

Introduction to RevMan



Tabriz University of Medical
Sciences
Standard Workshop on
Systematic Reviews _ October
2012

Dr. Shayesteh Jahanfar,
University of British Columbia

Steps of a systematic review

1. define the question
2. **plan eligibility criteria**
3. **plan methods**
4. search for studies
5. apply eligibility criteria
6. collect data
7. assess studies for risk of bias
8. **analyse and present results**
9. **interpret results and draw conclusions**
10. improve and update review



Outline

- **RevMan and Archie**
- working with RevMan



See <http://ims.cochrane.org>



Review Manager (RevMan)

- **mandatory** software for writing and publishing your review
- available from <http://ims.cochrane.org/revman>
- free for Cochrane authors and academic use

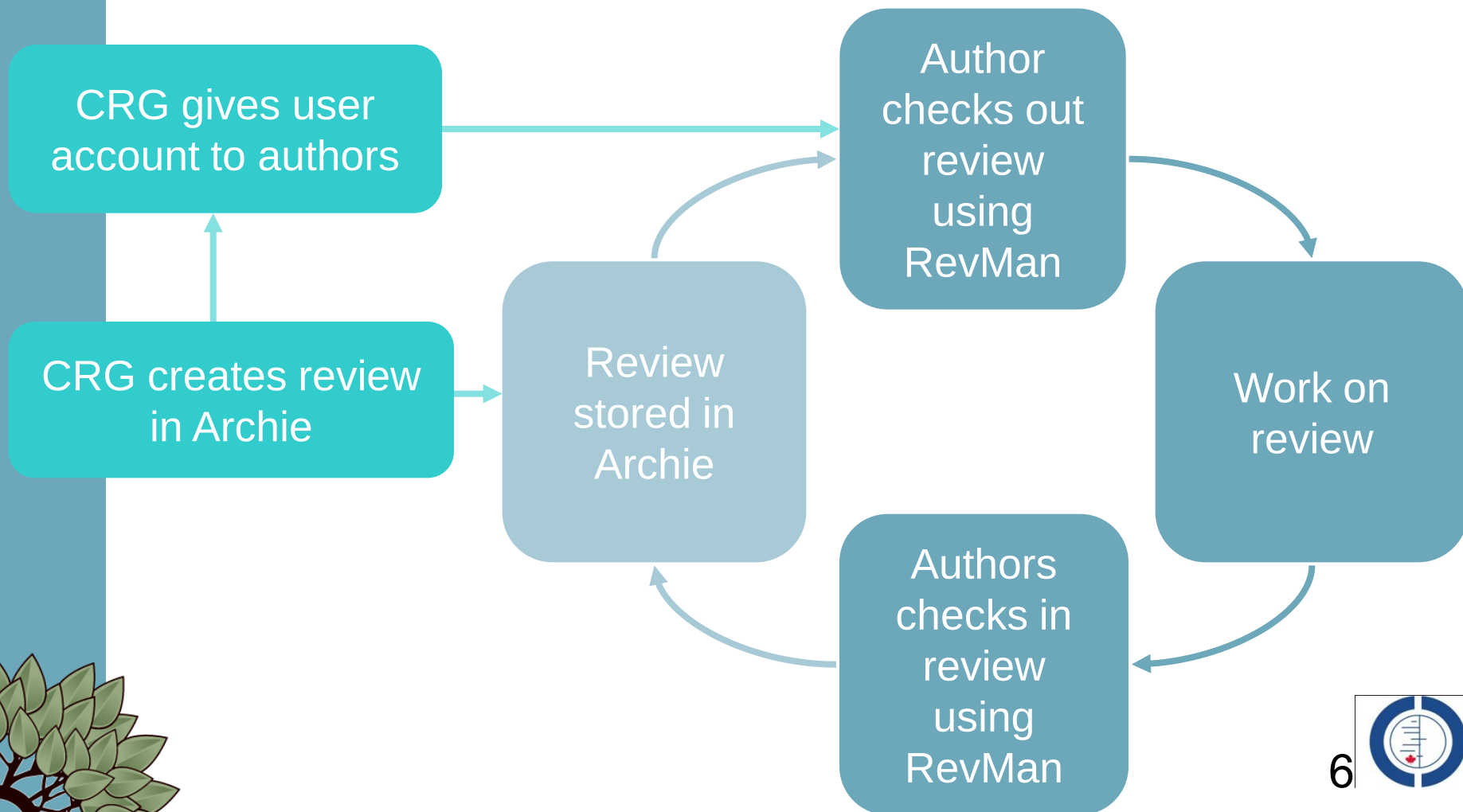


Archie

- Cochrane Collaboration central database
 - stores all reviews and contact information
 - *The Cochrane Library* is published directly from Archie
- use RevMan to access reviews in Archie
 - need a user account and password (ask your CRG)



Accessing your review



Outline

- RevMan and Archie
- **working with RevMan**



