

October 2005

[www.cochranemsk.org](http://www.cochranemsk.org)

### The Cochrane Musculoskeletal Review Group

The Cochrane Musculoskeletal Review Group (CMSG) is one of 50 groups that are part of the Cochrane Collaboration. Cochrane is an international organisation that aims to help people make well informed decisions about health care by preparing, maintaining and promoting reviews of the effects of health care treatments.

The CMSG editorial base is in Ottawa, Canada and has members who are health care professionals, researchers and consumers from around the world.

Reviews produced by the CMSG cover many areas of musculo-skeletal conditions, such as gout, lupus, fibromyalgia, osteoarthritis, osteoporosis, rheumatoid arthritis, paediatric rheumatology, soft tissue conditions, spondyloarthropathy, systemic sclerosis and vasculitis.

#### Cochrane Musculoskeletal Review Group

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### THE CMSG TEAM

#### Editors:

Peter Tugwell (Co-ordinating Editor)	
Ann Cranney	George Wells
Rob de Bie	Maria Suarez Almazor
Beverley Shea	Gustavo Zanolli
Rachelle Buchbinder	Zulma Ortiz

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Nancy Santesso (Knowledge Translation Specialist)  
Louise Falzon (Trial Search Co-ordinator)  
Jessie McGowan (Library Scientist)  
Doug Coyle (Health Economist)

### Cochrane Colloquium – Melbourne, Australia CMSG Open Meeting

Monday October 24<sup>th</sup>, 8:00AM – 9:00AM  
Holiday Inn Bridge Room 2,  
**Join us for the launch of our Australian Satellite!**  
*A light breakfast will be served*

# What's New at the CMSG

Prof. Rachele Buchbinder  
Biography



## THE CMSG TEAM

- CMSG editor, Rachele Buchbinder, will lead the new Australian Satellite of the CMSG. Renea Johnston is the Satellite coordinator. Congratulations, Rachele and Renea!
- Welcome to Zulma Ortiz, our new Feedback editor.
- CMSG Co-ordinating editor, Peter Tugwell, was re-elected to a second 2-year term to represent Co-ordinating Editors on the Cochrane Collaboration Steering Group – Congratulations, Peter!
- The Health Equity Field was officially registered by Cochrane in June, 2005. Peter Tugwell joins Mark Petticrew as Co-convenor of this new and exciting Field!

Dr. Rachele Buchbinder is Director of the Monash Department of Clinical Epidemiology at Cabrini Hospital and an Associate Professor in the Department of Epidemiology and Preventive Medicine at Monash University, Melbourne Australia. She obtained her medical degree at Monash University and then completed training in Internal Medicine and Rheumatology at the Alfred and Prince Henry's Hospitals in Melbourne. She also completed a Master's in Clinical Epidemiology at University of Toronto. Rachele combines clinical practice with research and she has a National Health and Medical Research Council (NHMRC) Practitioner Fellowship. She has received research support from many sources including the NHMRC and Arthritis Australia. Areas of research have included Cochrane systematic reviews of therapies for shoulder and elbow pain; clinical trials evaluating the efficacy of various interventions for shoulder, elbow, back and heel pain; improving the quality of written information for patients, and evaluation of a media campaign designed to alter population and doctors beliefs about back pain for which she was awarded the Volvo Award in 2001. She has been an Editor of the Cochrane MSK group and member of the Cochrane Back Group Advisory Board since 2003.

### Australian Satellite of the Cochrane Musculoskeletal Group

Over the years, Australian researchers, healthcare professionals, and consumer representatives have become increasingly involved in The Cochrane Collaboration. Furthermore, Australian health policy makers have recently designated Arthritis and Musculoskeletal Conditions a National Health Priority Area and, in addition, a National Service Improvement Framework has recently been developed with the aim of driving improvements in health services for people with osteoarthritis, rheumatoid arthritis and osteoporosis. With this increased interest and participation, CMSG editor Rachele Buchbinder, an active participant in Cochrane activities since 1998, proposed forming an Australian satellite group to support and promote the work of the Musculoskeletal Group in Australia. Recently, Dr. Buchbinder was successful in obtaining funding from the federal Department of Health and Ageing to establish the satellite.

