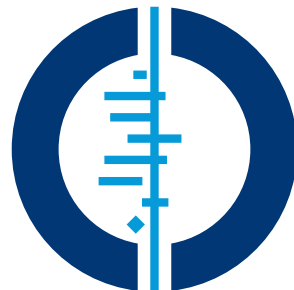


Annual report 2020

Cochrane Sweden



Cochrane
Sweden

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Introduction

Background

Sweden has been one of the first contributors to the establishment of Cochrane since 1992. Cochrane's website reports that in November 1992 there were "additional funds to promote the mission of the Cochrane Centre pledged by the Nuffield Provincial Hospitals Trust and the Swedish Council on Technology Assessment in Health Care." In the following years, the role of the Cochrane Collaboration has been frequently discussed in the main Swedish journals for medical doctors, e.g. in 2000 in the article "Cochranesamarbetets betydelse för evidensbaserad medicin" ("the meaning of the Cochrane Collaboration for evidence-based medicine"). In January 2005, national access to The Cochrane Library in Sweden was provided. However, the national subscription to the Library lasted only up to 2012.

Even though Sweden is well-known for its high-quality scientific studies in most fields of medicine, Sweden did not gain its own Cochrane entity until May 2017. The lack of "Cochrane Sweden" might have negatively impacted on the number of Cochrane reviews produced by Swedish authors. The discrepancy in Sweden between the low number of Cochrane reviews and the high number of randomised clinical trials was described in an article in 2011 (Gøtzsche PC, Tendal B, Clarke M. Review production in The Cochrane Collaboration – where is it happening and why? *Cochrane Methods. Cochrane DB Syst Rev* 2011 Suppl 1:16-9).

Like its neighbours Finland and Denmark, Sweden is highly active in publishing randomised trials, but not as productive in publishing Cochrane reviews. Together with Denmark and Finland, Sweden is highly active in publishing randomised trials, but not in publishing Cochrane reviews.

A lower rating of Cochrane activities and, more generally, any kind of systematic review has long been observed in the Swedish academic world. For example, in some Swedish universities, the application to become associate professor does not allow inclusion of systematic reviews in the list of publications that are to be considered; PhD students are not oftenly encouraged to prepare systematic reviews for their thesis and PhDs very rarely include systematic reviews. Some of the major national funders do not fund systematic reviews, but only basic research and primary studies; and teaching on using and preparing systematic reviews is not normally provided to students of medicine.

Alongside the limited academic recognition of systematic reviews in Sweden, there is and has been a strong move for evidence based medicine at all levels of Swedish health care management. For many decades, Sweden has a deeply rooted tradition for using national systematic reviews from the Swedish Council on Technology Assessment in Health Care (SBU) as a basis for the decision and priorities on new methods. Further, there is a national HTA Network coordinated by SBU with strong impact on national, regional and local health care guidelines. Also, the Swedish National Board for Health and Welfare (Socialstyrelsen) has a continuous process in developing evidence based national guidelines in a wide variety of medical conditions and areas.

Launch of Cochrane Sweden

Cochrane Sweden was launched as an associate centre to the Nordic Cochrane Centre in May 2017 in Lund, where the centre is located. Cochrane Sweden is supported by Skåne University Hospital, Region Skåne and Lund University; since 2020, also by Region Västra Götaland.

Cochrane Sweden has two main priorities:

- To introduce review authors and other contributors to Cochrane methods, and support Swedish authors to prepare, publish and maintain their Cochrane reviews
- To advocate for evidence-informed practice in Sweden, particularly through promoting access to Cochrane content and facilitating the use of Cochrane reviews to inform decision making

Cochrane Sweden's strategic plan was approved in April 2017 and encompasses the goals of the Cochrane "Strategy to 2020", i.e.

- Goal 1: Producing evidence
- Goal 2: Making our evidence accessible
- Goal 3: Advocating for evidence
- Goal 4: Building an effective and sustainable organisation

In 2020, Cochrane Sweden has been awarded "full centre" status.