RevMan works with

- all Cochrane review types
 - interventions
 - methodology
 - diagnostic test accuracy studies
 - overview of reviews
- multiple platforms
 - Windows
 - Macintosh
 - Linux

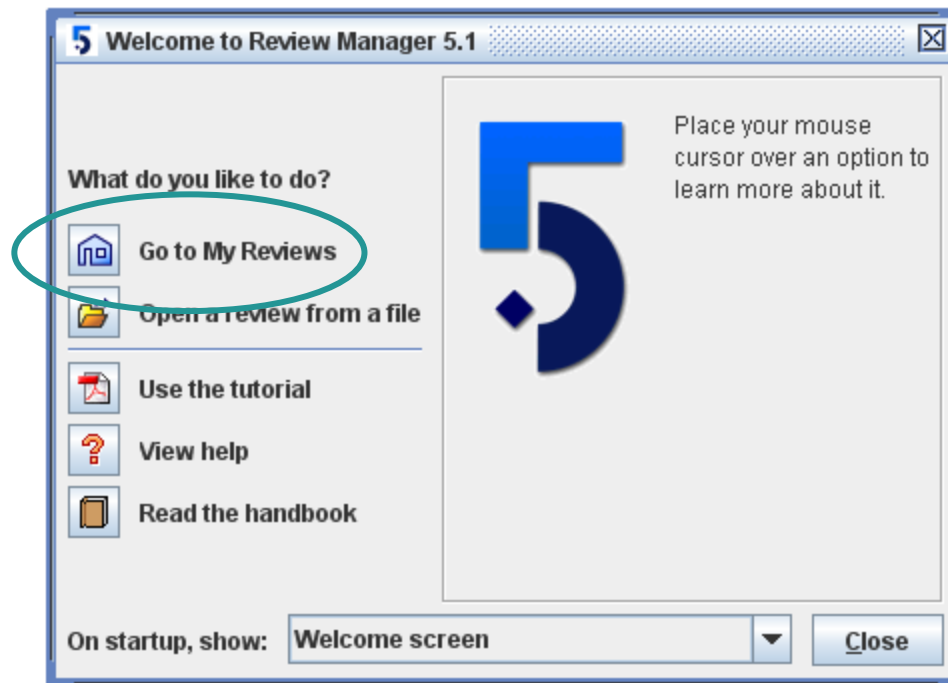


Working with RevMan

- for protocols, reviews and updates
 - writing the text
 - statistical analysis
 - reference management
 - submission for editorial review and publication



Starting RevMan



Accessing your review

My Reviews

Server: Archie Server (archie.cochrane.org) User: miranda cumpston Connection preferences:

	No.	Title	Location	Your role(s)	Next task date
	A003-R	Arthrographic distension for adhesive capsulitis (froze...	In Archie, available	Author	No task
		Knowledge translation strategies for facilitating eviden...	In Archie, available	Editor Support	No task
	0001	Mass media interventions for influencing the use of he...	In Archie, available	Contact Person, A...	No task
	008	Pedometer-based workplace interventions for increasi...	In Archie, Editorial phase	Author	No task
	C062-R	Topical glyceryl trinitrate for rotator cuff disease	In Archie, available	Author	No task

