



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.

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

Les résumés de la lettre de mars 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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Antibiotics for preventing suppurative complications from undifferentiated acute respiratory infections in children under five years of age

Contexte:

Undifferentiated acute respiratory infections (ARIs) are a large and heterogeneous group of infections not clearly restricted to one specific part of the upper respiratory tract, which last for up to seven days. They are more common in pre-school children in low-income countries and are responsible for 75% of the total amount of prescribed antibiotics in high-income countries. One possible rationale for prescribing antibiotics is the wish to prevent bacterial complications.

Objectifs:

To assess the effectiveness and safety of antibiotics in preventing bacterial complications in children aged two months to 59 months with undifferentiated ARIs.

Conclusions des auteurs:

There is insufficient evidence for antibiotic use as a means of reducing the risk of otitis or pneumonia in children up to five years of age with undifferentiated ARIs. Further high-quality research is needed to provide more definitive evidence of the effectiveness of antibiotics in this population.

Référence de la revue:

Alves Galvão MG, Rocha Crispino Santos M, Alves da Cunha AJL. Antibiotics for preventing suppurative complications from undifferentiated acute respiratory infections in children under five years of age. Cochrane Database of Systematic Reviews 2016, Issue 2. Art. No.: CD007880. DOI: 10.1002/14651858.CD007880.pub3

Calcium channel blockers for primary Raynaud's phenomenon

Contexte:

Calcium channel blockers are the most commonly prescribed drugs for people with primary Raynaud's phenomenon. Primary Raynaud's phenomenon is a common condition characterised by an exaggerated vasospastic response to cold or emotion: classically the digits (fingers and toes) turn white, then blue, then red. This is an update of the review first published in 2014.

Objectifs:

To assess the effects of different calcium channel blockers for primary Raynaud's phenomenon as determined by attack rates, severity scores, participant-preference scores and physiological measurements.

Conclusions des auteurs:

The randomised controlled trials included in this review provide moderate quality evidence that oral calcium channel blockers are minimally effective in the treatment of primary Raynaud's phenomenon as measured by the frequency of attacks and high-quality evidence that they have little effect on severity. We are unable to comment on duration of attacks or on patient preference due to the very low and low quality of evidence as a result of small sample sizes in the included studies and the variable data quality of outcome measures.

Ennis H, Hughes M, Anderson ME, Wilkinson J, Herrick AL. Calcium channel blockers for primary Raynaud's phenomenon. Cochrane Database of Systematic Reviews 2016, Issue 2. Art. No.: CD002069. DOI: 10.1002/14651858.CD002069.pub5

Chest physiotherapy for acute bronchiolitis in children younger than two years of age

Contexte:

This Cochrane review was first published in 2005 and updated in 2007, 2012 and now 2015. Acute bronchiolitis is the leading cause of medical emergencies during winter in children younger than two years of age. Chest physiotherapy is sometimes used to assist infants in the clearance of secretions in order to decrease ventilatory effort.

Objectifs:

To determine the efficacy of chest physiotherapy in infants aged less than 24 months old with acute bronchiolitis. A secondary objective was to determine the efficacy of different techniques of chest physiotherapy (for example, vibration and percussion and passive forced exhalation).

Conclusions des auteurs:

None of the chest physiotherapy techniques analysed in this review (conventional, slow passive expiratory techniques or forced expiratory techniques) have demonstrated a reduction in the severity of disease. For these reasons, these techniques cannot be used as standard clinical practice for hospitalised patients with severe bronchiolitis. There is high quality evidence that forced expiratory techniques in severe patients do not improve their health status and can lead to severe adverse events. Slow passive expiratory techniques provide an immediate and transient relief in moderate patients without impact on duration. Future studies should test the potential effect of slow passive expiratory techniques in mild to moderate non-hospitalised patients and patients who are respiratory syncytial virus (RSV) positive. Also, they could explore the combination of chest physiotherapy with salbutamol or hypertonic saline.

