Prioritization of clinical research, a challenge for Neurology

The prioritization of clinical research is a burning problem for all those who think that a good health care system is crucial. Every year a great mass of studies are published in medical journals but the applicability of their results in the real world is extremely low. The extent of explanatory trials, with good internal validity as well, is widespread in medical literature but many questions for health professionals and policy makers remain unanswered.

In the field of neurology this problem has a further particular element due to the fact that old and very old people are usually excluded from clinical trials and the diseases of old age are often neurological disorders, as is highlighted in the ‘Leading Edge’ of last November’s issue of Lancet Neurology.

We are in need of studies that consider all the potential users of the results, without exclusion of marginal age groups of population that have important outcome measures for patients, moreover we are strongly in need of studies that include complex interventions (not just pharmacological ones), like surgical interventions, application of devices, education, organization of services. The lack of prioritization of clinical research is particularly felt in the Cochrane world: as is stated in the Cochrane library: “Cochrane reviews explore the evidence for and against the effectiveness and appropriateness of treatments (medications, surgery, education, etc) in specific circumstances”, but lack of good trials on complex interventions or with large external validity and applicability into every context creates obstacles for evidence based research.

Who should indicate the hierarchy of clinical research topics? In many medical journals we have articles that report consensus meetings of experts, where the scientific community suggests recommendations for research priorities in that field, but a shift in the paradigm in conceiving research that is able to offer an answer to uncertainties in clinical practice and in the organization of services is a shift where an alliance between patients, carers and clinicians design clinical trials deciding the direction and content (background, inclusion and exclusion criteria, time of follow-up, outcome measures etc.), and Cochrane systematic reviews can certainly offer their contribution to this project because they are able to provide much of this very useful information, generally any lack of information in literature is indicated in Cochrane Reviews, there is also a section for “implications for research”.

It is with the wish to draw attention to this area that the Cochrane Neurological Network enthusiastically offered hospitality to the 14th Annual Meeting of Italian Cochrane Centre on “Prioritization of clinical research in Health Systems” that was held in Perugia last November and that offered the occasion to compare international (American, Catalan, Italian) points of views on this subject (see www.cochrane.it).

OUR AIM: to establish an information channel between Cochrane Neurological review groups and health care professionals working in the field of neurological diseases.
The Cochrane Neurological Network meets young European Neurologists in Linz

Following an initial encounter between the Cochrane Neurological Network and young European neurologists, which was made possible thanks to a series of training workshops on Evidence-based Neurology: "Teaching Evidence-based neurology in Europe, Cochrane systematic reviews in practice", financed by European Union and held in different European countries in 2005 and 2006, a collaboration was initiated between the Cochrane Neurological Network and the European Association of Young Neurologists and Trainees.

The workshop was organized in an interactive manner to help young neurologists learn how to find and critically appraise evidence, with a particular focus on randomized clinical trials and systematic reviews.

A key-note lecture on “Experiences of a neurologist and a Cochrane review author” was held by Daniel Bereczki, a Cochrane stroke group editor.

The aim of the Workshop was to learn how to:
- find the best scientific evidence in bibliographic databases, critically appraise scientific studies, with a particular focus on randomized trials,
- answer clinical questions based on the available evidence,
- understand the principal measurements of statistical associations used in neurology,
- interpret study results using systematic reviews and meta analysis,
- develop decisional tools to communicate the effectiveness and safety aspects of healthcare interventions to end-users.

For information of future appointments with the European Association of Young Neurologists and Trainees see the Cochrane Neurological Network website:

www.neuronet.cochrane.org

The Cochrane Nursing Care Network (CNCN)

The Cochrane Nursing Care Network (CNCN) was formally registered by the Cochrane Steering Group in March 2009 and there are already 500 members from over 30 countries.

