Cochrane Library

Cochrane Library簡介

- •由Cochrane Collaboration 評論小組蒐集、彙整、評審全世界醫療保健相關資料而發表的實證資料庫。
- 提供可信賴的參考資源,且快速取得與臨床問題相關之研究、評論或評估性文章,同時提供科學方法,以訂定臨床個案理想醫療計畫。
- ●在大量醫學文獻中,選擇、摘錄合用之醫學資訊。
- ●提供數千種健康照護解答,持續更新和擴充內容。



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- Intervention reviews 評估介入使用健康照護及健康策略的效益及傷害。
- Diagnostic test accuracy reviews 評估在診斷和檢測特定疾病 時的診斷測試執行表現。
- Methodology reviews 解決系統性回顧和臨床試驗如何實施及 被報告的相關議題。
- Qualitative reviews 綜合質性的證據來解決有效以外的介入問題。
- Prognosis reviews 解決可能發生的過程或健康有問題的人未來的狀況。

	Status (Intervention Review 19 February 2024 Show PICOs ▼ Show preview ▼
	New search		Show Frederica
	Conclusions changed701	3 🗆	Meditation for the primary and secondary prevention of cardiovascular disease Karen Rees, Andrea Takeda, Rachel Court, Laura Kudrna, Louise Hartley, Edzard Ernst
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	Rapid12	6 🗆	Evening versus morning dosing regimen drug therapy for hypertension Chuncheng Wu, Ping Zhao, Ping Xu, Chaomin Wan, Surjit Singh, Shoban Babu Varthya, Shuang-Hong Luo
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- Cochrane Clinical Answers(CCAs) 針對Cochrane 系統性文獻 回顧中嚴謹的研究結果,提供使用者一個易讀、易懂且切入重點的臨床決策參考。
- 每個 CCAs 涵蓋臨床問題、解答摘要,以及從Cochrane reviews 可深入探究的相關性證據。實證結合情境敘述、數據與圖表,以可讀性高的介面呈現,讓使用者更容易獲得所需要的臨床解答。
- 主要使用族群為健康照護醫護專業人員與健康照護決策者。
- CCAs 以 Cochrane 高質量系統性文獻回顧為基礎,專注於以「病人安全」為中心, CCAs 提供醫護人員權威且專業的實證臨床問題解答。



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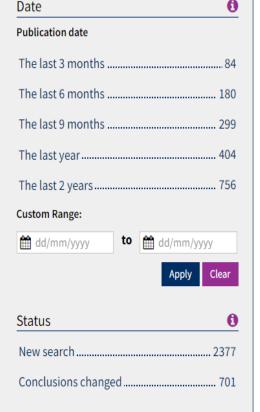
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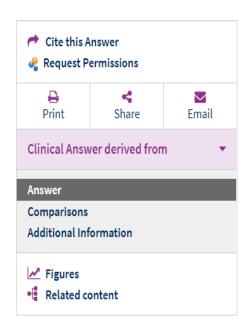
How do gefitinib and afatinib compare with other cytotoxic chemotherapy regimens for treatment of people with advanced epidermal growth factor receptor mutation non-small-cell lung cancer?

Sera Tort, Kwun M Fong https://doi.org/10.1002/cca.1893 3 12 December 2017

Clinical Answer:

For adults with advanced epidermal growth factor receptor (EGFR) mutation non-small-cell lung cancer (NSCLC) with sensitizing mutations unsuitable for treatment with curative intent by surgery or radical radiotherapy, gefitinib and afatinib result in improved progression-free survival and tumor response, compared with cytotoxic chemotherapy, although researchers saw no effect on overall survival. Symptom palliation and quality of life were also better with both EGFR therapies, despite the adverse events seemingly associated with them.

Comparison of gefitinib versus an alternative cytotoxic chemotherapy (gemcitabine or docetaxel plus cisplatin or paclitaxel plus carboplatin) in randomized controlled trials (RCTs) resulted in no obvious differences in overall survival for any comparison. However, fewer people died or had disease progression with gefitinib than with either paclitaxel plus carboplatin (on average, 570 vs 890 per 1000; high-quality evidence) or docetaxel plus cisplatin (one RCT with 177 participants). Also, more people had a tumor response with gofftinib than with cytotoxic chamotherapy (on average, 602 vs 222 per 1000; four PCTs with 648 participants). Time



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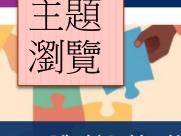
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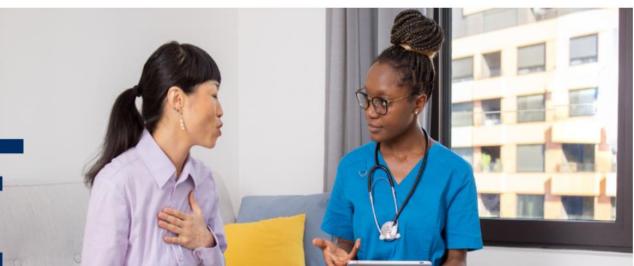
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		Evi VT Nagler, Gabrielle Williams, Elisabeth M Hodson, Jonathan C Craig
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Kidney disease 🗶	K	idney disease主題子分類 rs for primary hypertension
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Population	Intervention & Comparison	Outcome	
Blood and immune system conditions	Behavioural therapies	Adverse events	
Cancer	Cellular and gene therapies	Compliance with treatment	
Cardiovascular conditions	Complementary and alternative therapies	Failed intervention	
Digestive system conditions	Complex interventions	Function	
Ear, nose and throat conditions	Educational interventions	Infection	
Endocrinal, nutritional and metabolic disorders	Medical devices	Mental health	
Eyes and vision	No active treatment	Mortality	
Fertility, pregnancy and childbirth	Pharmacological interventions	Pain	
Gynaecological conditions	Physical therapies	Psychosocial	
Healthcare delivery	Psychological therapies	Quality of Life	
Infections	Radiotherapy	Resource use	
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Lifestyle and wellbeing	Other	Withdrawals or dropouts	
Liver conditions			



