



Cochrane Eyes and Vision Group Newsletter

Number 5

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Happy New Year!

The Eyes and Vision Group continues to make progress. We now have two full reviews on the Cochrane Library, with another two expected for publication in the April 1999 issue. We have 22 titles and protocols at different stages of completion. The abstracts of new completed reviews will now be published in this newsletter, and existing review abstracts are shown on page seven.

Call for new editors

We need to continue to recruit new reviewers and support the preparation of reviews, whilst ensuring that they are of the highest quality. To help us achieve this, we are planning to extend the editorial team, to include at least one more editor.

The main criteria for an editor are enthusiasm for the project and time to spend on it. The current editors come from the UK, USA and Italy. We are particularly interested in people from other parts of the world. We are also keen to widen the expertise of the editors, particularly in terms of clinical experience. For example, optometrists would be very welcome.

We have asked Catey Bunce, a statistician in this department, to become 'statistical editor'. Catey will be responsible for checking that the statistical methods used in all reviews are appropriate and for drawing up general guidelines for reviews.

The box opposite briefly outlines what would be required of an editor of the group. More detailed information is given on page two. If you are interested, please do not hesitate to contact us to discuss it more fully.

Requirements for an editor of the Cochrane Eyes and Vision Group

1. Commitment to ensuring the success of the group.
2. Accept full responsibility for everything published on the module.
3. Facilitate the development of new reviews by disseminating information about the group, identifying and encouraging new reviewers.
4. Complete at least one review.
5. Be prepared to work collaboratively.

Dates for Publication of Newsletters

We plan to produce the newsletter twice a year, following the international Cochrane Colloquium in October, and the UK annual meeting in April. At each of these meetings, important new information is shared and this makes it the perfect time to send out newsletters to all our members, especially those who cannot make it to the meetings.

Attend the meetings if you can

This year, the Colloquium will be held in Rome, Italy. The Colloquium is an important meeting for anyone involved in the Collaboration, whether as an editor, a reviewer or a consumer.

The group is now well established with enough members to make possible a special group meeting. We will send out more information about this in our next newsletter.

Kate Oldfield
Review group co-ordinator



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Requirements of an editor of the Cochrane Eyes and Vision Group

Editors read, comment on, and approve all protocols and reviews to be published in the Group's module on the Cochrane Library. This may change as the numbers of reviews and protocols increases – in the future editors may take responsibility for reviews in their area of expertise. However, editors must take responsibility for everything published on the module.

Editors also guide individual reviewers through the process of preparing a review. It is important therefore that editors prepare a review of their own.

We ask that editors are able to spend up to four hours per week on Eyes and Vision Group related tasks, but the amount of work generated does not yet require that amount of time.

The most important attributes of an editor are enthusiasm for the work of the Eyes and Vision Group and the Collaboration, and a commitment to ensuring that the group is successful. As well as taking time to ensure as far as possible that the reviews are of high quality, this also involves disseminating the results of the group, particularly with a view to encouraging new reviewers.

The success of the group ultimately depends on preparing and maintaining a large number of relevant, useful, high quality reviews and it is the work of the reviewers that is the key.

The editors aim to meet at least once a year. This usually takes place at the Colloquium. Editors must find their own funding to attend the meeting.

Cochrane WWW Sites

The Cochrane Collaboration website is available at the following locations which offer identical, detailed information about the world-wide Collaboration.

Australia - <http://som.flinders.edu.au/fusa/cochrane>

Canada - <http://hiru.mcmaster.ca/cochrane>

Germany - <http://www.cochrane.de>
(includes Cochrane information for German speakers)

Japan - <http://www.nihs.go.jp/acc/default.html>
See also JANCOC for Cochrane information in Japanese.

Norway - <http://www.cochrane.dk/default.html>

Spain - <http://www.altaveu.chpt.es/cochrane/>
El Centro Cochrane Español (includes Cochrane information in Spanish and several other languages)

The Systematic Reviews Training Unit

The SRTU, which is based at the Institute of Child Health in London, is now in the third year of its diploma course. The course is funded by the UK National Health Service Thames Region for health professionals working within the area.

