



臺北醫學大學
TAIPEI MEDICAL UNIVERSITY



2019/11/22~11/24

EACA Symposium

The East Asia Cochrane Alliance (EACA) Symposium
on Evidence-based Healthcare & Systematic Review

Programme Book

4th Floor, Cheng-Pu Conference Hall
Comprehensive Medical Building
Taipei Medical University



Organized by Cochrane Taiwan

Sponsored by Ministry of Science and Technology

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ORGANIZERS

Organizers



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General Information

Registration Desk

Friday 22th November 08:30-17:00
Saturday 23th November 09:00-17:30
Sunday 24th November 09:00-17:00

Badge

Please collect badge and Symposium materials on arrival.

It is advised to wear your badge during whole EACA Symposium.

Certificate of Attendance

A certificate of attendance is included in the Symposium kit for each registered participant.

Lunch

Lunch boxes are provided at 12:00 on November 22-24 in session room. If you have any dietary requirements, please make the catering staff aware.

Food & Drink

Tea and coffee will be available during all designated breaks.

Photography disclaimer

Attendees, speakers, and guests of the Symposium may be photographed, filmed and/or otherwise recorded throughout the event, including social events.

Wi-Fi

Free Wi-Fi internet is provided by the EACA. Please Find “TMU-Guest” and “Create account”.

APP

Please join in “EACA Symposium 2019_Taipei” app (download app) to keep update date with any information.



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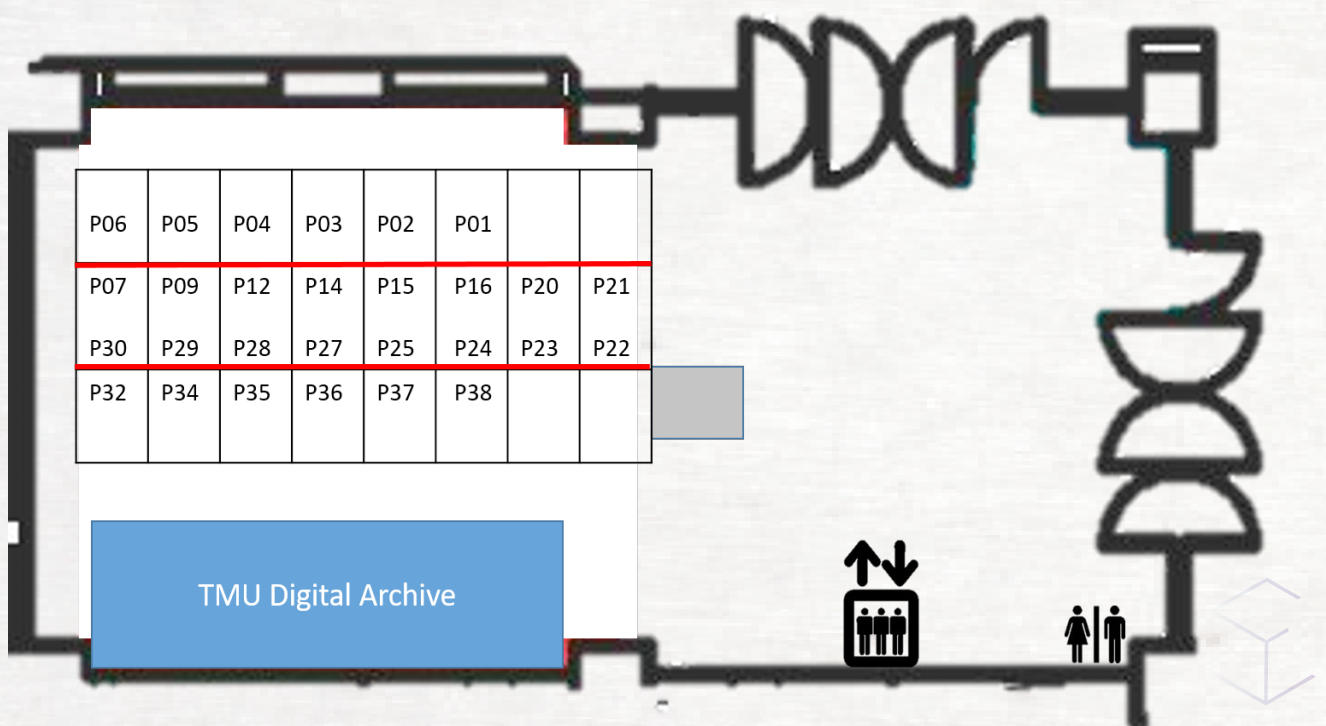
Covidence

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Expiration Date: 20 December 2019

Poster Presentation

- Each poster has been assigned a unique identification number — please note, only hang your poster in the allocated location by the identification number.
- Poster boards will be located in the first floor hall, Comprehensive Medical Building (front building). Posters will be on display during **9:00~16:00, Saturday 23 November**. Please kindly remove your poster from display no later than **17:50pm, Saturday 23 November**.
- Please remember to vote for your favorite poster using smile face stickers!



Friday 22 November 2019

Frontiers of Systematic Reviewing – latest updates to Cochrane Review methodology

Time	Topic	Speaker
08:30 – 08:50	Registration	
08:50 – 09:00	Welcome Remarks Chien Huang Lin (President, TMU) Cheng-Yu Chen (Vice president, TMU) Kuei Ru Chou (Dean, College of Nursing, TMU)	
09:00 – 09:10	Group Photo	
09:10 – 09:40	Update on the Cochrane Handbook	Joey Sum-Wing Kwong (Cochrane Adverse Effects Methods Group)
09:40 – 10:10	Key issues to consider when specifying your review question and setting up the eligibility criteria	Hyeong Sik Ahn (Cochrane Korea)
10:10 – 10:25	TEA BREAK	
10:25 – 11:00	Non-standard randomised designs for therapy – cross-over, cluster randomized, factorial	Luming Shi (Cochrane Singapore)
11:00 – 11:40	Non-randomized interventional study designs	Luming Shi (Cochrane Singapore)
11:40 – 12:00	Update on searching strategy in the Cochrane Handbook	Obaidur Rahman (Cochrane Japan)
12:00 – 13:30	LUNCH / EACA members meeting (Invitation only)	
13:30 – 15:30	Overview of RoB 2.0: A revised tool to assess risk of bias in randomized trials. (principles behind the signaling questions)	Edwin Chan Shih-Yen (Cochrane Singapore) Yi-Chun Kuan (Cochrane Taiwan)
15:30 – 15:45	TEA BREAK	
15:45 – 16:25	Using Covidence for managing literature searches	Charles Zheng Qishi (Cochrane Singapore)
16:25 – 17:00	Using Covidence for RoB appraisal	Charles Zheng Qishi (Cochrane Singapore)

Saturday 23 November 2019

Frontiers of Systematic Reviewing – latest updates to Cochrane Review methodology
Network meta-analysis Workshop

**Poster session (09:00-16:00)

Time	Topic	Speaker
09:00 – 11:00	Overview of the ROBINS-I: A tool to assess risk of bias in non-randomized Studies - of Interventions	Myeong Soo Lee (Cochrane Korea) Ka-Wai Tam (Cochrane Taiwan)
11:00 – 11:10	TEA BREAK	
11:10 – 12:00	Preparing for synthesis and Synthesis in absence of meta-analysis	Joey Sum-Wing Kwong (Cochrane Adverse Effects Methods Group)
12:00 – 13:30	LUNCH	
13:30 – 14:20	Basic Assumptions of NMA and key concepts	Norio Watanabe (Cochrane Japan)
14:20 – 15:20	How to frame the research question and develop the NMA protocol	Charles Zheng Qishi (Cochrane Singapore)
15:20 – 15:35	TEA BREAK	
15:35 – 16:35	Presentation of and interpretation about results from NMA	Yu-Kang Tu (Cochrane Taiwan)
16:35 – 17:30	Checking consistency in NMA	Hyeong Sik Ahn (Cochrane Korea)

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Sunday 24 November 2019

Network meta-analysis Workshop

****Best Poster Award (12:00-12:10)**

Time	Topic	Speaker
09:00 – 10:00	Statistical perspectives of NMA	Yu-Kang Tu (Cochrane Taiwan)
10:00 – 10:15	TEA BREAK	
10:15 – 12:00	Exercise: NMA mini-exercise using STATA software	Charles Zheng Qishi (Cochrane Singapore) Yu-Kang Tu / Ming-Chieh Shi (Cochrane Taiwan)
12:00 – 14:00	LUNCH *Best Poster Award (12:00-12:10)	
14:00 – 14:30	SoF Table for standard MA	Edwin Chan Shih-Yen (Cochrane Singapore)
14:30 – 15:30	GRADE CoE for standard MA (requires internet connection to GRADEpro GDT website)	Edwin Chan Shih-Yen (Cochrane Singapore)
15:30 – 15:45	TEA BREAK	
15:45 – 16:15	SoF Table for NMA	Edwin Chan Shih-Yen (Cochrane Singapore)
16:15 – 17:00	GRADE CoE for NMA	Edwin Chan Shih-Yen (Cochrane Singapore)

Faculties

by alphabetical order of the last name



Hyeong Sik Ahn

Hyeong Sik Ahn, M.D., Ph.D., is a professor at the Korea University College of Medicine, and School of Public Health since 1996. His major is evidence-based

medicine and health service research. He published 120 papers on international and Korean refereed journals, and is the author of several books in his field. Currently he is director of Cochrane Korea and Institute for Evidence-based Medicine. He is a former dean of School of Public Health, Korea University.



