



September 2004

[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 musculoskeletal 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 Zanoli
Rachelle Buchbinder	

#### CMSG Editorial Base Support:

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

#### CMSG Open Meeting

Wed. October 6<sup>th</sup> 8:00 am – 9:00 am  
Capital Hall 6A, Ottawa Congress Centre  
**for review group editorial team,  
reviewers, consumers and all others  
interested in attending.**  
*Pick up breakfast first & bring it to the  
meeting!*

**12<sup>th</sup> Cochrane Colloquium**  
**October 2 - 6, 2004 - Ottawa, Canada**

## THE CMMSG TEAM

- We would like to thank our outgoing review group coordinator Maria Judd for her tremendous efforts over the last three years. Maria has joined the Canadian Physiotherapy Association after successfully completing her M.Sc. in Epidemiology.
- We would also like to thank our outgoing editor, Marcos Bosi-Ferraz, for his dedication and support of the CMMSG and wish him well in all his future endeavors.
- A warm welcome to our new editor, Ann Cranney and our new co-ordinator Lara Maxwell (See their bios on this page!).
- Many thanks to Jim Davies, Consumer Editor, for all his hard work and support of the CMMSG. We send our very best wishes for a speedy recovery and look forward to having him back on board and keeping the CMMSG on the straight and narrow.
- CMMSG editor George Wells is taking on the role as co-convenor of the Non-Randomised Studies Methods Group – Congratulations George!



Lara Maxwell – our new review group co-ordinator

### New Review Group Co-ordinator

**Lara Maxwell** is a graduate of McMaster University with a B.Sc. in Biochemistry and a Minor in Anthropology. Her interest in epidemiology was piqued when she did an internship with the Canadian Society for International Health on the Caribbean island of Dominica. She worked closely with the national epidemiologist to coordinate project activities for the development of a hospital information system. Lara is delighted to be working for such a dynamic and renowned group as the Cochrane Collaboration and the Musculoskeletal Group is a great fit given her volunteer work with the Arthritis Society over the last few years.

## What's New at CMMSG

### New Editor

**Dr. Ann Cranney** is an Associate Professor, Division of Rheumatology, University of Ottawa and Scientist with the Ottawa Health Research Institute, Clinical Epidemiology Program. She obtained her medical degree at the Royal College of Surgeons in Dublin, Ireland. She then completed training in Internal Medicine and Geriatrics at McMaster University and a Rheumatology fellowship at the University of Ottawa. She also completed a Master's in Clinical Epidemiology at U of Ottawa. Ann has a research investigator award from CIHR and has received support from the Arthritis Society. Areas of research have included Cochrane systematic reviews of therapies for postmenopausal osteoporosis, outcome measures for osteoporosis including quality of life, development of an osteoporosis decision aid for postmenopausal women and the evaluation of an intervention designed to optimize care of older women with low trauma fractures. For the past few years she has been a reviewer for Cochrane MSK group.

### CIHR Knowledge Translation Grant

We are pleased to announce that the CMMSG successfully obtained funding from CIHR for our work in translating research knowledge into better musculoskeletal health for Canadians. This one-year operating grant will help support the work of our members to produce systematic reviews of the effectiveness and safety of treatments for musculoskeletal diseases. In addition, it will allow us to develop user-friendly formats for presenting results from our reviews to the health care community; coordinate and contribute content to evidence-based textbooks and journals to reach health care providers; write and disseminate consumer summaries of our reviews; and, create partnerships with the arthritis community to inform arthritis health care.

## The Cochrane Collaboration new Information Management System

Good news - the first stage of the Collaboration's new Information Management System (IMS), the Cochrane Contact Database, is now in production!

The Contact Database stores contact and membership information on a centralized server, thereby allowing information to be instantly updated and available to those with appropriate access. Each Collaborative Review Group is responsible for maintaining contact information for individuals in their group. To ensure we have the most up-to-date contact information, the CMMSG will be sending out emails to its members asking you to check the information we currently have on file and make any updates as necessary.

We appreciate your support of this project!



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>.

An IMS demonstration workshop is scheduled at the Colloquium on October 3<sup>rd</sup> 13:30 – 15:00

Sign up online:

[www.colloquium.info/Default.aspx?PageID=256&pid=218&ItemID=284](http://www.colloquium.info/Default.aspx?PageID=256&pid=218&ItemID=284)

Interested in writing a systematic review for CMMSG?

