bearn D, Worthington HV*
- One topical fluoride (varnishes, or gels, or rinses, or toothpastes) versus another for preventing dental caries in children and adolescents – *Marinho VCC, Higgins JPT, Sheiham A, Logan S*
- Combinations of topical fluorides (varnishes, or gels, or rinses, or toothpastes) versus one topical fluoride for preventing dental caries in children and adolescents - *Marinho VCC, Higgins JPT, Sheiham A, Logan S*
- Penicillins for the prophylaxis of bacterial endocarditis in dentistry – *Oliver R, Roberts G, Hooper L*
- Direct versus indirect veneer restorations for intrinsic dental stains – *Wakiaga J, Brunton P, Silikas N, Glenny AM*
- Domestic violence screening and intervention programmes for adults with dental or facial injury – *Coulthard P, Yong S, Esposito M, Adamson L, Warburton A, Worthington HV*
- Pit and fissure sealants for preventing dental decay in the permanent teeth of children and adolescents - *Ahovuo-Saloranta A, Hiiri A, Nordblad A, Worthington HV, Makela M*
- Ozone therapy for the treatment of dental caries – *Rickard D, Richardson R, Johnson T, McColl D, Hooper L*

- Fluorides for the prevention of white spots on teeth during fixed brace treatment – *Benson P, Parkin N, Millett D, Dyer FE, Vine S, Shah A*
- Feeding interventions for growth and development in infants with cleft lip, cleft palate or cleft lip and palate – *Glenny A-M, Hooper L, Shaw WC, Reilly S, Reid J*
- Interventions for replacing missing teeth: treatment of periimplantitis – *Esposito M, Worthington HV, Coulthard P*
- Antibiotic use for irreversible pulpitis – *Keenan J, Farman AG, Fedorowicz Z, Newton JT*
- Interventions for replacing missing teeth: denture chewing surface designs in edentulous adults – *Sutton F, McCord JF, Jokstad A*
- Recall intervals for oral health in primary care patients – *Beirne P, Forgie A, Worthington HV, Clarkson J*
- Interventions for treating asymptomatic impacted wisdom teeth in adolescents and adults – *Mettes TG, van der Sanden W, Verdonschot EH, Plasschaert AJM, van't Hof MA, Nienhuijs M*
- Routine scale and polish for periodontal health in adults – *Forgie A, Beirne P, Worthington HV, Clarkson J*
- Sedation of anxious children undergoing dental treatment – *Matharu L, Ashley P*
- Fluoridated milk for preventing dental caries – *Yeung A, Tickle M, Hitchings HL, Macfarlane TV, Threlfall AG, Glenny AM*

Reviews in the refereeing process

- Interventions for treating oral lichen planus – *Chan ES-Y, Thornhill M, Zakrzewska J [REVIEW UPDATE]*
- Enamel matrix derivative (Emdogain) for periodontal tissue regeneration in intrabony defects – *Esposito M, Coulthard P, Worthington HV [REVIEW UPDATE]*
- Guided tissue regeneration for periodontal infra-bony defects – *Needleman I, Giedrys-Leeper E, Tucker R, Worthington HV [REVIEW UPDATE]*
- Interventions for replacing missing teeth: dental implants in zygomatic bone for the rehabilitation of the severely deficient edentulous maxilla – *Esposito M, Coulthard P, Thomsen P, Worthington HV [REVIEW UPDATE]*
- Pit and fissure sealants versus fluoride varnishes for preventing dental caries in children and adolescents – *Hiiri A, Ahovu-Saloranta A, Nordblad A, Makela M, Murtomaa H*
- Home-based interventions for whitening teeth in adults – *Hasson H, Ismail A, Nevia G, Sohn W*
- Pulp management for caries in adults: maintaining pulp vitality – *Miyashita H, Qualtrough A, Worthington H*
- Psychological interventions to improve adherence to oral hygiene instruction in adults with periodontal diseases – *Renz A, Smith D, Robinson P, Ide M, Newton T*
- Root canal posts for the restoration of root filled teeth – *Muller-Bola M, Bola M, Lupi-Pegurier L, Laplanche O, Leforestier E*

