

Strømper versus ingen intervention for kronisk ødem

Review information

Authors

Sundhedsstyrelsen¹

¹[Empty affiliation]

Citation example: S. Strømper versus ingen intervention for kronisk ødem. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Carvalho 2015

Methods	Study design: Randomized controlled trial Study grouping: Crossover
Participants	Baseline Characteristics Intervention <ul style="list-style-type: none"> ● <i>Age mean (sd):</i> ● <i>Number of Females:</i> 21 females ● <i>Mean weight:</i> ● <i>Mean BMI:</i> ● <i>Main reason for chronic edema CEAP2:</i> ● <i>mobile/immobile:</i> ● <i>Main reason for chronic edema CEAP3:</i> ● <i>Number of males:</i> ● <i>Age range:</i> control <ul style="list-style-type: none"> ● <i>Age mean (sd):</i> ● <i>Number of Females:</i> ● <i>Mean weight:</i> ● <i>Mean BMI:</i> ● <i>Main reason for chronic edema CEAP2:</i> ● <i>mobile/immobile:</i> ● <i>Main reason for chronic edema CEAP3:</i> ● <i>Number of males:</i> ● <i>Age range:</i> Overall <ul style="list-style-type: none"> ● <i>Age mean (sd):</i> 49.5 ● <i>Number of Females:</i> 21 (42 legs) ● <i>Mean weight:</i> ● <i>Mean BMI:</i> ● <i>Main reason for chronic edema CEAP2:</i> 6 ● <i>mobile/immobile:</i> ● <i>Main reason for chronic edema CEAP3:</i> 36 ● <i>Number of males:</i> 0 ● <i>Age range:</i> 32 to 72 Included criteria: edema and fatigue of the legs which worsened during the day but improved with the rest and with the elevation of the legs and pain in the legs. Excluded criteria: varicose veins with CEAP classifications 4,5, and 6, difficulty walking, morbid obesity, orthopedic changes, and other diseases clinically evaluated which might cause the symptoms of the legs. Pretreatment: Non reported
Interventions	Intervention Characteristics Intervention <ul style="list-style-type: none"> ● <i>time interval:</i> 1 day ● <i>description of treatment with compression stockings:</i> In Assessment 2, the legs of the participants were again measured by volumetry at 7:00 a.m. and the stockings were worn during the entire day with a further evaluation at 4:00 p.m. (volumetric and analog pain scale). control <ul style="list-style-type: none"> ● <i>time interval:</i> 1 day ● <i>description of treatment with compression stockings:</i> Patients were their own control
Outcomes	<i>Ødem (edema) End of treatment, max 12 mdr.</i> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Unit of measure: Milliliter ● Direction: Lower is better ● Data value: Endpoint <i>Tilbagevendende sår (recurrent ulcer) End of treatment, max 12 mdr.</i> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome ● Direction: Lower is better

	<p><i>Tilbagevendende sår (recurrent ulcer) Follow up ≤ 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Direction: Lower is better <p><i>Tilbagevendende sår (recurrent ulcer) Follow up 12 mdr.-24 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Direction: Lower is better <p><i>Smerter (bivirkning) (pain) End of treatment, max 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Direction: Lower is better <p><i>Hudforandringer (skin changes) End of treatment, max 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Direction: Lower is better <p><i>Livskvalitet (quality of life) End of treatment, max 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Roseninfektion (Erysipelas, Cellulitis) End of treatment, max 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Direction: Lower is better <p><i>Roseninfektion (Erysipelas, cellulitis)Follow up ≥ 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Direction: Lower is better <p><i>Drop out End of treatment, max 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Direction: Lower is better
Identification	<p>Sponsorship source: Non declared Country: Brazil Setting: Clinica Godoy Comments: Authors name: Carlos Alberto Carvalho Institution: Medical School in São Jos´e do Rio Preto, FAMERP, Avenida Constituco 1306, 15025-120 So Jos´edoRioPreto,SP,Brazil Email: godoyjmp@riopreto.com.br Address: Medical School in So Jos´e do Rio Preto, FAMERP, Avenida Constituco 1306, 15025-120 So Jos´edoRioPreto,SP,Brazil</p>
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote: "Consecutive patients were randomly assigned to two different groups where on the first day of the study one group followed Assessment 1 (Figure 1) and the other group followed Assessment 2" Judgement Comment: Randomization unclear
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: "Consecutive patients" were randomized, formentlig til at forudse hvem der randomiseret til hvilken gruppe. Possible to foresee but as this is a crossover maybe not important
Blinding of participants and personnel (performance bias)	Unclear risk	-
Blinding of outcome assessment (detection bias)	Unclear risk	-
Incomplete outcome data (attrition bias)	Low risk	Judgement Comment: Nothing described but probably no dropouts with only two days
Selective reporting (reporting bias)	Unclear risk	Judgement Comment: Result could be reported in more details
Other bias	High risk	Judgement Comment: Crossover study without washout period and study using both legs even if this is not a proper way to do it.