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Population	809 results matching 'Outcome 'Pain'					
Condition	21, February 2024					
Pregnancy50	☐ Select a	II (809) Export selected citation(s) Show all PICOs				
Postoperative Pain38	Order By Relevancy ▼ Results per page				Results per page 25 ▼	
Neuropathic Pain34	1 Perioperative dexmedetomidine for acute pain after abdominal surgery in adults			gery in adults		
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Fibromyalgia27		Population (3) Adult [2]	Intervention (2) Dexmedetomidine ☑	Comparison (2) Placebo ☑	Outcome (12) Postoperative Nausea □	
Low back pain24		Aged (65+) ☑	Perioperative 🖸	Perioperative 🖸	Mobility function ☑	
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Show all					Rescue Medication 🖸 Show more	
Intervention / Comparison	2 🗆	Topical analgesia for acute otitis media ShowPICOs → 01 March 2006				
Intervention Name						
Non-steroidal Anti-inflammatory Drug33	3 🗆	Transcutaneous electr ShowPICOs ✓ 15 June 2	rical nerve stimulation f 2015	for acute pain		
Opioids25		! 		allo a la Carra de marta mart		
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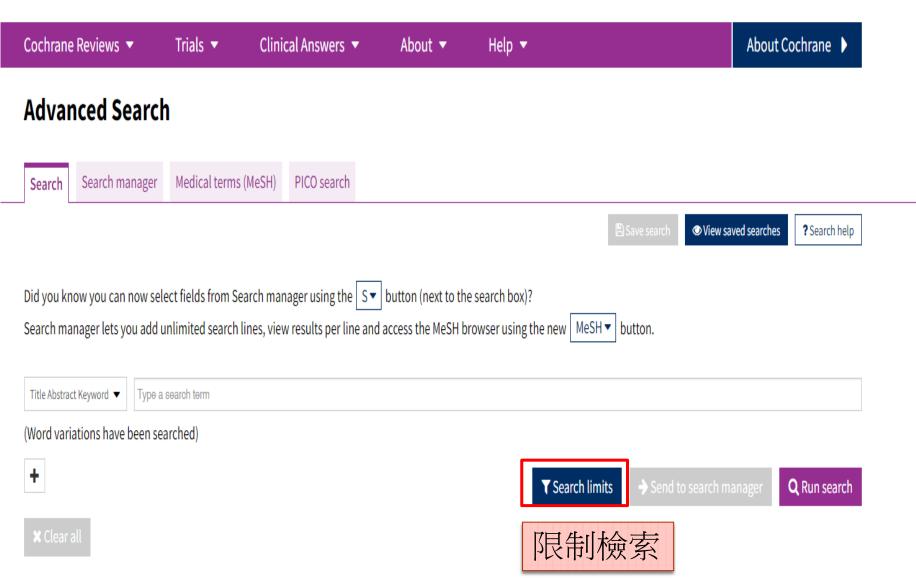












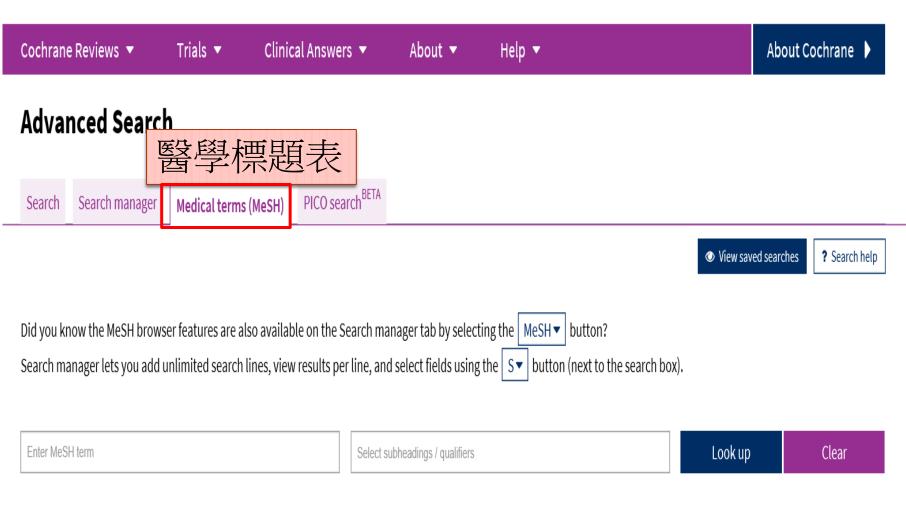
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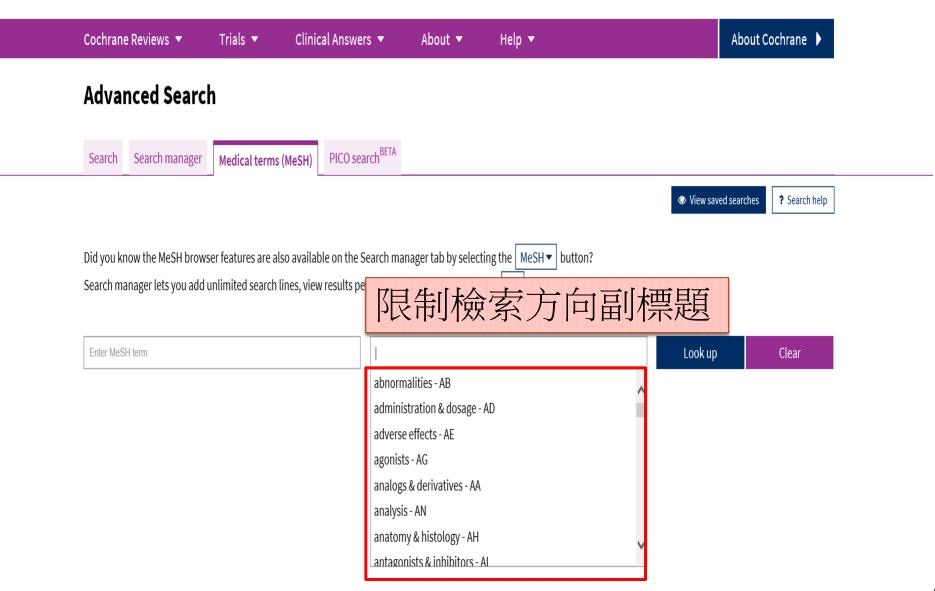




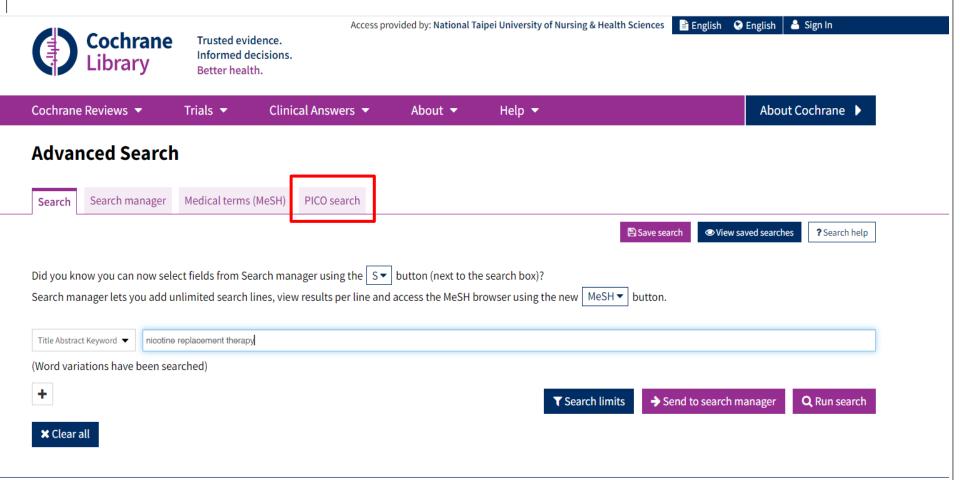








PICO檢索



形成研究問題

• PICO問題

- P: population (patient or problem (病患)
 - I: intervention (介入處理)
 - C: comparison of intervention (對照)
 - O: clinical outcome (臨床結果)
- 將這些面向化為資料庫檢索點



PICO Search



- 搜尋範圍:預期將2015年迄今的Intervention Reviews 介入型評論全數納入。
- 為獨立頁面,尚未與Search Manager整合;
 不提供檢索歷史與儲存檢索策略功能。

