

# South African COCHRANE CENTRE

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## At last – a new home for the South African Cochrane Centre

### Joy Oliver shared in the action of the big move.

When the South African Cochrane Centre (SACC) was first established in 1997, a small Medical Research Council (MRC) guesthouse was converted into offices for the team of four. Since then, staff numbers have grown. It got to the point where Elizabeth Pienaar's office was in the kitchen (not sure who was sharing with whom). The only toilet was shared by both men and women and that could be a real problem! One office, shared by three people, doubled as the meeting room - definitely not conducive to productivity. We had to find alternative premises fast!

After many, many discussions and meetings, the MRC approved that another of the larger guesthouses be converted to offices for the SACC. We were all going to have our own offices and no more sharing of toilets! We were so excited and could not wait to move, but first time-consuming decisions had to be made about the paint, blinds, carpets etc. Each day we would walk across to the new building to see how the contractors were progressing (of course never quick enough for our liking).

Finally on 8 March 2004 the big move began and after two days of packing and unpacking we were finally settled into our new home. We would like to take this opportunity to thank the staff of the MRC Operations Division for making this possible and the members of the MRC Executive Management Committee for recognising our need for bigger office space.

The contact details for the SACC remain unchanged.

### Medical Research Council

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# Workshop

## — evidence-based care for children

*Systematic reviews are a very important component of evidence-based practice, but they are not sufficient in themselves.*

*How does one actually use the evidence that has been synthesised in a review?*

*What if the review finds insufficient evidence?*

*What does one do if there is no review available?*

*What if the topic is something for which randomised controlled trials do not provide the most appropriate evidence - like prognosis or harm, or many questions about diagnosis?*

Some of these issues are covered in the Cochrane Workshop on Evidence-based health care and the Cochrane Collaboration. But a more focused workshop, dealing with evidence-based care for children, was offered by the School of Child and Adolescent Health at the University of Cape Town. Any questions about whether there would be sufficient interest in the course were settled soon after the advertisement hit the pavements. The two presenters, George Swingler and James Irlam, had more than three times as many applicants as they could accommodate.

The three-day course was the first of three such annual courses for which funding has been granted by The Child Trust. It aimed to introduce participants to the basic concepts of evidence-based practice, to help participants to identify their information needs, find the relevant evidence, and to understand the basics of the appraisal and application of research evidence to health care practice. The format closely followed that of the successful course offered by Institute of Child Health of University College London Medical School. Two visitors from the Institute of Child Health, Prof. Stuart Logan (now at the Peninsula Medical School in Exeter) and Dr Jill Ellis, travelled to South Africa to help with the course. They provided superb leadership and support, and helped train tutors at a preparatory workshop.

Participants included doctors, health service managers, researchers, physiotherapists, speech therapists and pharmacists. The wide range of occupational backgrounds and the relaxed, participatory format resulted in a stimulating and very enjoyable course. It also stimulated an interest in learning more. A monthly evidence-based journal club has since been started, and two thirds of participants expressed an interest in a follow-up advanced course.

*If you would like information regarding the above workshop,  
please contact: George Swingler*

*Email: [swingler@ich.uct.ac.za](mailto:swingler@ich.uct.ac.za)*

# From The Cochrane Library

## Preventing tuberculosis in HIV-infected persons

### Background

The HIV pandemic has changed the natural history of TB. In HIV-negative populations only 5 - 10% of those infected with TB will develop the disease, while those co-infected with HIV and TB have a 30% lifetime risk of developing clinical TB. In this group TB is the leading cause of death.

It is known that treatment of latent TB substantially reduces the risk of active TB in HIV-negative populations. This Cochrane review assessed the benefits of preventive therapy in patients people with HIV infection.

### Review Objectives

To determine the effectiveness of tuberculosis preventive therapy (PT) in reducing the risk of active tuberculosis and death in persons infected with HIV.

