# Towards rational prescribing of antibiotics for acute rhinosinusitis: evaluation of the impact and costs of implementation strategies based on a multidisciplinary evidence-based guideline

Submission date	Recruitment status No longer recruiting	<ul><li>Prospectively registered</li></ul>		
18/03/2005		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
25/07/2005	Completed	[X] Results		
<b>Last Edited</b> 15/04/2008	Condition category Respiratory	[] Individual participant data		

# Plain English summary of protocol

Not provided at time of registration

# Contact information

# Type(s)

Scientific

#### Contact name

Prof Marc De Meyere

#### Contact details

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# Additional identifiers

Protocol serial number F6/12 - AV - F 681

# Study information

Scientific Title

#### Study objectives

In Belgium consumption of antibiotics is among the highest in Europe. As a result antimicrobial resistance rates are alarming. Recently a number of evidence-based guidelines on rational use of antibiotics have been produced and disseminated by the scientific organisations in collaboration with the Belgian Co-ordinating Committee for Antibiotic Policy. International research has shown that merely distributing guidelines to professionals in the field does not lead to behaviour change. In Belgium several strategies for implementation of good clinical practice, i.e. local peer review groups and academic detailing, have been initiated. However, the (local) effectiveness and cost-effectiveness of these strategies has not been evaluated. This project will investigate the impact of each of the strategies separately and the combination of both strategies in general practice, following the publication of a guideline on the management of acute rhinosinusitis. This guideline aims at rationalizing (i.e. reducing) the prescription rate for this condition in primary care.

#### 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

## Study type(s)

Not Specified

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

Implementation of a practice guideline for acute rhinosinusitis in general practice

#### **Interventions**

Cluster randomised factorial trial with 4 study arms.

Interventions: academic detailing visits to individual GPs and/or group sessions of GPs on the key messages of the guideline.

Control: no specific intervention

## Intervention Type

Other

#### Phase

**Not Specified** 

#### Primary outcome(s)

Antibiotic prescription rate, cost-effectiveness.

# Key secondary outcome(s))

Choice of antibiotic, use of personalized non-drug prescriptions, clinical course of rhinosinusitis as reported in patient diaries.

# Completion date

30/06/2005

# Eligibility

#### Key inclusion criteria

Local peer review groups of general practitioners in Flanders, Belgium (approximately 10-20 GPs per group) are invited to participate.

# Participant type(s)

**Patient** 

## Healthy volunteers allowed

No

#### Age group

Adult

#### Sex

All

### Key exclusion criteria

Groups that have participated in the field testing of the guideline, groups that have been visited by academic detailers more than once in the past, groups located at >1 hour drive from the study centres.

#### Date of first enrolment

01/07/2004

#### Date of final enrolment

30/06/2005

# Locations

#### Countries of recruitment

Belgium

## Study participating centre De Pintelaan 185 1K3

Ghent Belgium B-9000

# Sponsor information

# Organisation

Fund for Scientific Research, Flanders (Belgium)

#### **ROR**

https://ror.org/03qtxy027

# Funder(s)

# Funder type

Government

#### **Funder Name**

Federal Belgian Ministry of Health and Fund for Scientific Research Flanders, Dossier nr. G. 0617.05

# **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:	01/06/2007		Yes	No