

ISPM News Archive 2007

27.11.2007 08:34

Poverty and Health – Armut und Gesundheit

On Friday Nov. 30st Thomas Abel gives the opening key note lecture at Europe's largest congress on Poverty and Health in Berlin (www.armut-und-gesundheit.de).



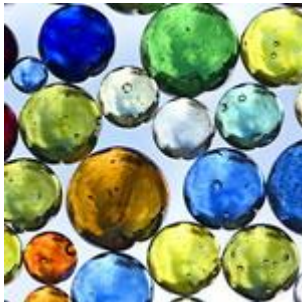
The title of his talk is:

“Why money is not enough – cultural capital is key in health promotion”/Warum Geld alleine nicht genügt – kulturelles Kapital als Schlüsselement in der Gesundheitsförderung”.

For more on Cultural Capital, Inequality and Health see [here \(PDF, 96KB\)](#).

STROBE Statement for reporting of observational research published

Two papers by Erik von Elm, Matthias Egger et al. set out recommendations for reporting of observational research.



The articles will be published from today on in seven leading journals: Annals of Internal Medicine, BMJ, Bulletin of the World Health Organization, Epidemiology, Lancet, Preventive Medicine and PLoS Medicine. The recommendations are the result of a 3 year international collaboration known as the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) Initiative.

Much biomedical research is observational. However, incomplete and inadequate reporting of research hampers the assessment of the strengths and weaknesses of studies reported in the medical literature. Readers need to know what was planned (and what was not), what was done, what was found, and what the results mean. Recommendations on the reporting of studies that are endorsed by leading medical journals can improve the quality of reporting. The STROBE recommendations are for what should be included in an accurate and complete report of a cohort, case-control, or cross-sectional study.

The papers describe the development of, and rationale for, a 22 item checklist that relate to the title, abstract, introduction, methods, results, and discussion sections of articles. The checklist is intended for use by researchers who are writing up their studies and by editors during the publication process, but will also be of value to readers of these papers.

To encourage the dissemination and use of the STROBE Statement, the journals grant free access to the articles on their websites. More information is available from the [STROBE website](#).

Download [introductory article](#) (PDF, 99KB) and [explanatory article](#) (PDF, 513KB)

[Medienmitteilung der Universität Bern.](#)

16.10.2007 08:43

Award for best poster presentation

Claudia Lickleder and Jürgen Barth won one of three awards for the best poster presentation at the 3rd World Congress on Huntington's Disease (WCHD 2007).



Claudia Lickleder and Jürgen Barth won one of three awards for the best poster presentation at the 3rd World Congress on Huntington's Disease (WCHD 2007). They presented results of a long term follow up study after genetic testing. Mental health and quality of life was comparable in gene carriers and non carriers. Social support was associated with less depressive symptoms in both groups.

Meetings website: [World Congress on Huntington Disease 2007](#)

Collaborative network meta-analysis on drug-eluting and bare-metal stents published in The Lancet

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Following the recent debate about increased risk of death and stent thrombosis associated with drug-eluting compared with bare-metal stents, a research team led by Christoph Stettler and Peter Jüni from the ISPM Bern performed a collaborative network meta-analysis, which included 38 trials and data from 18 023 patients, with a follow-up period of up to four years. Trialists and stent manufacturers provided additional data on clinical outcomes for 29 trials.

The researchers found that mortality was similar in the three groups. However sirolimus-eluting stents were associated with a lower risk of heart attack, 19%, versus bare-metal stents, and 17% versus paclitaxel-eluting stents. While there were no significant differences in the risk of definite stent thrombosis, the risk of late definite stent thrombosis (occurring more than 30 days after implantation) was more than twice as high for paclitaxel-eluting stents versus bare-metal stents, and 85% higher for paclitaxel-eluting stents versus sirolimus-eluting stents. The authors found no evidence for an increase in the risk of late stent thrombosis for sirolimus-eluting compared with bare-metal stents.

Both drug-eluting stents reduced the risk of target-lesion revascularisation compared with bare-metal stents: sirolimus-eluting stents by 70%, and paclitaxel-eluting stents by 58%. Compared with paclitaxel-eluting stents, sirolimus-eluting stents reduced this risk by 30%. The authors say: "We conclude, therefore, that siromuilus-eluting stents seem to be clinically better than bare-metal and paclitaxel eluting-stents.

12.09.2007 13:20

The Swiss Childhood Cancer Registry (SCCR) receives Federal authorisation

The Swiss Childhood Cancer Registry has received an extended federal authorization to collect data on cancer in children and adolescents.



