

What's new in Cochrane Musculoskeletal reviews?

In the latest issues of the Cochrane Library (published in June, July and August 2010), the Cochrane Musculoskeletal Group (CMSG) published 2 new reviews, 4 new protocols.

NEW REVIEWS:

- **Non-surgical interventions for paediatric pes planus**

The authors included three randomised controlled trials (305 children). Meta-analysis of results was precluded due to differences in patient diagnoses and interventions. Data from one trial (40 children with juvenile arthritis and foot pain) indicated that use of custom-made orthoses compared with supportive shoes alone reduced pain (mean difference (MD) -1.5 points on a 10-point visual analogue scale (VAS), 95% CI -2.8 to -0.2; number need to treat to benefit = 3, 95% CI 2 to 23), and disability (measured using the disability subscale of the Foot Function Index on a 100mm scale (MD -18.65mm, 95% CI -34.42 to -2.68mm). The second trial of seven to 11 year old children with bilateral flat feet (n = 178) found no difference in the number of participants with foot pain between custom-made orthoses, prefabricated orthoses and the control group who received no treatment. A third trial of one to five year olds with bilateral flat feet (n=129) did not measure pain. The authors concluded that the evidence was too limited to draw definitive conclusions about the use of non-surgical interventions for paediatric pes planus.

Full review at: Rome K, Ashford RL, Evans A. Non-surgical interventions for paediatric pes planus. *Cochrane Database of Systematic Reviews* 2010, Issue 7. Art. No.: CD006311. DOI: 10.1002/14651858.CD006311.pub2 [www.thecochranelibrary.com]

- **Tocilizumab for rheumatoid arthritis**

The authors included eight RCTs (3334 participants); 2233 treated with tocilizumab and 1101 controls. In patients taking concomitant methotrexate, compared with placebo, tocilizumab-treated patients were four times more likely to achieve ACR50 (38.8% versus 9.6%), 11 times more likely to achieve Disease Activity Score (DAS) remission (30.5% versus 2.7%), 1.8 times more likely to achieve clinically meaningful decrease in Health Assessment Questionnaire (HAQ/mHAQ) scores (60.5% versus 34%), 1.2 times more likely to have any adverse event (74% versus 65%) and 0.6 times less likely to withdraw from therapy for any reason (8.1% versus 14.9%). There were no statistically significant differences in serious adverse effects, or withdrawals due to adverse events. Tocilizumab treatment was associated with significant increase in cholesterol levels and in total adverse events. Larger safety studies are needed to address these safety concerns.

Full review at: Singh JA, Beg S, Lopez-Olivo MA. Tocilizumab for rheumatoid arthritis. *Cochrane Database of Systematic Reviews* 2010, Issue 7. Art. No.: CD008331. DOI: 10.1002/14651858.CD008331.pub2 [www.thecochranelibrary.com]

NEW PROTOCOLS:

- Disease modifying immunosuppressant drugs for juvenile-onset systemic lupus erythematosus
- Exercise for improving outcomes after osteoporotic vertebral fracture
- TNF-alpha inhibitors for juvenile idiopathic arthritis
- Febuxostat for treating chronic gout

Please contact us if you are interested in writing a Cochrane review, or assisting in updating out-of date reviews that have been orphaned by their original authors. Comprehensive assistance is provided with literature searching and methodological advice. For more information, please contact the CMSG Australian Editorial Base Managing Editor, Renea Johnston (Renea.Johnston@monash.edu) or phone (03) 9508 1774 (Mon, Tues, Wed).