Accessing information from Cochrane reviews

By accessing The Cochrane Collaboration’s own website, the face of the Collaboration, you can get an easy introduction into Cochrane reviews.

Web address: www.cochrane.org/reviews

Here you will find information on:
- new reviews;
- updated reviews;
- reviews by topic;
- the full list of reviews;
- NeLH “Little Gems” (a summary of a topical Cochrane review produced by the UK National Health Service, National electronic Library for Health)

You are able to access:
- review summaries and abstracts (free of charge);
- The Cochrane Library (if available to you).

Plain language summaries and review Abstracts
These are a good way to find out something about what information is within The Cochrane Library. Each summary and abstract has a direct link to The Cochrane Library.

Access to The Cochrane Library
Not everyone will be able to access the full Library as it requires a subscription. Many countries now have a national subscription while in places like the USA an institution will need to have its own subscription.

There are a number of ways you can access the Library. We suggest using the following web addresses.
- www.cochrane.org/reviews
- www.thecochranelibrary.com
- http://www3.interscience.wiley.com

A Guide to The Cochrane Library
This has been developed by the Australasian Cochrane Centre and the National Institute of Clinical Studies. It is found on the website www.nicsl.com.au

You can also access the Library from this site.
Protocols and reviews

On www.cochrane.org/reviews

The blue box shows that the review is completed.
A protocol (in grey) is a review under development – it gives information on how this is being done.

The Australian Government website providing health information for consumers also refers to Cochrane information.
www.healthinsite.gov.au

Similar websites are:
www.medlineplus.gov (USA)
www.besttreatments.net (available in UK, New Zealand)

The Cochrane Collaboration

is an international organisation that sets out to help people make well-informed decisions about healthcare by preparing, maintaining and promoting systematic reviews of the effects of healthcare interventions. It is a not-for-profit organization based in UK. To achieve its goals and objectives, The Cochrane Collaboration is made up of groups that are generally based on a particular disease or health problem.

The Cochrane Consumer Network:

- supports consumers by enabling communication and guidance in providing a consumer perspective to Cochrane reviews;
- encourages consumers throughout the world to give their perspectives and have their say on priorities;
- encourages the concept of evidence based practice and a forward thinking approach to improvement of health care.

Making contact

To contact the Cochrane Consumer Network, send an e-mail to: ccnet-contact@cochrane.de with your name and enquiry
Summaries of Cochrane reviews
as produced by The Cochrane Collaboration

These are made available so that people can have ready access to information from Cochrane reviews. They aim to give the evidence on health care from the 'refined' populations used in healthcare/clinical studies.

Review summaries accompany the Abstract of a Cochrane review. They reflect the information in the review.

Summaries aim to give a brief context to the healthcare question addressed by the review, findings on benefits and harms of the intervention under investigation and the limitations of the review and the studies it includes.

To keep in mind:
Balanced information is important for evidence-based health care.
Summaries differ from abstracts, which give more technical information on how the review was conducted.

What makes a Cochrane review?

A review sets a clearly formulated healthcare question. It then uses systematic and explicit methods to identify, select and critically appraise relevant research. The data from the studies is collected and analysed to draw overall conclusions. Statistical methods (meta-analyses) may, or may not, be used to analyse and summarise the results of the included studies and to determine the size of the effect of the intervention and how likely one is to see that effect, that is, the observed variability of response. The reviews are termed 'systematic reviews' because they follow a clearly defined process as set out by The Cochrane Collaboration as a result of methodology research.

The process of a review is clearly defined and pre-set to minimise associations of expectations of effects, or bias. Healthcare studies are generally designed to assess the benefits rather than the harms of an intervention, which may be expected to be considerably less frequent, especially in the relatively short designated time period.

The Cochrane Collaboration

MISSION STATEMENT
The Cochrane Collaboration is an international organisation that aims to help people make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions.

VISION STATEMENT
Healthcare decision-making throughout the world will be informed by high quality, timely research evidence. The Cochrane Collaboration will play a pivotal role in the production and dissemination of this evidence across all areas of health care.
Searching The Cochrane Library

can be a challenge and depends on what sort of information you are looking at.

You can go through:
- the Cochrane Database of Systematic reviews using the alphabetical list of review titles;
- topics and the Cochrane review group;
- running a search.

There are two types of search on The Cochrane Library:
- the search menu that immediately comes up on the screen;
- Cochrane advanced search;
- using MeSH (keyword) terms.

We recommend an extended search. For example, if you wish to look at the evidence on 'nutrition programs promoting fruit and vegetables in primary school-aged children' you could enter the following.
Nutrition (search all text)
AND fruit (search all text)
AND vegetables (search all text)
AND children (search all text)
- after you click on ‘search’, a number of review titles will come up. Look through them and see if any fit what you are looking for.

Other times it will be more appropriate to look for words in the title to limit how many reviews are listed in the search.
This is particularly the case when a word or phrase is used often, for example obesity or hypertension (high blood pressure).
Some research terms explained

**Randomisation** is the best way of ensuring that people in the different parts of a trial are broadly similar. By comparing similar groups of people, researchers can be sure that their trial is checking the difference between the treatments being studied and not differences between the people taking part.

**Randomised controlled trials** are studies that are rigorously designed. People are allocated to intervention groups in a way that minimises the chances of predicting which treatment group a study participant is in; the intervention under investigation is compared against a well-known intervention or an inactive treatment (placebo). Studies are controlled so that participants have similar associated care in all ways other than the intervention. Ideally, depending on the type of intervention, the service provider is unaware of which group a participant is in and those assessing outcomes are also unaware: this is termed ‘blinding’.

**In quasi-randomised studies** participants are allocated to a treatment in a way that is not strictly random, such as, date of birth, hospital record number or alternation.

**For non-randomised studies** the investigators set out to have participants in the different groups who are similar in all ways they identify, such as, health problem, age, and cultural background.

**Bias** is a systematic ‘error’ or mistake in judgements and decisions that influence the results of a study and of a review because of prior opinions. It differs from a ‘placebo effect’ where participants of a study perceive a beneficial effect, or harm, even when receiving an inactive treatment.

**Confidence interval (CI)**: even studies perfectly designed and carried out may show variable results because of the play of chance. CI covers the likely (95% sure) range of the true effect.