Activities at Cochrane Sweden

Research

The research activity is mainly focused on the production of systematic reviews. Since September 2018, Minna Johanson (Cochrane Sweden Fellow) and Dina Muscat Meng (Communications Consultant) have been part of the staff; however since December 2019 they are Director and Coordinator of Cochrane Sustainable Health Care, respectively, which is a Field supported by Cochrane Sweden and Nordic. Since January 2020, Martin Ringsten is Project Coordinator at Cochrane Sweden and Katarina Persson administrative support.

Twenty Cochrane reviews have been published between 2015 and 2020, and more than 20 protocols and reviews are under preparation.

The most common research area is neonatology, focusing mainly on respiratory and neurological morbidities in the newborn. The other topics include rheumatology (two protocols published in 2020), epilepsy (full review published in 2020), skin cancer (full review, published in 2019).

In addition, staff at Cochrane Sweden have published a couple of systematic reviews in pediatric Journals and opinion pieces on COVID-19.

Cochrane workshops

Interest and participation in our Cochrane workshops have been excellent.

Following Cochrane Sweden's launch in May 2017, the most relevant courses and workshops have been organised with the qualified support of Karsten Jørgensen, Director of the Nordic Cochrane Centre, and, from 2018, of Minna Johansson, Director of Cochrane Sustainable Health Care and Claire Glenton, Director of Cochrane Norway.

Here is a list of the training events held during 2020:

- January: two-day workshop on diagnostic test accuracy reviews at Lund University, held by Cochrane Netherlands staff and attended by 25 people
- May: 40-hour PhD student course on Cochrane methodology for systematic reviews, attended by 34 people
- September: webinar on Cochrane reviews of non-randomised studies in Gothenburg, attended by more than 100 people
- November: 40-hour PhD student course on Cochrane methodology for systematic reviews, attended by 31 people
- December: webinar on Cochrane Rapid Reviews at Lund University, held by Cochrane Austria staff and Cochrane Rapid Reviews group, attended by 30 people

Other initiatives related to training and education

In February 2018, a fruitful collaboration has been established with Martin Garwicz (who coordinates students' training towards Scientific Scholarship at the Medical Degree Programme) and Maria Björklund (Lund University Library), as reported in press releases in English (<http://www.cochrane.org/news/new-learning-opportunities-evidence-based-health-care-medical-students-sweden-0>) and Swedish (https://www.med.lu.se/nyheter/180221_cochrane).

The initiative consists of providing training in Cochrane methodology to medical students at Lund University. The training and the assessment of the students include the use of the “Cochrane Interactive Learning” (CIL) platform. The CIL modules match the learning objectives of Scientific Scholarship for each semester. Lund University is the first institution in the world to provide unlimited access, free at point-of-use to CIL. Also, thanks to this initiative, more medical students, in particular at Lund University, are now aware of the possibility to develop research projects on Cochrane evidence. One of them, Petter Brattström, received a 4-week training period at Cochrane Austria and then 16 weeks at Cochrane Sweden for the preparation of a systematic review as part of his Master thesis, which has also been published in Acta Paediatrica journal in September 2018. Similarly, Kevin Bengtsson, has spent three weeks at Cochrane Netherlands and 17 weeks at Cochrane Sweden. His systematic review (including more one hundred trials) has been completed on December 2018 and presented on January 2019.

Following these positive experiences, Cochrane Sweden launched Cochrane International Mobility.

An additional project consists of 40-hour PhD student courses where CIL usage is integrated with face to face training, in collaboration with the Nordic Cochrane Centre (two editions, April and September 2018).

Worldwide, the largest group of CIL users (>550 people) is at Lund University, thanks to the collaboration between the Faculty of Medicine and Cochrane Sweden.

