



The 2001 CSG flier



Landing in Leeds

What a business moving is: family, home and editorial base! The process went reasonably smoothly. So many people were helpful. There was only one hiccup - the CSG main server was dropped and the back up did not work! The back up of the back up, however, did restore all work. There has been quite a gap in transfer of funds to Leeds but all is coming though now (see on).

Then there is Leeds. The department is buzzing and welcoming. The Academic Department of Psychiatry and Behavioural Sciences sits on a hill in this Victorian industrial city. The Cochrane Schizophrenia Group (CSG) has three large rooms, with space and computer support for everyone who wishes to visit. Leeds is a flourishing city - large enough to have a bustling centre ...and substantial populations with serious mental illness; yet small enough to have edges so you can travel out easily into some of the most beautiful country in England. The Victorian prosperity of the city has come and gone, and now Leeds is a major centre for banks and financial institutions, it houses the Head Quarters of the National Health System, and, of course, a University second to none. Remnants of dark Victorian architecture stand side by side with towers of glass and steel. Henry Moore sculptures loll about in the town centre.

The editorial base is working again. It has the register of trials growing and, now that MeerKat is truly working (see on), our system for helping reviewers has really gone up a gear. Even with no permanent staff, for the last submission for the Cochrane Library, we sent three new reviews, four protocols and one substantial update.

Clive Adams

The Schizophrenia Trial Register

I temporarily took over the Trial Search Co-ordinator's post during the group's transition to Leeds from Oxford. The register has changed shape from a flat file into a relational study-based database ([MeerKat v 1.1](#)). This Access-based programme, designed specifically for Cochrane Groups to help manage the information we send to reviewers, is revolutionising how our group works. Now I do all searching of the big databases. (If you attended a conference this year, a copy of the abstracts, preferably on CD, would be greatly appreciated.) Citations are checked and tidied in MeerKat. This programme already stores everything a reviewer has in their review, or has been sent in the past, and tags these with the reviewer's name. Now reviewers will only be sent citations that are

new to them, and all citations will be tracked, so the reviewer's verdict can be recorded. Through MeerKat, I can also search on 'study' and not 'reference' - so supply reviewers all *studies* relevant to their work, and list of citations to those studies.

The CSG is indebted to **Nicola Howson** and **Jason Heppel**, who transferred the majority of records into MeerKat, **Simone Carpenter**, who checked over 5000 citations and extracted data relevant to helping future reviewers and searchers, and **Carina Moll** and **Ursula Gessler**, who scrutinized all reviews ensuring we have copies of all cited studies.

Attached to MeerKat we have constructed **Ferret** - a little programme that links all incoming references from searches, to holdings of accessible libraries. Ferret even writes out the library order forms or links to those electronic journals that are on the web! As a result, **Drew Davey**, has been able to continue to keep the hard copies of relevant material rolling into our register. The CSG's register is now 6000+ citations. **Mark Fenton**

The EU ψ Project



This EU-funded project, co-ordinated from Helsinki, involves compiling the output of five mental health/behavioural or learning problems Cochrane groups into a single product. Also included in this CD-ROM/On-line library will be the relevant part of the DARE database, and a register of national, quality assured, treatment guidelines. The pilot of this library will be constructed in 2002. [Update Software](#) will distribute this product. Any innovative ideas for content and distribution gratefully received.

TREC trial

Gisele Huf, working with Evandro (CSG editor in Brazil) and I, designed, organised and completed TREC (Tranquilização Rápida-Ensaio Clínico = Rapid Tranquillisation Clinical Trial). Gisele worked closely with staff at four hospitals in Rio de Janeiro to survey rapid tranquillisation practice in psychiatric units in Rio. A haloperidol-promethazine mix was commonly used (full results are submitted for publication in [BioMED Psychiatry](#)). Gisele then systematically reviewed the trial literature and, finding very limited data, designed the super pragmatic randomised trial (all trial materials available to those interested). TREC-Brazil compared haloperidol-promethazine IM to medazolam IM. 300 people were randomised in six months and results are



being prepared. This is currently the largest trial of its kind. The Cochrane Schizophrenia Group is now collaborating with Christian Medical Centre in Vellore, India, on TREC-INDIA where haloperidol-promethazine IM will be compared with lorazepam IM. This work has been an exciting development of the role of the CSG.