Version Details:

Version: Location:
Archie: 2.0 (For publication) In Archie, available (22/09/08)
Local:

Review Details:

Review group: Musculoskeletal Group
Authors: Buchbinder R, Green S, Youd JM, Johnston RV, Cumpston M
Contact person: Buchbinder, Rachelle
Stage: Full review
Status: Active
Type: Intervention review
DOI: [10.1002/14651858.CD007005](https://doi.org/10.1002/14651858.CD007005)
Unique ID: 311807030515362599

Tasks in progress:



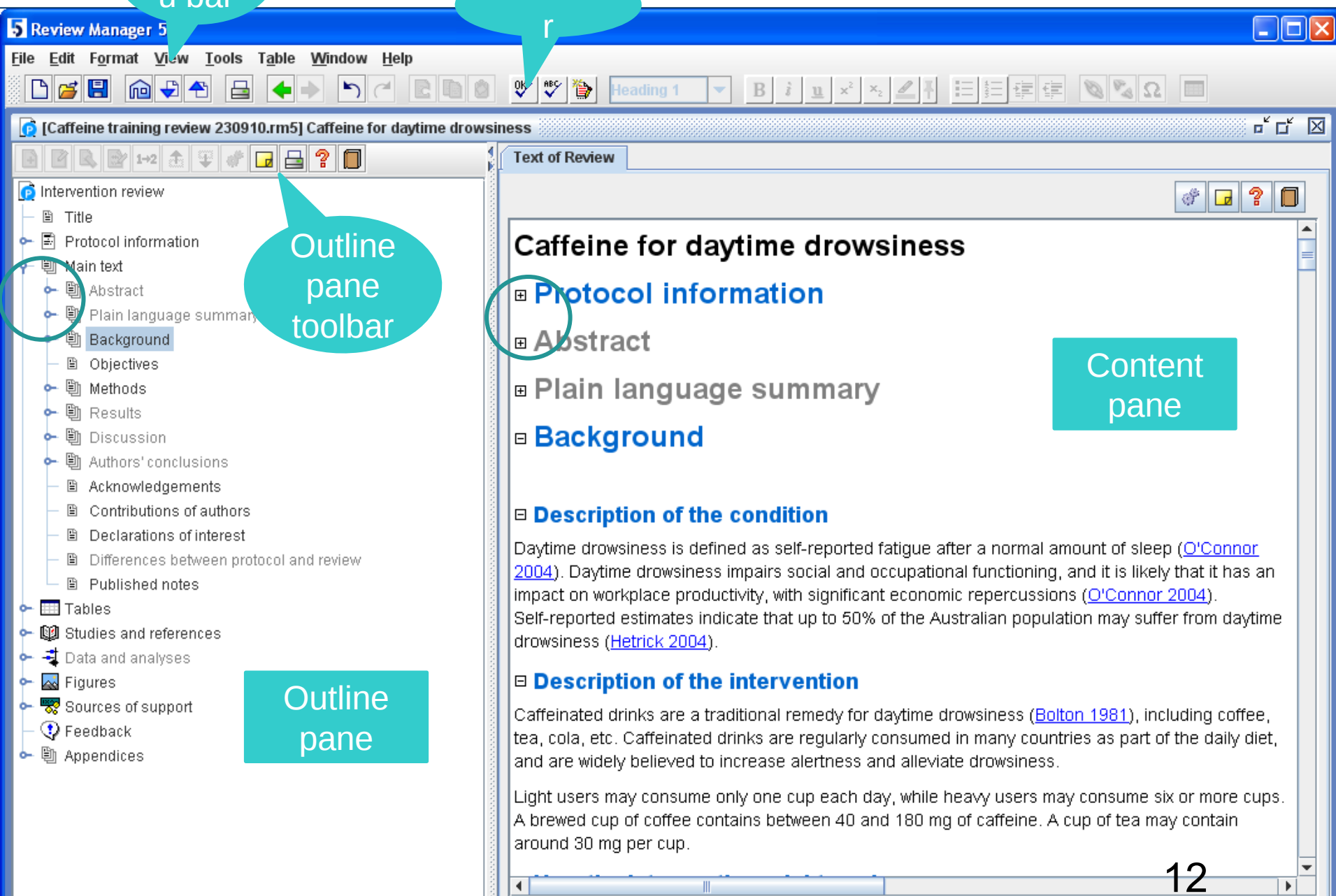
Menu bar

Toolbar

Outline pane toolbar

Outline pane

Content pane



Review Manager 5.1

File Edit Format View Tools Table Window Help

[Caffeine training review 230910.rm5] Caffeine for daytime drowsiness

Intervention review

- Title
- Protocol information**
 - Authors
 - Contact person
 - Dates
 - What's new
 - History
- Main text
 - Abstract
 - Plain language summary
 - Background
 - Objectives
 - Methods
 - Results
 - Discussion
 - Authors' conclusions
 - Acknowledgements
 - Contributions of authors
 - Declarations of interest
 - Differences between protocol and review
 - Published notes
- Tables
- Studies and references
- Data and analyses
- Figures
- Sources of support
- Feedback
- Appendices

Text of Review

Protocol information

Authors

Veronica Pitt¹, Miranda Cumpston², Denise O'Connor³, Sarah E Hetrick⁴, Porjai Pattanittum⁵

¹Australasian Cochrane Centre, Monash Institute of Health Services Research, Clayton, Australia

²Monash Institute of Health Services Research, Monash University, Clayton, Australia

³Australasian Cochrane Centre, Monash Institute of Health Services Research, Monash University, Clayton, Australia

⁴Centre of Excellence in Youth Mental Health, Orygen Youth Health Research Centre, Centre for Youth Mental Health, University of Melbourne, Melbourne, Australia

⁵Department of Biostatistics and Demography, Faculty of Public Health, Khon Kaen University, Khon Kaen, Thailand

Citation example: Pitt V, Cumpston M, O'Connor D, Hetrick SE, Pattanittum P. Caffeine for daytime drowsiness [Protocol]. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Contact person

Veronica Pitt

