ABSTRACTS OF COCHRANE SYSTEMATIC REVIEWS

We live in information explosion era. Annually 3 million articles are published in biomedical journals and biomedicine mass doubling time is less than 20 months. This means that a clinician needs to read 19 articles every day for 365 days a year to be up to date. Not all of available information is valid or useful for patient care and little more than 1% is both rigorous and clinically relevant.

Review articles can solve the above problems. There is someone who is an expert and finds and summarizes the articles and suggests the best clues for practice. But unfortunately, expert reviewers often lack the rigour these demand from the studies which are being reviewed.

WHAT IS A SYSTEMATIC REVIEW?

A "systematic review" or "overview" comprehensively locates, evaluates and synthesizes all the available literature on a given topic using a strict scientific design which must itself be reported in the review.

A "systematic review", therefore, aims to be:

1. Systematic (e.g. in its identification of literature)
2. Explicit (e.g. in its statement of objectives, materials and methods)
3. Reproducible (e.g. in its methodology and conclusions)

In a systematic review one needs to perform a comprehensive search of the literature, then select studies which meet a specified inclusion and exclusion criteria, assess the quality of these selected studies, extract data from the included studies and synthesize the data in an appropriate manner, either quantitatively (in the form of a meta-analysis), or qualitatively, in order to form conclusions both for practice and for future research. Ideally all of this should be undertaken by a review "team".

The recognition of the need for systematic reviews of healthcare has grown rapidly and continues to grow, as reflected by the number of articles about review methods and empirical studies of the methods used in reviews, the number of systematic reviews published in healthcare journals, and the rapid growth of the Cochrane Collaboration.

The Cochrane Collaboration is an international that aims to help people make well-informed decisions about healthcare by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions.

In order to highlight the systematic reviews and their contribution for the mental health the JPPS aims to publish the articles relevant to the systematic reviews. In the first issue of this volume we published a guest editorial by the Adams et al highlighting the significance and methodology of Cochrane reviews. In this issue we are publishing two abstracts of the Cochrane review. Both of these highlight the important gaps in our knowledge regarding appropriate interventions for those suffering from postnatal depression and psychosis. These also highlight another valuable aspect of systematic reviews i.e identifying the areas in which controlled trials can be conducted. Only two trials could be found for the postnatal depression prevention, having a samples of 26 and 25 patients. In a developing country like ours where there is high fertility rate and associated high incidence of postnatal depression this offers a challenge as well as opportunity to the research workers. For further details please see the www.cohrane.org

ANTIDEPRESSANT PREVENTION OF POSTNATAL DEPRESSION

Howard LM, Hoffbrand, S, Henshaw C, Boath L, Bradley E

BACKGROUND

Postnatal depression is a common and important complication of childbearing. Untreated depression can lead to potentially negative effects on the foetus and infant, in addition to serious morbidity for the mother. The use of antidepressants during pregnancy for prevention of postnatal depression is unclear, due to the possibility of adverse effects on the mother and developing foetus, and the difficulty of reliably identifying the women who would go on to develop postnatal depression.

OBJECTIVES

To evaluate the effectiveness of different antidepressant drugs in addition to standard clinical care in the prevention of postnatal depression. To compare the effectiveness of different antidepressant drugs and with any other form of intervention for postnatal depression i.e. hormonal, psychological or social support. To assess any adverse effects of antidepressant drugs in either the mother or the foetus/infant.

SEARCH STRATEGY

The register of clinical trials maintained and updated by the Cochrane Depression, Anxiety and Neurosis Group and the Cochrane pregnancy and Childbirth Group.

SELECTION CRITERIA

Randomised studies of antidepressants alone or in combination with another treatment, compared with placebo

or a psychosocial intervention in non-depressed pregnant women or women who had given birth in the previous six weeks (i.e. women at risk of postnatal depression)

DATA COLLECTION AND ANALYSIS

Data were extracted independently from the trial reports by the authors. Missing information was requested from investigators wherever possible. Data were sought to allow an "intention to treat" analysis.

MAIN RESULTS

Two trials fulfilled the inclusion criteria for this review. Both looked at women with a past history of postpartum depression. Nortriptyline (n=26) (Wisner 2001) did not show any benefit over placebo (n=25). Sertraline (n=14) Wisner (2004) reduced the recurrence of postnatal depression and the time to recurrence when compared with placebo (n=8). Intention to treat analyses were not carried out in either trial.

AUTHOR'S CONCLUSIONS

It is not possible to draw any clear conclusion about the effectiveness of antidepressants given immediately postpartum in preventing postnatal depression and, therefore, cannot be recommended for prophylaxis of postnatal depression, due to the lack of clear evidence. Larger trials are needed which also include comparisons of antidepressant drugs with other prophylactic treatments to reflect clinical practice, and examine adverse effects for the foetus and infant, as well as assess womens' attitudes to the use of antidepressants at this time.

The full text of the review is available in *The Chchrane Library* (ISSN 1464-780X).
The Cochrane Database of Systematic Reviews 2006 Issue 1

ANTIPSYCHOTIC DRUGS FOR NON-AFFECTIVE PSYCHOSIS DURING PREGNANCY AND POSTPARTUM

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BACKGROUND

Antipsychotics are commonly prescribed for women suffering psychotic illnesses during pregnancy and the postpartum period. The potential adverse consequences of these different options are multiple and complex, impacting on the foetus neonate, infant and early development of the child as well as the woman herself.

OBJECTIVES

To establish whether the benefits of taking antipsychotic drugs outweigh the risks for pregnant or post partum women.

SEARCH STRATEGY

The Cochrane Schizophrenia Group's Register (January 2003) was searched in order to identify all published trials of women during pregnancy or the postpartum period. We inspected all references of all identified studies. If any studies had been found, the first authors of each included study would have been contacted.

SELECTION CRITERIA

Randomised controlled clinical trials investigating the effects of any type of antipsychotic drug compared with any other treatment option (including standard psychosocial care, any other antipsychotic drug, or an alternative therapy such as electro-convulsive therapy or cognitive behavioural therapy) and involving pregnant women and/or women during the postpartum period diagnosed with a non-affective psychotic disorder.

DATA COLLECTION AND ANALYSIS

Citations, and where possible, abstracts were independently inspected by reviewers and the papers orders were scrutinized and quality assessed. Data would have been extracted independently by at least two reviewers. Binary outcomes were to have been analysed using Relative Risks (RR) and their 95% Confidence Intervals (CI).

MAIN RESULTS

We found no trials that met the broad inclusion criteria.

AUTHOR'S CONCLUSION

Current guidelines and clinical practice for the use of antipsychotic drugs in women with non-affective disorders during pregnancy and postpartum are not based on evidence from randomized controlled trials. Although ethical concerns have to date precluded the use of randomized controlled trials to address this research topic, the continued use of antipsychotic drugs in this group of women in itself poses significant clinical and ethical problems. Evidence is required from large pragmatic trials that reflect routine clinical practice, examine a broad range of outcomes and accurately quantify risks and benefits to both mothers and their offspring, so that comparison between different treatment options can be made.

The full text of the review is available in *The Cochrane Library*.
The Cochrane Database of Systematic Reviews 2006 Issue 1
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