The aim of the CMSG Australian Satellite is to increase capacity within the Australian musculoskeletal community to prepare and maintain Cochrane reviews through training events and mentoring of individual reviewers. The Satellite will support the CMSG editorial base in Ottawa in the production and updating of Cochrane reviews and facilitate the dissemination of the results of relevant Cochrane reviews to clinicians, consumers, and policy makers in the Australian musculoskeletal community. Promoting use of *The Cochrane Library* for informing practice and research in Australian musculoskeletal disorders community is a priority for the Satellite group and the Satellite looks forward to collaborating with the Australasian Cochrane Centre and other Australian-based Cochrane Review Groups, satellites, and entities to further the work of The Cochrane Collaboration in the Australasian region.

The Australian Satellite group is located at the Monash Department of Clinical Epidemiology at Cabrini Hospital, Melbourne. The Cabrini Clinical Education and Research Institute is part of Cabrini Health, a large, non-profit private organization comprising a large acute care hospital, palliative care service, and residential aged care. The Monash Department is affiliated with the Department of Epidemiology and Preventative Medicine, Monash University, which has an established track record for exceptionally high quality clinical research both nationally and internationally and many of its staff members are active members of the Cochrane Collaboration. A/Prof Rachele Buchbinder is the director of the Monash Department of Clinical Epidemiology.

## New and Updated CMMSG Reviews and Protocols - 2005

### Reviews

#### **ISSUE 4, 2005**

*Acupuncture and electroacupuncture in the treatment of rheumatoid arthritis (updated)*  
*Low level laser therapy (classes I, II, and III) for treating rheumatoid arthritis*  
*Retention versus sacrifice of the posterior cruciate ligament in total knee replacement for treatment of osteoarthritis and rheumatoid arthritis*  
*Shock wave therapy for lateral elbow pain*  
*Surgery for thumb (trapeziometacarpal joint) osteoarthritis*

#### **ISSUE 3, 2005**

*Adalimumab for treating rheumatoid arthritis*

#### **ISSUE 2, 2005**

*Acupuncture for shoulder pain (updated)*  
*Glucosamine therapy for treating osteoarthritis (updated)*  
*Intraarticular corticosteroid for treatment of osteoarthritis of the knee*  
*Sulfasalazine for ankylosing spondylitis*  
*Viscosupplementation for the treatment of osteoarthritis of the knee*

#### **ISSUE 1, 2005**

*Braces and orthoses for treating osteoarthritis of the knee*  
*Home versus center based physical activity programs in older adults*  
*Osteotomy for treating knee osteoarthritis*  
*Rofecoxib for osteoarthritis*  
*Rofecoxib for rheumatoid arthritis (updated)*

**Interested in writing a systematic review for CMMSG?**

See our priorities on page 4!

Find out how at:

<http://www.cochranemsk.org/review/writing>

### Protocols

#### **ISSUE 4, 2005**

*Aquatic exercise in the treatment of knee and hip osteoarthritis*  
*Systemic steroids for acute gout*  
*Tramadol for osteoarthritis*  
*Computer assisted knee arthroplasty for osteoarthritis and other non-traumatic diseases*

#### **ISSUE 3, 2005**

*Herbal medicines for systemic lupus erythematosus*  
*Herbal medicines for treating osteoporosis*  
*TNF-alpha inhibitors for ankylosing spondylitis*

#### **ISSUE 2, 2005**

*Bisphosphonate therapy for osteoporosis in children and adolescents without osteogenesis imperfecta*  
*Cemented versus cementless surgical approach for total hip arthroplasty revision*  
*Drug treatments for giant cell arteritis*  
*Drug treatments for polymyalgia rheumatica*  
*Interventions for ganglion cysts in adults*  
*Operative and non-operative treatment options for dislocation of the hip following total hip arthroplasty*  
*Strontium ranelate for preventing and treating postmenopausal osteoporosis*  
*Surgical approaches in total knee arthroplasty*