Yi-Chun Kuan

Yi-Chun Kuan, M.D., is an attending physician of Department of Neurology, Deputy Director of Teaching of Center for Evidence Health Care at Shuang Ho

Hospital, Taipei Medical University. She is also an Assistant professor of Department of Neurology and researcher of Cochrane Taiwan at Taipei Medical University, and Deputy secretary general of Taiwan Dementia Society.

Dr. Kuan has personal interests and expertise in evidence-based medicine, meta-analysis, dementia, stroke, epilepsy and sleep disorder.



Edwin Chan Shih-Yen

Edwin Chan Shih-Yen, BSc., BVMS., Ph.D., is the Chief Scientific Officer at SCRI. He also serves as the Director of Cochrane Singapore.

In SCRI, he has been instrumental in organising and conducting post-graduate research training in biostatistics, epidemiology, clinical practice guidelines development, meta-analysis and critical appraisal. Besides being an Associate Professor at the Duke-NUS Medical School, A/Prof Chan has been an expert advisor to the Ministry of Health on Clinical Practice Guideline development and serves on a national research ethics committee.



Joey Sum-Wing Kwong

Joey Sum-Wing Kwong, M.Pharm., Ph.D., is currently Co-Convenor of the Cochrane Adverse Effects Methods Group. A clinical

pharmacist by training, she is interested in the use of robust evidence in the field of cardiology, particularly on trial reporting of adverse effects of cardiovascular interventions. Joey has been an active Cochrane contributor for over 10 years, having previously worked at Cochrane Heart as Manager Editor and as Executive Associate Director at Cochrane China.

Faculties

by alphabetical order of the last name



Myeong Soo Lee

Myeong Soo Lee, Ph.D., is a principal researcher of the Korea Institute of Oriental Medicine (KIOM), Daejeon, South Korea. Dr. Lee received his BSc

and MSc in Physics (Condensed Matter Physics) from Pusan National University, Korea in 1992. He studied at the Institute of Biotechnology, and Center for Integrative Medicine, Institute of Medical Science, Wonkwang University, Korea as a Researcher for 10 years. He received his PhD degree in 2004 from the Professional Graduate School of Oriental Medicine, Wonkwang University, Korea. He studies evidence based medicine for complementary medicine at Complementary Medicine, Peninsula Medical School for 3 years as visiting researcher.



Md Obaidur Rahman

Md Obaidur Rahman is a PhD student in the Department of Global Health Nursing at St.Luke's International University, Japan. He has graduated

in Master of Science in Population Science from University of Rajshahi, Bangladesh as the top student. After graduation, he worked over six years as a researcher in international research and development organizations and experienced in implementation research in the field of global health, maternal and child health, non-communicable diseases and health economics. He is proficient in using mixed methods, as well as highly skilled in evidence synthesis in public health issues. In his doctoral research, he is conducting a systematic review and network meta-analysis on technology-based interventions for improving maternal health outcomes which is essential for knowledge translation in resource-limited countries. In 2018, he has attained special scholarship from Japanese government ministry of education for his PhD program and he is the first government-sponsored student in 120 years in the history of St.Luke's International University. He has also been awarded NSICT Research Fellowship by the Ministry of NSICT, Bangladesh for conducting his Master's research, and Gold Medal as well by the University of Rajshahi for his academic excellences. He has published eighteen original papers, including Cochrane systematic reviews, in peer-reviewed journals.



Luming Shi

Luming Shi, MBBS., MSc, Dr Shi Luming is the Head of Epidemiology at SCRI. She has more than 20 years of experience in healthcare industry

with core competence in research methodology, evidence-based medicine, public health, quantitative medicine, healthcare management, and disease surveillance. Dr Shi earned her MBBS in 1993, completed her MSc in Clinical Sciences in 2002 and further pursued her MSc in Health Economics and Pharmacoeconomics in 2008. From 2010 to 2013, she was a senior epidemiologist at the Ministry of Health. Dr Shi holds a dual appointment as an Adjunct Assistant Professor at Duke-NUS Medical School. She is also a deputy director of Cochrane Singapore.

Faculties

by alphabetical order of the last name



Ming-Chieh Shih

Ming-Chieh Shih, M.D., Ph.D., is a post-doctoral research fellow at Institute of Epidemiology and Preventive Medicine, National Taiwan University since Aug. 2019.

Shih received his MD degree from National Taiwan University in 2013 and later earned his Ph.D. in Biostatistics in 2018 under the supervision of Dr. Yu-Kang Tu. He was awarded honorary membership for the Phi Tau Phi Scholastic Honor Society of the Republic of China for excellence in academic performance.

During his Ph.D. period, Shih worked as a research assistant for Taiwan Clinical Trial Statistical Center under the National Research Program for Biopharmaceuticals, where he was in charge of introduction and building reference manuals for statistical methodologies in clinical trials. After obtaining his Ph.D., Shih received general medical training at National Taiwan University Hospital and returned to academia afterwards.

Shih's primary research interests lie in methodologies and application of meta-analysis and network meta-analysis. He is also in active academic collaboration with clinicians, focusing on prognostic factor identification and clinical prediction models. His recent work involves development of structural equation modeling framework for meta-analyses and network meta-analyses, as well as exploring the structure of evidence inconsistency in network meta-analyses. Shih is also avid in statistical education among clinicians, serving as teaching assistant in multiple network meta-analysis workshops held by Dr. Yu-Kang Tu and giving talks on medical statistics in hospital settings.



Ka-Wai Tam

Ka-Wai Tam, M.D., Ph.D., is a breast surgeon, director of Department of Medical Education, Center of Evidence-Based Health Care and Shared Decision

Making Resource Center at Shuang Ho Hospital, Taipei Medical University. He is also a Professor of Department of Surgery and an associate director of Cochrane Taiwan at Taipei Medical University.

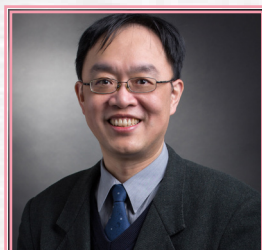
Dr. Tam has personal interests and expertise in evidence-based medicine, knowledge translation, shared decision making, systematic review and clinical practice guideline. He is currently involved in many clinical trials involving breast cancer, surgical wound care and shared decision making. Currently, he is the author and co-author of 83 original and review articles, 3 guideline chapters, and 1 book chapter.

Dr. Tam is known for his leadership in evidence-based medicine basic and advanced workshop. Since 2011, he was selected as the member of a council of Taiwan Evidence-Based Medicine Association, and was appointed in the executive boards for management of the training course of systematic review, risk of bias tool and clinical practice guideline workshops.

Non-randomized studies of the effects of interventions are critical to many areas of healthcare evaluation, but their results may be biased. It is therefore important to understand and appraise their strengths and weaknesses. The Risk Of Bias In Non-Randomized Studies - of Interventions (ROBINS-I) is a tool developed to assess risk of bias in the results of non-randomized studies that compare health effects of two or more interventions. ROBINS-I was developed by members of the Cochrane Bias Methods Group and the Cochrane Non-Randomized Studies Methods Group. The tool will be particularly useful to those undertaking systematic reviews that include non-randomized studies. This session will discuss the meaning of ROBINS-I and the application of this tool in conducting systematic review.

Faculties

by alphabetical order of the last name



Yu-Kang Tu

Yu-Kang Tu, D.D.S., M.Sc., Ph.D, obtained his undergraduate dental degree at the National Taiwan University and then received specialist training

in periodontology at NTU hospital and Taipei Chang Gung hospital. He worked in a regional hospital for a few years before started working in private clinics as a periodontal specialist. In 2000, He went to London and did his masters degree in periodontology at the Eastman Dental Institute, University College London. His career started to change path.

In May 2003, He went to Leeds to take up a position as Clinical Research Fellow and also worked on his PhD. He finished his PhD in March 2006 and was immediately awarded a tenured 5-year UK research council fellowship. He got promoted to Senior Clinical Research Fellow and eventually Principal Research Fellow in Leeds. His book, *Statistical Thinking in Epidemiology*, written with Prof Mark Gilthorpe was published by Chapman & Hall in 2011, and He also edited a book, *Modern Methods for Epidemiology*, with his colleague Dr Darren Greenwood published by Springer in 2012 .

He moved back to Taiwan in 2012 and joined the College of Public Health at NTU. He is now a Professor and Director of the Institute of Epidemiology & Preventive Medicine. His main research focus is the development of advanced methods for evidence synthesis. He has published extensively in statistical journals, such as *Research Synthesis Methods* and *Value in Health*, and medical journals, such as *BMJ*, *Lancet Oncology*, *Lancet Gastroenterology*, *JAMA Internal Medicine*, *JAMA Psychiatry*, *Gastroenterology*, *Circulation*, *Sleep Medicine Review* and many others.



Norio Watanabe

Norio Watanabe, M.D., Ph.D., used to be Lecturer at Department of Psychiatry in Nagoya City University, Japan, and Section Chief, Clinical Research Design

and Training, Department of Clinical Epidemiology in the National Center of Neurology and Psychiatry, Japan. The focus of his research includes clinical psychopharmacology and psychotherapy for mood disorders, anxiety disorders and insomnia.

He has also published research articles on clinical epidemiology, research methodology, and social psychiatry. Dr Watanabe has received a research award from the Japanese Society of Clinical Neuropsychopharmacology in 2012. He is an associate editor for *BMC Psychiatry*, a fellow member of the International College of Neuropsychopharmacology, and Director of Cochrane Japan.

He is author or co-author of over 90 clinical and scientific publications in peer-review journals and book chapters, and is author of two books on insomnia in Japanese language.

