
In October, the Airways Group hosted a one-day workshop at Friend’s House in Euston, London for people affected by asthma and healthcare professionals caring for those with asthma. The group consisted of 15 adults and teenagers, 2 parents and 5 healthcare professionals. The workshop was led by Sally Crowe (Sally Crowe Associates) and small group work was facilitated by Leanne Metcalf and Sandra Regan with assistance from Ann Daley. Chris and I were there to listen and learn.

The main objective of the workshop was to prioritise 10 Cochrane review questions for our NIHR programme grant. We also spoke about research outcomes to establish which were the most important for people. Another important part of the workshop for Chris and I was simply listening and then remembering what we heard in order to make changes in our day-to-day work of producing Cochrane reviews. Keeping patients and their carers issues with asthma in the back of our minds is so important when prioritising reviews, deciding what the protocols should look like and how the review should be written, particularly the plain language summaries.

The day began with an introduction explaining the importance of systematic reviews and how the research agenda can be framed by publishing reviews that matter to people affected by asthma. Participants discussed how they lived with asthma – what do they do in an asthma attack? What helps them to keep their asthma under control?

We broke into three small groups and began to develop research priorities. Each group had an in-depth discussion where everyone was able to share their views in a safe environment managing to develop 5 to 7 research questions per group.

The three groups reassembled as one group and voted for the research questions that they thought were the most important. Each participant had ten voting stickers – and was permitted a maximum of two votes per research question. Participants integrated well and lots of informal discussions about their asthma ensued. After the workshop we counted the votes to produce a ranked list of the most important questions for people.

A full report of the day is available here. A leaflet explaining which Cochrane review questions we will register, what people said during the workshop and reviews we’ve already published that might help people living with asthma is available here. Research outcomes were also discussed at the workshop. We’ve not yet written up this part of the project, but we will add some more information in the next newsletter.

We will be looking for people to peer review these Cochrane Reviews and clinicians to co-author the reviews. If you are interested in this, please get in touch with me.

Emma Welsh, Managing Editor
In early December, I had the pleasure of briefly visiting Airways headquarters at St. Georges, University of London. As an Airways Group Associate Editor, based at the Australian Satellite Cochrane Airways Group (ASCAG) but currently living in Belgium, this was a rare opportunity to meet the whole team in person and spend a couple of days getting to know the team a bit better. This was very rewarding, on both a professional and personal level. My work during this time included:

- some elusive ‘protected time’ to progress existing reviews;
- discussions about ways to potentially enhance transparency of ‘hidden data’ in systematic reviews (e.g. Figshare);
- gaining some brief insight into the brains of statistical analysis checks undertaken by Chris;
- consultation with regards to the development of a guide for editors to use when reviewing protocols / reviews; and
- insight into the general workings of Cochrane Airways Group HQ.

Some of the little things I learned:

- The CAG team is full of REALLY NICE people!! It was lovely to feel at home within the team of people that are usually just names at the end of email communications!
- The CAG team sit next to each other in the same room. This may not sound like much (perhaps more of a reflection of a difference to our ASCAG ‘virtual’ office), but it reassured me that any misdirected emails or queries I may send can usually be redirected or clarified within an arm’s reach or a quick question whilst looking around/over a computer screen;
- There are some great places to get a curry lunch around Tooting (and the team didn’t seem to need much encouragement from me to go out for lunch together!)

I thoroughly enjoyed my visit and would encourage the same of other reviewers if ever the opportunity arises (I combined this visit with the BTS Winter meeting in the same week). I look forward to future workings within CAG.

Christian Osadnik, Associate Editor

Programme grant update

Since the August newsletter, work has focussed on reviews under the ‘Asthma therapies’ theme of the grant. Five protocols have been published, and two others have been submitted and are due for publication next month. Kayleigh is currently working to complete reviews with teams in Glasgow, Tasmania, and our very own St George’s. We are very pleased to announce that David Evans, based at the Lancashire and Cumbria Clinical Research Hub, has been appointed to work part-time on the grant. David will contribute to several projects across the grant, initially with Kayleigh on a suite of reviews assessing the role of long-acting muscarinic antagonists for asthma. The team were very pleased to welcome him to St George’s for a two-day visit last month to get the ball rolling.
Work for the ‘Asthma Management’ theme of the grant got off to a flying start in October with our Asthma Workshop (as Emma has mentioned above). This workshop will inform a list of priority reviews that are important to a range of people affected by asthma. This work will also be informed by a thematic analysis of responses from a survey we ran alongside the workshop. We expect to have a completed list of review topics by mid-December 2014 at which point we will start planning the work and assigning author teams.

