Chaque mois, la Collaboration Cochrane produit environ 80 revues systématiques de grande qualité. Si toutes ces revues peuvent apparaître intéressantes pour un médecin généraliste, une partie seulement de ces publications concerne son champ d'activité et peut avoir un impact sur ses pratiques.

Le département de médecine générale de la faculté de médecine Paris Descartes, dans le cadre d'un partenariat avec **Cochrane France**, sélectionne chaque mois les résumés qui semblent les plus pertinents pour les médecins généralistes. Cette lettre est diffusée par courriel. Pour chaque résumé sont présentés uniquement le contexte, les objectifs, et la conclusion. Un lien permet d'aller chercher sur internet le résumé complet en français et la revue complète en langue anglaise.

Cette lettre présente des résumés de revues publiées **en décembre 2015** par la Cochrane Library.

Les résumés de la lettre de janvier 2016 sont diffusés en anglais.

Si un de vos collègues souhaite s'abonner à cette lettre d'information, il peut inscrire sur le site internet de **Cochrane France**

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Detecting recurrent colorectal cancer by testing for blood carcino-embryonic antigen (CEA)

Contexte:

Testing for carcino-embryonic antigen (CEA) in the blood is a recommended part of follow-up to detect recurrence of colorectal cancer following primary curative treatment. There is substantial clinical variation in the cut-off level applied to trigger further investigation.

Objectifs:

To determine the diagnostic performance of different blood CEA levels in identifying people with colorectal cancer recurrence in order to inform clinical practice.

Conclusions des auteurs:

CEA is insufficiently sensitive to be used alone, even with a low threshold. It is therefore essential to augment CEA monitoring with another diagnostic modality in order to avoid missed cases. Trying to improve sensitivity by adopting a low threshold is a poor strategy because of the high numbers of false alarms generated. We therefore recommend monitoring for colorectal cancer recurrence with more than one diagnostic modality but applying the highest CEA cut-off assessed (10 µg/L).

Référence de la revue:

Nicholson BD, Shinkins B, Pathiraja I, Roberts NW, James TJ, Mallett S, Perera R, Primrose JN, Mant D. Blood CEA levels for detecting recurrent colorectal cancer. Cochrane Database of Systematic Reviews 2015, Issue 12. Art. No.: CD011134. DOI: 10.1002/14651858.CD011134.pub2

Folic acid supplements before conception and in early pregnancy (up to 12 weeks) for the prevention of birth defects

Contexte:

It has been reported that neural tube defects (NTD) can be prevented with periconceptional folic acid supplementation. The effects of different doses, forms and schemes of folate supplementation for the prevention of other birth defects and maternal and infant outcomes are unclear.

Objectifs:

Folic acid, alone or in combination with vitamins and minerals, prevents NTDs, but does not have a clear effect on other birth defects.

Conclusions des auteurs:

Folic acid, alone or in combination with vitamins and minerals, prevents NTDs, but does not have a clear effect on other birth defects.

De-Regil L, Peña-Rosas J, Fernández-Gaxiola AC, Rayco-Solon P. Effects and safety of periconceptional oral folate supplementation for preventing birth defects. Cochrane Database of Systematic Reviews 2015, Issue 12. Art. No.: CD007950. DOI: 10.1002/14651858.CD007950.pub**3**

Knee braces, sleeves or straps for treating anterior knee pain (patellofemoral pain syndrome)

Contexte:

Patellofemoral pain syndrome (PFPS) is a painful musculoskeletal condition, which is characterised by knee pain located in the anterior aspect (front) and retropatellar region (behind) of the knee joint. Various non-operative interventions are suggested for the treatment of this condition. Knee orthoses (knee braces, sleeves, straps or bandages) are worn over the knee and are thought to help reduce knee pain. They can be used in isolation or in addition to other treatments such as exercise or non-steroidal anti-inflammatory medications.

Objectifs:

To assess the effects (benefits and harms) of knee orthoses (knee braces, sleeves, straps or bandages) for treating PFPS.

Conclusions des auteurs:

Overall, this review has found a lack of evidence to inform on the use of knee orthoses for treating PFPS. There is, however, very low quality evidence from clinically heterogeneous trials using different types of knee orthoses (knee brace, sleeve and strap) that using a knee orthosis did not reduce knee pain or improve knee function in the short term (under three months) in adults who were also undergoing an exercise programme for treating PFPS. This points to the need for good-quality clinically-relevant research to inform on the use of commonly-available knee orthoses for treating PFPS.