#### **ISSUE 1, 2005**

*Adalimumab for treating rheumatoid arthritis*  
*Anakinra for rheumatoid arthritis*  
*Arthroscopic debridement for knee osteoarthritis*  
*Calcium supplementation for improving bone mineral density in children*  
*Dehydroepiandrosterone for systemic lupus erythematosus*  
*Diacerein for osteoarthritis*  
*Glucocorticoids for slowing radiological progression in rheumatoid arthritis*  
*Interventions for pes planus*

Consumer summaries (short 5 minute versions) have been created for 45 systematic reviews from the CMMSG and they can be found at [http://www.arthritis.ca/look at research/cochrane reviews/](http://www.arthritis.ca/look_at_research/cochrane_reviews/) .

## TOP 50 ACCESSED REVIEWS ON COCHRANE LIBRARY

The Cochrane Top 50 Accessed Articles list is formulated by Wiley and is published monthly. The following reviews have made the list numerous times.

- **Acetaminophen for osteoarthritis** (2003) by TE Towheed, MG Judd, MC Hochberg, G Wells
- **Adalimumab for treating rheumatoid arthritis** (2005) by F Navarro-Sarabia, R Ariza-Ariza, B Hernandez-Cruz, I Villanueva
- **Exercise for osteoarthritis of the hip or knee** (2001) by M Fransen, S McConnell, M Bell
- **Folic acid and folinic acid for reducing side effects in patients receiving methotrexate for rheumatoid arthritis** (1999) by Z Ortiz, D Moher, BJ Shea, ME Suarez-Almazor, P Tugwell, G Wells
- **Glucosamine therapy for treating osteoarthritis** (2005) by TE Towheed, L Maxwell, TP Anastassiades, B Shea, J Houpt, V Robinson, MC Hochberg, G Wells
- **Intraarticular corticosteroid for treatment of osteoarthritis of the knee** (2005) by N Bellamy, J Campbell, V Robinson, T Gee, R Bourne, G Wells
- **Physiotherapy interventions for shoulder pain** (2003) by S Green, R Buchbinder, S Hetrick
- **Viscosupplementation for the treatment of osteoarthritis of the knee** (2005) by N Bellamy, J Campbell, V Robinson, T Gee, R Bourne, G Wells

### Priority Areas for New Systematic Reviews

- Reactive arthritis – antibiotics, sulphasalazine, methotrexate, azathioprine
- Systemic sclerosis – methotrexate, biologics
- Primary systemic vasculitis – corticosteroids, thermotherapy, acupuncture, biologics
- Gout – corticosteroid injections; surgery (removal of tophaceous masses)

Please contact us at [cmmsg@uottawa.ca](mailto:cmmsg@uottawa.ca) if you are interested in any of these topics. We would love to hear from you!

### Fill out our PRIORITY SURVEY

Help contribute to the CMMSG by telling us what topics you think should be reviewed!

[www.cochranemsk.org/consumer/prioritysurvey](http://www.cochranemsk.org/consumer/prioritysurvey)

### CHANGING TERMINOLOGY: 'REVIEWER' TO 'AUTHOR'

At its meeting in March 2004, the Cochrane Collaboration Steering Group approved the change of the word 'reviewer' to 'author' to come into effect in 2005/06. The change in terminology is already reflected in The Cochrane Manual and the new Information Management System (IMS). This change will also take effect in The Cochrane Library from Issue 1, 2005 when all fixed headings using the word 'reviewer' within Cochrane protocols and reviews will be replaced by the word 'author'. This change of terminology will not however automatically take place within the text of published protocols and reviews but will have to take place at the copy editing stage.

All new protocols, reviews and updates that review groups submit to Update Software from 2005 should therefore use the word 'author' and not 'reviewer' in the text. The Information Management System Group (IMSG) recognized that retrospective editing of current publications to reflect this new policy would be impossible for most CRGs.

