

Purpose and procedure

The general purpose of *Evidence-Based Nursing* is to select from the health related literature those articles reporting studies and reviews that warrant immediate attention by nurses attempting to keep pace with important advances in their profession. These articles are summarised in "value added" abstracts and commented on by clinical experts. The specific purposes of *Evidence-Based Nursing* are:

- To identify, using predefined criteria, the best quantitative and qualitative original and review articles on the meaning, cause, course, assessment, prevention, treatment, or economics of health problems managed by nurses and on quality assurance
- To summarise this literature in the form of "structured abstracts" that describe the question, methods, results, and evidence-based conclusions of studies in a reproducible and accurate fashion
- To provide brief, highly expert comment on the context of each article, its methods, and clinical applications that its findings warrant
- To disseminate the summaries in a timely fashion to nurses.

The Royal College of Nursing (RCN) Publishing Company and the British Medical Journal (BMJ) Publishing Group publish *Evidence-Based Nursing* under the editorship of Dr Alba DiCenso and Dr Donna Ciliska at McMaster University in Canada and Dr Nicky Cullum at the University of York in the UK. The Health Information Research Unit (HIRU) of the Department of Clinical Epidemiology and Biostatistics at McMaster University hosts the editorial office for the production of the abstracts and commissioning of commentaries. Dr Brian Haynes acts as coordinating editor to ensure that methods and procedures are consistent with other evidence-based journals prepared by HIRU.

CRITERIA FOR SELECTION AND REVIEW OF ARTICLES FOR ABSTRACTING

All articles in a journal issue are considered for abstracting if they meet these criteria:

Basic criteria

- Original or review articles
- In English
- Quantitative and qualitative studies
- About topics that are important to the clinical practice of nurses in any setting
- Analysis of each article is consistent with the study question.

Quantitative studies

Studies of prevention or treatment must meet these additional criteria:

- Random allocation of participants to comparison groups
- Follow up (end point assessment) of >80% of those entering the investigation
- Outcome measure of known or probable clinical importance.

Studies of assessment (screening or diagnosis) must meet these additional criteria:

- Inclusion of a spectrum of participants, some, but not all of whom, have the condition of interest
- Objective diagnostic ("gold") standard (eg, central venous pressure) or current clinical standard for diagnosis (eg, sphygmomanometer reading for hypertension), preferably with documentation of reproducible criteria for subjectively interpreted diagnostic standard (ie, report of statistically significant measure of agreement beyond chance among observers)
- Each participant must receive both the new test and some form of the diagnostic standard
- Interpretation of diagnostic standard without knowledge of test result
- Interpretation of test without knowledge of diagnostic standard result.

Studies of prognosis must meet these additional criteria:

- Inception cohort (first onset or assembled at a uniform point in the development of a condition or disease) of individuals, all initially free of the outcome of interest
- Follow up of >80% of participants until the occurrence of a major study endpoint or to the end of the study.

Studies of causation must meet these additional criteria:

- Observations concerning the relation between modifiable exposures and putative clinical outcomes
- Prospective data collection with clearly identified comparison group(s) for those at risk of, or having, the outcome of interest (in descending order of preference, from randomised controlled trials, quasi-randomised controlled trials, non-randomised controlled trials, cohort study with case by case matching or statistical adjustment to create comparable groups, or nested case control studies)
- Blinding (masking) of observers of outcome to exposure (criterion assumed to be met if outcome is objective, eg, all cause mortality or self administered psychometric test)

Studies of quality improvement or continuing education must meet these additional criteria:

- Random allocation of participants or units to comparison groups
- Follow up of >80% of participants
- Outcome measure of known or probable clinical importance.

Studies of the economics of healthcare programmes or interventions must meet these additional criteria:

- The economic question must compare alternative courses of action
- Alternative diagnostic or therapeutic services or quality assurance activities must be compared on the basis of both

- the outcomes produced (effectiveness) and resources consumed (costs)
- Evidence of effectiveness must be from a study (or studies) of real (not hypothetical) patients, which meets the criteria for treatment, assessment, quality assurance, or a review article
- Results should be presented in terms of the incremental or additional costs and outcomes of one intervention over another
- Where there is uncertainty in the estimates or imprecision in the measurement, a sensitivity analysis should be done.

