Blogshots for knowledge translation

A webinar for Cochrane Training
26th January 2017

Methylphenidate may slightly improve ADHD symptoms, general behaviour and quality of life. Children taking it may be more likely to have sleep problems and loss of appetite.

Cochrane review; 185 studies with >12,000 children and adolescents, comparing methylphenidate with placebo (dummy pill) or no intervention.
Webinar structure

- Introducing blogshots
- How to make a blogshot
- Sharing blogshots
Introducing blogshots

Images do well on social media

Short and shareable

Tailored for different audiences

Quick to make – get new evidence ‘out there’ fast
Choosing a review

- Does it have Summary of Findings table(s)?
- Clear key message(s)?
- Empty?
- Who will be interested?
Evidence for Everyday Allied Health

Prehospital administration of aminophylline did not improve return to circulation or survival. The effect of giving aminophylline early in resuscitative efforts is unknown.

Cochrane review; 5 studies comparing intravenous aminophylline with placebo in 1254 adults with non-traumatic normothermic bradysystolic cardiac arrest, treated with standard advanced cardiac life support.

Evidence for Everyday Health Choices

Aquatic exercise (exercises in water, usually at 32°C to 36°C) probably leads to small, short-term improvements in pain, disability and quality of life in people with osteoarthritis of the knee or hip.

Cochrane review; 13 studies with 1190 people, most with mild to moderate symptomatic osteoarthritis of the knee or hip.

Evidence for Everyday Nursing

Using a vapocoolant spray (‘cold spray’) on the skin immediately before IV cannulation probably reduces the pain, without making cannulation more difficult. It may be associated with mild discomfort.

New Cochrane review; 9 studies, 1070 adults and children undergoing IV cannulation, comparing vapocoolant with placebo spray or no spray.

Evidence for Everyday Midwifery

Induction of labour resulted in lower birthweight with fewer fractures and probably fewer with shoulder dystocia. No effect was seen on risk of caesarian section or instrumental delivery. Third- and fourth-degree tears may be increased with induction.

Updated Cochrane review; 4 studies with 1190 women, comparing induction of labour at 37 to 40 weeks with expectant management.
Evidence for Everyday Midwifery

Induction of labour resulted in lower birthweight with fewer fractures and probably fewer with shoulder dystocia. No effect was seen on risk of caesarian section or instrumental delivery. Third- and fourth-degree tears may be increased with induction.

Cochrane review; 4 studies with 1190 women, comparing induction of labour at 37 to 40 weeks with expectant management.

Evidence for Everyday Health Choices

Induction of labour reduced average birthweight by 178g and fractures of any bone (60 women would have to be induced to prevent 1 fracture). Induction probably meant that there were fewer babies whose shoulders got stuck. Induction did not appear to change the likelihood of delivering with the help of instruments or by caesarian section but may have increased the risk of severe tearing of the perineum.

Cochrane review; 4 studies with 1190 women with suspected big babies, comparing induction of labour at 37 to 40 weeks with waiting.
Blogshots for a suite of reviews

Evidence for Everyday Health Choices

There is little evidence that antibiotics are effective for treating chronic rhinosinusitis. A three month course of antibiotics probably leads to a modest improvement in disease-specific quality of life in people without polyps, but the benefit doesn’t appear to last.

New Cochrane review; 5 studies, 293 people (adults and children, with and without nasal polyps), comparing oral antibiotics with intranasal or oral steroids.

Evidence for Everyday Health Choices

There appears to be no benefit of low volume nebulised saline over intranasal corticosteroids. There may be some benefit of daily large volume saline irrigation compared with placebo.

New Cochrane review; 2 studies, 116 adults. One compared 150ml hypertonic saline irrigation with usual treatment; the other compared saline irrigation with nasal corticosteroids.

Evidence for Everyday Health Choices

Different types of intranasal steroids for chronic rhinosinusitis

There is not enough reliable evidence to show the relative effectiveness of different types of intranasal steroids or how drops, sprays and aerosols compare. It is unclear if higher doses result in better symptom improvement but they probably increase the risk of nosebleeds.

New Cochrane review; 9 studies with 910 adults and children, with chronic rhinosinusitis and nasal polyps.

Evidence for Everyday Health Choices

There may be an improvement in symptom severity, polyp size and condition of the sinuses (assessed by CT scan) in people taking a short course of oral corticosteroids as well as antibiotics or intranasal corticosteroids, but this is uncertain. It is unknown whether any benefit lasts beyond the 30 day follow-up period reported in the studies.