### Update from Priority Online Survey

To date, we have had 124 respondents to our survey. From these responses we determined that people were more interested in complementary and alternative ways of handling their arthritis and less interested in information about medications (although some interest was indicated in new drugs). It would seem that people wanted to know more about what they could do to help themselves. Specifically, information about lifestyle changes, including stress reduction, was high priority, as well as exercise and diet.

**PUBLISH YOUR COCHRANE REVIEW IN THE LANCET!**  
**This from the Executive Editor of The Lancet, David McNamee:**

As long as I can recall, there has been a link between The Lancet and the Cochrane Collaboration, although I have never seen anything written down. I think we have agreed to consider, as research manuscripts, short versions of full Cochrane reviews. That review might be published or updated, or about to be published. If we fast-tracked the manuscript, that could be published here in 3-5 weeks, so that needs to be born in mind. If the Cochrane review was published, we would, I guess, look at recent ones--and "recent" for us means in the past month. What is most important is that the Collaboration does not inundate us! Naturally, we would like to see the most important, topical, and interesting reviews that are relevant for our general clinical audience. Our three monthly review journals have always considered meta-analyses (their non-meta reviews are meant to be systematic anyway). We have The Lancet Oncology, The Lancet Neurology, and The Lancet Infectious Diseases. I assume they will follow the same collaborative idea with the Cochrane as the main journal.

We have, since 1997, reviewed protocols of RCTs and meta-analyses. If "accepted", we ask the investigators for a 500-word summary for our website, and we commit to at least peer-review the primary manuscript from the protocol. At the moment, only about 20% of research manuscripts get to that stage, so our review of protocols is a way to get ahead in the pack. Few of the protocols have been meta-analyses, and most of those fall at the stage of "there will probably be too few data of sufficient quality to find and analyse, and the conclusion will be 'do more and better' trials". Most protocols are submitted at a late stage, and thus any peer review we do will be too late to alter the protocol. The oddity will be that your protocols are already highly reviewed already. Again, we seek the most interesting protocols!

The Cochrane Information Management System website  
[www.cc-ims.net](http://www.cc-ims.net)

***What is the new IMS and what does it mean to review authors?***

The new IMS is an internet-based system that among other things will support Cochrane Collaborative Review Groups (CRGs) in preparing, maintaining and publishing Cochrane reviews. As a review author, you will basically continue to prepare and maintain protocols and reviews as you do now. The new system uses a central check in/check out system, leading to easier sharing of your reviews and eliminating the need to send reviews via email. Other improvements include:

- Central archiving and backup will protect you from data loss
- There will be improved functionality for tracking changes within your review

If you would like to find out more about the new IMS, check out <http://www.cc-ims.net/Projects/newIMS>.



**Phase 2 IMS Pilot**

Between June 2005 and May 2006, Phase 2 of the IMS will gradually be rolled out to the editorial bases of Collaborative Review Groups (CRGs). Phase 2 of the IMS replaces ModMan as a tool for preparing and submitting a CRG's module of protocols, reviews and information about the Group for publication in The Cochrane Library. The CMMSG was selected for Phase 2 in August 2005 and submitted Issue 4, 2005 using the new, improved system.

An IMS demonstration workshop is scheduled at the Colloquium on October 25<sup>th</sup> 14:00-15:30  
 Sign up online:

<http://www.colloquium.info/?PageID=318&itemID=331&callID=0>

### **CMSG will be published in *Health Expectations*!**

We are very excited to announce that there will soon be a published article explaining how the CMSG is successfully working with consumers to make our systematic reviews timely, relevant and most importantly, available in a format that is user-friendly.

This December, *Health Expectations* will publish...

#### **Consumer-driven health care: Building partnerships in research**

By Beverley Shea, Nancy Santesso, Ann Qualman, Turid Heiberg, Amye Leong, Maria Judd, Vivian Robinson, George Wells, Peter Tugwell, and the Cochrane Musculoskeletal Consumer Group

There is little literature explaining 'practically' how to involve consumers in research. We hope to add to this literature, stimulate more conversation and through more dialogue learn how we can improve our strategies to involve consumers.