Find out how at:

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

**CHECK OUT OUR NEW  
 REVIEWS AND  
 PROTOCOLS ON THE  
 NEXT PAGE!**

## New and updated CMSG reviews and protocols

### Reviews

#### **ISSUE 4, 2004**

*Physiotherapy interventions for ankylosing spondylitis* \*updated

#### **ISSUE 3, 2004**

*Methotrexate for ankylosing spondylitis*

*Tai chi for treating rheumatoid arthritis*

*Low level laser therapy (Classes I, II and III) for treating osteoarthritis* \*updated

*Short-term low-dose corticosteroids vs placebo and nonsteroidal anti-inflammatory drugs in rheumatoid arthritis* \*updated

#### **ISSUE 2, 2004**

*Mobile bearing vs fixed bearing prostheses for total knee arthroplasty for post-operative functional status in patients with osteoarthritis and rheumatoid arthritis*

#### **ISSUE 1, 2004**

*Occupational therapy for rheumatoid arthritis*

*Paracetamol versus nonsteroidal anti-inflammatory drugs for rheumatoid arthritis*

*Posterior versus lateral surgical approach for total hip arthroplasty in adults with osteoarthritis*

*Pre-operative education for hip or knee replacement*

*Calcium supplementation on bone loss in postmenopausal women*\*updated

### Protocols

#### **ISSUE 4, 2004 (Coming October 18<sup>th</sup>, 2004)**

*Aminobisphosphonates versus other active treatment for Paget's disease of the bone in adults Multidisciplinary rehabilitation programs for joint replacement at the hip and the knee*

#### **ISSUE 3, 2004**

*Cemented versus cementless total hip arthroplasty for osteoarthritis and other non-traumatic diseases*

#### **ISSUE 2, 2004**

*Comprehensive physiotherapy for rheumatoid arthritis*

*Metal versus non-metal backing of the tibial component for total knee replacement for osteoarthritis and/or rheumatoid arthritis.*

*Minimally invasive surgical approaches for total hip arthroplasty in adults with osteoarthritis*

*Patella resurfacing in total knee arthroplasty*

*Retention versus sacrifice of the posterior cruciate ligament in total knee replacement for treatment of osteoarthritis and rheumatoid arthritis*

*Sulfasalazine for ankylosing spondylitis*

#### **ISSUE 1, 2004**

*Surgery for thumb (trapeziometacarpal joint) osteoarthritis*

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

### Pre-Colloquium Consumer Programme

Thanks to the efforts and forward vision of the consumers of the CMMSG, Gill Gyte and the Canadian Cochrane Centre and Network, a free Consumer Programme is being offered before the official start of the Colloquium. On the evening of October 1 and for the day of October 2, sessions are offered and geared to help consumers learn and share ideas about how health research affects them and how to make sense of it all, as well as to learn about The Cochrane Collaboration and how consumers are valuable contributors to this organisation. These sessions are posted on the web site for anyone to register ([www.colloquium.info](http://www.colloquium.info)) and the programme was circulated to health care organisations in Ottawa to encourage local attendance.

The Programme includes sessions for...

#### Friday, October 1

18:30 – 20:30 Discover research and The Cochrane Collaboration

#### Saturday, October 2

09:00 – 12:00 Making sense of scientific evidence (Critical Appraisal Skills Program for consumers)

12:00 – 13:30 LUNCH

13:30 – 15:00 Introduction to The Cochrane Collaboration

15:30 – 17:30 Meet representatives from the Cochrane Entities

If you would like to attend or know of someone who would like to attend the consumer events, please contact [santesso@uottawa.ca](mailto:santesso@uottawa.ca) or visit [www.colloquium.com](http://www.colloquium.com). Participants will need to create an account and then sign up for the workshops (but do not pay for registration).

### 12<sup>th</sup> Cochrane Colloquium – Ottawa, Canada October 2 – 6 2004

The Canadian Cochrane Centre will host the 12th Cochrane Colloquium in Ottawa

The focus of the Colloquium is to bridge some of the key gaps that have been identified: gaps between The Cochrane Collaboration and clinical practice, gaps between high and low-income countries and individuals, gaps between methodologists and reviewers, and gaps between producers and users of healthcare information

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

IT'S NOT TOO LATE TO REGISTER!