Faculties

by alphabetical order of the last name



Charles Zheng Qishi

Charles Zheng Qishi, M.D., M.Phil., Dr Zheng joined SCRI in 2014 as an Epidemiologist. His interests lie in health economic and

outcome research (HEOR), systematic review and meta-analysis for intervention, diagnostic and observational studies, design and statistical analysis for observational study. He is currently Co-Investigator of two research projects awarded by National Medical Research Committee (NMRC) Clinical Trial Grant Singapore. Charles has co-authored more than 20 papers that have been published in peer-reviewed journals or presented at international conferences. He teaches in Cochrane systematic review workshops and provides lectures related with evidence-based medicine and health economics.

Posters

- P01 **Tao-An Chen, Ya-Ting Chuang, Szu-Chi Pai, Chang-Sheng Lin**
Whether high-flow nasal cannula can avoid re-intubation after extubation in preterm infants.
- P02 **Chi-Hsuan Yang, Shih-Liang Yang**
The Clinical Effectiveness of Acupressure on Frozen Shoulders: A Comprehensive Systematic Review and Meta-Analysis
- P03 **Hui-Chin Chang, Hui-Ying Low, Kuo-Shu Huang**
A Meta-analysis: The relationship between preeclampsia and aspirin use for pregnancy outcome
- P04 **Hui-Chin Chang, Hui-Ying Low, Kuo-Shu Huang**
A Meta-Analysis: The Correlation Between Antenatal Steroid And Respiratory Distress Syndrome
- P05 **Shu-Wei Yeh, Ka-Wai Tam, Yi-Chun Kuan**
High Intensity Functional Exercise in Older Adults with and without Dementia: A Systematic Review and Meta-Analysis
- P06 **Shu-Fen Hsu, The-Fu Hsu, Lok-Hi Chow, Chen-Chen Lee**
The effect of protective dressing to prevent facial pressure ulcers in noninvasive ventilation patients: Systematic review and Meta-analysis
- P07 **Tsai-Wei Huang, Han-Chao Chang**
tDCS improves three types of post-stroke aphasia: A systematic review
- P09 **Robyn Rosina, Victoria Lovecchio, Rose McMaster, Chiung-Jung (Jo) Wu**
Literature review on integrated healthcare planning model for emerging adults in a Southern state, Australia
- P12 **Shu-Ming Chen, Chiung-Jung (Jo) Wu, John Atherton, Huey-Shyan Lin**
Literature review on physical and psychological outcomes of residents with diabetes and cardiac conditions in long-term in Taiwan
- P14 **Xihn-Xuh Chen, Hui-Ping Sun, Ling-Ya Fang, Yu-Hsia Wang**
Effectiveness of Acupuncture Treatment for Low Back Pain and Daily Functional Recovery
- P15 **Hong-Jie Jhou, Po-Huang Chen, Cho-Hao Lee, Liang Jun Ou-Yang**
High-flow nasal cannula therapy as apneic oxygenation during endotracheal intubation in the intensive care unit: A Systemic Review and Meta-analysis
- P16 **Ying-Chin Liao, Hsiu-Lun Su**
Compare the complications of peripherally-inserted central venous catheters and central venous catheters in the intensive care unit: A Systematic Review
- P20 **Yen-Wen Lu, Ching-Wen Hu**
Effect of Ginkgo biloba therapy on Daily Life Activities among Acute Stroke Patients
- P21 **Ching-En Huang, Shu-Yuan Weng, Wen-Ying Cheng, Chin-Mei Chou, Li-Fen Chao**
The efficacy of cryotherapy in the postoperative care of total knee replacement: an Evidence-Based Approach
- P22 **Wei-Lin Lin, Li-Ting Szu, Kee-Hsin Chen**
Dose Hyoscine N-butylbromide (HBB) Shorten the Active Phase during Delivery? A Meta-analysis of Randomization Controlled Trials
- P23 **Chun-Liang Hu, Pei-Ying Chen, Hui-Ping Sun, Yang-Cheng Lee**
The impact of antacids on the efficacy of tyrosine kinase inhibitors in non-small cell lung cancer patients Systematic review and meta-analysis
- P24 **Chun-Chien Yang, Chia-Yu Lin, Hsiu-Mei Chang**
Exploring the Cancer Prevention Effect of Metformin in Patients with Endometrial Cancer

P25 **Musa Hassan Farah, Hua-Chen Fang*, Sheng-Wei Cheng, Ming-Shun Wu**
Postoperative mortality of percutaneous versus endoscopic biliary drainage in resectable hilar cholangiocarcinoma-systematic review and meta-analysis

P27 **Hsin-Ju Tang**
Repositioning frequency for the prevention of pressure ulcers in Adults- A systematic review

P28 **Keng-Chun Tsai, Tzu-Chi Ou, Pa-Chun Wang, Chung-Liang Shih**
Use evidence-based Patient Decision Aids (PDAs) to assist medical personnel and public in making medical decisions.

P29 **Liang-Tseng Kuo, Chong-Wei Tan, Wei-Hsiu Hsu, Ching-Chi Chi**
Anterior Cruciate Ligament Reconstruction in Patients Aged over 50: A Systematic Review and Meta-Analysis of Non-randomized Trials

P30 **Yi-San Tsai, Li-Wen Hsu, Yi-No Kang, Kee-Hsin Chen**
The effects of Tranexamic acid on hemoptysis: a systematic review and meta-analysis of randomized controlled trials

P32 **Pei-Fan Mu, Mei-Yin Lee, Yong-Chuan Chen, Hui-Chuan Yang**
Experiences of parents providing kangaroo care to a premature infant in NICU: a qualitative systematic review

P34 **Chia-Chi Kuo, Bo-Hsun Wu**
Effect of comprehensive geriatric assessment interventions on functional status in older adults: A systematic review and meta-analysis

P35 **Yu-Fen Chen, Wei-Fen Ma**
Exploring the effectiveness preventing pressure ulcers of ARDS patients with prone positioning - Systemic review and meta-analysis

P36 **Chen-Pei Ho, Ling-Yi Wang, Li-Yu Chen**
Association of new oral anticoagulants with risk of dementia in the elderly: a meta-analysis for observational study.

P37 **Jungtae Leem, Boram Lee, Chan-Young Kwon**
Herbal medicine treatment for traumatic brain injury: A systematic review

P38 **Seon-Cheol Park, Yu-Tao Xiang, Han Qi, Qian-Qian Zong**
Treatment rate of schizophrenia in China: a meta-analysis of observational studies

[No.] P01

[Title] Whether high-flow nasal cannula can avoid re-intubation after extubation in preterm infants.

[Author] Tao-An Chen, Ya-Ting Chuang, Szu-Chi Pai, Chang-Sheng Lin.

[Institution/Organization] Show Chwan Memorial Hospital

[Abstract]

Background & Aims: In the past, nasal continuous positive airway pressure (NCPAP) has been widely used as a non-invasive respiratory support for preterm infants after extubation. To maintain the device on patient's face, so that it also cause some defects such as nasal trauma or head deformity. Recently, high-flow nasal cannula (HFNC) therapy has been used increasingly as a NCPAP substitute after extubation from preterm infants. Because HFNC is comfortable and more easily to use and less nasal trauma. Therefore we investigate studies to compare the efficacy between HFNC and NCPAP for prevention of extubation failure.

Methods: The literature searches were run using PubMed. The following search terms were used: (Preterm[All Fields] OR ("premature birth"[MeSH Terms] OR ("premature"[All Fields] AND "birth"[All Fields])) OR "premature birth"[All Fields] OR "premature"[All Fields])) OR ("airway extubation"[MeSH Terms] OR ("airway"[All Fields] AND "extubation"[All

Fields]) OR "airway extubation"[All Fields] OR "extubation"[All Fields]) AND (High[All Fields] AND flow[All Fields] AND ("cannula"[MeSH Terms] OR "cannula"[All Fields] OR ("nasal"[All Fields] AND "cannula"[All Fields]) OR "nasal cannula"[All Fields])) AND ("2014/03/30"[PDAT] : "2019/03/28"[PDAT]). The exclusion criteria: (i) not premature infants; (ii) the premature infants didn't undergo intubation; (iii) reviews, expert opinions, case reports, case series.

Results: A total of 153 articles were found, 5 of which were selected according to the exclusion criteria. There are 3 systematic reviews, 1 meta-analysis, 1 individual randomized clinical trial (RCT) in our final selective articles. According to those articles that we can find that it is no difference at extubation failure, death, bronchopulmonary dysplasia (BPD), necrotizing enterocolitis (NEC), patent ductus arteriosus (PDA), retinopathy of prematurity (ROP), intraventricular hemorrhage (IVH) between HFNC and NCPAP. But those articles all suggest that using HFNC is significant reduction nasal trauma. A systematic review finds that HFNC may cost less than NCPAP. Another systematic review also finds that HFNC can slightly decrease the rate of pneumothorax and the length of hospitalization. In conclusion, 4 studies (3 systematic reviews and 1 meta-analysis)

show HFNC is less nasal trauma and could be considered as an alternative respiratory support for premature infants after extubation and 1 RCT also comes to the same result at premature infants but whose gestational age is less than 32 weeks.

【No.】 P02

【Title】 The Clinical Effectiveness of Acupressure on Frozen Shoulders: A Comprehensive Systematic Review and Meta-Analysis

【Author】 Chi-Hsuan Yang, Shih-Liang Yang

【Institution/Organization】 National Taichung University Of Science And Technology

【Abstract】

Background & Aims: Frozen shoulder is a condition that can vary in pain severity and movement restriction. Both could impact substantially on the performance of tasks essential to daily living. Acupuncture, an ancient therapeutic technique, is emerging as an important modality of complementary medicine, and it is being increasingly accepted to relieve musculoskeletal pain by both clinicians and consumers of health care. Studies have investigated the efficacy of acupuncture on frozen shoulder, yet study results have been inconsistent.

