PEDro Newsletter 27 November 2017

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PEDro

PHYSIOTHERAPY EVIDENCE DATABASE

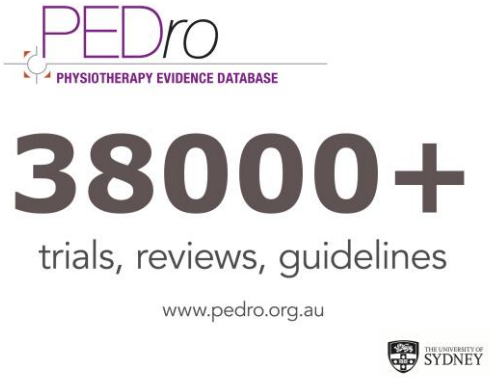
A. PEDro update (November 2017)

PEDro contains 38,212 records. In the 27 November 2017 update you will find:

- 30,155 reports of randomised controlled trials (29,490 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 7,422 reports of systematic reviews, and
- 635 reports of evidence-based clinical practice guidelines

For latest guidelines, reviews and trials in physiotherapy visit *Evidence in your inbox.*

B. PEDro indexes 38,000+ reports (and 30,000+ trials)



We are pleased to announce that PEDro has just achieved two new milestones for the amount of evidence. There are now 38,000+ reports of trials, reviews and guidelines indexed on PEDro. The number of trials now exceeds 30,000.

C. Umbrella review found that exercise therapy improves functional capacity and reduces disability in individuals with chronic disease

This umbrella review included 85 meta-analyses of randomised controlled trials evaluating the effectiveness of exercise therapy on functional capacity in people with chronic disease. Exercise therapy was compared with no treatment or usual care in adults with non-communicable chronic diseases defined by the World Health Organisation (WHO). The methodological quality of the included meta-analysis was evaluated using the AMSTAR checklist. The type of exercise therapy was classified into four categories: aerobic exercise, resistance training, aerobic and resistance training combined, and other condition-specific exercise-based training. The authors conclude that exercise therapy was effective for improving physical performance and functional capacity in all included chronic diseases (Alzheimer's disease, cancer, chronic fatigue syndrome, chronic heart failure, chronic kidney disease, chronic obstructive pulmonary disease, cognitive impairment, coronary heart disease, dementia, fibromyalgia, interstitial lung disease, multiple sclerosis, osteoarthritis, Parkinson's disease, peripheral arterial disease, rheumatoid arthritis, stroke, and type 2 diabetes). Around half of the effect estimates were of moderate to large magnitude and likely to be clinically important. Results were mostly similar among the different types of exercises, except for condition-specific programs that had a lower proportion of significant results compared with the others. Exercise also appears to be safe, but adverse events were not consistently reported. Exercise therapy should be recommended for people with chronic disease to improve functional capacity and reduce disability.

Pasanen T et al. Exercise therapy for functional capacity in chronic diseases: an overview of meta-analyses of randomised controlled trials. *Br J Sports Med* 2017;51:1459-65

Read more on PEDro.

D. Pulmonary rehabilitation guidelines for COPD now available

Pulmonary rehabilitation is a key component of the management of people with chronic obstructive pulmonary disease (COPD), reducing symptoms of breathlessness and fatigue, improving health-related quality of life, and reducing hospital readmissions after an exacerbation. Guidelines have been developed to provide evidence-based recommendations for the practice of pulmonary

rehabilitation specific to Australian and New Zealand healthcare contexts. These guidelines may also be applicable to other healthcare settings.

E. Next PEDro update (December 2017)

The next PEDro update is on Monday 4 December 2017.

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