Diet and nutrition advice from the Cochrane Library: is it useful for the consumers and family physicians?

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\textbf{Background}. The role of nutrition in public health is well established. This raises the need for reliable and up to date evidence and its ready accessibility for health professionals and consumers.

\textbf{Objectives}. The principal objectives are to evaluate whether nutrition-related Cochrane Systematic Reviews contain clear guidance on nutritional aspects that may be applicable to individual patient care.

\textbf{Methods}. We screened and searched the Cochrane reviews of Issue 3, 2007 of the Cochrane Library. The abstracts were assessed to identify nutrition-relevant reviews which are applicable in the consulting room. All irrelevant studies were excluded and a questionnaire was filled in for each review by the consumers and a Nutrition specialist.

\textbf{Results}. The screening and search of the Cochrane Library Issue 3, 2007 retrieved overall 270 reviews. After excluding the irrelevant results, from the remaining reviews, 17 reviews were about the nutrition and feeding of infants, 44 of the reviews were on diet and nutrition and 78 on nutritional supplementations. From the 38 reviews on nutrition, seven did not have clear translation for the consulting room.

\textbf{Conclusions}. Our study provided an overview of the number of Cochrane reviews on diet and nutrition in Issue 3, 2003 of the Cochrane Library and highlighted the need for more clear and understandable evidence-based information in the field of nutrition.

\textbf{Keywords}. Consumers, diet, family physicians, nutrition, The Cochrane Collaboration.

\textbf{Background}

The role of nutrition and dietary habits in health and medicine is well established and this has got increased attention in media and Internet. However, the available information in the Internet and media for public and consumers has diverse quality and sometimes indeterminate, inconsistent and controversial information. This raises a number of questions and demands that needs to be answered by general physicians and family physicians.\textsuperscript{1,2} There is a need for reliable evidence on diet and nutrition intervention along with clear, accurate and understandable diet and nutrition advice that could inform the patients for making decisions about their own health status.

The Cochrane Collaboration (http://www.cochrane.org) is an international organizations that is committed to prepare, maintain and promote the accessibility of systematic reviews of the effects of health-care interventions. Despite the considerable number of Cochrane reviews that have been published, the amount of evidence-based guidance on nutrition is still comparatively small and is in part due to the methodological difficulties of performing randomized controlled trials in nutrition. The Diet and Nutrition Subfield of the Cochrane Primary Health Care Field was established in 2004 with its principal aim of providing improved coverage of the field of nutrition within the Cochrane Library.\textsuperscript{3,4}

To increase the relevance and accessibility of evidence to patients and consumers, The Cochrane
Collaboration supports the involvement of consumers in Cochrane reviews through the Cochrane Consumer Network (http://www.cochrane.org/consumers) in providing a consumer perspective to Cochrane reviews in the form of plain language summaries (PLSs).

Objectives

The principal objective of this paper is to evaluate whether nutrition-related Cochrane Systematic Reviews contain clear guidance on nutritional aspects that may be applicable to individual patient care in a consulting room of a family practitioner.

Methods

Search

We first undertook a search of the Cochrane Library (http://www.thecochranelibrary.com) Issue 3, 2007 on November 24, 2007 with the search strategy described in Box 1 but then realized that a number of reviews have not been identified by the search and therefore decided to also screen all the titles of Cochrane Library Issue 3, 2007.

Inclusion criteria

Our inclusion criteria were any Cochrane review that evaluated trials which studied the effectiveness of a diet or nutrition supplement intervention that could be implemented in a consulting room of a family physician as judged by one of the authors who is a family physician (JB). Therefore, we excluded interventions e.g. enteral nutrition and those which are implemented in a hospital setting, community or public health setting.

All the titles were independently screened by two individuals (MN/JB) to identify potential titles. Then, we looked at the abstracts of them to identify the reviews that matched our inclusion criteria. All irrelevant studies were excluded (Table 1) and a questionnaire (Box 2) was completed for each review by the two consumers (HJ/KY) and a Nutrition specialist (JB). The responses of the questions were later discussed between the authors (HJ/KY/JB/MN) and were used as a guide to categorize the review titles.