### Oral Presentations and Workshops by CMMSG Members:

- October 1 18:30-20:30 Discover research and The Cochrane Collaboration: A consumer event *Nancy Santesso*
- October 3 13:30-15:00 Consumers in research: understanding the results of Cochrane reviews from a Consumer perspective *by Nancy Santesso and Maria Judd*
- October 5 11:00-12:30 Synopses: Proposal for a new format *by Nancy Santesso*
- October 5 11:00-12:30 Consumer priority survey: bridging the gap between producers and users of systematic reviews *by Maria Judd*
- October 6 11:00-12:30 Making the results of Cochrane reviews more accessible and friendly *by Lara Maxwell*
- Measuring the gaps between Cochrane reviews and practice recommendations: The example of COST B13 European Guidelines for low-back pain *by Gustavo Zanoli*

## Consumers in the CMMSG

**Special  
Thanks to  
our  
consumers  
and  
Welcome to  
our new  
consumers**

We are incredibly lucky for the ongoing interest and new interests of many consumers in the arthritis community. Much of the work of the CMMSG would not be possible without their efforts. Their expertise is evident in peer reviews, consumer summaries, grants, dissemination, advocacy and the Colloquium.

Thanks to Corrie Billedeau, Mary Brachaniec (new), Jim and Norma Davies, Anne Dooley, Caleb Higdon (new), Mary Kim (new), Cheryl Koehn, Jean Legare, Amye Leong, Anne Lyddiatt, Colleen Maloney, Betty McDermott, Ann Qualman, and Janet Wale.

Thanks to the organisations that provide ongoing support including The Arthritis Society (Canada), Patient Partners (Canada), Canadian Arthritis Patient Alliance and Arthritis Consumer Experts.

It is a few years now since I went to my first Cochrane Colloquium and actually met some of the names I had been working with over the internet. I was interested to talk and listen to the people responsible for producing the reviews, which at last I was coming to terms in regards to their defined structure and content. My take home impression was that there really was a place for consumers in the process of synthesizing evidence on healthcare interventions. I did, however, have to come to terms with the outcomes (mainly clinical), how data were expressed statistically, and the shortage of information on adverse and long-term effects. These are particularly important to me as a musculoskeletal consumer. Also with time, I have become more confident accessing reviews in The Cochrane Library.

I am so glad I have persisted with trying to understand the role of systematic reviews and evidence-based health care AND to 'come to terms' with the gaps in our knowledge. Ann Qualman has been a good mentor for me as I have seen what she is able to contribute to the Musculoskeletal Group and how she in turn informs the editorial base. The development of review synopses for consumers and the wealth of information on the Arthritis Society of Canada web site is a good example of what has been achieved.

This model has helped me a lot in my work in Australia as a consumer representative. I have played a role in committees on osteoporosis, osteoarthritis and knee replacements, and in contributing to discussions since Musculoskeletal conditions were added to the Australian National Health Priority Area Initiative. The attention to detail within the context of a broad picture, strong information and positive commitment are all things I have learned through my involvement in the Cochrane Collaboration.

## CONSUMER PRIORITY SURVEY

### What interventions do people with arthritis want to know more about?

For the past 5 months the CMMSG has been asking people with arthritis which topics of prevention, management and treatment most interest them, and for which musculoskeletal conditions they feel more research is needed.

A survey was developed with the help of our consumer members in early January and posted to the CMMSG web site in March 2004. To ensure the survey reached a large consumer audience, we made the survey available in English and French and contacted consumer organizations to advertise the survey. Announcements for consumer participation were sent to members of The Arthritis Society (Canada) through their electronic newsletter. The Canadian Arthritis Patient Alliance, a Canadian organisation with the goal of increasing public and political arthritis awareness, also encouraged their members to complete the survey in their electronic newsletter. And the Cochrane Consumer Network sent the survey to their list-serv and asked people who had arthritis to complete the survey.

With widespread advertisement and encouragement, the survey reached over 5000 people directly and consumers indirectly through the CMMSG web site. Over 100 people responded and the results are being tallied.

To date, we have 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.

**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)

For comparison to our consumer priorities, our editors were also asked what topics they thought were high priorities. The editors highlighted exercise, physical therapy and lifestyle changes as priority areas. In addition, they indicated that priority should be given to newer drugs such as biologics and Cox-2 NSAIDs.

