



THE NORDIC COCHRANE CENTRE

Report 1998 and Strategic Plan 1999-2001

ADDRESSES

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SUMMARY

The Cochrane Collaboration's basic idea of preparing and updating high-quality systematic reviews of the effects of health care has been readily accepted throughout the world. The reviews are published electronically in The Cochrane Library. The Cochrane Collaboration, which started in 1993, is growing rapidly. At present, 15 Cochrane Centres are coordinating the Collaboration's activities. The Nordic Cochrane Centre services Denmark, Finland, Iceland, Norway, Sweden, Estonia, Latvia, Lithuania, Poland, Belarus, Russia, Ukraine, and Mongolia.

The Nordic contribution to The Cochrane Collaboration is considerable and involves several core tasks of pivotal importance for the whole Collaboration:

- The Nordic Centre is responsible for coordinating the development of The Cochrane Collaboration Information Management System, and for developing Review Manager which is used to prepare Cochrane Reviews.
- The Nordic Centre has coordinated the work in the methods groups and has edited The Cochrane Handbook which is the official manual for writing Cochrane Reviews. Both functions were handed over to Mike Clarke, Oxford, when Andy Oxman was elected as chair of The Cochrane Collaboration Steering Group in 1998.
- 13 of the 45 registered Collaborative Review Groups have a Nordic editor.
- Two review groups with Nordic leadership have been established and a third is forthcoming, all based in Copenhagen.
- 23 of the reviews and protocols in The Cochrane Database of Systematic Reviews are Nordic and many others have Nordic co-authors.
- Nordic researchers contribute to all 8 Methods Groups, 2 of which have Nordic leadership. The aim of these groups is to improve the quality and reliability of Cochrane Reviews.
- 3026 trials have so far been identified by handsearching, of which more than 1500 are not available, or at least only with great difficulty, in other databases. It is estimated that the financial value of these "hidden" trials amount to at least 150 mio d.kr.

The work of The Nordic Cochrane Centre is expected to lead to considerable benefits for the Nordic societies. Clinical practice will become more evidence-based, leading to more rational use of health care resources. Clinical research will also become more efficient, not only by avoiding redundant trials but also by using improved methods, since the process of reviewing the literature systematically often leads to important suggestions of better designs and more relevant outcome variables in future research, and to better review methods.

The main objectives in the Strategic Plan for 1999-2001 are:

- To facilitate the preparation of high quality, up-to-date systematic reviews across a broad range of health care topics.

- To disseminate the results of Cochrane Reviews as widely as possible.
- To make an important contribution to the development of an evidence-based health care.
- To co-ordinate software development and develop Review Manager.

Since people with the necessary skills to do systematic reviews are still in very short supply, activities in 1999-2001 will, as in 1998, focus on courses in evidence-based medicine and training in meta-analysis. We have started to involve scientific societies in these activities and will try to intensify this valuable collaboration in the coming years.

We will continue to publish papers and give lectures on the Collaboration as much as time and funding permit. We will also continue to do systematic reviews ourselves, which serves to maintain and develop our own expertise, educate new collaborators and as examples of the usefulness of this activity.

We will continue to try to convince relevant institutions that Cochrane Reviews are a merit in themselves and should be regarded as equally valuable as original research - if not more, since the results are directly applicable to patients. Handsearching will still have high priority as an important means of minimising publication bias in systematic reviews and of avoiding unnecessary research.

THE COCHRANE COLLABORATION

Background

Reports of original medical research are far too numerous and dispersed to be of practical value to clinicians and other decision makers in health care. Reviews of research therefore occupy a key position in the chain which links research with clinical practice.

The science of reviewing research should be performed with great care. Unfortunately, however, those preparing reviews have only rarely worked systematically. Usually, they have not written formal protocols or have searched systematically for all studies, irrespective of the language of the publication, which is likely to provide unbiased information - in particular, randomised clinical trials. Because scientific principles have not generally guided reviews of research evidence, useless and even harmful forms of health care have not been distinguished efficiently from useful forms of care. Surveys of treatment recommendations in medical textbooks and review articles have shown that advice on some life-saving therapies has been delayed for about ten years, while other treatments continue to be recommended long after randomised trials have demonstrated them to be either ineffective or actually harmful. Further, proposals for appropriate research have not been distinguished efficiently from proposals for inappropriate, or redundant, research. For example, numerous trials of antibiotic prophylaxis for caesarian sections have been conducted with an untreated control group during the twenty years in which it has been known that prophylaxis effectively prevents serious wound infections.

In 1979, this unfortunate state of affairs made Archie Cochrane, a distinguished epidemiologist, write:

“It is surely a great criticism of our profession that we have not organised a critical summary, by specialty or subspecialty, adapted periodically, of all relevant randomised controlled trials.”

The first specialty to which Cochrane's approach was applied was care during pregnancy and childbirth - an area which was exceptionally poorly grounded in good evidence. Several hundred systematic reviews of primary studies were prepared through an international collaborative effort coordinated by Dr Iain Chalmers in Oxford. In 1987, the year before Cochrane died, he suggested that other specialties should copy the methods used. Cochrane reviews from all specialties are now published in The Cochrane Library.

Aims and principles

The Cochrane Collaboration was launched in October 1993 in response to Cochrane's criticism. The aim of the Collaboration is to help people make well-informed decisions about health care by preparing, maintaining, and ensuring the accessibility of systematic reviews of the effects of health care interventions. The Collaboration is guided by nine principles: collaboration, building on the enthusiasm of individuals; avoiding duplication; minimising bias; keeping up to date; striving for relevance; promoting access; and ensuring quality and continuity.