### Main Findings

- 11 trials with more than 8,000 randomized participants evaluated 4 different drug regimes: isoniazid (INH); INH + rifampicin (RIF); RIF + pyrazinamide (PZA); and INH + RIF + PZA.
- Compared to placebo or no treatment PT reduced the risk of developing active TB in HIV-positive populations by 36% (13 trials; RR 0.64; 95% CI 0.51 to 0.81)
- Efficacy of PT was greater in individuals with a positive tuberculin skin test (PPD+), (4 trials; RR 0.38; 95% CI 0.25 to 0.57)
- Efficacy was similar for different drug regimens, but short-course, multi-drug treatments were more likely to be discontinued due to adverse events.
- Overall, there was no evidence that PT reduced all-cause mortality but there was a trend towards a lower mortality in PPD+ persons (4 trials; RR 0.80; 95% CI 0.63 to 1.02)
- There was no evidence that PT reduced incidence of AIDS. However, there was limited data to suggest a lower risk of AIDS and an increase in the mean time to AIDS in PPD+ individuals receiving PT.

### Implications for Practice

Treatment of latent tuberculosis infection reduces the risk of active tuberculosis and possibly death in HIV-positive individuals with a positive tuberculin skin test. Policy makers should carefully evaluate logistical and financial constraints before embarking on wide-scale implementation of this effective intervention. Competing priorities such as treatment of active TB or provision of antiretroviral therapy also need to be considered.

### Implications for Research

Randomized controlled trials that are large enough to assess the long-term effects of anti-tuberculosis preventive therapies, impact on progression of HIV disease and overall mortality are still needed. It may also be beneficial to compare the cost-effectiveness of anti-tuberculosis drugs with that of highly active antiretroviral therapy (HAART) for preventing tuberculosis. Future trials should collect data on drug resistance, adherence to treatment and cost in order to provide decision makers with sufficient information for choosing a particular drug regimen.

### Source

Woldehanna S, Volmink J. Treatment of latent tuberculosis infection in HIV infected persons (Cochrane Review). This systematic review is maintained and updated in: The Cochrane Library, Issue 1, 2004. Chichester, UK: John Wiley & Sons, Ltd.



Back (left to right)  
James Irlam, Pieta  
van Deventer, Geoffrey  
Setswe, Jeff Yengopal,  
Jimmy Volmink, Nandi  
Siegfried

Front (left to right)  
Haly Holmes,  
Joy Oliver, Elizabeth  
Pienaar, Marianne Visser,  
Soraya Harnekar, Sarah  
Mahlungulu

## Review Completion Programme

### - Cape Town gets its own Finishing School

Finishing a review can sometimes seem like an impossible task, especially when coupled with a heavy clinical workload. And when finding time in the work day to get some data extraction done is considered a luxury by your supervisor, the deadline for completion of your review can project further and further into the future. . .

Towards the middle of last year, many of the reviewers enrolled on the SACC Cochrane HIV/AIDS Mentoring Programme had published protocols on *The Cochrane Library*, but were struggling to get their reviews finished, usually because of the above reasons. The Centre was receiving regular requests for RevMan and advanced statistical skills training so it seemed appropriate to run our first ever Review Completion Programme, aka "Finishing School". Drawing on the experience of similar programmes run by Centres and Review Groups based elsewhere in the world, we developed a four-day programme with the aim of providing reviewers with the skills they required to complete their reviews.

The Programme was held at the Graduate School of Business (GSB) in the Waterfront in Cape Town from the 18 – 21 November 2003. Nine of our reviewers attended the programme. It gave me great pleasure to facilitate the workshop and to witness first-hand how much everyone has progressed since the Mentoring Programme was conceived in October 2000. The workshop was PC-based to allow reviewers to learn interactively and drew on reviewers' needs to refine the programme each day. Time was allocated for reviewers to work on their own reviews using the data they extracted from studies they had brought along with them.

