Introduzione a Cochrane e Cochrane Rehabilitation

Stefano Negrini

Chair of Physical and Rehabilitation Medicine
University of Brescia, Don Gnocchi Foundation
Director of Cochrane Rehabilitation

Trusted evidence.
Informed decisions.
Better health.

Disclosure

Director of Cochrane Rehabilitation

European Journal of Physical and Rehabilitation Medicine: congress expenses

ISICO (Italian Scientific Spine Institute): stock

Medtronic: consultant

Janssen Pharmaceutical: advisory board

Presentation outline

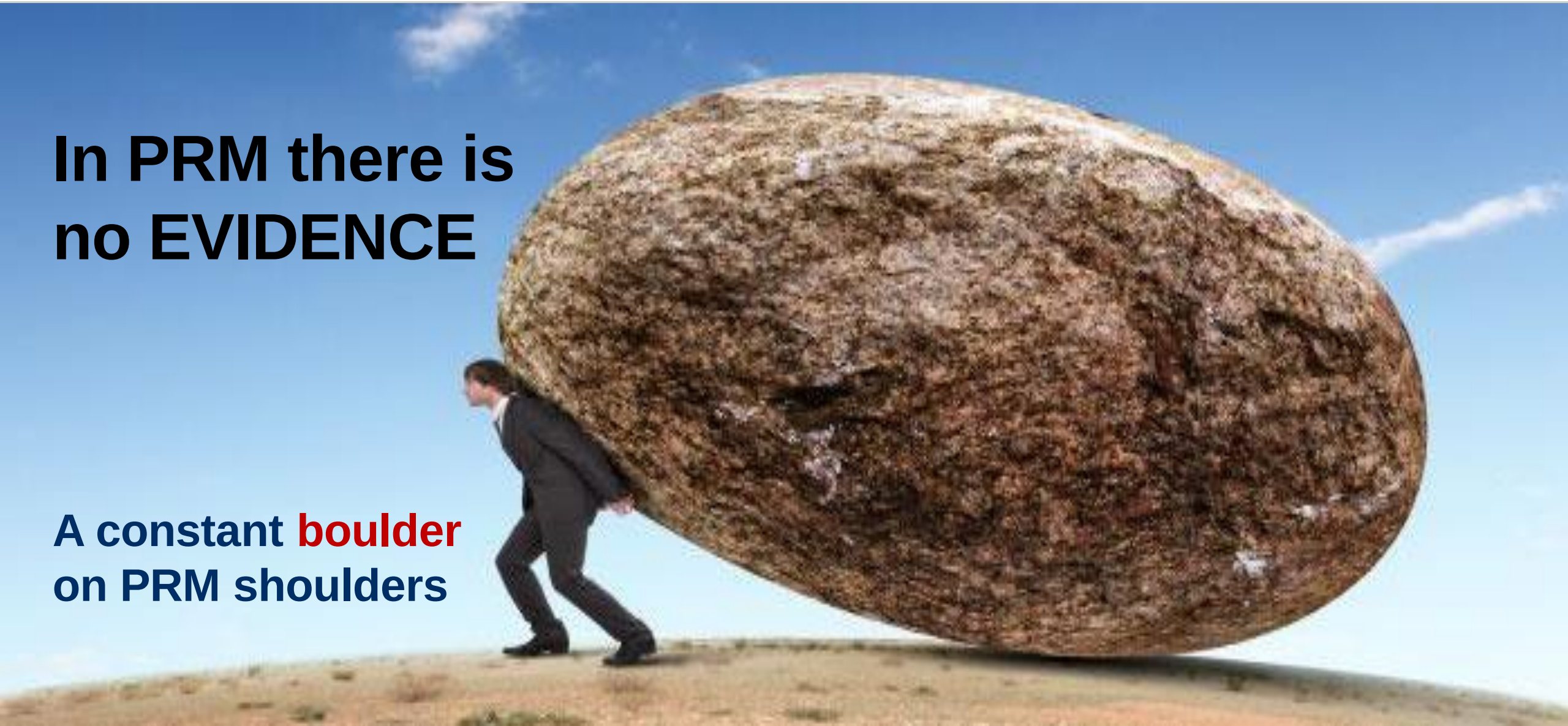
Challenges of EBM in rehabilitation

Cochrane

Cochrane Fields

Cochrane Rehabilitation: Vision, Mission and Goals

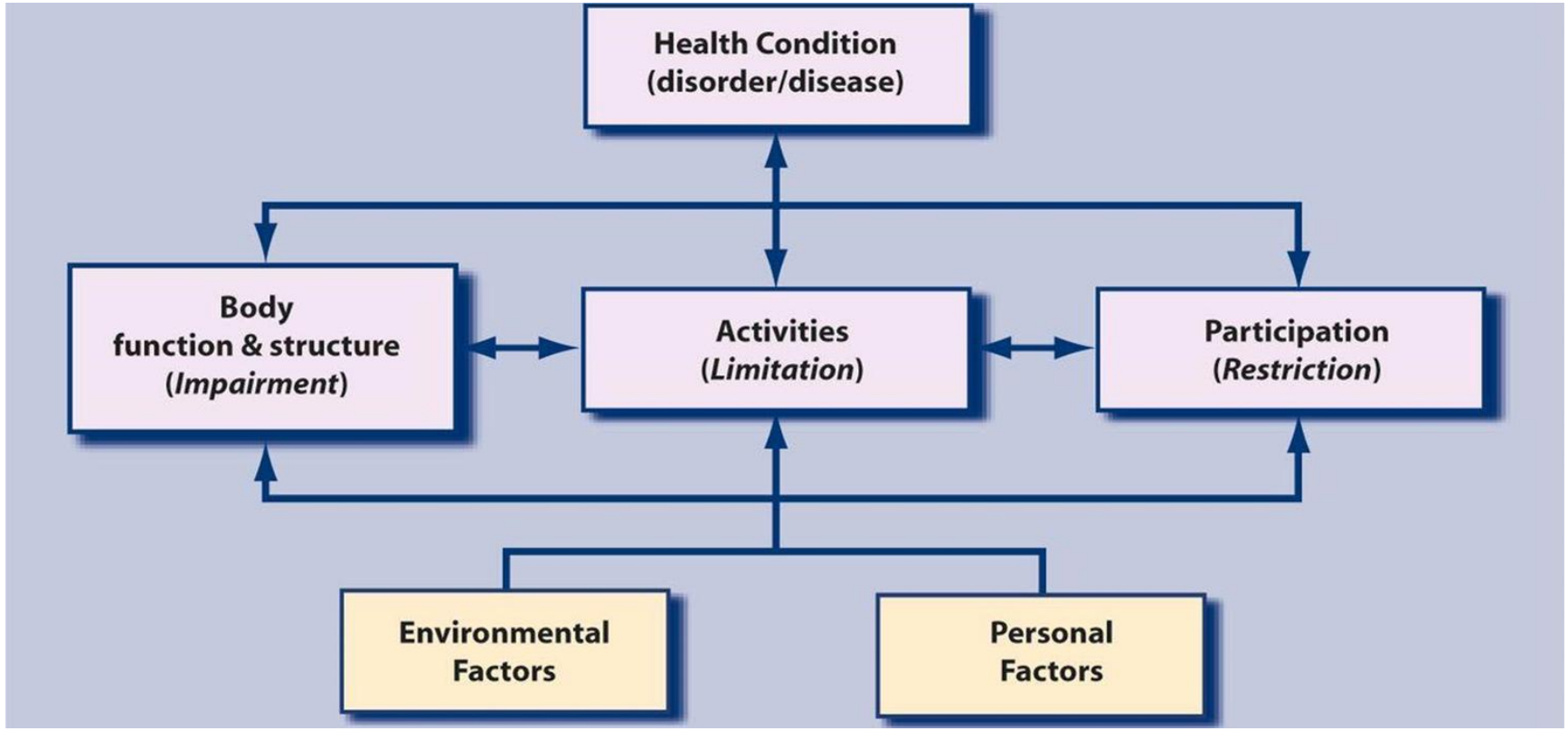
Cochrane Rehabilitation



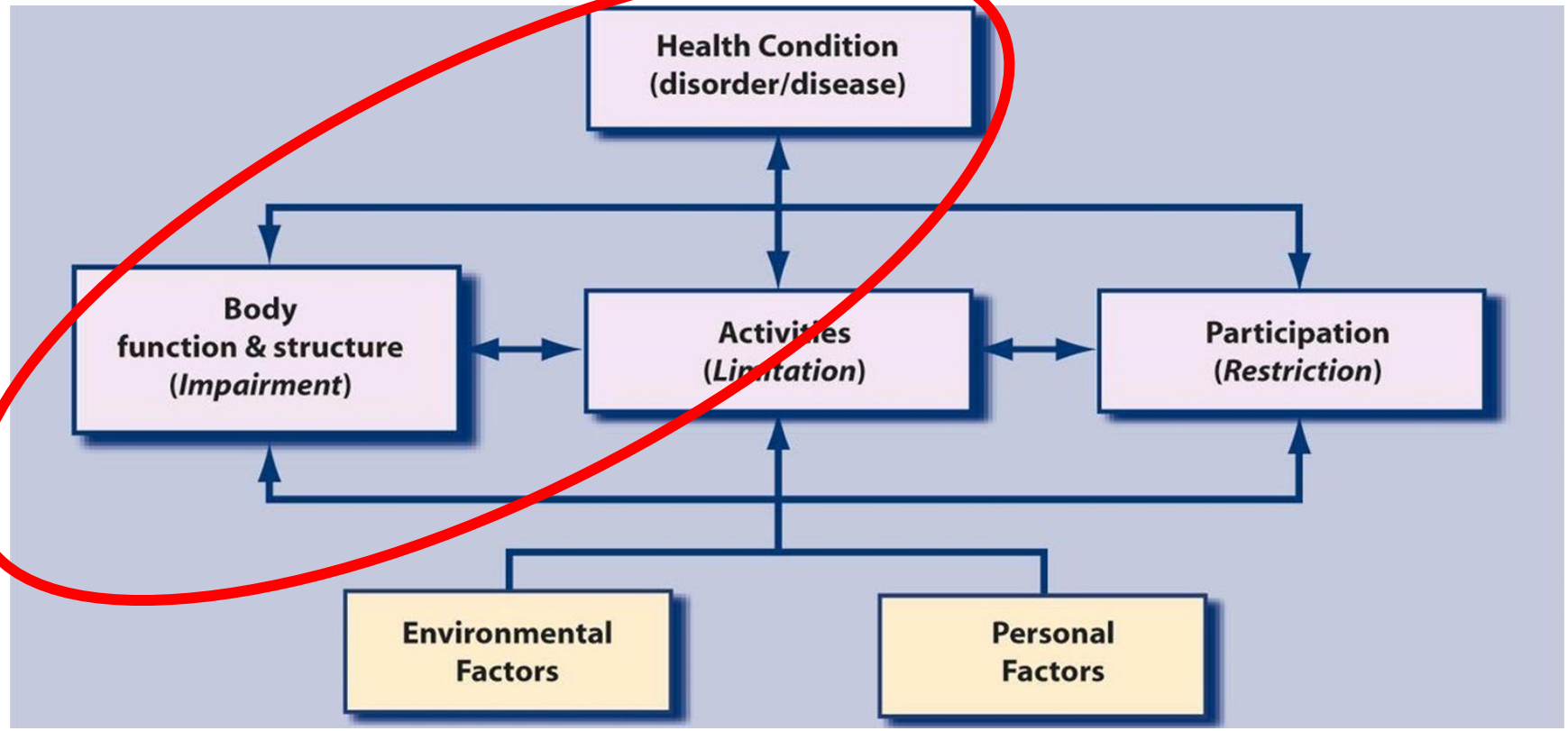
In PRM there is no EVIDENCE

A constant boulder on PRM shoulders

