

THE COCHRANE COLLABORATION AND THE COCHRANE HIV/AIDS GROUP: PROMOTING EVIDENCE-BASED HEALTH CARE

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WHAT IS EVIDENCE-BASED HEALTH CARE?

"...the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients."¹

THE NEED FOR EVIDENCE-BASED HEALTH CARE

- Physicians, researchers, public health practitioners, and patients are deluged with unmanageable amounts of information about the best approaches to prevention, treatment and health care delivery. Over the last 30 years, there has been an exponential rise in the number of published scientific articles across health fields.
 - There have been 131,000 RCTs *published* since 1948.¹
 - Over 2 million articles are published annually in the biomedical literature in over 20,000 journals².
 - 3,330 journals are indexed in Medline.

² Mulrow CD. *Rationale for systematic reviews*. BMJ. 1994; 309:597-9.

¹ Sackett DL, Richardson WS, Rosenberg W, Haynes RB. *Evidence-based Medicine: How to Practice and Teach EBM*. Churchill Livingstone 1997.

SYSTEMATIC REVIEWS

- To address health information overload, systematic reviews are used to synthesize the vast number of studies and data sets culled from those studies.
 - Systematic review
The application of scientific strategies that limit bias to the systematic assembly, critical appraisal and synthesis of all relevant studies on a specific topic.
 - Meta-analysis
A systematic review that uses quantitative methods to combine and summarize the results of several studies.
- Systematic reviews are useful for:
 - **Health care providers** to link and correlate huge amounts of information and identify beneficial or harmful interventions.
 - **Individuals** to help them to make more informed decisions about their health care.
 - **Policymakers** to formulate practice guidelines, identify appropriate interventions for funding, and promote health care legislation grounded in sound public health science.
 - **Researchers** to identify opportunities for further study and to insure that they are not inadvertently investigating an intervention which has already been proven effective or ineffective.
- Key components of a systematic review include:
 - a well-formulated question and pre-specified criteria for study inclusion and exclusion,
 - a comprehensive and methodical search for studies,
 - a critical appraisal of the quality of included studies,
 - a synthesis of study findings and, if appropriate, a meta-analysis to determine the effects of the same or similar interventions for the same health care condition

COCHRANE COLLABORATION

- International network of health care professionals and consumers who prepare, maintain, and disseminate systematic, up-to-date reviews of health care interventions.
 - 50 Collaborative Review Groups are organized around medical and public health specialties.
 - A specialized registry of controlled trials (over 260,000 trials) is available for searching.
 - Completed and on-going reviews are published quarterly in *The Cochrane Library* on CD-ROM and the Internet.

COCHRANE HIV/AIDS GROUP

- Officially registered with the Cochrane Collaboration in March 1997. Editorial base is located at University of California, San Francisco's AIDS Research Institute.
- Mission is to conduct systematic reviews of randomized and other rigorously controlled studies with clinical, serologic, behavioral, economic and other outcomes relating to the prevention and treatment of HIV infection and AIDS, and the organization and financing of health care services.

EDITORIAL TEAM

Coordinating Editor - George Rutherford, USA
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Therapeutics, Diagnostics, Prognostics Editors
Janet Darbyshire, London, UK
John Ioannidis, Ioannina, Greece
Peter Reiss, Amsterdam, The Netherlands

Health Services Organization and Delivery Editor
Richard Glazier, Toronto, Canada

COMPLETED COCHRANE HIV/AIDS REVIEWS

- Perinatal HIV Transmission (P. Brocklehurst, UK)
- Interventions promoting adherence to HAART (R. Glazier, Canada)
- Three or four versus two-drug antiretroviral regimens for maintenance therapy of HIV infection (G. Rutherford, USA)
- Drugs for preventing TB in HIV-infected patients (D. Wilkinson, Australia)
- AZT vs. AZT plus ddI vs. AZT plus ddC for treatment of HIV infection (J. Darbyshire, UK)
- Immediate vs. delayed AZT in asymptomatic or mildly symptomatic HIV infection (J. Darbyshire, UK)