Thank you to our consumers!

### **How do we know when someone is effective at managing their arthritis? Developing the EC-36!**

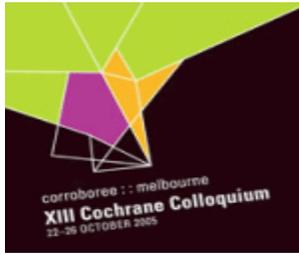
In the past few decades, there has been a movement towards the idea that people participating in health care can help to improve health and health care. There has been increasing efforts to empower people to participate in their own health. This focus is especially true in people who have chronic diseases. People who live with their diseases on a daily basis could potentially see benefits by managing their own diseases. Many programs, in Canada and abroad, have been designed to teach consumers about their disease and how to manage it; an example is the Arthritis Self Management Program. One of the main ideas behind these types of programs is that people who manage their disease well will likely do so because they have certain skills or behaviours, attitudes and beliefs.

Unfortunately, it is not clear which skills, behaviours, attitudes or characteristics, effective consumers should have. It is also not clear how to measure those characteristics to pronounce them 'effective'. For this reason, members of the Cochrane Musculoskeletal Group with researchers at the University of Ottawa and University of Queensland, Australia are investigating what makes and how to measure an effective consumer. The primary objective of the Effective Health Consumer Project is to establish a scale similar to the SF-36 for use in assessing and improving the 'Effectiveness of a Consumer' – an **EC-36**. Initially, the project focused specifically on the effectiveness of people with musculoskeletal diseases and their management of their condition, but it is anticipated that the scale could be used in other chronic diseases.

Research was started in April 2004 and to date, a list of approximately 60 skills, behaviours and characteristics of an effective consumer has been developed. This list was developed from a thematic analysis of the characteristics of an effective health consumer found in the literature and from expert interpretation of the themes and from interviews. Unique to this project is that people who are involved in the life of someone with a musculoskeletal disease provided input into the list of skills and attributes. People with musculoskeletal diseases, family members, general physicians, rheumatologists and consumer group representatives were interviewed. After gathering and triangulating the data a draft list was created. This list was first reviewed and revised based on feedback from patients, physicians and researchers at OMERACT 7 and then a pilot survey with patients across Canada was conducted. From that input, a preliminary measurement tool for an effective consumer with approximately 60 items has been developed. Currently, the project team is sending out surveys to over 400 patients across Canada and Australia to validate the items. After further analysis, we hope to have an "Effective Consumer-36" measurement tool, ready to be used consistently to evaluate the success of initiatives and programs to empower and help people with arthritis to manage their health.

This project is funded by Canadian Institutes of Health Research

### 13<sup>th</sup> Cochrane Colloquium Melbourne, Australia, October 22- 26, 2005



“Corroborees are festive occasions, times for reaffirming ties and embracing new opportunities.”

A theme running through the 13<sup>th</sup> Cochrane Colloquium will be the question of whether the Collaboration should expand its mission to acknowledge its widening sphere of influence.

More information can be found at <http://www.colloquium.info/>

### Discover research and the Cochrane Collaboration: A Workshop for Consumers

This consumer workshop aims to create an awareness and understanding of the role and value of health research and the Cochrane Collaboration. The workshop will be a combination of formal presentations and informal discussions. Presentations will focus on defining concepts and describing Cochrane and the systematic reviews it produces. Group sessions will provide opportunities to discuss the process of, and sources of information for, evidence-based decision making.

Participants will have the opportunity to learn about:

1. basic concepts behind evidence-based health, the research cycle and knowledge translation
2. potential sources of reliable information used when making health decisions
3. Cochrane systematic reviews and their value.

This event is free and open to all consumers. Registration for the Colloquium is not required.