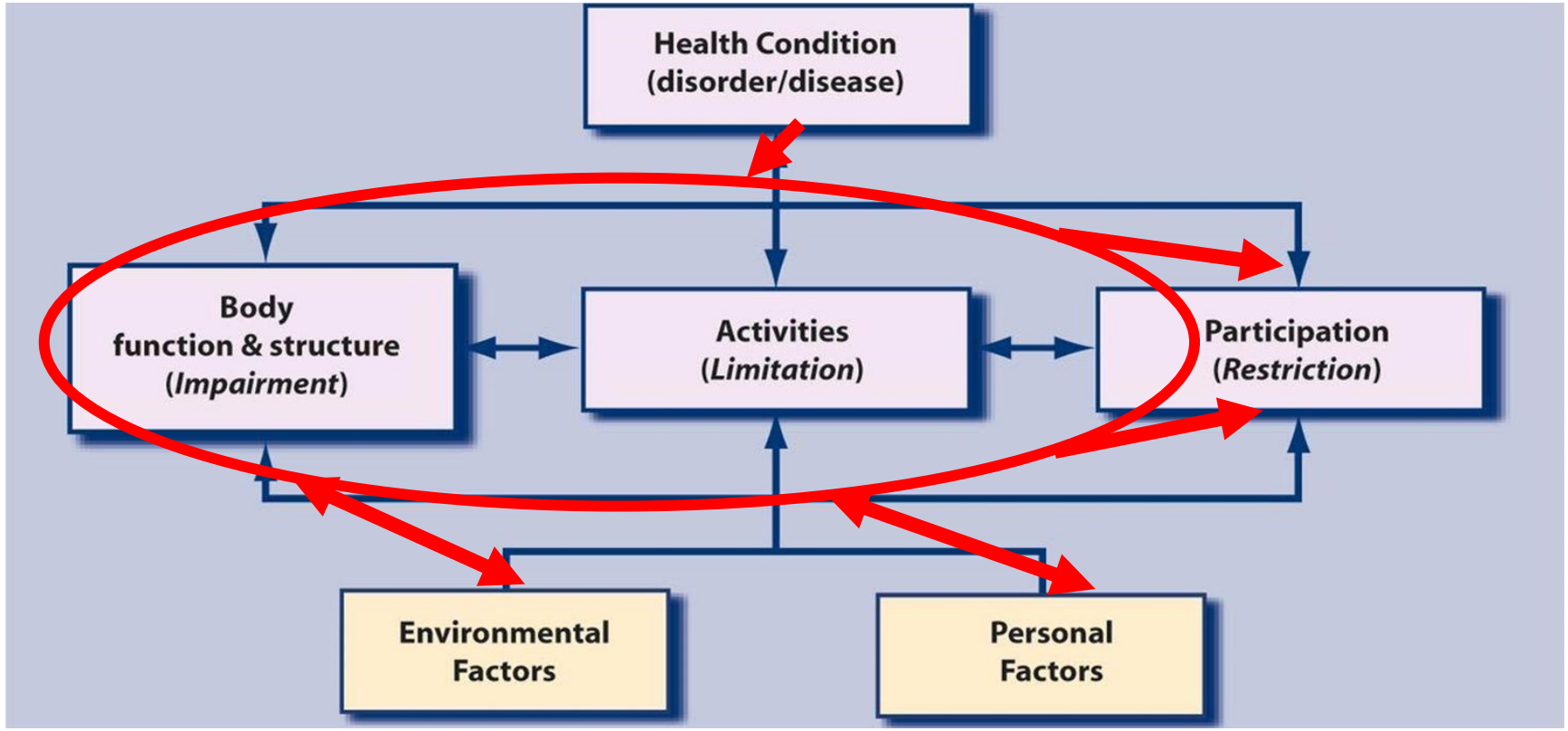
ICF biopsychosocial model (WHO)



Classical medical specialties

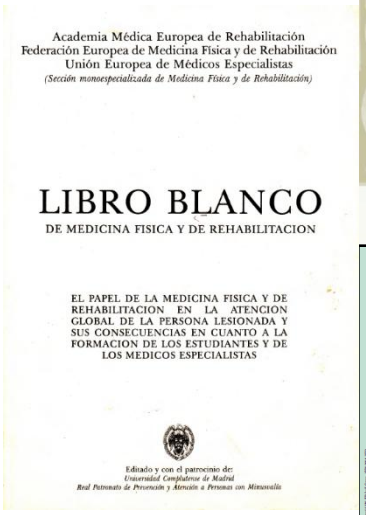


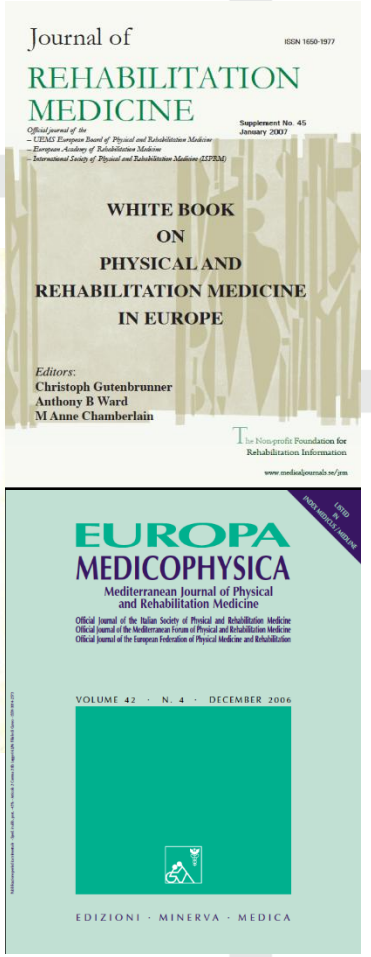
Rehabilitation Medicine



Core concepts of PRM

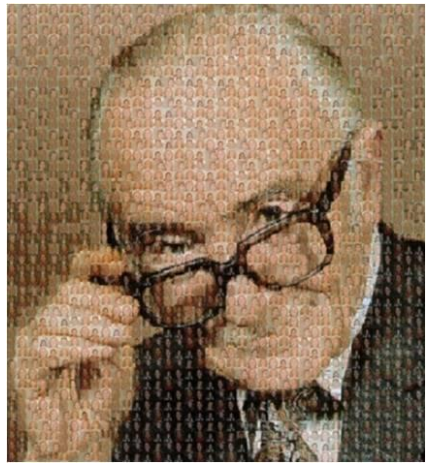
	Classical medicine	PRM specialty
Overall approach	Disease oriented	Person/functioning oriented (holism)
Diagnosis and prognosis	Medical	Functional and medical
Treatments	One modality at a time	Multimodal
Morbidities	Single	Multiple
Professional approach	Individual	Multi-professional team





European Bodies Alliance. White Book of Physical and Rehabilitation Medicine in Europe 3rd Ed. To be published in 2018

Cochrane Rehabilitation



The Gold Standard: Cochrane

Cochrane vision

A world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence.