The authorization, granted by the Federal Expert Commission for Professional Secrecy in Medical Research, puts the SCCR (www.kinderkrebsregister.ch) legally on a par with the cantonal cancer registries and allows collecting data on incidence and survival of childhood cancer via different information sources (physicians, laboratories, other cancer registries). Patients are informed and have the right to opt out, but do not need to provide written consent for registration of their data.

This is an important step for the SCCR and will help to further improve data quality. It will facilitate high quality research related to prevention and treatment of cancer in childhood, and thus contribute in the fight against an important cause of death, illness and distress in childhood.

Further information on data protection in the SCCR is available in [German](#).

12.09.2007 12:38

Grants from Asthma UK, Wellcome Trust

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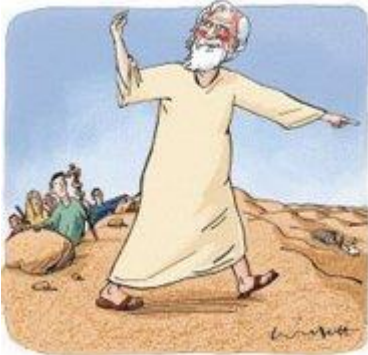


The Leicester Respiratory Cohort Studies (www.leicestercohorts.org), a large collaborative project between the Dept. of Infection, Immunity and Inflammation at Leicester University, UK (Professor Michael Silverman) and ISPM Bern (Dr. Claudia Kuehni) received two large grants from Asthma UK (click [here](#) for outline of planned work) and the Wellcome Trust (click [here](#) for outline of planned work). These grants will fund novel studies of early lung development and the epidemiology of respiratory disorders in childhood, with special emphasis on different disease phenotypes.

29.08.2007 16:43

Seminar programme 2007/2008 online now

ISPM will be welcoming eminent speakers throughout 2007/2008.



The series starts on Thursday September 13, 2007 with what promises to be a thought-provoking talk from Professor Drummond Rennie (see cartoon), Deputy Editor of JAMA, "Who wrote my paper? Problems in authorship of scientific articles". We will end on June 5, 2008 with Professor Jan P. Vandenbroucke, University of Leiden, speaking about different views of medical science, one emphasising discovery, the other emphasising evaluation. Everybody is very welcome to the seminars. Please see the programme for dates and venues of all the seminars.

[Seminarprogramm 2007/2008](#) (PDF, 45KB)

ISPM-Studie zum Zusammenhang zwischen Landschaft und Gesundheit

Die Abteilung für Gesundheitsforschung des ISPM hat unter der Leitung von Prof. Thomas Abel eine breite Literaturstudie zu den Zusammenhängen von Landschaft und Gesundheit erstellt.



Eingebettet in das Projekt „Paysage à votre santé“ der Stiftung Landschaftsschutz Schweiz (SL) und der Ärztinnen und Ärzte für Umweltschutz (AefU) zeigt diese Studie, dass sich Landschaft umfassender auf Gesundheit auswirkt als bislang angenommen: Der Zugang zu Grünräumen, bewegungsfreundliche Städte, soziale Treffpunkte im Freien, Waldkindergärten u.a.m. wirken günstig auf die physische, psychische und soziale Gesundheit der Bevölkerung.

[Studie Landschaft und Gesundheit ISPM 2007](#) (PDF, 700KB)

[Artikel bei Schweizer Radio International - ein Unternehmen der SRG SSR idée suisse](#)

Successful bid for Clinical Trials Unit

CTU Bern is one of three centres for patient-oriented clinical research to receive funding by the Swiss National Science Foundation.



In October 2006, the Swiss National Science Foundation initiated a program to fund clinical trial units coordinating and supporting patient-oriented clinical research. Eight Swiss institutions applied for funding. All proposals were evaluated by an international panel of experts. Three proposals, submitted by the Universities of Bern, Basel and Geneva, were eventually approved. A group of five clinical researchers including Peter Jüni (Social and Preventive Medicine), Hans-Peter Marti (Nephrology), Iris Baumgartner (Angiology), Heinrich Mattle (Neurology) and Stephan Windecker (Cardiology) was responsible for the successful proposal.

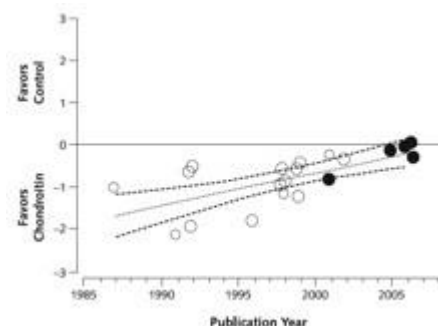
CTU Bern is a project by the Faculty of Medicine and will be directly responsible to the Dean. The unit will be headed by Peter Jüni and Hans-Peter Marti. To ensure an efficient use of the infrastructure required for clinical studies and a continuing exchange and cooperation between methodologists and clinical researchers, CTU Bern will be hosted by the Institute of Social and Preventive Medicine in close collaboration with the Inselspital Bern. CTU Bern will coordinate a multi-disciplinary team of experts and will support investigators from all clinical disciplines in developing their ideas, setting up systematic reviews and pilot studies, small exploratory studies and large clinical trials. Services will range from general support to full development of design and conduct of specific studies.