The aim of this study was to determine the effectiveness of acupuncture for

management of frozen shoulder. The specific question to be answered was: Does acupuncture work for treating frozen shoulders?

Methods: The authors conducted a systematic review and metaanalysis to answer the study question. We searched eight electronic databases without language restrictions, and reference lists from relevant trials were reviewed.

Randomized controlled trials, in all language, of acupuncture compared to placebo or another intervention in adults with frozen shoulder were included. The basis for selecting points for needle insertion was not restricted. Trials in which one form of acupuncture was compared with another were excluded. When more than 1 publication described a single trial, only 1 report were included. Two reviewers conducted quality assessment, extracted trials and collected outcome data independently. Qualities of included study were assessed using The Cochrane Risk of Bias Tool. Results were combined in meta-analysis to indicate effect of acupuncture on frozen shoulder.

Results: 9 trials of varying methodological quality met the inclusion criteria. Varying placebos were used in the different trials. Five trials assessed and showed the benefit of acupressure over placebo or other treatment in improving pain. Another trial indicated nerve block achieved

maximum pain relief in a significant shorter time than acupuncture. Two Trials indicated a better outcome of acupressure on activity of daily living and on muscle power than those of other treatments.

【No.】 P03

【Title】 A Meta-analysis: The relationship between preeclampsia and aspirin use for pregnancy outcome

【Author】 Hui-Chin Chang, Hui-Ying Low, Kuo-Shu Huang

【Institution/Organization】 Chung Shan Medical University Hospital

【Abstract】

Background & Aims: Background: Preeclampsia is one of the major complications in high risk pregnancy. Around one in six proportions of maternal deaths can be attributed to hypertensive disorders in pregnancy. However, the only definite treatment is to deliver the fetus, whether matured or not. Despite the fact that aspirin use is not suggested for pregnant women in Taiwan, based on medical literature reviews, there are many benefits for low dose aspirin consumption that have been found in high risk pregnancy.

Aim: The purpose of this study is to analyze the effects of aspirin use for pregnant women.

Methods: Using the MeSH and keywords “aspirin” and “acetylsalicylic acid” to search for articles in PubMed (1966-current),

EMBASE (1980-current), TOXLINE (1994-current), EBM Cochrane Database of Systematic Reviews (1991-current), we reviewed all related English articles and selected the most relevant ones for the meta-analysis. Assessment of Risk of Bias was done by two authors using Cochrane Handbook for Systematic Reviews of Intervention.

Results: 60 studies were included to identify and analyze. The random-effects model shows that low dose aspirin can significantly reduce the risk of miscarriage rate (RR 0.9; 95% CI 0.83 to 0.97). Moreover, low dose aspirin can significantly reduce the risk of preterm delivery (RR 0.89; 95% CI 0.83 to 0.96) and also intrauterine growth retardation risk (RR 0.87; 95% CI 0.80 to 0.96) and also reduce preeclampsia risk (RR 0.68; 95% CI 0.57 to 0.83) and severe preeclampsia risk (RR 0.73; 95% CI 0.54 to 0.99). It should be started before 16 weeks. (RR 0.69; 95% CI 0.53 to 0.89) However, the risk of low Apgar Score (RR 1.00; 95% CI 0.60-1.65) and perinatal mortality rate (RR 0.83; 95% CI 0.69 to 1.01) were not significantly associated to aspirin use.

【No.】 P04

【Title】 A Meta-Analysis: The Correlation Between Antenatal Steroid And Respiratory Distress Syndrome

[Author] Hui-Chin Chang, Hui-Ying Low, Kuo-Shu Huang

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[Abstract]

Background & Aims: Background: Respiratory distress syndrome is a serious complication of preterm birth that remains the primary cause of early neonatal death and disability. Among the preterm infants, low alveolar numbers probably contributes to respiratory dysfunction. Liggins (1972) revealed first observed lung maturation in lamb fetuses given corticosteroids before preterm delivery, many suggested fetal cortisol stimulated lung maturation and surfactant synthesis. Our meta-analysis concluded that antenatal corticosteroid (betamethasone better than dexamethasone) could improve lung maturation and therefore we made a hypothesis that antenatal steroid could increase choline incorporation into dipalmitoylphosphatidylcholine (DPPC) which acts as the major lung surfactant component responsible for the generation of low surface tension during compression testing.

Aims:The purpose of this study is to analyze the correlation between antenatal steroid and respiratory distress syndrome.

Methods: This study used the standard steps to carry out a systematic review of published studies to draw the conclusion

of corticosteroid on lung maturation of pregnancy by using keywords of lung maturation and steroids. All articles were reviewed and selected for meta-analysis. Assessment of Risk of Bias was done by two authors using Cochrane Handbook for Systematic Reviews of Intervention

Results: Twenty Seven randomized controlled trials studies were identified and we found out that the respiratory distress syndrome significantly reduced by using administering antenatal corticosteroid (OR 0.64; 95% CI 0.52 to 0.78), compared to placebo with a favorable prognosis no matter betamethasone or dexamethasone. We found out there are six studies showed that there is no significantly difference between comparison of dexamethasone and placebo in respiratory distress syndrome (OR 0.66; 95% CI 0.38 to 1.14). On the other hand, there are seventeen studies analyzed the comparison between betamethasone and placebo. we concluded that there is significantly difference between betamethasone and placebo in respiratory distress syndrome (OR 0.78; 95% CI 0.64 to 0.96); However there is one study compared betamethasone and dexamethasone in respiratory distress syndrome and the result shows that betamethasone has better prognosis compared to dexamethasone (OR 0.36; 95% CI 0.26 to 0.51).Single course antenatal steroid

showed better prognosis than weekly course antenatal corticosteroid (OR 0.63; 95% CI 0.42 to 0.95).

【No.】 P05

【Title】 High Intensity Functional Exercise in Older Adults with and without Dementia: A Systematic Review and Meta-Analysis

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【Institution/Organization】 Linkou Chang Gung Memorial Hospital, Taipei Medical University

【Abstract】

Background & Aims: Previous studies suggested that exercise can improve physical function and prevent disability in older adults and patients with dementia. High intensity functional exercise (HIFE) program, which combines the strengths of both intensive training and functional training, may be a prospective strategy for these populations. The aim of this study is to determine the efficacy of HIFE in older population with or without dementia.

Methods: We performed a systematic review and meta-analysis of RCTs evaluating the effect of HIFE for the elderly with or without dementia. PubMed, EMBASE, and the Cochrane Library were searched for articles published before June 2019. The primary outcomes were improvement in balance, gait speed, and

lower limb strength (LLS). The secondary outcomes were changes in activities of daily living (ADL), depression, risk of falls, stride length, cadence, Timed and Go Test (TUG), and psychiatric well-being.

Results: We identified 20 studies from 7 different trials, including older adults with or without dementia undergoing HIFE or control activity. The meta-analysis showed that HIFE significantly improved balance (standardized mean difference [SMD]: 0.41, 95% confidence interval [CI]: 0.19–0.64), gait speed (borderline, SMD: 0.25, 95% CI: -0.00–0.50), LLS (SMD: 0.74, 95% CI: 0.12–1.36), ADL, stride length and cadence in all participants when compared with those of control activity at the end of the treatment. The long-term efficacy of HIFE was significant. Furthermore, in subgroup analysis with only patients with dementia, HIFE was still superior to control activity in most outcomes. When evaluating the respective effectiveness of the two different HIFE programs (UMDEX program and the program by Hauer et al.), either program provided more advantages than control activity no matter for all the elderly or for patients with dementia specifically. After excluding trials enrolling participants with less frailty, less prominent effects of HIFE and less heterogeneity between RCTs were found.

【No.】 P06

【Title】 The effect of protective dressing to prevent facial pressure ulcers in noninvasive ventilation patients: Systematic review and Meta-analysis

【Author】 Shu-Fen Hsu, The-Fu Hsu, Lok-Hi Chow, Chen-Chen Lee

【Institution/Organization】 Nursing department, MacKay Memorial Hospital School of Nursing, National Yang-Ming University

【Abstract】

Background & Aims: Noninvasive mechanical ventilation (NIMV) has been consolidated as an initial strategy for the management of respiratory failure in critical adult or long-term ventilation dependent's patients. NIMV applied through a face mask may contribute to the development of facial skin lesions. The incidence of facial pressure ulcers (PUs) in published literature is between 5% and 50%. Foam or hydrocolloids dressings can reduce the incidence of skin lesions associated with NIMV related devices.

Assess the effectiveness of foam or hydrocolloids dressing in the prevention of facial pressure ulcers in adults with NIMV.

Methods: A systematic search was conducted in five electronic databases PubMed, Cochrane Library, EBSCO CIHNAL, EMBASE and airtiti Library (Chinese electronic databases). Inclusion criteria were: (1) adult of respiratory failure

with noninvasive mechanical ventilation as study population, (2) intervention with foam or hydrocolloids dressing, focus on pressure ulcers prevention, (3) outcomes reported as pressure ulcers incidence. The PRISMA guidelines were followed. There were no restrictions with respect to language or publication date. Two review authors independently performed study selection, risk of bias assessment and data extraction.

Results: We included two RCTs and two quasi-experimental studies representing a total of 302 participants from the acute care setting. We present data for two comparisons.