Cochrane mission

To promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence.

What does Cochrane do ?

Cochrane gathers and summarizes the best evidence from research producing systematic reviews and meta-analysis including only Randomized Controlled Trials (RCTs).

Cochrane does not accept commercial or conflicted funding

Cochrane Rehabilitation

How does Cochrane work ?

Contributors affiliate themselves to groups

Cochrane groups located all around the world with own funding, website, and workload

Work online

Cochrane do not accept commercial or conflicted funding

Why is Cochrane important ? An example

A physiotherapist

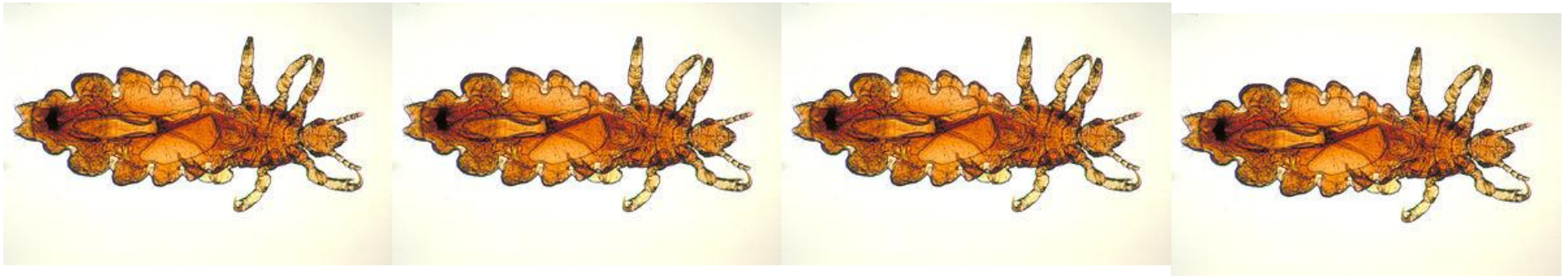
Two very nice daughters with long, blond hair

Pediculosis – head lice got at school

They tried all known popular remedies, but no success

Last solution: totally cut their hair

Suddenly an IDEA – why not to try to check with Cochrane ?



Cochrane Rehabilitation

Problem solved

Cochrane Database of Systematic Reviews

Interventions for treating head lice

Protocol | Intervention

Johannes C van der Wouden ✉,Tim Klootwijk,Laurence Le Cleach,Giao Do,Robert Vander Stichele, Arie Knuistingh Neven,Just AH Eekhof

First published: 5 October 2011

Editorial Group: Cochrane Infectious Diseases Group

DOI: 10.1002/14651858.CD009321 View/save citation

Cited by: 2 articles Refresh Citing literature

Now he is the author of 2 systematic reviews in his field of competence

The logo

Two ‘C’ shapes: global collaboration

A forest plot: role systematic reviews to improve health care.

This is a specific forest plot: corticosteroids to women who are about to give birth prematurely save the life of the newborn child. It saved plenty of lives.

Cochrane and RCTs are the actual gold standard for a good EBM approach

Cochrane Rehabilitation

Cochrane Organization

Review Groups: systematic reviews

Methods Groups: development of methods for reviews

Centres: local knowledge translation

Fields and Networks: knowledge translation for a specific health community other than a condition

