Review Title

The effectiveness of cabbage leaf application (treatment) on breast engorgement in breastfeeding women

Centres conducting review
Alice Lee Centre for Nursing Studies, National University of Singapore: A Collaborating Centre of the Joanna Briggs Institute

Primary reviewer/contact
Name: Boh Boi Wong SRN, SCM, BHSC (BSC Nursing), MEdECE
Telephone: +65 67917506
Email: bbwong@tmc-sin.com.sg

Second reviewer/contact
Name: Dr Serena Koh RN BSc (Hons), Adv Dip (Midwifery) PhD
Telephone: +65 6325 9220
Email: serena_koh@moh.gov.sg

Third reviewer/contact
Name: Dr Desley Gail HEGNEYRN, BA (Hons), DNE, FRCNA, PhD
Telephone: + 65 6776 7135
Email: Desley_Hegney@nuhs.edu.sg

Review Title

The effectiveness of chilled/cold cabbage leaf application on breast engorgement in breastfeeding women

Review Questions/Objectives

This systematic review aims to synthesize the best available evidence on the effectiveness of cabbage leaves on engorged breasts in breastfeeding women.
**BACKGROUND**

Breast engorgement is defined by the medical dictionary as congestion and distension with fluid.¹ The lactation literature defines it as a swollen breast, caused by the buildup of breast milk during breastfeeding, and is often referred to as swelling and distension of the breasts and can be a painful condition.²³ This is a common physiological problem for lactating mothers that is caused by the sudden increase in the volume of the breast milk due to lymphatic and vascular congestion with interstitial oedema during the first two weeks of breastfeeding.⁴ The reason why engorgement occurs in the first two weeks postpartum is that the mother and her baby are adjusting to the process of demand and supply: i.e. if the milk production is increased too rapidly this may exceed the capacity of the breast alveoli to store it.

If the milk is not removed the distention can lead to capillary blood circulation occlusion and reduce the cellular activity.⁵ It has also been proposed that low breast milk supply may further lead to the baby becoming fretful.⁶⁷ Breast engorgement may occur due to insufficient emptying of the breast milk from the mother due to poor transfer of breast milk and incorrect latching or positioning of the baby during the process of suckling.²⁴ Methods of measuring breast engorgement include: measurements of chest circumference changes⁸ and thermography.⁹ Ferris and Riedel have also proposed the use of a pressure gauge to measure skin tension¹⁰¹¹ as a way of evaluating and measuring breast engorgement.

Previous comparative research studies suggest that breast engorgement occurs most commonly from day three to five postpartum, with some women presenting as late as day nine to ten,⁷¹²¹³ or even day fourteen.¹⁴ It has also been reported that multiple peaks of engorgement throughout the breastfeeding period are not uncommon.¹⁵¹⁶

Engorgement of the breasts is associated with severe pain, nipple tenderness, fissures of the nipple and infection which can all result in subsequent cessation of breastfeeding.¹⁷ Breast engorgement can be characterized by low grade fever and absence of systemic symptoms. The breasts feel warm to touch and appear shiny and it can be quite painful for some women when the breasts become hard. Throughout the world, breast engorgement is one of the main reasons why women stop breastfeeding,¹⁷⁻¹⁹ or suffer from a reduced /short duration of breastfeeding.

In March, 2001 The World Health Organization (WHO) recommended an optimal duration of exclusive breastfeeding of six months.²⁰²¹

Many methods for the treatment of breast engorgement have been explored. These include cold cabbage compresses,²²²³ cold gel pads,²⁴ hot compresses and warm showers, which are used to activate the milk ejection reflex.²⁵ Further treatment methods which have been postulated include the use of therapeutic ultrasound,²⁵²⁶ breast binding,¹²¹³ breast massage,²⁷ herbal remedies, manual/electrical pump, anti inflammatory medication (such as serrapeptase [Danzen]²⁵ which reduces swelling).²⁵²⁸ In Taiwan a Randomized Controlled Trial used Gua-Sha (massage) therapy as a form of treatment.²⁹³⁰
One approach which has met with a high degree of success is the use of diuretics and restricting the intake of fluids. One study on the use of diuretics found that 85.7% of mothers displayed marked improvement after 3 days.\textsuperscript{22, 28, 31} Nonetheless, the use of diuretics is not recommended for the nursing mother as they reduce the production of breast milk due to the dehydration from the diuretics.\textsuperscript{2} Additionally, many women are reluctant to take drugs when breastfeeding.\textsuperscript{32}

