



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 complète.

Cette lettre présente des résumés de revues publiées **en janvier 2016** par la Cochrane Library.

Les résumés de la lettre de février 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](http://www.cochrane.fr)

Contacts :

- **Cochrane France** : Docteur Pierre Durieux (pierre.durieux@aphp.fr)
- **Département de médecine générale de la faculté Paris Descartes** : Professeur Serge Gilberg (gilberg@parisdescartes.fr)

Exercise-based rehabilitation for coronary heart disease

Contexte:

Coronary heart disease (CHD) is the single most common cause of death globally. However, with falling CHD mortality rates, an increasing number of people live with CHD and may need support to manage their symptoms and prognosis. Exercise-based cardiac rehabilitation (CR) aims to improve the health and outcomes of people with CHD. This is an update of a Cochrane systematic review previously published in 2011.

Objectifs:

To assess the effectiveness and cost-effectiveness of exercise-based CR (exercise training alone or in combination with psychosocial or educational interventions) compared with usual care on mortality, morbidity and HRQL in patients with CHD.

Conclusions des auteurs:

This updated Cochrane review supports the conclusions of the previous version of this review that, compared with no exercise control, exercise-based CR reduces the risk of cardiovascular mortality but not total mortality. We saw a significant reduction in the risk of hospitalisation with CR but not in the risk of MI or revascularisation. We identified further evidence supporting improved HRQL with exercise-based CR. More recent trials were more likely to be well reported and include older and female patients. However, the population studied in this review still consists predominantly of lower risk individuals following MI or revascularisation. Further well conducted RCTs are needed to assess the impact of exercise-based CR in higher risk CHD groups and also those presenting with stable angina. These trials should include validated HRQL outcome measures, explicitly report clinical event outcomes including mortality and hospital admissions, and assess costs and cost-effectiveness.

Référence de la revue:

Anderson L, Thompson DR, Oldridge N, Zwisler A, Rees K, Martin N, Taylor RS. Exercise-based cardiac rehabilitation for coronary heart disease. Cochrane Database of Systematic Reviews 2016, Issue 1. Art. No.: CD001800. DOI: 10.1002/14651858.CD001800.pub3

Controlling blood glucose in treating diabetic foot ulcers

Contexte:

The estimated likelihood of lower limb amputation is 10 to 30 times higher amongst people with diabetes compared to those without diabetes. Of all non-traumatic amputations in people with diabetes, 85% are preceded by a foot ulcer. Foot ulceration associated with diabetes (diabetic foot ulcers) is caused by the interplay of several factors, most notably diabetic peripheral neuropathy (DPN), peripheral arterial disease (PAD) and changes in foot structure. These factors have been linked to chronic hyperglycaemia (high levels of glucose in the blood) and the altered metabolic state of diabetes. Control of hyperglycaemia may be important in the healing of ulcers.

Objectifs:

To assess the effects of intensive glycaemic control compared to conventional control on the outcome of foot ulcers in people with type 1 and type 2 diabetes.

Conclusions des auteurs:

The current review failed to find any completed randomised clinical trials with results. Therefore we are unable to conclude whether intensive glycaemic control when compared to conventional glycaemic control has a positive or detrimental effect on the treatment of foot ulcers in people with diabetes. Previous evidence has however highlighted a reduction in risk of limb amputation (from various causes) in people with type 2 diabetes with intensive glycaemic control. Whether this applies to people with foot ulcers in particular is unknown. The exact role that intensive glycaemic control has in treating foot ulcers in multidisciplinary care (alongside other interventions targeted at treating foot ulcers) requires further investigation.

Fernando ME, Seneviratne RM, Tan Y, Lazzarini PA, Sangla KS, Cunningham M, Buttner PG, Golledge J. Intensive versus conventional glycaemic control for treating diabetic foot ulcers. Cochrane Database of Systematic Reviews 2016, Issue 1. Art. No.: CD010764. DOI: 10.1002/14651858.CD010764.pub2

Mini-Mental State Examination (MMSE) for the detection of dementia in people aged over 65

Contexte:

The Mini Mental State Examination (MMSE) is a cognitive test that is commonly used as part of the evaluation for possible dementia.

Objectifs:

To determine the diagnostic accuracy of the Mini-Mental State Examination (MMSE) at various cut points for dementia in people aged 65 years and over in community and primary care settings who had not undergone prior testing for dementia.

Conclusions des auteurs:

The MMSE contributes to a diagnosis of dementia in low prevalence settings, but should not be used in isolation to confirm or exclude disease. We recommend that future work evaluates the diagnostic accuracy of tests in the context of the diagnostic pathway experienced by the patient and that investigators report how undergoing the MMSE changes patient-relevant outcomes.