The taught part of the course consists of one day a week of teaching around all the aspects of a systematic review and it is hoped that another day and a half will be set aside to work on the individual review. The course runs for an academic year. This year there are eleven participants, seven clinicians, an academic haematologist, a physiotherapist, a nutritionist and a nurse tutor interested in herbal therapies. All of them seem pretty busy the rest of the time and I imagine that a fair bit of the review will have to be done at weekends and in the evenings.

The formal sessions cover the various stages of a review including searching methods, statistics and epidemiology of various trial types. Each session also includes a critical appraisal of various Cochrane reviews. It is really rather a luxury to be nursed through ones first review in such a comforting atmosphere but with the deadline dates firmly in mind. Let's hope it works.

Denise Mabey
Eyes and Vision Group reviewer

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THE BEST EVIDENCE FOR HEALTH CARE: THE ROLE OF THE COCHRANE COLLABORATION

Rome (Italy) October 6 to 9, 1999

Objectives of the Colloquium

- To introduce the Cochrane Collaboration, its achievements and its plans to all those interested in using the best available evidence for the planning and delivery of health care.
- To provide an opportunity for those producing systematic reviews to meet and make progress in their work.
- To discuss potential alliances among consumers, policy makers, administrators, clinical researchers and industry in the health care arena.
- To create a forum for discussion of barriers to the production of evidence relevant to patient care and to its implementation.

Details are available from Kate at the editorial base or from <http://www.areas.it/Roma99/>.

Report from the 1998 Colloquium

Last year the Colloquium was hosted by the Baltimore Cochrane Center and opened with a marvellous reception in the aquarium.

The conference itself took place in the Renaissance Harborplace hotel, in the newly developed harbour area. Here are some notes taken from some of the workshops:

Making reviews easier to read

Fiona Godslee, Editor of BMJ

There are three main rules that reviewers should bear in mind when preparing their review:

short sentences
active not passive
positive not negative

but also:

- use simple words
- be concise
- but shorter is not always better
- avoid noun chains
e.g. 'Ward round student attendance register'
- remember that patients are people. Instead of 'epileptic group' use 'group with epilepsy'
- don't be obscure
- don't use abbreviations if possible
- don't use jargon
- its Ok to use 'we' active
e.g. we assessed trial quality

NEW PRINCIPLE FOR THE COCHRANE COLLABORATION

At the Colloquium it was agreed that the Collaboration should adopt a new principle:

Continuity, by ensuring that responsibility for reviews, editorial processes and key functions is maintained and renewed.

The Collaboration is now based on 9 principles:

- collaboration
- building on the enthusiasm of individuals
- avoiding duplication
- minimising bias
- keeping up to date
- ensuring relevance
- ensuring access
- continually improving the quality of its work
- continuity

Trial Quality Assessment

T Klassen, A Jadad, D Moher, B Pham

How to do quality assessment

Only use methods for which there is empirical evidence. Always do a calibration exercise for the assessment whether using a scale or components. Report this along with inter-reporter reliability.

If there is uncertainty it is better to be strict and give a lower score or get clarification.

RCTs have found differences in the scores given to trials when masked and unmasked to details such as authors and journal, but these are small. Therefore it is not essential to mask these details when assessing trials, but it should be considered if possible.

Survey of opinion favours the use of components for quality assessment, but there is no evidence for one method over another. You could use both.

Usually it is recommended that two people carry out quality assessment. Report the Kappa or interclass correlation.

Application

It is not enough to do quality assessment, you need to incorporate results into review.

Rank trials on their quality. These can be used in a number of ways:

- selection criterion at the start of the review.
- plot quality against effect size.
- cumulative analysis according to quality score.
- threshold approach – include only good quality trials in the analysis

Checklist for reading reports:

- Does the report include assessment?
- Was the assessment masked – how?
- How many and background of assessors?
- Was inter observer measure reported?
- What instruments were used - justified?
- Were scores incorporated into a quantitative analysis?

Further information is available in the Cochrane Reviewer's Handbook. This is available from the editorial base, on the Cochrane Library, or on the Cochrane web page.