Of note, promoting the use of CIL implies also increasing the numbers of Cochrane accounts. Numbers of new Swedish Cochrane accounts have consistently increased during 2020, especially through involvement of medical students. In 2017 and 2018, we had multiple contacts to explore how to restore national access to the Cochrane Library, for all citizens. We had meetings and

teleconferences with Wiley, Inera, Kungliga biblioteket and others. We explored also if national institutions would be interested to fund this initiative. However in the last months, following better communication with other Cochrane Centers, we do not consider this as a priority anymore. Instead, we would prefer to accelerate the process to have open access to the Cochrane Library in all countries. Since late 2020, staff and students at Lund University have free access to Covidence. We conducted a survey among the Swedish Universities to assess to which extent systematic reviews are recognised as part of PhD theses and in the applications to become associate professor. The findings have been published on Läkartidningen (<http://lakartidningen.se/Opinion/Debatt/2019/01/Dags-att-hoja-statusen-for-systematiska-oversikter-i-Sverige/>). The aim was to map the current situation at each Swedish University and to develop targeted initiatives to address this issue in a constructive way. Indeed, the academic recognition of systematic reviews has increased in 2019 and 2020.

Cochrane Sweden in the media

Since December 2019, Dina Muscat Meng works as Coordinator of Cochrane Sustainable Health Care and therefore not anymore officially part of the staff of Cochrane Sweden as Communications Consultant. However Dina has kindly and efficiently continued to provide support to Cochrane Sweden throughout 2020. Moreover she has been guiding Martin Ringsten in his first months at Cochrane Sweden.

Information about Cochrane Sweden has been reported in the national media also in 2020, e.g.,

- Information about [Cochrane Swedens involvement in Region Skåne related to Covid-19](#), March 2020
- Article about [Cochrane Swedens involvement at Lunds Univesity related to Covid-19](#), March 2020
- Article [Physicians recieves help to stay informed during the Covid-19 outbreak](#), written by Katrin Trysell in Läkartidningen, March 2020
- Article [Centrum samlar kunskap om corona till sjukvården](#), Vetenskap och hälsa, March 2020
- Article [Snabbspår för att utvärdera forskning om coronautbrott](#), Curie - en tidning från Vetenskapsrådet, April 2020
- Comment [Cochrane om Enzymaticas påstående: "nonsens"](#), Minna Johansson i Dagens medicin, september 2020
- Cochrane Sweden awarded [full centre](#)
- [Cochrane Sweden awarded independent centre status](#), Skåne University Hospital Newsdesk, september 2020
- Article [Cochrane Sverige nu på egna ben](#), Läkartidningen, september 2020
- Article [Cochrane - Effektiva verktyg för att hitta rätt i djungeln av vetenskapliga studier](#), Medicinska Fakulteten vid Lunds Universitet, oktober 2020

- [Cochrane Sweden collaborates on trial transparency report](#), December 2020

In 2019 we produced a video on our activities: <https://www.youtube.com/watch?v=TqMtIoqw27I>

In addition, the following channels have been frequently used with consistent results:

- Website www.sweden.cochrane.org where main activities are described, thanks to Martin Ringsten and Katarina Persson.
- Twitter account @CochraneSweden
- Official LinkedIn page (<https://www.linkedin.com/company/cochrane-sweden/>)
- Instagram page https://www.instagram.com/cochrane_sweden/ . However, several members of Cochrane Sweden promote most relevant activities in this social media as well.

Major articles about Cochrane Sweden are listed on <https://sweden.cochrane.org/about-us/cochrane-sweden-media>.

Cochrane reviews by Swedish authors

We report here the reviews published by contact authors with a Swedish affiliation in Archie. Cochrane review production in Sweden is much lower than in other Nordic Countries, however significantly higher than a few years ago. To date, 29 full reviews have been published by contact authors with a current Swedish address. Five new review protocols and eight reviews (of those, two are updates) have been published during 2020.