Colloquia

Despite all world troubles over 700 people made the trip to Lyon and the IXth Cochrane Colloquium in October. This was a great meeting and the CSG had several presentations and workshops.....and **Manit Srisurapanont**, CSG reviewer from Thailand, won the Kenneth Warren Prize. Next year the [colloquium is in Norway](#), 31st July - 3rd August.

New staff

The CSG is in the process of hiring new staff. Mark Fenton and Drew Davey are staying with us. Nancy had to return to the US but continues in the Collaboration working on the Quality Assurance Project - never, no never, please note, as Cochrane Cop!



Gill Rizzello will be taking over the job of CSG Co-ordinator. She has lots of experience of working in publishing, and is a terror where it comes to style!!

Other new staff are on the edge of being hired. I think we will be able to have someone at the editorial base to help with editing, perhaps even someone to help reviewers update reviews. A new person to help with the EU work will be hired - and then we will be up to strength again.

Note from Gill

Hi there -I've already been in touch with many of you whilst 'helping Clive out' and am looking forward to joining CSG on a more official basis in 2002 as CSG Co-ordinator/Administrator. I have been working at the University of Leeds on the [European Journal of Obstetrics and Gynecology](#) for the last year. Before that for the Faculty of Pharmaceutical Medicine in London. Prior to this I taught English in Switzerland, Japan and Italy. I can get by in a few languages and am willing to have a go at most others! Hope you have a good holiday and to see you in the New Year! **Gill Rizzello**

Style

The CSG has always been keen on a clear style for reviews. Please remember that a Guide Review is available from Gill. This is written within RevMan and provides examples and reasons for the particular format of every section of a review.

The battles of 2001

Unfortunately, in the midst of this busy year there have had to be skirmishes. In December 2000 the BMJ published a poor [meta-analysis](#). It advised how

"conventional antipsychotics should usually be used in the initial treatment of an episode of schizophrenia..." This guidance, well beyond the limited data, of course, led to accusations of how those undertaking systematic reviews are out of touch with clinical reality and leave ["the clinician on a tightrope act between the persuasiveness of the marketing claims, the precise but somewhat myopic results of idealised clinical trials, and the complex realities of clinical practice."](#) This is true of the BMJ paper, but gives all our work a bad name. In Cochrane reviews we go to enormous effort to make the work clinically meaningful. Two of the CSG editors [responded in print](#) and several of us have had, as a result of this ill-considered BMJ meta-analysis, had to argue issues out in public. It is important that Cochrane continues to strive to produce syntheses of the best, most clinically grounded, evidence on what helps or harms for people with serious mental illnesses.

Updating

If we do not keep things updated in the light of new evidence, Cochrane becomes just another journal, rather than the first port of call for those interested in keeping on top of the cascade of evidence. Updating will always depend on your continuing commitment. Cochrane reviews are the best - but there is great [room for improvement](#). The new systems we have just instigated should really help reviewers keep things current. If you can, come and have a break and do a bit of updating in Leeds. Otherwise - just ask for help and the editorial base will do our best to give it.

Travel funds

The CSG has some limited funds for reviewers who would like to come to an editorial base to work. If you are over 1000 km from a CSG base, and would like to see if there are any funds left - ask your contact editor. We can promise nothing but may be able to help.

Plans for 2002

There is so much to do just to get back to full strength. In fact, the CSG has only been in top gear for very short periods of time in its seven-year history. Hopefully, this shift will see stability of staff, funding, and increasing productivity back to maximum. There will be experiments in dissemination of reviews, with a first draft of a book, the EU Library and, perhaps, closer working with consumer groups to produce relevant material. The CSG will venture further into the land of doing or assisting the type of trials that inform practice. These are exciting times for those of us interested in putting the care of people with serious mental illness on a better footing.

In conclusion

In this year where Hollywood disaster movies have come to life, where men continue to shoot, bomb and poison, I hope, at least for you all and your families, that peace and happiness win through at this time of year.

Clive Adams