Clinical prediction guides must meet these additional criteria:

- The guide must be generated in >1 set of real (not hypothetical) patients (training set)
- The guide must be validated in an independent set of real patients (test set)
- The guide must pertain to treatment, assessment, prognosis, or causation.

Review articles must meet these additional criteria:

- A clear statement of the clinical topic being reviewed
- A clear description of the sources and methods for identifying articles
- Specification of the inclusion and exclusion criteria for selecting articles for detailed review
- >1 article in the review must meet the above noted criteria for treatment, assessment, prognosis, causation, quality assurance, or economics of healthcare programmes.

Qualitative studies

- Content reflects the phenomenon of interest from the perspective of people experiencing it
- Data collection methods are appropriate for qualitative data
- Analyses are appropriate for qualitative data.

These criteria are subject to modification if, for example, it becomes feasible to apply higher standards that increase the validity and applicability of studies for clinical practice. The objective of *Evidence-Based Nursing* is to abstract only the very best literature, consistent with a reasonable number of articles "making it through the filter".

Articles meeting the criteria set out above are abstracted according to the procedure for more informative abstracts,¹ with the following modifications: abstracts are approximately 400 words in length; and each abstract is reviewed by an expert in the content area covered by the article. This expert writes a commentary in which she or he compares the study findings to previous research findings, identifies any important methodological problems that affect interpretation of the study results, and offers recommendations for clinical application. The author of the article is given an opportunity to review the abstract and commentary before publication.

On an ongoing basis, we will publish to the *Evidence-Based Nursing* web site (www.evidencebasednursing.com) a selected list of articles that passed all criteria but were not abstracted because, in the judgment of the editors, their findings were less applicable to general nursing practice, the topic was of interest to only a select group of nurse specialists or the topic was recently addressed in another abstract.

¹ Haynes RB, Mulrow CD, Huth EJ, et al. More informative abstracts revisited. *Ann Intern Med* 1990;113:69-76.

Journals reviewed for this issue

Acta Obstet Gynecol Scand	Arthritis Rheum	Heart Lung	J Pediatric Orthop
Acta Orthop Scand	Arthroscopy	J Adv Nurs	J Rheumatol
Age Ageing	Birth	J Am Acad Child Adolesc Psychiatry	J Trauma
Aliment Pharmacol Ther	BJOG	J Am Coll Cardiol	J Vasc Surg
Am J Cardiol	BMJ	J Am Coll Surg	JAMA
Am J Epidemiol	Br J Gen Pract	J Am Geriatr Soc	Lancet
Am J Gastroenterol	Br J Psychiatry	J Am Med Inform Assoc	Med Care
Am J Med	Br J Surg	J Arthroplasty	Med J Aust
Am J Obstet Gynecol	Can J Gastroenterol	J Bone Joint Surg Am	Midwifery
Am J Psychiatry	Can J Nurs Res	J Bone Joint Surg Br	N Engl J Med
Am J Public Health	Can J Surg	J Child Psychol Psychiatry	Neurology
Am J Respir Crit Care Med	Cancer Nurs	J Clin Epidemiol	Nurs Res
Am J Sports Med	Circulation	J Clin Nurs	Obstet Gynecol
Ann Emerg Med	Clin Orthop Rel Res	J Consult Clin Psychol	Oncol Nurs Forum
Ann Intern Med	CMAJ	J Fam Pract	Pain
Ann Rheum Dis	Cochrane Database Syst Rev	J Gen Intern Med	Patient Educ Couns
Ann Surg	Crit Care Med	J Hand Surg [Am]	Pediatrics
ANS Adv Nurs Sci	Diabet Med	J Hand Surg [Br]	Psychosom Med
Appl Nurs Res	Diabetes Care	J Infect Dis	Qual Health Res
Arch Dis Child	Fam Pract	J Manipulative Physiol Ther	Radiology
Arch Dis Child Fetal Neonatal Ed	Foot Ankle	J Neurol Neurosurg Psychiatry	Res Nurs Health
Arch Gen Psychiatry	Gastroenterol	J Neurosurg	Rheumatology
Arch Intern Med	Gut	J Nurs Scholarsh	Soc Sci Med
Arch Neurol	Health Educ Behav	J Orthop Trauma	Spine
Arch Pediatr Adolesc Med	Health Psychol	J Pediatr	Stroke
Arch Surg	Heart	J Pediatr Oncol Nurs	Thorax
			West J Nurs Res

