

Introduction to RevMan



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

5 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

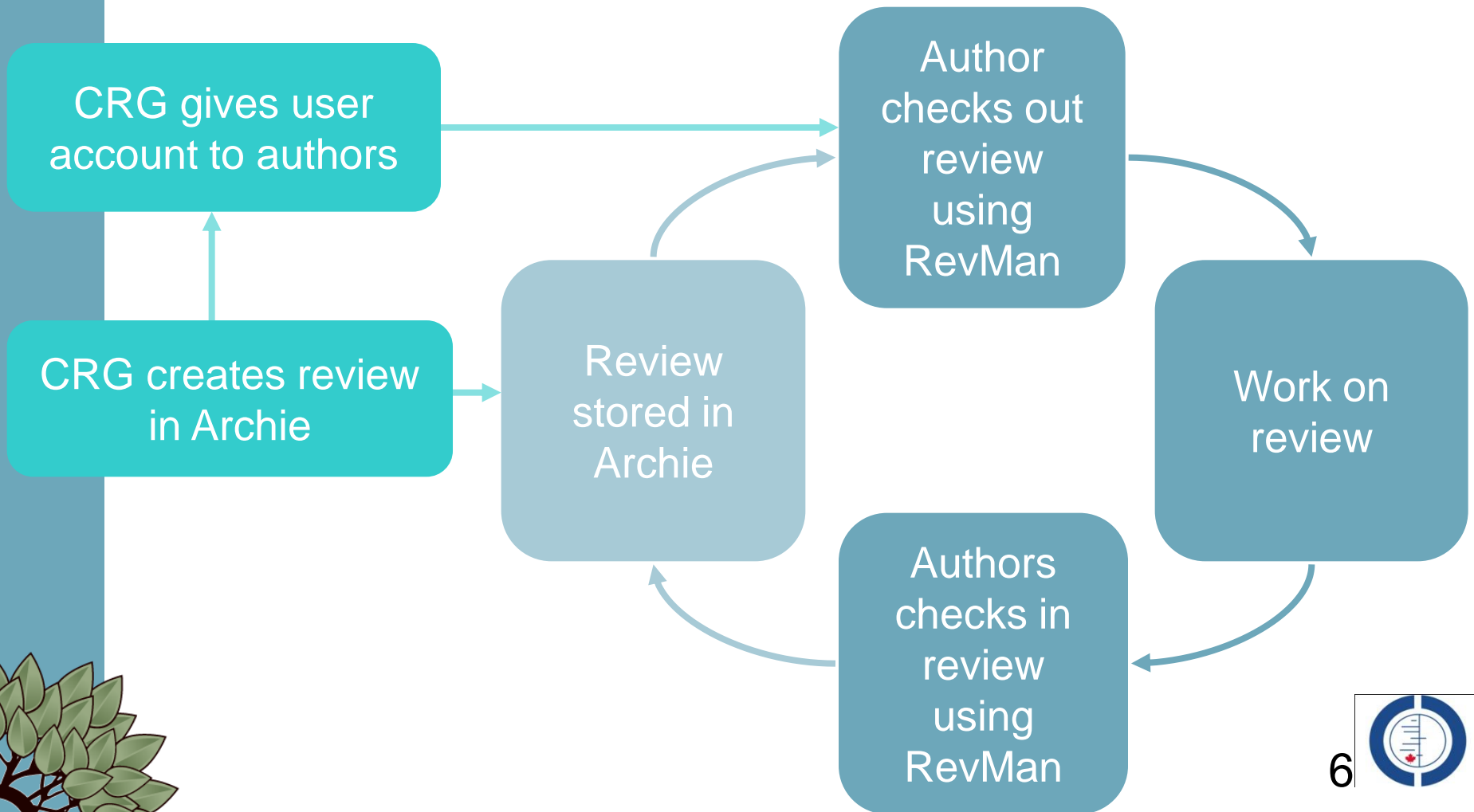


Archie

- 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

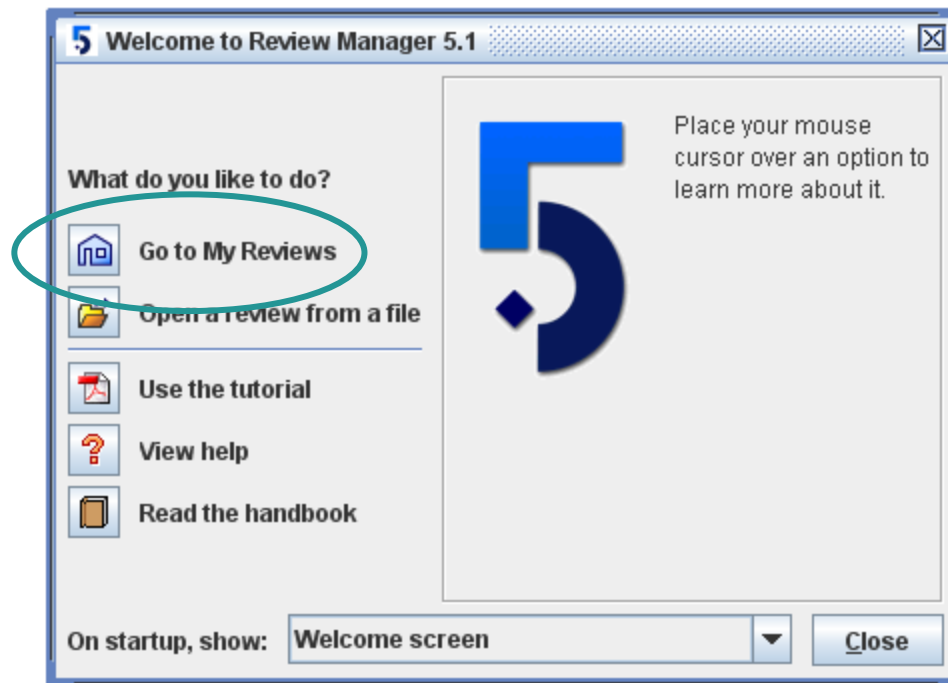


Working with RevMan

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



Starting RevMan



Accessing your review

The screenshot shows a web browser window titled "My Reviews". At the top, it displays "Server: Archie Server (archie.cochrane.org)", "User: miranda cumpston", and "Connection preferences:" with a wrench icon. Below this is a table with columns: No., Title, Location, Your role(s), and Next task date. The table lists five reviews, with the first one highlighted in blue. Below the table is a "Version Details:" section with fields for "Version:" and "Location:". The "Version:" field shows "Archie: 2.0 (For publication)" and "Local:". The "Location:" field shows "In Archie, available (22/09/08)". Below this is a "Review Details:" section with fields for "Review group:", "Authors:", "Contact person:", "Stage:", "Status:", "Type:", "DOI:", and "Unique ID:". The "Review group:" is "Musculoskeletal Group", "Authors:" are "Buchbinder R, Green S, Youd JM, Johnston RV, Cumpston M", "Contact person:" is "Buchbinder, Rachelle", "Stage:" is "Full review", "Status:" is "Active", "Type:" is "Intervention review", "DOI:" is "[10.1002/14651858.CD007005](\"http://dx.doi.org/10.1002/14651858.CD007005\")", and "Unique ID:" is "311807030515362599". To the right of the "Review Details:" is a "Tasks in progress:" section which is currently empty. At the bottom of the window, there is a toolbar with icons for help, home, and refresh. The "Check Out" button is circled in green, and the "Close" button is also visible.

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

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](http://dx.doi.org/10.1002/14651858.CD007005)
Unique ID: 311807030515362599

Tasks in progress:

Check Out Close



Menu bar

Toolbar

Outline pane toolbar

Outline pane

Content pane

The screenshot displays the Review Manager 5 interface. At the top is the menu bar (File, Edit, Format, View, Tools, Table, Window, Help) and a toolbar with various icons. Below the menu bar is the document title bar: "[Caffeine training review 230910.rm5] Caffeine for daytime drowsiness". The main workspace is divided into three panes. On the left is the Outline pane, which contains a hierarchical tree of document sections: Intervention review, Title, Protocol information, 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, and Appendices. The 'Background' section is currently selected. Above the Outline pane is a small toolbar with icons for zooming and other navigation functions. The right pane is the Content pane, which displays the text of the selected section. The text