OSAC **(THE ORAL STEROIDS FOR ACUTE COUGH)** TRIAL

PATIENT INFORMATION BOOKLET

WE ARE INVITING YOU TO TAKE PART IN THE OSAC TRIAL
AND ENCOURAGE YOU TO READ THIS LEAFLET.

PARTICIPATION IN THE TRIAL IS ENTIRELY UP TO YOU AND YOU CAN WITHDRAW AT ANY TIME, WITHOUT HAVING TO GIVE A REASON, AND WITHOUT ANY EFFECT ON YOUR MEDICAL CARE.

BEFORE YOU DECIDE, PLEASE TAKE TIME TO READ THIS LEAFLET CAREFULLY, WHICH EXPLAINS WHY WE ARE DOING THIS RESEARCH AND WHAT WE ARE ASKING PEOPLE TO DO TO HELP US. YOUR GP OR NURSE WILL DISCUSS THE TRIAL WITH YOU DURING THE CONSULTATION FOR YOUR COUGH; TAKING PART WILL NOT AFFECT ANY TREATMENT YOU WOULD NORMALLY EXPECT FROM YOUR GP.

PLEASE ASK YOUR DOCTOR OR NURSE IF THERE IS ANYTHING THAT IS NOT CLEAR.

WHAT IS THIS RESEARCH ABOUT?

The OSAC Trial researchers want to know if steroid tablets can help people with coughs feel better faster, compared to the usual treatments, which may include antibiotics. Most people get at least one chest infection every year with symptoms lasting up to 3-4 weeks. No treatment, including antibiotics, is effective in dealing with the symptoms of chest infections. We know that overuse of antibiotics encourages the spread of MRSA and other serious hospital infections caused by antibiotic-resistant bacteria. Despite this, most adults who visit their doctor still expect, and are prescribed, antibiotics.

Some chest infection symptoms are similar to those of asthma, and asthmatic patients are regularly treated with 'cortisone steroid' tablets and inhalers. We want to see if steroid tablets can have the same beneficial effects in non-asthmatic patients to reduce the severity and duration of acute chest infections, to save patients and the NHS money and to reduce the use of antibiotics.

WHAT IS A CLINICAL TRIAL?

OSAC is a randomised, 'blinded' clinical trial. Clinical trials compare different medical treatments to find out which one is best. People are randomly put into groups, which each receive a different treatment. The results are compared to see which group had a greater improvement in symptoms. "Blinded" means neither patients, doctors nor researchers know which group patients are in until the trial ends. Each patient has a 50/50 chance of receiving the active medicine or the placebo.

WHAT ARE STEROIDS?

Steroids (cortisone or corticosteroids) are used in medicine to reduce inflammation (the swelling of body tissues as part of the immune response to a disease). You may have concerns about taking steroids if you have heard of "anabolic" steroids used by some athletes and bodybuilders.

We are testing a medically-approved steroid called prednisolone, which is **not** an "anabolic" steroid. It is the most commonly used steroid tablet in the UK to treat asthma and other inflammatory conditions, e.g. rheumatoid arthritis, however, it is not currently licensed to treat coughs or chest infections. We plan to test whether it is indeed an effective treatment for coughs and the other symptoms of chest infections.

ARE STEROID TABLETS SAFE?

Doctors consider a 5-day course of prednisolone 40mg daily is safe for most patients, and is associated with few, if any, side-effects. The following information is from an NHS leaflet about steroid tablets (www.patient.co.uk):

"A short course of steroids usually causes no side-effects. For example, a 1-2 week course is often prescribed to ease a severe attack of asthma. This is usually taken without any problems. Side-effects are more likely to occur if you take a long course of steroids (more than 2-3 months), or if you take short courses repeatedly."

WHAT DO I NEED TO KNOW ABOUT SIDE-EFFECTS?

Side-effects are uncommon and a short (up to 1 week) course of high dose steroids is considered clinically safe. Side effects may include: dizziness; indigestion; nausea; constipation; hunger; vomiting; insomnia; night sweats; rash; hot flushes; low mood; thirst; loss of appetite; diarrhoea; drowsiness; or pruritus (itchy skin). Most people will not have any side effects, which are usually temporary and should disappear as soon as the medicine is stopped. In a previous trial of prednisolone, very few patients (up to 4 in 100) experienced any side-effects, as in this table:

Side effects	***Number of patients taking prednisolone experiencing side-effects, compared to those taking a placebo***
Dizziness	*Less than 1 in 100*
Constipation	*Less than 2 in 100*
Hunger	*Less than 1 in 100*
Night sweats	*Less than 2 in 100*
Hot flushes	*Less than 1 in 100*
Combinations of minor symptoms	*Less than 4 in 100*

There are some very rare serious side-effects: steroid-induced psychosis and diabetic ketoacidosis (a potentially life-threatening complication in patients with diabetes mellitus) but these rarely occur. If you are concerned about either of these serious side effects, please contact your GP immediately.