Collaboration

The shared will to collaborate is essential for three main reasons. First, no single country has sufficient resources to sift through the accumulated evidence about the effects of health care

which awaits synthesis in systematic reviews. Second, individuals with the necessary skills and commitment are in short supply. Efficient international coordination is therefore important. Currently, scarce resources are being wasted because agencies are commissioning reviews of the same evidence, without first assessing whether a relevant systematic review is already available or has been commissioned. Third, collaboration is essential, since any attempt by individuals, institutions, or nations to dominate the activities of the Collaboration would have the very serious practical consequence of alienating people who could make important contributions.

The time required to prepare valid reviews is usually grossly underestimated and lack of experience and time often forces good scientists to produce scientifically inadequate reviews. The key to the success of the Collaboration is therefore to harness the enthusiasm and energy that researchers already devote to keeping up to date in their particular areas of interest, and to provide the support they need to prepare and maintain high-quality systematic reviews.

The Cochrane Collaboration is evolving rapidly. The challenge of coordinating the Collaboration is therefore substantial and its structures and working arrangements are under continued review, in particular, at the annual Cochrane colloquia.

Collaborative Review Groups

The front line contributors to the Collaboration are the reviewers. Each reviewer is a member of a Collaborative Review Group, which consists of individuals sharing an interest in a particular topic, e.g. stroke. Each Collaborative Review Group is coordinated by an editorial team which is responsible for assembling an edited module of reviews for incorporation in The Cochrane Database of Systematic Reviews. At the end of 1998, there were 42 established and 4 planned review groups, covering practically all aspects of health care.

Handsearchers

Handsearchers search medical journals systematically for clinical trials. Partly because of this important work, The Cochrane Controlled Trials Register, which is included in The Cochrane Library, now contains more than 200.000 references to clinical trials. Through collaboration with The US National Library of Medicine, the number of easily identifiable trials on Medline has increased from about 20.000 in 1994 to more than 180.000 in 1998.

Fields

The Collaboration addresses interests that may involve several review groups through field coordination. A field may refer to a category of health service consumers, e.g. the elderly, a setting for health care, e.g. primary health care, or a class of interventions, e.g. vaccination. The Consumer Network and The Cancer Network also serve more general purposes.

Cochrane Centres

Cochrane centres help to coordinate and support The Cochrane Collaboration. There are currently 15 centres. Among the shared responsibilities of the centres are:

- helping to establish Collaborative Review Groups
- organising training workshops for reviewers, editors and handsearchers
- organising seminars and colloquia to support and guide the development of the Collaboration

- coordinating the Collaboration's contributions to the creation and maintenance of an international register of completed and ongoing trials
- promoting and undertaking research to improve the quality of systematic reviews
- developing policies and setting standards to maximize the reliability of the reviews
- exploring ways of helping the public, health service providers and purchasers, policy makers and the press to make full use of Cochrane Reviews

Methods Groups

Cochrane methods groups address the demand for better methods for selection, appraisal, synthesis and dissemination of health care information. For example, methods groups deal with coding and classification of randomised trials and statistical methods for synthesizing the results of trials.

Steering Group

The Steering Group governs the Collaboration. It has 14 members and is comprised of representatives of review groups, Cochrane centres, fields, methods groups, and consumers. The Steering Group concentrates on principles and strategies. It carries out the following key functions: assessment and formal registration of Cochrane entities, for example review groups and centres; periodic evaluation of Cochrane entities and their renewal or deregistration; negotiation of relationships with organisations that can further the Cochrane objectives; and holding of periodic business meetings.

Financial support

The Cochrane Collaboration is registered as a charity and it is the responsibility of all contributors to the organisation to secure their own funding. Cochrane Reviews provide information of worldwide relevance and the Collaboration is supported from a variety of organisations. The National Health Service in the UK has taken the lead through its decision to fund the first Cochrane centre and the UK-based review groups. The Nordic Council of Ministers has provided support for the Nordic Cochrane Centre. Other agencies, for example, the Swedish Council for Technology Assessment in Health Care and the European Union have contributed funds to support international coordination.

The Cochrane Library

Because of the obvious advantages of electronic publication for systematic reviews, which require maintenance as new evidence emerges and as mistakes are discovered, The Cochrane Database of Systematic Reviews is disseminated online via Internet, on CD-ROM and on floppy disks. Searches are possible both using free text or indexed terms (MeSH). In addition to The Cochrane Database of Systematic Reviews, The Cochrane Library contains The Cochrane Controlled Trials Register (not on floppy disks), The Database of Abstracts of Reviews of Effectiveness, The Cochrane Review Methodology Database and information about the Cochrane Collaboration, including The Cochrane Collaboration Handbook which is a guide to preparing systematic reviews.

Academic merit and derivative publications

Researchers are sometimes uncertain about the academic credit they will get for doing Cochrane Reviews. In the UK, systematic reviews are regarded as an important academic activity when research at university departments is evaluated. Reviewers are also free to

publish shortened or elaborated versions of their reviews in paper journals, provided that the relationship to the original Cochrane Review is explained. Concurrent electronic and paper publication has been made possible by agreements between The Cochrane Collaboration and a number of journals, for example, the British Medical Journal, The Lancet, and the Journal of the American Medical Association.

THE NORDIC COCHRANE CENTRE

The Nordic Cochrane Centre opened on 13 October 1993. It services Denmark, Finland, Iceland, Norway, Sweden, Estonia, Latvia, Lithuania, Poland, Belarus, Russia, Ukraine, and Mongolia. National branches of the Centre exist in Norway and Finland and national contact persons have been identified in Iceland, Sweden and Russia.

