



# CMSG Newsletter

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## 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 organization 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 Melbourne, Australia, 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, rheumatoid arthritis, paediatric rheumatology, soft tissue conditions, spondyloarthropathy, systemic sclerosis and vasculitis.

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## XVI COCHRANE COLLOQUIUM



"Evidence in the era of globalisation"

When: October 3-7, 2008

Where: Freiburg, Germany

Please join us at the Cochrane Musculoskeletal group open meeting at the Germany Colloquium – a great opportunity to meet the editorial staff and members of the Musculoskeletal Group and learn about our activities and plans for the future.

When : Saturday October 4, 2008 from 7:30 to 9:00 am in the Sedan 4 meetings room.

# WHAT'S NEW AT THE CMSG



## Maternity leave

Congratulations to our Review Group Coordinator, Lara Maxwell, who recently had a baby girl. Isla Rex was born on July 1st at 12:10 and weighed 8.6 pounds.

We wish Lara and her family all the best!

## CMSG Reviews & Protocols

We are pleased to announce that a total of 111 reviews and 84 protocols have been published in the Cochrane Library.

Many thanks to all of our authors!

### New and Updated REVIEWS – 2008

#### Issue 4, 2008

- Exercise for osteoarthritis of the knee (update) Fransen et al.

#### Issue 3, 2008

- Custom-made foot orthoses for the treatment of foot pain. Hawke et al.

#### Issue 2, 2008

- Exercise therapy in juvenile idiopathic arthritis. Takken et al.
- Systemic corticosteroids for acute gout. Janssens et al.
- Multidisciplinary rehabilitation programmes following joint replacement at the hip and knee in chronic arthroplasty. Khan et al.
- Short-term low dose corticosteroids versus placebo and non-steroidal anti-inflammatory drugs in rheumatoid arthritis (update). Gotzsche et al.

#### Issue 1, 2008

- Alendronate for the primary and secondary prevention of osteoporotic fractures in postmenopausal women. Wells et al.
- Arthrographic distension for adhesive capsulitis (frozen shoulder). Buchbinder et al.
- Arthroscopic debridement for knee osteoarthritis. Laupattarakasem et al.
- Post-operative therapy for metacarpophalangeal arthroplasty. Massy-Westropp et al.
- Surgery for rotator cuff disease. Coghlan et al.
- Etidronate for the primary and secondary prevention of osteoporotic fractures in postmenopausal women (update). Wells et al.

### New and Updated PROTOCOLS – 2008

#### Issue 4, 2008

- Effects of different bearing surface materials on aseptic loosening of total hip arthroplasty in patients with osteoarthritis and non-traumatic diseases of the hip. Hoebink et al.
- Rituximab for rheumatoid arthritis. Lopez-Olivo et al.
- Stretch interventions for contractures. Katalinic et al.

#### Issue 3, 2008

- Hypolipemic and antihypertensive drugs for prevention of cardiovascular complications in patients with rheumatoid arthritis. Johnston et al.
- Arthroscopic lavage for osteoarthritis of the knee. Reichenbach et al.
- Abatacept for rheumatoid arthritis. Maxwell et al.
- Doxycycline for osteoarthritis of the knee or hip. Nuesch et al.
- S-adenosylmethionine for osteoarthritis of the knee or hip. Rutjes et al.
- Oral or transdermal opioids for osteoarthritis of the knee or hip (update). Nuesch et al.

#### Issue 2, 2008

- Post-acute physiotherapy for primary total knee arthroplasty. Westby et al.
- Surface neuromuscular electrical stimulation for quadriceps strengthening pre and post total knee replacement. Monaghan et al.
- Acupuncture for treating fibromyalgia. Deare et al.
- Anakinra for rheumatoid arthritis (update). Mertens et al.

#### Issue 1, 2008

- Self-management programme for ankylosing spondylitis. Felix et al.
- Vitamin D supplementation for improving bone mineral density in children. Winzenberg et al.

## Featured reviews in 2008

Wiley (publisher of The Cochrane Library) selects reviews for promotion upon the release of each new issue (The Cochrane Library is published four times per year - January, April, July and October). From time to time, the Cochrane.org Web Team's editors may add reviews to this list that they or other editorial groups in the Collaboration deem noteworthy. The following CMSG reviews have been highlighted and press releases are available at <http://www.cochrane.org/press/wiley/>. The podcast of one of these reviews is available at <http://www.cochrane.org/podcasts/>

- Highlights from Issue 3, 2008: Custom-made foot orthoses for the treatment of foot pain
- Highlights from Issue 1, 2008: Alendronate for primary and secondary prevention of osteoporotic fractures in postmenopausal women

In addition, the review "Bisphosphonate therapy for children and adolescents with secondary osteoporosis" was chosen to appear in Evidence-Based Child Health: A Cochrane Review Journal.