Published Protocols

- Psychotherapy for dental anxiety – *Adair P, de Jongh A, Durham R, Bannister J, Levitt J*
- Conscious sedation for dental anxiety - *Adair P, de Jongh A, Durham R, Bannister J, Levitt J*
- Topical fluoride for treating dental caries – *Ferreira de Oliveria MA, Celeste RK, Rodrigues C*
- Orthodontic treatment for children with prominent upper front teeth – *Harrison JE, O'Brien KD, Worthington HV, Bickley SR, Scholey JM, Shaw WC*
- Orthodontic treatment for children with prominent lower front teeth – *Harrison JE, Shaw WC, Worthington HV, Bickley SR, Scholey JM, O'Brien KD*
- Orthodontic treatment for crowded teeth in children – *Harrison JE, Scholey JM, Worthington HV, Bickley SR, O'Brien KD, Shaw WC*
- Interventions for replacing missing teeth: resin bonded bridges and other restorations for the replacement of adult teeth – *Swift B, Jepson NJA, McColl E, Steele JG, Steen IN*
- Complete or ultraconservative removal of decayed tissue in unfilled teeth – *Ricketts DNJ, Kidd EAM, Innes N*
- Interventions for replacing missing teeth: partially absent dentition – *Jokstad A, Carr A, Esposito M, Coulthard P, Worthington HV*
- Interventions for replacing missing teeth: totally absent dentition – *Jokstad A, Carr A, Esposito M, Coulthard P, Worthington HV*
- Antibiotics to prevent complications following tooth extraction – *Lodi G, Sardella A, Bez C, Demarosi F, Carrassi A*
- Anterior repositioning splint for temporomandibular joint disc displacement – *Al-Ani MZ, Gray RJM, Davies S, Sloan P*
- Drug interventions for pain relief during orthodontic treatment – *Cooper J, Harrison J*
- Interventions for treating ameloblastomas of the jaws – *Zheng JW, Chen CJ, Wang MG*
- Surgical techniques for removal of mandibular third molar teeth – *Coulthard P, Esposito M, Worthington HV*
- Dental fillings for the treatment of early childhood caries – *Yengopal J, Siegfried N, Patel N*
- Ibuprofen for pain relief after the surgical removal of wisdom teeth – *Afzal Z, Esposito M, Weil K, Worthington HV, van Wilj A, Hooper L Coulthard P*
- Paracetamol for pain relief after the surgical removal of wisdom teeth – *Coulthard P, Afzal Z, Weil K, Esposito M, Worthington HV*
- Adhesives for fixed orthodontic bands – *Millett D, Mandall N, Mattick C, Hickman J*
- Full mouth disinfection for the treatment of periodontitis – *Eberhard J, Jepson S, Needleman I, Worthington HV*
- Xylitol containing oral products for preventing dental caries – *Hildebrandt G*
- Extraction of primary (baby) canine teeth for unerupted palatally displaced permanent canine teeth in children – *Shah A, Benson P, Parkin N, Thind B*
- Ibuprofen versus paracetamol (acetaminophen) for pain relief after surgical removal of lower wisdom teeth – *Afzal Z, Esposito M, Weil K, Worthington HV, van Wijk AJ, Hooper L, Coulthard P*
- Pharmacological interventions for pain in patients with temporomandibular disorders – *Lele S, Hooper L*
- Treatment of periodontal disease for glycaemic control in people with diabetes – *Simpson T, Needleman I, Wild SH, Moles DR, Mills EJ*
- Local delivery antimicrobials for chronic periodontitis – *Suvan J, Needleman I, Moles D, Tonetti M, Minchuan L*