Workshops

Cochrane Centres organise workshops for reviewers. Most courses are free, although reviewers must pay for accommodation and travel. For more information on these and other Cochrane workshops please visit the Cochrane web site (<http://som.flinders.edu.au/fusa/cochrane/cochrane/workshop.htm>) or contact Kate.

EUROPE

Dutch Cochrane Centre

Developing a systematic review

March 11 Amsterdam
June 9 Amsterdam

Nordic Cochrane Centre

Preparing a protocol

January 11 Oslo
March 1 Copenhagen
September 6 Copenhagen

Review Manager

January 12 Oslo
March 2 Copenhagen
September 7 Copenhagen

Handsearching

March 3 Copenhagen
September 8 Copenhagen

Spanish Cochrane Centre

Doing Cochrane systematic reviews

March 3-4 Sabadell
November 4-5 Sabadell

UK Cochrane Centre

Developing a protocol for a review

January 29 York
February 8 Oxford
April 15 Oxford
May 10 London
June 7 Aberdeen
June 24 Oxford
September 16 Oxford
December 6 Liverpool

Getting a review into RevMan

February 9 Oxford
April 16 Oxford
May 11 London
June 8 Aberdeen
June 25 Oxford
September 17 Oxford
December 7 Liverpool

AFRICA

South African Cochrane Centre

Protocol and RevMan workshops

April and August Cape Town, Durban,
Pretoria and Bloemfontein

USA & CANADA

San Antonio Cochrane Center

Systematic reviews workshop

March 24-26 San Antonio, Texas

More workshops will become available at other Cochrane centres. Please visit the Cochrane Web page for updated information.

Dates for your diary

Annual Cochrane Nordic Centre Meeting

January 28 Copenhagen, Denmark

5th Annual UK Contributors Meeting

March 22-23 Oxford, UK

ARVO

May 9-14 Florida, USA

Royal College of Ophthalmologists Annual Congress

May 18-21 Cardiff, UK

7th International Cochrane Colloquium

October 6-9 Rome, Italy



Titles, protocols & reviews

The following titles, protocols and reviews are currently registered to the group. If you have any ideas for reviews, please let us know by completing a Title Registration Form (see page 11).

Registered Titles	Contact reviewer
Community based interventions for trachoma	Denise Mabey
Effectiveness of low vision aids	Elizabeth Hawes
NEW Ginkgo Biloba for macular degeneration	Jennifer Evans
NEW Interventions for preventing herpes simplex keratitis	Nigel Barker
NEW Interventions for preventing ophthalmia neonatorum	Vimal Kapoor
NEW Surgical treatment for involuntional lower lid entropion	Kostas Boboridis
Treatment for central retinal artery occlusion	Scott Fraser
Treatment for cytomegalovirus retinitis	Adnan Tufail
NEW Treatment for infantile esotropia	Jugnoo Rahi
Treatment for narrow angle glaucoma	Mark Hulbert
Treatment for ocular sarcoidosis	Nelson Sabrosa
NEW Treatment for onchocerciasis	Ellen Schwartz
Treatment for thyroid eye disease	Mike Wearne
NEW Treatment for toxoplasma uveitis	Ruth Gilbert

Protocols in editorial process	Contact reviewer
NEW Treatment for recurrent corneal erosions	Nigel Barker

Protocols published on the Cochrane Library	Contact reviewer
Antibiotics for acute bacterial conjunctivitis	Aziz Sheikh
Antimetabolites for glaucoma surgery	Richard Wormald
Antioxidants for preventing macular degeneration	Jennifer Evans
NEW Corticosteroids for optic neuritis	Roy Beck
NEW Intra versus extra-capsular extraction for cataract	Torkel Snellingen
Surgical techniques for retinal detachment	Juliet Thompson

Reviews in editorial process	Contact reviewer
NEW Acute treatment of HSV epithelial keratitis	Kirk Wilhelmus
Decompression surgery for non-arteritic ischaemic optic neuropathy	Kay Dickersin
Interventions for preventing cystoid macular edema	Luca Rossetti
Topical therapy for primary open-angle glaucoma	Luca Rossetti
Treatment for Hyphema	Luca Rossetti