The precise figures of Cochrane registered titles are not reported in this document. However, an increased activity has been observed in 2020, including titles in neonatology and new titles by participants in the Cochrane workshops held in Sweden in 2019 and 2020.

Advisory Board for Cochrane Sweden

We created an Advisory Board in 2020: <https://sweden.cochrane.org/about-us/cochrane-sweden/cochrane-sweden-advisory-board> However, the Advisory Board will begin to be active during 2021.

Acknowledgements

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Also, we acknowledge Ingemar Petersson at Skåne University Hospital for his wise guidance.

Publications by staff at Cochrane Sweden

New or updated Cochrane reviews

1. Galderisi A, **Bruschettini M**, Russo C, Hall R, Trevisanuto D. Continuous glucose monitoring for the prevention of morbidity and mortality in preterm infants. *Cochrane Database Syst Rev.* 2020; Issue 12:CD013309
2. Moresco L, **Bruschettini M**, Calevo MG, Siri L. Pharmacological treatment for continuous spike-wave during slow wave sleep syndrome and Landau-Kleffner Syndrome. *Cochrane Database of Systematic Reviews* 2020, Issue 11. Art. No.: CD013132. DOI: 10.1002/14651858.CD013132.pub2
3. **Bruschettini M**, Romantsik O, Moreira A, Ley D, Thébaud B. Stem cell-based interventions for the prevention of morbidity and mortality following hypoxic-ischaemic encephalopathy in newborn infants. *Cochrane Database Syst Rev.* 2020 Aug 19;8:CD013202. doi: 10.1002/14651858.CD013202.pub2.
4. Romantsik O, Calevo MG, **Bruschettini M**. Head midline position for preventing the occurrence or extension of germinal matrix-intraventricular haemorrhage in preterm infants. *Cochrane Database Syst Rev.* 2020 Jul 7;7(7):CD012362. doi: 10.1002/14651858.CD012362.pub3.
5. Moresco L, Romantsik O, Calevo MG, **Bruschettini M**. Non-invasive respiratory support for the management of transient tachypnea of the newborn. *Cochrane Database Syst Rev.* 2020 Apr 17;4(4):CD013231. doi: 10.1002/14651858.CD013231.pub2.
6. Romantsik O, Calevo MG, Norman E, **Bruschettini M**. Clonidine for pain in non-ventilated infants. *Cochrane Database Syst Rev.* 2020 Apr 9;4(4):CD013104. doi: 10.1002/14651858.CD013104.pub2.
7. **Bruschettini M**, O'Donnell CP, Davis PG, Morley CJ, Moja L, Calevo MG. Sustained versus standard inflations during neonatal resuscitation to prevent mortality and improve respiratory outcomes. *Cochrane Database Syst Rev.* 2020 Mar 18;3(3):CD004953. doi: 10.1002/14651858.CD004953.pub4.

8. **Bruschettini M, Moresco L, Calevo MG, Romantsik O.** Postnatal corticosteroids for transient tachypnoea of the newborn. *Cochrane Database Syst Rev.* 2020 Mar 17;3(3):CD013222. doi: 10.1002/14651858.CD013222.pub2.