PICO Search

Search Search manager Medical terms (MeSH) PICO search

Enter a search term and select a PICO vocabulary term from the dropdown



- 1.必須搭配資料庫提供的控制詞彙選單
- 2.詞彙選單含相似詞及同義詞

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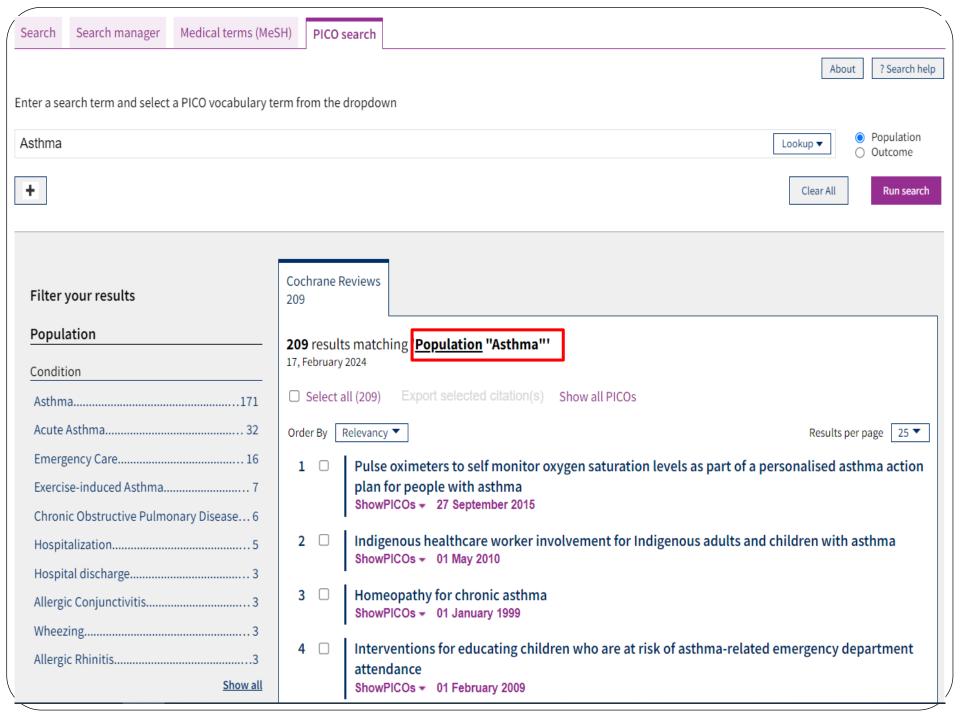
heart attack

For Heart attack, use Myocardial Infarction

implication

implicatio

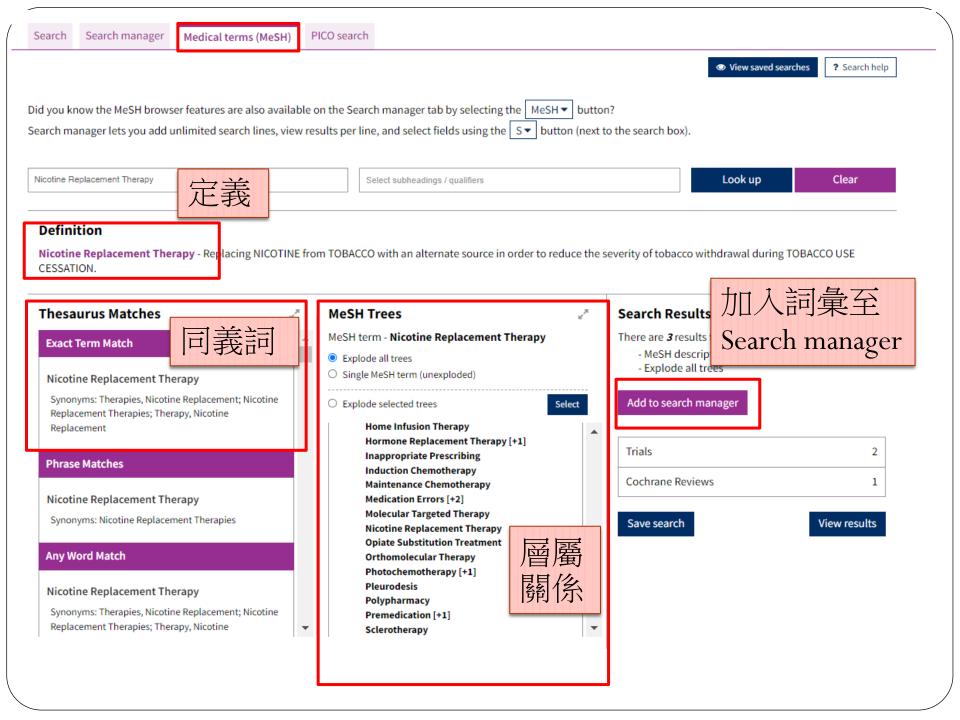
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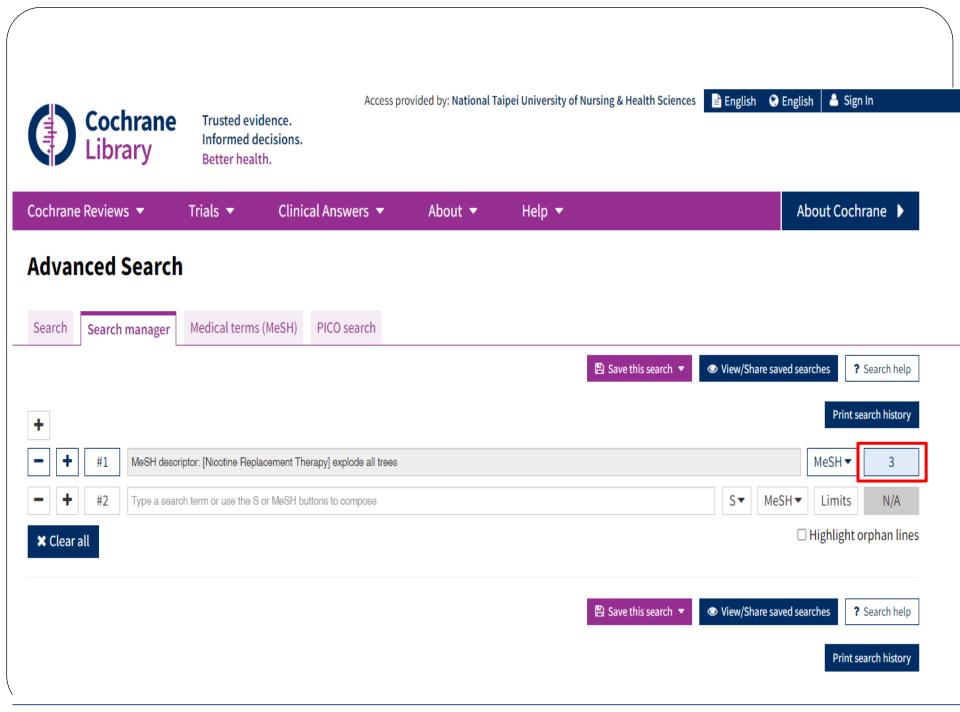


範例

檢索問題:一位20多歲的婦女,想利用 尼古丁替代藥物戒菸,成效是否有效?