Reviews published on the Cochrane Library	Contact reviewer
Antioxidants for age-related macular degeneration	Jennifer Evans
Screening the elderly for visual impairment in the community	Liam Smeeth

Other publications by the group

Evans J. Reliable and accessible reviews of the evidence for the effect of health care: the role of the Cochrane Collaboration and the CONSORT statement. *Eye* 1998; 12(1):2-4

Wormald R, Oldfield K. Evidence based medicine, the Cochrane Collaboration, and the CONSORT statement. *Br J Ophthalmol* 1998;82:597

Wormald , Oldfield K. The Cochrane Collaboration. Some frequently asked questions. *Eye News* 1998; Dec/Jan: 19-20

Abstracts of Reviews

We now plan to include in the newsletter abstracts of all new reviews. For information on how to access the full review on the Cochrane library, contact Kate at editorial base or visit <http://www.cochrane.co.uk/>

Screening older people for visual impairment in a community setting Smeeth L, Iliffe S.

Objective: To determine the effectiveness in improving vision of mass screening of older people for visual impairment in a community setting, either alone or as part of a multicomponent screening assessment.

Search strategy: Trials were identified from MEDLINE, EMBASE, the Cochrane Eyes and Vision Group Register, and the Cochrane Controlled Trials Register. Reference lists of identified trials and review articles were searched to find additional trials. SCISEARCH was used to find studies which had cited the identified trials. Investigators were contacted to identify additional published and unpublished trials.

Selection criteria: All randomised controlled trials of visual or multicomponent screening in a community setting of people aged 65 or over, not selected because of particular risk factors. Trials which included screening for visual impairment, referral or intervention for those with visual impairment, and assessment of visual outcome at six months or longer were eligible for inclusion.

Data collection & analysis: Data were extracted by two reviewers independently. The proportions of people with visual impairment in the intervention and control groups were compared. Information about the method of screening vision, the vision outcome measure used, and about trial quality were also extracted.

Main results: There were no trials that primarily assessed visual screening. Visual outcome data were available for 3494 people in five trials of multicomponent assessment. All the trials used self-reported measures for visual impairment, both as screening tools and as outcome measures. In four of the trials people reporting visual problems were referred to either the eye services or to a physician. In one trial people reporting visual problems received information about resources in the community designed to assist those with poor vision. The proportions of participants in the intervention and control groups who reported visual problems at the time of outcome assessment were very similar (pooled relative risk for visual impairment 1.03; 95% confidence interval 0.92-1.15). However, a small difference (8%) in the number of older people with self-reported visual problems in the intervention and control groups cannot be excluded.

Conclusions: Screening of the asymptomatic older population in the community is not justified on present evidence. Visual impairment in this age group can usually be reduced with treatment. It is unclear why no benefit was seen. Further work is needed to clarify what interventions are appropriate and effective for older people with unreported visual impairment.

The effect of antioxidant vitamin and mineral supplements on the progression of age-related macular degeneration Evans JR

Objective: To determine the effect of antioxidant vitamin and/or mineral supplementation on the progression of age-related macular degeneration.

Search strategy: MEDLINE, the Cochrane Eyes and Vision Group Register, the Cochrane Controlled Trials Register, bibliographies, the Science Citation Index, contact with investigators. Searches were conducted in August 1997 and updated in October 1998.

Selection criteria: All randomised controlled trials where an antioxidant vitamin and/or mineral supplement (alone or in combination) had been compared against control in people with age-related macular degeneration were included.

Data collection & analysis: The review author extracted data using a standardised form. Where possible, these data were verified with trial investigators. Due to the small number of trials identified, and variable methods of collecting and presenting outcome data, no statistical summary measure was calculated.

Main results: Four published, two unpublished and two ongoing trials were identified. Published trials to date have been small and results inconsistent. Adverse effects and quality of life for people with age-related macular degeneration have not been addressed.

Conclusions: The question as to whether people with age-related macular degeneration should take antioxidant vitamin or mineral supplements to prevent progression of the disease has not been answered by research to date. The results of ongoing trials are awaited.