Référence de la revue:

Roqué i Figuls M, Giné-Garriga M, Granados Rugeles C, Perrotta C, Vilaró J. Chest physiotherapy for acute bronchiolitis in paediatric patients between 0 and 24 months old. Cochrane Database of Systematic Reviews 2016, Issue 2. Art. No.: CD004873. DOI: 10.1002/14651858.CD004873.pub5

Contexte:

About 10% of women of reproductive age suffer from endometriosis. Endometriosis is a costly chronic disease that causes pelvic pain and subfertility. Laparoscopy, the gold standard diagnostic test for endometriosis, is expensive and carries surgical risks. Currently, no non-invasive tests that can be used to accurately diagnose endometriosis are available in clinical practice. This is the first review of diagnostic test accuracy of imaging tests for endometriosis that uses Cochrane methods to provide an update on the rapidly expanding literature in this field.

Objectifs:

- To provide estimates of the diagnostic accuracy of imaging modalities for the diagnosis of pelvic endometriosis, ovarian endometriosis and deeply infiltrating endometriosis (DIE) versus surgical diagnosis as a reference standard.
- To describe performance of imaging tests for mapping of deep endometriotic lesions in the pelvis at specific anatomical sites.

Imaging tests were evaluated as replacement tests for diagnostic surgery and as triage tests that would assist decision making regarding diagnostic surgery for endometriosis.

Conclusions des auteurs:

None of the evaluated imaging modalities were able to detect overall pelvic endometriosis with enough accuracy that they would be suggested to replace surgery. Specifically for endometrioma, TVUS qualified as a SpPin triage test. MRI displayed sufficient accuracy to suggest utility as a replacement test, but the data were too scant to permit meaningful conclusions. TVUS could be used clinically to identify additional anatomical sites of DIE compared with MRI, thus facilitating preoperative planning. Rectosigmoid endometriosis was the only site that could be accurately mapped by using TVUS, TRUS, MRI or MDCT-e. Studies evaluating recent advances in imaging modalities such as TVUS-BP, RWC-TVS, 3.0TMRI and MDCT-e were observed to have high diagnostic accuracies but were too few to allow prudent evaluation of their diagnostic role. In view of the low quality of most of the included studies, the findings of this review should be interpreted with caution. Future well-designed diagnostic studies undertaken to compare imaging tests for diagnostic test accuracy and costs are recommended.

Référence de la revue:

Nisenblat V, Bossuyt PMM, Farquhar C, Johnson N, Hull M. Imaging modalities for the non-invasive diagnosis of endometriosis. Cochrane Database of Systematic Reviews 2016, Issue 2. Art. No.: CD009591. DOI: 10.1002/14651858.CD009591.pub2

Does legislation to ban smoking reduce exposure to secondhand smoke and smoking behaviour?

Contexte:

Smoking bans have been implemented in a variety of settings, as well as being part of policy in many jurisdictions to protect the public and employees from the harmful effects of secondhand smoke (SHS). They also offer the potential to influence social norms and the smoking behaviour of those populations they affect. Since the first version of this review in 2010, more countries have introduced national smoking legislation banning indoor smoking.

Objectifs:

To assess the effects of legislative smoking bans on (1) morbidity and mortality from exposure to secondhand smoke, and (2) smoking prevalence and tobacco consumption.

Conclusions des auteurs:

Since the first version of this review was published, the current evidence provides more robust support for the previous conclusions that the introduction of a legislative smoking ban does lead to improved health outcomes through reduction in SHS for countries and their populations. The clearest evidence is observed in reduced admissions for acute coronary syndrome. There is evidence of reduced mortality from smoking-related illnesses at a national level. There is inconsistent evidence of an impact on respiratory and perinatal health outcomes, and on smoking prevalence and tobacco consumption.