Although diuretics and other drugs have been shown to be effective in the treatment of breast engorgement, for the reasons described above (i.e. the mother wishes to nurse her child or is unwilling to use a drug-based remedy), women are turning to non-medical treatments for breast engorgement, such as warm or cold compresses, breast massage, or the use of cold cabbage leaves. These non-medical interventions are receiving increasing attention as viable treatment methods\textsuperscript{22, 30, 33, 34} as they are more easily available and generally easy to use, convenient and cheap as compared to medical interventions. For example, many women’s preferred treatment for breast engorgement is chilled cabbage leaves as the effect is stronger and takes effect quickly\textsuperscript{24}. Thus, determining the efficacy of non-medical interventions for treatment of breast engorgement is becoming increasingly important.

One non-medical intervention, cabbage leaf treatment, has become increasingly popular as it is cheap, easily available and is a natural remedy which some studies have found to be effective\textsuperscript{22,24} while others have not.\textsuperscript{22,28,34} For example:

- Cabbage leaves have been found to be effective in the treatment of engorgement due to the drawing action of cabbage leaves on human tissue.\textsuperscript{35}
- A Quasi – experimental study on the difference in effectiveness between cold and room temperature cabbage leaves, concluded that there was no difference in effectiveness if the leaves were chilled before use.\textsuperscript{24}
- In Australia, a comparative study using cabbage leaf extract was used for the treatment of breast engorgement. It was found that the cabbage leaf extract cream and a placebo cream were effective in relieving discomfort and the two groups showed no differences on all outcome measures.\textsuperscript{34}
- In a quasi–experimental study in India cold cabbage leaves, as well as alternate hot and cold compresses, were used in the treatment of breast engorgement. It was found that hot and cold compresses were more effective than cold cabbage leaves in relieving pain due to breast engorgement.\textsuperscript{22}
- A systematic review of various forms of treatment for breast engorgement (including acupuncture, cabbage leaves, drug treatment and cold packs) concluded that there is insufficient evidence from trials on any intervention to justify widespread implementation.\textsuperscript{26}
- In Singapore a comparative study was carried out on breast engorgement using drugs and other various methods, including cabbage leaf treatment and its effectiveness as compared to medical/drug-related treatment, finding that drug treatment was more effective than chilled cabbage leaves and other non-medical interventions.\textsuperscript{28}
Existing research evidence has revealed discrepancies in findings of the effectiveness of cabbage leaf treatment. Additionally, the effectiveness of cabbage leaf treatment on its own is unclear as in many studies cabbage leaf treatment is combined with other forms of treatment, thus casting doubt over the effectiveness of cabbage leaf alone as a viable form of treatment. This systematic review will focus on the effectiveness of cabbage leaf treatment on breast engorgement.

**Inclusion Criteria**

**Types of participants**

The review will consider breastfeeding women aged thirteen to fifty years of age of any parity regardless of previous breast engorgement problems and treatments. The women chosen include participants from different geographical locations. The participants are all breastfeeding women in the first two weeks postpartum, as the first two weeks postpartum is the most crucial period for nursing mothers to establish their lactation and when breast engorgement is most likely to occur.

We will exclude women with mastitis, plugged ducts, breast abscess and women who have ceased breast feeding.

**Types of Intervention**

The review will consider the use of cabbage leaves to relieve breast engorgement. It will only include papers that provide data on cabbage leaf treatment for breast engorgement. It will exclude cabbage leaf extract creams, as it appears that cabbage extract cream is different to cabbage leaves.

