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Randomised Evaluation of Shared Prescribing for Elderly people in the Community over Time

Submission date 02/05/2001	**Recruitment status** No longer recruiting	[X] Prospectively registered [X] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 02/05/2001	**Overall study status** Completed	
Last Edited 19/12/2017	**Condition category** Other	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
G0001150

Study information

Scientific Title
Randomised Evaluation of Shared Prescribing for Elderly people in the Community over Time

Acronym
RESPECT

Study objectives
Principal research questions to be addressed:

1. Is shared pharmaceutical care for elderly people in the community effective in:
1.1 improving the quality of prescribing?
1.2 improving patient's knowledge about their disease and medication?
1.3 improving compliance?
1.4 reducing adverse events?
1.5 and thus improving quality of life?

2. Is shared pharmaceutical care for elderly people in the community cost-effective?

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not provided at time of registration

Study design
Randomised controlled trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Not specified

Study type(s)
Not Specified

Participant information sheet

Health condition(s) or problem(s) studied
Primary care

Interventions
General practices, pharmacies and patients will be grouped according to the Primary Care Trust to which they belong. These five groups will begin the intervention (pharmaceutical care) in five successive phases, the order of which will be randomly determined. All five will act as controls until the intervention begins, e.g. community pharmacists will provide their usual dispensing services during this 'control period'.

The experimental intervention is pharmaceutical care (PC), in which pharmacists co-operate with doctors, patients and carers in designing, implementing and monitoring a pharmaceutical care plan (PCP). GPs and community pharmacists in the same PCT are asked to attend the same training block. This consists of one workshop for community pharmacists on PC for the elderly and one joint workshop for pharmacists and GPs on how to work together. These workshops encourage a problem-based approach to the application of pharmaceutical care.

Once trained, community pharmacists meet recruited patients and follow a specific step by step procedure advocated for the development of a PCP. In addition pharmacists educate patients and, if appropriate, carers about the indication for each medication and its use, and withdraw unwanted medicines with patients' consent. If patients need compliance aids such as dosette boxes or reminder charts, the pharmacists provide these services. They continue to update and implement the PCP, and monitor outcome at least monthly in association with patients and their GPs.

Intervention Type
Other

Phase
Not Specified

Primary outcome measure
Medication Appropriateness Index (Validated for the UK).

Secondary outcome measures
Patients' knowledge, compliance and concordance, practice-reported (and therefore more serious) adverse events, and self-assessed health outcome.

Economic: Cost of treatment to NHS, patients and society as a whole.

Overall study start date
01/02/2002

Completion date
28/02/2006

Eligibility

Key inclusion criteria
Patients aged more than 75 years with repeat prescriptions for five or more drugs (excluding drugs taken only when required), who are living at home, well oriented in time and place, and able to give their consent to take part. Their GPs' consent is also necessary.

Participant type(s)
Patient

Age group
Not Specified

Sex

Not Specified

Target number of participants
760

Key exclusion criteria
Patients in residential or nursing homes. Patients who took part in our feasibility study of vulnerable elderly people or who normally use a pharmacy which has refused to participate in the trial. Patients with dementia who score 6 or below on the Abbreviated Mental Test.

Date of first enrolment
01/02/2002

Date of final enrolment
28/02/2006

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
School of Pharmacy
London
United Kingdom
WC1N 1AX

Sponsor information

Organisation
Medical Research Council (MRC) (UK)

Sponsor details
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Sponsor type
Research council

Website
http://www.mrc.ac.uk

Funder(s)

Funder type
Research council

Funder Name
Medical Research Council (UK)

Alternative Name(s)
Medical Research Council (United Kingdom), UK Medical Research Council, MRC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Publication and dissemination plan
Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	07/06/2004		Yes	No
Results article	cost effectiveness results	01/01/2010		Yes	No
Results article	effectiveness results:	01/01/2010		Yes	No