- Pharmacological interventions for preventing salivary gland dysfunction following radiotherapy – *Tavender E, Davies A, Glenny A-M*
- Triclosan-contained toothpaste for gingival health – *Yaziz YA, Needleman I, Moles D, Esposito M*
- Chemo-mechanical (Carisolv) for treating dental caries – *Braun A, Eberhard J, Krause F, Glenny AM, Jepsen S*
- Arthrocentesis and lavage for treating temporomandibular disorders – *Chunlan G, Revington P*
- Interleukin-1-receptor antagonist for treating periodontitis – *Dashash M, Glenny AM, Drucker D, Hutchinson IV, Blinkhorn A*
- Powered toothbrushes for oral health – *Deacon S, Glenny AM, Heanue M, Deery C, Walmsley AD, Shaw WC, Robinson PG*
- Occlusal interventions for periodontitis in adults – *Weston P, Needleman I, Moles D*
- Amide local anaesthetics for postoperative pain relief following third molar surgery – *Joshi A, Rood JP, Hooper L*
- Systemic antibiotics as adjunctive treatment for chronic periodontitis – *Lodi G, Cazzaniga A, Cantini E, Fiorini A, Galli C*
- Surgically reinforcement of anchorage during orthodontic brace treatment – *Skeggs R, Benson P*
- Slow-release fluoride devices for the control of dental decay – *Bonner B, Clarkson J*
- Single versus multiple visits for endodontic treatment of permanent teeth – *Gagliani M, Colombo M, Maddalone M, Figini L, Gorni F*
- Rigid versus wire fixation following jaw surgery for developmental dentofacial deformity – *Cunningham S, Hunt N, Moles D, Patel S*
- Interventions for iatrogenic lingual nerve injury – *Renton T, Robinson P*
- Interventions for iatrogenic inferior alveolar nerve injury – *Renton T, Robinson P*
- Treating periodontal disease for preventing preterm birth in pregnant women – *Crowther C, Thomas N, Middleton P, Chua M, Esposito M*
- Interventions for recurrent aphthous stomatitis (mouth ulcers) – *Prolo P, Fedorowicz Z, Domingo D, Outhouse T, Thornhill M*
- Interdental/interspace brushes for oral hygiene in orthodontic patients with fixed appliances – *Goh HH, Murray S*
- Interventions for treating traumatised permanent front teeth: root fracture – *Al-Hennawi D, Day P*
- Alendronate for preventing tooth loss in postmenopausal women – *Gondim V, Romito G, Pustiglioni F, Aldrighi J, Gomes G, Tirlone A*
- Enamel etching for bonding fixed orthodontic braces – *Qingsong Y, Zhihe Z, Shujuan Z, Qifeng Z, Zongdao S* [TO BE PUBLISHED OCTOBER 2005]

Protocols in the refereeing process

- School dental screening for oral health – *Holden L, Jones CJ*
- Delayed versus immediate traction for unerupted upper canine teeth – *Thind B, Shah A, Stirrups D*
- Physical therapy for treating temporomandibular disorders – *Craane B, Stappaerts K, Pijlstra P, Stegenga B, De Laat A*
- Adjunctive chlorhexidine for treating chronic periodontitis – *Cheucharoenvasuchai N*
- Headgear treatment for the movement of molar teeth in orthodontics – *Goh HH*
- Preformed metal crowns for decayed primary molar teeth – *Innes N, Evans D, Ricketts D*
- Materials for retrograde fillings in root canal treatment – *Luihe J*
- Interventions for treating stomatitis caused by dentures – *Hugo F, Hilgert J, Rosi de Freitas Medero L*
- Acyclovir for primary herpetic gingivostomatitis in children – *Alkhenizan A, Aljumaah S*
- Interventions for the treatment of oral cancer – *Oliver R, Clarkson J, Worthington HV, Glenny AM, Sloan P, Macluskey M, Hooper L*
- Occlusal splint for treating bruxism (tooth grinding) – *Rufino de Macedo C, Fernandes de Prado G, Silva B*
- Interventions for treating traumatised non-vital immature front teeth: inducing a calcific barrier (apexification) and root strengthening – *Al-Ansary M, Day P*
- Closed eruption versus apically repositioned flap in the management of impacted canines – *Sanu T*
- Orthodontic and orthopaedic treatment for anterior open bite in children – *Lentini de Oliveira D*
- Oral appliances and functional orthopaedic appliances for obstructive sleep apnoea in children – *Rodrigues de Carvalho F*
- Direct composite resin fillings versus amalgam fillings for posterior teeth – *Lu H*
- Surgical versus non-surgical endodontic re-treatment for periradicular lesions – *del Fabbro M*
- Tongue scraping versus mouthwashes for halitosis – *Outhouse T, Al-Ani A, Fedorowicz Z, Keenan J*
- Hot salty mouthwashes for the prevention of dry socket after extractions in adults – *Elassar H, Crawford F*
- Replacement versus repair of failing restorations in adults: resin composite – *Brunton P, Tickle M, Dunne S, Catleugh M, Merry A*
- Replacement versus repair of failing restorations in adults: amalgam – *Brunton P, Tickle M, Dunne S, Catleugh M, Merry A*