Date: Friday, October 21, 2005

Time: 3:00 PM - 5:00 PM

Location: Collins Suite, Grand Hotel

Contact Person: Nancy Santesso, [santesso@uottawa.ca](mailto:santesso@uottawa.ca)

### POSTERS AND WORKSHOPS:

#### A TALE OF FOUR REVIEW GROUPS

The Musculoskeletal; Back; Bone, Joint and Muscle Trauma; and Effective Practice and Organization of Care review groups sent out a short email survey, asking authors for their feedback on how supportive they found the editorial process/RGC activities to the development, production and maintenance of their review.

The results are to be presented at the Colloquium and Canadian Cochrane Symposium.

## 4<sup>th</sup> CANADIAN COCHRANE SYMPOSIUM December 2<sup>nd</sup> and 3<sup>rd</sup>, 2005

Mont-Royal Centre

2200 Mansfield St.

Montreal, QC, Canada

[www.cochranesymposium2005.ca](http://www.cochranesymposium2005.ca)

“Using the best scientific information to guide health decisions”

### COCHRANE REVIEW AUTHOR TRAINING WORKSHOP

Wednesday, November 30<sup>th</sup> - Thursday, December 1<sup>st</sup>, 2005

#### Location:

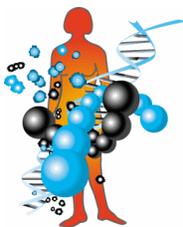
Pavillon Roger-Gaudry,  
Local M-415  
Université de Montréal  
2900, Tour Street  
Montreal, QC, Canada

Learn the fundamentals for conducting a systematic review – searching the literature, critical appraisal, analyzing results and much more!

#### Register online at:

[http://www.hsj.qc.ca/general/public/cochrane2005/\\_en\\_InscriptionOnline.aspx](http://www.hsj.qc.ca/general/public/cochrane2005/_en_InscriptionOnline.aspx)

# Promoting the work of CMMSG



## Journal of Rheumatology

In our last newsletter we highlighted our agreement with [The Journal of Rheumatology](#) to publish Cochrane Musculoskeletal Group reviews.

**Current Issue: The Cochrane Review of Physiotherapy Interventions for AS**  
*H. Dagfinrud, T.K. Kvien, K.B. Hagen (2005; Vol 32(10):1899-1906)*

'Adalimumab for the treatment of rheumatoid arthritis' and 'Efficacy and safety of shock wave therapy for lateral elbow pain' are currently being formatted for journal publication.

- The publishers of The Cochrane Library, John Wiley & Sons, chose a CMMSG review 'Adalimumab for rheumatoid arthritis' to include in their worldwide press release prior to the publication of Issue 3, 2005. Congratulations to reviewers: F Navarro-Sarabia, R Ariza-Ariza, B Hernandez-Cruz, I Villanueva!

### Check out our press release:

#### **Biologic Drug Adalimumab (Humira) is Effective in Treating Rheumatoid Arthritis**

There is good evidence that adding adalimumab (Humira) to the treatment of people with long-standing rheumatoid arthritis is more effective than using oral methotrexate alone. Adalimumab is a relatively new antibody-based therapy. Patients given 24 weeks of therapy with adalimumab and methotrexate had decreased pain and swelling and an increased ability to perform normal daily activities compared with those given methotrexate alone or no disease modifying anti-rheumatic drugs (DMARDs). X-ray damage to the joints is also slowed. Side effects in the short-term are well-tolerated. Rare and long-term side effects are not yet known.

"The drug is relatively new and so it is not surprising that there is little data from long-term studies, but the evidence so far is encouraging," says lead author Federico Navarro-Sarabia, Chair of Rheumatology at the Hospital Universitario Virgen Macarena, Seville, Spain.

In the UK, the National Institute for Health and Clinical Excellence (NICE) is currently assessing adalimumab for use in rheumatoid arthritis.

Review Title: Navarro-Sarabia et al: Adalimumab for treating rheumatoid arthritis. The Cochrane Database of Systematic Reviews 2005 Issue 3

UPDATE! ***Evidence-Based Rheumatology***, published by BMJ Books and edited by Peter Tugwell, Bev Shea, Maarten Boers, Peter Brooks, Lee Simon, Vibeke Strand and George Wells was published in November 2004 and has sold approximately 500 copies. It is currently being translated into Spanish.