The core functions of the Network are to:
- Identify priority topics/questions related to nursing care that are not covered by existing Cochrane reviews
- Identify primary studies in nursing care by searching databases and handsearching relevant journals and conference proceedings, especially those published in languages other than English
- Promote the Network's perspectives and priorities across the Cochrane Collaboration
- Raise awareness in the role of the Cochrane Collaboration and its resources that are available to support practitioners of nursing care
- Disseminate the findings of relevant Cochrane reviews to the nursing care community
- Identify sources of funding to undertake or complete Cochrane reviews of interest to the Network

The CNCN is coordinated from Adelaide, Australia and consists of five Nodes:

1- Nursing Care Review Prioritising Node
2- Nursing Care Review Support/CRG Liaison Node
3- Nursing Care Clinical Trial Database Node
4- Nursing Care Review Integration Node
5- Nursing Care Non-English Language Node

Membership of the Network is open to consumers of nursing care, nurses, formal and informal carers, other healthcare professionals, researchers and others involved in the delivery of nursing care.

To become a member, go to:

www.joannabriggs.edu.au/cncn/members.php

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E-mail cncn@adelaide.edu.au

The Cochrane Neurological Network will accept and publish with enthusiasm any suggestions or news regarding “nursing care” in the “neurological world” in the next Newsletter, i.e. completed or ongoing trials, etc., to be a true link with the Cochrane Nursing Care Network.
**NEW REGISTERED TITLES**
Please contact the editorial base if you are aware of trials in these areas.

- Online interventions for treatment of alcohol related problems
- Telephone administered brief interventions for the effective management of alcohol-related disorders
- ECG screening for preventing long QTc-related cardiac morbidity/mortality in methadone treated opioid addicts
- Baclofen for alcohol withdrawal
- Antidepressants for the treatment of alcohol dependents with depression
- Mass media interventions for preventing illicit drugs use in young people

**NEW PRIORITISED TOPICS FOR WHICH NO TITLE HAS YET BEEN REGISTERED**

Alcohol abuse and dependence:
- Sedative, Anxiolytic, Hypnotic for alcohol withdrawal and for abuse/dependence
- Antidepressant for alcohol abuse/dependence
- Antipsychotic for alcohol abuse/dependence

Reviews/Protocols withdrawn needing new review team members
- Psychosocial interventions for alcohol use disorders
- Cocaine and other psychostimulants abuse and dependence
  - Alcohol antagonist for cocaine abuse/dependence
  - Opioid antagonist for cocaine abuse/dependence

Reviews/Protocols withdrawn needing new review team members
- Dopamine agonists for cocaine dependence
- Antidepressants for cocaine dependence
- Selective serotonin reuptake inhibitors for alcohol use disorders
- Pharmacological and psychosocial interventions for Hallucinogens abuse and dependence

If you are interested in any of the above topics, please contact the Drugs and Alcohol Group for further information:
Laura Amato (Rome - Italy)
phone +39 06 83060479
fax +39 06 83060374
amato@aspazio.it

**COCHRANE DRUGS AND ALCOHOL GROUP**

**PUBLISHED REVIEWS**

- Up front versus delayed radiation therapy for low-grade glioma and

- Biopsy versus resection for low-grade glioma by Chirag G Patil and Keith L Black who are based at the Department of Neurosurgery, Maxine Dunitz Neurosurgical Institute, Los Angeles, California, USA

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**COCHRANE BACK REVIEW GROUP**

We welcome experienced clinical researchers in the field of back and neck pain who may be interested in helping out with either the conduct or peer review of reviews of interventions and the peer review of reviews of diagnostic test accuracy – in particular, we would entertain applications from experienced methodologists and statisticians. Interested parties should contact Vicki Pennick, Managing Editor (vpennick@iwh.on.ca or Cochrane@iwh.on.ca)

For those interested in helping with handsearching journals that publish trials on neck and back pain, please contact Rachel Couban, our Trials Search Co-ordinator (rcouban@iwh.on.ca or Cochrane@iwh.on.ca).

Translation needs for the group are varied and usually done on an as needed basis, the group would be very interested to hear from those with Japanese, Chinese, Korean, Mongolian scientific linguistic skills – especially in the complementary and alternative medicine field.

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AUTHORS / COLLABORATORS
Contact the Cochrane Neurological Network for a list of health professionals who wish to become involved in Review Group Activities
cochrane.neuronet@ausumbria.it
See the great opportunities to collaborate with Neurological Review Groups and New Author teams needed for review titles, protocols and Updates

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