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 Monash Medical Centre
 Clayton

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[Caffeine training review 230910.rm5] Caffeine for daytime drowsiness

Intervention review

- Title
- Protocol information
- Main text
 - Abstract
 - Plain language summary
 - Background
 - ☒ Description of the condition
 - ☒ Description of the intervention
 - ☒ How the intervention might work
 - ☒ Why it is important to do this review
 - Objectives
 - Methods
 - Results
 - Discussion
 - Authors' conclusions
 - Acknowledgements
 - Contributions of authors
 - Declarations of interest
 - Differences between protocol and review
 - Published notes
- Tables
- Studies and references
- Data and analyses
- Figures
- Sources of support
- Feedback
- Appendices

Text of Review

Abstract

Plain language summary

Background

Description of the condition

Daytime drowsiness is defined as self-reported fatigue after a normal amount of sleep ([O'Connor 2004](#)). Daytime drowsiness impairs social and occupational functioning, and it is likely that it has an impact on workplace productivity, with significant economic repercussions ([O'Connor 2004](#)). Self-reported estimates indicate that up to 50% of the Australian population may suffer from daytime drowsiness ([Hetrick 2004](#)).

Description of the intervention

Caffeinated drinks are a traditional remedy for daytime drowsiness ([Bolton 1981](#)), including coffee, tea, cola, etc. Caffeinated drinks are regularly consumed in many countries as part of the daily diet, and are widely believed to increase alertness and alleviate drowsiness.

Light users may consume only one cup each day, while heavy users may consume six or more cups. A brewed cup of coffee contains between 40 and 180 mg of caffeine. A cup of tea may contain around 30 mg per cup.

How the intervention might work

Caffeine is a mild stimulant that acts as an antagonist of the adenosine receptors, blocking the action of this naturally occurring neuromodulator ([Snyder 1984](#)). The effect is increased activity of the central nervous system ([Smith 2002](#)).