As there is no consistent method/system of treatment in relation to the use of cold cabbage leaves (including the number of leaves used [which vary from one to three pieces]) and the duration of treatment [which varies from ten minutes to two hours], all these interventions will be considered. Furthermore, as the various studies to not specify if a specific type of leaf, any type of cabbage leaf will be included. 33, 36-38

**Types of Outcomes**

This review will consider studies that include the following outcome measures:

**Primary Outcome**

The primary outcome of interest is the effectiveness of cabbage leaves on breast engorgement, defined as a reduction in engorgement, the severity of the distention and the level of hardness to touch.
It should be noted that the pattern of experience of engorgement is different for all mothers and can occur in any of three patterns:

- a single experience of firm, tender breasts followed by a resolution of symptoms;
- multiple peaks of engorgement followed by resolution;
- intense and painful engorgement lasting up to fourteen days; and minimal breast changes.

Secondary Outcome

Duration of Breastfeeding. For the purpose of this systematic review, breastfeeding duration is recommended for an optimal duration of exclusive breastfeeding of six months by the World Health Organization (WHO). 20, 21

Types of studies

The review will consider any randomised controlled trials (RCTs). In the absence of RCTs other research designs, such as non-randomised controlled trials, before and after studies, case control studies, cohort studies, descriptive studies such as case series/reports, will be considered for inclusion to enable the identification of the current best evidence for the effects of cabbage leaf on breast engorgement in breastfeeding women.

Papers which include narration, are opinion based or obtained from general experience, will not be included.

Search Strategy

The search strategy aims to find both published and unpublished studies from inception of the relevant database to 2010 in the English Language. A three-step search strategy will be utilised in each component of this review. An initial limited search of MEDLINE, CINAHL and SCOPUS will be undertaken followed by an analysis of the text words contained in the title and abstract, and of the index terms used to describe an article. A second search using all identified keywords and index terms will then be undertaken across all included databases. Thirdly, the reference list of all identified reports and articles will be searched for additional studies.

The databases to be searched include:

Cinahl
Medline
Scopus
Embase
Web of Science
Science Direct

The search for unpublished studies will include:

Google Scholar
Mednar
Proquest

Initial keywords to be used will be:
Breast engorgement
Lactation disorder
Breast swelling
Engorged
Breast milk retention
Breastfeeding
Relief
Treatment
Therapy
Duration of breastfeeding
Cabbage leaves/leaf
Postpartum women

The search strategy is set out in further detail in Appendix I

Assessment of Methodological Quality
Quantitative papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review using standardised critical appraisal instruments from the Joanna Briggs Institute Meta Analysis of Statistics Assessment and
Review Instrument (JBI-MAStARI) (Appendix II). Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

Data Collection
Quantitative data will be extracted from papers included in the review using the standardised data extraction tool from JBI-MAStARI (Appendix III). The data extracted will include specific details about the interventions, populations, study methods and outcomes of significance to the review question and specific objectives.

Data Synthesis
Quantitative papers will, where possible be pooled in statistical meta-analysis using the Joanna Briggs Institute Meta Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI). All results will be subject to double data entry. Odds ratio (for categorical data) and weighted mean differences (for continuous data) and their 95% confidence intervals will be calculated for analysis. Heterogeneity will be assessed using the standard Chi-square. Where statistical pooling is not possible the findings will be presented in narrative form.

Conflict of Interest
There are no conflicts of interest.
References

23. Robson BA. Breast engorgement in breastfeeding mothers: CASE WESTERN RESERVE UNIVERSITY (HEALTH SCIENCES); 1990.
42. Shiau SH. Randomized controlled trial of kangaroo care with fullterm infants: effects on maternal anxiety, breastmilk maturation, breast engorgement, and breastfeeding status: Case Western Reserve University (Health Sciences); 1997.
## Appendix 1 – Search Strategy

### MEDLINE

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<td>B AND D</td>
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<tr>
<td>Search 4</td>
<td>B AND C AND D</td>
</tr>
<tr>
<td>Search 5</td>
<td>B AND C AND E</td>
</tr>
</tbody>
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**Area A** – 1 OR 2