Titles registered

- Management of orbital blow-out fractures – *Courtney D, Hughes C*
- Replacement of amalgam fillings for reactions in the mouth – *Issa Y, Duxbury J, Brunton P*
- Arthroscopy for temporomandibular joint pain – *Cardoso J et al*
- Chlorhexidine for the prevention and management of dental caries – *Hunter L, Ricketts D, Clarkson J, Addy M, Uribe S*
- Preparation of teeth for root canal therapy – *Sequeira P, Barbakow F*
- Interventions for preventing stomatitis caused by dentures – *Hilgert J, Hugo F, Rosi de Freitas Medero L*
- Interventions for caries management in head and neck cancer patients – *Morrow L, Wilson MA*
- Interventions for periodontal management in head and neck cancer patients – *Morrow L, Wilson MA*
- Bone grafting for periodontal intrabony defects – *Aichelmann-Reidy ME, Branch-Mays G*
- Oral health promotion for oral health – *Newton T, Fedorowicz Z, Locker D, Farman A, Keenan J*
- The management of the fractured edentulous atrophic mandible – *Mckenzie J, Hyde N*
- Mouthrinses for the prevention of complications after dental extraction – *Elassar H, Kilgariff JK, Ibarhim A, Ho-A-Yun J*
- Self etching primer for bonding orthodontic brackets – *Zhijian L*

- Oral hygiene education and instruction for preventing plaque and gingivitis in adults – *Young L, Clarkson J, Needleman I*
- Antibiotic prophylaxis for preventing infection of prosthetic joints after dental treatment – *Oliver R, Hooper L*
- Interventions for caries management in non-impacted wisdom teeth – *Oseghale P*
- Interventions for orthodontic space closure – *Junjie L*
- Non-pharmacological techniques for helping anxious children accept dental procedures – *Lertsirivorakul J*
- Dexamethasone for reducing swelling following oral surgery – *Promod P, Joshi A*
- Crowns versus conventional fillings for the restoration of root filled teeth – *Minchella C, Steele J*
- Pulp management for caries in adults: pulpotomy versus pulpectomy – *Qualtrough A, Miyashita H*
- Interventions for treating temporomandibular joint osteoarthritis – *Leonardi R, Barbato E*
- Interventions for treating traumatised permanent front teeth: avulsed (knocked out) and replanted – *Day P*
- Oral hygiene care for critically ill patients in hospital and community setting – *Zongdao S*
- Interventions for the management of submucosal fibrosis – *Singhal D*
- Salt fluoridation for preventing dental caries in children and adolescents – *Gillespie G*
- Resorbable versus titanium plates for orthognathic surgery – *Oliver R*
- Nickel titanium versus stainless steel instrumentation for orthograde endodontic therapy – *del Fabbro M*
- Magnification devices for endodontic therapy – *Taschieri S*
- Dietary advice for preventing dental caries – *Adeleye A*
- Lasers for dentine hypersensitivity – *de Azevedo de Assis C*
- Flossing for interdental caries – *Hujoel P*
- Self-ligating orthodontic fixed braces for straightening teeth in children – *Bearn D*
- Orthodontics for treating TMJ disorders – *MacDonald F*
- Non-pharmacological interventions for the management of xerostomia – *Grad H*
- Antibiotics for preventing complications in major orthognathic surgery – *Nkenke E*
- Interventions for treating traumatised permanent front teeth: luxated (dislodged) teeth – *Belmonte F*
- Interventions for treating osteonecrosis of the jaw bones associated with radiotherapy – *Vogt-Ferrier N*
- Interventions for treating osteonecrosis of the jaw bones associated with bisphosphonate therapy – *Vogt-Ferrier N*

Consumers Wanted!

Are you or any of your family affected by an oral health condition? Are you from a consumer/community group? Would you like to represent the recipients of oral health care, the patients or carers viewpoint? If so, [do join the Oral Health Group as a consumer!](#)

Consumer feedback plays an essential role in making Cochrane reviews more relevant, accessible, and able to improve health care for the people who need it. Consumers can provide a particularly valuable perspective –shaped by knowledge of people’s experiences of health issues and health care that researchers may not have, or may forget about. Consumers may also be able to help make sure that the writing can be understood by people who are not highly medically specialised.