Référence de la revue:

Frazer K, Callinan JE, McHugh J, van Baarsel S, Clarke A, Doherty K, Kelleher C. Legislative smoking bans for reducing harms from secondhand smoke exposure, smoking prevalence and tobacco consumption. Cochrane Database of Systematic Reviews 2016, Issue 2. Art. No.: CD005992. DOI: 10.1002/14651858.CD005992.pub3

Rehabilitation following carpal tunnel release

Contexte:

Various rehabilitation treatments may be offered following carpal tunnel syndrome (CTS) surgery. The effectiveness of these interventions remains unclear. This is the first update of a review first published in 2013.

Objectifs:

To review the effectiveness and safety of rehabilitation interventions following CTS surgery compared with no treatment, placebo, or another intervention.

Conclusions des auteurs:

There is limited and, in general, low quality evidence for the benefit of the reviewed interventions. People who have undergone CTS surgery should be informed about the limited evidence of effectiveness of postoperative rehabilitation interventions. Until researchers provide results of more high-quality trials that assess the effectiveness and safety of various rehabilitation treatments, the decision to provide rehabilitation following CTS surgery should be based on the clinician's expertise, the patient's preferences and the context of the rehabilitation environment. It is important for researchers to identify patients who respond to a particular treatment and those who do not, and to undertake high-quality studies that evaluate the severity of iatrogenic symptoms from surgery, measure function and return-to-work rates, and control for confounding variables.

Référence de la revue:

Peters S, Page MJ, Coppieters MW, Ross M, Johnston V. Rehabilitation following carpal tunnel release. Cochrane Database of Systematic Reviews 2016, Issue 2. Art. No.: CD004158. DOI: 10.1002/14651858.CD004158.pub3

Sexual counselling interventions for sexual problems in people with heart disease

Contexte:

Sexual problems are common among people with cardiovascular disease. Although clinical guidelines recommend sexual counselling for patients and their partners, there is little evidence on its effectiveness.

Objectifs:

To evaluate the effectiveness of sexual counselling interventions (in comparison to usual care) on sexuality-related outcomes in patients with cardiovascular disease and their partners.

Conclusions des auteurs:

We found no high quality evidence to support the effectiveness of sexual counselling for sexual problems in patients with cardiovascular disease. There is a clear need for robust, methodologically rigorous, adequately powered RCTs to test the effectiveness of sexual counselling interventions for people with cardiovascular disease and their partners.

Référence de la revue:

Byrne M, Doherty S, Fridlund BGA, Mårtensson J, Steinke EE, Jaarsma T, Devane D. Sexual counselling for sexual problems in patients with cardiovascular disease. Cochrane Database of Systematic Reviews 2016, Issue 2. Art. No.: CD010988. DOI: 10.1002/14651858.CD010988.pub2

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

Contexte:

Unintended pregnancy among adolescents represents an important public health challenge in high-income countries, as well as middle- and low-income countries. Numerous prevention strategies such as health education, skills-building and improving accessibility to contraceptives have been employed by countries across the world, in an effort to address this problem. However, there is uncertainty regarding the effects of these interventions, hence the need to review the evidence-base.

Objectifs:

To assess the effects of primary prevention interventions (school-based, community/home-based, clinic-based, and faith-based) on unintended pregnancies among adolescents.

Conclusions des auteurs:

A combination of educational and contraceptive-promoting interventions appears to reduce unintended pregnancy among adolescents. Evidence for programme effects on biological measures is limited. The variability in study populations, interventions and outcomes of included trials, and the paucity of studies directly comparing different interventions preclude a definitive conclusion regarding which type of intervention is most effective

Référence de la revue:

Oringanje C, Meremikwu MM, Eko H, Esu E, Meremikwu A, Ehiri JE. Interventions for preventing unintended pregnancies among adolescents. Cochrane Database of Systematic Reviews 2016, Issue 2. Art. No.: CD005215. DOI: 10.1002/14651858.CD005215.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**).