Référence de la revue:

Creavin ST, Wisniewski S, Noel-Storr AH, Trevelyan CM, Hampton T, Rayment D, Thom VM, Nash KJ E, Elhamoui H, Milligan R, Patel AS, Tsivos DV, Wing T, Phillips E, Kellman SM, Shackleton HL, Singleton GF, Neale BE, Watton ME, Cullum S. Mini-Mental State Examination (MMSE) for the detection of dementia in clinically unevaluated people aged 65 and over in community and primary care populations. Cochrane Database of Systematic Reviews 2016, Issue 1. Art. No.: CD011145. DOI: 10.1002/14651858.CD011145.pub2

Erythropoietin helps people with kidney failure and symptoms from anaemia who are not yet on dialysis

Contexte:

Treatment with recombinant human erythropoietin (rHuEPO) in dialysis patients has been shown to be highly effective in terms of correcting anaemia and improving quality of life. There is debate concerning the benefits of rHuEPO use in predialysis patients which may accelerate the deterioration of kidney function. However the opposing view is that if rHuEPO is as effective in predialysis patients, improving the patient's sense of well-being may result in the onset of dialysis being delayed. This is an update of a review first published in 2001 and last updated in 2005.

Objectifs:

The objective of this review was to ascertain the effects of rHuEPO treatment in predialysis patients primarily in terms of the timing of the onset of dialysis; but also that predialysis rHuEPO: 1) corrects haemoglobin/haematocrit (markers of anaemia); 2) improves quality of life; and 3) is not associated with an increased incidence of adverse events such as hastening of the onset of dialysis, increased hypertension, clotting of arterio-venous fistulae or seizures.

Conclusions des auteurs:

Treatment with rHuEPO in predialysis patients corrects anaemia, avoids the requirement for blood transfusions and also improves quality of life and exercise capacity. We were unable to assess the effects of rHuEPO on progression of kidney disease, delay in the onset of dialysis or adverse events. Based on the current evidence, decisions on the putative benefits in terms of quality of life are worth the extra costs of predialysis rHuEPO need careful evaluation.

Référence de la revue:

Cody JD, Hodson EM. Recombinant human erythropoietin versus placebo or no treatment for the anaemia of chronic kidney disease in people not requiring dialysis. Cochrane Database of Systematic Reviews 2016, Issue 1. Art. No.: CD003266. DOI: 10.1002/14651858.CD003266.pub3

Specialised advice on stopping smoking for people with serious mental illness

Contexte:

People with a serious mental illness are more likely to smoke more and to be more dependent smokers than the general population. This may be due to a wide range of factors that could include a common aetiology to both smoking and the illness, self medication, smoking to alleviate adverse effects of medications, boredom in the existing environment, or a combination of these factors. It is important to undertake this review to facilitate improvements in both the health and safety of people with serious mental illness who smoke, and to reduce the overall burden of costs (both financial and health) to the smoker and, eventually, to the taxpayer.

Objectifs:

To review the effects of smoking cessation advice for people with serious mental illness.

Conclusions des auteurs:

People with serious mental illness are more likely to smoke than the general population. Yet we could not find any high quality evidence to guide the smoking cessation advice healthcare professionals pass onto service users. This is an area where trials are possible and needed.

Référence de la revue:

Khanna P, Clifton AV, Banks D, Tosh GE. Smoking cessation advice for people with serious mental illness. Cochrane Database of Systematic Reviews 2016, Issue 1. Art. No.: CD009704. DOI: 10.1002/14651858.CD009704.pub2

Statins for the prevention of dementia

Contexte:

This is an update of a Cochrane review first published in 2001 and then updated in 2009. Vascular risk factors including high cholesterol levels increase the risk of dementia due to Alzheimer's disease and of vascular dementia. Some observational studies have suggested an association between statin use and lowered incidence of dementia.

Objectifs:

To evaluate the efficacy and safety of statins for the prevention of dementia in people at risk of dementia due to their age and to determine whether the efficacy and safety of statins for this purpose depends on cholesterol level, apolipoprotein E (ApoE) genotype or cognitive level.

Conclusions des auteurs:

There is good evidence that statins given in late life to people at risk of vascular disease do not prevent cognitive decline or dementia. Biologically, it seems feasible that statins could prevent dementia due to their role in cholesterol reduction and initial evidence from observational studies was very promising. However, indication bias may have been a factor in these studies and the evidence from subsequent RCTs has been negative. There were limitations in the included studies involving the cognitive assessments used and the inclusion of participants at moderate to high vascular risk only.

