

NEWSLETTER n°4 – November 2014

BUILDING THE FUTURE TOGETHER



The [World Health Organization \(W.H.O.\)](#) highlighted the « need for increased investment in the preparation and maintenance of Cochrane reviews that address health issues that are relevant to people living in **low-income and middle-income countries** »

Read more [here](#)

This objective has been integrated to the PEC Field's workplan for 2014-2015.

Idea for a [specific meta-analysis ?](#)

† PEC FIELD'S MAJOR CONTRIBUTORS ★



The Reviews Search Team

This team is part of the PEC Field and is composed of Mohamed, Patrick, Pierre-Géraud, Aline and Albert. In addition to their daily practice as emergency physicians, they monitor Cochrane Reviews for content relevant for emergency care providers.

LATEST NEWS

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They support the PEC Field

The PEC Field acknowledges city of Besançon (France) for contributing to its



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RECENT REVIEWS

[Rapid tests for the diagnosis of visceral leishmaniasis in patients with suspected disease](#)

Boelaert M, Verdonck K, Menten J, Sunyoto T, van Griensven J, Chappuis F, Rijal S

Twenty-four studies containing information about five index tests recruiting 4271 participants (2605 with visceral leishmaniasis) were included. The rK39 Immunochromatographic Test shows high sensitivity and specificity for the diagnosis of visceral leishmaniasis in patients with febrile splenomegaly and no previous history of the disease, but the sensitivity is notably lower in east Africa than in the Indian subcontinent. Other rapid tests lack accuracy, validation, or both.

[Direct thrombin inhibitors \(DTIs\) versus vitamin K antagonists \(VKAs\) for preventing cerebral or systemic embolism in people with non-valvular atrial fibrillation](#)

Salazar CA, Del Aguila D, Cordova EG

Eight studies involving a total of 27,557 participants were included. DTIs were as efficacious as VKAs for the composite outcome of vascular death and ischaemic events. Only the dose of dabigatran 150 mg twice daily was found to be superior to warfarin. DTIs were associated with fewer major haemorrhagic events, including haemorrhagic strokes. Adverse events that led to discontinuation of treatment occurred more frequently with DTIs. We detected no difference in death from all causes.

FIND ALL THE COCHRANE REVIEWS ABSTRACTS [HERE](#)

EVENTS

The PEC Field will be present at:

Urgences 2015
French Society of Emergency
Medicine (SFMU)
Paris, France
8th-12th June 2015



ile-de-France Emergency Medicine
College (CMUIF) – « Emergency
Medicine Cochrane reviews »
Paris, France

Level 1 – Sept. 2015
Level 2 – Sept. 2016



22nd COCHRANE COLLOQUIUM
Hyderabad, India
21th-26th September 2014



RECENT REVIEWS

FIND ALL THE COCHRANE REVIEWS ABSTRACTS [HERE](#)

[Antimicrobial drugs for treating cholera](#)

Leibovici-Weissman Y, Neuberger A, Bitterman R, Sinclair D, Salam MA, Paul M

This review evaluated the benefits of treating cholera with antimicrobial drugs in addition to rehydration fluids (oral or intravenous). Antimicrobials result in substantial improvements in clinical and microbiological outcomes, with similar effects observed in severely and non-severely ill patients. Azithromycin and tetracycline may have some advantages over other antibiotics.

[Alpha-blockers as medical expulsive therapy for ureteral stones](#)

Campschroe T, Zhu Y, Duijvesz D, Grobbee DE, Tycho Lock MTW

The use of alpha-blockers in patients with ureteral stones results in a higher stone-free rate and a shorter time to stone expulsion. Alpha-blockers should therefore be offered as part of medical expulsive therapy as one of the primary treatment modalities.

[Colchicine for pericarditis](#)

Alabed S, Cabello JB, Irving GJ, Qintar M, Burls A

Colchicine, as adjunctive therapy to NSAIDs, is effective in reducing the number of pericarditis recurrences in patients with recurrent pericarditis or acute pericarditis. However, evidence is based on a limited number of small trials. Patients with multiple resistant recurrences were not represented in any published or on-going trials, and it is these patients that are in the most need for treatment.

[Heparin versus placebo for non-ST elevation acute coronary syndromes \(update\)](#)

Andrade-Castellanos CA, Colunga-Lozano LE, Delgado-Figueroa N, Magee K

Compared with placebo, patients treated with heparins had a similar risk of mortality, revascularization, recurrent angina, and thrombocytopenia. However, those treated with heparins had a decreased risk of myocardial infarction and a higher incidence of minor bleeding. The results presented in this review must be interpreted with caution due to low quality studies.

[Bronchodilators for bronchiolitis](#)

Gadomski AM, Scribani MB

Bronchodilators do not improve oxygen saturation, do not reduce hospital admission after outpatient treatment, do not shorten the duration of hospitalization and do not reduce the time to resolution of illness at home. Given the adverse side effects and the expense associated with these treatments, bronchodilators are not effective in the routine management of bronchiolitis.

Listen, Read, and Teach about ...
DEEP VEIN THROMBOSIS

...with the Cochrane Journal Club



[Thrombolysis for Acute Deep Vein Thrombosis](#)

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Read the full text [here](#)



Download the PowerPoint slides [here](#)



The PEC Field needs you!



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INSIDE THE COCHRANE COLLABORATION

The PEC Field supports Emergency Medicine by working with various Cochrane [Review Groups](#).

[Suggest a systematic review here](#)

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COCHRANE WORKSHOPS

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Find all informations about what's going on in your area [here](#)

INTERACTIVE LEARNING

Cochrane Training provides several Interactive Learning mediums about systematic reviews.



[Read more *here*](#)

COCHRANE IN THE NEWS

The article in [The New Indian Express](#) about the access to the Cochrane Library in India

The PEC Field was at...

...the annual Meeting of the French Society of Emergency Medicine (SFMU) in Paris



Read more about SFMU congress [here](#)

**Interested in evidence-based health care?
GET INVOLVED!**

We encourage any person or organization
with an interest in contributing to the PEC Field to ***contact us***

PLEASE SEND ANY QUESTIONS, COMMENTS OR SUGGESTIONS TO:

Cochrane Pre-hospital and Emergency Care Field

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