Uncontrolled cohort studies have suggested that the use of coffee and tea is beneficial for increasing alertness and workplace productivity. In one large case-control study of 8000 British adults there was a dose-response

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[Caffeine training review 230910.rm5] Caffeine for daytime drowsiness

Intervention review

- Title
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Text of Review

Abstract

Plain language summary

Background

Description of the condition

Daytime drowsiness is defined as **self-reported fatigue** after a normal amount of sleep ([O'Connor 2004](#)). Daytime drowsiness impairs social and occupational functioning, and it is likely that it has an impact on workplace productivity, with significant economic repercussions ([O'Connor 2004](#)). Self-reported estimates indicate that up to 50% of the Australian population may suffer from daytime drowsiness ([Hetrick 2004](#)).

Description of the intervention

Caffeinated drinks are a traditonal remedy for daytime drowsiness ([Bolton 1981](#)), including coffee, tea, cola, etc. Caffeinated drinks are regularly consumed in many countries as part of the daily diet, and are widely believed to increase alertness and alleviate drowsiness.

Average daily consumption of caffeine varies. Light users may consume only one cup each day, while heavy users may consume six or more cups. An average-brewed cup of coffee contains between 40 and 180 mg of caffeine. A cup of tea may contain around 30 mg per cup.

How the intervention might work

Description of the intervention

Matt - please check my edits.

How the intervention might work

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[Caffeine training review 230910.rm5] Caffeine for daytime drowsiness

Contributions of authors
Declarations of interest
Differences between protocol and review
Published notes
Tables
Studies and references
References to studies
Other references
Additional references

- APA 2000
- Beaumont 2001**
- Bolton 1981
- Bonnet 1995
- Clubley 1979
- Hetrick 2004
- Higgins 2008
- James 1994
- Jarvis 1993
- Johnson 1990
- O'Connor 2004
- RevMan 2007
- Roache 1987
- Smith 1993
- Smith 1994a
- Smith 1994b
- Smith 1999
- Smith 2001
- Smith 2002
- Snyder 1984
- Ukoumunne 1999

Text of Review ☒ APA 2000 ☒ Beaumont 2001

Reference ID: Beaumont 2001

Reference Type: Journal article

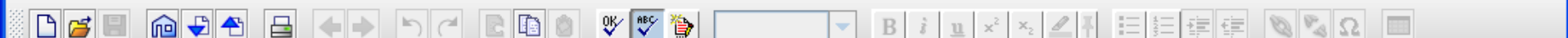
Authors:	Beaumont N, Batejat D, Pierard C, Coste O, Doireau P, Can Beers P, Chauffard F, Chassard D, Enslin M, Benis JB, Lagarde D
English Title:	Slow release caffeine and prolonged (64-h) continuous wakefulness: effects on <u>vigilance</u> and cognitive performance
Original Title:	
Journal/Book/Source:	Journal of Sleep Research
Date of Publication:	
Volume:	10
Issue:	
Pages:	265-276
Edition:	
Editor(s):	
Publisher Name:	

Identifiers

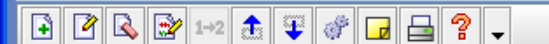
Type	Value

Add Identifier
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Beaumont N, Batejat D, Pierard C, Coste O, Doireau P, Can Beers P, Chauffard F, Chassard D, Enslin M, Benis JB, Lagarde D. Slow release caffeine and prolonged (64-h) continuous



[Caffeine training review 230910.rm5] Caffeine for daytime drowsiness



Text of Review 1.11 Headache at 24...