Two trials were pooled using a fix effect model ($I^2=0\%$, 120 participants), the use of protective dressings reduces the incidence of PUs in NIMV patients (OR = 0.05, 95% CI 0.01 to 2.21, $Z = 3.99$, $p < 0.0001$). There were two trials compared foam and hydrogel dressings using a fix effect model ($I^2=0\%$, 134 participants), no significant difference in the incidence of PUs (OR = 1.16, 95% CI 0.81 to 1.64, $Z = 0.81$, $p = 0.42$) was noted. Cost-effectiveness analysis in one trial where the cost of consumables in the foam dressing group was higher than that of the hydrophilic dressing group (TWD 226.9 ± 38.9 vs 175.7 ± 89.3 $p = 0.01$), which was significantly different.

【No.】 P07

【Title】 tDCS improves three types of post-stroke aphasia: A systematic review

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【Abstract】

Background & Aims: Whether transcranial direct current stimulation (tDCS) can help with verbal and linguistic treatment of aphasia after stroke has long been controversial due to the localization of current flow during tDCS therapy can not be predicted in lesion area. This systematic review of the literature was going to understand the association between stroke stage, types of aphasia and tDCS treatment parameters.

Methods: We searched the clinical literature published in the Cochrane Library, Google scholar, PubMed and other databases from 2015 to 2019. We used tDCS, stroke and aphasia three keywords to create a full-text search range. Modified Jadad Quality Scale was used to assess the research level of articles, we excluded articles with a total score of less than 5 points (residues 13), followed by reading and integration.

Results: The patients had no serious adverse reactions to the commonly used

tDCS clinical treatment parameters (≤ 40 min, ≤ 4 mA, ≤ 7.2 coulomb). tDCS can significantly improve aphasia after chronic stroke or long-term stroke but does not improve aphasia after subacute stroke. Regardless of where the placement of the anode tDCS is, there are different degrees of help for Broca's, Wernickes, and Anomic, but there is no literature for the help of more serious aphasia. Anode tDCS adjuvant therapy not only improves on word discovery therapy training programs but also automatically displays for untrained words. If the patient has a val / val BDNF genotype, it is better to improve aphasia from tDCS therapy.

【No.】 P09

【Title】 Literature review on integrated healthcare planning model for emerging adults in a Southern state, Australia

【Author】 Robyn Rosina, Victoria Lovecchio, Rose McMaster, Chiung-Jung (Jo) Wu

【Institution/Organization】 University of Newcastle, School of Nursing & Midwifery

【Abstract】

Background & Aims: Young people aged 16-34 years experience increased risk for emergent mental illness and associated problems, complicated by the wide range of developmental factors impacting on the 'emerging adult'. Mental health services

continue to use chronological age of 18 years to transition youth to adult services. This review aims to synthesis studies on emerging adult integrated care models to inform mental health professionals, consumers and services.

Methods: The research method uses a systematic review of the literature and Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) to report the selection process of the literature.

Results: We searched the databases from: Psycho info, Medline, Cinahl, clinical key/nursing, PubMed, Cochrane library, Proquest, Search period was from 2009-2019, English literature only. The keywords used include: emerging adults, youth, mental illness, integrated care models, care plan*, transition*, barriers, enablers, gaps

Critical appraisal tools/checklists, including Joanna Briggs Institute (JBI), Critical Appraisal Skills Program (CASP), Centre For Evidence-Based Medicine (CEBM) for critical literature review and meta-analysis (if appropriate) to identify empirically validated complex.

[No.] P12

[Title] Literature review on physical and psychological outcomes of residents with diabetes and cardiac conditions in long-term in Taiwan

[Author] Shu-Ming Chen, Chiung-Jung (Jo) Wu, John Atherton, Huey-Shyan Lin

[Institution/Organization] Fooyin University

[Abstract]

Background & Aims: Approximately one third of people with type 2 diabetes living in long-term care facilities in Taiwan have higher comorbidities such as cardiac conditions. Clinical presentations for these frail older people are different to the younger population and require different management approaches. Lack of evidence is found for an integration of evidence-based diabetes-cardiac reablement programs to provide ongoing support for individuals living in the facilities. This review aims to identify the effects of interventions for people with diabetes and cardiac diseases on physical and psychosocial outcomes in people age over 60 years.

Methods: The research method uses a systematic review of the literature and Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) to report the selection process of the literature.

Results: We searched the databases from: Medline, PubMed, Cochrane library, Joanna Briggs Institute (JBI), ProQuest, CINHAL, Scopus, Psycho info, China Journal Net (since 1915), WanFang Data

(since 1980), Chinese Medical Current Contents (since 1994), Hong Kong Index to Chinese Periodical Literature (since 1980), HyRead (since 1974). Search period was from 2009-2019, English and Chinese literature only. The keywords include older adults, aging, aged, diabetes, cardiac relocation*, recovery, reablement* Critical appraisal tools/checklists, including Joanna Briggs Institute (JBI), Critical Appraisal Skills Program (CASP), Centre For Evidence-Based Medicine (CEBM) for critical literature review and meta-analysis (if appropriate) to identify empirically validated complex.

[No.] P14

[Title] Effectiveness of Acupuncture Treatment for Low Back Pain and Daily Functional Recovery

[Author] Xihh-Xuh Chen, Hui-Ping Sun, Ling-Ya Fang, Yu-Hsia Wang

[Institution/Organization] Tainan Municipal Hospital (Managed by Show Chwan Medical Care Corporation), Department of Critical Care Medicine

[Abstract]

Background & Aims: Low back pain is more likely to be described ache and pain anywhere in the back. About 60 to 80 percent of adult experience low back pain at some point in their lives. Most low back pain can be alleviated by rest; however, a small percentage of people develop

chronic pain and even affect work and daily function after ineffective treatment. A number of studies have reported that acupuncture is effective for the treatment of low back pain. So this evidence-based approach discuss the effectiveness of acupuncture treatment for low back pain and daily function.

Methods: Literature research was conducted on PubMed, Cochrane library, Google, Scholar, CNKI, Airiti Ovid beyond the participants' interventions, comparisons, and outcomes (PICO) approach. The eligibility criteria of selecting studies was randomized controlled trials (RCTs), meta-analysis or systematic review design. The search terms "Acupuncture", and "Low back pain".

Results: As mentioned above, there were four system reviews that met the inclusion criterion and three articles were assessed by using critical appraisal skills. First system review demonstrated 7 trials including a total of 14289 patients with chronic low back pain. Low back pain was alleviated obviously after acupuncture treatment for 8 weeks but the effectiveness of pain-relief became significantly lower after acupuncture treatment for 1 year. For recovering from disability, there is a statistical difference between acupuncture treatment and control group ($p < 0.05$). Acupuncture combined with western medicine had significant improvement in

recovering from disability and pain-relief compared with the treatment of western medicine alone. No serious adverse event occurred. Second system review presented that 2678 patients with chronic low back pain were identified from 13 trials. Compared with no treatment, acupuncture was more effective in pain-relief and disability recovery than no treatment. The third system review with meta-analysis revealed acupuncture, especially dry needling, have most improvement in pain-relief and function recovery. A study was designed to investigate the effectiveness of thread-embedding acupuncture (TEA) for low back pain. Forty participants were recruited for this randomized trial. The study revealed TEA group (experimental group) and acupuncture group (control group) all had significant improvement in reducing pain after 10 weeks follow-up ($p < 0.001$) and there were no significant differences between the two groups.

[No.] P15

[Title] High-flow nasal cannula therapy as apneic oxygenation during endotracheal intubation in the intensive care unit: A Systemic Review and Meta-analysis

[Author] Hong-Jie Zhou, Po-Huang Chen, Cho-Hao Lee, Liang Jun Ou-Yang

[Institution/Organization] Changhua Christian Hospital

[Abstract]

Background & Aims: High-flow nasal cannula (HFNC) is a novel respiratory management strategy to deliver humidified and warm oxygen with a high-flow rate. Apneic oxygenation (AO) sustains oxygen supplementation while the patient is undergoing interventions, whereas the role of HFNC therapy as AO remains debatable. We assessed the outcomes of HFNC as AO during endotracheal intubation (ETI) in critically ill patients in the intensive care unit (ICU).

Methods: We searched PubMed, Embase, the Cochrane collaboration database and Web of Science databases for randomized controlled trials and observational studies up to 18 June, 2019 to identify studies comparing the efficacy of HFNC as AO during ETI in critically ill patients in ICU. Two reviewers extracted data and appraised the reporting quality according to a predetermined protocol. This review was conducted using Cochrane standards, trial sequential analysis, and the Grading of Recommendations Assessment, Development, and Evaluation. The major outcomes were incidences of severe hypoxemia (peripheral capillary oxygen saturation $< 80\%$) during intubation, mean lowest oxygen saturation during intubation, the length of intensive care unit stay and in-hospital mortality.

Results: In this meta-analysis enrolled

956 patients, the using of high-flow nasal cannula was non-inferior to standard of care during intubation in terms of severe hypoxemia, mean lowest oxygen saturation during intubation, and in-hospital mortality. HFNC significantly shortened the length of intensive care unit stay by 1.8 days. In linear meta-regression interaction analysis, the incidence risk ratio of severe hypoxemia decreased in a linear trend with increasing baseline partial oxygen pressure (PaO₂)/fraction of inspired oxygen (FiO₂) ratio. In subgroup analysis, we observed the using of high-flow nasal cannula significantly reduced the risk of severe hypoxemia on the patients with mild hypoxemia (PaO₂/FiO₂ > 200 mmHg; RD: -0.06; 95% confidence interval, -0.12 - -0.01; Number needed to treat = 16.7).

[No.] P16

[Title] Compare the complications of peripherally-inserted central venous catheters and central venous catheters in the intensive care unit: A Systematic Review

[Author] Ying-Chin Liao, Hsiu-Lun Su

[Institution/Organization] Dalin Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation

[Abstract]

Background & Aims: Central venous catheters (CVCs) are commonly used for central access in the intensive care

unit (ICU), however, peripherally inserted central venous catheters (PICCs) are increasingly used in critical care units. But, PICCs are required to self-pay in Taiwan and lack of related studies to confirm the complications.