Kayleigh Kew, Systematic Reviewer

Economics commentaries

In October, Emma Welsh and I attended training to learn how, when, and why to incorporate brief economic commentaries into our reviews. Cost-effectiveness remains of paramount importance in healthcare delivery, and we will be piloting the method of adding basic economic information into reviews currently being produced for the Programme Grant where cost is likely to be an important factor. We hope that this method, developed by the Campbell and Cochrane Economics Methods Group, will be an achievable way of increasing the usefulness of our reviews for decision makers.

Kayleigh Kew, Systematic Reviewer

How should we describe ‘worsening asthma’ in Cochrane Reviews and does it matter?

Earlier this year we asked the editorial board of the Airways Group to comment informally on a suggestion to move away from using the term ‘exacerbation’ in favour of the word ‘attack’ to describe worsening asthma in our reviews. The resulting flurry of responses revealed varied, interesting and sometimes strongly-held opinions on the subject. As a result, Becky prepared a short summary of the terms used in international and national guidelines and reviewed the qualitative literature explore what is known about patient, carer and health professional preferences. The resulting document concluded with a suggestion to continue using ‘exacerbation’ in literature aimed primarily at professionals and ‘flare up’ or ‘attack’ in literature aimed at patients, carers and the public. As the topic generated such interest among the editors, and led to such a rich discussion, an editorial piece for the Cochrane Library was produced, incorporating quotes (and even an original diagram!) from the editors. The editorial can be accessed in full here. Many thanks to all those who took the time to engage in the debate. I had great fun reading your responses and writing the editorial.

Becky Normansell, Deputy Coordinating Editor
In September, Kayleigh, Liz and Becky attended the 22nd Cochrane Colloquium, the theme of which was ‘Evidence-informed public health: opportunities and challenges’. The schedule included five days of meetings and workshops, along with a full program of scientific sessions, featuring topics such as ‘Capacity development: challenges and innovations’, ‘Cochrane Reviews: assuring quality and relevance’, and ‘Advocating for evidence: improving health decision-making through advocacy, partnerships and better communication’.

In our August newsletter, Liz told you about an exciting crowd-sourcing project involving EMBASE and the online screening of records. On 31 October 2014, approximately 75 Embase screeners took part in a citation screening challenge over a 48 hour period. The screeners, including Airways’ Kayleigh, Liz and Emma Welsh worked through 20,709 citations, thus identifying 1713 RCTs. Cochrane’s CEO Mark Wilson turned the challenge into a fundraiser and the challenge raised £5177 for Médecins Sans Frontières (MSF) in aid of the Ebola relief effort.

**Emma Jackson, Editorial Assistant**

**Why and how do we search trial registry websites for Cochrane Reviews?**

The Cochrane MECIR standards require two clinical trial registry websites to be searched as part of the methods of a Cochrane review: ClinicalTrials.Gov and the WHO International Clinical Trials Registry Platform ([http://apps.who.int/trialsearch/](http://apps.who.int/trialsearch/))

Clinicaltrials.gov is a trials registry, whereas the WHO ICTRP is a portal which hosts a collection of trials registries. ClinicalTrials.gov is included in the WHO ICTRP, but I recommend you search it separately to take advantage of the more sophisticated search interface provided by ClinicalTrials.gov as the WHO ICTRP search interface is still quite basic.

One of the reasons to search trials registries is to find ongoing trials, which can then be included in the ongoing studies section of a review. The other, arguably more important, reason is to discover unpublished trials and help to reduce publication bias. However, even if you do have a published report on a completed trial, it is always worth checking the trials registry record for extra
information about the study design, and you also find study results on ClinicalTrials.gov.

Downloading results from these websites to import into reference management software can be a little bit tricky. ClinicalTrials.gov allows you to download results into an Excel format, which is easier to work with than their plain text format. Select ‘Comma-separated values’ to download into Excel format (see next column):

Results from the WHO ICTRP can only be downloaded in XML. However, the Epip –Centre has an excellent tool on its website which allows you to convert this XML file into a RIS formatted text file which you can then import into reference management software. Once you have your results, it is a matter of manually cross-checking your trial registry records with your included studies to match up registry records with published reports and identify any unpublished trials. Many published trial reports will quote their trial registration number, but they don’t always, so this can require a little bit of detective work!