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OTHER ARTICLES NOTED (12 Nov 2004 to 4 Feb 2005)

A list of the journals that are reviewed and the criteria for selecting articles from these journals for inclusion in *Evidence-Based Nursing* are included in each issue. The following articles passed all criteria but were not abstracted because, in the judgment of the editors, their findings were less widely applicable to nursing practice, the topic was of interest to only a select group of nurse specialists, or the topic was recently addressed in another abstract.

Treatment

Addolorato G, De Lorenzi G, Abenavoli L, *et al*. Psychological support counselling improves gluten-free diet compliance in coeliac patients with affective disorders. *Aliment Pharmacol Ther* 2004;20:777–82.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15379838

Aggarwal D, Sachdev HP, Nagpal J, *et al*. Haematological effect of iron supplementation in breast fed term low birth weight infants. *Arch Dis Child* 2005;90:26–9.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15613506

Alarcon K, Kolsteren PW, Prada AM, *et al*. Effects of separate delivery of zinc or zinc and vitamin A on hemoglobin response, growth, and diarrhea in young Peruvian children receiving iron therapy for anemia. *Am J Clin Nutr* 2004;80:1276–82.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15531676

Alderson P, Bunn F, Lefebvre C, *et al*, and the Albumin Reviewers. Human albumin solution for resuscitation and volume expansion in critically ill patients. *Cochrane Database Syst Rev* 2004;(4):CD001208.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15495011

Amato L, Minozzi S, Davoli M, *et al*. Psychosocial and pharmacological treatments versus pharmacological treatments for opioid detoxification. *Cochrane Database Syst Rev* 2004;(4):CD005031.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15495136

Amato L, Minozzi S, Davoli M, *et al*. Psychosocial combined with agonist maintenance treatments versus agonist maintenance treatments alone for treatment of opioid dependence. *Cochrane Database Syst Rev* 2004;(4):CD004147.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15495081

American College of Obstetricians and Gynecologists Women's Health Care Physicians. Executive summary. Hormone therapy. *Obstet Gynecol* 2004;104:1S–4S.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15458927

American Thoracic Society. Evidence-based colloid use in the critically ill: American Thoracic Society Consensus Statement. *Am J Respir Crit Care Med* 2004;170:1247–59.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15563641

Andrews JO, Felton G, Wewers ME, et al. Use of community health workers in research with ethnic minority women. *J Nurs Scholarsh* 2004;36:358–65.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15636417

Areosa SA, McShane R, Sherriff F. Memantine for dementia. *Cochrane Database Syst Rev* 2004;(4):CD003154.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15495043

Ascarelli MH, Johnson V, McCreary H, et al. Postpartum preeclampsia management with furosemide: a randomized clinical trial. *Obstet Gynecol* 2005;105:29–33.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15625138

Badger C, Preston N, Seers K, et al. Physical therapies for reducing and controlling lymphoedema of the limbs. *Cochrane Database Syst Rev* 2004;(4):CD003141.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15495042

Bailey DE, Mishel MH, Belyea M, et al. Uncertainty intervention for watchful waiting in prostate cancer. *Cancer Nurs* 2004;27:339–46.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15525860

Bateman ED, Boushey HA, Bousquet J, et al, and the GOAL Investigators Group. Can guideline-defined asthma control be achieved? The Gaining Optimal Asthma control study. *Am J Respir Crit Care Med* 2004;170:836–44.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15256389

Bent S, Padula A, Neuhaus J. Safety and efficacy of citrus aurantium for weight loss. *Am J Cardiol* 2004;94:1359–61.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15541270

Beswick AD, Rees K, Griebsch I, *et al.* Provision, uptake and cost of cardiac rehabilitation programmes: improving services to under-represented groups. *Health Technol Assess* 2004;8:1–166.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15461879