Next steps: specific results of the survey and the process of performing the survey will be presented at the Cochrane Colloquium in October. It is hoped that we may inform other reviews groups about one process to set priorities for systematic reviews. Plans are also to alert the CMMSG reviewers and editors of priority topics to encourage completion of reviews in those areas. Survey results will also be available on the CMMSG web site in October 2004.

For more information, visit our web site. Or see the presentation of the survey at the Colloquium on Tuesday October 5, 2004 between 1100-1230.



## Journal of Rheumatology

In our last newsletter we highlighted our agreement with [The Journal of Rheumatology](#) to publish Cochrane Musculoskeletal Group reviews submitted to the Cochrane Library without having to undergo an additional round of peer-review. We are pleased to note that we plan to publish two recent reviews, 'Tai chi for treating rheumatoid arthritis' and 'Physiotherapy interventions for ankylosing spondylitis'

The publishers of The Cochrane Library, John Wiley & Sons, chose a CMSG review 'Tai chi for rheumatoid arthritis' to include in their worldwide press release prior to the publication of Issue 3, 2004. Congratulations to reviewers: A. Han, V. Robinson, M. Judd, W. Taixiang, G. Wells and P. Tugwell.

[Check out our press release:](#)

### **Chinese martial art helps keep arthritis sufferers on their feet**

The traditional Chinese martial art of Tai Chi has been said to produce a variety of health benefits for older adults. These include stress reduction, improved posture and balance and lower extremity strength. A new review of research, however, suggests another potential benefit of performing Tai Chi. Four comparative studies of 8-10 week Tai Chi programs measured improvements of ambulatory adults suffering from rheumatoid arthritis. Although in three studies no differences were found, in one small study, the most notable results were a significantly increased range of motion in the ankle, hip and knee and increased enjoyment of exercise. No detrimental effects were reported. Preserving range of motion in affected joints is particularly important for rheumatoid arthritis sufferers to maintain functionality.

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 2003 and has sold approximately 500 copies. It is currently being translated into Spanish.

We will be meeting with the publisher's representative, Mary Banks, at the Colloquium to plan the next version of the book - expected to be published in 3 years. To help keep current information available, a free access website provides updates of systematic reviews and important trials.

Check out: <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

BMJ

### **The Dissemination of Cochrane Evidence: An inventory of resources that use Cochrane reviews**

The Canadian Cochrane Centre has compiled an inventory of published resources (print and online) which incorporate and disseminate information from The Cochrane Library (<http://www.cochrane.org/reviews/impact>).

CMSG specific items include The Arthritis Society (Canada) website containing a series of consumer summaries of current Cochrane reviews and the book *Evidence-based Rheumatology*.

## Promoting the use of musculoskeletal decision aids

This past summer in the *BMJ*, Peter Tugwell, Annette O'Connor and Nancy Santesso published a series of papers describing a process for practitioners to use a musculoskeletal decision aid with their patients to facilitate patient participation in care.

In the June and July issues, the case report of a woman with pain from osteoarthritis of the knee was highlighted in the interactive case series. This woman needed to make a decision between taking tylenol or non-steroidal anti-inflammatories for her pain while considering the side effects, especially with alcohol intake. Her physician discussed the pros and cons of treatments and provided her with a decision aid to help her work through the decision and guide discussions at the next visit.

The decision aid featured was based on the decision aids previously developed from CMSSG systematic reviews and included in the *BMJ* Evidence Based Rheumatology book (Tugwell et al, 2004).

Feedback about the case series was invited in two ways: by solicited commentaries and through an interactive forum for all *BMJ* readers. Ann Cranney (CMSSG editor) and two consumers newly acquainted with the CMSSG provided insightful commentaries – a special thanks to them. The *BMJ* interactive forum was open from June to July.

Some feedback from participants in the interactive forum addressed the primary focus of the papers - to describe the use of decision aids. Of note, was the suggestion that 'decision aids' for common issues presented to physicians be produced. Writing more decision aids for musculoskeletal conditions is a priority for the CMSSG. Many of the decision aids previously published can be found in the A-Z Inventory of Decision Aids at <http://decisionaid.ohri.ca/AZinvent.php> under the Muscles and Bones category.

See <http://bmj.bmjournals.com/cgi/content/full/328/7452/1362> for the first part of the series and links to the subsequent parts.

