

“I think one's feelings waste themselves in words; they ought all to be distilled into actions which bring results.”

– Florence Nightingale (Founder of modern nursing)

CNCF Director's Report – Associate Professor Craig Lockwood PhD

The Cochrane Colloquium in Vienna was based upon the theme “Filtering the information overload for better decisions” and a filter was needed for those attending – there were so many excellent presentations and workshops to attend that it was hard to choose which session to be at some days. Starting on the 3rd of October with a keynote on how big datasets are informing health care decision making, there was a lot of interest raised on the differences in impact and reliability of data from systematic reviews versus large databases. It was an amicable discussion, but the sense is that the role of big data is becoming an increasing part of the horizon scanning for ‘the next big thing’, with many applications currently being tested. The Nursing Care Field was represented by myself, with several very good meetings that highlighted opportunities to showcase the work the leadership group and field members are undertaking, and room for collaboration to advance translation science in Cochrane. The expected re-vamp of Field's activity and future directions was put on hold for further internal consultation after the Field's Executive raised questions regarding key operational definitions and impact of the

proposed (ambitious) scope of activity compared with the limitations in resourcing that Fields tend to experience. Again the discussions were very positive.

There were many excellent presentations on tools and resources that enhance Review Manager as a systematic review. A number of these (GRADE, MAGIC app COVIDENCE to name a few) look like being built in to the new version of Review Manager software, which will be released in 2017. This should attract a lot of interest for systematic reviews comparing the effects of interventions. The Cochrane Corners were cited several times as examples of how the Nursing Care Field is having an impact in the Profession, while more work is being done to ensure that the review tagging project (read more on our website) becomes accessible through the Cochrane Library Home page. This is a very exciting project, and will lead to nurses being able to readily access reviews of professional and practical relevance quickly and easily. As you can see, there is a lot to look forward to! Mark Wilson and the team in London are moving forward quickly on a number of innovations, and they are keen to be joined by nurses to help improve the accessibility and relevance of Cochrane content to the nursing profession.

Over the next few weeks the Nursing Care Field website will be re-vamped, and new

opportunities to engage in professional development will be offered to all members of the Field. Alex has once again put together a very interesting and informative newsletter, stay tuned for more – and if you are interested in becoming an active member of the Field – please contact us! - cncn@adelaide.edu.au

A/Prof Craig Lockwood PhD

See less; eat less – Portion, package or tableware size for changing selection and consumption of food, alcohol, and tobacco - Media release from the University of Cambridge and Cochrane

A new review has produced the most conclusive evidence to date that people consume more food or non-alcoholic drinks when offered larger sized portions or when they use larger items of tableware. The research, carried out by the University of Cambridge and published in the Cochrane Library, suggests that eliminating larger-sized portions from the diet completely could reduce energy intake by up to 16% among UK adults or 29% among US adults.

Overeating increases the risks of heart disease, diabetes, and many cancers, which are among the leading causes of ill health and premature death. However, the extent to which this overconsumption might be attributed to 'overserving' of larger-sized portions of food and drink has not been known.

As part of their systematic review of the evidence, researchers at the Behaviour and Health Research Unit combined results from 61 high quality studies, capturing data from 6,711 participants, to investigate the influence of portion, package and tableware size on food consumption.

These results have been published in the Cochrane Library.

The data showed that people consistently consume more food and drink when offered larger-sized portions, packages or tableware than when offered smaller-sized versions, suggesting that, if sustained reductions in exposure to large sizes could be achieved across the whole diet, this could reduce average daily energy consumed from food by 12% to 16% among adults in the UK (equivalent of up to 279 kcals per day) or by 22% to 29% among US adults (equivalent of up to 527 kcals per day). The researchers did not find that the size of this effect varied substantively between men and women, or by people's body mass index, susceptibility to hunger, or tendency to consciously control their eating behaviour.

Dr Gareth Hollands from the Behaviour and Health Research Unit, who co-led the review, says: "It may seem obvious that the larger the portion size, the more people eat, but until this systematic review the evidence for this effect has been fragmented, so the overall picture has, until now, been unclear. There has also been a tendency to portray personal characteristics like being overweight or a lack of self-control as the main reason people overeat.

"In fact, the situation is far more complex. Our findings highlight the important role of environmental influences on food consumption. Helping people to avoid 'overserving' themselves or others with larger portions of food or drink by reducing their size, availability and appeal in shops, restaurants and in the home, is likely to be a good way of helping lots of people to reduce their risk of overeating."

However, the researchers point out that large reductions are likely to be needed to achieve the changes in food consumption suggested by their results. Also, the review

does not establish conclusively whether reducing portions at the smaller end of the size range can be as effective in reducing food consumption as reductions at the larger end of the range. Critically, there is also a current lack of evidence to establish whether meaningful short-term changes in the quantities of food people consume are likely to translate into sustained or meaningful reductions in consumption over the longer-term.

The researchers highlight a range of potential actions that could be taken to reduce the size, availability or appeal of larger-sized portions, packages and tableware, including: upper-limits on serving sizes of energy-dense foods and drinks (for example, fatty foods, desserts and sugary drinks), or on the sizes of crockery, cutlery and glasses provided for use in their consumption; placing larger portion sizes further away from purchasers to make them less accessible; and demarcating single portion sizes in packaging through wrapping or a visual cue.

However, as Dr Hollands says: "With the notable exception of directly controlling the sizes of the foods people consume, reliable evidence as to the effectiveness of specific actions to reduce the size, availability or appeal of larger-sized food portions is currently lacking and urgently needed."