Aims

Each Cochrane centre is obliged to provide some service of general importance to further the aims of the Collaboration. The specific aims of The Nordic Cochrane Centre are to:

- identify and assist people willing to participate in Collaborative Review Groups as reviewers, editors or handsearchers
- organise workshops and seminars and provide advice and support to Collaborative Review Groups
- coordinate software development within the Collaboration
- develop the Information Management System, in particular Review Manager, which contains the statistical software used to prepare Cochrane Reviews
- coordinate or conduct full-text searches (handsearching each issue) of randomised clinical trials in health care journals published in the Nordic area
- promote methodological research, especially on bias and on non-specific (placebo) effects of health care
- promote awareness and use of the information contained in The Cochrane Library

Staff at The Nordic Cochrane Centre

Peter C. Gøtzsche	Director
Kirsten Lone Jensen	Administrator/Handsearch Coordinator
Ulla Jørgensen	Secretary
Monica Fischer	Software Development Coordinator
Rasmus Moustgaard	Information Technology Manager
Ole Olsen	Statistician, senior researcher
Jacob Riis (50%)	Assistant to Information Technology Manager

Affiliated researchers

Asbjørn Hrobjartsson	Ph.D. student, physician
Helle Krogh Johansen	Senior researcher

Staff at The Norwegian Branch of The Nordic Cochrane Centre

Andy Oxman (50%)	Director, Head of Department
Claire Glenton	Administrator/Researcher
Kirsty Loudon Olsen	Administrator/Researcher

Cheryl Carling (20%)	Administrator/Researcher
Tor-Arne Bertheussen (80%)	Information Technology Manager
Arild Bjørndal (5%)	Consultant

Staff at The Finnish Branch of The Nordic Cochrane Centre

Marjukka Mäkelä (25%)	Director, Head of Department
Helena Varonen (20%)	Researcher
Aila Teinilä (10%)	Secretary

Contact persons in other Nordic countries

Saveli Bashinski	Moscow, proposed Russian Branch of The Nordic Cochrane Centre
Mona Britton	Swedish Council for Technology Assessment in Health Care
Ari Johannesson	Akranes Hospital, Iceland

Handsearches

3026 trials have so far been identified by handsearching, of which more than 1500 are not available, or at least only with great difficulty, in other databases. It is estimated that the financial value of these “hidden” trials amounts to at least 150 mio d.kr.

The following individuals have participated as handsearchers during 1998:

Denmark: Louise Engell, Peter C. Gøtzsche, Asbjørn Hróbjartsson, Kirsten Lone Jensen, Kåre Stahl Jacobsen, Helle Krogh Johansen, Viola Olesen, Jacob Riis, Grethe Svendsen, Jens Jacob Thune, Finn Børlum Kristensen.

Finland: Kati Juva, Marjukka Mäkelä, Iris Pasternack, Osmo Saarelma, Sirpa Sairanen, Helena Varonen.

Iceland: Ari Johannesson.

Norway: Arild Bjørndal, Cheryl Carling, Siv Nielsen, Kirsty Loudon Olsen.

Russia: Vasiliy V. Vlassov.

Sweden: Marie Monik, Gun Brit Knutsson.

Methods Groups

There are currently 8 groups, all of which have Nordic participation. Two of the groups also have Nordic leadership:

Empirical Methodological Studies (Andy Oxman)
Placebo (Peter C. Gøtzsche)

A third group with Nordic leadership, Non-randomised Studies (Ole Olsen), is expected to become registered in 1999.

Advisory Board

The Advisory Board of The Nordic Cochrane Centre provides overall guidance in all matters

related to the work of the Centre to accomplish the goals of The Cochrane Collaboration within the Nordic area. The members are appointed on 3 year terms, with one possible renewal. The current members are:

Prof Arild Bjørndal, National Institute of Public Health, Oslo (Oct 93, chairman Jan 98)
Mr Claus Juhl, Danish Ministry of Health (Jan 98)
Dr Martti Kekomäki, Helsinki University Central Hospital (Jan 98)
Dr Ari Johannesson, Akranes Hospital, Iceland (Jan 97)
Dr Mona Britton, Swedish Council for Technology Assessment in Health Care (Jan 97)
Ms Eva Buschmann, Norwegian Foundation for Disabled People (FFO), Oslo (Jan 98)

The Steering Group of The Cochrane Collaboration also monitors the work of the Centre on an annual basis.

Sources of funding support

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Copenhagen Hospital Corporation
Central Library for Medical Sciences, Finland
Danish Institute for Medical Technology Assessment
Duodecim, Finland
European Union
Finnish Medical Association
FinOHTA
Glaxo Wellcome, Norway
Institute for Occupational Health, Finland
Løvens Kemiske Fabriks Forskningsfond, København
Ministry of Health and Social Affairs, Norway
National Institute of Public Health, Norway
Nordic Council of Ministers
Pfizer, Norway
Rigshospitalet, Denmark
Stakes (National R&D Centre for Welfare and Health), Finland
Swedish Council for Technology Assessment in Health Care

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Professor Arild Bjørndal (chair since 1998) and other members of the Advisory Board of the Centre; Chief Editor Liselotte Højgaard, Ugeskrift for Læger; Managing Director Jørgen Jørgensen and Medical Director Helle Ulrichsen, Rigshospitalet; Managing Director Erik Juhl, Copenhagen Hospital Corporation; Medical Director Einar Krag, National Board of Health; Dimitrinka Nikolova, the Cochrane Hepato-Biliary Group; General Secretary Jan Lindgren, Finnish Medical Society Duodecim; Chief Librarian Liisa Salmi, Kuopio University Hospital; Librarian Leena Lodenius, Medical Society Duodecim; Taito Pekkarinen, Finnish Medical Journal.