Cochrane Rehabilitation

56 Cochrane Review Groups

1. Acute Respiratory Infections Group
2. Airways Group
3. Anaesthesia, Critical and Emergency Care Group
4. Back and Neck Group
5. Bone, Joint and Muscle Trauma Group
6. Breast Cancer Group
7. Childhood Cancer Group
8. Cochrane Response
9. Colorectal Cancer Group
10. Common Mental Disorders Group
11. Consumers and Communication Group
12. Covidence Review Group
13. Cystic Fibrosis and Genetic Disorders Group
14. Dementia and Cognitive Improvement Group
15. Developmental, Psychosocial and Learning Problems Group
16. Drugs and Alcohol Group
17. Effective Practice and Organisation of Care Group
18. ENT Group
19. Epilepsy Group
20. Eyes and Vision Group
21. Fertility Regulation Group
22. Gynaecological, Neuro-oncology and Orphan Cancer Group
23. Gynaecology and Fertility Group
24. Haematological Malignancies Group
25. Heart Group
26. Hepato-Biliary Group
27. HIV/AIDS Group
28. Hypertension Group
29. IBD Group
30. Incontinence Group
31. Infectious Diseases Group
32. Injuries Group
33. Kidney and Transplant Group
34. Lung Cancer Group
35. Metabolic and Endocrine Disorders Group
36. Methodology Review Group
37. Movement Disorders Group
38. Multiple Sclerosis and Rare Diseases of the CNS Group
39. Musculoskeletal Group
40. Neonatal Group
41. Neuromuscular Group
42. Oral Health Group
43. Pain, Palliative and Supportive Care Group
44. Pregnancy and Childbirth Group
45. Public Health Group
46. Schizophrenia Group
47. Skin Group
48. STI Group
49. Stroke Group
50. Test CRG
51. Tobacco Addiction Group
52. Upper GI and Pancreatic Diseases Group
53. Urology Group
54. Vascular Group
55. Work Group
56. Wounds Group

4 with >20 reviews of PRM interest

1. Back and Neck
2. Bone, Joint and Muscle Trauma
3. Musculoskeletal
4. Stroke

Zaina F, Negrini S. EJPRM systematic continuous update on Cochrane reviews in rehabilitation: news from December 2011 to February 2012. Eur J Phys Rehabil Med. 2012 Mar;48(1):57-70.

Cochrane Rehabilitation

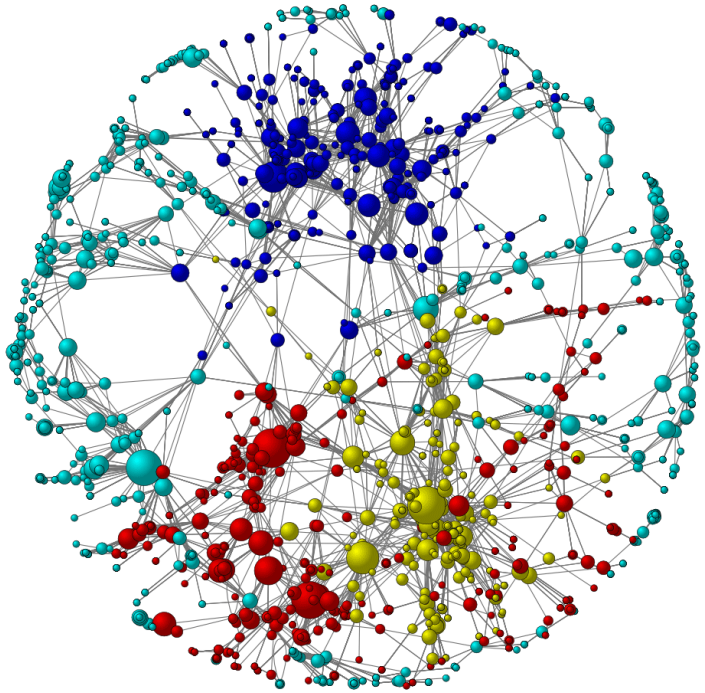
28 with ≥ 1 reviews of PRM interest

1. Acute Respiratory Infections
2. Airways
3. Back and Neck
4. Bone, Joint and Muscle Trauma
5. Breast Cancer
6. Cystic Fibrosis and Genetic Disorders
7. Dementia and Cognitive Improvement
8. Developmental, Psychosocial and Learning Problems
9. Ear Nose and Throat disorders
10. Eyes and Vision
11. Gynaecological, Neuro-oncology and Orphan Cancer
12. Gynaecology and Fertility
13. Heart
14. HIV/AIDS
15. Incontinence
16. Injuries
17. Kidney and Transplant
18. Lung Cancer
19. Movement Disorders
20. Multiple Sclerosis and Rare Diseases of the CNS
21. Musculoskeletal
22. Neonatal
23. Neuromuscular
24. Pain, Palliative and Supportive Care
25. Pregnancy and Childbirth
26. Stroke
27. Vascular
28. Wounds

Zaina F, Negrini S. EJPRM systematic continuous update on Cochrane reviews in rehabilitation: news from December 2011 to February 2012. Eur J Phys Rehabil Med. 2012 Mar;48(1):57-70.

