

# Study of practice pharmacist-led management of long-term pain

<b>Submission date</b> 11/12/2009	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 29/01/2010	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 09/05/2013	<b>Condition category</b> Signs and Symptoms	<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**  
G0701769; pRGF/106/09

## Study information

**Scientific Title**  
A pilot randomised controlled trial of general practice-based, pharmacist-led, management of chronic pain

**Acronym**

PIPPC

### **Study objectives**

We wish to conduct a definitive trial that tests whether pharmacist advice or pharmacist advice and prescribing will lead to better patient functioning and/or better pain control than standard care. This exploratory randomised controlled trial (RCT) will support the development and test the feasibility of conducting a future large multi-centred RCT to evaluate practice-based, pharmacist-led management of chronic pain in primary care.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

North of Scotland Research Ethics Service, Committee 1 (NoSRES) approved on the 30th November 2009 (ref: 09/S0801/107)

### **Study design**

Exploratory randomised controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Quality of life

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

Chronic pain

### **Interventions**

There are three arms in this study:

1. Pharmacist review: pharmacist medication review with recommendations for changes in pain medication made to GPs for indirect implementation
2. Pharmacist prescribing: pharmacist medication review with pain management recommendations implemented directly by pharmacist at a face-to-face consultation with the patient
3. Standard care provided by GP (control)

Total duration of treatment for pharmacist prescribing arm is 31 minutes. Follow-up may take place between 2 - 4 weeks after initial consultation and take place at maximum twice a month for the 6-month follow-up period of the study. The follow-up period for all arms is 6 months.

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome(s)**

Information from this pilot RCT will be used to inform final selection of a single primary outcome measure from the following:

1. 12-item short form health survey (SF-12)

2. Health Utilities Index mark 2 and mark 3 (HUI 2/3)

Administered for self-report, postal questionnaire at baseline, three and six month follow-up.

### **Key secondary outcome(s)**

1. The Chronic Pain Grade (assessing severity of pain)

2. The Hospital Anxiety and Depression Scale (assessing level of anxiety and depression)

Questionnaires are administered as self-report, postal questionnaire at baseline, three and six month follow-up.

### **Completion date**

01/11/2010

## **Eligibility**

### **Key inclusion criteria**

1. GP practices: any general practice with an existing practice pharmacist service

2. Pharmacists: a registered prescriber with evidence of appropriate professional indemnity cover

3. Patients:

3.1. Male and female patients

3.2. Aged over 18 years old

3.3. Chronic pain (defined as pain lasting more than 13 weeks)

3.4. Receiving regular prescribed medication for pain

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

18 years

### **Sex**

All

### **Key exclusion criteria**

1. GP practices: no existing practice pharmacists

2. Pharmacists: not a registered prescriber or does not have evidence of appropriate professional indemnity cover

3. Patients:

3.1. Under 18 years old

3.2. Not experiencing chronic pain

3.3. Concomitant severe mental health problems

3.4. Terminal illness

3.5. Recent bereavement

3.6. Known alcohol or drug addiction

- 3.7. Unable to give informed consent
- 3.8. Malignant pain
- 3.9. Recent participation in research
- 3.10. Any other reason at the discretion of the GP for whom the intervention is considered inappropriate

**Date of first enrolment**

04/01/2010

**Date of final enrolment**

01/11/2010

## **Locations**

**Countries of recruitment**

United Kingdom

Scotland

**Study participating centre**

**Centre of Academic Primary Care**

Aberdeen

United Kingdom

AB25 2AY

## **Sponsor information**

**Organisation**

University of Aberdeen (UK)

**ROR**

<https://ror.org/016476m91>

## **Funder(s)**

**Funder type**

Research council

**Funder Name**

Medical Research Council (MRC) (UK) (ref: G0701769)

**Alternative Name(s)**

Medical Research Council (United Kingdom), UK Medical Research Council, Medical Research Committee and Advisory Council, MRC

### **Funding Body Type**

Government organisation

### **Funding Body Subtype**

National government

### **Location**

United Kingdom

## **Results and Publications**

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

#### **IPD sharing plan summary**

Not provided at time of registration

#### **Study outputs**

<b>Output type</b>	<b>Details</b>	<b>Date created</b>	<b>Date added</b>	<b>Peer reviewed?</b>	<b>Patient-facing?</b>
<a href="#">Results article</a>	results	05/04/2013		Yes	No