Nordic Review Groups and reviews

Three of the 46 established or possible review groups have a base in the Nordic area. In addition, a methods group plans to seek registration as a review group.

The Hepato-Biliary Group with Christian Gluud, Denmark, as coordinating editor was registered with the Collaboration on 29 March 1996. Two systematic reviews and 15 protocols from the group appeared in the fourth issue of The Cochrane Library 1998. Handsearching of specialist journals is rapidly progressing; 6 journals have been being searched and 14 are in progress. The group's specialised register contains 10,536 citations of which 5,483 are to clinical trials. For further information, see The Cochrane Library and the group's annual report which is included in the Annual Report of the Copenhagen Trial Unit, available from:

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The Colorectal Cancer Group with Peer Wille-Jørgensen, Denmark, as coordinating editor was registered 26 January 1998. It has one review and two protocols in The Cochrane Library. A list of relevant journals to handsearch has been prioritised, based on the number of randomised trials they contain. For further information, see The Cochrane Library and the group's annual report which is available from:

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The possible Anaesthesia Group with Tom Pedersen, Denmark, as possible coordinating editor has scheduled its exploratory meeting to take place in Amsterdam on 1-2 June 1999. The group has prepared four protocols for systematic reviews which have been submitted to existing review groups. For further information, contact:

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The Empirical Methodological Studies Methods Group is interested in methodological questions regarding the conduct and critical appraisal of evaluations and reviews of health care. The primary focus of the group is on bias and methods to protect against bias, such as concealment of allocation. The group will seek registration as a review group during 1999, with Andy Oxman, Norway, as coordinating editor and Peter C. Gøtzsche, Denmark, as one of the co-editors.

In addition to the names mentioned above, the following 13 review groups have Nordic editors:

Back Review Group For Spinal Disorders, Alf Nachemson, Sweden
Colorectal Cancer Group, Ole Kronborg, Denmark
Ear, Nose and Throat Disorders Group, Jørgen Lous, Denmark
Effective Professional Practice, Andy Oxman, Norway
Hepato-Biliary Group, Torben Jørgensen, Denmark
Incontinence Group, Steinar Hunskaar, Norway
Inflammatory Bowel Disease Group, Jørgen Rask Madsen, Denmark
Lung Cancer Group, Roger Henriksson, Sweden
Peripheral Vascular Diseases Group, Lars Janzon, Sweden
Prostatic Diseases and Urologic Cancers Group, Gunnar Steineck, Sweden
Schizophrenia, Kristian Wahlbeck, Finland
Upper Gastrointestinal and Pancreatic Diseases Group, Ake Andren-Sandberg, Sweden
Wounds Group, Christina Lindholm, Sweden

Nordic researchers participate in many additional review groups and fields (see The Cochrane Library). In the fourth issue of 1998 of The Cochrane Library, 9 reviews and 14 protocols were listed with a Nordic contact address, which amounts to 2.5% of the 919 reviews and protocols. A considerable number of additional reviews have Nordic co-authors, and about 20 protocols are in various stages of progress. Staff at The Nordic Cochrane Centre have published 5 reviews and 2 protocols as primary authors.

Cochrane Collaboration Steering Group

As of October 1998, Andy Oxman, Norway, took over the position as chair after Chris Silagy. Monica Fischer, Denmark, is also on the Steering Group.

RESULTS IN RELATION TO OBJECTIVES AND TARGETS FOR 1998

Objective 1. To facilitate the preparation of high quality, up-to-date systematic reviews across a broad range of health care topics.

Target 1.1. Offer at least two workshops a year and other forms of training to support members of registered Review Groups to develop protocols and use the Review Manager software. *Done. Protocol development: Oslo, 16 March, Copenhagen 27 May, Helsinki, 21 September. Review Manager: Oslo, 17 March. Two workshops in the spring were cancelled because of poor demand.*

Target 1.2. Offer one training workshop for handsearchers each year. *Done, Oslo, 23 April, 1998, Copenhagen, 9 July.*

Target 1.3. Conduct at least one week-long course on evidence-based health care each year and offer shorter courses on demand which are open to researchers who are not Cochrane reviewers. *Done, 5 courses held: Järvenpää, 23-24 February and 12-13 October; Copenhagen, 30 March-2 April and 9-12 November; Oslo, 2-6 June.*

Target 1.4 Conduct a 2 day course on meta-analysis in 1998. *Cancelled, in preference for courses in evidence-based medicine, see target 1.3.*

Target 1.5. Identify possible new reviewers and editors, filling the gaps in the current coverage of the scopes of Review Groups. In particular, we will try to get anaesthetists involved. *Done, preparations have been made to establish a Cochrane Anaesthesia Review Group based in Copenhagen.*

Target 1.6. In collaboration with the UK Cochrane Centre finish the preparatory work and submit an application for an orphan trials review group by the end of 1998 which may provide a temporary home for reviewers with an interest not yet covered by existing groups. *Postponed and may be cancelled, since there now is a 'home' for practically any possible intervention in health care. Thus, it does not seem likely that there will be a real need for an 'orphan trials' review group.*

Target 1.7. Update and disseminate revised editions of The Cochrane Collaboration Handbook. *Not done during 1998, responsibility for the Handbook moved to Mike Clarke since Andy Oxman was elected chair of The Cochrane Collaboration Steering Group.*