Cochrane Rehabilitation

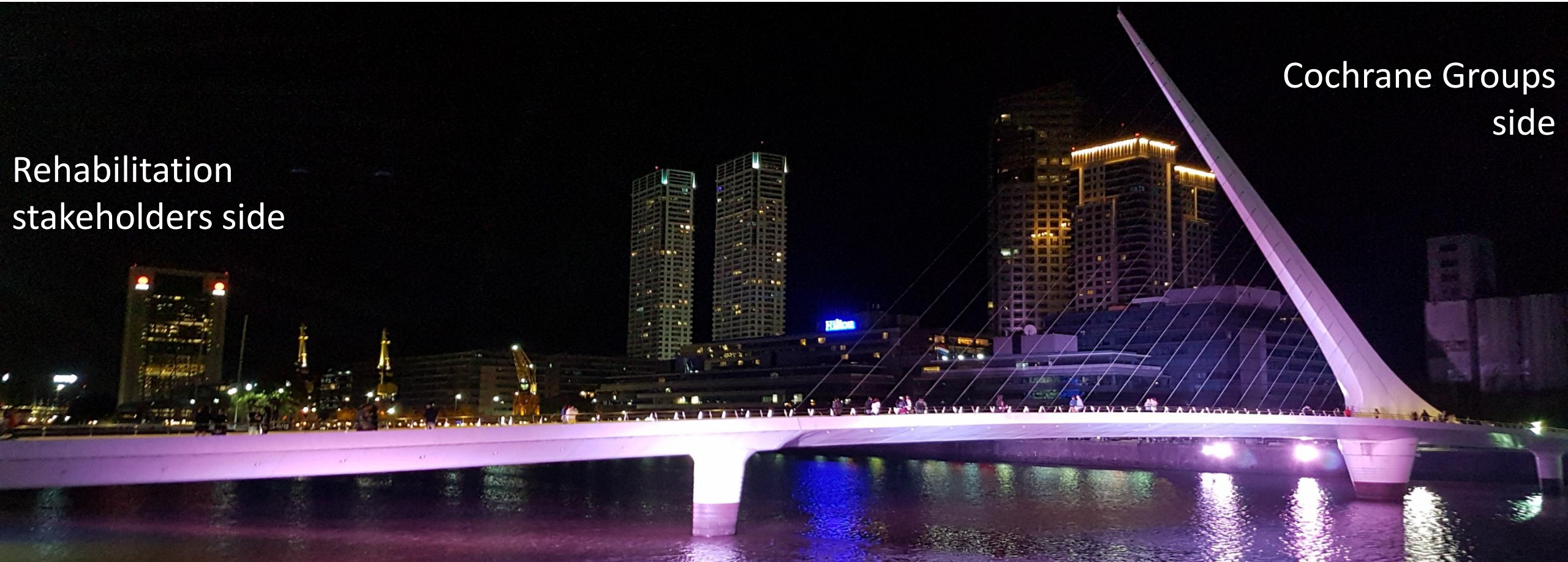
12 Cochrane Fields and Networks



1. Cochrane Child Health
2. Cochrane Complementary Medicine
3. Cochrane Consumer Network
4. Cochrane Global Ageing
5. Cochrane Global Mental Health
6. Cochrane Insurance Medicine
7. Cochrane Neurosciences
8. Cochrane Nursing Care
9. Cochrane Nutrition
10. Cochrane Pre-hospital and Emergency Care
11. Cochrane Primary Care
12. Cochrane Rehabilitation

Role of Cochrane Fields a bridge

-facilitate work of Cochrane Review Groups
-ensure that Cochrane reviews are both relevant and accessible to their fellow specialists and consumers



The Cochrane Rehabilitation bridge

Rehabilitation

- Increase science
- Improve methods
- Attract researchers
- Strengthen professional role
- Improve visibility

Cochrane

- Beyond diseases: function
- Behavioral aspects of Medicine
- Methods in challenghing fields

Vision

All rehabilitation professionals can apply Evidence Based Clinical Practice

Decision makers will be able to take decisions according to the best and most appropriate evidence

Mission

Allow all rehabilitation professionals to combine the best available evidence as gathered by high quality Cochrane systematic reviews, with their own clinical expertise and the values of patients

Improve the methods for evidence synthesis, to make them coherent with the needs of disabled people and daily clinical practice in rehabilitation.