*"It was a lovely  
small interactive group.  
Thank you so much for  
the opportunity."*

The review topics are wide-ranging reflecting the diversity of issues that need to be tackled in HIV/AIDS. Topics included:

- Balanced diet to reduce morbidity and mortality HIV-infected adults
- Stavudine, Lamivudine and Nevirapine for reducing morbidity and mortality in HIV-infected adults
- Behavioural interventions for reducing HIV risk and infection in employees in occupational settings
- Interventions for the prevention and management of oro-pharyngeal candidiasis associated with HIV infection in adults and children

Each reviewer left with a progress plan with clearly identified objectives and timelines. Evaluations were extremely positive as evidenced by the comments below:

*"This is exactly the type of workshops that 1<sup>st</sup> time reviewers need – it gives you confidence to use RevMan and enter data. Well done – my negative attitude in terms of my competency has been significantly changed ( $p=0,00$ )."*

*"I found this workshop extremely useful. It put many things in perspective and explained many things which in general you think you know – but don't – especially with respect to practical aspects around a review, nomenclature etc. Thank you for a wonderful experience."*

*"It was a lovely small interactive group. Thank you so much for the opportunity."*

It is clear that a lot can be gained from bringing reviewers together who are at a similar stage in their reviews. In this way they can share experiences and learn from each other. We look forward to hosting a similar workshop next year. The workshop was funded by a grant from the Cochrane HIV/AIDS Review Group and thanks must go to George Rutherford and Gail Kennedy for their unfailing support for the programme. Joy Oliver provided superb administrative support, the GSB really looked after us and I was very grateful to Jimmy Volmink for his excellent presentations. Most of all, I wish to thank each reviewer who attended the programme and contributed so actively to make it a successful, stimulating four days. I admire your tenacity in conducting reviews with minimal support (often not in your first language) and am confident your reviews will all be published in *The Cochrane Library* in the very foreseeable future. Good luck and thank you.

— Nandi Siegfried

*"I found this workshop extremely useful. It put many things in perspective and explained many things which in general you think you know – but don't – especially with respect to practical aspects around a review, nomenclature etc. Thank you for a wonderful experience."*

# The ever-changing RevMan

Elizabeth Pienaar is the RevMan expert

Review Manager or RevMan (the software used to prepare systematic reviews for publication in *The Cochrane Library*) never stays the same for long. The latest update was released on 28 May 2004. It includes the latest version of the Reviewers' Handbook and a new Permission for publication form. RevMan 4.2.7 also fixes a bug present in RevMan 4.2.4 - 4.2.6 that prevents you from pasting text into 'comments and criticisms'. The upgrade patch is available from: <http://www.cc-ims.net/download/revman/>

## What are the new features of RevMan 4.2.7?

### Images

- Image files can be added to reviews as 'additional figures'

### Text of review

- Bold, italics, underline, subscript and superscript can be used in the main text of review
- More symbols (e.g. Greek letters) can be used
- It is possible to print a highlighted section only
- Text marker can be used to highlight changes (the highlighting is not published)
- RTF files can be imported
- Delete and backspace can be used to delete a marked block of text that contains links
- A new medical dictionary for spell checking that allows both UK and US spelling is included

### Studies and references

- Studies and references can be copied to other reviews
- Tab key can be used in reference windows to change field
- Classification pending references can be moved to studies in blocks
- Studies can be imported with attached references, e.g. from Meerkat
- References can be imported to an existing study or directly into 'Additional references' or 'Other versions'
- A pick list can be used for recurring journal names
- The required fields are highlighted in references
- Exporting of references can be restricted to specified sections
- Citations can be copied to clipboard

### Tables

- Improved printing of additional tables, 'other data' tables and comparisons and data table
- Rows and columns can be inserted and deleted in additional tables
- Spell checking of entire tables (rather than cell by cell)
- Split bar in characteristics of ... studies tables
- Single study view for characteristics of included studies
- Additional tables can be copied to other reviews
- The screen font for tables can be adjusted