Mariani 2013

Methods	<p>Study design: Randomized controlled trial Study grouping: Parallel group</p>
Participants	<p>Baseline Characteristics Intervention</p> <ul style="list-style-type: none"> ● <i>Age:</i> N/A ● <i>Number of Females:</i> 13 ● <i>Mean weight:</i> N/A ● <i>Mean BMI:</i> N/A ● <i>Main reason for chronic edema:</i> CVI

	<ul style="list-style-type: none"> ● <i>mobile/immobile</i>: N/A ● <i>Number of males</i>: 13 <p>control</p> <ul style="list-style-type: none"> ● <i>Age</i>: N/A ● <i>Number of Females</i>: 20 ● <i>Mean weight</i>: N/A ● <i>Mean BMI</i>: N/A ● <i>Main reason for chronic edema</i>: CVI ● <i>mobile/immobile</i>: N/A ● <i>Number of males</i>: 10 <p>Overall</p> <ul style="list-style-type: none"> ● <i>Age</i>: 63,9 ● <i>Number of Females</i>: 33 ● <i>Mean weight</i>: ● <i>Mean BMI</i>: ● <i>Main reason for chronic edema</i>: ● <i>mobile/immobile</i>: ● <i>Number of males</i>: <p>Included criteria: male or female, 18-90 years unilateral or bilateral CVI chronic stable pitting edema no effective compression</p> <p>Excluded criteria: Most important: <18 or > 90 effective compression before study DM renal and liver insuff hypoalbuminaemia acute DVT or SVT active ulceration lymphedema malignancy</p> <p>Pretreatment:</p>
Interventions	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● <i>time interval</i>: 1 week ● <i>description of treatment with compression stockings</i>: below knee compression stockings <p>control</p> <ul style="list-style-type: none"> ● <i>time interval</i>: 1 week ● <i>description of treatment with compression stockings</i>: Placebo stocking. Pressure 3-6 mmHg
Outcomes	<p><i>Ødem (edema) End of treatment, max 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome ● Direction: Higher is better <p><i>Tilbagevendende sår (recurrent ulcer) End of treatment, max 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome <p><i>Tilbagevendende sår (recurrent ulcer) Follow up ≤ 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome <p><i>Tilbagevendende sår (recurrent ulcer) Follow up 12 mdr.-24 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome <p><i>Smarter (bivirkning) (pain) End of treatment, max 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome <p><i>Hudforandringer (skin changes) End of treatment, max 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome <p><i>Livskvalitet (quality of life) End of treatment, max 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome <p><i>Roseninfektion (Erysipelas, Cellulitis) End of treatment, max 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome <p><i>Roseninfektion (Erysipelas, cellulitis) Follow up ≥ 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome <p><i>Drop out End of treatment, max 12 mdr.</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome
Identification	<p>Sponsorship source: N/A</p> <p>Country: Italy</p> <p>Setting: Vascular surgery unit</p> <p>Comments:</p> <p>Authors name: F Mariani</p> <p>Institution: Vascular surgery, Siena, Italy</p> <p>Email: brtma@tin.it</p> <p>Address: The compression therapy study group, Colle di Val d'Elsa, Siena, Italy</p>
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	described as "random", but technique not described
Allocation concealment (selection bias)	Low risk	
Blinding of participants and personnel (performance bias)	High risk	no blinding
Blinding of outcome assessment (detection bias)	Unclear risk	-
Incomplete outcome data (attrition bias)	Low risk	
Selective reporting (reporting bias)	Low risk	
Other bias	Low risk	