Référence de la revue:

Smith TO, Drew BT, Meek TH, Clark AB. Knee orthoses for treating patellofemoral pain syndrome. Cochrane Database of Systematic Reviews 2015, Issue 12. Art. No.: CD010513. DOI: 10.1002/14651858.CD010513.pub2

Lifestyle interventions for the treatment of urinary incontinence in adults

Contexte:

Low cost, non-invasive alterations in lifestyle are frequently recommended by healthcare professionals or those presenting with incontinence. However, such recommendations are rarely based on good evidence.

Objectifs:

The objective of the review was to determine the effectiveness of specific lifestyle interventions (i.e. weight loss; dietary changes; fluid intake; reduction in caffeinated, carbonated and alcoholic drinks; avoidance of constipation; stopping smoking; and physical activity) in the management of adult urinary incontinence.

Conclusions des auteurs:

Evidence for the effect of weight loss on urinary incontinence is building and should be a research priority. Generally, there was insufficient evidence to inform practice reliably about whether lifestyle interventions are helpful in the treatment of urinary incontinence.

Référence de la revue:

Imamura M, Williams K, Wells M, McGrother C. Lifestyle interventions for the treatment of urinary incontinence in adults. Cochrane Database of Systematic Reviews 2015, Issue 12. Art. No.: CD003505. DOI: 10.1002/14651858.CD003505.pub5

Drug-free management of young children's pain during medical procedures

Contexte:

Infant acute pain and distress is commonplace. Infancy is a period of exponential development. Unrelieved pain and distress can have implications across the lifespan. This is an update of a previously published review in the Cochrane Database of Systematic Reviews, Issue 10 2011 entitled 'Non-pharmacological management of infant and young child procedural pain'.

Objectifs:

To assess the efficacy of non-pharmacological interventions for infant and child (up to three years) acute pain, excluding kangaroo care, and music. Analyses were run separately for infant age (preterm, neonate, older) and pain response (pain reactivity, immediate pain regulation).

Conclusions des auteurs:

There is evidence that different non-pharmacological interventions can be used with preterms, neonates, and older infants to significantly manage pain behaviors associated with acutely painful procedures. The most established evidence was for non-nutritive sucking, swaddling/facilitated tucking, and rocking/holding. All analyses reflected that more research is needed to bolster our confidence in the direction of the findings. There are significant gaps in the existing literature on non-pharmacological management of acute pain in infancy.

Pillai Riddell RR, Racine NM, Gennis HG, Turcotte K, Uman LS, Horton RE, Ahola Kohut S, Hillgrove Stuart J, Stevens B, Lisi DM. Non-pharmacological management of infant and young child procedural pain. Cochrane Database of Systematic Reviews 2015, Issue 12. Art. No.: CD006275. DOI: 10.1002/14651858.CD006275.pub3

Nurse-led optimisation of medications in heart failure

Contexte:

Heart failure is associated with high mortality and hospital readmissions. Beta-adrenergic blocking agents, angiotensin converting enzyme inhibitors (ACEIs), and angiotensin receptor blockers (ARBs) can improve survival and reduce hospital readmissions and are recommended as first-line therapy in the treatment of heart failure. Evidence has also shown that there is a dose-dependent relationship of these medications with patient outcomes. Despite this evidence, primary care physicians are reluctant to up-titrate these medications. New strategies aimed at facilitating this up-titration are warranted. Nurse-led titration (NLT) is one such strategy.

Objectifs:

To assess the effects of NLT of beta-adrenergic blocking agents, ACEIs, and ARBs in patients with heart failure with reduced ejection fraction (HFrEF) in terms of safety and patient outcomes.

Conclusions des auteurs:

Participants in the NLT group experienced fewer hospital admissions for any cause and an increase in survival and number of participants reaching target dose within a shorter time period. However, the quality of evidence regarding the proportion of participants reaching target dose was low and should be interpreted with caution. We found high-quality evidence supporting NLT as one strategy that may improve the optimisation of beta-adrenergic blocking agents resulting in a reduction in hospital admissions. Despite evidence of a dose-dependent relationship of beta-adrenergic blocking agents, ACEIs, and ARBs with improving outcomes in patients with HFrEF, the translation of this evidence into clinical practice is poor. NLT is one strategy that facilitates the implementation of this evidence into practice.