Bjordal JM, Ljunggren AE, Klovning A, *et al.* Non-steroidal anti-inflammatory drugs, including cyclo-oxygenase-2 inhibitors, in osteoarthritic knee pain: meta-analysis of randomised placebo controlled trials. *BMJ* 2004;329:1317.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15561731

Bookman AA, Williams KS, Shainhouse JZ. Effect of a topical diclofenac solution for relieving symptoms of primary osteoarthritis of the knee: a randomized controlled trial. *CMAJ* 2004;171:333–8.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15313991

Booth D, Evans DJ. Anticonvulsants for neonates with seizures. *Cochrane Database Syst Rev* 2004;(4):CD004218.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15495087

Borowsky IW, Mozayeny S, Stuenkel K, *et al.* Effects of a primary care-based intervention on violent behavior and injury in children. *Pediatrics* 2004;114:e392–9.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15466063

Boter H and the HESTIA Study Group. Multicenter randomized controlled trial of an outreach nursing support program for recently discharged stroke patients. *Stroke* 2004;35:2867–72.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15514186

Brady-Fryer B, Wiebe N, Lander J. Pain relief for neonatal circumcision. *Cochrane Database Syst Rev* 2004;(4):CD004217.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15495086

Braunwald E, Domanski MJ, Fowler SE, *et al.*, and the PEACE Trial Investigators. Angiotensin-converting-enzyme inhibition in stable coronary artery disease. *N Engl J Med* 2004;351:2058–68.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15531767

Brewster LM, van Montfrans GA, Kleijnen J. Systematic review: antihypertensive drug therapy in black patients. *Ann Intern Med* 2004;141:614–27.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15492341

Buchbinder R, Hoving JL, Green S, *et al.* Short course prednisolone for adhesive capsulitis (frozen shoulder or stiff painful shoulder): a randomised, double blind, placebo controlled trial. *Ann Rheum Dis* 2004;63:1460–9.
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Buhrman M, Faltenhag S, Strom L, *et al.* Controlled trial of Internet-based treatment with telephone support for chronic back pain. *Pain* 2004;111:368–77.
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Burnett CA, Juszczak E, Sullivan PB. Nurse management of intractable functional constipation: a randomised controlled trial. *Arch Dis Child* 2004;89:717–22.
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Campbell HS, Phaneuf MR, Deane K. Cancer peer support programs—do they work? *Patient Educ Couns* 2004;55:3–15.
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Caple J, Armentrout D, Huseby V, *et al.* Randomized, controlled trial of slow versus rapid feeding volume advancement in preterm infants. *Pediatrics* 2004;114:1597–600.
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Carlberg B, Samuelsson O, Lindholm LH. Atenolol in hypertension: is it a wise choice? *Lancet* 2004;364:1684–9.
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Carroll CB, Bain PG, Teare L, *et al.* Cannabis for dyskinesia in Parkinson disease: a randomized double-blind crossover study. *Neurology* 2004;63:1245–50.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15477546

Chan FK, Hung LC, Suen BY, *et al*. Celecoxib versus diclofenac plus omeprazole in high-risk arthritis patients: results of a randomized double-blind trial. *Gastroenterology* 2004;127:1038–43.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15480981

Chen HM, Chen CH. Effects of acupressure at the Sanyinjiao point on primary dysmenorrhoea. *J Adv Nurs* 2004;48:380–7.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15500532

Cheuk DK, Chau TC, Lee SL. A meta-analysis on intravenous magnesium sulphate for treating acute asthma. *Arch Dis Child* 2005;90:74–7.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15613519

Coats T, Roberts I, Shakur H. Antifibrinolytic drugs for acute traumatic injury. *Cochrane Database Syst Rev* 2004;(4):CD004896.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15495129

Colman I, Brown MD, Innes GD, *et al*. Parenteral metoclopramide for acute migraine: meta-analysis of randomised controlled trials. *BMJ* 2004;329:1369–73.