New protocols

1. DariyaV, MorescoL, **BruschettiniM**, BrionLP. Cuffed versus uncuffed endotracheal tubes for neonates. *Cochrane Database of Systematic Reviews* 2020, Issue 9. Art. No.: CD013736. DOI: 10.1002/14651858.CD013736
2. Bellù R, Romantsik O, Nava C, Waal KA, Zanini R, **Bruschettini M.** Opioids for newborn infants receiving mechanical ventilation. *Cochrane Database of Systematic Reviews* 2020, Issue 9. Art. No.: CD013732. DOI: 10.1002/14651858.CD013732.
3. Juhl CB, Cagnotto G, Ahlström F, **Bruschettini M**, Petersson I, Dreyer L, Compagno M. TNF-alpha inhibitors for juvenile idiopathic arthritis. *Cochrane Database of Systematic Reviews* 2020, Issue 8. Art. No.: CD013715. DOI: 10.1002/14651858.CD013715.
4. Cagnotto G, Compagno M, Scire CA, **Bruschettini M.** Tumor necrosis factor (TNF) inhibitors for the treatment of psoriatic arthritis. *Cochrane Database of Systematic Reviews* 2020, Issue 5. Art. No.: CD013614. DOI: 10.1002/14651858.CD013614.
5. **Bruschettini M**, Hassan KO, Romantsik O, Banzi R, Calevo MG, Moresco L. Interventions for the management of transient tachypnoea of the newborn - an overview of systematic reviews. *Cochrane Database of Systematic Reviews* 2020, Issue 3. Art. No.: CD013563. DOI: 10.1002/14651858.CD013563

Journal articles and reports

1. Nava C, Hedenmalm AM, Borys F, Hooft L, **Bruschettini M**, Jenniskens K. Accuracy of continuous glucose monitoring in preterm infants: a systematic review and meta-analysis. [BMJ Open 2020;10\(12\):e045335](#); DOI: 10.1136/bmjopen-2020-045335

2. **Johansson M, Heath I.** Can covid-19 help us deal with the pandemic of defensive medicine? *BMJ* 2020 23;371:m4544
3. **Johansson M.** Caring for patients with long covid - a compassionate tightrope. *BMJ opinion*. October 9 2020
4. **Johansson M, Borys F, Peterson H, Bilamour G, Bruschetti M, Juhl Jørgensen K.** Addressing harms of screening – a review of outcomes in Cochrane reviews and suggestions for next steps. *Journal of Clinical Epidemiology* 2020 DOI:<https://doi.org/10.1016/j.jclinepi.2020.09.030>
5. **Olsson E, Ahl H, Bengtsson K, Vejayaram DN, Norman E, Bruschetti M, Eriksson M.** The use and reporting of neonatal pain scales: a systematic review of randomized trials. *Pain*. 2020 Aug 17. doi: 10.1097/j.pain.0000000000002046
6. **Kinoshita M, Stempel K, Borges do Nascimento IJ, Vejayaram DN, Norman E, Bruschetti M.** Opioids and alpha-2-agonists for analgesia and sedation in newborn infants: protocol of a systematic review. *Syst Rev* . 2020 Aug 20;9(1):183. doi: 10.1186/s13643-020-01436-0
7. **Moynihan R, Johansson M, Maybee A, Lang E, Légaré F.** Covid-19: an opportunity to reduce unnecessary healthcare. *BMJ* 2020;370:m2752
8. **Johansson M, Juhl Jørgensen K, Bruschetti M.** Is earlier better when it comes giving caffeine to preterm infants or are we risking unnecessary treatment and serious harm? . *Acta Paediatr*. 2020 Mar;109(3):440-442. doi: 10.1111/apa.15065
9. **Nylander Vujovic S, Nava C, Johansson M, Bruschetti M.** Confounding biases in studies on early- versus late-caffeine in preterm infants: a systematic review. *Pediatr Res*. 2020 Jan 13. doi: 10.1038/s41390-020-0757-1
10. **Van der Veeken L, Grönlund S, Gerdtsson E, Holmqvist B, Deprest J, Ley D, Bruschetti M.** Long-term neurological effects of neonatal caffeine treatment in a rabbit model of preterm birth. *Pediatr Res*. 2020 May;87(6):1011-1018. doi: 10.1038/s41390-019-0718-8
11. **Romantsik O, Barco S, Bruschetti M, Tripodi G, Ley D, Cangemi G.** A LC-MS/MS method for the quantification of caffeine, betamethasone, clonidine and furosemide in cerebrospinal fluid of preterm infants. *J Pharm Biomed Anal*. 2020 Feb 5;179:112996. doi: 10.1016/j.jpba.2019.112996