Référence de la revue:

Driscoll A, Currey J, Tonkin A, Krum H. Nurse-led titration of angiotensin converting enzyme inhibitors, beta-adrenergic blocking agents, and angiotensin receptor blockers for people with heart failure with reduced ejection fraction. Cochrane Database of Systematic Reviews 2015, Issue 12. Art. No.: CD009889. DOI: 10.1002/14651858.CD009889.pub2

Novel oral anticoagulants (DOACs) for the treatment of pulmonary embolism

Contexte:

Pulmonary embolism is a potentially life-threatening condition in which a clot can travel from the deep veins, most commonly in the leg, up to the lungs. Previously, a pulmonary embolism was treated with the anticoagulants heparin and vitamin K antagonists. Recently, however, two forms of direct oral anticoagulants (DOACs) have been developed: oral direct thrombin inhibitors (DTI) and oral factor Xa inhibitors. The new drugs have characteristics that may be favourable over conventional treatment, including oral administration, a predictable effect, lack of frequent monitoring or re-dosing and few known drug interactions. To date, no Cochrane review has measured the effectiveness and safety of these drugs in the long-term treatment (minimum duration of three months) of pulmonary embolism.

Objectifs:

To assess the effectiveness of oral DTIs and oral factor Xa inhibitors for the long-term treatment of pulmonary embolism.

Conclusions des auteurs:

Moderate to high quality evidence suggests that there are no differences between DOACs and standard anticoagulation for the long-term treatment of pulmonary embolism, for the outcomes recurrent pulmonary embolism, recurrent venous thromboembolism, DVT, all-cause mortality and major bleeding.

Référence de la revue:

Robertson L, Kesteven P, McCaslin JE. Oral direct thrombin inhibitors or oral factor Xa inhibitors for the treatment of pulmonary embolism. Cochrane Database of Systematic Reviews 2015, Issue 12. Art. No.: CD010957. DOI: 10.1002/14651858.CD010957.pub2

Parent-only interventions for childhood overweight or obesity in children aged 5 to 11 years

Contexte:

Child and adolescent overweight and obesity have increased globally, and are associated with short- and long-term health consequences.

Objectifs:

To assess the efficacy of diet, physical activity and behavioural interventions delivered to parents only for the treatment of overweight and obesity in children aged 5 to 11 years.

Conclusions des auteurs:

Parent-only interventions may be an effective treatment option for overweight or obese children aged 5 to 11 years when compared with waiting list controls. Parent-only interventions had similar effects compared with parent-child interventions and compared with those with minimal contact controls. However, the evidence is at present limited; some of the trials had a high risk of bias with loss to follow-up being a particular issue and there was a lack of evidence for several important outcomes. The systematic review has identified 10 ongoing trials that have a parent-only arm, which will contribute to future updates. These trials will improve the robustness of the analyses by type of comparator, and may permit subgroup analysis by intervention component and the setting. Trial reports should provide adequate details about the interventions to be replicated by others. There is a need to conduct and report cost-effectiveness analyses in future trials in order to establish whether parent-only interventions are more cost-effective than parent-child interventions.

Référence de la revue:

Loveman E, Al-Khudairy L, Johnson RE, Robertson W, Colquitt JL, Mead EL, Ells LJ, Metzendorf M, Rees K. Parent-only interventions for childhood overweight or obesity in children aged 5 to 11 years. Cochrane Database of Systematic Reviews 2015, Issue 12. Art. No.: CD012008. DOI: 10.1002/14651858.CD012008

Drug treatments for stopping smoking in pregnancy

Contexte:

Smoking in pregnancy is a public health problem. When used by non-pregnant smokers, pharmacotherapies (nicotine replacement therapy (NRT), bupropion and varenicline) are effective for smoking cessation, however, their efficacy and safety in pregnancy remains unknown. Electronic Nicotine Delivery Systems (ENDS), or e-cigarettes, are becoming widely used but their efficacy and safety when used for smoking cessation in pregnancy are also unknown.

Objectifs:

To determine the efficacy and safety of smoking cessation pharmacotherapies (including NRT, varenicline and bupropion), other medications, or ENDS when used for smoking cessation in pregnancy.