Results

The screening and search of the Cochrane Library Issue 3, 2007 retrieved overall 270 Cochrane reviews. We excluded 121 reviews as they were not relevant to nutrition, clearly did not include a diet or nutrition supplement intervention or were withdrawn reviews (one example is the Zinc for common cold review which was included in a previous similar study. Then,

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Excluded reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of the review</td>
<td>Reasons for exclusion</td>
</tr>
<tr>
<td>Primary prevention for alcohol misuse in young people</td>
<td>The intervention was not a dietary intervention or nutrition supplement</td>
</tr>
<tr>
<td>Preoperative fasting for adults to prevent perioperative complications</td>
<td>The intervention was not a dietary intervention or nutrition supplement</td>
</tr>
<tr>
<td>Preoperative fasting for preventing perioperative complications in children</td>
<td>The intervention was not a dietary intervention or nutrition supplement</td>
</tr>
<tr>
<td>Community-based supplementary feeding for promoting the growth of young children in developing countries</td>
<td>The intervention is not applicable in a consulting room and is a community-based intervention</td>
</tr>
<tr>
<td>Enteral nutritional therapy for induction of remission in Crohn’s disease</td>
<td>Enteral nutrition therapy is not included</td>
</tr>
<tr>
<td>Feeding interventions for growth and development in infants with cleft lip, cleft palate or cleft lip and palate</td>
<td>The intervention was not a dietary intervention or nutrition supplement</td>
</tr>
<tr>
<td>Enteral nutrition for maintenance of remission in Crohn’s disease</td>
<td>Enteral nutrition therapy is not included</td>
</tr>
<tr>
<td>Early introduction of lipids to parenterally fed preterm infants</td>
<td>Parenteral feeding is not included</td>
</tr>
<tr>
<td>Early compared with delayed oral fluids and food after caesarean section</td>
<td>The intervention is implemented in the hospital</td>
</tr>
<tr>
<td>Early enteral nutrition within 24 hours of colorectal surgery versus later commencement of feeding for post-operative complications</td>
<td>Enteral nutrition therapy is not included</td>
</tr>
<tr>
<td>Enteral versus parenteral nutrition for acute pancreatitis</td>
<td>Trophic feeding is not a diet and nutrition advice used in a practice of a family physician</td>
</tr>
<tr>
<td>Trophic feedings for parenterally fed infants</td>
<td>Did not include nutrition as an intervention</td>
</tr>
<tr>
<td>Interventions for preventing eating disorders in children and adolescents</td>
<td>Did not include nutrition as a direct intervention</td>
</tr>
<tr>
<td>Dietary advice given by a dietitian versus other health professional or self-help resources to reduce blood cholesterol</td>
<td>(the method of providing the advice was the intervention)</td>
</tr>
</tbody>
</table>
BOX 2 The questionnaire for each review

1. Does the review include diet or nutrition supplement as an intervention? If 'Yes', answer the following questions:
2. Is application in the consulting room for nutrition guidance of the individual patient relevant in this case? If 'Yes', answer the following questions:
3. Is the application stated in a clear 'Consulting Room Plain language summary'?
4. Is there a need for a substantive Nutritional Amendment?

TABLE 2 Cochrane reviews which focus on nutritional and feeding interventions for newborn babies

| Carbohydrate supplementation of human milk to promote growth in preterm infants |
| Fat supplementation of human milk for promoting growth in preterm infants |
| Feed thickener for newborn infants with gastro-oesophageal reflux |
| Formula milk versus donor breast milk for feeding preterm or low birth weight infants |
| Formula milk versus maternal breast milk for feeding preterm or low birth weight infants |
| Formulas containing hydrolysed protein for prevention of allergy and food intolerance in infants |
| Lactase-treated feeds to promote growth and feeding tolerance in preterm infants |
| Multicomponent fortified human milk for promoting growth in preterm infants |
| Nutrient-enriched formula versus standard term formula for preterm infants following hospital discharge |
| Soy formula for prevention of allergy and food intolerance in infants |
| Trophic feedings for parenterally fed infants |
| Dietary interventions for phenylketonuria |
| High versus low medium chain triglyceride content of formula for promoting short-term growth of preterm infant |
| Higher versus lower protein intake in formula-fed low birth weight infants |