## Impact factor for Cochrane Database of Systematic Reviews

The Cochrane Database of Systematic Reviews obtained its first impact factor in 2007. It was 4.654 and ranked 14 out of 100 journals in the ISI category Medicine, General & Internal. Although disputed, the impact factor is considered a relevant measure for the importance of a journal. The choice where to submit a paper is often at least partly based on the impact factor of a journal.

We encourage our review authors to cite other relevant Cochrane intervention and methodology reviews and keep in mind that only recent reviews (published new or substantially updated in the last two years prior to the publication date of the citing review) are helpful for raising the impact factor. A review that will be published in 2009 should preferably cite reviews published in 2007 and 2008.

### CMSSG and Health Equity

The Cochrane Health Equity Field would like to thank the CMSSG for their support of our work and equity. On their Title Registration form, the CMSSG is now asking review authors whether their review will consider equity. If you are a review author and are interested in equity, please contact Erin Ueffing at [erin.ueffing@uottawa.ca](mailto:erin.ueffing@uottawa.ca). We've developed some resources on equity for reviewers, including an equity checklist, and would be happy to offer our help and expertise. We look forward to working with CMSSG review authors as they address health disparities and equity issues!

We have been collaborating with the CMSSG on a project assessing equity in CMSSG rheumatoid arthritis reviews. We are excited to announce that we have a paper on this work in press with Arthritis Care and Research; our anticipated publication date is November 2008.

If you would like to learn more about the Field and its work, please join us at the Cochrane Colloquium in Freiburg. We'd be keen to meet you at any of our events!

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### RevMan 5

The new version of The Cochrane Collaboration's RevMan 5 software was released on 14 March 2008! It includes a more user-friendly interface, new statistical methods, new tables, and new formatting functions. In addition to Intervention reviews, the new version includes the ability to write Diagnostic test accuracy reviews, Methodology reviews and Overviews of reviews.

With the release of the new Handbook guidance, we encourage all CMSSG authors to include in their review 'Risk of bias' and 'Summary of findings' tables which replace the previous methods of quality assessment and the CMSSG clinical relevance tables. However, if your review is almost complete, it is not mandatory to include these new items. These changes and their justifications have to be provided in the "Differences between protocol and review" section and the 'What's new' table in the review.

#### Conversion from RevMan 4 to RevMan 5

We are currently converting all our reviews and protocols from RevMan 4 to RevMan 5. From November 2008 we won't accept any RevMan 4 files. CMSSG authors are required to install and use RevMan 5 and work on their reviews and protocols from Archie. Archie is the Cochrane Collaboration's central server for managing documents and contacts details. A guidance document on using Archie is available at

<http://www.cc-ims.net/Projects/newIMS/Training/Quickstart-for-Authors.pdf>.

You can read about what's new and download RevMan 5 from [www.cc-ims.net/RevMan/RevMan5/](http://www.cc-ims.net/RevMan/RevMan5/). A training tutorial is available when you download it, and from the RevMan 5 Help menu as well.

### Top 50 Accessed Reviews

The Cochrane Top 50 Accessed Articles list was formulated by Wiley and published on the Cochrane website. The following CMSSG reviews have made the list:

- Acupuncture for shoulder pain (2005) Green S, Buchbinder R, Hetrick S
- Tramadol for osteoarthritis (2006) Cepeda MS, Camargo F, Zea C, Valencia L
- Glucosamine therapy for treating osteoarthritis (2005) Towheed TE, Maxwell L, Anastassiades TP, Shea B, Houpt J, Robinson V, Hochberg MC, Wells G
- Surgery for thumb (trapeziometacarpal joint) osteoarthritis (2005) Wajon A, Ada L, Edmunds I
- Physiotherapy intervention for shoulder pain (2003) Green S, Buchbinder R, Hetrick S
- Diacerein for osteoarthritis (2005) Fidelix TSA, Soares BGDO, Trevisani VF M

The new edition of the *Cochrane Handbook for Systematic Reviews of Interventions* has been published, bringing with it some exciting new improvements to Cochrane review methodology. All Cochrane authors should be ready to incorporate these methods in their new and updated reviews. Some of the key changes include:

