or tightening in quality, mild to moderate in intensity, and which does not worsen with routine physical activity. In most individuals, tension-type headache occurs infrequently and there is no need for further treatment beyond over-the-counter pain killers. In some people, however, tension-type headache occurs on several days per month or even daily.

This Cochrane review looked at the use of acupuncture to reduce the frequency and intensity of tension headaches. The authors included eleven trials (2317 participants), six more trials than in the previous version of the review, and concluded that acupuncture could be a valuable nonpharmacological tool in people who have frequent episodic or chronic tension-type headaches.

Acupuncture for migraine prophylaxis

Linde K, Allais G, Brinkhaus B, Manheimer E, Vickers A, White AR.

Acupuncture for migraine prophylaxis. Cochrane Database Systematic Rev 2009; issue 1

Migraine is a disorder in which recurrent headaches occur, manifesting in attacks that last 4–72 h. Typical characteristics of the headache are unilateral location, pulsating quality, moderate or severe intensity, aggravation by routine physical activity and association with nausea and/ or photophobia and phonophobia. Migraine is relatively common with an estimated 1-year prevalence of 10–12%.

In the previous version of this review, evidence in support of acupuncture for migraine prophylaxis was considered promising but insufficient. Now, with 12 additional trials, there is consistent evidence that acupuncture provides additional benefit in the treatment of acute migraine attacks only, or in routine care. There is no evidence for an effect of 'true' acupuncture over sham interventions, although this a difficult matter to interpret because the exact point-location could be of limited importance. Available studies suggest that acupuncture is at least as effective as, or possibly more effective than, prophylactic drug treatment, and has fewer adverse effects. Acupuncture should be considered a treatment option for patients willing to undergo this treatment.

Does street lighting prevent road traffic injuries?

Beyer FR, Ker K.

Street lighting for preventing road traffic injuries. Cochrane Database Syst Rev 2009; issue 1

Road traffic accidents are a major cause of death and injury, especially in low- and middle-income countries, with over 1 million people killed and some 10 million people permanently disabled in such events each year. By 2020, it is estimated that road traffic injuries will have risen from ninth to third in world disease-burden rankings and account for 2.3 million deaths/year globally.

This review identified 16 before and after studies of street lighting, all of which reported crash data. Fourteen of these were included in the meta-analysis. Eleven studies investigated the effects of

newly installed street lighting, four the effects of improved lighting, and one investigated both new and improved lighting. The risk of bias in these studies was judged to be high but the results indicated that street lighting can prevent road traffic crashes, injuries and fatalities.

Although it is widely recognised that street lighting has a safety function and has become an integral part of road design in the UK, some councils have been switching off street lights to reduce both carbon dioxide emissions and costs (eg, access the URL <http://news.bbc.co.uk/1/hi/england/gloucestershire/7856876.stm>). The authors suggest that, considering this evidence, the potential adverse road safety impact should be carefully considered. In low and middle income countries, policy on street lighting is less developed and suitable lighting is less common. The positive findings of this review may therefore encourage the improvement of street lighting in lower income countries as a road safety measure.

Do eye tests in older drivers prevent road traffic injuries and fatalities?

Subzwari S, Desapriya E, Babul-Wellar S, et al.

Vision screening of older drivers for preventing road traffic injuries and fatalities. Cochrane Database Syst Rev 2009; issue 1

Demographic data in North America, Europe, Asia, Australia and New Zealand suggest a rapid growth in the number of people over the age of 65 years, as the 'baby boomer' generation passes retirement age. Older people today are more likely to have a driver's licence and will take more trips than a comparable group 10 years ago. Meanwhile, drivers aged over 65 years have more fatal crashes per mile driven than any other demographic group, except teenage males, probably because of what is termed 'low mileage bias'. There is universal agreement among researchers that vision plays a significant role in driving performance, and that there are age-related visual changes. Vision testing of all drivers and in particular of older drivers, is therefore an important road safety issue. The components of visual function essential for driving are acuity, field, depth perception and contrast sensitivity, which are currently not fully measured by licensing agencies. It is not even known how effective vision-screening tools are and, meanwhile, the current vision-screening regulations and cut-off values required to pass a licensing test vary from country to country.

The aim of this review was to evaluate the effectiveness of vision-screening tests for the prevention of motor vehicle crashes involving older drivers. Unfortunately, no studies were found that met the inclusion criteria for this review. Whereas most countries require a vision-screening test for the renewal of an individual's driver's license, there is insufficient evidence to assess the effect of vision-screening tests on subsequent motor vehicle crash reduction. There remains a need to develop valid and reliable tools of vision screening that can predict driving performance.

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