The aim of this study is to compare the complications of PICC versus CVC for intensive care unit patient.

Methods: We conducted a systematic review of English language articles published between 2009 to 2019, that focused on using PICCs or CVCs in the intensive care unit. The digital databases of Cochrane library, Pubmed, Embase and MEDLINE were used to search the related studies. In total, 228 studied were found. Study quality was strictly assessed by 2 trained abstractors using the Data Collection Checklist and Data Abstraction Form proposed by the Oxford center of EBM.

Results: 6 studies met the inclusion criteria, including 6 studies of retrospective cohort study, with a total of 3601 participants (PICC: CVC=1652:1949). Most of the studies indicated that the use of PICC significantly reduce insertional injuries, with fewer catheter-related blood stream infections (CR-BSI) and catheter-related deep vein thrombosis (CRDVT).

[No.] P20

[Title] Effect of Ginkgo biloba therapy

on Daily Life Activities among Acute Stroke Patients

[Author] Yen-Wen Lu, Ching-Wen Hu
[Institution/Organization] Tungs' Taichung MetroHarbor Hospital

[Abstract]

Background & Aims: According to statistics from the Ministry of Health and Welfare of Taiwan, Cerebrovascular disease is the fourth cause of death in Taiwan. The rate of disability caused by stroke in the first month after the onset of stroke is 57.5%, which affects the patient's self-care and reduces the quality of life. The Ginkgo biloba therapy is popular in Taiwan's folk areas and can promote the recovery of stroke patients. We want to know its curative effect by evidence-based medicine method.

Methods: 1. The clinical question is: Can the stroke patients use Ginkgo biloba therapy improve their daily life activities? 2. PICO : P: Stroke patients \ I : Ginkgo biloba therapy \

C : symptomatic treatment \ O : daily life activities 3. Use database source of Cochrane and PubMed, the keywords are Ginkgo and Stroke, and the include criteria are systematic review and random assignment experiments within five years.

Results: A total of 24 articles were searched, and one of them was selected a research literature based on systematic literature review as the main review

literature. The main result was the effect of Ginkgo biloba therapy on the recovery of neurological activity in patients OR: 2.66; 95% CI: 1.79 to 3.94. P < .0000.

After further literature review, the results are as follows :

1. A total of 10 articles were collected in this systematic literature review, 9 of which were in China and 1 in India, and lacked research in Europe, America and other Asian countries.
2. Of the 10 articles reviewed in this systematic literature, the original investigators did not clearly state whether Ginkgo alone or in combination with other drugs.
3. There is no proof evidence that the routine use of Ginkgo biloba therapy can promote post-stroke recovery, and more high-quality and large-scale randomized controlled trials are needed to test its efficacy.

[No.] P21

[Title] The efficacy of cryotherapy in the postoperative care of total knee replacement: an Evidence-Based Approach

[Author] Ching-En Huang, Shu-Yuan Weng, Wen-Ying Cheng, Chin-Mei Chou, Li-Fen Chao

[Institution/Organization] Madou Sin-Lau Hospital

[Abstract]

Background & Aims: The prevalence of degenerative knee arthritis is 45% in those over 70 years old. TKR is considered the best treatment for osteoarthritis of the knee as pain and disability may not be improved by conservative treatments. At the postoperative period, wound pain is the major patients' complain. So, the application of cryotherapy non-pharmacologic pain control method is in common use. However its effect is still unclear. The purpose of this comprehensive searched relevant evidence appraisal to recommend for the clinic use.

Methods: 1. Data Sources and Study Selection (1). A broad search literature was performed incorporating Electronic literature of Embase, Pubmed, CINAHL, CEPS, Wanfang, the Cochrane Library database plus manual reference checks of all articles using multiple search terms related to cold management. (2). Studies, included 3 major types of prospective clinical trial RCT; meta-analysis or Systematic review. 2. Appraisal Tools: Use the CASP Systemic Review checklist for review. 3. Data Extraction: The two meta- analysis literature included in the final analysis were all expressed by the effect amount (95% CI), and the statistical significance was $p < 0.05$, and the forest map was used. 4. Level of Evidence: Level 1 of the article recommended by

Oxford CEBM (2011) Results: 1. The search identified 110 articles. Forty duplicates, 31 non-related documents, 10 non-English documents before January 2000, 8 RCT were excluded. Overall, 2 meta- analysis were included. 2. The high evidence quality integrated literature showed that there was a statistically small difference in postoperative pain control and no pain injury; however, the study included in the analysis lacked a high grade RCT. 3. Quantitative assessment of postoperative cryotherapy, indicates superior performance in postoperative visual pain scale (MD = -1.32 (-2.37 ~ -0.27)), and blood loss (MD = -0.46 (-0.84 ~ -0.08)). There is no difference in blood transfusion rate (2.13 (0.04 ~ 109.63)) and hospital stay (-0.20 (-1.55 ~ 1.15)); Lower analgesic and opioid consumption were found in cryotherapy group compared with acupuncture, electrotherapy, preoperative rehabilitation protocol and continuous passive joint activity machine (CPM). The dose effect were -0.51 (-1.00 ~ -0.02) and -0.13 (-0.26 ~ -0.01) without report of special adverse reaction.

[No.] P22

[Title] Dose Hyoscine N-butylbromide (HBB) Shorten the Active Phase during Delivery? A Meta-analysis of Randomization Controlled Trials

[Author] Wei-Lin Lin, Li-Ting Szu, Kee-

Hsin Chen

[Institution/Organization] Wan Fang Hospital, Taipei Medical University

[Abstract]

Background & Aims: Prolonged labor is associated with increased morbidity and mortality to both mother and fetus. Effective contraction and cervical dilatation are two key factors that contribute to the duration of delivery, especially in the active phase. Several methods or medications are available for shortening the active phase of delivery. The use of hyoscine N-butylbromide (HBB) as spasmolytic has been well established in many disorders, such as in gastrointestinal or genitourinary tract diseases. Its role in decreasing active phase is still debatable and has not yet been proven to be beneficial.

Methods: A systematic literature search was conducted using Cochrane Library, Pubmed, EMBASE, CINAHL, National Knowledge Infrastructure (CNKI), Airiti Library (Chinese database), National Digital Library of Theses and Dissertation in Taiwan (NDLTD), from inception to June 30, 2019. We calculated pooled risk ratios (RR), mean difference (MD) and 95% CI using Revman 5.3 for meta-analysis.

Results: A total of 1,314 women from 8 publications were included. All studies compared HBB against placebo. The risk of bias was unclear for half of the studies, because the information on random

sequence generation and allocation concealment was not clearly stated. Compared with the control group, using HBB group significantly decreased the duration of the active phase (MD -39.2 minutes; 95% CI: -53.3 to 25.0, I² = 73%) and the third stage (MD -0.95 minutes; 95% CI: -1.63 to -0.28, I² = 54%). Additionally, the duration of active phase in intravenous (IV) HBB group (MD -41.5 minutes; 95% CI: -60.1 to -22.9) was shorter than HBB group given intramuscularly (IM) (MD -50.2 min; 95% CI: -77.8 to -22.7). There were no significant differences observed in the duration of second stage (MD -1.77 minutes; 95% CI: -4.01 to 0.46), Caesarean section rate (RR 1.14; 95% CI 0.6 to 2.4), postpartum hemorrhage, instrumental delivery, Apgar scores at 1 min (MD 0.01; 95% CI: -0.14 to 0.16) and 5 min (MD 0.03; 95% CI: -0.13 to 0.07), other neonatal outcomes, or any medication adverse effects between HBB group and control group.

[No.] P23

[Title] The impact of antacids on the efficacy of tyrosine kinase inhibitors in non-small cell lung cancer patients : Systematic review and meta-analysis

[Author] Chun-Liang Hu, Pei-Ying Chen, Hui-Ping Sun, Yang-Cheng Lee

[Institution/Organization] Tainan municipal hospital (managed by Show Chwan medical care corporation)

【Abstract】

Background & Aims: Advanced non-small cell lung cancer (NSCLC) patients received epidermal growth factor receptors (EGFR) tyrosine kinase inhibitors (TKIs) treatment clinically and improved the progression-free survival (PFS) 、 overall survival (OS) and quality of life. The pharmacokinetic data showed gastric acid-suppressing agents (ASAs) such as proton pump inhibitors (PPIs), histamine-2 receptor antagonists (H2-RA) can lead the area under blood concentration curve and the maximum blood concentration of TKIs was significantly decreased. However, current studies found this drug-drug interaction seems to be controversial. This study will explore whether the use of ASAs will affect the efficacy of TKIs in NSCLC therapy.

Methods: We systematically searched the relative article through the PubMed 、 Embase 、 Cochrane library 、 web of Science (WOS) and Scopus (1996.1-2019.3). Searched keywords included “advanced or metastatic non-small cell lung cancer or neoplasm” 、 ”tyrosine kinase inhibitors” and “gastric acid suppressing agents”. The interested outcomes were PFS. A meta-analysis of published papers will be conducted and the software Review Manager 5.3 was used.