1. Cabbage [MeSH]
2. Cabbage lea*

**Area B** – 3 OR 4 OR 5 OR 6 OR 7

3. Breast engorgement [MeSH]
4. Lactation disorder [MeSH]
5. Engorged [Mesh]
6. Breast swelling
7. Breast milk retention

**Area C** – 8 OR 9 OR 10

8. Treatment
9. Relief
10. Therapy

**Area D** – 11 OR 12

11. Breastfeeding [Mesh]
12. Duration of Breastfeeding

**Area E** – 13

13. Postpartum women

### CINAHL

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<td>Search 5</td>
<td>B AND C AND E</td>
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**Area A** – 1 OR 2

1. Cabbage [MeSH]
2. Cabbage lea*

**Area B** – 3 OR 4 OR 5 OR 6 OR 7

3. Breast engorgement [MeSH]
4. Lactation disorder [MeSH]
5. Engorged [Mesh]
6. Breast swelling
7. Breast milk retention

**Area C** – 8 OR 9 OR 10

8. Treatment
9. Relief
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<tr>
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<td>Postpartum women</td>
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</tbody>
</table>

**SCOPUS**

Search 1 - A AND B
Search 2 - B AND C
Search 3 – B AND D
Search 4 – B AND C AND D
Search 5 – B AND C AND E

Area A – 1 OR 2
1 Cabbage [MeSH]
2 Cabbage lea*

Area B – 3 OR 4 OR 5 OR 6 OR 7
3 Breast engorgement [MeSH]
4 Lactation disorder [MeSH]
5 Engorged [Mesh]
6 Breast swelling
7 Breast milk retention

Area C – 8 OR 9 OR 10
8 Treatment
9 Relief
10 Therapy

Area D – 11 OR 12
11 Breastfeeding [Mesh]
12 Duration of Breastfeeding

Area E – 13
13 Postpartum women

**EMBASE**

Keyword searches – key word searches were carried out

1 Cabbage/exp AND leaf AND engorgement
2 Cabbage/exp AND leaves AND engorgement
3 Cabbage/exp AND leaves AND breast/exp engorgement
4 Cabbage/exp AND leaves AND lactation disorder
8 Breast/exp engorgement AND treatment
9 Breast/exp engorgement AND Relief
10 Breast/exp engorgement AND Therapy
11 Cabbage/exp AND leaf AND Breastfeeding
12 Cabbage/exp AND leaf AND Duration of Breastfeeding
13 Breast/exp engorgement AND Postpartum women
Web of Science
Keyword searches – key word searches were carried out
1. Cabbage AND leaf AND engorgement
2. Cabbage AND leaves AND engorgement
3. Cabbage AND leaves AND breast engorgement
4. Cabbage AND leaves AND lactation disorder
8. Breast engorgement AND treatment
9. Breast engorgement AND Relief
10. Breast engorgement AND Therapy
11. Cabbage AND leaf AND Breastfeeding
12. Cabbage AND leaf AND Duration of Breastfeeding
13. Breast engorgement AND Postpartum women

Science Direct
Keyword searches – key word searches were carried out
1. Cabbage AND leaf AND engorgement
2. Cabbage AND leaves AND engorgement
3. Cabbage AND leaves AND breast engorgement
4. Cabbage AND leaves AND lactation disorder
8. Breast engorgement AND treatment
9. Breast engorgement AND Relief
10. Breast engorgement AND Therapy
11. Cabbage AND leaf AND Breastfeeding
12. Cabbage AND leaf AND Duration of Breastfeeding
13. Breast engorgement AND Postpartum women