**STEP 1: Clarify what you need to decide**

What is the decision? *Should I switch from paracetamol to NSAIDs?*

When does this decision have to be made?  within days  within weeks  within months

How far along are you with this decision?  have not thought about it yet  am considering the choices  am close to making a choice  have already made a choice

**STEP 2: Consider the pros and cons of choices**

- Review the common pros and cons below.
- Add any other pros and cons that are important to you.
- Show how important each pro and con is to you by circling from one (\*) star if it is a little important to you, to up to five (\*\*\*\*\*) stars, if it is very important to you.

Pros and cons of NSAID treatment			
Pros (No. of people affected)	How important is this to you?	Cons (No. of people affected)	How important is this to you?
Improves pain (pain) 890 out of 1000 people improve with NSAIDs compared to 730 out of 1000 people with paracetamol	★★★★	Side effects more common: heartburn, stomach cramps, nausea, swelling, constipation (gastro) 180 out of 1000 people had these side effects with NSAIDs compared to 70 out of 1000 people with paracetamol	★★★★
Alcohol is not restricted with NSAIDs (gastro) Assess the risk of liver disease (1 out of 1000) and possible death when people using paracetamol have 4-5 drinks daily	★★★★	Serious harm: hospital admission or death from bleeding stomach ulcers (ulcers) 13-16 out of 1000 people taking NSAIDs go to hospital or die from stomach ulcers that bleed or make holes	★★★★
Other pros: gives no more relief than other drugs – can help analgesic when with NSAIDs	★★★★	More clinic visits and blood tests are needed when taking NSAIDs Other cons: worry about risks	★★★★

What do you think about taking NSAIDs? Check  one

Willing to consider this drug  
Pros are more important to me than the Cons

Unsure

Not willing to consider this drug  
Cons are more important to me than the Pros

**STEP 3: Choose the role you want to have in choosing your treatment**

I prefer to decide on my own after listening to the opinions of others **HP**

**STEP 4: Identify what you need to help you make the decision**

What I know	Do you know enough about your condition?	Yes	No	Unsure
Do you know which choices you have?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know the good points and bad points of each choice?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What's important	Is it clear which good points and bad points are most important to you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How others help	Do you have enough support and advice to make a choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How sure I feel	Are you choosing without pressure from others?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do you feel sure about the best choice for you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 5: Plan the next steps**

What do you need to do before you make this decision? **need to get my GP's advice**

**STEP 6: Share the information on this form with your doctor.**

## Evaluating Summaries of CMSSG reviews

Consumer summaries of CMSSG systematic reviews have been available on the Arthritis Society of Canada web site for many years with decision aids soon to be added. But are consumers with arthritis using those summaries to help make decisions about their care? And is this the best format and vehicle to provide evidence based information to consumers?

The Canadian Institutes of Health Research have funded a grant to answer those questions from Dr. Jamie Brehaut (decision support), Ottawa Health Research Institute (OHRI), Annette O'Connor (patient decision making) and Dr. Peter Tugwell (knowledge translation), Co-ordinating Editor CMSSG. The goal of the research project is to develop recommendations to facilitate the process of translating evidence based, technical literature into easy to use and timely online patient decision support that improves decision quality. The contribution of expertise from the Arthritis Society of Canada and multiple disciplines will ensure that results are applicable and valuable: Ian Graham (knowledge translation) and Ann Cranney (rheumatology and patient decision support) from OHRI, and Gitte Lindgaard (computer-human interaction) from Carleton University.

The CMSSG expects to benefit from this research in that we will be able to make our evidence available to patient decision makers more quickly, for more decisions, and with greater assurance that they will be helpful for the specific decision being made.

Check out the reviews at [www.arthritis.ca/look-at-research/cochrane-reviews](http://www.arthritis.ca/look-at-research/cochrane-reviews)

## **Highlights from the *Advancing the Knowledge Translation of Systematic Reviews***

### **3rd Canadian Cochrane Symposium, November 21-22, 2003**

Last November the Canadian Cochrane Centre and Network held their Annual Symposium. The theme for the Symposium – Knowledge Translation – was timely and of great interest to many. Due to location, many members of the CMMSG were able to attend and able to showcase many of its efforts in translating the evidence of our systematic reviews.

To highlight the CMMSG's 10<sup>th</sup> anniversary, CMMSG editor Bev Shea spoke to the work of the CMMSG in building relationships with clinicians and consumers in her plenary presentation entitled 'Knowledge Brokering and the Cochrane Process – 10 years in the Making'. She reviewed the efforts of the CMMSG and others to find ways to translate knowledge from systematic reviews into a meaningful format for both clinicians and consumers and discussed the importance of the role of knowledge broker in knowledge translation.