To help keep current information available, a free access website provides updates of systematic reviews and important trials. Chapters on "Shock wave therapy for elbow pain" and "Glucosamine for osteoarthritis" will be updated shortly.

***Evidence-Based Rheumatology*** is on sale now! To purchase a copy, please visit: <http://www.evidbasedrheum.com>

## EVIDENCE-BASED RHEUMATOLOGY

Edited by Peter Tugwell and Beverly Shea

Maarten Boers, Peter Brooks,

Lee S Simon, Vibeke Strand and George Wells

## Keeping up with the Coxibs: Translating CMMSG Cochrane Reviews into Decision Aids for Patients and Physicians

The CMMSG continues to work to translate the evidence from our systematic reviews into information that patients and their doctors can use. One of the ways to do this is to incorporate Cochrane evidence into decision aids. Decision aids can help patients, along with their doctors, make treatment decisions. Last year we developed decision aids for over 15 decisions, including

“Should I take biologic agents, such as infliximab or etanercept for ankylosing spondylitis?” and  
 “Should I have a steroid injection for my shoulder pain?”

View these decision aids at <http://www.blackwellpublishing.com/medicine/bmj/rheumatology/decaids.asp>

This year, we worked closely with the Health Canada and their Expert Advisory Panel on COX-2 drugs (of which Peter Tugwell was a member) to create a decision aid for people with osteoarthritis. Since this topic was so controversial with misinformation in the media, it was important to ensure that people had the most accurate information in a format that would help them make treatment decisions for their pain. The information also had to reach them in a timely manner. Therefore, the CMMSG and the Ottawa Health Decision Centre at the Ottawa Health Research Institute developed a decision aid based on the recommendations of the Panel and the evidence. This decision aid featured evidence from the systematic review by Towheed et al, Acetaminophen for osteoarthritis.

To view,

**“When simple painkillers are not working well enough...Should you take traditional non-steroidal anti-inflammatory drugs (NSAIDs) or Cox2 inhibitors for osteoarthritis?”**

visit <http://decisionaid.ohri.ca/nsaid.html>.

While keeping up with the Coxibs we learnt that translating accurate and timely information to the public can be challenging. We are therefore currently working to develop a more streamlined process of translating our systematic reviews into evidence based decision aids.

## Evaluating CMMSG Consumer Summaries: An Update

Last year, we published an article on an up-coming study by the CMMSG, the Ottawa Health Research Institute (OHRI), and the Arthritis Society of Canada. The goal of our study is to improve the consumer summaries and the decision aids that we are producing from our systematic reviews. Presently, we write and post consumer summaries of the CMMSG reviews on the Arthritis Society web site for people with arthritis so they have access to the most current evidence about any arthritis treatment. While the original format and wording of the summaries were developed along with consumers and today are consistently reviewed by them, we have never evaluated the summaries on a large scale – until now. Ultimately, we hope the results of this study will make the information on the Arthritis Society web-site as useful as possible for people affected by arthritis.

As a first step in our study, we just recently launched a survey on the Arthritis Society web site. We chose 10 of our most popular and most visited consumer summaries on the web site to include in the survey and then standardized them. We then linked the survey to those summaries. Now when people visit those summaries they can fill out our survey. We hope to reach all visitors to the Arthritis Society web site who read our consumer summaries and additionally, we plan to send out electronic invitations to arthritis groups across Canada, such as the Canadian Arthritis Patient Alliance, to complete the survey.

This project is quite exciting and will provide us with incredibly valuable information that can be used by the CMMSG and used by others to inform efforts to provide evidence based information to consumers. It is also one of the first projects funded by the Canadian Institutes of Health Research investigating knowledge translation to consumers. We will keep you posted about the results.