### Data and analyses

- Comparisons, outcomes and data can be copied to other reviews
- Studies can be removed from a data table using the right click menu (rather than using the tree view)

- Generic inverse variance method has been added
- $I^2$  statistic added to the test for heterogeneity
- New RevMan Analyses program (replaces MetaView)
- Multiple graphs can be printed on the same page
- Analysis graphs can be printed from RevMan
- Sets of multiple graphs can be exported in bitmap or vector formats
- Graphs can be copied to the clipboard
- Graphs can be saved as RTF files
- Funnel plots can be inserted into reviews as additional figures

### Contact details

- Highlighting of differences when importing contact details for a person already in RevMan
- Improved functionality for importing contact details from HIREx
- A complete list of contact details can be printed
- Contact details can be exported
- Contact IDs can be changed easily

### Other

- Improved functionality for importing/exporting reviews
- Use Ctrl + click to select/deselect reviews
- Review checking now follows the same rules as in the Module Manager (ModMan) software used by Collaborative Review Groups
- New status window displays numbers of reviews, protocols, titles, etc.
- Automatic backup keeps up to three backup files
- The database can be closed temporarily to allow ModMan to access it (by pressing F8)
- The 'list of reviewers for citation' can be generated automatically
- The list of amended sections is updated automatically
- The title of the tree view window can be changed to distinguish between different copies of RevMan
- RevMan exercise is included

### Further details are available from:

<http://www.cc-ims.net/RevMan>

If you have any suggestions as to how the software can be further enhanced you are welcome to add your ideas to the RevMan Wish list, which can be found at the above URL.

Any bugs encountered while using the software may also be reported at the abovementioned URL.

For any queries or problems regarding the use of the software you are welcome to contact

Elizabeth Pienaar at either [epienaar@mrc.ac.za](mailto:epienaar@mrc.ac.za) or tel: +27 21 9380835.

# New SACC Staff



*Taryn Young*

## **Taryn Young tells of her experience upon joining the SACC**

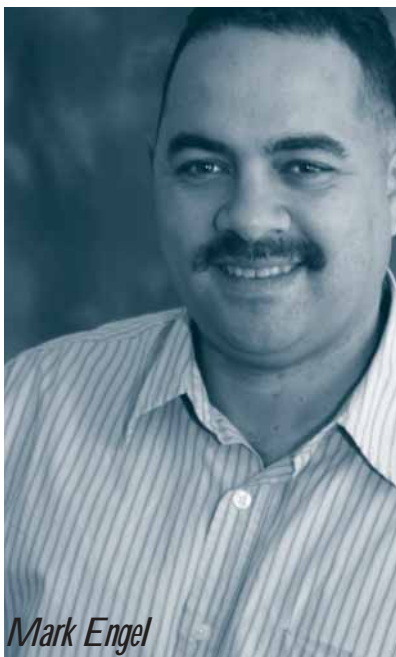
I received a warm and open welcome when I joined the SACC and MRC family in February 2004. Everyone was most helpful in arranging all the little things that help one to settle in. And very patient in answering the hundred and one questions! Previously I worked at the School of Public Health and Family Medicine, University of Cape Town, where I completed my training as a Public Health specialist. My interests include infectious diseases, occupational health, epidemiology and evidence-based health care. My main responsibility at the SACC is to set up an intensive training programme in the science of research synthesis for people from our African reference countries. I am looking forward to a stimulating and fruitful time.



*Karishma Busgeeth*

## **A few snippets about a new staff member**

Karishma Busgeeth, (B.Sc. (Geomatics), M.Sc. (eng)) is originally from Mauritius but has been living in South Africa for the past six years. From 2002-2003 she worked on a research project which applied the use of spatial information systems in the management of an HIV/AIDS trial based in Gugulethu, an informal settlement near Cape Town. She has also worked as a Geographic Information Systems (GIS) Specialist at various companies focusing mainly on the design and implementation of GIS databases. Karishma joined the SACC in February 2004 as the HIV/AIDS Trials Search Co-ordinator. She is currently developing an HIV/AIDS trials register and is providing specialised information support services to the Cochrane HIV/AIDS Review Group and its reviewers.



