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## NEWSLETTER N°8 - JANUARY 2019

The Cochrane PEC team wishes you all the best for 2019. Our field is involved in knowledge translation and diffusion to health professionals and public about emergency medicine, news and change in practice. All year round, meet us in conferences, training sessions and on our website!

## COCHRANE PEC MAJOR CONTRIBUTOR

### **Dr Nagi Souaiby**

Emergency and Forensic Medicine  
Faculty of Medicine, St Joseph University, Beirut – Lebanon  
Chief editor – MJEM  
Director – National School for Emergency Care  
President – Lebanese Resuscitation Council  
Head of the ED – ND Maritime hospital, Byblos – Lebanon

Dr Souaiby is an emergency physician based in Byblos, Lebanon. He's involved in research and publication through its role as editor in chief of the Mediterranean Journal of Emergency Medicine (MJEM).

We are pleased to work with him in disseminating Cochrane systematic reviews relevant to emergency medicine. Succinct summaries of these reviews are published in a Cochrane Corner in the MJEM.

## COCHRANE PEC PEARLS

The Cochrane PEC PEARLS consists of succinct summaries of Cochrane systematic reviews relevant to emergency medicine, developed in french by members of the Cochrane PEC .

[Find our Cochrane PEC PEARLS in the AFMU](#)

## RECENT REVIEWS

[Cochrane emergency reviews](#)

[Vitamin K antagonists \(VKA\) versus low-molecular-weight heparin \(LMWH\) for the long term treatment of symptomatic venous thromboembolism \(VTE\).](#)

*Alina Andras, Adriano Sala Tenna, Marlene Stewart*

Moderate-quality evidence shows no clear differences between LMWH and VKA in preventing symptomatic VTE and death after an episode of symptomatic Deep Vein Thrombosis. LMWH may represent an alternative for some patients, for example, those residing in geographically inaccessible areas, those who are unable or reluctant to visit the thrombosis service regularly, and those with contraindications to VKA.

[Factor Xa inhibitors versus vitamin K antagonists for preventing cerebral or systemic embolism in patients with atrial fibrillation](#)

*Karsten MH Bruins Slot, Eivind Berge*

Treatment with factor Xa inhibitors significantly reduced the number of strokes and systemic embolic events compared with warfarin in people with atrial fibrillation. The absolute effect of factor Xa inhibitors compared with warfarin treatment was, however, rather small. Factor Xa inhibitors also reduced the number of intracranial haemorrhages, all-cause deaths and major bleedings compared with warfarin.

#### [Delayed antibiotic prescriptions for respiratory infections](#)

*Geoffrey KP Spurling, Chris B Del Mar, Liz Dooley, Ruth Foxlee, Rebecca Farley*

For many clinical outcomes, there were no differences between prescribing strategies. Symptoms for acute otitis media and sore throat were modestly improved by *immediate* antibiotics compared with *delayed* antibiotics. There were no differences in complication rates. Delaying prescribing did not result in significantly different levels of patient satisfaction compared with immediate provision of antibiotics. However, delay was favoured over *no* antibiotics. Delayed antibiotics achieved lower rates of antibiotic use compared to *immediate* antibiotics (31% versus 93). Delayed antibiotics for people with acute respiratory infection reduced antibiotic use compared to *immediate* antibiotics, but was not shown to be different to *no* antibiotics in terms of symptom control and disease complications.

#### [Plasma transfusions prior to lumbar punctures and epidural catheters for people with abnormal coagulation](#)

*Lise J Estcourt, Michael J Desborough, Carolyn Doree, Sally Hopewell, Simon J Stanworth*

There is no evidence to determine whether plasma transfusions are required prior to insertion of a lumbar puncture needle or epidural catheter, and, if plasma transfusions are required, what is the degree of coagulopathy at which they should be given.

