

# The effect of computer reminders on prescribing behaviour of GPs

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<b>Registration date</b> 20/12/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 14/10/2008	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
NTR270

## Study information

**Scientific Title**

**Study objectives**

We hypothesised that this strategy could lead to a considerable and relevant change of prescribing behaviour in the desired direction.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Received from the local medical ethics committee

**Study design**

Cluster randomised, single blind, active controlled, crossover trial

**Primary study design**

Interventional

**Study type(s)**

Diagnostic

**Health condition(s) or problem(s) studied**

GP prescribing behaviour

**Interventions**

A clustered RCT with incomplete block design was executed in the Maastricht and Eastern-South Limburg region.

Randomisation took place on practice level into two blocks: 25 GPs received reminders on antibiotics and asthma/chronic obstructive pulmonary disease (COPD) prescriptions, 28 GPs received reminders on cholesterol prescriptions. All GPs were told that they were participating in a trial, but they were blind for the fact that they only received part of the prescribing reminders.

A computer-reminder-system with reactive reminders was developed to lead to a change in prescribing behaviour in the desired direction. All relevant prescription was written to a special database. GPs were obliged to register a diagnosis for all patients with asthma/COPD, cholesterol related disease or infections for which antibiotics were prescribed. The diagnosis, anamnesis, prescription information as well as information about the patient and GP in question was written to this database.

The character of the reminders could be less or more persuasive and contained various types of reminders: alternative type of drugs, other doses, alternative drug administration, specific indication, other length of prescribing, not to prescribe anything or refer to specialist.

The guidelines on which the reminders were based were developed by multidisciplinary expert teams. The topics were selected because of high prevalence of the health problems and contained antibiotics, asthma/COPD related drugs and cholesterol lowering drugs.

**Intervention Type**

Other

**Phase**

Not Specified

**Primary outcome(s)**

The central measure in our trial: prescription according to the guideline recommendation as a percentage of total prescriptions of that drug in block A and B.

**Key secondary outcome(s)**

Other measures are: absolute number of reminders per GP per year/ per total patient contacts per year in block A and B

**Completion date**

01/10/2006

**Eligibility****Key inclusion criteria**

One inclusion criterion for inviting GPs to the intervention was using a specific medical information system for GPs called MicroHis.

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

Does not comply with the above inclusion criteria

**Date of first enrolment**

01/10/2003

**Date of final enrolment**

01/10/2006

**Locations****Countries of recruitment**

Netherlands

**Study participating centre**

**Academic Hospital Maastricht**  
Maastricht  
Netherlands  
6202 AZ

## **Sponsor information**

### **Organisation**

Care and Public Health Research Institute (CAPHRI) (The Netherlands)

### **ROR**

<https://ror.org/02jz4aj89>

## **Funder(s)**

### **Funder type**

Other

### **Funder Name**

VGZ Eindhoven (The Netherlands)

### **Funder Name**

CZ Health Insurance Company (CZ Actief in Gezondheid) (Netherlands)

## **Results and Publications**

### **Individual participant data (IPD) sharing plan**

### **IPD sharing plan summary**

Not provided at time of registration