Peter Tugwell and Maria Judd ran an interactive workshop entitled "An introduction to the Cochrane Collaboration". The objectives of the workshop were as follows:

1. To understand the vision and mission of The Cochrane Collaboration and how it functions internationally.
2. To examine:
  - a) The Cochrane Library and its various databases of health information.
  - b) Cochrane review derivatives products – the friendly front end.
3. To identify the different Cochrane entities in Canada and their activities.
4. To discuss how to become involved in The Cochrane Collaboration and get connected with the different entities.

Nancy Santesso described how the CMMSG is reaching out and translating evidence to consumers and patients with musculoskeletal diseases in a brief presentation about "Creating and disseminating 'Friendly Front End' summaries of Cochrane reviews". Feedback was positive with the interest of many Canadian entities piqued.

Before the start of the official Symposium during the Consumer Workshop, Nancy also presented to consumers and consumer representatives about the potential roles of consumers in the processes of knowledge creation and translation. Contributions from a few of the CMMSG consumer members during that presentation added value and a greater sense of the applicability of the topic to other consumers.

To view presentations of the Symposium, including those from the CMMSG, visit <http://www.cochrane.mcmaster.ca/ccncpresentations.asp>.

### **THE COCHRANE COLLABORATION SUPPORTS PROSPECTIVE REGISTRATION OF CLINICAL TRIALS**

Highlight from the statement:

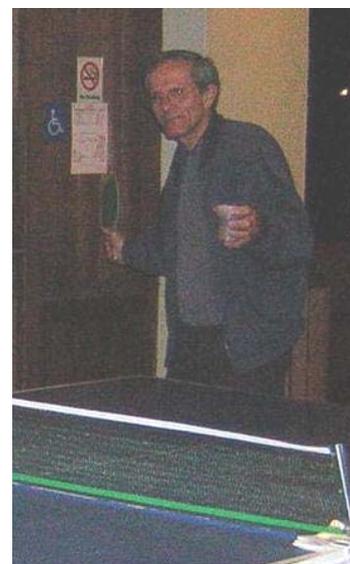
The Cochrane Collaboration is committed to providing the most reliable evidence of the effectiveness of health care through systematic reviews of randomised controlled trials (RCTs), and recognizes the importance of prospectively registering trials to ensure that the evidence assessed is complete and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

- all randomised controlled trials are registered at their inception (at the time of 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.

Please see <http://www.cochrane.org/news/articles/2004.07.26.htm> for the complete statement.



Working hard  
at  
OMERACT!



The OMERACT (Outcome Measures in Rheumatology) Conference was held May 12<sup>th</sup> to 16<sup>th</sup> in beautiful Monterey Bay, California at the Asilomar Conference Grounds. Participants included researchers, practitioners and consumers. Two members of our CMMSG consumer group were able to attend: Ann Qualman (consumer coordinator) and Janet Wale (Governing Council of the Cochrane Consumer Network). For details see <http://www.omeract.org>

This is the second year that patients were part of the OMERACT proceedings but the first time members of the Cochrane Consumer Group attended. The Patient Group provided valuable input into many of the sessions at OMERACT – helping to set future agenda items. Specifically, some of the research proposals identified in a Patient Perspective Workshop included:

- *Fatigue – Are current instruments valid in RA? Is fatigue related to disease mechanisms?*
- *Outcomes in early and late disease – Do priorities for disease symptoms and interventions change with age and disease duration? Does adaptation to disease change priorities?*

John Kirwan, theme leader for osteoarthritis in CMMSG, convened this OMERACT Patient Group. They have written the following papers which will be published in Summer 2005 in the Journal of Rheumatology:

- *Progress since OMERACT 6 at including the patient perspective in rheumatoid arthritis outcome assessment*
- *Incorporating the patient perspective into outcome assessment in rheumatoid arthritis – progress at OMERACT 7*

The unique qualifications and expertise of participants at OMERACT 7 also provided an excellent opportunity to survey them about their opinions of “what makes a person with a musculoskeletal disease effective at managing their disease”. Over 50 participants provided feedback about the skills and attributes of an effective musculoskeletal consumer and over 40 participants attended an interactive workshop with small groups discussed those skills and attributes. Feedback from both the survey and the workshop is being used to inform progress in the “Effective Musculoskeletal Consumer” grant.

