



## ***The Cochrane Library*** **...the single most reliable source of evidence in healthcare**

**Strictly Embargoed until 00:01 hours (GMT), 17<sup>th</sup> February 2010**

This alert highlights some of the key health care conclusions and their implications for practice publishing this week in [The Cochrane Library](#), 2010, Issue 2.

To receive a full copy of the reviews highlighted in this newsletter, or to arrange an interview with an author, please contact Jennifer Beal on +44 (0)1243 770633 / +44 (0) 7802 468863 or by email, [medicalnews@wiley.com](mailto:medicalnews@wiley.com).

**\*\* From 2010 *The Cochrane Library* is published monthly rather than quarterly \*\***

Reviews highlighted in this newsalert:

- [Review Highlights Health Benefits of Flexible Working Arrangements: Blood Pressure, Sleep and Mental Health Improve](#)
- [Influenza Vaccines: Poor Evidence For Effectiveness In Elderly](#)

### **Review Highlights Health Benefits of Flexible Working Arrangements: Blood Pressure, Sleep and Mental Health Improve**

There is evidence to suggest that flexible working might be beneficial for employees' health if they are allowed to have input into their own working patterns, a review by Cochrane Researchers suggests. The study may throw some light on potential health benefits associated with current trends towards more flexible working in the UK and Europe.

In Scandinavian countries, flexible working arrangements for employees with families are commonplace. And last year, the UK government extended an earlier piece of legislation allowing parents of young children to request flexible working, meaning all parents with children under 16 now have the right to request flexible working arrangements. Although it is assumed that such policies are beneficial, it is important to try to understand health impacts in more detail.

The Cochrane Systematic Review included ten studies involving a total of 16,603 people which focused on various different forms of flexible working. Self-scheduling of working hours was found to have positive impacts on a number of health outcomes including blood pressure, sleep and mental health. In one study, for instance, police officers who

were able to change their starting times at work showed significant improvements in psychological wellbeing compared to police officers who started work at a fixed hour.

“Flexible working seems to be more beneficial for health and wellbeing where the individuals control their own work patterns, rather than where employers are in control,” said the review lead, Clare Bambra of the Wolfson Research Institute, Durham University in the UK. “Given the limited evidence base, we wouldn’t want to make any hard and fast recommendations, but these findings certainly give employers and employees something to think about.”

Co-author Kerry Joyce, also based at the Institute, added: “We need to know more about how the health effects of flexible working are experienced by different types of workers, for instance, comparing women to men, old to young and skilled to unskilled. This is important as some forms of flexible working might only be available to employees with higher status occupations and this may serve to increase existing differences in health between social groups.”

**Full citation:** Joyce K, Pabayo R, Critchley JA, Bambra C. Flexible working conditions and their effects on employee health and wellbeing. *Cochrane Database of Systematic Reviews* 2010, Issue 2. Art. No.: CD008009. DOI: 10.1002/14651858.CD008009.pub2.

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## **Influenza Vaccines: Poor Evidence For Effectiveness In Elderly**

Evidence for the safety and efficacy of influenza vaccines in the over 65s is poor, despite the fact that vaccination has been recommended for the prevention of influenza in older people for the past 40 years. These are the conclusions of a new Cochrane Systematic Review.

Adults aged 65 and over are some of the most vulnerable during influenza season and a priority for vaccination programmes. However, very few systematic reviews of the effectiveness of vaccines in this group have ever been carried out.

The researchers conducted a thorough search of studies based on previous vaccine trials. Randomised controlled trials (RCTs) are often considered the “gold standard”, but of the 75 studies included in their review, the researchers were only able to identify one recent RCT with “real” outcomes. In other words, this was the only RCT that used influenza cases as an outcome, as opposed to surrogate outcomes such as measurements of influenza antibodies in the blood. All the other studies included in the review were deemed of low quality and open to bias.

Limited reliable evidence from the studies suggests that the effectiveness of influenza vaccines is modest at best. “Our estimates are consistently below those usually quoted by economists and in decision making,” says lead researcher Tom Jefferson of the Cochrane Collaboration in Rome, Italy. “But until we have all available evidence, it is hard to reach any clear conclusions about the effectiveness of influenza vaccines in older people.”

“As the evidence is so scarce at the moment, we should be looking at other strategies to complement vaccinations. Some of these are very simple things like personal hygiene,

and adequate food and water,” says Jefferson. “Meanwhile, we need to undertake a high quality, publicly funded trial that runs over several seasons to try to resolve some of the uncertainties we’re currently facing.”

Jefferson is also one of the authors of a second review publishing this week, which focuses on the efficacy of influenza vaccinations in healthcare workers who work with the elderly. The results are also inconclusive, with each of the four trials included in the review being of inadequate quality and reaching implausible conclusions. The researchers were unable to draw any conclusions about whether vaccinating healthcare workers helps to prevent influenza symptoms and death in people aged over 60.

**Full citations:**

Jefferson T, Di Pietrantonj C, Al-Ansary LA, Ferroni E, Thorning S, Thomas RE. Vaccines for preventing influenza in the elderly. *Cochrane Database of Systematic Reviews* 2010, Issue 2. Art. No.: CD004876. DOI: 10.1002/14651858.CD004876.pub3.

Thomas RE, Jefferson T, Lasserson TJ. Influenza vaccination for healthcare workers who work with the elderly. *Cochrane Database of Systematic Reviews* 2010, Issue 2. Art. No.: CD005187. DOI: 10.1002/14651858.CD005187.pub3.

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## **Notes for editors**

### **1. About *The Cochrane Library***

*The Cochrane Library* contains high quality health care information, including the Cochrane Database of Systematic Reviews, from the Cochrane Collaboration. Cochrane Systematic Reviews bring together research on the effects of health care and are considered the gold standard for determining the relative effectiveness of different interventions. The Cochrane Collaboration (<http://www.cochrane.org>) is a UK registered international charity and the world’s leading producer of systematic Reviews. It has been demonstrated that Cochrane Systematic Reviews are of comparable or better quality and are updated more often than the reviews published in print journals (Wen J et al; *The reporting quality of meta-analyses improves: a random sampling study*. Journal of Clinical Epidemiology 2008; 61: 770-775).

From 2010 *The Cochrane Library* will move from quarterly to monthly publication.

*The Cochrane Library* is published by Wiley-Blackwell on behalf of the Cochrane Collaboration.

*The Cochrane Library* Podcasts: a collection of podcasts on a selection of Cochrane Reviews by authors of reviews in this issue will be available from <http://www.cochrane.org/podcasts>.

### **2. Accessing *The Cochrane Library***

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