Référence de la revue:

McGuinness B, Craig D, Bullock R, Passmore P. Statins for the prevention of dementia. Cochrane Database of Systematic Reviews 2016, Issue 1. Art. No.: CD003160. DOI: 10.1002/14651858.CD003160.pub3

Tricyclics and related drugs for treating bedwetting in children

Contexte:

Enuresis (bedwetting) affects up to 20% of five year-olds and 2% of adults. Although spontaneous remission often occurs, the social, emotional and psychological costs can be great. Tricyclics have been used to treat enuresis since the 1960s.

Objectifs:

To assess the effects of tricyclic and related drugs compared with other interventions for treating children with enuresis.

Conclusions des auteurs:

There was evidence that tricyclics are effective at reducing the number of wet nights during treatment, but do not have a sustained effect after treatment stops, with most children relapsing. In contrast, there was evidence that alarm therapy has better short- and long-term outcomes. There was some evidence that tricyclics combined with anticholinergics may be more effective than tricyclic monotherapy.

Référence de la revue:

Caldwell PHY, Sureshkumar P, Wong WCF. Tricyclic and related drugs for nocturnal enuresis in children. Cochrane Database of Systematic Reviews 2016, Issue 1. Art. No.: CD002117. DOI: 10.1002/14651858.CD002117.pub2

Vitamin D supplementation for women during pregnancy

Contexte:

Vitamin D deficiency or insufficiency is thought to be common among pregnant women. Vitamin D supplementation during pregnancy has been suggested as an intervention to protect against adverse pregnancy outcomes.

Objectifs:

To examine whether oral supplements with vitamin D alone or in combination with calcium or other vitamins and minerals given to women during pregnancy can safely improve maternal and neonatal outcomes.

Conclusions des auteurs:

New studies have provided more evidence on the effects of supplementing pregnant women with vitamin D alone or with calcium on pregnancy outcomes. Supplementing pregnant women with vitamin D in a single or continued dose increases serum 25-hydroxyvitamin D at term and may reduce the risk of pre-eclampsia, low birthweight and preterm birth. However, when vitamin D and calcium are combined, the risk of preterm birth is increased. The clinical significance of the increased serum 25-hydroxyvitamin D concentrations is still unclear. In light of this, these results need to be interpreted with caution. Data on adverse effects were lacking in all studies.

The evidence on whether vitamin D supplementation should be given as a part of routine antenatal care to all women to improve maternal and infant outcomes remains unclear. While there is some indication that vitamin D supplementation could reduce the risk of pre-eclampsia and increase length and head circumference at birth, further rigorous randomised trials are required to confirm these effects.**Référence de la revue:**

De-Regil L, Palacios C, Lombardo LK, Peña-Rosas J. Vitamin D supplementation for women during pregnancy. Cochrane Database of Systematic Reviews 2016, Issue 1. Art. No.: CD008873. DOI: 10.1002/14651858.CD008873.pub3

Warfarin initiation nomograms of 5 mg and 10 mg for venous thromboembolism

Contexte:

Venous thromboembolism (VTE) is a common condition in hospital patients. Considerable controversy is ongoing regarding optimal initial warfarin dosing for patients with acute deep venous thrombosis (DVT) and pulmonary embolism (PE). Achieving a therapeutic international normalized ratio (INR) with warfarin as soon as possible is important because this minimizes the duration of parenteral medication necessary to attain immediate anticoagulation, and it potentially decreases the cost and inconvenience of treatment. Although a 5-mg loading-dose nomogram tends to prevent excessive anticoagulation, a 10-mg loading-dose nomogram may achieve a therapeutic INR more quickly. This is an update of a review first published in 2013.

Objectifs:

To evaluate the efficacy of a 10-mg warfarin nomogram compared with a 5-mg warfarin nomogram among patients with VTE.

Conclusions des auteurs:

In patients with acute thromboembolism (DVT or PE) aged 18 years or older, considerable uncertainty surrounds the use of a 10-mg or a 5-mg loading dose for initiation of warfarin to achieve an INR of 2.0 to 3.0 on the fifth day of therapy. Heterogeneity among analyzed studies, mainly caused by differences in types of study participants and length of follow-up, limits certainty surrounding optimal warfarin initiation nomograms.

Référence de la revue:

Garcia P, Ruiz W, Loza Munárriz C. Warfarin initiation nomograms for venous thromboembolism. Cochrane Database of Systematic Reviews 2016, Issue 1. Art. No.: CD007699. DOI: 10.1002/14651858.CD007699.pub3

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'École 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**).