- **Literature searching:** there is a new version of the 'highly sensitive search strategy' to identify RCTs, and new advice to reduce duplication of searching between CENTRAL, MEDLINE and EMBASE.
- **Risk of bias:** authors are expected to use the new 'Risk of bias' tool to assess risk of bias in included studies. It involves consideration of six features: random sequence generation, allocation concealment, blinding, incomplete outcome data, selective outcome reporting and 'other' potential sources of bias. This replaces previous MSG advice on quality appraisal.
- **Summary of findings:** new standard tables will also be introduced to summarise the statistical results of all Cochrane reviews. These tables replace the MSG Clinical Relevance Tables.
- **Reviews of diagnostic test accuracy:** Cochrane authors will be able to undertake reviews of diagnostic test accuracy. Note that review teams must include experienced authors and a statistician, due to the complexity of these methods. MSG editors will be meeting in Freiburg to discuss about accepting diagnostic test reviews.
- **Overviews of reviews:** a new format and methods are available for authors to conduct overviews of multiple Cochrane reviews relevant to the same condition. If you have an idea for an overview in musculoskeletal conditions and would like to learn more about these methods, contact MSG.

Keep an eye out for more information! Training workshop opportunities are available for authors in certain locations. Workshop schedules are posted at [www.cochrane.org/news/workshops.htm](http://www.cochrane.org/news/workshops.htm).

## MSG Knowledge Translation Activities

### Knowledge translation of Exercise for Fibromyalgia Syndrome: a useful format for future research recommendations

Over the summer of 2007, the MSG KT Specialist advised a small working group made up of Knowledge Exchange Task Force (KETF) members in the Institute of Musculoskeletal Health and Arthritis (IMHA). The KETF-Fibromyalgia Syndrome - Exercise Review Working Group has carried out a knowledge transfer project with the Fibromyalgia and Exercise Review published in the Cochrane Library in 2007. Although the committee felt that the evidence in this review was not strong enough to warrant key messages to consumers, the group drafted some specific research priorities. Inspired by a 2006 BMJ paper which noted that "long awaited reports of new research, systematic reviews, and clinical guidelines are too often a disappointing anticlimax for those wishing to use them to direct future research. After many months or years of effort and intellectual energy put into these projects, authors miss the opportunity to identify unanswered questions and outstanding gaps in the evidence".<sup>(1)</sup> The paper recommends formatting research gaps using the EPICOT acronym which stands for **E**vidence, **P**opulation, **I**ntervention, **C**omparison, **O**utcomes, **T**ime stamp. The committee, in consultation with the review author, Angela Busch, used the suggested format to take the opportunity to be specific in gaps in our knowledge about FMS and exercise. Our goal is to facilitate the dissemination of these research priorities to the broad, international FMS research community. The set of recommendations for FMS research priorities is currently being prepared as manuscript and draft document to the Institute of Musculoskeletal Health and Arthritis.

(1) Brown P, Brunnhuber K, Chalkidou K, Chalmers I, Clarke M, Fenton M et al. How to formulate research recommendations. *BMJ* 2006; 333(7572):804-806.

### Journal of Rheumatology

Selected MSG reviews are considered for co-publication in the Journal of Rheumatology. We are happy to report that the following review was the last one of the sort to be published:

Tramadol for Osteoarthritis: A Systematic Review and Metaanalysis. M. Soledad Cepeda, Franciso Camargo, Carlota Zea, and Lina Valencia. *J Rheumatol* 2007;34:543-55

## Authors writing their own Plain Language Summaries

One of the most widely circulated sections of a Cochrane review is the plain language summary. These are often disseminated to patient organizations and freely available as a “stand alone” product. Similar to the abstract, the plain language summary is sometimes the only chance we have to deliver the message of the completed review to the general public. Anyone familiar with the Cochrane Library may have noticed that the length, content and format of the plain language summaries vary widely, even within a single review group. Given the importance and potential of the plain language summary, it has become a priority to examine the presentation of this part of the review.

The Musculoskeletal Group is part of a pilot project to standardize the text of plain language summaries across the Cochrane Collaboration. A template and guide to facilitate the extraction and presentation of relevant information from Cochrane reviews and Summary of Findings tables were developed and user tested. Use of this plain language summary template involves taking quantitative information from

Summary of Findings tables and translating it into quantitative information and qualitative statements for the public. The template will emphasize the inclusion of specific, outcome-oriented, results-based information to help give consumers and other users of the Cochrane Library a summary of the benefits and harms of interventions in an unbiased and accessible manner.

