Improving Management of Patients with Acute Cough by CRP point of care testing and Communication Training.

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON29041

Source
Nationaal Trial Register

Brief title
IMPAC3T

Intervention

Outcome measures

Primary outcome

1. Change (decrease) in antibiotic prescription;

2. Clinical recovery and return to normal work and activities.

Secondary outcome

1. Cost-effectiveness of PoC CRP and communication training;

2. Use of medical services, including re-consultation;

3. Change (decrease) in diagnostic testing other than PoC CRP.

Study description

Background summary

Male and Female > 18 years old.

To what extent will the introduction of the C-Reactive Protein (CRP) point of care test and enhanced communication skills for managing lower respiratory tract infection (LRTI) in general practice, either separately or combined, lead to an enhancement of patient recovery, a reduction in other diagnostic testing, use of other medical services and a reduction in antibiotic prescribing? To what extent are these reductions cost-effective?

Study design: factorial design with randomisation on practice level. Control group follows pathways of usual care.

Study objective

To what extent will the introduction of the C-Reactive Protein (CRP) point of care test and enhanced communication skills for managing lower respiratory tract infection (LRTI) in general practice, either separately or combined, lead to
1. an enhancement of patient recovery,

2. a reduction in other diagnostic testing

3. and a reduction in antibiotic prescribing?

4. To what extent are these reductions cost-effective?

Intervention

Randomisation at the level of practice. Factorial randomisation into four groups:
1. Access to and training in PoC CRP plus communication training.

2. Access to and training in PoC CRP alone.

3. Communication training alone.

4. Usual care.

Point of Care CRP: Access to and training in use of automatic CRP test device.
Sample is one drop of whole blood from a finger prick.

Communication training: Shared decision making using SPICE method (Simulated Patient in Clinical Encounter).

Contacts

Public
University Maastricht (UM),
P.O. Box 616
Jochen Cals
Maastricht 6200 MD
The Netherlands
+31 (0)43 3882441
Scientific
University Maastricht (UM),
P.O. Box 616
Jochen Cals
Maastricht 6200 MD
The Netherlands
+31 (0)43 3882441

Eligibility criteria

Inclusion criteria

First consultation of current episode of acute cough (duration <4 weeks).
Regarded by the GP to be caused by an acute lower respiratory tract infection
- At least one out of following 4: Shortness of breath / wheezing / chest pain / auscultation abnormalities
- At least one of the following 5:
Fever / perspiring / headache / myalgia / feeling generally unwell.

Exclusion criteria

1. Patients who require immediate admission to hospital;
2.Patients who have no understanding of written and/or Dutch language;
3. Patients who previously participated in the study;
4. Patients who currently use antibiotic or have taken an antibiotic in the past 2 weeks;
5. Patients who have been hospitalized in the past 6 weeks.

Study design

Design

Study type:	Interventional
Intervention model:	Factorial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-11-2005
Enrollment:	400
Type:	Anticipated

Ethics review

Positive opinion

Date:	12-05-2005
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL31
NTR-old	NTR51

Register	ID
Other	: N/A
ISRCTN	ISRCTN85154857

Study results

Summary results
N/A