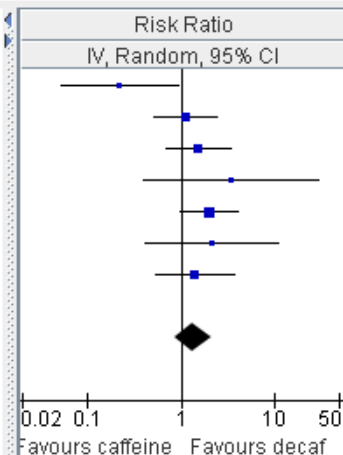
Intervention review

- Title
- Review information
- Main text
- Tables
- Studies and references
- Data and analyses
 - 1 Caffeinated versus decaffeinated coffee
 - 1.1 Drowsiness (visual analogue scale)
 - 1.2 Drowsiness (all scales)
 - 1.3 Fatigue (visual analogue scale 1-100)
 - 1.4 Fatigue (all scales)
 - 1.5 Sleepiness (C-Esta scale)
 - 1.6 Irritability (INAS scale 1-50)
 - 1.7 Irritability (BII scale 1-30)
 - 1.8 Irritability (INAS scale 1-50)
 - 1.9 Depression (BDI-II scale)
 - 1.10 Reaction time (milliseconds)
 - 1.11 Headache at 24 hours
 - 1.12 Time to headache (hazard ratio)
 - 1.13 Anxiety
 - 1.14 Sleep disruption
 - 1.15 Caffeine intake limitation

Comparison: 1 Caffeinated versus decaffeinated coffee,
Outcome: 1.11 Headache at 24 hours



Study or Subgroup	Caffeinated coffee		Decaffeinated		Weight	Risk Ratio IV, Random, 95% CI
	Events	Total	Events	Total		
Amore-Coffea 2000	2	31	10	34	8.6%	0.22 [0.05, 0.92]
Deliciozza 2004	10	40	9	40	20.5%	1.11 [0.51, 2.44]
Mama-Kaffa 1999	12	53	9	61	20.7%	1.53 [0.70, 3.35]
Morrocona 1998	3	15	1	17	4.3%	3.40 [0.39, 29.31]
Norscafe 1998	19	68	9	64	22.8%	1.99 [0.97, 4.07]
Oohlalhlazza 1998	4	35	2	37	7.0%	2.11 [0.41, 10.83]
Piazza-Allerta 2003	8	35	6	37	16.1%	1.41 [0.54, 3.65]
Total (95% CI)		277		290	100.0%	1.34 [0.84, 2.14]
Total events	58		46			
Heterogeneity: $\tau^2 = \dots$						
Test for overall effect: ...						



Footnote:

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New Ctrl-N
Open... Ctrl-O
Recent Files
Close
Save Ctrl-S
Save As...
My Reviews...
Check Out...
Check In...
Import
Export
Reports
Status Report
Validation Report
Licence for Publication Form
Declarations of Interest Forms
Page Setup...
Print... Ctrl-P
Exit

Contributions of authors
Declarations of interest
Differences between protocol and review
Published notes
Tables
Studies and references
Data and analyses
Figures
Sources of support
Feedback
Appendices

new 230910.rm5] Caffeine for daytime drowsiness

Validation Report (Caffeine for daytime drowsiness)

Validation Report

Caffeine for daytime drowsiness

Errors

Section	Description
Event: New citation: conclusions not changed, 08 January 2008	Event is not allowed at Protocol stage.
Main text: Declarations of interest	Section is empty.
Figure: Figure 3 (Analysis 1.11)	Figure is not linked from the text.
Figure: Figure 1	Figure is not linked from the text.
Figure: Figure 2	Figure is not linked from the text.

Warnings

Section	Description
Dates	Next stage expected is in the past.
Sources of support	No sources of support found.
Main text: Contributions of authors	Section is empty.
Reference: Beaumont 2001	Date of Publication is empty.
Reference: Smith 1999	Reference is not linked from the text.

OK

Description of the condition

How to get help

- documentation
 - from the Help Menu: User Guide, online help, tutorial 
 - context-specific Help
 - IMS website at <http://ims.cochrane.org>
- if you need assistance
 - ask your CRG
 - RevMan discussion forum at www.cochrane.org/forums/software/revman
 - your local Centre may provide training and support



Take home message

- RevMan is the software you will use to write your review
- you will need a user name and password to access your review file in the Archie database
- help is available



References

- Review Manager (RevMan) [Computer program]. Version 5.1. Copenhagen: The Nordic Cochrane Centre, The Cochrane Collaboration, 2011.
- <http://ims.cochrane.org>