Other potential actions include: restricting pricing practices whereby larger portion and package sizes cost less in relative (and sometimes absolute) monetary terms than smaller sizes and thus offer greater value for money to consumers; and restricting price promotions on larger portion and package sizes. The researchers suggest that some of the highlighted actions to limit portion size are likely to require regulation or legislation, helped by active demand from the public for changes to the food environment.

"At the moment, it is all too easy – and often better value for money – for us to eat or drink too much," said Ian Shemilt, who co-led the review. "The evidence is compelling now that actions that reduce the size, availability and appeal of large servings can make a difference to the amounts people eat and drink, and we hope that our findings will provide fresh impetus for discussions on how this can be achieved in a range of public sector and commercial settings."

Training healthcare providers in neonatal resuscitation improves neonatal outcomes

One in ten newborn requires some resuscitative efforts at birth when signs of breathing or a heartbeat are not detected. In 2000, approximately four million newborn infants died in the first four weeks of life worldwide, with almost half of these deaths occurring on the first day. The presence of adequately trained personnel who can perform neonatal resuscitation may prevent deaths and brain injury. Numerous neonatal resuscitation programmes exist and generally include knowledge and skill-based components taught over a half- or full-day course. However, the effectiveness of these programmes in decreasing deaths or brain injury due to lack of oxygen in newborn infants has not been reviewed.

A team of Cochrane authors based in Canada, Ireland, and the US have worked with Cochrane Neonatal Group to determine whether standardized formal neonatal resuscitation training (SFNRT) programmes reduce neonatal mortality and morbidity, improve acquisition and retention of knowledge and skills, or change teamwork and resuscitation behaviour.

The team identified 14 studies: five community-based studies (187,080 deliveries) and nine mannequin-based studies (626 newborns). SFNRT compared to basic newborn care or basic newborn resuscitation, in developing countries, results in a reduction of early neonatal and 28-day mortality.

"This Cochrane Review offers important news to clinicians and researchers on the effects of SFNRT. The addition of teamwork training to SFNRT improved teamwork behaviour and decreased resuscitation duration," said lead authors of the Cochrane Review Eugene Dempsey from University College Cork, Ireland and Mohan Pammi from Baylor College of Medicine, USA. "Future research in this area should report on neonatal morbidity, including hypoxic ischaemic encephalopathy and neurodevelopmental outcomes. Innovative educational methods that enhance knowledge and skills and teamwork behaviour should be evaluated."

Cochrane Corner summaries developed since last newsletter (Summaries may be pending publication):

Author: Nerys Bolton MSc (Renal), BSc (Hons), PGCLT(HE) NMC, RN Canterbury Christ Church University Canterbury, UK, – Topic: **'Systemic corticosteroids for acute exacerbations of chronic obstruction pulmonary disease'** – Nursing Times Journal

Author: Teresa L. Bryan, RN, MSN, FNP-BC, Assistant Professor and Program Coordinator of Graduate Programs, Alcorn State University, Natchez Mississippi, Member of Cochrane Nursing Care Field – Topic: **'Interventions for Preventing and Ameliorating Cognitive Deficits in Adults Treated with Cranial Irradiation'** - Cancer Nursing Journal

Author: Lesley Andrews, RN, SPQ (Renal), BSc, PGDip, PGCert. School of Health Sciences, University of Stirling, member of the Cochrane Nursing Care Field (CNCF)- Topic: **'Computer-assisted surgery for knee ligament reconstruction'** - Orthopaedic Nursing Journal

Author: William H. Anger, Jr., MLIS, Public Services Librarian - Beck Library - Miriam Hospital, Providence, RI, USA – Topic: **'What is the effectiveness of work and person directed interventions compared to no intervention or alternative interventions in preventing stress in healthcare workers'** - Veterans General Hospital Journal of Nursing

Author: Maria José Góis Paixão RN, MSc, Associate Professor, Paediatric Nursing, Escola Superior de Enfermagem de Lisboa, Portugal, - Topic: **'Strabismus surgery before versus after completion of amblyopia therapy in children'** - Journal of Perioperative Practice

Author: Lesley Andrews, RN, SPQ (Renal), BSc, PGDip, PGCert. School of Health Sciences, University of Stirling. A member of the Cochrane Nursing Care Field – Topic: **'Computer-assisted surgery for knee ligament reconstruction'** - Journal of Orthopaedic Nursing

Author: Cass Piper Sandoval, RN, MS, CCRN, CCNS, Clinical Nurse Specialist, Adult Critical Care, Certified JBI CSR Trainer, UCSF JBI Centre for Evidence-Based Patient & Family Care, Institute for Nursing Excellence, UCSF Medical Center, San Francisco, California – Title: **'Glutamine Supplementation for Critically Ill Adults'** – Critical Care Nurses Journal

Author: Dr Trudi Mannix Churchill Fellow 2013 RN, RM, NICC, Cert. 4 (WAS&T), Grad. Dip. Hlth Couns., BN (Ed), MN (Child

Health), EdD Lecturer, School of Nursing and Midwifery – Topic: **'Delayed introduction of progressive enteral feeds to prevent necrotising enterocolitis in very low birth weight infants'** - Neonatal, Paediatric and Child Health Nursing Journal

Author: Meei-Ling Gau, RN, CNM, PhD, National Taipei University of Nursing and Health Sciences, Taipei City, Taiwan – Topic: **'Castor oil, bath and/or enema for cervical priming and induction of labour'** - Journal of Midwifery

Make a contribution to the CNCF newsletter

Are we very interested to hear from our readers regarding the content of this monthly newsletter.

We would be grateful to receive any stories, information or news and events information that may be of interest to our readers. All content submissions can be forwarded to the CNCF Coordinator, Alex Mignone – at Alex.Mignone@adelaide.edu.au