Links:

- [Press release of the Swiss National Science Foundation](#)
(German only)
- [Original call for tender of the Swiss National Science Foundation](#)
(English, German, French)

Chondroitin probably ineffective for pain relief in osteoarthritis

Stephan Reichenbach and colleagues report in *Annals of Internal Medicine* that Chondroitin is probably ineffective for pain relief in osteoarthritis.



The figure shows effect sizes according to time of publication. Effect sizes on the vertical axis are plotted against the publication year on the horizontal axis. Open circles represent studies with fewer than 200 participants and solid circles represent studies with 200 or more participants. The size of the circles is proportional to the random-effects weights that were used in the meta-regression. The solid line indicates predicted treatment effects (regression line) from univariable meta-regression by using publication year as the explanatory variable, and dashed lines represent the 95% CIs. In more recent, large scale studies, no pain alleviating effect was detectable for chondroitin as compared with placebo.

In a meta-analysis of 20 randomised clinical trials in 3,846 patients comparing Chondroitin, a frequently used food supplement, with placebo or no treatment the authors found that recent, carefully conducted studies with no methodological deficiencies did not reveal a larger pain reduction for chondroitin than for placebo. The study and an accompanying editorial by David Felson of Boston University are published in the April 17, 2007, issue of *Annals of Internal Medicine*.

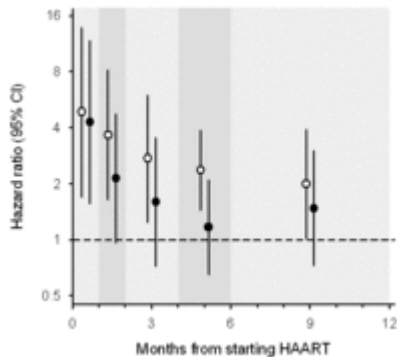
The meta-analysis was conducted in the context of a network meta-analysis of the "Therapies for Chronic Pain" module of the National Research Program "Musculoskeletal Health - Chronic Pain" [NFP 53]. A team working with ISPM's Peter Jüni, Sven Trelle and Stephan Reichenbach systematically evaluates a large number of therapies for osteoarthritis in terms of effectiveness and safety. Further results become available with the current publication.

NFP 53 was commissioned by the Swiss Government in 2003 considering that conditions of the musculoskeletal system are a major problem for the health of the public. About 30 per cent of all physician appointments are caused by these conditions. In NFP 53, researchers throughout Switzerland explore causes of these conditions and attempt to provide results relevant for clinical practice for treatment and prevention. The program includes six modules with currently 24 projects. A total of 12 million Swiss Francs were made available to implement the program for a period of five years (2004 to 2009).

- [Meta-Analysis published in Annals of Internal Medicine](#)
- [Accompanying editorial](#)
- [NFP 53](#)

ISPM research nominated for paper of the year 2006

For the past 3 years The Lancet's editors have singled out a Paper of the Year.



The figure shows hazard ratios of mortality, comparing HIV-1 infected patients starting antiretroviral therapy in low-income with higher-income settings during months 1, 2, 3-4, 5-6 and 7-12 after starting highly active antiretroviral therapy. Shaded areas represent the time periods for which hazard ratios were calculated. White circles show unadjusted hazard ratios, black circles adjusted hazard ratios. Vertical bars show 95% confidence intervals.

Only original research is considered. The international advisory board (IAB) and in-house editors nominated papers for 2006. A paper from the ART-LINC and ART-CC collaborations (Braitstein P, Brinkhof MW et al. Mortality of HIV-1-infected patients in the first year of antiretroviral therapy: comparison between low-income and high-income countries. *Lancet* 2006; 367: 817–24) was among the 23 nominated papers.

- [Lancet](#)
 - [Elsevier](#)
-

29.01.2007 13:09

Improving partner notification for STIs

Sven Trelle and colleagues report in the BMJ that helping patients with STIs to contact their partners makes partner notification more successful.



The systematic review of 14 studies with 12,389 patients identified three strategies that improve partner notification outcomes for patients with gonorrhoea, chlamydia and non-specific urethritis: giving written information for partners, giving the patient urine home sampling kits for their partners, and giving medication or a prescription for sexual partners.

Stephan Lautenschlager, head of the dermatovenereology clinic at the Triemli Hospital comments on this study in the SonntagsZeitung, s83, 28/01/2007.

- [BMJ](#)