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Colquitt JL, Green C, Sidhu MK, *et al*. Clinical and cost-effectiveness of continuous subcutaneous insulin infusion for diabetes. *Health Technol Assess* 2004;8:1–186.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15488165

Craig TK, Garety P, Power P, *et al*. The Lambeth Early Onset (LEO) Team: randomised controlled trial of the effectiveness of specialised care for early psychosis. *BMJ* 2004;329:1067.
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DeBusk RF, Miller NH, Parker KM, *et al*. Care management for low-risk patients with heart failure: a randomized, controlled trial. *Ann Intern Med* 2004;141:606–13.

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de Jong Z, Munneke M, Zwinderman AH, *et al*. Long term high intensity exercise and damage of small joints in rheumatoid arthritis. *Ann Rheum Dis* 2004;63:1399–405.

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De Serres G, Skowronski DM, Guay M, *et al*. Recurrence risk of oculorespiratory syndrome after influenza vaccination: randomized controlled trial of previously affected persons. *Arch Intern Med* 2004;164:2266–72.

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Diener HC, Bussone G, de Liano H, *et al*, and the EMSASI Study Group. Placebo-controlled comparison of effervescent acetylsalicylic acid, sumatriptan and ibuprofen in the treatment of migraine attacks. *Cephalgia* 2004;24:947–54.

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Dodd J, Dare M, Middleton P. Treatment for women with postpartum iron deficiency anaemia. *Cochrane Database Syst Rev* 2004;(4):CD004222.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15495089

Dodd JM, Hedayati H, Pearce E, *et al*. Rectal analgesia for the relief of perineal pain after childbirth: a randomised controlled trial of diclofenac suppositories. *BJOG* 2004;111:1059–64.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15383107

Dorey G, Speakman M, Feneley R, *et al*. Randomised controlled trial of pelvic floor muscle exercises and manometric biofeedback for erectile dysfunction. *Br J Gen Pract* 2004;54:819–25.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15527607

Douglas R, Hemila H, D’Souza R, *et al*. Vitamin C for preventing and treating the common cold. *Cochrane Database Syst Rev* 2004;(4):CD000980.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15495002

Dyer CA, Taylor GJ, Reed M, *et al*. Falls prevention in residential care homes: a randomised controlled trial. *Age Ageing* 2004;33:596–602.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15520341

Emslie GJ, Heiligenstein JH, Hoog SL, *et al.* Fluoxetine treatment for prevention of relapse of depression in children and adolescents: a double-blind, placebo-controlled study. *J Am Acad Child Adolesc Psychiatry* 2004;43:1397–405.
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Fava GA, Ruini C, Rafanelli C, *et al.* Six-year outcome of cognitive behavior therapy for prevention of recurrent depression. *Am J Psychiatry* 2004;161:1872–6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15465985

Fletcher AE, Price GM, Ng ES, *et al.* Population-based multidimensional assessment of older people in UK general practice: a cluster-randomised factorial trial. *Lancet* 2004;364:1667–77.
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Fromme K, Corbin W. Prevention of heavy drinking and associated negative consequences among mandated and voluntary college students. *J Consult Clin Psychol* 2004;72:1038–49.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15612850

Galbreath AD, Krasuski RA, Smith B, *et al.* Long-term healthcare and cost outcomes of disease management in a large, randomized, community-based population with heart failure. *Circulation* 2004;110:3518–26.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15531765

Glass TA, Berkman LF, Hiltunen EF, *et al.* The Families In Recovery From Stroke Trial (FIRST): primary study results. *Psychosom Med* 2004;66:889–97.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15564354

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15495009

Goudswaard A, Furlong NJ, Rutten G, *et al.* Insulin monotherapy versus combinations of insulin with oral hypoglycaemic agents in patients with type 2 diabetes mellitus. *Cochrane Database Syst Rev* 2004;(4):CD003418.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15495054

Goulis DG, Giaglis GD, Boren SA, *et al.* Effectiveness of home-centered care through telemedicine applications for overweight and obese patients: a randomized controlled trial. *Int J Obes Relat Metab Disord* 2004;28:1391–8.

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Gowing L, Ali R, White J. Buprenorphine for the management of opioid withdrawal. *Cochrane Database Syst Rev* 2004;(4):CD002025.

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