Cochrane Rehabilitation

Goals

1. To connect stakeholders and individuals involved in production, dissemination, and implementation of evidence based clinical practice in rehabilitation, creating a global network
2. To undertake knowledge translation for Cochrane on reviews relevant to rehabilitation, with dissemination to stakeholders, in line with Cochrane's knowledge translation strategy
3. To develop a register of Cochrane and non-Cochrane systematic reviews relevant to rehabilitation

Goals

4. To promote Evidence Based Clinical Practice and provide education and training on it and on systematic review methods to stakeholders
5. To review and strengthen methodology relevant to Evidence Based Clinical Practice to inform both rehabilitation and other Cochrane work related to rehabilitation and stimulating methodological developments in other Cochrane groups
6. To promote and advocate for Evidence Based Clinical Practice in rehabilitation to other Cochrane groups and wider rehabilitation stakeholders

The Network: individuals

Specific tasks defined by Committees

- 256 people from 54 countries

[Review selection]

[Surveys: methodology, education]

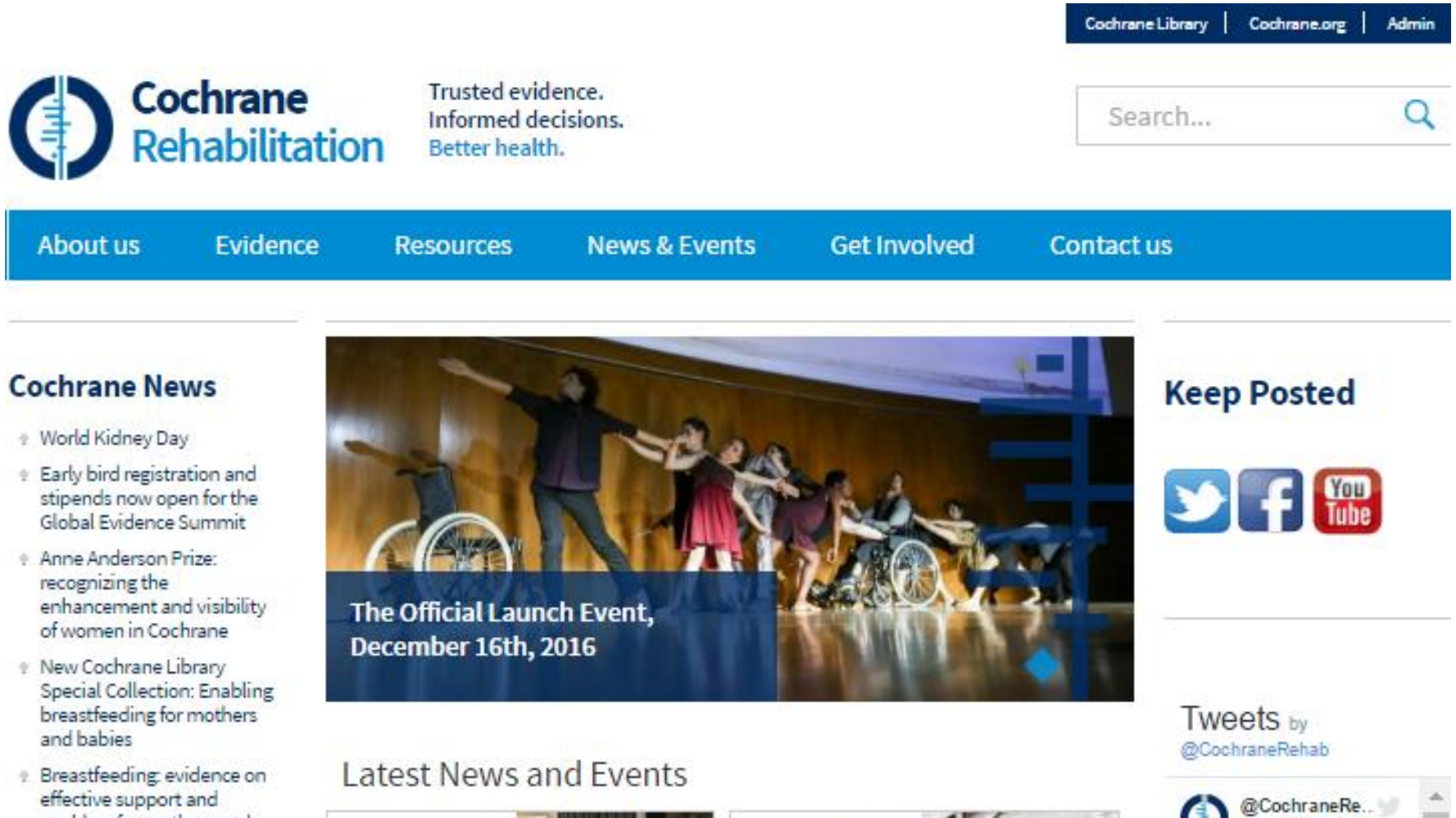
Translation of web-site and Newsletter

Link with National Societies and Cochrane Centres

Treasurer position call

Cochrane Rehabilitation

Website



Thank you

stefano.negrini@unibs.it
@ProfNegrini
www.dongnocchi.it - www.unibs.it

cochrane.rehabilitation@gmail.com
@CochraneRehab
www.rehabilitation.cochrane.org

Trusted evidence.
Informed decisions.
Better health.