Footnotes

References to studies

Included studies

Carvalho 2015

Carvalho, Carlos Alberto; Lopes Pinto, Renata; Guerreiro Godoy, Maria de Fatima; Pereira de Godoy, Jose Maria. Reduction of Pain and Edema of the Legs by Walking Wearing Elastic Stockings.. International Journal of Vascular Medicine 2015;2015(Journal Article):648074. [DOI: <http://dx.doi.org/10.1155/2015/648074>]

Mariani 2013

Mariani F.; Bucalossi M.; Mancini S.. Placebo controlled efficacy of class 2 elastic stockings (23-32 mmHg) in reduction of edema in CVI of the lower limbs. Acta Phlebologica 2013;14(1):39-44. [DOI:]

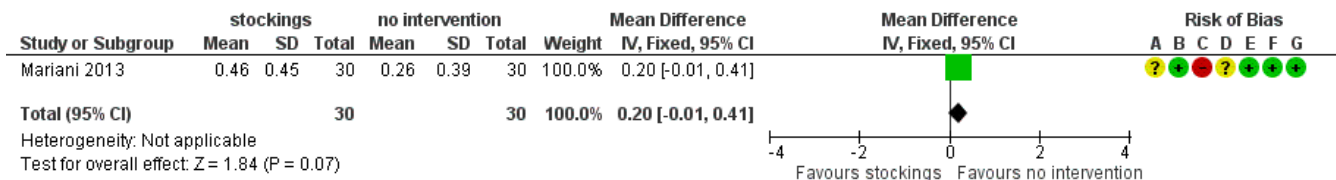
Data and analyses

1 Compression stockings vs no intervention

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Smerter (bivirkning) (pain) End of treatment, max 12 mdr.	1	60	Mean Difference (IV, Fixed, 95% CI)	0.20 [-0.01, 0.41]
1.2 Livskvalitet (quality of life) End of treatment, max 12 mdr.	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.3 Ødem (edema) End of treatment, max 12 mdr.	1	42	Mean Difference (IV, Fixed, 95% CI)	-64.28 [-90.04, -38.52]
1.3.2 Time (change value)	1	42	Mean Difference (IV, Fixed, 95% CI)	-64.28 [-90.04, -38.52]
1.4 Total ødemreduktion (total reduction of edema) End of treatment, max 12 mdr.	1	60	Risk Ratio (IV, Fixed, 95% CI)	8.00 [2.69, 23.75]
1.4.1 Time (final value)	1	60	Risk Ratio (IV, Fixed, 95% CI)	8.00 [2.69, 23.75]
1.5 Tilbagevendende sår (recurrent ulcer) End of treatment, max 12 mdr.	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.6 Tilbagevendende sår (recurrent ulcer) Follow up ≤ 12 mdr.	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.7 Tilbagevendende sår (recurrent ulcer) Follow up 12 mdr.-24 mdr.	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.8 Hudforandringer (skin changes) End of treatment, max 12 mdr.	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.9 Roseninfektion (Erysipelas, Cellulitis) End of treatment, max 12 mdr.	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.10 Roseninfektion (Erysipelas, cellulitis) Follow up ≥ 12 mdr.	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.11 Drop out End of treatment, max 12 mdr.	1	60	Risk Ratio (IV, Fixed, 95% CI)	9.00 [0.51, 160.17]

Figures

Figure 1 (Analysis 1.1)