Target 1.8. In collaboration with the Software Development Group, Review Manager Advisory Group and Update Software release version 3.1 of Review Manager in 1998 which includes, for example, support for individual patient data meta-analysis and context-sensitive help, and release a beta-version of 4.0. *Done; RevMan 4.0 alpha developed.*

Target 1.9. Maintain and develop the support system for users of Cochrane software. *Done.*

Target 1.10. Maintain and develop the catalogue of examples for teaching and learning review methods. *Done.*

Target 1.11. Finish handsearching of Tidsskrift for Den norske lægeforening in 1998. *Done.*

Target 1.12. Identify prospective searchers for most general Nordic health care journals in 1998. *Done.*

Target 1.13. Translate titles of all trials identified by handsearching which are not on Medline into English. Compare methods of providing search terms for non-English articles in collaboration with the Baltimore Cochrane Center. *Not completed.*

Target 1.14. Update prospective handsearches annually and send citations for all new trials to the Baltimore Cochrane Center for inclusion in CENTRAL, and by this mechanism also in Medline and in The Cochrane Controlled Trials Register. *Partly done, ongoing process.*

Target 1.15. Prepare and maintain Cochrane Reviews performed by staff members. *Done.*

Target 1.16. Develop a database of unpublished data cited in Cochrane Reviews. *Not done.*

A systematic study of the quality of 53 Cochrane reviews was started.

Objective 2. To promote awareness of, access to and use of Cochrane Reviews.

Target 2.1. Inform medical faculties at the universities in the Nordic countries during 1998 of The Cochrane Library and suggest it be used in curricula of problem-based learning. *Done, a CD-ROM has been sent to all the deans.*

Target 2.2. Translate the information brochure on The Cochrane Collaboration into Finnish and Swedish during 1998. *Done, published on our homepage.*

Target 2.3. Continue to collaborate with Ugeskrift for Læger and Suomen Lääkärilehti in publishing articles on evidence-based medicine which summarise important Cochrane Reviews. *Done.*

Target 2.4. Investigate the interest among the editors of the other Nordic medical associations' journals in publishing articles on evidence-based medicine which summarise important Cochrane Reviews (see target 2.3) and start collaboration, if possible. *Done, collaboration with Läkartidningen has started.*

Target 2.5. By the end of 1998 have achieved that The Cochrane Library is available for large numbers of potential users on at least five major networks, e.g. for medical associations, major hospitals, or the WHO. *Done. For example, the Danish Medical Association has made the Internet version freely available to all Danish doctors and The Cochrane Library is also accessible electronically via the University Library in Copenhagen and the Central Medical Library in Finland. Netdoctor offers free access for all health care personnel in Denmark.*

Target 2.6. Improve the Centre's homepage on Internet (www.cochrane.dk), launch a Norwegian home page, and add a frequently asked questions list, brochures in several languages, and other useful information. *Done, in part, see also Target 2.2 above. A pamphlet in Russian about The Cochrane Collaboration has been produced. The Norwegian homepage has not been launched yet.*

The Nordic Cochrane Centre's Annual Meeting was held in Helsinki, January 30, 1998. The focus of the meeting was systematic reviews; the 11 lectures will appear in a book.

Several articles on the Cochrane Collaboration have been published in Russian and some abstracts of Cochrane reviews have been translated into Russian.

Objective 3. To provide central coordination and a focus for Cochrane activities within the countries serviced by The Nordic Cochrane Centre.

Target 3.1. Provide accurate and accessible information on Cochrane activities in the region and elsewhere. *Done, through our homepage.*

Target 3.2. Maintain an up-to-date directory of names, contact details and areas of interest and expertise of people in the region who have expressed interest in contributing to The Cochrane Collaboration. *Done.*

Objective 4. To continue to provide central coordination for software development within The Cochrane Collaboration.

Target 4.1. Maintain the register of software projects within The Cochrane Collaboration. *Ongoing.*

Target 4.2. Maintain the Change Control System for The Cochrane Collaboration Information Management System (Review Manager, Module Manager and the Parent Database) and for MetaView (in collaboration with Update Software). *Done.*

Objective 5. To contribute to research relevant to systematic reviews, especially on bias and on non-specific (placebo) effects of health care.

Target 5.1. Provide support for the Methods Groups by establishing discussion lists and provide methodological support to RevMan users. *Done.*

Target 5.2. Maintain the register of important papers on non-specific effects of interventions (placebo effects). *Done.*

Target 5.3. Convene or facilitate a workshop on non-randomised data in 1998. *Done, as an exploratory meeting.*

Target 5.4. Update and improve the Cochrane Review Methodology Database. *Done.*

Target 5.5. Produce the newsletter for the Methods Groups. *Done.*

Target 5.6. Coordinate the development of the Empirical Methodological Studies Group with the aim of getting Cochrane Reviews produced on methodological questions. *Done.*

Target 5.7. Start collaborative research project to elucidate how best to use data from crossover trials, data on ranking scales and continuous data in meta-analyses, since there is insufficient guidance in the meta-analytic literature on these important subjects. *Done, research is ongoing in Copenhagen and Oxford.*

Objective 6. To contribute to the efficient operation and sustainable growth of The Cochrane Collaboration.