	主要陳述	關鍵字
P	抽菸習慣之成年婦女	婦女 (19歲以上)(female)
I	利用尼古丁替代藥物治療	尼古丁替代療法(nicotine replacement therapy)
С	不借助醫療自行戒菸	
О	戒菸	戒菸(smoking cessation)





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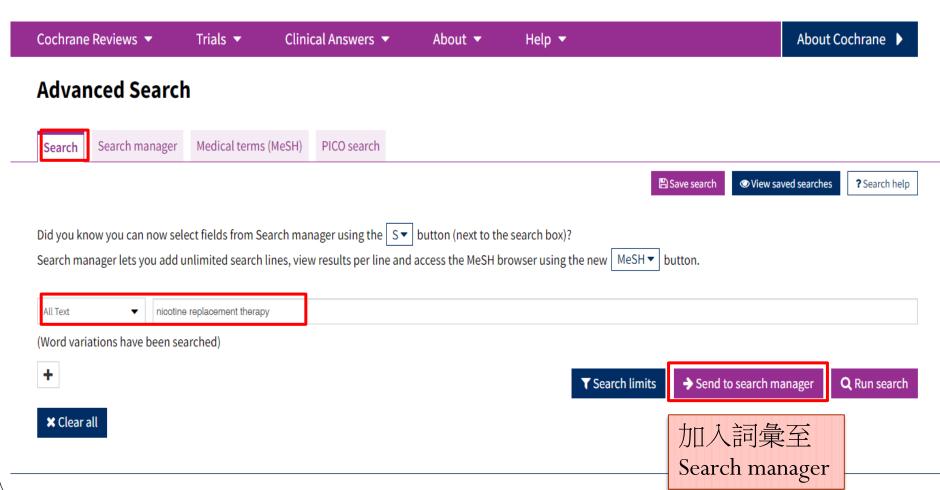


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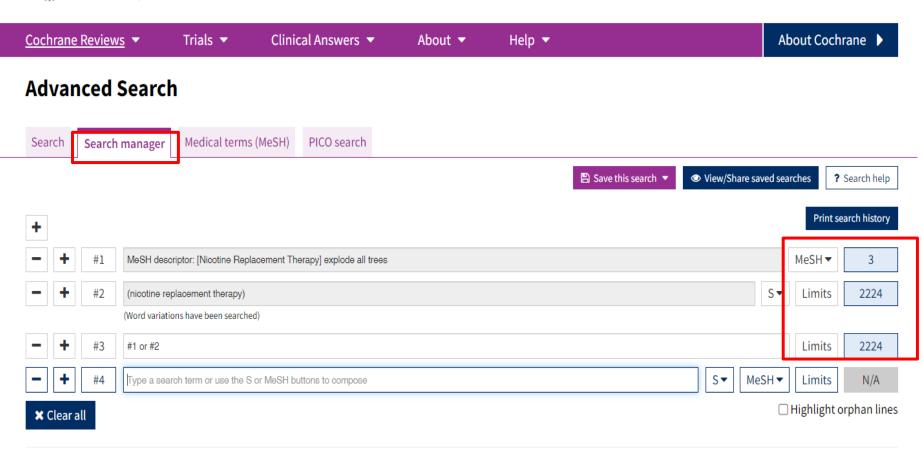
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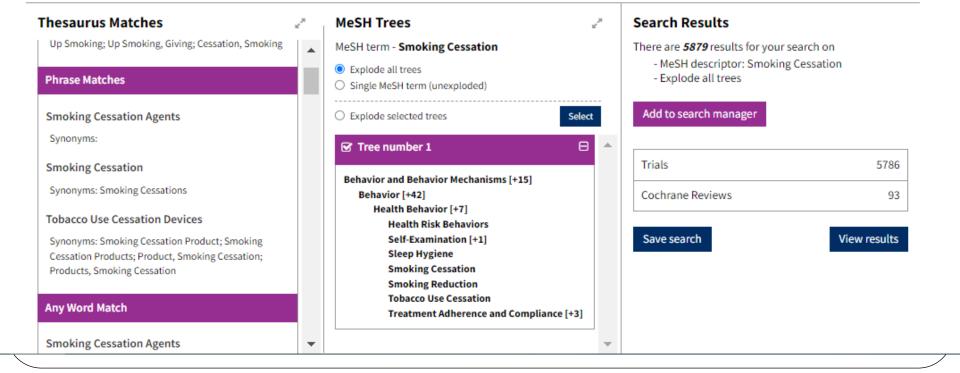
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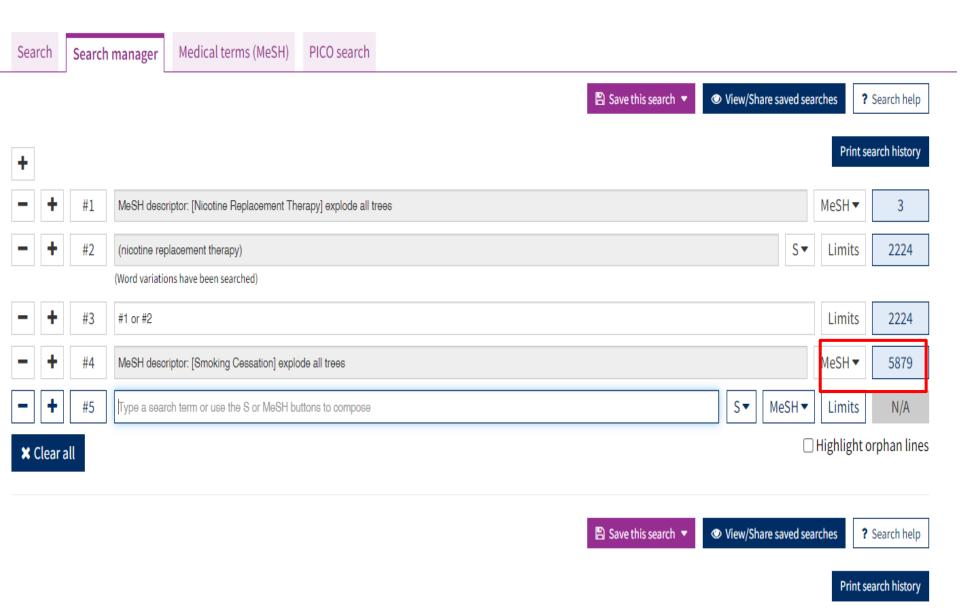
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Definition

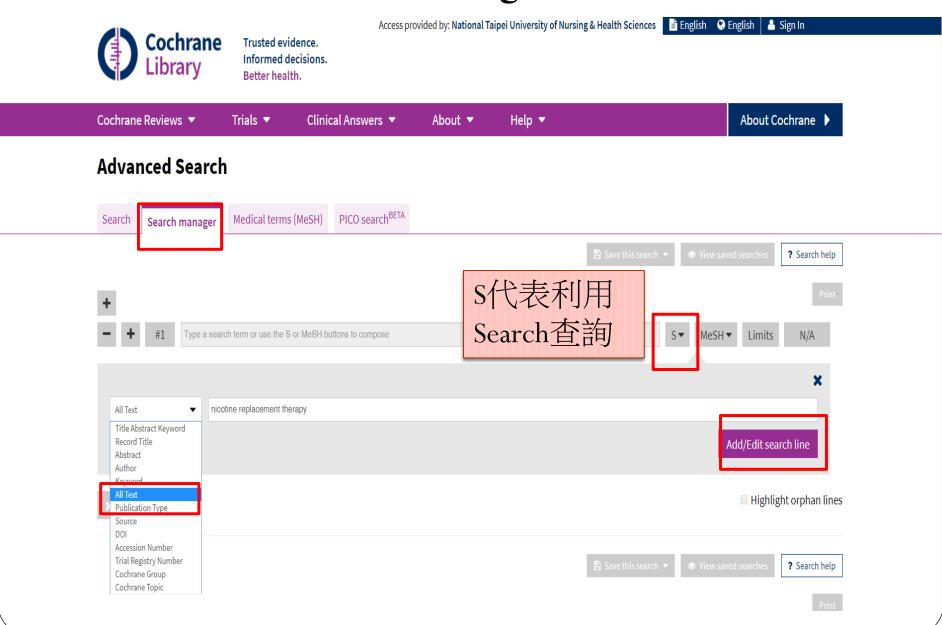
Smoking Cessation - Discontinuing the habit of SMOKING.

