



A. PEDro update (May 2018)

PEDro contains 39,960 records. In the 7 May 2018 update you will find:

- 31,484 reports of randomised controlled trials (30,577 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 7,818 reports of systematic reviews, and
- 658 reports of evidence-based clinical practice guidelines

For latest guidelines, reviews and trials in physiotherapy visit [Evidence in your inbox](#).

B. Support for PEDro comes from the Australian Physiotherapy Association, Deutscher Verband für Physiotherapie, Latvijas Fizioterapeitu Asociācija, Irish Society of Chartered Physiotherapists and Cambodian Physical Therapy Association

We thank the [Australian Physiotherapy Association](#), [Deutscher Verband für Physiotherapie](#), [Latvijas Fizioterapeitu Asociācija](#), [Irish Society of Chartered Physiotherapists](#) and [Cambodian Physical Therapy Association](#), who have just renewed their partnerships with PEDro for another year.

C. New systematic review found that exercise may delay the decline in cognitive function in individuals with Alzheimer disease

In this review, the authors included 19 controlled studies (17 randomised, 1 non-randomised, 1

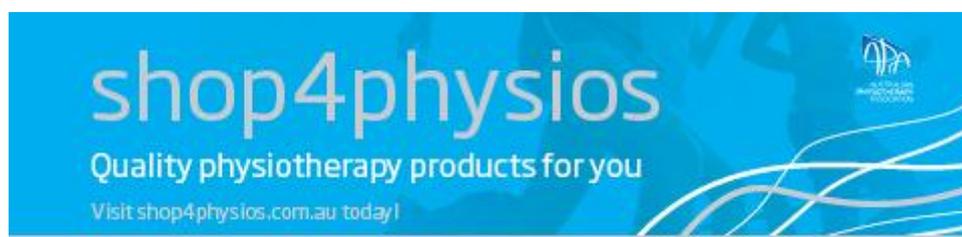
cross-over) examining the effects of exercise on cognitive function in individuals at risk of or diagnosed with Alzheimer's disease. Only studies that included an exercise-only intervention compared to a non-diet, non-exercise control group and reported pre- and post-intervention cognitive function measurements were included. The sample (N = 1,150) consisted of older adults (mean age 77, SD 7.5 years), predominantly women (71.1%), who had on average 9.2 (SD 4.3) years of education. Most of the studies included samples of individuals who were at risk of Alzheimer disease because they had mild cognitive impairment (64%; n = 732); another 1% were at risk because they had a parent diagnosed with Alzheimer disease (n = 17), and 35% had diagnosed Alzheimer disease (n = 396). Exercise training was performed, on average, for 3.4 (SD 1.4) days per week at moderate intensity with sessions lasting for 45.2 minutes (SD 17) for 18.6 weeks (SD 10 weeks). Most interventions consisted of aerobic exercise training (65%), with a smaller proportion consisting of a combination of aerobic and resistance training (35%). There was a significant effect of exercise training compared to controls on cognitive function (standardised mean difference (SMD) 0.47, 95% confidence interval (CI) 0.26 to 0.68). For aerobic exercise alone, the between-group effect size was larger (SMD 0.65, 95% CI 0.35 to 0.95). For the combination of aerobic and resistance exercise training the between-group effect size was no longer statistically significant (SMD 0.19, 95% CI -0.06 to 0.43). This meta-analysis provides support for the use of exercise training as a therapeutic modality to improve cognitive function in individuals at risk of or diagnosed with Alzheimer disease. Further studies should investigate physical activity or exercise in combination with other strategies to develop more targeted prevention and treatment options for Alzheimer disease.

Panza GA, et al. Can exercise improve cognitive symptoms of Alzheimer's disease? *J Am Geriatr Soc* 2018 Mar;66(3):487-95

[Read more on PEDro.](#)

D. Next PEDro update (June 2018)

The next PEDro update is on Monday 4 June 2018.





Copyright © 2018 Physiotherapy Evidence Database (PEDro), All rights reserved.
You are receiving this email because you opted in at our website www.pedro.org.au

Our mailing address is:

Physiotherapy Evidence Database (PEDro)
PO Box M179
MISSENDEN ROAD, NSW 2050
Australia

[Add us to your address book](#)

Want to change how you receive these emails?

You can [update your preferences](#) or [unsubscribe from this list](#)