TABLE 3 Reviews which are focusing on diet and nutrition interventions

| Interventions for preventing obesity in children |
| Advice on low-fat diets for obesity |
| Advice to reduce dietary salt for prevention of cardiovascular disease |
| Advising patients to increase fluid intake for treating acute respiratory infections |
| Caffeine for asthma |
| Caloric-controlled diet for chronic asthma |
| Cranberries for preventing urinary tract infections |
| Cranberries for treating urinary tract infections |
| Diet or exercise, or both, for weight reduction in women after childbirth |
| Dietary advice for illness-related malnutrition in adults |
| Dietary advice for reducing cardiovascular risk |
| Dietary advice for treatment of type 2 diabetes mellitus in adults |
| Dietary fibre for the prevention of colorectal adenomas and carcinomas |
| Dietary fibre for the prevention of colorectal adenomas and carcinomas |
| Dietary interventions for multiple sclerosis |
| Dietary interventions for recurrent abdominal pain in childhood and irritable bowel syndrome in childhood |
| Dietary marine fatty acids (fish oil) for asthma in adults and children (it also included dietary fish oil along with fish oil as supplement) |
| Dietary salt reduction or exclusion for allergic asthma |
| Dietary treatment for familial hypercholesterolaemia |
| Dieting to reduce body weight for controlling hypertension in adults |
| Effect of longer term modest salt reduction on blood pressure |
| Effects of low sodium diet versus high sodium diet on blood pressure, renin, aldosterone, catecholamines, cholesterol and triglyceride |
| Energy and protein intake in pregnancy |
| Fish oil for kidney transplant recipients (it included dietary intervention along with nutrition supplement) |
| Fluoridated milk for preventing dental caries |
| Herbal and dietary therapies for primary and secondary dysmenorrhoea |
| Interventions for treating obesity in children |
| Interventions to reduce weight gain in schizophrenia |
| Iodized salt for preventing iodine-deficiency disorders |
| Ketogenic diet for epilepsy |
| Long-term non-pharmacological weight loss interventions for adults with prediabetes |
| Long-term non-pharmacological weight loss interventions for adults with type 2 diabetes mellitus |
| Low glycaemic index diets for coronary heart disease |
| Low glycaemic index or low glycaemic load diets for overweight and obesity |
| Low protein diets for chronic kidney disease in non-diabetic adults |
| Nutritional interventions for reducing morbidity and mortality in people with HIV |
| Omega-3 fatty acid for the prevention of dementia (it also included dietary fish oil along with fish oil as supplement) |
| Omega-3 fatty acids for prevention and treatment of cardiovascular disease (in the criteria for considering studies of the review, the intervention was both accepted as a supplement, a provided diet or advice on diet) |
| Omega-3 fatty acids (from fish oils) for cystic fibrosis (it included dietary intervention along with nutrition supplement) |
| Reduced or modified dietary fat for preventing cardiovascular disease |
| Tartrazine exclusion for allergic asthma |
| Water for preventing urinary calculi |
| Wholegrain cereals for coronary heart disease |
| Weight reduction for primary prevention of stroke in adults with overweight or obesity |

we excluded 14 further reviews which were not applicable in the consulting room or did not have a direct diet and nutrition supplement intervention (Table 1).

From the remaining studies, 17 of the reviews were about the feeding of newborn and infants (Table 2), 44 of the reviews were on diet and nutrition (Table 3) and 78 on nutrition supplements (Table 4). In some cases, it was difficult to distinguish reviews including nutrition supplement intervention and reviews including dietary advice. One example is the fish oil; in some reviews, only trials that evaluated fish oil supplements were included and in others a change of diet including fish oil was also considered as acceptable.

