

Clarification of reporting in stability systematic review

We write in reference to the recent publication of a systematic review of specific stabilisation exercises for spinal and pelvic pain (Ferreira et al, 2006). Whilst we congratulate the authors on undertaking this project, we wish to offer clarification on a number of points which may assist readers in interpreting the results in relation to their own clinical practice.

First, as has been the topic of discussion previously in these pages (Smidt et al 2005), systematic reviews are inevitably out of date by the time they are published and thus may not provide the most up-to-date evidence. This is certainly the case with the current review where a number of RCTs have subsequently been undertaken in this area (Shaughnessy & Caulfield 2004, Lewis et al 2005, Critchley et al 2006).

Second, the accuracy of reporting and or commenting on trials included within systematic reviews must, by definition, be rigorous and accurate. In the main this is the case with the review by Ferreira and colleagues but with two exceptions to our knowledge. The frequency and duration of treatment delivered in our own trial (Cairns et al 2000) was reported as once a week for 12 weeks. The actual frequency of treatment allowed in this trial, however, was a maximum of 12 sessions over a 12 week period with the frequency at the discretion of the treating clinician. This was a pragmatic decision and one that we considered reflected current clinical practice within the UK at the time of the trial. The mean number of treatment sessions actually received was 5.9 (SD 2.3) over 8 (SD 3.6) weeks for the conventional treatment group and 7.5 (SD 2.5) over 11 (SD 3.6) weeks for the stabilisation group. Similarly the review states that only two trials (Goldby et al 2000, Niemisto et al 2003) assessed quality of life. Although results were not reported in the abstract cited (Cairns et al 2000), quality of life was assessed using the SF-36 (Cairns et al 2006)

and the full results supplied to the authors at their request (between group mean change of 0.2 (99% CI -5.7 to 5.2) for the physical component summary (PCS) and 0.4 (99% CI -3.4 to 4.1) for the mental component summary (MCS)). Obviously this latter point highlights not only the problems of including grey literature within systematic reviews but also that systematic reviews must accurately represent the studies they include to allow readers to correctly interpret how the results apply to their own practice.

We welcome the paper by Ferreira and colleagues and feel that it provides an accessible, structured presentation of evidence regarding stability training. It is likely to be a useful resource for clinicians in their clinical decision making which is why we feel it important to correct the above points.

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The conclusion does not change

Dr Cairns and Dr Foster point out that additional trials have been published since we completed the search for our systematic review. This situation is highly likely for systematic reviews of physiotherapy treatments because the number of trials published each year is increasing exponentially (Moseley et al 2002). We are sure Cairns and Foster would agree this is not an argument to avoid conducting systematic reviews but rather an argument to update systematic reviews regularly. It is also not an argument to avoid reading our systematic review (Ferreira et al 2006) because until an update to our review is published it remains the most up to date systematic review on specific spinal stabilisation exercise.

While it is regarded as good practice to include grey literature (such as proceedings, theses, books, unpublished data) in systematic reviews (Egger et al 2003), the grey literature causes many problems. Dr Cairns and Dr Foster's letter highlights one of them: inconsistent reporting of the

same trial from different sources. We reported information that was reported in the published conference abstract rather than in the draft PhD thesis chapters. We are grateful that the authors have clarified this point for readers of the journal. Importantly this clarification does not change the conclusion of the review.

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