For detailed guidance on searching these two sources see: Search tips for the WHO ICTRP; ClinicalTrials.gov help pages

RevMan 5.3.5 - do you have the latest version of RevMan?

It’s important to have the latest 5.3.5 RevMan update because it contains an important security update and without it you may not be able to connect securely to Archie. You risk known bugs harming your review not to mention missing out on all the functionality improvements (e.g. seeing the MECIR standards within RevMan). Check the ‘About’ section to see which version you are using and if you need to download the latest version of RevMan, use Help>Check for Updates, or go to the RevMan download page.

Cochrane’s Tech Team will be sending direct ‘Please update your RevMan ‘emails to individual authors who have recently used an out of date version of RevMan to check a review in to Archie.

Emma Jackson, Editorial Assistant

Adding results from a forest plot to the review text in the latest version of RevMan (5.3.5)

This tip has recently been updated on our website to take into account some changes in the latest version of RevMan. Please do take a look – this is a useful feature which makes it easier to match the information in the forest plot with the text of the review.

Chris Cates, Co-ordinating Editor

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Chris Cates, Co-ordinating Editor
Cochrane rebranding

Cochrane will be launching its new brand and logo from 31 January 2015. The reason for Cochrane’s rebranding is to be able to:

- Work well in a digital world
- Present a unified look and feel to the outside world
- Make it easier for those new to the network to understand what we want to achieve

The Communications and External Affairs Department (CEAD) is currently developing a wide range of resources and an implementation plan in readiness for the launch.

Emma Jackson, Editorial Assistant

Antibiotics: On-the-spot tests reduce unnecessary prescriptions

A recent Cochrane systematic review found that when doctors tested for the presence of bacterial infections they prescribed fewer antibiotics. “These results suggest that antibiotic use in patients with acute respiratory infections could be reduced by carrying out biomarker tests in addition to routine examinations,” said lead researcher Rune Aabenhus who is based at the Department of Public Health at the University of Copenhagen in Copenhagen, Denmark. “Going forward, it would be useful to see more evidence on the size of the reduction and cost-savings, as well as how these tests compare to other antibiotic-saving approaches.”

The researchers conclude that the test seems to be safe in its current form. However, in one of the six trials, based on a small number of cases, those who took the biomarker test were more likely to be admitted to hospital at a later date. “This result may have been a chance finding, but it does remind us that general practitioners need to be careful about how they use these tests” said Aabenhus.

Emma Jackson, Editorial Assistant

And finally......Merry Christmas from the Airways Group!
New reviews August 2014–present

Aclidinium bromide for stable chronic obstructive pulmonary disease,
Ni H, Soe Z, Moe S

Review question
We reviewed the evidence on the effectiveness and safety of aclidinium inhalers used by people with chronic obstructive pulmonary disease (COPD).

Background
COPD, also known as 'smoker's lung disease', includes conditions called emphysema and chronic bronchitis where there is airway narrowing that cannot be fully corrected. It is a progressive disease. COPD patients usually have breathing problems and a cough that produces a lot of phlegm. It is diagnosed by international guidelines set by the Global Initiative for Obstructive Lung Disease (GOLD). Symptoms may worsen during flare-ups. The main aims of treating COPD patients are to relieve symptoms, reduce flare-ups and improve quality of life.

Aclidinium is a new inhaled drug that widens the airways (a bronchodilator). It is delivered by an inhaler called Genuair or Pressair. We wanted to discover whether aclidinium was better or worse than using other inhalers or a dummy inhaler.

Study characteristics
The evidence was current to 7 April 2014. We included 12 studies involving 9547 COPD patients over a period of four to 52 weeks. These studies were sponsored by drug companies and were well designed. Both patients and the people doing the research did not know which treatment the patients were getting; although in one study one treatment was known to both parties. More men than women took part, and they were mostly Caucasians. They were in their 60s and had smoked a lot in their lives. These people had moderate to severe symptoms when they started treatment.

Key results
Aclidinium did not reduce the number of people with flare-ups that need additional drugs. There was little or no difference in deaths or serious side effects between aclidinium and a dummy inhaler. Aclidinium inhalers improved quality of life more than the dummy inhalers.