In the latter cases, the reviewers may not find primary trials for one or another intervention but we did not exclude the reviews due to this. The other example is laxatives as it sometimes could be given in the form of fibre but we did not included it in this screening. We also did not include reviews on vitamin K, carnitine supplementation, tyrosine...
Antioxidant vitamin and mineral supplements for slowing the progression of age-related macular degeneration
Anabolic steroids for the treatment of weight loss in HIV-infected individuals
Antioxidant supplements for preventing gastrointestinal cancers
Antioxidant vitamin and mineral supplements for preventing age-related macular degeneration
Antioxidant treatment for amyotrophic lateral sclerosis/motor neuron disease
Calcium and vitamin D for treating corticosteroid-induced osteoporosis
Calcium and vitamin D for treating corticosteroid-induced osteoporosis
Calcium supplementation during pregnancy for preventing hypertensive disorders and related problems
Calcium supplementation for improving bone mineral density in children
Calcium supplementation for the management of primary hypertension in adults
Combined calcium, magnesium and potassium supplementation for the management of primary hypertension in adults
Combined vitamin B6–magnesium treatment in autism spectrum disorder
Creatine for treating muscle disorders
Dietary calcium supplementation for preventing colorectal cancer and adenomatous polyps
Dietary marine fatty acids (fish oil) for the treatment of cancer cachexia (it only included supplement and not dietary intervention)
Effects of routine oral iron supplementation with or without folic acid for women during pregnancy
Fish oil in people with type 2 diabetes mellitus (it only included fish oil in the form of supplement)
Fish oil for kidney transplant recipients (it included dietary intervention along with nutrition supplement)
Folate for depressive disorders
Folic acid and folic acid for reducing side effects in patients receiving methotrexate for rheumatoid arthritis
Folic acid with or without vitamin B12 for cognition and dementia
Herbal and dietary therapies for primary and secondary dysmenorrhoea
Interventions for preventing bone disease in kidney transplant recipients (included vitamin D supplementation as an intervention)
Iodine supplementation for preventing iodine-deficiency disorders in children
Interventions for preventing neuropathy caused by cisplatin and related compounds (the intervention included supplementation with vitamin E)
Treatment for mitochondrial disorders (this included nutritional supplementation)
Iron therapy for improving psychomotor development and cognitive function in children under the age of 3 with iron-deficiency anaemia
Iron therapy for improving psychomotor development and cognitive function in children under the age of 3 with iron-deficiency anaemia
Magnesium B6 supplementation for the management of primary hypertension in adults
Micronutrient supplementation in children and adults with HIV infection
Multiple micronutrient supplementation for women during pregnancy
Nutritional interventions for preventing and treating pressure ulcers (the intervention include nutritional supplementation)
Nutritional supplementation for hip fracture aftercare in older people
Nutritional supplementation for stable chronic obstructive pulmonary disease
Omega-3 fatty acids (from fish oils) for cystic fibrosis
Omega-3 fatty acids (fish oil) for maintenance of remission in Crohn’s disease (the intervention is only included in the form of supplement)
Omega-3 fatty acids (fish oil) for maintenance of remission in ulcerative colitis (the intervention is only included in the form of supplement)
Omega-3 fatty acids for prevention and treatment of cardiovascular disease (in the criteria for considering studies of the review, the intervention was both accepted as a supplement, a provided diet or advice on diet)
Omega-3 fatty acid for the prevention of dementia
Oral caloric supplements for cystic fibrosis
Oral deferiprone for iron chelation in people with thalassaemia
Oral protein caloric supplementation for children with chronic disease
Oral vitamin B12 versus intramuscular vitamin B12 for vitamin B12 deficiency
Oral zinc for arterial and venous leg ulcers
Potassium supplementation for the management of primary hypertension in adults
Probiotics for maintenance of remission in Crohn’s disease
Probiotics for non-alcoholic fatty liver disease and/or steatohepatitis
Probiotics for preventing preterm labour
Probiotics for the prevention of paediatric antibiotic-associated diarrhea
Probiotics for treating infectious diarrhoea
Protein and energy supplementation in elderly people at risk from malnutrition
Protein substitute for children and adults with phenylketonuria
Pyridoxine (vitamin B6) supplementation in pregnancy
Selenium supplementation for asthma
Selenium supplementation for critically ill adults
Treatments for iron-deficiency anaemia in pregnancy
Treatment for mitochondrial disorders (the criteria for considering studies considered nutrition modification and supplements as an intervention)
Thiamine for Alzheimer’s disease
Vitamin A for non-measles pneumonia in children
Vitamin A for treating measles in children
Vitamin A supplementation during pregnancy
Vitamin A supplementation for reducing the risk of mother-to-child transmission of HIV infection
Vitamin B12 for cognition
Vitamin B6 for cognition
Vitamin C for preventing and treating pneumonia

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**TABLE 4 Cochrane reviews which include food supplements as an intervention**