Target 6.1. Produce a final proposal to the Steering Group on coding and organisation of the Review Groups' scopes and topic lists in 1998. *Done.*

Target 6.2. Strive to ensure that the priorities for the work in Cochrane centres as much as conditions for funding allows reflects the needs of The Cochrane Collaboration; that Cochrane centre directors' meetings become more result oriented in order to meet these needs, and that bureaucracy be kept at a minimum, for example by increased use of delegation, rather than wide consultation. *Done.*

Target 6.3. Evaluate the performance of the registered Review Groups in the Nordic area annually. *Done.*

Target 6.4. Prepare a proposal for methods of preventing and solving conflicts within the Collaboration together with other interested members of the Collaboration. *Done.*

Objective 7. To achieve financial sustainability for Nordic Cochrane activities.

Target 7.1. To have achieved core funding for The Nordic Cochrane Centre by the end of 1998. *Not achieved.*

Target 7.2. To have achieved core funding for The Norwegian and Finnish branches of The Nordic Cochrane Centre by the end of 1998. *Done.*

Target 7.3. To have achieved core funding for the Cochrane Hepato-Biliary Group and the Cochrane Colorectal Cancer Group by the end of 1998. *Not achieved.*

STRATEGIC PLAN FOR 1999-2001

The Cochrane Collaboration's basic ideas of identifying all randomised trials, building specialised registers of these trials, and of producing and updating high-quality systematic reviews of the effects of interventions in all areas of health care have been readily accepted throughout the world.

The Nordic Cochrane Centre will continue to collaborate with others, in the countries serviced by the Centre and elsewhere, to facilitate preparation, maintenance, and dissemination of systematic reviews. This is expected to lead to considerable benefits for the Nordic societies. Clinical practice will become more evidence-based, leading to more rational use of health care resources. Clinical research will also become more efficient, not only by avoiding redundant trials but also by using improved methods. The process of reviewing the literature systematically often leads to important suggestions of better designs and more relevant outcome variables in future research, and to better review methods.

As indicated above, the Nordic contribution to The Cochrane Collaboration is substantial. It would nonetheless be desirable to get more Nordic researchers involved in The Cochrane Collaboration. Nordic researchers have produced about 8% of the world's randomised trials, whereas they contribute only about 3% to the production of meta-analyses.

Strengths and opportunities

- Wide support from ministries of health, medical technology assessment agencies, national medical associations and journals. The Nordic Council of Ministers has made Cochrane work a priority area and acknowledges that this work is important for the development of evidence-based medicine.
- The expected location in Copenhagen of three review groups, two methods groups and the Nordic Centre makes it easy to share ideas and provide mutual help.
- Expertise in methodology, statistics, software development and handsearching.

- Long tradition for performing high-quality clinical trials.
- The Nordic Cochrane Centre, other units with an interest in evidence based medicine and health technology assessment agencies have similar goals (but the delineation and division of labour is not always clear).

Weaknesses and threats

- Although some specialist societies are very supportive, others are not, and some opinion leaders feel threatened by the evidence-based movement.
- Many researchers are not aware that high-quality systematic reviews are essential for the development of an evidence-based health care.
- Many researchers believe that systematic reviewing gives little academic credit. This misconception probably stems from the fact that traditional, narrative review articles, for good reasons, are not held in high esteem.
- Systematic reviewing is very time consuming. This is true, but the counter argument is that high-quality research never comes easy, whatever its nature.
- Individuals with the necessary skills and commitment to do good systematic reviews, and to teach others how to do them, are in short supply.
- It is difficult to change the curriculae for medical students and the culture underlying postgraduate training which does not typically involve problem-based learning.
- In contrast to the Norwegian and Finnish branches of The Nordic Cochrane Centre, core funding provides only about 20% of the necessary resources for the centre itself. After 5 years of existence, funding opportunities are drying up, as research foundations do not see it as their responsibility to maintain existing institutions. This is our major threat, but a solution to this problem is underway from the Danish Ministry of Health.

The main objectives for 1999-2001 are:

- To facilitate the preparation of high quality, up-to-date systematic reviews across a broad range of health care topics.
- To disseminate the results of Cochrane Reviews as widely as possible.
- To strengthen the collaboration between The Nordic Cochrane Centre, other units with an interest in evidence based medicine and health technology assessment agencies.
- To co-ordinate software development and develop Review Manager.

Activities will focus on courses in evidence-based medicine and training in meta-analysis. We collaborate with medical technology assessment agencies and have started to involve scientific societies in these activities, and will intensify this valuable collaboration in the coming years.

We will continue to publish papers and give lectures on the Collaboration as much as time and funding permit, particularly at international specialist congresses. Several such lectures were held in 1998 and have already been agreed for 1999. We will also continue to do systematic reviews ourselves, which serves to maintain and develop our own expertise, educate new collaborators and as examples of the usefulness of this activity.

We will continue to try to convince relevant institutions that Cochrane Reviews are a merit in themselves and should be regarded as equally valuable as original research - if not more - since the results are directly applicable to patients.

Handsearching will still have high priority as an important means of minimising publication bias in systematic reviews and of avoiding unnecessary research. It is estimated that the financial value of Nordic trials which are not, or at least only with great difficulty, identifiable in existing databases, may amount to at least 500 mio d.kr.

OBJECTIVES AND TARGETS FOR 1999-2001

Objective 1. To facilitate the preparation of high quality, up-to-date systematic reviews across a broad range of health care topics.

Target 1.1. Offer at least three workshops a year and other forms of training to support members of registered review groups to develop protocols and use the Review Manager software.

Target 1.2. Offer two training workshops for handsearchers each year.

Target 1.3. Conduct at least two 4-day courses and two 2-day courses on evidence-based health care each year.

Target 1.4. Identify possible new reviewers and editors, filling the gaps in the current coverage of the scopes of Review Groups.