People who took aclidinium had fewer hospital admissions due to serious flare-ups. Based on our results, among 1000 COPD patients using a dummy inhaler over four weeks to one year 37 would have severe flare-ups needing hospital admission. Only 17 to 33 patients out of 1000 would require hospital admission if they were using aclidinium inhalers. We also set out to compare this new medication with tiotropium, which is already used to treat COPD. There were only two studies for this comparison thus we could not be sure how aclidinium compared to tiotropium. We also could not compare aclidinium with another well-known inhaler that contains the drug formoterol because of unreliable data.

Quality of the evidence
For the comparison of aclidinium inhalers and dummy inhalers, we are confident that there are benefits in terms of the number of hospitalisations and patients’ quality of life; we are less certain about the numbers of flare-ups needing additional drugs and serious side effects. We do not have enough information to assess any effect on the number of deaths. We did not have enough information to reliably compare aclidinium with tiotropium or formoterol.
Non-pharmaceutical management of respiratory morbidity in children with severe global developmental delay
Winfield NR, Barker NJ, Turner ER, Quin G

Background
For a variety of reasons, some children live with very severe intellectual and physical problems; they are unable to walk or talk and require a lot of care. In this study we refer to them as children with severe global developmental delay (SGDD); this is not a specific diagnosis but is rather an 'umbrella term' used to describe a group of children with similar problems. These children may have weak or stiff muscles and deformities of their skeleton; often they have problems with swallowing, resulting in food or saliva going into their lungs. Frequently they have a poor cough reflex and lack the strength required to expel secretions when they do cough. When we sleep, our breathing becomes shallower; for some children with SGDD whose breathing is already shallow when awake, falling asleep means that they do not breathe sufficiently deeply to take in enough oxygen and breathe out enough carbon dioxide. The consequence of these problems is that their respiratory system becomes weakened; they are more likely to develop chest infections, and relatively minor infections can make them very unwell. This can result in their spending a lot of time in hospital. This affects the quality of life for these children and families and is very expensive. Many types of treatment could help, but no good summary of studies has been prepared to tell healthcare professionals which treatments are best and when they should be used; this is the reason for this review.

Review question
The aim of our review was to discover how effective each type of treatment is for managing breathing problems in children with severe global developmental delay. As so many treatments are available, we decided to look only at treatments that do not involve drugs.

Study characteristics
We carried out a wide database search to look for studies of interventions for the management of breathing problems in children with severe neurological impairment. We found 15 studies of interest, which included a number of different types of treatment.

Key results
The results showed that several different treatments provided potential benefits, and for most interventions no serious adverse effects were reported. However, the quality of the studies was not good enough to inspire confidence in the findings. Night-time positioning equipment and spinal bracing were shown to have a potentially negative effect in some participants. Although some studies looked at the same type of treatment, they used it in different ways or used different measures to assess effectiveness, so we could not put the results together.

Quality of the evidence
Of the 15 studies included here, only four used the 'gold standard' study design for health interventions. The remainder of the studies used less robust study designs, which limits the strength of the results. Further well-designed randomised studies including larger numbers of participants are required to guide healthcare professionals to select the most effective treatments.
Updated and conclusions changed reviews August 2014-present

Clinical pathways for chronic cough in children, McCallum GB, Bailey EJ, Morris PS, Chang AB


New protocols August 2014-present

Long-acting beta2-agonists and long-acting muscarinic antagonists in a combined inhaler versus either agent alone or placebo for chronic obstructive pulmonary disease, Sarai M, Sin D, FitzGerald JM, Aaron S

Stopping long-acting beta2-agonists (LABA) for adults with asthma well-controlled on LABA and inhaled corticosteroids, Ahmad S, Kew KM

Stopping long-acting beta2-agonists (LABA) for children with asthma well controlled on LABA and inhaled corticosteroids, Kew KM, Beggs S

Sublingual immunotherapy for asthma, Normansell R, Kew KM

Exercise-based rehabilitation programmes for pulmonary hypertension, Morris NR, Kermeen FD, Holland AE

Long-acting muscarinic antagonists (LAMA) added to inhaled corticosteroids (ICS) versus the same dose of ICS for adults with asthma, Allison DE, Kew KM, Boyter AC

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