Conclusions des auteurs:

NRT used in pregnancy for smoking cessation increases smoking cessation rates measured in late pregnancy by approximately 40%. There is evidence, suggesting that when potentially-biased, non-placebo RCTs are excluded from analyses, NRT is no more effective than placebo. There is no evidence that NRT used for smoking cessation in pregnancy has either positive or negative impacts on birth outcomes. However, evidence from the only trial to have followed up infants after birth, suggests use of NRT promotes healthy developmental outcomes in infants. Further research evidence on NRT efficacy and safety is needed, ideally from placebo-controlled RCTs which achieve higher adherence rates and which monitor infants' outcomes into childhood. Accruing data suggests that it would be ethical for future RCTs to investigate higher doses of NRT than those tested in the included studies.

Référence de la revue:

Coleman T, Chamberlain C, Davey M, Cooper SE, Leonardi-Bee J. Pharmacological interventions for promoting smoking cessation during pregnancy. Cochrane Database of Systematic Reviews 2015, Issue 12. Art. No.: CD010078. DOI: 10.1002/14651858.CD010078.pub2

Probiotics for preventing urinary tract infections in adults and children

Contexte:

Urinary tract infection (UTI) is a common bacterial infection that can lead to significant morbidity including stricture, abscess formation, fistula, bacteraemia, sepsis, pyelonephritis and kidney dysfunction. Mortality rates are reported to be as high as 1% in men and 3% in women due to development of pyelonephritis. Because probiotic therapy is readily available without a prescription, a review of their efficacy in the prevention of UTI may aid consumers in making informed decisions about potential prophylactic therapy. Institutions and caregivers also need evidence-based synopses of current evidence to make informed patient care decisions.

Objectifs:

Compared to placebo or no therapy, did probiotics (any formulation) provide a therapeutic advantage in terms of morbidity and mortality, when used to prevent UTI in susceptible patient populations?

Compared to other prophylactic interventions, including drug and non-drug measures (e.g. continuous antibiotic prophylaxis, topical oestrogen, cranberry juice), did probiotics (any formulation) provide a therapeutic advantage in terms of morbidity and mortality when used to prevent UTIs in susceptible patient populations?

Conclusions des auteurs:

No significant benefit was demonstrated for probiotics compared with placebo or no treatment, but a benefit cannot be ruled out as the data were few, and derived from small studies with poor methodological reporting.

There was limited information on harm and mortality with probiotics and no evidence on the impact of probiotics on serious adverse events. Current evidence cannot rule out a reduction or increase in recurrent UTI in women with recurrent UTI who use prophylactic probiotics. There was insufficient evidence from one RCT to comment on the effect of probiotics versus antibiotics.

Référence de la revue:

Schwenger EM, Tejani AM, Loewen PS. Probiotics for preventing urinary tract infections in adults and children. Cochrane Database of Systematic Reviews 2015, Issue 12. Art. No.: CD008772. DOI: 10.1002/14651858.CD008772.pub2

Cochrane France est le centre national de la collaboration Cochrane, organisation internationale, indépendante (ne recevant en particulier aucun financement de l'industrie pharmaceutique), à but non lucratif, dont l'objectif est de synthétiser les connaissances dans le domaine de la santé. Une de ces activités principales est la production de revues systématiques évaluant l'efficacité des interventions diagnostiques, thérapeutiques, préventives et organisationnelles dans le domaine de la santé. Ces revues sont accessibles dans la banque de données Cochrane.

Cochrane France est organisé sous la forme d'un Groupement d'intérêt scientifique (GIS) qui associe la Haute Autorité en Santé, l'INSERM, l'Ecole des Hautes Etudes en Santé Publique et l'Assistance Publique – Hôpitaux de Paris. Il est financé par le Ministère des Affaires sociales et de la Santé. Cochrane France a mis en place un programme destiné à la traduction de l'ensemble des résumés des revues Cochrane. Ces traductions ont été rendues possibles grâce, outre à la contribution financière du **ministère français des affaires sociales et de la santé**, et à celle des organismes canadiens suivants (**Instituts de recherche en santé du Canada, ministère de la Santé et des Services Sociaux du Québec, Fonds de recherche du Québec-Santé et Institut national d'excellence en santé et en services sociaux**).