The CMSG plans to introduce the template and the guide to review authors in the coming months. There are several benefits to authors writing their own plain language summary. They are most familiar with the research and can explain any important context in the interpretation of the results.

We are excited about this new improvement to CMSG reviews and we appreciate your involvement and collaboration as we roll out this new template and process.

## Storytelling workshop

Storytelling is emerging as a knowledge translation tool in diverse fields, from health communication to business/management fields, and has been explored conceptually in the medical education literature. Stories can help personalize, market (or sell) and illustrate research findings within the decision-making context of the audience. The CMSG is currently exploring the use of narratives as a knowledge translation tool to disseminate the results of Cochrane reviews. Two workshops took place in Edmonton in March 2007. One was aimed at researchers and the other at consumers.

### **Cochrane reviews and storytelling: can they work together? A workshop for consumers.**

We were interested to find out from consumers whether stories (aka narratives) would be an interesting and acceptable way to deliver the messages contained in Cochrane reviews. About 20 consumers, some from CMSG and some from other Cochrane groups discussed the possible opportunities and challenges in using narratives to share the results of research.

Some ideas from the workshop:

- stories represent a powerful means of communication, and it was noted among the consumers at the workshop that it is common for people with chronic illnesses to share stories about their experiences when they meet for the first time.
- a challenge would be creating a story that accurately represented consumers.
- it is important to provide balance in the story between the evidence and peoples' experiences which may not agree with the evidence.
- various formats would be of interest to consumers, including videos or audio stories

### **Can narratives be used as a knowledge translation tool for Cochrane systematic reviews? A workshop for researchers.**

We conducted a workshop for researchers and practitioners to discuss appropriate uses of stories for knowledge translation and best practices. Discussion involved current use of narratives in KT and some important barriers including the possibility that narratives can neglect complicated contextual considerations, or introduce bias into decision-making by not presenting balanced evidence on benefits, harms, and costs.

The CMSG continues to explore the use of narratives with consumers and other researchers.

## CMMSG Consumer Update

### Thank you!

The CMMSG Consumer Group is actively recruiting new consumers and training them to comment on Cochrane reviews and protocols. Supporting consumer involvement in the production of Cochrane reviews helps ensure that they will be relevant and useful to consumers. Right now we have around 30 or more consumers in the CMMSG Consumer Group led by our Consumer Editor and Consumer Group Coordinator, Anne Lyddiatt. About half of these people are currently active in the review process. We would like to publicly thank the following consumers who have commented on one or more Cochrane reviews or protocols over the last year. We are grateful to you all for finding the time in your busy schedules to contribute this way!

Many thanks to the following consumers who have looked at a review or protocol and given their thoughtful comments since May. Your support is much appreciated!!

Corrie Billedeau	Caleb Higdon
Mary Brachaneic	Anne Lyddiatt
Dr. Giuliano Colombetti	Ineke MacDougall
Marg Elliot	Colleen Maloney
Anna Marie Frediani,	Laurie Proulx
Christine Fyfe	Sylvia Smith
Janet Gunderson	Alfretta Van der Hayden
Gaie Haydon	Janney Wale

## Promoting the work of the CMMSG in Australia via collaboration with health professionals and consumer groups

The Australian Editorial Base of CMMSG has been working hard to increase dissemination of the evidence from Cochrane reviews through health professional and consumer groups. Rheumatologists, occupational therapists, physiotherapists, podiatrists and consumers are represented on our Advisory Board, ensuring that we collaborate with all these important stakeholder groups, and helping us to make our work relevant.

Review summaries in different formats and other information are increasingly available through newsletters, publications and websites:

- Plain language summaries of Cochrane reviews on arthritis and other conditions are available free from the website of Arthritis Victoria, a consumer organisation: [www.arthritisvic.org.au](http://www.arthritisvic.org.au) (under the 'Arthritis explained' heading). Arthritis Victoria also publishes summaries in their regular newsletter.
- A series of summaries and patient scenarios for general practitioners is currently being published in the journal *Australian Family Physician*. From June 2007 to March 2008. The series included articles on calcium supplements for children, colchicine for gout, corticosteroid injections for osteoarthritis of the knee, strontium for osteoporosis and non-pharmacological interventions for rheumatoid arthritis, oral therapies for osteoarthritis, oral steroids for adhesive capsulitis, and use of glucocorticosteroids in early rheumatoid arthritis. These articles are available free of charge online at [www.racgp.org.au/afp](http://www.racgp.org.au/afp).
- New and updated Cochrane reviews appears regularly in the newsletter of the Australian Rheumatology Association.
- An article on the role of occupational therapists in The Cochrane Collaboration was published in the *Australian Occupational Therapy Journal* (2008) **55**, 207–211.
- Other dissemination activities planned include articles in upcoming issues of the publications of the physiotherapy and podiatry health professional groups

If you would like to see information of this kind in your organisation's newsletter, journal or website, no matter which country you're in, contact us at [cmmsg@uottawa.ca](mailto:cmmsg@uottawa.ca) to let us know.