WHY AM I BEING INVITED TO TAKE PART?

We are inviting people who are consulting their doctor for a cough that has lasted no more than 28 days. We are hoping to recruit 436 patients to the trial and if you are eligible, you will be making a valuable contribution to this research.

DO I HAVE TO TAKE PART?

No, it is entirely up to you. If you do decide to take part you will be asked to read and sign a consent form. Participation in this trial will not affect the standard of care you receive now or in the future.

You should not take part if:- you are under 18; are asthmatic; you are currently taking or have recently been prescribed steroids; you are pregnant; you have a health condition which means you should not take oral steroids, e.g. uncontrolled diabetes or peptic ulcer disease; or if you have been involved in another clinical trial **in the last 90 days**.

WHAT WILL HAPPEN IF I DO DECIDE TO TAKE PART?

In the GP surgery:

a) **Before** discussing the trial you will have the **usual consultation** with your doctor or nurse. If you require an **immediate** course of antibiotic treatment, you would not be eligible to take part in the trial. If you do not require antibiotics or the start of a course of antibiotics can be delayed, they will ask if you are interested and continue by:-

- going through a checklist;
- confirming you are not taking any medicine which is incompatible with the trial medicine;
- carrying out a routine physical exam including listening to your chest.

b) If you are eligible and wish to continue, the doctor will sign a special trial prescription and arrange a second appointment (usually soon after, but always on the same day). The trial prescription is specific to the OSAC trial medicine, which will be given to you before leaving the surgery.

c) The second appointment may be with the same or different doctor/nurse, who will:-

- answer any questions you may have and ask you to sign a consent form, a copy of which you will keep along with this information leaflet;
- ask some questions about your symptoms and medical history, and do further routine tests,

e.g. your temperature and pulse, (blood tests or other samples are NOT needed for this trial);

- check your trial prescription;
- give you an OSAC Trial Patient Pack and explain its contents:
  - * the trial medicine and how to take it;
  - * a symptom diary and how to complete it;
  - * a peak flow meter (a small, hand-held device to test how hard and quickly you can blow air out of your lungs) and how to use it and record the results.

At home:

a) You will take the trial medicine of two 20mg prednisolone tablets or two placebo tablets (they look and taste identical but do not contain prednisolone or any other active medicine) **daily each morning with or after food**, for up to 5 days or until you feel completely better for 2 days running.

b) As the trial is "blinded", neither you nor your GP/nurse will know which tablet you have been given for the duration of the trial. You will have a Trial Participation Card in case a doctor needs to contact the trial pharmacy (at the Bristol Royal Infirmary) in an emergency. **It is important that you carry the Trial Participation Card with you at all times until you feel completely better**.

c) You will fill in a symptom diary every day for up to 28 days, or until you have been completely symptom-free for 2 days running. This involves:

- measuring and recording your peak flow morning and evening;
- scoring the severity of all of your symptoms every evening;
- it should take no more than 5 minutes a day to complete the diary;
- returning the diary in the pre-paid envelope when completed.

d) In a weekly telephone call you will be asked:

- 4 sets of questions about your quality of life and your income and expenses; the phone call should take no more than 15 minutes;
- if your cough lasts more than 28 days, we would still like to phone you weekly until the cough gets better – you will not have to complete another symptom diary.

WHY DO I NEED TO COMPLETE THE DIARY FOR 28 DAYS?

Filling in the symptom diary is really important for the success of the trial. Our Research Nurse will help you in a weekly telephone call, and we will send you reminder e-mails and text messages. You can complete it on-line or fill in a paper copy found in the Patient Pack. You can contact the trial team to ask questions at any time. For most (9 out of 10) people, an acute cough will clear up within 3-4 weeks. Asking everyone to complete the diary for up to 28 days ensures we collect data representing the whole length of their illness.

WHAT HAPPENS AFTER THE TRIAL?

When we receive the completed symptom diary, your involvement in the trial ends. If at any stage during the trial you are concerned about your symptoms, you should seek advice from your GP. The trial or your participation may be stopped, if necessary, for any reason and your doctor will advise you if this happens. Three months after your enrolment we will look at your GP notes to collect important information about re-visits to your doctor, any prescriptions or referrals to other specialists during this time. You do not need to be present for this review.

WILL IT AFFECT MY REGULAR MEDICATION?

You will not be eligible for the trial if taking the study medicine would be unsafe with your regular medicines. Ask your doctor/nurse if you are unsure about this.

WHAT ARE THE DISADVANTAGES AND RISKS OF TAKING PART?

First, although we believe that it could help you feel better, and we know prednisolone to be a safe treatment for other inflammatory conditions, it is not yet clinically proven for treating coughs and chest infections.