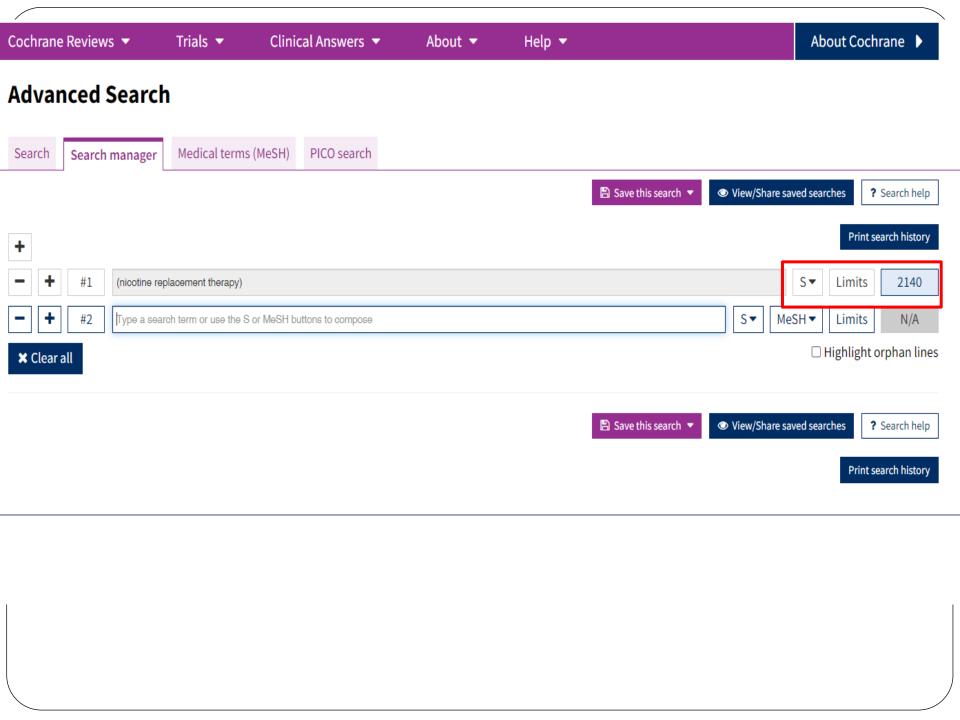


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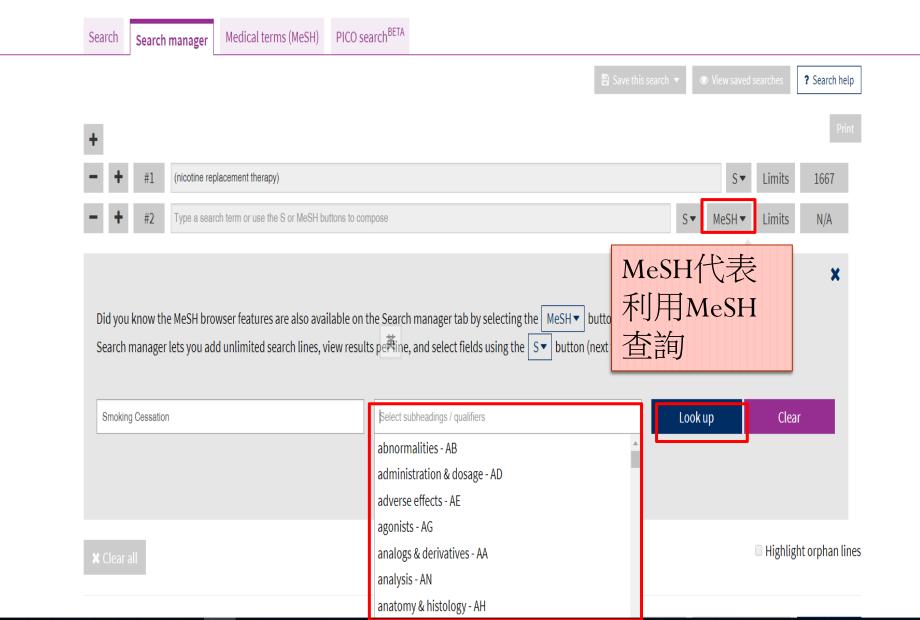


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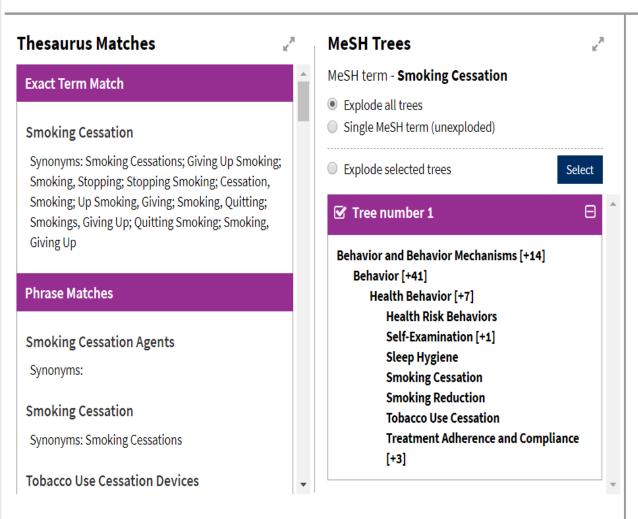