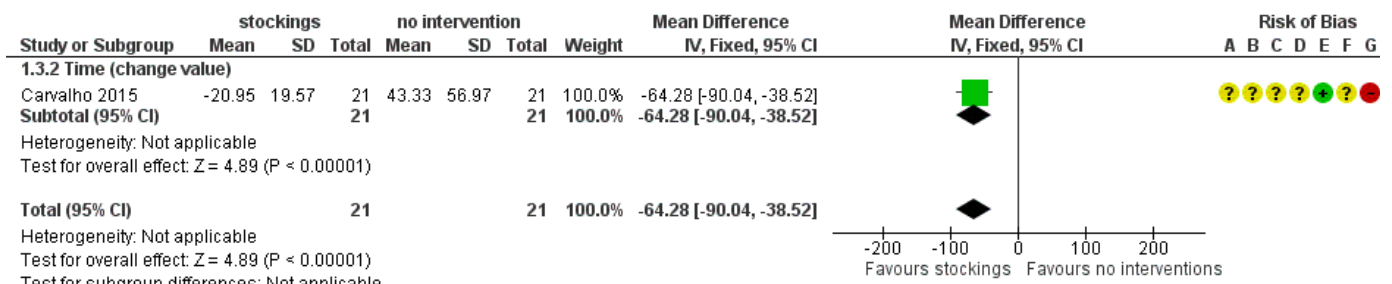


Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

Forest plot of comparison: 1 Stockings vs no intervention, outcome: 1.1 Smerter (bivirkning) (pain) End of treatment, max 12 mdr..

Figure 2 (Analysis 1.3)

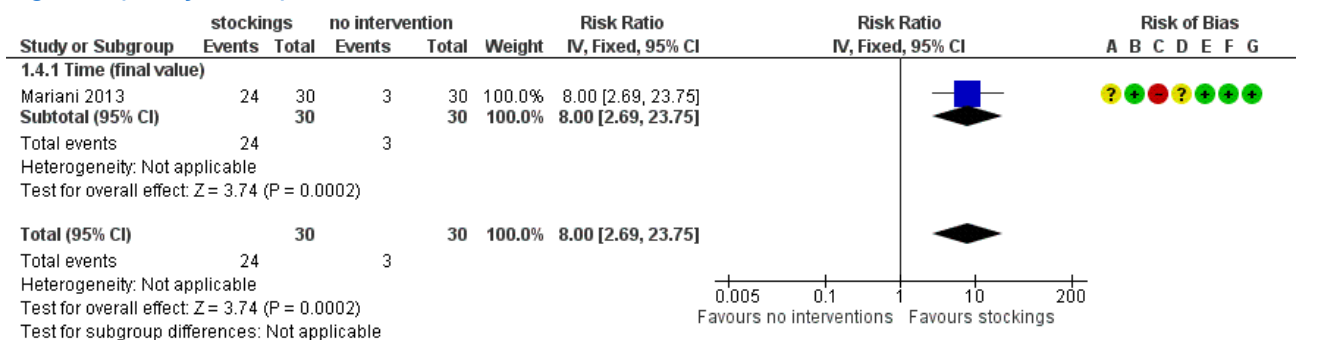


Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

Forest plot of comparison: 1 Compression stockings vs no intervention, outcome: 1.3 Ødem (edema) End of treatment, max 12 mdr..

Figure 3 (Analysis 1.4)

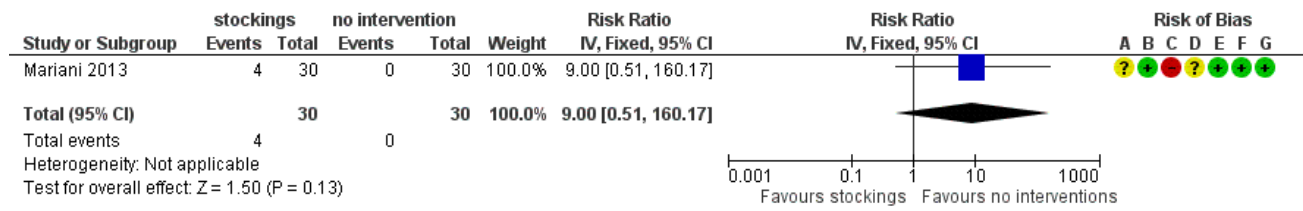


Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

Forest plot of comparison: 1 Stockings vs no intervention, outcome: 1.4 Total ødemreduktion (total reduction of edema) End of treatment, max 12 mdr..

Figure 4 (Analysis 1.11)



Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

Forest plot of comparison: 1 Compression stockings vs no intervention, outcome: 1.11 Drop out End of treatment, max 12 mdr..