Whenever it is necessary to obtain information about treatment, a consultation of the Cochrane Library will be very useful. This procedure can be made via the CD-ROM of the Cochrane Library or via internet (http://www.epm.br/cochrane). Thus, the interested health professional or patient will be able to explore various databases: 1) The Cochrane Database of Systematic Reviews - Regularly updated reviews of the effects of health care; 2) Database of Abstracts of Reviews of Effectiveness - Critical assessments and structured abstracts of good systematic reviews published elsewhere; 3) The Cochrane Controlled Trials Register - Bibliographic information on controlled trials; 4) Other sources of information on the science of reviewing research and evidence-based health care. After exploring these information sources, the reader will understand why the Cochrane Collaboration is considered to rival the human genome project in its importance for human health (Naylor, 1996).

Systematic reviews are considered to be first-level evidence in the clinical decision-making process. Systematic reviews prepared in accordance with the Cochrane Collaboration Methodology aim to identify the best existing evidence and the gaps in medical knowledge that deserve more research.

During the most recent (the seventh) Colloquium of the Cochrane Collaboration in Rome in October 1999, Dr. Richard Smith, the editor of the BMJ, stated that Systematic Reviews are usually more important than 90% of the papers published.

Around the world, thousands of health professionals are preparing systematic reviews with the following commitments: 1) To identify all randomized clinical trials, whether published or not, and include them in the statistical summaries called meta-analyses, when this is appropriate and the quality is acceptable; and 2) To keep the systematic review updated. In this way, the authors become a real authority regarding that specific subject and will be expected to offer updates to other interested professionals worldwide.

At this point, the Brazilian contribution to this real revolution in medical information needs to be mentioned. The work is coordinated by the Centro Cochrane do Brazil in São Paulo (Universidade Federal de São Paulo - Escola Paulista de Medicina), which has the mission of preparing, helping to prepare and disseminating the results of the Systematic Reviews. Looking at the latest issue of the Cochrane Library publications we can see that Brazilian health professionals have already contributed with 17 completed systematic reviews and they have had 31 protocols approved by the Cochrane editors. The subjects include infectious
diseases, deep venous thrombosis, hypertension in pregnancy, mental diseases etc.


Álvaro Nagib Atallah, MD, PhD, MCE
Editor, São Paulo Medical Journal

APPENDIX

As a appendix to the above editorial, readers, practitioners and researchers may find it useful to have a list of the subjects and authors of the Brazilian Collaborations accepted for publication in the Cochrane Library as complete systematic reviews (Cochrane Data set Database of Complete Reviews) and Cochrane Protocols (Cochrane Database of Protocols). During the Rome Colloquium of the Cochrane Collaboration (October 1999), Dr. Iain Chalmers showed that the Brazilian contribution to the Cochrane Library has so far been greater than that of European countries, except for United Kingdom and Netherlands.

Protocols

5. Antidepressants and psychotherapies for bulimia nervosa [protocol] Bacaltchuk J, Hay P, Trefgilo R.
9. Carbamazepine for Bipolar Affective Disorders [protocol] Bandeira CA, Lima MS, Gesdes J, Guedes VP, Hotopf M.
12. Duration of initial heparin treatment for deep-vein thrombosis [protocol] Castro AA, Clark OAC, Atallah AN, Bunhan E.
16. Interventions for treating amoebiasis [protocol] Saconato H, Medeiros IM, Souza RMS.
17. Iron therapy and psychomotor development and cognitive function in children under the age of three with iron deficiency anaemia [protocol] Martinis S, Logan S, Gilbert R.
20. Mechanical versus manual suturing for anastomosis of the large intestine [protocol] Lustosa SAS, Matos D, Atallah AN, Castro AA.
21. Non-neuroleptic medications impacting on dopamine and noradrenaline for neuroleptic-induced tardive dyskinesia [protocol] Soares KVS, McGrath JJ.
25. Pharmacotherapy for dysthymia [protocol] Lima MS, Hotopf M.
31. Vitamin B6 for premenstrual syndrome [protocol] Iasco SM, Castro AA, Atallah AN.

Reviews

1. Anticholinergic medication for neuroleptic-induced tardive dyskinesia Soares KVS, McGrath JJ.
3. Calcium supplementation during pregnancy for preventing hypertensive disorders and related problems [protocol] Atallah AN, Hofmeyr GJ, Duley L.
6. Dilatiazem, nimodipine, nimodipine or verapamil for neuroleptic-induced tardive dyskinesia Soares KVS, McGrath JJ.
7. Drugs versus placebo for dysthymia Lima MS, Moncrieff J.
8. Family intervention for schizophrenia [protocol] Pharoah FM, Mari J, Streiner D.
10. Gamma-amino-n-butyric acid agonist medication for neuroleptic-induced tardive dyskinesia Soares KVS, McGrath JJ, Deeks JJ.
11. Interventions for treating osteoarthritis [protocol] Saconato H, Atallah A.
13. Neuroleptic reduction and/or cessation and neuroleptics as specific treatments for tardive dyskinesia [protocol] Soares KVS, McGrath JJ.
15. Vitamin E for neuroleptic-induced tardive dyskinesia Soares KVS, McGrath JJ.
16. Zuclopenthixol acetate for acute schizophrenia and other serious mental illnesses [protocol] Fenton M, Coutinho E, Campbell C.
17. Zuclopenthixol decanoate for schizophrenia and other serious mental illnesses [protocol] Fenton M, Qurashi S.