How to empower – not exploit - GPs by involving them in research?

Mette Brekke, Department of General Practice, University of Oslo, Norway
A research project disguised as an educational intervention (or the opposite way around)
Norway

- Population 5 Mill
- 4 100 list holding GPs
Norway

- Vocational training program
- Recertification every 5 y
- 60% of GPs are specialists
A research project disguised as training
(or the opposite way around)
The Rx-PAD¹ Study

¹Prescription Peer Academic Detailing

- Can an educational intervention improve GPs’ prescription patterns?
- GPs responsible for most prescriptions
- Need for industry-unbiased information to GPs on drug use

Department of General Practice
The Rx-PAD Study

• Intervention based on peer academic detailers
• Fundings from Norwegian Medical Association

• Needed to plan:
  1. Content of intervention?
  2. Towards whom?
  3. How to produce peer academic detailers?
  4. How to do the research?
1. Content of intervention

- Two educational interventions on prescriptions:
  - i) Antibiotic prescriptions for respiratory tract infections
  - ii) Safer drug prescriptions to elderly (70 y +) patients
1. Contents of interventions

- Antibiotic prescription for respiratory tract infections
- Developed guidelines
- Emphasis on avoiding antibiotic prescription for viral infections
- Avoiding use of broad-spectrum antibiotics

- Safe drug prescription for elderly patients
- Developed guidelines through a Delphi process:
- ”NorGeP” criteria:
- Avoiding single drugs with poor safety records, as well as potentially harmful drug combinations
- 13 Rules of the thumb
- Safer treatment options
Disse bør du unngå å skrive ut til eldre:

1. Antihistaminer: Polaramin, Phenamin, Phenergan, Vallergan og Atarax
2. Tricykliske antidepressiva: Sarotex, Sinequan og Surmontil
3. Antipsykotika: Largactil, Truxal, Nozinan, Stemetil
4. Benzodiazepiner: Mogadon, Apodorm, Flunipam og Rohypnol
5. Muskelrelaksersende middel: Somadril
6. Analgetika: Aporex, Petidin og Ketogan
7. KOLS/Asthma: Nuelin eller Theo-Dur
8. Samtidig bruk av 3 eller flere psykofarmaka i gruppene: opioidholdige analgetika, antipsykotika, hypnotika, sedativa og antidepressiva
9. Samtidig bruk av betablokker og Veracard, Isoptin, Cardizem Uno, Cardizem Retard eller Diltiazem
10. Samtidig bruk av NSAID (alle) og warfarin (Marevan)
11. Samtidig bruk av NSAID (alle) og diuretika
12. Samtidig bruk av NSAID eller Cox-II-hemmer (alle) og ACE-hemmer (alle) eller AII-blokker (alle)
13. Samtidig bruk av NSAID (alle) og SSRI (alle)
The Norwegian General Practice (NORGEP) criteria: potentially inappropriate prescriptions to elderly patients

A modified Delphi study

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2. Towards whom?

GPs in Continuous Medical Education (CME) Groups

- Norwegian GP specialists must participate in a peer CME-group to keep up with the speciality (resertification every 5y)
- Usually afternoon-meetings at regular intervals
- Participants in each group (n: 6-10) know each other well
3. How to produce peer academic detailers?

- A specially trained colleague informs about a specific topic
- One-to-one or small group setting
- The GP investigates his/her own work
- Reflect together upon possible change
3. Peer Academic Detailers

- Head-hunted 26 GPs by personal invitation, based on reputation
- Two separate 2-days sessions
- Trained in either antibiotic treatment or in prescription to elderly
- Participated in elaborating the final version of the interventions
- Main focus on small group teaching
3. Peer Academic Detailers
4. How to do the research?

- Two PhD research fellows
- Two RCTs
- One intervention serve as the control group for the other
- 200 CME-groups invited, in the Southern part of Norway
- 80 CME-groups with 540 GPs accepted
- Randomized to one of the two educational interventions
A single blinded, tophat-flowerpot cluster-randomized study
A cluster-randomized educational intervention to reduce inappropriate prescription patterns for elderly patients in general practice – The Prescription Peer Academic Detailing (Rx-PAD) study [NCT00281450]

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The electronic version of this article is the complete one and can be found online at: http://www.biomedcentral.com/1472-6963/6/72

Received 6 February 2006
Accepted 11 June 2006
Published 11 June 2006

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240 visits to CME groups, Antibiotic use or prescription to elderly

- **Visit 1:** Information on project, education regarding guidelines
- **Extraction from EMR of own prescriptions the previous year**
- **Visit 2:** Report of own prescriptions compared to all participants
- **New data extraction after one year**
- **Visit 3:** Report of own prescriptions after one year, compared to all participants
Vanlige medikamenter med antikolinerge bivirkninger og som vi bør unngå:
1. Tricykliske antidepressiver  
2. Første generasjons antihistaminer  
3. Første generasjons antipsykotika  
4. Karisoprodol (Somadril®)

Eksempel på antikolinerge bivirkninger:
Redusert kognisjon hos "normalt aldrende", forvirring og forværing av begynnende demens. Munntørheit, karies, protesepåringer og obstipasjon. Akkomodasjonsparserer, synsforstyrrelser. Urinretensjon (menn)

**Tricykliske antidepressiva**

<table>
<thead>
<tr>
<th>Bør forsøkes unngått</th>
<th>Dine tall</th>
<th>Gjennomsnitt i KTV prosjektet</th>
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<tbody>
<tr>
<td></td>
<td>Antall treff</td>
<td>Treff / 100 pas ≥70 år</td>
</tr>
<tr>
<td>1 Tricykliske antidepressiva</td>
<td>11</td>
<td>4,4</td>
</tr>
<tr>
<td>Amitriptylin (Sarotex®)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Doxepine (Sinequan®)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Trimipramin (Surmontil®)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Klonipramin (Anafranil®)</td>
<td>0</td>
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</tbody>
</table>

KoKo tips! Hva kan legen gjøre?
Vurder om fortsatt indikasjon. I så fall bytt til annet antidepressivt middel som er mindre antikolinergt virkende og mindre toksisk (ex. SSRI). Dersom TCA må brukes som ledd i smerteregime, velg lav dose av nortriptilin framfor amitriptilin

Aktuelle tiltak for meg:
Dine antibiotikaforskrivninger ved luftveisinfeksjoner

- PenicillinV: 41%
- PC utvidet: 30%
- Makrolider o.l.: 17%
- Tetracykliner: 11%
- Trim. Sulfa: 0%
- Andre: 1%
What was inside the parcel?

• **Inofficial!**

• Improvement in safe prescription to elderly clinically and statistically significant

• Antibiotic prescription: not fewer, but less broad spectered drugs
Did they get empowered?
Yes!

Research article

General practitioners and tutors' experiences with peer group academic detailing: a qualitative study

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The electronic version of this article is the complete one and can be found online at:
http://www.biomedcentral.com/1471-2296/11/12
Positive experiences

• Peer academic detailing a suitable method to learn about pharmacotherapy

• Not experts, but ”one of us” who know how complicated GP can be

• Good advice and practical alternatives from other group members

• Independent of industry and health authorities

• More reflective about own prescriptions
Some challenges for the detailer

• Frightening to expose own prescription profile to peers

• Older GPs less familiar with guidelines

• Disappointed by lack of improvement

• Tried to justify
  • ”On behalf of colleague”
How about us? - empowered??

- Meaningful cooperation between University, Medical Association and GPs
- Meaningful to get out of office and meet GPs
- Do it again!
- Treatment of cardiac failure – second arm not yet decided upon