Google Scholar
Keyword searches – the following key words were searched in Google Scholar
1. Cabbage AND leaf AND engorgement
2. Cabbage AND leaves AND engorgement
3. Cabbage AND leaves AND breast engorgement
4. Cabbage AND leaves AND lactation disorder
8. Breast engorgement AND treatment
9. Breast engorgement AND Relief
10. Breast engorgement AND Therapy
11. Cabbage AND leaf AND Breastfeeding
12. Cabbage AND leaf AND Duration of Breastfeeding
13. Breast engorgement AND Postpartum women
### Mednar

Keyword searches – the following key words were searched in Google Scholar

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<td>Breast engorgement AND Relief</td>
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<td>Breast engorgement AND Therapy</td>
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### Proquest

Keyword searches – the following key words were searched in Google Scholar

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<td>Cabbage AND leaf AND Duration of Breastfeeding</td>
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<td>Breast engorgement AND Postpartum women</td>
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### JBI Critical Appraisal Checklist for Experimental Studies

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<tbody>
<tr>
<td>1. Was the assignment to treatment groups truly random?</td>
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</tr>
<tr>
<td>2. Were participants blinded to treatment allocation?</td>
<td></td>
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<tr>
<td>3. Was allocation to treatment groups concealed from the allocator?</td>
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<tr>
<td>4. Were the outcomes of people who withdrew described and included in the analysis?</td>
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<tr>
<td>5. Were those assessing outcomes blind to the treatment allocation?</td>
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<td>6. Were the control and treatment groups comparable at entry?</td>
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<tr>
<td>7. Were groups treated identically other than for the named interventions?</td>
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<tr>
<td>8. Were outcomes measured in the same way for all groups?</td>
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<td>9. Were outcomes measured in a reliable way?</td>
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<tr>
<td>10. Was appropriate statistical analysis used?</td>
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Overall appraisal: Include  Exclude  Seek further info.

Comments (Including reasons for exclusion):

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**JBI Critical Appraisal Checklist for Comparable Cohort/ Case Control**

Reviewer ___________________ Date __________
Author _____________________ Year __________ Record Number ______

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<tr>
<td>2. Are the patients at a similar point in the course of their condition/illness?</td>
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<tr>
<td>3. Has bias been minimised in relation to selection of cases and of controls?</td>
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<td>□</td>
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<tr>
<td>4. Are confounding factors identified and strategies to deal with them stated?</td>
<td>□</td>
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<td>□</td>
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<td>5. Are outcomes assessed using objective criteria?</td>
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<tr>
<td>6. Was follow up carried out over a sufficient time period?</td>
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<tr>
<td>7. Were the outcomes of people who withdrew described and included in the analysis?</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tbody>
</table>
8. Were outcomes measured in a reliable way?

9. Was appropriate statistical analysis used?

Overall appraisal: Include Exclude Seek further info.

Comments (Including reasons for exclusion):
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<th>Question</th>
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<th>Unclear</th>
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<tbody>
<tr>
<td>1. Was study based on a random or pseudorandom sample?</td>
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<td>2. Were the criteria for inclusion in the sample clearly defined?</td>
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<tr>
<td>3. Were confounding factors identified and strategies to deal with them stated?</td>
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<tr>
<td>4. Were outcomes assessed using objective criteria?</td>
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<tr>
<td>5. If comparisons are being made, was there sufficient descriptions of the groups?</td>
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<tr>
<td>6. Was follow up carried out over a sufficient time period?</td>
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Overall appraisal: Include Exclude Seek further info.

Comments (Including reasons for exclusion):
Appendix III: Data Extraction Form (Quantitative Data)

Author ______________ Record Number ____________ Journal ______________

Year ______________ Reviewer ________________
Method____________________
Setting _______________ Participants __________________________

Number of Participants

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<thead>
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<th>Group A</th>
<th>Group B</th>
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Interventions

Intervention A
______________________________________________________________________________

Intervention B
______________________________________________________________________________

Outcomes Measures

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<th>Scale / Measure</th>
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Results

Dichotomous Data

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<th>Outcome</th>
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<th>Control Group (number / total number)</th>
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Continuous Data

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<th>Control Group (mean &amp; SD [number])</th>
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Authors’ conclusion

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Reviewers’ conclusion

_________________