### Cochrane Database of Systematic Reviews

- Dietary marine fatty acids (fish oil) for asthma in adults and children
- Eicosapentaenoic acid (an omega-3 fatty acid from fish oils) for the treatment of cancer cachexia (it only included supplement and not dietary intervention)
- Effects of routine oral iron supplementation with or without folic acid for women during pregnancy
- Fish oil in people with type 2 diabetes mellitus (it only included fish oil in the form of supplement)
- Fish oil for kidney transplant recipients (it included dietary intervention along with nutrition supplement)
- Folate for depressive disorders
- Folic acid and folic acid for reducing side effects in patients receiving methotrexate for rheumatoid arthritis
- Folic acid with or without vitamin B12 for cognition and dementia
- Herbal and dietary therapies for primary and secondary dysmenorrhoea
- Interventions for preventing bone disease in kidney transplant recipients (included vitamin D supplementation as an intervention)
- Iodine supplementation for preventing iodine-deficiency disorders in children
- Interventions for preventing neuropathy caused by cisplatin and related compounds (the intervention included supplementation with vitamin E)
- Treatment for mitochondrial disorders (this included nutritional supplementation)
- Iron therapy for improving psychomotor development and cognitive function in children under the age of 3 with iron-deficiency anaemia
- Iron therapy for improving psychomotor development and cognitive function in children under the age of 3 with iron-deficiency anaemia
- Magnesium B6 supplementation for the management of primary hypertension in adults
- Micronutrient supplementation in children and adults with HIV infection
- Multiple micronutrient supplementation for women during pregnancy
- Nutritional interventions for preventing and treating pressure ulcers (the intervention include nutritional supplementation)
- Nutritional supplementation for hip fracture aftercare in older people
- Nutritional supplementation for stable chronic obstructive pulmonary disease
- Omega-3 fatty acids (from fish oils) for cystic fibrosis
- Omega-3 fatty acids (fish oil) for maintenance of remission in Crohn’s disease (the intervention is only included in the form of supplement)
- Omega-3 fatty acids (fish oil) for maintenance of remission in ulcerative colitis (the intervention is only included in the form of supplement)
- Omega-3 fatty acids for prevention and treatment of cardiovascular disease (in the criteria for considering studies of the review, the intervention was both accepted as a supplement, a provided diet or advice on diet)
- Omega-3 fatty acid for the prevention of dementia
- Oral caloric supplements for cystic fibrosis
- Oral deferiprone for iron chelation in people with thalassaemia
- Oral protein caloric supplementation for children with chronic disease
- Oral vitamin B12 versus intramuscular vitamin B12 for vitamin B12 deficiency
- Oral zinc for arterial and venous leg ulcers
- Potassium supplementation for the management of primary hypertension in adults
- Probiotics for maintenance of remission in Crohn’s disease
- Probiotics for non-alcoholic fatty liver disease and/or steatohepatitis
- Probiotics for preventing preterm labour
- Probiotics for the prevention of paediatric antibiotic-associated diarrhea
- Probiotics for treating infectious diarrhoea
- Protein and energy supplementation in elderly people at risk from malnutrition
- Protein substitute for children and adults with phenylketonuria
- Pyridoxine (vitamin B6) supplementation in pregnancy
- Selenium supplementation for asthma
- Selenium supplementation for critically ill adults
- Treatments for iron-deficiency anaemia in pregnancy
- Treatment for mitochondrial disorders (the criteria for considering studies considered nutrition modification and supplements as an intervention)
- Thiamine for Alzheimer’s disease
- Vitamin A for non-measles pneumonia in children
- Vitamin A for treating measles in children
- Vitamin A supplementation during pregnancy
- Vitamin A supplementation for reducing the risk of mother-to-child transmission of HIV infection
- Vitamin B12 for cognition
- Vitamin B6 for cognition
- Vitamin C for preventing and treating pneumonia
supplementation or arginine supplementation as it is usually not given as vitamin supplementation in a diet but mostly as a medical intervention. This could be also true about other vitamins especially in higher doses but we decided to consider all of them in this screening. Moreover, some of diseases might not be a usual case in the family physician practice but we did not excluded reviews based on this reason and confined ourselves whether the intervention can be implemented in a family physician practice or not. Another difficulty was that some of the reviews include a wide range of interventions from pharmaceutical and non-pharmaceutical interventions and it would be difficult to decide whether this might include a nutrition intervention or not. There were also reviews on the effect of caffeine; we included one of the reviews which focused on adults as the consumers believed it could give an indication to the person how many cups of coffee a day could be beneficial or harmful but we excluded the review caffeine versus theophylline for apnoea in preterm infants.