*Mark Engel*

## **Another new staff member spills the beans. . .**

Mark Engel joined the SACC as a research intern in April 2004. Following the completion of a B.Sc. MED Hons (Genetics) from the University of Cape Town, he worked as a medical natural scientist conducting research in the field of molecular genetics in the pathology laboratories of the Red Cross Childrens' Hospital. During this time Mark developed an interest in epidemiology and embarked on an MPH programme at the University of Cape Town. He is in the process of completing a systematic review titled *Corticosteroids for TB pleurisy* as his dissertation. Mark previously spent a year at the Harvard School of Public Health.

# TSC Training in the UK

I joined the SACC as the HIV/AIDS Trials Search Co-ordinator (TSC) on the 16 February 2004. Two months down the line, I was given the opportunity to visit the United Kingdom for training, meetings and hopefully some sightseeing... Being the only TSC in Africa, I was keen on meeting other information professionals to comprehend the size and depth of skills which a Cochrane TSC requires.

The first meeting was on a Monday at 09h00 at the UK Cochrane Centre (UKCC) with Nandi Siegfried. In South Africa by nine o'clock staff are already into their second cup of coffee but at the UKCC it was still very quiet and the offices were empty. As the morning unfolded into a nice day (yes, it was sunny! Well, I did pack the African sun), I was introduced to the staff members of the UKCC. What a nice working environment, I kept on saying to myself. The staff were very welcoming, always ready to go the extra mile and most important of all, loved their jobs! Monday's meetings went well but the real challenge was on Tuesday...

The PubMed/Medline course started at 09h00 on Tuesday morning in London and I had to be in Leeds by the evening. One could see me pulling my suitcase all the way to the Oxford station, walking like crazy down Tottenham Court Road and running frantically on platform C2 for the Leeds train. I finally arrived at Leeds after 3 long exhausting hours. On meeting Nandi at the Cliff Lawn hotel, I told her that I am seriously thinking of participating in the Amazing Race.

Wednesday was the most interesting day. Why? Well, we got to meet the MeerKat, Ferret and Mink people. What a team! This is what we call sheer dedication. The team patiently demonstrated the different tools emphasizing their numerous functionalities and promised to assist us in the development of the HIV/AIDS trials register.

The highlight of the trip had to be my meeting with Sir Iain Chalmers on my way out on Friday afternoon. I just could not believe my luck! A very simple, down-to-earth person, he actually told me "You have to sign my visitors' book".

I am pleased to state that the trip to UK was highly successful. It afforded me the opportunity to meet with other information professionals and has helped to increase my knowledge, understanding and working ability. The meetings provided an insight into the creation and development of a high quality and comprehensive HIV/AIDS trials register which hopefully (holding thumbs) will be the best in the whole Universe!!!

## The 12th Cochrane Colloquium October 2-6 2004 Ottawa, Canada

The focus of the 12th Cochrane Colloquium is to bridge some of the key gaps that have been identified: gaps between The Cochrane Collaboration and clinical practice, gaps between high and low-income countries and individuals, gaps between methodologists and reviewers, and gaps between producers and users of healthcare information.

### Key Dates

- Regular registration deadline: August 30, 2004
- Hotel registration deadline: August 30, 2004
- Cancellation refunds deadline: August 30, 2004
- Late Registration Deadline: September 21, 2004

For more information visit the website: <http://www.colloquium.info/>

## SACC Evidence-based Health Care and the Cochrane Collaboration

One-day training workshops

### DATE

2 September 2004  
4 September 2004  
8 September 2004

### VENUE

Cape Town  
Port Elizabeth  
Pretoria

For more information please contact  
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or tel. 021-9380834