If you would like to be included among the experts called on to assess draft protocols and reviews on oral health before publication on *The Cochrane Library*, to get consumers’ perspectives and ideas incorporated or accommodated in the reviews; or if you would like to help identify important questions for review from the point of view of people who have to deal with the health problem, please complete the Group’s membership form which can be found on the last page of this newsletter, or contact luisa.fernandez@manchester.ac.uk for an information pack.

[We look forward to hearing from you!](#)

If you would like to know more about how and why health consumers contribute to The Cochrane Collaboration, visit the web pages of the Cochrane Consumer Network (CCNet):

<http://www.cochrane.org/consumers/homepage.htm>

CCNet is made up of fellow consumers who are committed to the philosophies of The Cochrane Collaboration and the importance of consumer participation in informed healthcare decision-making processes.

CCNet supports consumers by enabling communication, training and guidance in providing a consumer perspective to Cochrane reviews and other activities within The Cochrane Collaboration. The Network encourages consumers throughout the world to give their perspectives and have their say on priorities for health care and encourages the concept of evidence-based practice with a forward thinking approach to improvement of health care.

Registration of title for a Cochrane Systematic Review

Please complete and return this form by mail or fax to: The Co-ordinator, Cochrane Oral Health Group, MANDEC, School of Dentistry, The University of Manchester, Higher Cambridge Street, Manchester, M15 6FH (UK) Fax: +44 (0)161 275 7815.

Date:.....

Contact Reviewer Name:

Position/Department:

Address:

.....

.....

Tel: Fax:

E-mail:

I am/my colleagues and I are (*delete as appropriate*) intending to undertake a Cochrane systematic review and wish to submit the title below for consideration by the editorial team of the Oral Health Group.

Guidance on titles. *Titles should succinctly state the focus of the review. It should make clear the intervention(s) reviewed and the problem at which the intervention is directed.*
Someone scanning the title should be able to decide quickly whether the review addresses a question of interest.
The format of Cochrane titles is:
[Intervention] for [health problem] in [participants/setting]

Full title of proposed review (*Maximum 250 characters*)
(please print)

.....
.....

Authors

.....

Expected date for submission of protocol

(For office use)

Title accepted on behalf of the Cochrane Oral Health Group

(Signature) (Status)

Date

Registration form for the Cochrane Oral Health Group

Dear Colleague

To register as a member of the Cochrane Oral Health Group (free of charge) please complete the details below and return the form to the address below, by post or by fax, marked for the attention of The Co-ordinator, Cochrane Oral Health Group.

If you know of others who may be interested in joining the group please feel free to photocopy and forward a copy of this form to them for their completion and return.

(Please print your entries clearly)

| | | |
|--|-----------------------------|--|
| <u>Last Name:</u> | <u>First name/s:</u> | <u>Title:</u> <small>(Mr; Mrs; Miss; Ms; Dr; Prof)</small> |
| Address: | | |
| Telephone: | Fax: | |
| Email: | | |
| <p><u>Participation</u> <i>There are several options for your participation in the Cochrane Oral Health Group. Please tick the appropriate box/es below.</i></p> <p><i>We welcome all those interested in supporting the Oral Health Group. Preparing and maintaining systematic reviews is a very time consuming, arduous but rewarding process. We encourage collaboration between members on reviews. Please indicate by ticking the box/es below the option/s that best suits your available time commitment.</i></p> | | |
| Review subject interest: | | |
| I wish to choose a topic and be responsible for carrying out and maintaining a systematic review. | | |
| I am willing to assist others in carrying out and maintaining a systematic review. | | |
| I am willing to be responsible for handsearching a journal retrospectively and prospectively to maintain surveillance of the journal in the future. | | |
| I am willing to become a referee for the Group, my specialist interests are: | | |
| I am willing to offer consumer input commenting on drafts of Cochrane reviews or suggesting questions for review. | | |
| I am unable to make a practical commitment to the Oral Health Group at the present time but would like to remain on the mailing list to be kept informed of the Group's activities. | | |

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