REVIEWS IN PROGRESS BY COCHRANE HIV/AIDS GROUP

- **Behavioral, Policy and Social Prevention**
 - Modifying drug-related risk behaviors for HIV (S. Salaam, USA)
 - Modifying sexual risk behaviors for HIV in drug users (S. Salaam, USA)
 - Modifying sexual risk behaviors for HIV in MSMs (W. Johnson, USA)
 - Prevention of HIV infection among heterosexuals (G. Peersman, USA)
 - Prevention of HIV infection in young people (G. Peersman, USA)
 - Prevention of HIV infection in street youth (D. Grossman, Canada)
 - Cost-effectiveness of behavioral interventions for HIV (M. Schrappe, Germany)
 - Interventions to promote condom use for HIV prevention (C. Matthews, SA)
 - Effectiveness of voluntary counseling and testing for HIV (M. Sweat, USA)
 - Peer education interventions for prevention of HIV in young people (G. Peersman, USA)
 - Effectiveness of theory-driven interventions for prevention of HIV (G. Peersman, USA)
 - Exchange of sterile injection equipment for HIV prevention (D. Desjarlais, USA)
 - Interventions to promote health among gay men (G. Rogers, Australia)

■ Biomedical Prevention

- Community-wide STD interventions for HIV prevention (D. Wilkinson, Australia)
- Post-exposure prophylaxis for HIV (J. Laurie, Scotland)
- Vaginal microbicides for HIV prevention (G. Ramjee, South Africa)
- Methadone maintenance for HIV prevention (D.R. Gibson, USA)
- Condoms for prevention of heterosexually transmitted HIV (S. Weller, USA)

■ Therapeutics, Prognostics and Diagnostics

- Prevention and treatment of CMV in HIV infection (C. Meenkhen, The Netherlands)
- Influenza immunizations in HIV infection (R. Kuchenbecker, Brazil)
- Pneumococcal vaccine in HIV-infected (J. Louie, USA)
- Antimicrobials for preventing and treating oropharyngeal infections in HIV infection (H. Holmes, South Africa)
- Anabolic steroids for the treatment of weight loss in HIV infection (K. Johns, Canada)
- Antibiotics for prophylaxis of HIV-related opportunistic infections in the developing world (K. Grimwade, South Africa)
- Treatments for adverse drug reactions in HIV infection (M.J. Reider, Canada)
- Hydroxurea for treatment of HIV infection (J. Darbyshire, UK)
- Prophylaxis for *Pneumocystis carinii* pneumonia in adults (D. Ciccarone, USA)
- Prophylaxis for *Pneumocystis carinii* pneumonia in infants and children (M. McKay, South Africa)

■ Health Services

- Aerobic exercise interventions for HIV/AIDS (S. Nixon, Canada)
- Quality of life and HAART (L. Steele, Canada)
- Provider education and delivery of care (R. Glazier, Canada)
- Adherence to HIV/AIDS medications in children and adolescents (G. Urbshott, USA)
- Self-care symptom self-management strategies in HIV/AIDS (W. Holzemer, USA)
- Complementary therapies for treatment of HIV/AIDS (K. Feldman, Canada)
- Marijuana for AIDS-related wasting syndrome (S. Langford, Canada)

HOW WE CAN HELP YOU

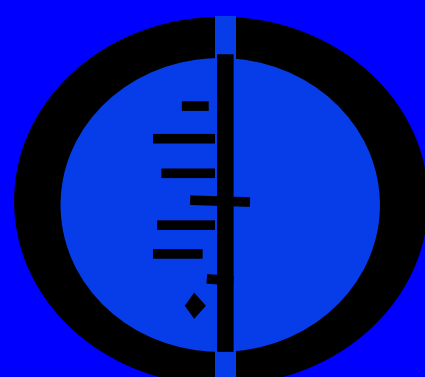
- Information available about on-going or completed systematic reviews
- Access to the HIV/AIDS international registry of trials
- Access to abstracts of completed reviews
- Methodological expertise
- Free review management software
- An international network of individuals interested in topic area
- Wide dissemination of completed reviews

HOW YOU CAN HELP US

- Work on a systematic review
- Peer review an on-going or completed systematic review
- Identify priority areas where reviews are needed
- Identify relevant studies for inclusion in the HIV/AIDS registry of trials
- Disseminate information about Group
- Recruit collaborators to join Group

CONTACT US

- Visit the Cochrane HIV/AIDS Web site: <http://hivinsite.ucsf.edu/cochrane/>
 - Information about joining HIV/AIDS Group and conducting a review
 - Reviews in progress and summaries of completed reviews
 - Links to Cochrane groups
- Contact The HIV/AIDS Group Coordinator: gkennedy@psg.uscf.edu



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