#### [Direct oral anticoagulants \(DOAC\) versus warfarin for preventing stroke and systemic embolic events among atrial fibrillation \(AF\) patients with chronic kidney disease \(CKD\)](#)

*Miho Kimachi, Toshi A Furukawa, Kimihiko Kimachi, Yoshihito Goto, Shingo Fukuma, Shunichi Fukuhara*

DOAC are as likely as warfarin to prevent all strokes and systemic embolic events without increasing risk of major bleeding events among AF patients with kidney impairment. These findings should encourage physicians to prescribe DOAC in AF patients with CKD without fear of bleeding.

#### [Inhaled magnesium sulfate in the treatment of acute asthma](#)

*Rachel Knightly, Stephen J Milan, Rodney Hughes, Jennifer A Knopp-Sihota, Brian H Rowe, Rebecca Normansell, Colin Powell*

Treatment with nebulised MgSO<sub>4</sub> may result in modest additional benefits for lung function and hospital admission when added to inhaled β<sub>2</sub>-agonists and ipratropium bromide. Individual studies suggest that those with more severe attacks and attacks of shorter duration may experience a greater benefit but further research into subgroups is warranted.

#### [Corticosteroids for pneumonia](#)

*Anat Stern, Keren Skalsky, Torner Avni, Elena Carrara, Leonard Leibovici, Mica Paul*

Corticosteroid therapy reduced mortality and morbidity in adults with severe community-acquired pneumonia (CAP). Corticosteroid therapy reduced morbidity, but not mortality, for adults and children with non-severe CAP. Corticosteroid therapy was associated with more adverse events, especially hyperglycaemia, but the harms did not seem to outweigh the benefits.

#### [Drug management for acute tonic-clonic convulsions including convulsive status epilepticus in children](#)

*Amy McTague, Timothy Martland, Richard Appleton*

Intravenous lorazepam and diazepam appear to be associated with similar rates of seizure cessation and respiratory depression. Although intravenous lorazepam and intravenous diazepam lead to more rapid seizure cessation, the time taken to obtain intravenous access may undermine this effect. In the absence of intravenous access, buccal midazolam or rectal diazepam are therefore acceptable first-line anticonvulsants for the treatment of an acute tonic-clonic convulsion that has lasted at least five minutes. There is no evidence provided by this review to support the use of intranasal midazolam or lorazepam as alternatives to buccal midazolam or rectal diazepam.

#### [Antifibrinolytic drugs for treating primary postpartum haemorrhage](#)

*Haleema Shakur, Danielle Beaumont, Sue Pavord, Angele Gayet-Ageron, Katharine Ker, Hatem A Mousa*

Tranexamic Acid (TXA) when administered intravenously reduces mortality due to bleeding in women with primary post partum haemorrhage, irrespective of mode of birth, and without increasing the risk of thromboembolic events. Taken together with the reliable evidence of the effect of TXA in trauma patients, the evidence suggests that TXA is effective if given as early as possible.

#### [Different durations of corticosteroid therapy for exacerbations of chronic obstructive pulmonary disease \(COPD\)](#)

*Julia AE Walters, Daniel J Tan, Clinton J White, Richard Wood-Baker*

Five days of oral corticosteroids is likely to be sufficient for treatment of adults with acute exacerbations of COPD, and this review suggests that the likelihood is low that shorter courses of systemic corticosteroids (of around five days) lead to worse outcomes than are seen with longer (10 to 14 days) courses.

#### [Mechanical versus manual chest compressions for cardiac arrest](#)

*Peter L Wang, Steven C Brooks*

The evidence does not suggest that cardio pulmonary resuscitation (CPR) protocols involving mechanical chest compression devices are superior to conventional therapy involving manual chest compressions only. We conclude on the balance of evidence that mechanical chest compression devices used by trained individuals are a reasonable alternative to manual chest compressions in settings where consistent, high-quality manual chest compressions are not possible or dangerous for the provider.