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Definition

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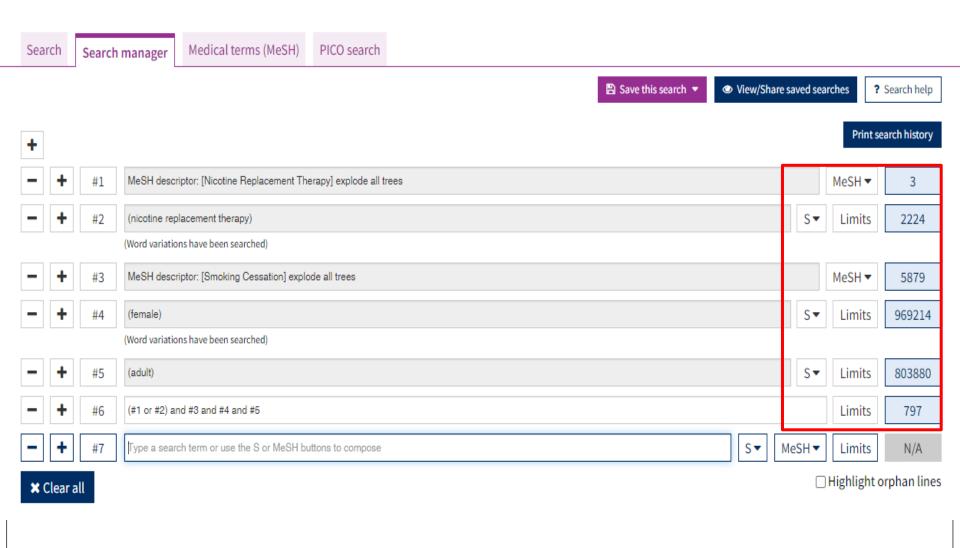
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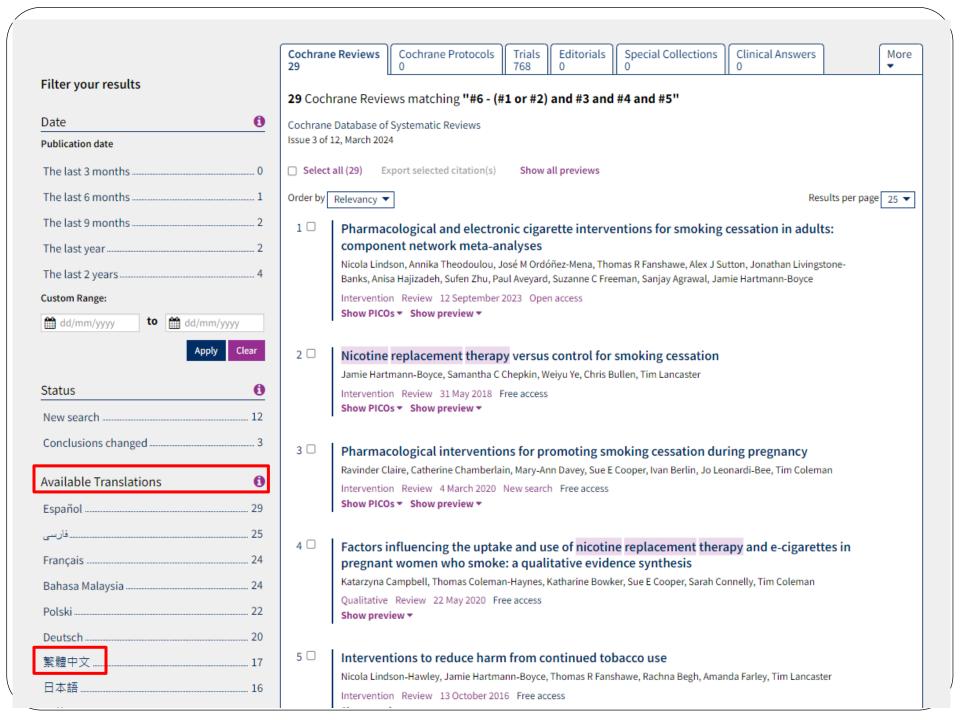


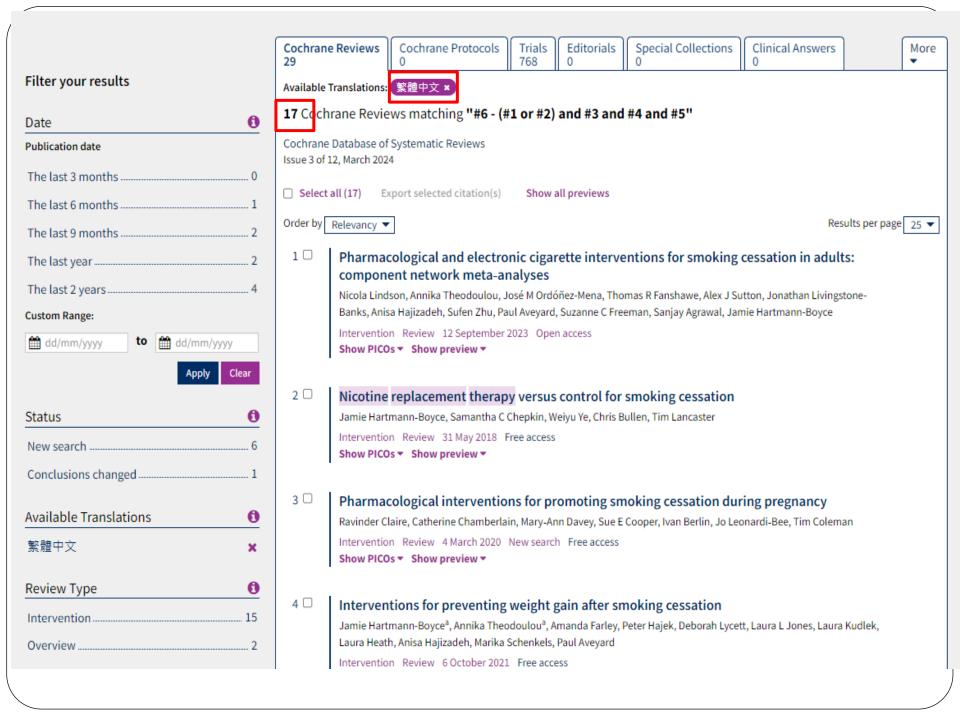
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a clear effect was seen in smoking abstinence at zero to five months postpartum (11 studies; average RR 1.59, 95% CI 1.26 to 2.01) and 12 to 17 months (two studies, average RR 2.20, 95% CI 1.23 to 3.96), with a borderline effect at six to 11 months (six studies; average RR 1.33, 95% CI 1.00 to 1.77). In other comparisons, the effect was unclear for most secondary outcomes, but sample sizes were small.

Evidence suggests a borderline effect of health education compared with usual care (five studies; average RR 1.59, 95% CI 0.99 to 2.55), but the quality was downgraded to moderate as the effect was unclear when compared with less intensive interventions (four studies; average RR 1.20, 95% CI 0.85 to 1.70), alternative interventions (one study; RR 1.88, 95% CI 0.19 to 18.60), or when smoking cessation health education was provided as one component of a broader maternal health intervention.

There was evidence feedback increased smoking cessation when compared with usual care and provided in conjunction with

downgraded to moderate as this wa

High-quality evidence suggests ince incentive) intervention (four studies with usual care or less intensive inte

High-quality evidence suggests the 1.42, 95% CI 0.98 to 2.07), in a single provided as part of a broader interv

The effect was unclear in single inte

Translation notes

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翻譯者:羅峻涵

服務單位:中山醫學大學醫學系

職稱:實習醫生

本翻譯計畫由臺北醫學大學考科藍臺灣研究中心(Cochrane Taiwan)、台灣實證醫學學會及東亞

考科藍聯盟(EACA)統籌執行

聯絡E-mail: cochranetaiwan@tmu.edu.tw

Importantly, high-quality evidence from pooled results demonstrated that women who received psychosocial interventions had a 17% reduction in infants born with low birthweight, a significantly higher mean birthweight (mean difference (MD) 55.60 g, 95% CI 29.82 to 81.38 g higher) and a 22% reduction in neonatal intensive care admissions. However the difference in preterm births and stillbirths was unclear. There did not appear to be adverse psychological effects from the interventions.

The intensity of support women received in both the intervention and comparison groups has increased over time, with higher-intensity interventions more likely to have higher-intensity comparisons, potentially explaining why no clear differences were seen with increasing intervention intensity in meta-regression analyses. Among meta-regression analyses: studies classified as having 'unclear' implementation and unequal baseline characteristics were less effective than other studies. There was no clear difference between trials implemented by researchers (efficacy studies), and those implemented by routine pregnancy staff (effectiveness studies), however there was uncertainty in the effectiveness of counselling in four dissemination trials where the

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社會心理介入措施用於支持懷孕婦女停止抽菸

本篇議題是甚麼?

懷孕時吸菸會增加母親懷孕期間產生併發症和孩童出生體重過低的風險。香菸當中的尼古丁和其他成分對孩童的成長和發育有不良的影響。

為什麼此議題很重要?