is titled "Caffeine for daytime drowsiness" and is organized into sections: Protocol information, Abstract, Plain language summary, Background, Description of the condition, and Description of the intervention. The text under "Description of the condition" defines daytime drowsiness and cites O'Connor (2004) and Hetrick (2004). The text under "Description of the intervention" discusses caffeinated drinks and their consumption, citing Bolton (1981). The bottom right corner of the window shows a scroll bar and the page number 12.

Review Manager 5.1

File Edit Format View Tools Table Window Help

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

Text of Review

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

Protocol information

Authors

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

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

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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

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Review Manager 5.1

File Edit Format View Tools Table Window Help

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

Text of Review

- 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

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

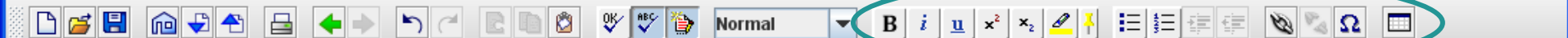
Caffeinated drinks are a traditional remedy for daytime drowsiness ([Bolton 1981](#)), including coffee, tea, cola, etc. Caffeinated drinks are regularly consumed in many countries as part of the daily diet, and are widely believed to increase alertness and alleviate drowsiness.

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



- 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 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.

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**

Review Manager 5.1

File Edit Format View Tools Table Window Help

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

Text of Review APA 2000 Beaumont 2001

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

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 |
|------|-------|
| | |

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

Review Manager 5.1

File Edit Format View Tools Table Window Help

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

Text of Review 1.11 Headache at 24...

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] |
| Oohlahlazza 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 = ... | | | | | | |
| Test for overall effect: ... | | | | | | |

Footnote:

Review Manager 5.1

File Edit Format View Tools Table Window Help

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

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


Report menu: Status Report, Validation Report, Licence for Publication Form, Declarations of Interest Forms

Print... Ctrl-P

OK

OK

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>