You can view the summaries and/or complete the survey by visiting [http://www.arthritis.ca/look\\_at\\_research/cochrane\\_reviews/summaries](http://www.arthritis.ca/look_at_research/cochrane_reviews/summaries). Simply, click on one of the summaries, read it and then follow the link at the bottom called “We need your input on this treatment summary”.

If you would like more information please contact the study coordinator, Alison Lott, by e-mail at [alott@ohri.ca](mailto:alott@ohri.ca) or by phone at (613) 798-5555, x16083.

**OMERACT 8 WILL BE HELD IN MALTA, MAY 10<sup>th</sup>-14<sup>th</sup>, 2006**

The OMERACT initiative is an informal international network, working groups and gatherings interested in outcome measurements across the spectrum of rheumatology intervention studies. OMERACT strives to improve outcome measurements through data driven, interactive consensus process. OMERACT meetings are held every 2 years to develop new consensus and guidelines for outcomes in rheumatic diseases.

[More information is available from the OMERACT website: www.omeract.org](http://www.omeract.org)

Topics for Preliminary Program:

<p><b>Fellows &amp; Young Researcher's Preconference</b> <i>(limited places and conditions apply)</i></p> <p><b>Plenary activities</b></p> <ul style="list-style-type: none"> <li>▪ Methodologic Requirements for Surrogate Endpoints in Rheumatology Trials</li> <li>▪ Psoriatic Arthritis</li> </ul> <p><b>Workshops</b></p> <ul style="list-style-type: none"> <li>▪ MRI in Ankylosing Spondylitis (AS)</li> <li>▪ Fibromyalgia</li> <li>▪ Patient Perspective : Fatigue</li> <li>▪ Repair in RA Radiographs/ Joint Space Narrowing</li> <li>▪ Vasculitis</li> <li>▪ Drug Safety</li> </ul>	<p><b>Special Interest Groups</b></p> <ul style="list-style-type: none"> <li>▪ Scleroderma</li> <li>▪ Work Productivity</li> <li>▪ Item Response Theory &amp; Computer Adaptive Testing</li> <li>▪ Gout</li> <li>▪ Low Back Pain</li> <li>▪ Baseline State in RA</li> <li>▪ Economic Reference Case in AS</li> <li>▪ Total articular replacement as outcome</li> <li>▪ Ultrasound*</li> <li>▪ Chemical Biomarkers*</li> <li>▪ MRI in inflammatory arthritis*</li> <li>▪ Single joint response*</li> <li>▪ Effective consumer</li> <li>▪ Minimal Clinically Important Improvements &amp; Patient Acceptable State <i>* also participating in Surrogate Endpoints</i></li> <li>▪ Synovial Tissue** <i>** participating only in Surrogate Endpoints</i></li> </ul>
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**OMERACT Executive: Maarten Boers, Peter Brooks, Lee Simon, Vibeke Strand, Peter Tugwell**

Malta is a wonderful location with an amazing history, limestone cliffs, sparkling Mediterranean blue seas and charming rural landscapes. Across the Island, you'll find evidence of the Knights of Malta whose contribution towards the development of medicine is often understated.... **For more information about Malta:** [www.visitmalta.com](http://www.visitmalta.com)

**THE 2005 BONE AND JOINT ANNUAL WORLD NETWORK CONFERENCE IN CANADA  
OCTOBER 26 – 28, 2005**

Venue: Fairmont Château Laurier  
Ottawa, Ontario, Canada  
<http://www.fairmont.com/laurier/>

The World Network Conference will focus on developing international standards of care for the prevention and care of hip fractures and chronic musculoskeletal pain, enhancing health professional musculoskeletal education, and the prevention of injuries associated with road traffic accidents. International delegates, patient advocates, healthcare professionals and partners will be in attendance, and it is our hope that this conference will be a starting point for some positive initiatives in Canada and internationally to make a difference in bone and joint health in the future.

Nancy Santesso has been working with the Planning Committee to develop resource packages for the participants of the conference. The CMMSG contributed their expertise to the resource development by searching for, assessing and organizing evidence based resources for the different sessions. We were happy to be a part of this initiative and hope to continue our involvement.