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The Cochrane Collaboration: shared evidence for improving decision-making in human health

Whenever it is necessary to obtain information about treatment, a consultation of the Cochrane Library will be very useful. This procedure can be made via the CD-ROM of the Cochrane Library or via internet (http://www.epm.br/cochrane). Thus, the interested health professional or patient will be able to explore various databases: 1) The Cochrane Database of Systematic Reviews - Regularly updated reviews of the effects of health care; 2) Database of Abstracts of Reviews of Effectiveness - Critical assessments and structured abstracts of good systematic reviews published elsewhere; 3) The Cochrane Controlled Trials Register - Bibliographic information on controlled trials; 4) Other sources of information on the science of reviewing research and evidence-based health care. After exploring these information sources, the reader will understand why the Cochrane Collaboration is considered to rival the human genome project in its importance for human health (Naylor, 1996).

Systematic reviews are considered to be first-level evidence in the clinical decision-making process. Systematic reviews prepared in accordance with the Cochrane Collaboration Methodology aim to identify the best existing evidence and the gaps in medical knowledge that deserve more research.

During the most recent (the seventh)

Colloquium of the Cochrane Collaboration in Rome in October 1999, Dr. Richard Smith, the editor of the BMJ, stated that Systematic Reviews are usually more important than 90% of the papers published.

Around the world, thousands of heath professionals are preparing systematic reviews with the following commitments: 1) To identify all randomized clinical trials, whether published or not, and include then in the statistical summaries called meta-analyses, when this is appropriate and the quality is acceptable; and 2) To keep the systematic review updated. In this way, the authors become a real authority regarding that specific subject and will be expected to offer updates to other interested professionals worldwide.

At this point, the Brazilian contribution to this real revolution in medical information needs to be mentioned. The work is coordinated by the Centro Cochrane do Brazil in São Paulo (Universidade Federal de São Paulo - Escola Paulista de Medicina), which has the mission of preparing, helping to prepare and disseminating the results of the Systematic Reviews. Looking at the latest issue of the Cochrane Library publications we can see that Brazilian heath professionals have already contributed with 17 completed systematic reviews and they have had 31 protocols approved by the Cochrane editors. The subjects include infectious

diseases, deep venous thrombosis, hypertension in pregnancy, mental diseases etc.

REFERENCES

Naylor CD. Grey zones of clinical practice: some limits to evidence-based

medicine. Lancet 1995;345(8953):840-2.

Clarke M, Oxman AD, editors. Cochrane Reviewers' Handbook 4.0 [updated July 1999]. In: Review Manager (RevMan) [Computer program]. Version 4.0. Oxford, England: The Cochrane Collaboration, 1999.

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APPENDIX

As a appendix to the above editorial, readers, practitioners and researchers may find it useful to have a list of the subjects and authors of the Brazilian Collaborations accepted for publication in the Cochrane Library as complete systematic reviews (Cochrane Database of Complete Reviews) and Cochrane Protocols (Cochrane Database of Protocols). During the Rome Colloquium of the Cochrane Collaboration (October 1999), Dr. lain Chalmers showed that the Brazilian contribution to the Cochrane Library has so far been greater than that of European countries, except for United Kingdom and Netherlands.

Protocols

- 5HT-1 agonists for Generalized Anxiety Disorder [protocol] Kapczinski F, Ribeiro L, Quevedo J, Isolan L, Busnello JV, Gale C, Lima MS.
- 2. Amisulpride for schizophrenia [protocol] Mota Neto JIS, Lima MS, Soares BGO.
- Antibiotic prophylaxis for mammalian bites [protocol] Medeiros I, Saconato H. Borba, G.
- 4. Antibiotics for treating leptospirosis [protocol] Guidugli F, Castro AA, Atallah AN.
- Antidepressants and psychotherapies for bulimia nervosa [protocol] Bacaltchuk J, Hay P, Trefiglio R.
- 6. Antidepressants for Generalized Anxiety Disorder [protocol] Kapczinski F, Schmitt R, Quevedo J, Busnello JV, Isolan L, Gale C, Lima MS.
- Benzodiazepines for Generalized Anxiety [protocol] Gale C, Kapczinski F, Busnello JV, Isolan L, Quevedo J, Lima MS.
- 8. Carbamazepine for cocaine dependence [protocol] Lima AR, Lima MS, Churchill R, Farrell M.
- 9. Carbamazepine for Bipolar Affective Disorders [protocol] Bandeira CA, Lima MS, Geddes J, Guedes VP, Hotopf M.
- 10. Cyclophosphamide versus methylprednisolone for systemic lupus erythematosus [protocol] Trevisani VFM, Castro AA, Neves Neto JF, Atallah AN.
- 11. Cyclosporin A for steroid-resistant nephrotic syndrome [protocol] Koch Nogueira PC, Rivet C, Haugh MC, Cucherat M, Cochat P
- 12. Duration of initial heparin treatment for deep-vein thrombosis [protocol] Castro AA, Clark OAC, Atallah AN, Burihan E
- 13. Educational games for mental health professionals [protocol] Gomes M,
- 14. Glucocorticosteroids for alcoholic hepatitis [protocol] Saconato H, Di Sena V, Gluud C, Christensen E, Atallah A.
- 15. Inhaled ipratropium bromide for stable chronic obstructive pulmonary disease [protocol] Lettieri S, Jardim JB, Cendon S, Castro AA, Atallah AN.
- 16. Interventions for treating amoebiasis [protocol] Saconato H, Medeiros IM, Soura RMS
- Iron therapy and psychomotor development and cognitive function in children under the age of three with iron deficiency anaemia [protocol] Martins S, Logan S, Gilbert R.
- Mannitol for acute ischaemic stroke and cerebral parenchymal haemorrhage [protocol] Bereczki D, Liu M, do Prado GF, Fekete I.
- Mechanical bowel preparation for elective colorectal surgery [protocol] Guenaga KF, Matos D, Castro AA, Atallah AN.