The OMERACT Minimal Clinical Important Difference (MCID) group gathered once again at this years OMERACT 7 meeting in Asilomar, California. The preliminary work for this year’s meeting carried over from OMERACT 6 where the Group agreed on a conceptual definition of Low Disease Activity State (LDAS): “that state of disease activity deemed a useful target of treatment by both the patient and the physician, given current treatment possibilities and limitations.”

The objective was to seek consensus on a definition of LDAS that can be recommended for use in randomized clinical trials and further validated in other datasets and long-term outcome databases. The proposed definitions were not intended or useful to guide decisions in individual patient care.

The question posed to the OMERACT 7 participants at the conference plenary was:

*Do you agree that both the core set definition and the DAS based definition have sufficiently passed the OMERACT filter to be recommended as preliminary definitions of LDAS for use in randomized clinical trials, to be further validated in other datasets and long-term outcome databases.*

There was 73% agreement endorsing the core set definition and DAS based definition as preliminary definitions of LDAS.

A special thank you to all the organizers for this workshop including: **George Wells, Maarten Boers, Beverley Shea, Peter Tugwell, Peter Brooks, Lee Simon, Vibeke Strand, Daniel Aletaha, Jennifer Anderson, Clair Bombardier, Maxime Dougados, Paul Emery, David Felson, Jaap Fransen, Dan Furst, Mieke Hazes, Kent Johnson, John Kirwan, Robert Landewé, Marissa Lassere, Kaleb Michaud, Maria Suarez-Almazor, Alan Silman, Josef Smolen, Desiree van der Heijde, Piet van Riel and Fred Wolfe.**

## 2000-2010: The Bone and Joint Decade and CMMSG

It is exciting and a natural fit for the CMMSG to support the Bone and Joint Decade (BJD). Clearly, our goals and the goals of the BJD are related. In particular, the both the CMMSG and the BJD hope to advance the understanding of musculoskeletal disorders through research to improve treatment and empower patients to participate in their own care.

### ***Advancing understanding to improve treatment***

The synthesized evidence from Cochrane systematic reviews is contributing international data to improving treatment of musculoskeletal disorders in the BJD Monitor project

([http://www.bonejointdecade.org/activities/activities\\_bjd\\_monitor.html](http://www.bonejointdecade.org/activities/activities_bjd_monitor.html)).

The activities of the CMMSG support the Monitor project in identifying, collating and disseminating information about the present and future predictions of the burden of musculoskeletal disorders and about ways to prevent and treat musculoskeletal disorders to decrease that burden. Much of this information is available but needs to be pulled together and made more accessible in order to have an impact on health care – CMMSG is aiding in this effort.



<http://www.boneandjointdecade.org>

### ***Empowering patients to participate in care***

With the efforts to produce and disseminate the consumer summaries of the CMMSG systematic reviews on the Arthritis Society of Canada web site (<http://www.arthritis.ca>), we are taking steps to empower patients to participate in their care.

To date we have contributed articles to the *Bone and Joint Decade Canada* newsletter. These newsletters are distributed across Canada and provides an excellent opportunity to spread the word about Cochrane and the CMMSG. To view past newsletter articles in Issue 1 and 2, visit

<http://www.med.ucalgary.ca/webs/bjdcanada/newsletter.htm>.

### **HAVE YOU HEARD ABOUT BONE AND JOINT ACTION WEEK?**

The Bone and Joint Decade Action Week is designed to collectively promote activities that call international attention to the needs of people affected by musculoskeletal disorders and to promote a call to action on issues important to National Action Networks. Suggested Steps:

1. Develop and implement any kind of awareness, public or patient education, or advocacy event to be held in October.
2. Notify the BJD office with the details of the event(s).
3. BJD will provide the BJD logo to your participating organisation for use, according to its guidelines. This will show your organisation's connection to and support for the global initiative.
4. Send to the BJD office a copy of your program, flyer, or other materials developed for the event(s).
5. BJD will produce an international press release, which is picked up by over 35,000 media outlets around the world. The information will be communicated to international organisations, such as the United Nations, World Health Organisation, World Bank, etc.

If you have any questions or want to get involved, contact the Bone and Joint Decade Secretariat.