The Australian editorial base has also promoted the activities of the CMMSG, and encouraged people with an interest in musculoskeletal disorders to join the Group through presentations and workshops. In the last year, we have been invited to present to rheumatology trainees at the annual Australian Rheumatology Association conference, and presented to interested consumers from the Ankylosing Spondylitis Group of Victoria, Australia. We encourage workshop participants to access plain language summaries and the full Cochrane reviews in the Cochrane Library ([www.thecochranelibrary.org](http://www.thecochranelibrary.org)), which is available free of charge to Australian residents via funding from the Australian Government Department of Health. We also encourage participants to join the CMMSG, as review authors or consumer peer referees.

**Seeking review authors!** The Australian editorial base is responsible for publishing reviews of interventions for regional musculoskeletal conditions. If you are interested in writing a review on any of these topics, another topic or are undecided about a topic we would be very pleased to hear from you. Comprehensive assistance is provided with literature searching and methodological advice and the opportunity to attend beginner and advanced workshops.

## Updates & Orphaned Reviews

The mandate of the Cochrane Collaboration is to provide the most up-to-date evidence for decision makers. The MSG is systematically reviewing our out-of-date reviews. We have recently identified several reviews that are more than five years old and in need of updating, but the original authors are no longer able to take on this task. Would you be interested in updating one of these reviews? The MSG will update and run the literature searches for you, as we do for all our authors, and we are happy to provide any support and advice.

- Deep transverse friction massage for treating tendinitis
- Intensity of exercise for the treatment of osteoarthritis
- Low level laser therapy (classes I, II and III) for treating rheumatoid arthritis
- Therapeutic ultrasound for treating patellofemoral pain syndrome
- Thermotherapy for the treatment of osteoarthritis
- Transcutaneous electrical nerve stimulation (TENS) for the treatment of rheumatoid arthritis in the hand.
- Electrical stimulation for the treatment of rheumatoid arthritis
- Fluoride for treating post-menopausal osteoporosis
- Therapeutic ultrasound for the treatment of rheumatoid arthritis
- Complementary therapies for psoriatic arthritis

We would be happy to hear from anyone interested in taking over any one of these.

The MSG has been involved with the Overviews Working Group. The group has developed guidance for compiling evidence from multiple Cochrane reviews into one accessible and useable document—serving as a “friendly front-end”.

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

## Topics needing a systematic review

Interventions for osteoarthritis:

- Cox-2 inhibitors in separate reviews (excluding rofecoxib and etoricoxib)
- Cartilage transplant repair during surgery patellar resurfacing
- Low level laser
- Joint distraction

Interventions for soft tissue:

- Lateral hip pain (gluteal tendinopathy or bursitis)
- Splints for De Quervain’s tenosynovitis
- Carpal tunnel syndrome
  - corticosteroid injections
  - splinting
  - surgery

Please consult the MSG web site ([www.cochranemsk.org](http://www.cochranemsk.org)) for a more in depth version and regular updates of this list!

To tell us what topics you think should be reviewed please see: [www.cochranemsk.org/consumer/prioritysurvey](http://www.cochranemsk.org/consumer/prioritysurvey)

## Our Funders - Thank you!

- Canadian Institute of Health Research (CIHR) Knowledge Translation Branch
- Canadian Agency for Drug and Technologies in Health (CADTH)
- the CIHR Institutes of Health Services and Policy Research, Musculoskeletal Health and Arthritis, Gender and Health, Human Development, Child and Youth Health, Nutrition, Metabolism and Diabetes, and Infection and Immunity
- The Australian Government Department of Health and Ageing
- Cabrini Institute, Melbourne, Australia

## UPCOMING EVENTS



We are pleased to announce that the OMERACT 10 conference on Outcome Measures in Rheumatology is going to be held from 5 May - 9 May 2010 in Australasia. More details to come soon!