- Mechanical versus manual suturing for anastomosis of the large intestine [protocol] Lustosa SAS, Matos D, Atallah AN, Castro AA.
- Non-neuroleptic medications impacting on dopamine and noradrenaline for neuroleptic-induced tardive dyskinesia [protocol] Soares KVS, McGrath JJ.
- Oral theophylline for stable chronic obstructive pulmonary disease [protocol]
 Cendon S, Lacasse Y, Castro AA, Jardim JR, Atallah AN, Goldstein R, Jones PW.
- 23. Pharmacological treatments for neuroleptic-induced acute akathisia [protocol] Lima AR, Soares KVS, Bacaltchuk J, Barnes TRE.
- 24. Pharmacotherapy for bulimia nervosa [protocol] Bacaltchuk J, Hay P.
- 25. Pharmacotherapy for dysthymia [protocol] Lima MS, Hotopf M.
- Physostigmine for Alzheimer's disease [protocol] Coelho Filho JM, Birks J, Grimley Evans J.
- Psychotherapies for Generalised Anxiety Disorder [protocol] Kapczinski F, Margis R, Busnello JV, Isolan L, Quevedo J, Gale C, Lima MS.
- Sling operations for urinary incontinence in women [protocol] Bezerra CA, Bruschini H.
- Surgery for Obsessive-Compulsive Disorder [protocol] Lopes AC, Soares KVS, Del Porto JA.
- Topical fluoride for preventing dental caries in children and adolescents [protocol] Marinho VCC, Sheiham A, Logan S, Higgins JPT.
- 31. Vitamin B6 for premenstrual syndrome [protocol] Iasco SM, Castro AA, Atallah AN

Reviews

- Anticholinergic medication for neuroleptic-induced tardive dyskinesia Soares KVS, McGrath JJ.
- 2. Benzodiazepines for neuroleptic-induced tardive dyskinesia McGrath JJ, Soares KVS.
- Calcium supplementation during pregnancy for preventing hypertensive disorders and related problems Atallah AN, Hofmeyr GJ, Duley L.
- 4. Cholinergic medication for neuroleptic-induced tardive dyskinesia McGrath JJ, Soares KVS.
- Cognitive behaviour therapy for schizophrenia Jones C, Cormac I, Mota J, Campbell C.
- Diltiazem, nifedipine, nimodipine or verapamil for neuroleptic-induced tardive dyskinesia Soares KVS, McGrath JJ.
- 7. Drugs versus placebo for dysthymia Lima MS, Moncrieff J.
- 8. Family intervention for schizophrenia Pharoah FM, Mari JJ, Streiner D.
- Fixed dose subcutaneous low molecular weight heparins versus adjusted dose unfractionated heparin for venous thromboembolism van den Belt AGM, Prins MH, Lensing AWA, Castro AA, Clark OAC, Atallah AN, Burihan E.
- Gamma-aminobutyric-acid agonist medication for neuroleptic-induced tardive dyskinesia. Soares KVS, McGrath JJ, Deeks JJ
- 11. Interventions for treating schistosomiasis mansoni Saconato H, Atallah A
- Miscellaneous treatments for neuroleptic-induced tardive dyskinesia McGrath JJ, Soares KVS.
- Neuroleptic reduction and/or cessation and neuroleptics as specific treatments for tardive dyskinesia McGrath JJ, Soares KVS.
- 14. Sulpiride for schizophrenia Soares BGO, Fenton M, Chue P.
- 15. Vitamin E for neuroleptic-induced tardive dyskinesia Soares KVS, McGrath JJ.
- 16. Zuclopenthixol acetate for acute schizophrenia and similar serious mental illnesses Fenton M, Coutinho E, Campbell C.
- Zuclopenthixol decanoate for schizophrenia and other serious mental illnesses Coutinho E, Fenton M, Quraishi S.