Target 1.5. Perform or support prospective searches for general and the most important specialist Nordic health care journals.

Target 1.6. Perform or support retrospective searches for the most important specialist Nordic health care journals.

Target 1.7. Translate titles of all trials identified by handsearching which are not on Medline into English.

Target 1.8. Update handsearches on an ongoing basis and send citations for all new trials to the New England Cochrane Center for inclusion in CENTRAL, and by this mechanism also in Medline and in The Cochrane Controlled Trials Register.

Target 1.9. Prepare and maintain Cochrane Reviews performed by staff members.

Target 1.10. To finish the systematic study of the quality of 53 Cochrane reviews, started in 1998.

Target 1.11. Follow up the outcome of the 16 comments and criticisms on Cochrane reviews sent from the Nordic Cochrane Center during 1998.

Objective 2. To promote awareness of, access to and use of Cochrane Reviews.

Target 2.1. Translate the information brochure on The Cochrane Collaboration into Russian during 1999.

Target 2.2. Prepare a Norwegian version of the Cochrane pamphlet.

Target 2.3. Continue to collaborate with Ugeskrift for Læger, Suomen Lääkärilehti and Läkartidningen in publishing articles on evidence-based medicine which summarise important Cochrane Reviews.

Target 2.4. Continue to promote the introduction of evidence-based medicine in the pre- and postgraduate curriculae of clinicians.

Target 2.5. Continue to respond positively to requests for information from the media.

Objective 3. To provide central coordination and a focus for Cochrane activities within the countries serviced by The Nordic Cochrane Centre.

Target 3.1. Provide accurate and accessible information on Cochrane activities in the region and elsewhere.

Target 3.2. Maintain an up-to-date directory of names, contact details and areas of interest and expertise of people in the region who have expressed interest in contributing to The Cochrane Collaboration.

Target 3.3. Maintain our website, www.cochrane.dk, and improve the linkages to other Nordic material.

Objective 4. To continue to provide central coordination for software development within The Cochrane Collaboration.

Target 4.1. In collaboration with the Software Development Group, Review Manager Advisory Group and Update Software release version 4.0 of Review Manager in 1999.

Target 4.2. Maintain the change control system for The Cochrane Collaboration Information Management System (Review Manager, Module Manager and the Parent Database) and for MetaView (in collaboration with Update Software).

Objective 5. To contribute to research relevant to systematic reviews, especially on bias

and on non-specific (placebo) effects of health care.

Target 5.1. Provide support for the Methods Groups by maintaining discussion lists and provide methodological support to RevMan users.

Target 5.2. Get approval from the Steering Group of a methods group on non-randomised data.

Target 5.3. Convene a workshop on non-randomised data in 1999.

Target 5.4. Convene a workshop on placebo in 1999.

Target 5.5. Produce draft guidelines on when, how and with which precautions non-randomised data may be included in Cochrane Reviews.

Target 5.6. Update and improve the Cochrane Review Methodology Database.

Target 5.7. Produce the newsletter for the Methods Groups.

Target 5.8. Coordinate the development of the Empirical Methodological Studies Group and register the group as a Cochrane Review Group with the aim of producing systematic reviews on methodological questions.

Target 5.9. Continue collaborative research project to elucidate how best to use data from crossover trials, data on ranking scales and continuous data in meta-analyses, since there is insufficient guidance in the meta-analytic literature on these important subjects.

Target 5.10. To finish the investigation of trials which have been left out of three Cochrane reviews because of suspected misconduct.

Objective 6. To contribute to the efficient operation and sustainable growth of The Cochrane Collaboration.

Target 6.1. Co-ordinate the review of the Review Groups' new scopes and topic lists and provide feed-back to them and to the Steering Group in 1999.

Target 6.2. Review the methods used in Cochrane Reviews.

Target 6.3. Evaluate the performance of the registered Review Groups in the Nordic area and the branches of the Nordic Cochrane Centre annually.

Objective 7. To achieve financial sustainability for Nordic Cochrane activities.

Target 7.1. To have achieved core funding for The Nordic Cochrane Centre by the end of 1999 from the Danish government.

Target 7.2. To provide help and support in order to obtain core funding for the Cochrane Hepato-Biliary Group, the Cochrane Colorectal Cancer Group, the potential Cochrane

Anaesthesia Group, and the branches of the Nordic Cochrane Centre.

APPENDIX 1. LIST OF HANDSEARCHED JOURNALS

Title	Country of publication	Status
A P M I S	Denmark	ongoing
Acta Oncologica	Sweden	completed
Acta Otolaryngologica	Sweden	completed
Acta Radiologica	Sweden	completed
Allergy	Denmark	completed
Annales Chirurgiae et Gynaecologiae	Finland	completed
Annales Medicinae Internae Fenniae	Finland	completed
Annales Paediatricae Fenniae	Finland	completed
Annals of Clinical Research	Finland	completed
Annals of Medicine	Finland	completed
Danish Medical Bulletin	Denmark	completed
Duodecim	Finland	completed
European Journal of Haematology	Denmark	completed
Finska Laekarsaelskapets Handlingar	Finland	completed
Gerontologia	Finland	completed
Kardiologiya	Russia	ongoing
Kunnallislaakari	Finland	ongoing
Laekartidningen	Sweden	completed
Laeknabladid	Iceland	completed
Maanedsskrift for Praktisk Laegegerning	Denmark	ongoing
Nordisk Medicin	Sweden	completed
Tidsskrift for den Norske Laegeforening	Norway	completed
Opuscula Medica	Sweden	ongoing
Practicus	Denmark	ongoing
Scandinavian Journal of Rheumatology	Sweden	completed
Scandinavian Journal of Social Medicine	Sweden	ongoing
Sjukgymnasten (Med Vetenskapligt Supplement)	Sweden	ongoing
Socialmedicinsk Tidskrift	Sweden	ongoing
Suomen Laakarilehti	Finland	completed
Svensk Medicin	Sweden	completed
Svenska Laekaresaelskapets Handlingar	Sweden	completed
Swedish Dental Journal	Sweden	completed
Terapevticheskii Arkhiv	Russia	ongoing
Ugeskrift for Laeger	Denmark	completed
Upsala Journal of Medical Sciences	Sweden	ongoing
Voprosy Onkologii	Russia	ongoing