Results: Total of 507 papers was retrieved. Two independent reviewers excluded duplicates and those do not meet the

inclusion criteria. We used the Newcastle-Ottawa Scale (NOS) for assessing the quality of these selected papers. 14 retrospective studies included in our meta-analysis. The PFS of ASAs combination with TKIs compared with TKIs is a statistically significant difference (hazard ratio 1.43 ; 95% confidence interval 1.20-1.72) and the impact on Erlotinib combination with ASAs is more significant. (hazard ratio 1.63 ; 95% confidence interval 1.07-2.48)

【No.】 P24

【Title】 Exploring the Cancer Prevention Effect of Metformin in Patients with Endometrial Cancer

【Author】 Chun-Chien Yang, Chia-Yu Lin, Hsiu-Mei Chang

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【Abstract】

Background & Aims: Endometrial cancer (EC) is the one of common malignancy of female genital tract in developing countries. In Taiwan, EC has become the fastest-growing gynecological cancer in recent years. The biguanide metformin is the first line treatment for patients with Type-2 diabetic mellitus (T2DM). Furthermore, metformin use has exerted the anti-carcinogenic effect in several cancers. Recently, various studies have

mentioned that EC is highly critical risk factor for EC, yet the cancer prevention effects of metformin on EC remain rarely known. The aim of the present study is to investigate the effects of metformin on the clinical outcome of EC by using evidence – based medicine (EBM) methods.

Methods: Pubmed, Medline, Cochrane, Embase and Web of Science were searched for eligible studies between 2009 and July 2019. The following key words and Mesh term were to guide the search strategy: PICO (P: Patients with endometrial cancer OR endometrial hyperplasia; I: metformin OR glucophagy OR biguanide; C: placebo ; O: overall survival OR Progression free survival). The language and preferred article type was limited to English, system review or meta-analysis or randomized controlled trial. At the initial appraisal, Porto et al 's meta-analysis article was published in Gynecologic Oncology journal in 2017. The quality of the selected literature will be assessed using the Critical Appraisal Skills Programme (CASP) list. The Hazard ratio (HR) and their associated 95% confidence interval (CIs) were used as the effect measures for the overall survival. I² test was used to assess heterogeneity

Results: Porto et al 's studies was collected from 1,344 studies from five electronic data base and 19 studies were fully complied the inclusion criteria

eventually. Metformin-users EC patients has higher overall survival compared to non-metformin user and non-diabetic patients (HR=0.82; CI: 0.70-0.95; p= 0.09, I²=40%). The low risk of publication bias was shown by the symmetrical funnel plot across studies.

[No.] P25

[Title] Postoperative mortality of percutaneous versus endoscopic biliary drainage in resectable hilar cholangiocarcinoma- systematic review and meta-analysis

[Author] Musa Hassan Farah, Hua-Chen Fang*, Sheng-Wei Cheng, Ming-Shun Wu

[Institution/Organization] Taipei Medical University

[Abstract]

Background & Aims: Percutaneous biliary drainage (PBD) and endoscopic biliary drainage (EBD) are the preoperative procedures performed to relieve obstructive jaundice-related complications and reduce postoperative liver remnant failure rate . However, studies have shown contradictory results that PBD has negative impact on the survival rate of patients with resectable hilar cholangiocarcinoma. Our purpose was to pool all the studies , and compare the postoperative mortality and other adverse effects of PBD versus EBD for resectable hilar cholangiocarcinoma.

So we could find out which one could be the first line of preoperative biliary drainage.

Methods: We searched through PubMed, Cochrane/CENTRAL, EMBASE, Scopus and CNKI and included both randomized and nonrandomized studies in our meta-analysis. We used RevMan 5.3 for our meta-analysis.

Results: 12 studies were eligible for our meta-analysis. In our study, PBD has significantly higher postoperative mortality than EBD 27 of 247 (10.9%) versus 14 of 280(5%); odds ratio [OR], 0.42; 95% confidence interval[CI], 0.21-0.86; P value=0.02. Other outcomes like liver abscess, intra-abdominal abscess, cholecystitis, bleeding, sepsis, wound infection, postoperative morbidity, tube dislocation and blockage, there is no statistically significant difference between PBD and EBD.

[No.] P27

[Title] Repositioning frequency for the prevention of pressure ulcers in Adults- A systematic review

[Author] Hsin-Ju Tang

[Institution/Organization] Chi Mei Medical Center

[Abstract]

Background & Aims: Pressure ulcers are an important indicator of care quality. The frequency of repositioning is highly correlated with pressure ulcer prevention.

Repositioning is one of the care items that are frequency-intensive, and spend manpower and time-consuming. At present, there are no consistent recommendations for the prevention of pressure ulcers in various countries, ranging from 2 hours to at least 6 hours. On the basis of effective prevention of pressure sores, explore the appropriate frequency of repositioning has important clinical significance. The purpose of this systematic review is to summarize the appropriate frequency of repositioning of effective prevention of pressure sores.

Methods: We searched the Cochrane Library, PubMed, CINAHL and Airiti Library in Chinese in 2019. 06. The keywords of “repositioning”, “turning frequency”, “pressure sore”, “pressure ulcer”, “pressure injury”, “Bedsore” and “decubitus ulcer” were used in searching strategy. All RCT, CCT, and Cohort studies were included. The Cochrane Risk of Bias in randomized and non-randomized studies of interventions were used to appraisal the studies quality.

Results: We included 5 studies. 3 RCTs and 2 CCTs. The studies’ risk of bias was moderate to high. Most literature shows that there is no significant difference in the incidence of pressure ulcers at 2, 3, 4 or 6 hours of repositioning, and significantly reduces the number of care hours and costs. Repositioning angle and mattress material are also important factors of

pressure ulcer prevention. In addition, observe the patient's skin condition, and prevent the complications of braking were must be concerned.

[No.] P28

[Title] Use evidence-based Patient Decision Aids (PDAs) to assist medical personnel and public in making medical decisions.

[Author] Keng-Chun Tsai, Tzu-Chi Ou, Pa-Chun Wang, Chung-Liang Shih

[Institution/Organization] Joint Commission of Taiwan

[Abstract]

Background & Aims: According to the research, medical personnel and public (patients and their families) opinions, sharing medical decisions can improve patients' health, reduce decision-making conflicts and promote medical relationship. All medical institutions in Taiwan are encouraged to practice Shared Decision Making (SDM) in clinical practice and use evidence-based Patient Decision Aids to help public understand disease information and treatment options. In addition, this provides public with the options to consider and support them to make appropriate medical decisions.

The purpose of this study is to report the impact of PDAs use on medical personnel and public in Taiwan.

Methods: From May to September

2018, the Joint Commission of Taiwan appealed all medical institutions in Taiwan to participate SDM implementation campaigns. Develop in-hospital clinical process for these seven mandatory topics and use PDAs to share decisions with public. During the implementation period, questionnaires on the experience of public and medical personnel participating in SDM were collected for effectiveness evaluation.

This study uses seven thematic PDAs (Including angina pectoris, delivery, tracheotomy, osteoarthritis, brain injury, atrial fibrillation and diabetic macular .

[No.] P29

[Title] Anterior Cruciate Ligament Reconstruction in Patients Aged over 50: A Systematic Review and Meta-Analysis of Non-randomized Trials

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[Abstract]

Background & Aims: There is no consensus regarding the best treatment approach for middle-aged patients with anterior cruciate ligament (ACL) injuries. These patients who were treated

conservatively for ACL tear usually experienced significant pain and instability. ACL reconstruction (ACLR) surgery achieved satisfactory outcomes in younger patients; however, the effectiveness and safety of ACLR surgery in middle-aged patients remained uncertain.

This systematic review was to compare the patient-reported functional outcomes, arthrometrical outcomes, and complications of primary ACLR surgery between older patients (> 50 years) and younger patients (< 50 years).

Methods: We conducted a systematic review and meta-analysis of cohort studies that compared the clinical outcomes of ACLR between patients older than 50 and those younger than 50. We searched the Cochrane Central Register of Controlled Trials, Embase, and MEDLINE databases for relevant studies. We used the methodological index for non-randomized studies to assess the risk of bias and adopted random-effects model meta-analysis to combine the data. We used the Grading of Recommendations Assessment, Development and Evaluation methodology to evaluate the overall quality of the body of retrieved evidence. The primary outcomes were functional outcomes, including International Knee Documentation Committee (IKDC) scores, Lysholm scores, and Tegner activity scores. The secondary outcomes were

arthrometrical outcomes of ACLR and complications.

Results: This study included four retrospective cohort studies with a total of 287 participants (129 in the older group and 158 in the younger group). All included studies reported significant improvements in the clinical outcomes in both groups after ACLR. No significant differences were noted in the improvement of the IKDC subjective scores (mean difference [MD] -0.20; 95% confidence interval [CI] -2.65 to 3.05; $p = 0.89$) and Lysholm scores (MD -1.98; 95% CI -6.93 to 2.98; $p = 0.43$) between the two groups. No significant differences were observed in the anteroposterior stability and risk of complications between the groups.

[No.] P30

[Title] The effects of Tranexamic acid on hemoptysis: a systematic review and meta-analysis of randomized controlled trials

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[Abstract]

Background & Aims: Hemoptysis, a common symptom of different lung disease, increases short of breath and

results in higher mortality rate. Tranexamic acid (TXA) was a commonly used anti-fibrinolytic agent, has been shown to control bleeding. However, the effects of direct use on pulmonary hemorrhage and the effect is less discussed. The purpose of this study was to investigate the effectiveness of the use of TXA to reduce the volume and duration of hemoptysis in adult patients.

Methods: Our study searched the Cochrane library, Embase, PubMed (including MEDLINE), and the CEPS for randomized clinical trials (RCTs) investigating the effects of TXA on hemoptysis before August 2019. We focused on literature in Chinese and English and followed reference lists for identifying relevant trials. Two of us individually assessed the study quality by using the Cochrane Risk of Bias (RoB) 2.0 tool, and pooled results were estimated in the RevMan 5.3 software.