懷孕時期抽菸婦女的數量在高收入國家逐漸減少,但在低、中收入國家中是增加的。針對心理、情緒或社會因素等的非藥物介入措施,稱作社會心理介入措施。我們尋找多種能夠促進懷孕婦女停止吸菸的社會心理介入措施的證據。

我們找到了哪些證據?

本文獻回顧納入了含120個介入項目的102個隨機對照試驗,和88個隨機對照試驗的數據(納入28000名婦女)。主要干預策略分為諮詢(n=54)、衛生教育、(n=12)、回饋(n=6)、鼓勵(n=13)、社會支持(n=7)和實行(n=1)。

本篇文獻回顧提供中高品質證據,說明社會心理介入措施增加懷孕晚期停止吸菸的婦女比例(增加35%)、平均嬰兒出生體重 (增加56克)、減少出生體重過低之新生兒數目(減少17%),及出生後即住進新生兒加護病房的嬰兒數量(減少22%)。社會心理 介入措施沒有顯示會帶來任何不良的影響。有些結果在不同研究之間有無法解釋的差別,且有些研究規模小,使得我們對 其結果的信心下降。幾乎所有的研究都是在高收入國家執行。

諮詢介入與常規照護相比,對孕婦停止吸菸有鮮明的影響(30個研究),與消極介入相較下影響較小(18個研究)。將諮詢作為一個廣泛介入措施之一,對於促進孕婦健康或與其他諮詢方式相較下,皆無明顯效果。提供回饋的介入措施與常規照護及其他策略,例如諮詢(2個研究)相較下具明顯效果,但若與消極介入相較下則無效果(3個研究)。經濟支援的介入措施相較於其他介入,例如非急難救助金具有較佳的效果(4個研究)。

健康教育對於常規照護(5個研究),及健康教育做為廣泛孕婦介入政策之一的狀況相比下,不具有明顯的效果。當同儕提供社會支持(6個研究)、夥伴提供社會支持(1個研究)或由廣泛介入措施之一的戒菸支持對於促進孕婦健康皆無明顯效果。在一個研究中,運動及諮詢的傳播與常規照護相較下,無明顯效果。

其綜合效果與提供貧困婦女介入措施的效果相似。介入措施對於少數民族的婦女而言,具有明顯的效果,但對於原住民則無(4個研究)。綜合結果顯示若在孕期中施行介入措施,其亦可降低生產後戒菸率。對於早產(19個研究)及死胎(8個研究)的效果尚不清楚。

此文獻回顧結果意謂?

諮詢、回饋及經濟支援介入措施可降低懷孕後期的婦女吸菸的數目。然而,其介入措施及內文的介入方式需謹慎的評估。 健康教育及社會支援的效果並不太清楚。大部分的研究皆在高收入國家執行,因此難以評估其研究結果是否適用其他狀況。隨著研究時間的進展,不論是在介入組或對照組,其支持兩組婦女的強度皆有增加。許多研究皆未提供符合資格參與

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Cochrane Database of Systematic Reviews | Review - Intervention

Relapse prevention interventions for smoking cessation

Jonathan Livingstone-Banks, Emma Norris, Jamie Hartmann-Boyce, Robert West, Martin

Peter Hajek Authors' declarations of interest

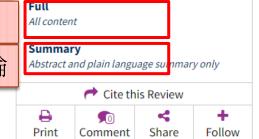
Version published: 28 October 2019 Version history

https://doi.org/10.1002/14651858.CD003999.pub6 &

Title Abstract Keyword ▼

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Collapse all Expand all



Abstract

Available in English Español Français

Background

A number of treatments can help smokers make a successful quit attempt, but many initially successful quitters relapse over time. Several interventions have been proposed to help prevent relapse.

Objectives

To assess whether specific interventions for relapse prevention reduce the proportion of recent quitters who return to smoking.

Search methods

We searched the Cochrane Tobacco Addiction Group trials register, clinicaltrials.gov, and the ICTRP in May 2019 for studies mentioning relapse prevention or maintenance in their title, abstracts, or keywords.

Selection criteria

Randomised or quasi-randomised controlled trials of relapse prevention interventions with a minimum follow-up of six months. We included smokers who quit on their own, were undergoing enforced abstinence, or were participating in treatment

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Psychosocial interventions for supporting women to stop smoking in pregnancy

Catherine Chamberlain^{1,2,3,4}, Alison O'Mara-Eves⁵, Jessie Porter², Tim Coleman⁶, Susan M Perlen⁴, James Thomas⁵, Joanne E McKenzie³

¹Aboriginal Health Domain, Baker IDI Heart & Diabetes Institute, Melbourne, Australia. ²Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Australia. ³School of Public Health & Preventive Medicine, Monash University, Melbourne, Australia. ⁴Healthy Mothers Healthy Families Research Group, Murdoch Childrens Research Institute, Melbourne, Australia. ⁵EPPI-Centre, Social Science Research Unit, UCL Institute of Education, University College London, London, UK. ⁶Division of Primary Care, University of Nottingham, Nottingham, UK

Contact address: Catherine Chamberlain, Aboriginal Health Domain, Baker IDI Heart & Diabetes Institute, L4/99 Commercial Rd, Prahan, Melbourne, Vic, 3004, Australia. catherine.chamberlain@bakeridi.edu.au, catherine.chamberlain@unimelb.edu.au.

Editorial group: Cochrane Pregnancy and Childbirth Group.

Publication status and date: New search for studies and content updated (conclusions changed), published in Issue 2, 2017.

Citation: Chamberlain C, O'Mara-Eves A, Porter J, Coleman T, Perlen SM, Thomas J, McKenzie JE. Psychosocial interventions for supporting women to stop smoking in pregnancy. *Cochrane Database of Systematic Reviews* 2017, Issue 2. Art. No.: CD001055. DOI: 10.1002/14651858.CD001055.pub5.

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ABSTRACT

Background

Tobacco smoking remains one of the few preventable factors associated with complications in pregnancy, and has serious long-term implications for women and babies. Smoking in pregnancy is decreasing in high-income countries, but is strongly associated with poverty and is increasing in low- to middle-income countries.

Objectives

To assess the effects of smoking cessation interventions during pregnancy on smoking behaviour and perinatal health outcomes.

Search methods

In this sixth update, we searched the Cochrane Pregnancy and Childbirth Group's Trials Register (13 November 2015), checked reference lists of retrieved studies and contacted trial authors.

Selection criteria

Randomised controlled trials, cluster-randomised trials, and quasi-randomised controlled trials of psychosocial smoking cessation interventions during pregnancy.

Data collection and analysis

Two review authors independently assessed trials for inclusion and trial quality, and extracted data. Direct comparisons were conducted in RevMan, with meta-regression conducted in STATA 14.

Main results

The overall quality of evidence was moderate to high, with reductions in confidence was moderate to high, with reductions in confidence was moderate to high, with reductions in confidence was moderate with some outcomes. One hundred and two trials with 120 intervention arms (studies) were included, with 88 trials (involving over 28,000 women) providing data on smoking abstinence in late pregnancy. Interventions were categorised as counselling, health education, feedback, incentives, social support, exercise and dissemination.

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Int. J. Environ. Res. Public Health 2018, 15(9), 1873; https://doi.org/10.3390/ijerph15091873

Developments in the Research Ba Exposure to Second-Hand Smoke

Olivia Wynne * □ and Billie Bonevski □

School of Medicine & Public Health, University of Newcastle, Un 2308, Australia

Author to whom correspondence should be addressed.