After selecting the reviews, the authors have discussed whether the PLS can be understood and used in the consulting room. From the 38 reviews on nutrition, in 11 of them, the evaluators did not find the PLS sufficiently clear to be used in a consulting room and additional nutritional amendments were need to be used in a consulting room. This included the following:

1 Omega-3 fatty acids for prevention and treatment of cardiovascular disease.
2 Interventions for preventing obesity in children.
3 Dietary advice for treatment of type 2 diabetes mellitus in adults.
4 Dietary salt reduction or exclusion for allergic asthma.
5 Dietary interventions for recurrent abdominal pain in childhood.
6 Low glycaemic index or low glycaemic load diets for overweight and obesity.
7 Interventions for treating obesity in children.
8 Diet or exercise, or both, for weight reduction in women after childbirth.
9 Dieting to reduce body weight for controlling hypertension in adults.
10 Interventions to reduce weight gain in schizophrenia.
11 Tartrazine exclusion for allergic asthma.

The reasons were different, in some cases, the reason was that the PLS was limited to one sentence or the type of diet was no clearly described and the consumers could not understand about what kind of diet is discussed in the text.

We also intended to report whether the reviews have found sufficient evidence to reach a conclusion; however, we found it difficult as in some cases, the authors found a number of primary studies with heterogeneous results. In other cases, the authors have been able to answer part of the question e.g. the effect of the intervention in short term but did not find sufficient data to be able to respond to other aspects of the question e.g. the effect of the intervention in long term.

There were different reasons why the reviewers were not able to report a definite conclusion, this included the following:

1 No primary trials were identified to address the objective of the review.
2 Heterogeneity in the inclusion and exclusion criteria of identified primary trials.
3 Heterogeneity in the intervention implemented in the identified primary trials in the review.
4 Different outcomes measurements used in the primary trials identified in the review.
5 Unexplained heterogeneity in the results of the primary studies.
6 Identified primary trials with a short-term follow-up.
7 Identified primary trials with a short-term implementation of the intervention.
8 Identified primary trials with a small sample size.
9 Identified primary trials that were industry funded.

There are a number of studies showing that Randomized controlled trial (RCTs) and systematic reviews of heat-to-head comparison of drugs are more likely to report a positive conclusion for the sponsor’s product.7–9
Discussion

In a previous study, it was seen that Cochrane reviews only partially cover nutritional aspects and in our study, we have found 44 studies which provide diet and nutritional advice for the patients.

The limited evidence available in nutrition is related to the difficulties in conducting randomized controlled trials in nutrition-relevant topics and also the limitations of RCTs in showing the long-term effectiveness of diet and nutrition interventions. Moreover, the trials conducted differ in design, quality and results; this makes it difficult to draw conclusion from them.

Limitations of the study

Identifying reviews relevant to nutrition and diet was challenging. Some of the reviews addressed a broad question of a number of non-pharmaceutical interventions to address a specific disease or health-care problem. This may include nutrition and diet intervention and depending on the primary research available might be reflected in the results or not. Therefore, it was difficult to identify and include them.

This review was done with a limited number of consumers whose first language was not English but were able to read the PLS of the review. Therefore, the judgement of the applicability of the reviews could be different in different groups of people. In this specific group of consumers, a short one sentence explanation of the conclusion in the PLS was considered as insufficient and they have asked for more details to be able to understand why health professionals think that the treatment may or may not work along with the conclusion of the review. In some cases, the reviewers might not have been able to give a clearer definition due to the lack of primary studies to make a conclusion or primary studies with heterogeneous design, quality or inconsistent results. The PLS reflected the uncertainty and the two consumers found it difficult to understand the PLS. This cannot necessarily be judged as a weakness of the reviews and show the difficulties in communicating uncertainties to patients. In the lack of evidence, some strategies used by the reviewers were also judged as useful and clarifying like explaining that the patient has a choice to select the preferred treatment or describing the rational why researchers believe the treatment could be effective or not.

Conclusion

Implication for practice

Our study has shown that there are only a limited number of Cochrane reviews which could help individuals to decide about a healthy diet and most of them do not identify sufficient high-quality RCTs to reach conclusion and provide a clear diet advice for the patients and family practitioners.

Implication for research

- Qualitative studies are needed to understand how patients and consumers interpret the PLS of the Cochrane reviews and whether they acquire the same message that the reviewers intended to convey.
- There is a need for more high-quality systematic reviews and randomized controlled trials especially trials with a longer implementation of the intervention and longer follow-up of the outcomes.
- Social, geographical and cultural differences and their influence on the diet and nutrition intervention should be carefully taken into consideration.

Acknowledgements

MN has run the search and JB and MN have both screened the results. KY, HJ and JB have filled up the questionnaire and MN has been consulted for any disagreements. MN collected the data and wrote the first draft of the article. All the authors participated in the final version of the article.

Declaration

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