



# NEWSLETTER

ISSUE 1

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## THE GOAL

**436** patients across the whole trial, of whom at least **350** go on to complete their Symptom Diaries.

Our star first two recruiting GP practices have recruited **4** patients so far, of whom the trial team has been able to follow up **3**

Only **432** to go!

## WELCOME TO OSAC

Thank you for agreeing to recruit patients into this study. Your support is the most important and valuable ingredient in the recipe for successful primary care research. The trial team is here to help you to get the most out of recruitment, so please don't hesitate to contact us for help.

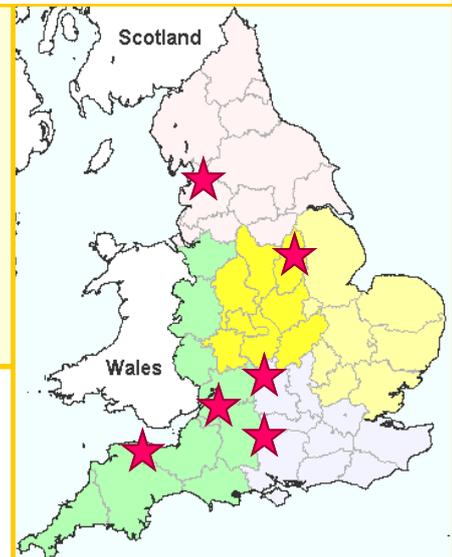
OSAC is a randomised controlled trial of prednisolone vs placebo, to find out whether steroids could be one potential strategy in the greater objective of reducing doctors' and patients' dependence on antibiotics to treat self-limiting chest infections.

In this newsletter we will keep you up-to-date with progress, answer your questions about the research, provide you with information that will help you to recruit and hopefully increase your enjoyment in taking part in this trial.

## WHERE WE ARE RECRUITING

We are really pleased to have set up OSAC in 8 GP practices, so far, across the South West of England, and are working hard to set up at least another 10 sites across the Western and Peninsula CLRN areas.

OSAC is also recruiting in the Hampshire and Isle of Wight CLRN area, in Cumbria and Lancashire, Trent, Leicestershire Northamptonshire and Rutland and in Thames Valley.



## WWW.OSACTRIAL.ORG.UK

On our website you can find all the latest versions of the trial documents, useful references and contact details. That's about it, but it is worth a peek.

## CONTACT US

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## FIRST RECRUITS: HOW DID IT GO?

Although OSAC patients have been thin on the ground this summer, **Rowden Surgery in Chippenham** and **Frome Medical Practice** have made a valiant start. We asked the recruiting staff for feedback.

They told us that the first patient required 15 minutes of GP time (the eligibility assessment and trial prescription were done by two different GPs) and 45 minutes of Nurse time, but that this could be reduced with experience, for future recruitment sessions. ("It's the admin and stickers that take the time: the actual patient interaction and protocol is very straightforward!"). In one case the recruitment session has taken longer than anticipated, mainly because of the different labels, but this is expected to improve with the next patient. Lastly, one issue has been identified with the trial database, which the trial team will endeavour to resolve asap.

The Bristol trial centre has had a very positive initial experience of following up the first recruited patients. The 3 patients we have contacted have been able to complete the symptom diary without difficulty, and have reacted very well to receiving the weekly telephone calls from our friendly Administrator and Research Nurse. All in all, a very encouraging beginning for a trial which may have seemed daunting at first.



## NOT SURE HOW TO GET STARTED?

Please do give us a call.



# NEWSLETTER

## Our research raison d'être

No-one would suggest that antibiotics are not invaluable. But antibiotic resistance is a major problem and a daily patient safety issue in every hospital in the UK. Earlier this year the Chief Medical Officer, Professor Dame Sally Davies, warned that the danger posed by growing resistance to antibiotics should be ranked along with terrorism on a list of threats to the nation, and described it as a "ticking time bomb". She said, "If we don't take action, then we may all be back in an almost 19th Century environment where infections kill us as a result of routine operations."



Chief contributors to the development of resistant microorganisms are the inappropriate use and prescribing of antibiotics. 'Inappropriate prescribing' refers to the unnecessary prescription of antibiotics, the unsuitable use of broad-spectrum antibiotics, or the wrong selection of antibiotics and inappropriate duration or dose of antibiotics. ('Inappropriate use' is when patients do not complete a prescribed course, or 'save some for later'.)

There is wide variation in antibiotic prescribing practice across the UK, and a great range of opinion about what constitutes "inappropriate prescribing", but we do know that 80% of all human antibiotic prescribing occurs in primary care, and that 80% of these prescriptions are for respiratory tract infections (QJM: An International Journal of Medicine, Volume 92, Issue 5, Pp. 287-292). NICE guideline CG69 (July 2008) says that "much of the historically high volume of prescribing to prevent complications may be inappropriate... Most people presenting in primary care with an acute uncomplicated RTI will still receive an antibiotic prescription - with many doctors and patients believing that this is the right thing to do."

We know that antibiotics are largely ineffective for adults with chest infections, and do not reduce the duration or severity of symptoms. A 2004 Cochrane systematic review found that although "antibiotics appear to have a modest beneficial effect in patients who are diagnosed with acute bronchitis," however, "the magnitude of this benefit is similar to that of the detriment from potential adverse effects."

## BAD COUGH JOKE OF THE MONTH

**Q:** What do you call a pony with a cough?

**A:** A little hoarse!



## LOG JAM?

**Don't get stuck at the bottom of an OSAC log pile! Use our simple guide:**

### When you start

**Training log** (fax to trial centre) and **delegation log** (ditto)

### Weekly

1. Send us your **screening log** (or an email to let us know if no eligible patients have been seen)
2. Min/max **temperature monitoring log** (keep this in your site file, but fax it to your trial centre if the temperature goes out of range i.e. below 15°C and above 25°C)
3. **SAE check log** (check primary care notes for any patients you have recruited, for 4 weeks, and fax to the trial centre if an SAE is identified)

### Keep updated

**Drug allocation log** (when you issue a patient pack)

### OSAC isn't that bad really!

## NEXT MONTH:

- Your FAQs
- The Not-So-Secret Life of a Chief Investigator
- No more rubbish jokes... (or not)



Fig 1: OSAC logs



Fig 2: Other cTIMPs.... (NB: pls allow for journalistic license)