Second, although we believe prednisolone is clinically safe for an unborn child or infant, it will **not** be possible to take part in this trial if you are pregnant, breast-feeding or if you are planning to become pregnant during the next month. You must agree to use a reliable form of contraception during the trial, which should be continued for at least 1 month after the treatment has finished.

Third, we are asking you to give up your valuable time to complete the symptom diary every day and receive weekly phone calls from the research team.

If you have private medical insurance you should tell your insurers you intend to take part in a research project in case it affects the policy; we can provide you with another copy of the information sheet for this purpose.

WHAT ARE THE BENEFITS OF TAKING PART?

Although there may or may not be immediate benefit for you in taking part, you will be helping to improve the treatment of chest infections in the future and will be valuable in helping the NHS run more efficiently. Patients in clinical trials may experience a better standard of care because of the greater amount of contact they have with clinicians and researchers.

We would like to give you three £5 High Street vouchers as thank-you tokens for taking part; the first when you join, the second when complete the first 14 days of the symptom diary and the third when you finish the diary. Your GP practice will be reimbursed for staff time spent helping us with the trial.

WHAT IF NEW FACTS ABOUT THE DRUG BECOME KNOWN?

Sometimes we get new information about the treatment being studied. If this occurs or the trial is stopped for any reason, we will inform you and your doctor.

WHAT WILL HAPPEN TO THE RESULTS OF THE TRIAL?

A report will be written for the organisation funding the research (the NIHR School for Primary Care Research, part of the Department of Health) and will be published in scientific journals and presented at scientific conferences. It will not be possible to identify any participant from these publications. A summary will be sent to your GP practice to display in the waiting room. If you wish to receive a copy, please let the research team know.

WHAT IF I DON'T WANT TO CARRY ON WITH THE TRIAL?

You are free to withdraw from the trial at any time, without having to give a reason, and you will receive no further contact from the trial team. We would like, with your consent, to use any information we have already collected up until that point in our analysis of the trial results. If you wish to stop taking the trial medicine we will ask if you are happy to complete the symptom diary. If you have any unused medicine, please return it along with the all the packaging in the pre-paid return envelope.

WHAT IF THERE IS A PROBLEM?

If you have a concern about any aspect of this trial, members of the research team will answer any questions. You can contact Harriet Downing, Trial Manager, about any problems of participating in the trial (see contact details below).

The University of Bristol is the trial research sponsor and takes responsibility for the trial's organisation, management and administration. In the very unlikely event that you are injured and on the balance of probabilities this is due to taking part in this trial, the University has taken out an insurance policy that will pay compensation to you. This does not affect your statutory legal rights. If, in the rare event, you developed one of the more severe side-effects, e.g. steroid-induced psychosis, and injured someone else, the University has Public Liability insurance should it be held legally responsible.

If you wish to complain about how you have been approached or treated during the course of the trial, please contact Dr. Alastair Hay, Chief Investigator, tel: 0117 3314550 or e-mail (alastair.hay@bristol.ac.uk). If you remain unhappy and wish to complain formally, you can do this through the NHS Complaints Procedure. Your GP surgery can provide information on how to do so.

CONFIDENTIALITY AND DATA PROTECTION

All information collected about you will be kept strictly confidential in accordance with Caldicott principles (part of the NHS Confidentiality Code of Practice) and the Data Protection Act 1998. Any data collected, including review of your medical records, will be allocated a unique Patient ID number and will have no personal identifying details attached. The data will be stored securely at the University of Bristol for 15 years to comply with Medical Research Council guidance and ensure the trial findings can be verified in the future.

The data will be used for research purposes only and will be analysed or reviewed by

authorised trial researchers, staff helping us at your GP practice, senior representatives of the trial sponsor and other regulatory authorities. Any person with access to your data has a legal duty of confidentiality to you as a research participant and as a patient.

WHO IS ORGANISING AND FUNDING THE RESEARCH?

The trial is organised and run by the School of Social and Community Medicine, University of Bristol. It is funded by the National Institute of Health Research (NIHR), part of the Department of Health, through the National School for Primary Care Research.

WHO HAS REVIEWED AND APPROVED THE RESEARCH?

The Central Bristol Research Ethics Committee, which is the independent body responsible for reviewing all NHS research in the Bristol area.

It has also been approved by the Medicine and Healthcare products Regulatory Agency (MHRA), and by the local NHS Primary Care Trusts which host the GP practices where the trial will take place.

CONTACT FOR FURTHER INFORMATION

If there is anything that you don't understand or if you would like more information, please contact:

Telephone: **0117 3313906 - Harriet Downing,** Trial Manager

0117 3314513 - Sue Harris, Research Nurse

0117 9287248 - Annie Sadoo, Research Administrator

Email: **osac-trial@bristol.ac.uk**

Insert local centre contact details here as required

THANK YOU VERY MUCH FOR TAKING THE TIME TO READ THIS INFORMATION BOOKLET

OSAC **(THE ORAL STEROIDS FOR ACUTE COUGH)** TRIAL