Results: Our search identified 447 references, and 5 of them met eligible criteria. The five RCTs recruited 233 patients with hemoptysis. The pooled result showed that no significant differences in duration of bleeding (n=120, mean difference [MD] = -13.2; 95% CI -33.7 to 7.2 hours; I²= 89%), and resolution of hemoptysis (n=117, Risk Ratio [RR] = 1.36; 95% CI 0.86 to 1.86; I²= 77%) between TXA group and control group. However, the

pooled estimate showed that TXA led to less bleeding volume (n=66, MD = -56.2; 95% CI -94.7 to -17.7 ml), lower further intervention rates (n=163, Odds Ratio [OR] 0.20; 95% CI 0.09 to 0.47; I²= 0%), and decreased hospital length of stay (n=133, MD = -1.62; 95% CI -2.93 to -0.31; I²= 0%).

[No.] P32

[Title] Experiences of parents providing kangaroo care to a premature infant in NICU: a qualitative systematic review

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[Abstract]

Background & Aims: Parents who give birth to an unexpected preterm infant not only suffer a psychological impact, but, in addition, their roles as parent are full of uncertainty. As part of family-centered care, kangaroo care is an important way to support premature infants and their family. The aim of this review was to synthesize experiences of kangaroo care among the parents of preterm infants in neonatal intensive care units. **Methods:** A qualitative systematic review method was used. English and Chinese databases were searched for relevant studies from 1970 to July 2018. The

findings of qualitative studies were extracted and pooled using the Joanna Briggs Institute Qualitative Assessment and Review Instrument. The findings of qualitative studies were extracted and pooled using the Joanna Briggs Institute Qualitative Assessment and Review Instrument. The GRADE-CERQual approach was used to assess the confidence of evidence from reviews of qualitative research. Results: A total of 731 studies were screened, and 9 were included. Five synthesized findings were identified: sense of emptiness of the parent's role, barriers in the translation of parental roles in kangaroo care, preparation enhances parental role expectations, kangaroo care enhances parental competency, and encouragement and support from family and friends.

[No.] P34

[Title] Effect of comprehensive geriatric assessment interventions on functional status in older adults: A systematic review and meta-analysis

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[Abstract]

Background & Aims: Comprehensive geriatric assessment interventions has been considered as an important and

global guidance of care in older adults. The newly conducted meta-analysis of the Cochrane database of systematic reviews has indicated that, comprehensive geriatric assessment interventions can improve some health outcomes in older adults. However, there are lacks of explore the effect of functional status such as fall, physical restraint, urinary catheterization and consultation of physical therapist. Therefore, this paper is aim to explore the effect of comprehensive geriatric assessment interventions on functional status in older adults, through a systematic review and meta-analysis. Methods: This systematic review and meta-analysis followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, and the methodology followed the Cochrane handbook. Five English and Chinese databases: Airiti Library, CINAHL, Cochrane Library, PubMed/MEDLINE, and the Index of the Taiwan Periodical Literature System were searched. The search of the literature published prior to May 2019, keywords including "comprehensive geriatric assessment" and "older adult" were used. Randomized controlled trials were included. A total of 34 articles met the criteria. The literature quality was assessed according to the Cochrane risk of bias 2.0 tool. Extracted data were entered and

analyzed using RevMan 5.3.5 software. Results: The meta-analysis of the subgroup of ward indicated that comprehensive geriatric assessment interventions significantly improved the activities of daily living (7 RCTs, SMD= 0.15, 95% CI= [0.04, 0.26], p= .009). There was no significant difference in the incidences of fall (7 RCTs, RR= 0.91, 95% CI= [0.73, 1.14], p= .41), physical restraint (4 RCTs, RR= 0.82, 95% CI= [0.35, 1.94], p= .65), urinary catheterization (2 RCTs, RR= 0.96, 95% CI= [0.84, 1.08], p= .48), and consultation of physical therapist (4 RCTs, OR= 1.18, 95% CI= [0.77, 1.82], p= .45).

[No.] P35

[Title] Exploring the effectiveness preventing pressure ulcers of ARDS patients with prone positioning - Systemic review and meta-analysis

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[Abstract]

Background & Aims: Prone positioning in patients with adult respiratory distress syndrome (ARDS) has been shown to reduce in mortality as compared to the supine position. However, pressure ulcers were the most frequent complication, the research shows an increase of

23%-49%, especially facial pressure ulcers(Bloomfield, Noble, & Sudlow, 2015; Kopterides, Siempos, & Armaganidis, 2009; Park et al., 2015). Therefore, taking care of these patients need surveillance and active prevention of pressure ulcers. This article uses systematic review to explore the effectiveness preventing pressure ulcers of ARDS patients with prone positioning. Methods: A search was performed on the main electronic databases including PubMed, Embase, Cochrane Library, Chinese Electronic Theses & Dissertations Service(CETD) and Chinese Electronic Periodical Services(CEPS) and CEPS(Chinese electronic periodical services) were searched for full text of Chinese and English trails published in July 2019. We included prone positioning in mechanically ventilated adults with ARDS, and using any preventive pressure ulcer strategy. Standardized critical appraisal tools from the Critical Appraisal Skills Programme (CASP) were used to assess methodological quality. Review Manager 5.3 software was used to conduct the meta analysis. Results: Six studies, including 2 randomized control trials (RCTs) and 4 observational study that met the inclusion criteria, were included. Overall interventions for any pressure ulcer prevention measures are more effective than usual care to prevent pressure ulcers

in ARDS patients with prone ventilation (OR= 0.14, 95% CI [0.07, 0.26], $p < .00001$) and facial pressure ulcer (OR = 0.30, 95% CI [0.09, 0.98], $p = .05$). Significantly reduce pressure ulcers by modified prone position (OR = 0.11, 95% CI [0.05, 0.23], $p < .00001$).

[No.] P36

[Title] Association of new oral anticoagulants with risk of dementia in the elderly: a meta-analysis for observational study.

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[Abstract]

Background & Aims: Some evidences indicated that new oral anticoagulants (NOACs) were associated with a significantly lower risk of dementia. The purpose of this meta-analysis is to evaluate the association between NOACs and risk of dementia in the elderly. Methods: The information is obtained mainly from the following sources: PubMed, Embase, Wiley Online Library, ClinicalKey, CENTRAL, CINAHL, Google Scholar, WANFANG MED ONLINE and Airiti Library for all-language publications till June 2019. There are total ten observational studies recruited between 2002 and 2019.

Sample size ranged from 258 to 444106. All participants were from Europe, United States of America, Australia and Taiwan with follow-up duration of 1 year to 9 years. The main outcome is overall dementia. We used both fixed and random effect models to calculate pooled hazard ratios and to estimate statistical heterogeneity. All data were analyzed using STATA 13.1 statistical analysis software. Results: NOACs user has about 51% lower risk of overall dementia when compared with nonuser (HR 0.51, 95%CI: 0.37-0.72) estimated by random effect model, with evidence of heterogeneity ($I^2=65.4\%$, $P<0.001$).

[No.] P37

[Title] Herbal medicine treatment for traumatic brain injury: A systematic review

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[Abstract]

Background & Aims: We aimed to evaluate the effectiveness and safety of herbal medicine (HM) as monotherapy or adjunctive therapy to conventional treatment (CT) for traumatic brain injury (TBI) in a systematic review. Methods: We comprehensively searched 14 databases from their inception until

July 2019. Randomized controlled trials (RCTs) using HM as monotherapy or adjunctive therapy to treat patients with TBI were included. We conducted descriptive analyses of the participants' details, interventions, and study outcomes. When appropriate data were available, meta-analysis was performed and a risk ratio or mean difference, with 95% confidence intervals, was calculated. We assessed the quality of RCTs using the Cochrane Risk of Bias Tool. The quality of evidence for the papers' main findings was evaluated using the Grading of Recommendations Assessment, Development, and Evaluation approach. Results: Thirty-seven RCTs with 3,374 participants were included. There was no significant difference between HM and CT in terms of functional outcome or consciousness state in patients with traumatic brain oedema. However, when HM was combined with CT, functional outcomes such as activities of daily living and neurological function were significantly better than in patients treated using CT alone. When HM was used as a monotherapy or an adjunctive therapy to CT, the total effective rate based on clinical symptoms was significantly better than in patients treated using CT or placebo; however, in terms of quality of life, the results were inconsistent. HM monotherapy did not differ from either

HM plus CT or placebo in terms of the incidence of adverse events. Conversely, the incidence of adverse events and total emergent symptom scale were significantly better in the HM plus CT group than in the CT alone group. Most studies had a high risk of performance bias, and the quality of evidence was mostly rated "very low" to "moderate," mostly because the included studies had a high risk of bias and imprecise quantitative synthesis results.

[No.] P38

[Title] Treatment rate of schizophrenia in China: a meta-analysis of observational studies

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[Abstract]

Background & Aims: Effective and prompt medication treatment is essential for schizophrenia patients to alleviate psychotic symptoms and improve prognosis. The treatments rate of schizophrenia usually varies greatly across studies. This is a meta-analysis to examine the overall treatment rate of schizophrenia patients in China. Methods: Both international (PubMed, EMBASE, PsycINFO, Web of Science) and Chinese (CNKI, WanFang and Sinomed)

databases were searched. The random effects model was used to analyze the data. Results: Fifteen studies with 1,219,472 patients were included. The overall treatment rate of schizophrenia was 73% (95%CI: 66-80%) in any type of medical institutions, with the treatment rate of 31.0% (95%CI=21.0%, 31.0%) in psychiatric institutions. Studies conducted in middle area of China and those published before 2007 reported significantly higher treatment rates.





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