APPENDIX 2. PUBLICATIONS AND AWARDS IN 1998

Publications

Publications by staff at The Nordic Cochrane Centre

New Cochrane Reviews

Hammarquist C, Burr ML, Gotzsche PC. House dust mite control measures in the management of asthma (Cochrane Review). In: The Cochrane Library, Issue 4, 1998. Oxford: Update Software.

Olsen O, Jewell MD. Home versus hospital birth (Cochrane Review). In: The Cochrane Library, Issue 4, 1998. Oxford: Update Software.

Updated Cochrane Reviews

Gotzsche PC, Johansen HK. Routine antifungal therapy in cancer patients (Cochrane Review). In: The Cochrane Library, Issue 4, 1998. Oxford: Update Software.

Gotzsche PC, Johansen HK. Rheumatoid Arthritis (RA): Short-term low-dose corticosteroids vs placebo and nonsteroidal antiinflammatory drugs in rheumatoid arthritis (Cochrane Review). In: The Cochrane Library, Issue 4, 1998. Oxford: Update Software.

Gotzsche PC. Somatostatin or octreotide vs placebo or no treatment in acute bleeding oesophageal varices (Cochrane Review). In: The Cochrane Library, Issue 4, 1998. Oxford: Update Software.

Cochrane protocols

Johansen HK, Gotzsche PC. Amphotericin B vs fluconazole in neutropenic cancer patients (Protocol for a Cochrane Review). In: The Cochrane Library, Issue 4, 1998. Oxford: Update Software.

Johansen HK, Gotzsche PC. Amphotericin B vs lipid soluble amphotericin B in cancer patients (Protocol for a Cochrane Review). In: The Cochrane Library, Issue 4, 1998. Oxford: Update Software.

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Christensen PM, Gøtzsche PC, Brøsen K. The sparteine/debrisoquine (CYP2D6) oxidation polymorphism and the risk of Parkinson's disease: a meta-analysis. *Pharmacogenetics* 1998;8:473-9.

Gøtzsche PC, Johansen HK. Meta-analysis of short term low dose prednisolone versus placebo and non-steroidal, anti-inflammatory drugs in rheumatoid arthritis. *BMJ* 1998;316:811-8.

Gøtzsche PC. Hjælp til et evidensbaseret sundhedsvæsen. *Social- & Hälsovårdsnytt i Norden* 1998;2:12-13 og www.shn.dk/2-98/cochrane.htm.

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Gøtzsche PC. Somatostatin for acute oesophageal variceal bleeding. *Lancet* 1998;351:911.

Gøtzsche PC, Johansen HK. Intermittent low dose prednisolone is safe in rheumatoid arthritis. *BMJ* 1998;316:1606-7.

Gøtzsche PC. Statusartikel om antibiotikas effekt ved halsbetændelse. *Ugeskr Læger* 1998;160:5376.

Gøtzsche PC. Comments/criticisms on Towler BP, Irwig L, Glasziou P, Weller D, Kewenter J. Screening for colorectal cancer using the faecal occult blood test, Hemoccult (Cochrane Review). In: *The Cochrane Library*, Issue 4, 1998. Oxford: Update Software. Submitted 1998.

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Gøtzsche PC. Comments/criticisms on Lumley J, Oliver S, Waters E. Smoking cessation programs implemented during pregnancy (Cochrane Review). In: *The Cochrane Library*, Issue 4, 1998. Oxford: Update Software. Submitted 1998.

Olsen O. Comments/criticisms on Martin-Hirsch P, Jarvis G, Kitchener H, Lilford R. Cervical smear collection devices: how effective are they at detecting endocervical cells and dyskaryosis? (Cochrane Review). In: *The Cochrane Library*. Submitted 1998.

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Anthelmintic therapy in children - effects on growth and cognitive performance. (Cochrane Review). In: The Cochrane Library. Submitted 1998.

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Olsen O. Comments/criticisms on Howell CJ. Epidural vs non-epidural analgesia in labour. (Cochrane Review). In: The Cochrane Library. Submitted 1998.

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Publications by staff at The Finnish Branch of The Nordic Cochrane Centre

Cochrane protocols

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Varonen H. Cochrane-katsaus: Lääkärin kehotuksen vaikutus tupakoinnin lopettamiseen. *Suomen Lääkärilehti* 1998;53:2446.

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Updated Cochrane Reviews

Thomson MA, Oxman AD, Haynes RB, Davis DA, Freemantle N, Harvey EL. Local opinion leaders to improve health professional practice and health care outcomes (Cochrane Review). In: *The Cochrane Library*, Issue 4, 1998. Oxford: Update Software.

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Awards received

Marjukka Mäkelä: award at the Medicin 98 (yearly CME meeting for Finnish physicians) for best abstract: Tietolähteiden käyttö terveydenhuollossa (Use of information sources in health care).