

Reducing antibiotic prescribing in respiratory illness

Submission date 16/03/2010	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 17/03/2010	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 24/02/2015	Condition category Respiratory	<input type="checkbox"/> Individual participant data

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
086921; UKCRN ID: 7412

Study information

Scientific Title

Cluster randomised trial in a Primary Care database: utilising electronic patient records for intervention research into reducing antibiotic prescribing in respiratory illness

Study objectives

To test the effectiveness of an electronic record-based intervention at achieving a reduction in antibiotic prescribing at consultations for respiratory illness between the ages of ages 18 and 59 years in intervention practices as compared with controls.

Ethics approval required

Old ethics approval format

Ethics approval(s)

London - Surrey Borders Research Ethics Committee, 21/12/2009, ref: 09/H0806/81

Study design

Interventional multicentre cluster randomised controlled trial

Primary study design

Interventional

Study type(s)

Other

Health condition(s) or problem(s) studied

Respiratory tract infection

Interventions

Electronic prompts have been developed based on recommended clinical practice guidelines to be activated during consultations for respiratory tract infection (RTI) in the selected age range. During consultations with patients presenting with symptoms of RTI, primary care professionals will see the prompts which remind them of recommended standards of care in RTI. The prompts will also provide them with supporting information and links to evidence that supports the recommendations. The decision on whether to follow the treatment suggestions included in the prompt, or whether to prescribe antibiotics, will be at the discretion of the GP. The GP will also be able to terminate display of the prompt at any time. As indicated above, the prompts will only be activated during consultations by patients aged 18 to 59 years. There will be no intervention at control practices. The intervention phase will continue for 12 months at each practice.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Proportion of RTI consultations with antibiotics prescribed over 12 months

Key secondary outcome(s)

Measured at 12 months follow-up:

1. Age- and sex-specific rates of RTI consultation
2. Age- and sex-specific proportion of RTI consultations with antibiotics prescribed
3. Occurrence of RTI complications

Completion date

31/10/2011

Eligibility

Key inclusion criteria

1. Patients aged 18 - 59 years, either sex
2. Registered at the practice for at least 3 years at the trial start date
3. First diagnosis of stroke recorded in the 24-month period before the trial start date

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Upper age limit

59 years

Sex

All

Key exclusion criteria

Younger than 18 years and over the age of 59 years

Date of first enrolment

01/04/2010

Date of final enrolment

31/10/2011

Locations

Countries of recruitment

United Kingdom

England

Study participating centre
Division of Health and Social Care Research
London
United Kingdom
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Sponsor information

Organisation
The Wellcome Trust (UK)

ROR
<https://ror.org/029chgv08>

Funder(s)

Funder type
Charity

Funder Name
Wellcome Trust

Alternative Name(s)

Funding Body Type
Private sector organisation

Funding Body Subtype
International organizations

Location
United Kingdom

Results and Publications

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?
Results article	results	11/06/2014		Yes	No
Protocol article	protocol	10/05/2011		Yes	No
Other publications	process evaluation	03/12/2014		Yes	No