#### [Interventions for necrotizing soft tissue infections \(NSTI\) in adults](#)

*Camille Hua, Romain Bosc, Emilie Sbidian, Nicolas De Prost, Carolyn Hughes, Patricia Jabre, Olivier Chosidow, Laurence Le Cleach*

Authors found very little evidence on the effects of medical and surgical treatments for NSTI. We cannot draw conclusions regarding the relative effects of any of the interventions on 30-day mortality or serious adverse events due to the very low quality of the evidence.

#### [Airway physical examination tests for detection of difficult airway management in apparently normal adult patients](#)

*Dominik Roth, Nathal L Pace, Anna Lee, Karent Hovhannisyan, Alexandra-Maria Warenits, Jasmin Arrich, Harald Herkner*

Bedside airway examination tests, for assessing the physical status of the airway in adults with no apparent anatomical airway abnormalities, are designed as screening tests. Screening tests are expected to have high sensitivities. We found that all investigated index tests had relatively low sensitivities with high variability. The upper lip bite test showed the most favourable diagnostic test accuracy properties.

#### [Point-of-care ultrasonography \(POCS\) for diagnosing thoracoabdominal injuries in patients with blunt trauma](#)

*Dirk Stengel, Johannes Leisterer, Paula Ferrada, Axel Ekkernkamp, Sven Mutze, Alexander Hoening*

In patients with suspected blunt thoracoabdominal trauma, positive POCS findings are helpful for guiding treatment decisions. However, with regard to abdominal trauma, a negative POCS exam does not rule out injuries and must be verified by a reference test such as Computerized Tomography. This is of particular importance in paediatric trauma, where the sensitivity of POCS is poor. Based on a small number of studies in a mixed population, POCS may have a higher sensitivity in chest injuries.

## PRIORITY SETTING EXERCISE

[Cochrane Priority List](#)

In April 2018, The Cochrane PEC has launched his priority setting exercise, aiming to generate a list of some priority topics of interest to its stakeholders.

The Cochrane PEC decided to search for gaps based on topics presented at annual scientific meetings: Urgences 2018 of the French Society of Emergency Medicine, EUSEM 2018 of the European Society of Emergency Medicine and most probably the SAEM19 of the Society for Academic Emergency Medicine.

The Cochrane PEC works closely with the Cochrane Acute and Emergency Care network and other Cochrane networks on this project.

## LATEST NEWS

[training\\_and events](#)

### We've been there

- [Byblos Health](#)

Notre Dame Maritime Hospital

19-21 April 2018

Byblos, Lebanon



- [Urgences 2018](#)

13-15 June 2018

Paris, France



- [EUSEM 2018](#)



8-12 September 2018

Glasgow, Scotland.

- [Congrès de Médecine d'urgence Breton](#)

13 September 2018

Quimper, France



- [25th annual Cochrane Colloquium](#)



16-18 September 2018

Edinburgh, Scotland

## UPCOMING EVENTS

[training and events](#)

The Cochrane PEC will take an active part in the following events:



- [Urgences 2019](#)

5-7 June 2019

Paris, France

- [Cochrane Governance Meeting](#)

1-5 April 2019

Krakow, Poland



- [SAEM 2019](#)

14-17 May 2019

Las Vegas, Nevada, USA



- [EUSEM 2019](#)

12-16 October 2019

Prague, Czech Republic



- [Cochrane Colloquium](#)

22-25 October 2019

Santiago, Chile





In order to develop and build on existing work and to encourage sharing of good practice, Cochrane has developed a [Knowledge Translation Framework](#) which is at the core of delivering Cochrane's [Strategy to 2020](#). Implementing this Framework will help us work towards ensuring the right Reviews are produced, in the right format and for the right audiences.

## TRAINING AND WORKSHOP

[Cochrane training](#)

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[Appel à candidature](#)

### Appel à candidatures des nouveaux membres du Cochrane Pre-hospital and Emergency Care (Cochrane PEC)

Le Cochrane PEC, soutenu par la Société Française de Médecine d'Urgence, renouvelle certains de ses membres. Le Cochrane PEC, les idées fortes : Reformatter les revues Cochrane intéressant la M[...]



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### **Cochrane Pre-hospital and Emergency Care**

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