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(This article belongs to the Special Issue Reducing Exposure to



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Developments in the Research Base on Reducing Exposure to Second-Hand Smoke

Olivia Wynne 5 and Billie Bonevski

School of Medicine & Public Health, University of Newcastle, University Drive Callaghan, Newcastle, NSW 2008, Australia; billie.borovski@newcastle.edu.au

Correspondence: olivia.wynne@newcastle.edu.au; Tel: +61-24003-5040; Fac: +61-24003-5692

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There is no safe level of second-hand smoke (SHS; or passive smoke and environmental tobacco smoke) from tobacco, and it poses a serious risk to those exposed to it [1]. The health risks of SHS are well-described and substantial [1], with children at particular risk [2]. SHS affects not only smokers, but non-smokers as well, SHS as a known human carcinogen [3]; in addition to cancer, exposure to SHS has been associated with respiratory disease, cardiovascular disease, and major bacterial infections [4]. Children exposed to SHS are more likely to suffer asthma, decreased lung function, and middle ear disease [5]. Like childhood, the in utero period is especially sensitive to the detrimental effects of tobacco exposure. In addition to later life effects, smoking while pregnant can lead to poor birth outcomes, such as preterm delivery [6]. Globally, 40% of children, 35% of female non-smokers, and 33% of male non-smokers are exposed to SHS, resulting in over 600,000 deaths related to diseases caused by SHS exposure, such as ischaemic heart disease, asthma, and lung cancer [7]. SHS contributes to 1% of worldwide mortality, with the majority of the deaths in women (47%) and children (28%) [7]. Indeed, being female is a major risk factor for SHS exposure [8].

While major strides have been made in tobacco control worldwide, further steps are needed to reduce SHS exposure. Smoke-free legislation has reduced the number of places that people can smoke in many countries, however 93% of the world's population is living in areas without 100% smoke-free policies in place [9]. Smoking bans in public places, such as bars, restaurants, and education campuses, have been shown to reduce SHS exposure for workers and patrons [10]. However, such bans are often partial, meaning that the venue is not totally smoke-free, and has designated areas where people can smoke on site. Partial bans have been shown to be poorly enforced, with evidence of smoking and SHS exposure in the designated non-smoking locations [11]. Also, private houses are out of the reach of smoke-free legislation, meaning there are significant gaps in smoke-free enforcement. Adults and children living in multi-unit housing can be at particular risk, due to SES migrating through air ducts, open windows, balcony doors, and stairwells [12]. People of lower socioeconomic status are more likely to smoke [13], and more likely to live in multi-unit housing [14,15] potentially leading to a "double-hit" effect of SHS exposure.

In this special issue, we aimed to explore the latest developments in methods for minimising SHS exposure. Lepose and colleagues [16] used a randomised control trial to evaluate a multi-level intervention aimed at reducing child tobacco smoke exposure in a low-income population. The intervention group received usual care which followed clinical practice guidelines for tobacco intervention ("Ask, Advise, and Refer" [AAR]), and also received individual telephone smoking cessation counselling. The control group seceived standard AAR with nutritional education. Both groups saw a seduction in child SHS exposure as measured by cotinine levels, and both groups were likely to adopt protective behaviours, such as implementing smoking restriction in the car and home. The results suggest the lower-cost standard practice may be sufficiently potent to reduce child SHS exposure. Importantly, the intervention resulted in parents being 2.47 times



Keywords

相關醫學主 題詞超連結

MeSH

Medical Subject Headings (MeSH) Keywords

Counseling;

Exercise;

Feedback, Psychological;

Health Education;

Motivation;

Obstetric Labor, Premature;

Infant, Low Birth Weight;

Patient Education as Topic;

Pregnancy Outcome;

*Pregnant Women;

Randomized Controlled Trials as Topic;

Smoking Cessation [*methods, statistics & numerical data];

Social Support;

Medical Subject Headings Check Words

Female:

Humans:

Infant, Newborn:

Pregnancy;

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Middle Aged 45-64 years

Smoker

Healthcare Professional

Young Adult 19-24 years

Comparison (1)

Usual Care

Premature Delivery

Birth Weight **Psychological Finding**

Outcome (8)

Stillbirth

Low Birth Weight Infant

Intensive Care

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Link to article

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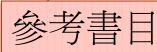
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NIH Public Access Author Manuscript Matern Child Health J. Author manuscript; available in PMC 2013 April 1.

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Matern Child Health J. 2012 April; 16(3): 545-554. doi:10.1007/s10995-011-0875-9.

An Integrated Randomized Intervention to Reduce Behavioral and Psychosocial Risks: Pregnancy and Neonatal Outcomes

Siva Subramanian, MD¹, Kathy S. Katz, PhD¹, Margaret Rodan, ScD², Marie G. Gantz, PhD³, M. Nabil El-Khorazaty, PhD³, Allan Johnson, PhD⁴, and Jill Joseph, MD,PhD⁵

¹Georgetown University Medical Center

²George Mason University

³RTIInternational

⁴Howard University

⁵Children's National Medical Center

Abstract

Objective—While biomedical risks contribute to poor pregnancy and neonatal outcomes in African American (AA) populations, behavioral and psychosocial risks (BPSR) may also play a part. Among low income AA women with psychosocial risks, this report addresses the impacts on pregnancy and neonatal outcomes of an integrated education and counseling intervention to reduce BPSR, as well as the contributions of other psychosocial and biomedical risks.

Version history

不同版本(修訂年代)

Published	Title	Stage	Authors	Version
2019 Oct 28 Show revisions	Relapse prevention interventions for smoking cessation	Review	Jonathan Livingstone-Banks, Emma Norris, Jamie Hartmann-Boyce, Robert West, Martin Jarvis, Emma Chubb, Peter Hajek	https://doi.org/10.1002/14 651858.CD003999.pub6 ♂
2019 Feb 13 Show revisions	Relapse prevention interventions for smoking cessation	Review	Jonathan Livingstone-Banks, Emma Norris, Jamie Hartmann-Boyce, Robert West, Martin Jarvis, Peter Hajek	https://doi.org/10.1002/14 651858.CD003999.pub5 ♂
2013 Aug 20 Show revisions	Relapse prevention interventions for smoking cessation	Review	Peter Hajek, Lindsay F Stead, Robert West, Martin Jarvis, Jamie Hartmann-Boyce, Tim Lancaster	https://doi.org/10.1002/14 651858.CD003999.pub4 ♂
2009 Jan 21 Show revisions	Relapse prevention interventions for smoking cessation	Review	Peter Hajek, Lindsay F Stead, Robert West, Martin Jarvis, Tim Lancaster	https://doi.org/10.1002/14 651858.CD003999.pub3 ♂
2005 Jan 24 Show revisions	Relapse prevention interventions for smoking cessation	Review	Peter Hajek, Lindsay F Stead, Robert West, Martin Jarvis, Tim Lancaster	https://doi.org/10.1002/14 651858.CD003999.pub2 ♂
2003 Jan 20 Show revisions	Relapse prevention interventions for smoking	Protocol	Peter Hajek, Lindsay F Stead, Robert West, Martin Jarvis	https://doi.org/10.1002/14 651858.CD003999 ☑

Differences between protocol and review

cessation

As of the last update of the review, meta-analyses of behavioural interventions were changed from a fixed-effect to a random-effects model in line with new Cochrane Tobacco Addiction Group policy, to account for the expected variability in the interventions delivered.

We excluded one previously included study from the last update on the grounds that it included relapsed smokers rather than abstainers (Juliano 2006).

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