New Cochrane review; 1 study with 30 adults who had nasal polyps and 1 study with 48 children (no polyps).

Evidence for Everyday Health Choices

There may be some improvement in severity of all symptoms and there is probably a moderate benefit for blocked nose and a small benefit for runny nose. The risk of nosebleeds is increased.

New Cochrane review; 18 studies with 2738 people (1 study with children) with chronic rhinosinusitis, comparing intranasal steroids with placebo or no intervention. Most also had nasal polyps.

Evidence for Everyday Health Choices

There may be an improvement in symptom severity and health-related quality of life at the end of a short course (2 to 3 weeks) of oral corticosteroids compared with placebo or no treatment, with little or no lasting benefit. There may be an increase in gastrointestinal disturbances and insomnia.

New Cochrane review; 8 studies, 474 adults with chronic rhinosinusitis and nasal polyps, comparing oral corticosteroids with placebo or no intervention.
Questions
How to make a blogshot

Blogshots are made on a powerpoint slide and saved as a powerpoint file (for future editing) and as an image (jpeg)

You will need the blogshot template in your entity’s colours, available here:

http://community.cochrane.org/organizational-info/resources/resources-groups/brand-resources/cochrane-community-community-templates and download the right colour for your entity

This page has a ‘How To’ guide also
Audience

Decide on your primary audience

What do they want to know?

Medical terminology or non-specialist language (or both)?
Title

- Often easy e.g. Repositioning to treat pressure ulcers
- Can be a question e.g. prelabour rupture of membranes: planned or expectant management?
- Shortening a long title e.g. “Invasive urodynamic studies for the management of lower urinary tract symptoms (LUTS) in men with voiding dysfunction”
Message

• Check the abstract, plain language summary, summary of findings tables, and any additional details you need from the main body of the review

• Blogshots are always shared with a link to the review (or sometimes to a blog about it) – need to be accurate but not comprehensive

• Multiple outcomes? Which will you share?

• Right content and language for your audience
Conveying evidence quality

Explicitly stated?

Informing the phrasing of the key message:

- Pill A lowers blood pressure… (high quality)
- Pill A probably lowers blood pressure… (moderate quality)
- Pill A may lower blood pressure… (low quality)
- It is uncertain/unknown whether Pill A lowers blood pressure (very low quality, or empty review)
### Evidence for Everyday Health Choices

**Population**
- Paracetamol for low back pain

**Intervention**
- Cochrane review; 3 studies, 1825 people taking up to 4g paracetamol tablets per day for up to 4 weeks, or placebo

**Comparison**
- Placebo (fake medicine)

**Outcome**
- There is reliable evidence that paracetamol is no better than placebo for people with acute low back pain. It is uncertain whether it has any effect on chronic low back pain.

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**Important!**

- Cochrane UK
- Evidence for Everyday Health Choices
- There is reliable evidence that paracetamol is no better than placebo for people with acute low back pain. It is uncertain whether it has any effect on chronic low back pain.
- Cochrane review; 3 studies, 1825 people taking up to 4g paracetamol tablets per day for up to 4 weeks, or placebo

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The potential benefits and harms of inhaled oxygen in people with acute myocardial infarction (heart attack) remain uncertain.

Cochrane review; 5 studies, 1173 people with suspected or proven heart attack, comparing inhaled oxygen with air.

Link to review shortened, saved here & shared with the blogshot.
Update your blogshot when the review is updated!
Questions
Share and measure

- Where can you save/access blogshots?
- How do we disseminate them?
- How do we measure the impact?
Archiving

Save as “Blogshot title – CD no.”

- Send to Muriah Umoquit mumoquit@cochrane.org
- Tumblr archive
Translations

- Tumblr archive includes translations
- Co-ordinate with Hayley Hassan
- hhassan@cochrane.org
Sharing

• Blogshots are images…
• They can be shared on any platform where image sharing is appropriate!
• Cochrane UK uses:
  • Twitter
  • Facebook
  • Instagram
  • Snapchat
Measuring Impact

- These are surrogate metrics
- Difficult to gauge comprehension & use
- Bit.ly – allows link tracking
- SoMe analytics e.g. Twitter analytics
- Use #CB to track on Twitter
- AltMetrics
Vlogshot

Watch here
Questions