The potential adverse effects of using antidepressants over a long period of time have been examined by Carol Coupland and researchers at the Universities of Nottingham and Southampton and were published in BMC Medicine this month. Antidepressants are one of the most commonly prescribed medications in young and middle-aged adults. Recent research published in The Lancet has shown that they are more effective than placebos for people with severe depression when taken for around eight weeks. In reality, people often take them for many months or even years. The relatively small beneficial effects of antidepressants reported in The Lancet study could be outweighed by harmful effects, but the study did not consider the risks of serious adverse effects that could occur when antidepressants are taken for longer periods of time.

The large study examined nearly a quarter million people aged between 20 and 64 from across the UK, who had been diagnosed with depression. Around 90% of people in the study had been prescribed antidepressants and had taken them for an average of seven months, although 1 in 20 people had taken them for at least five years.

The study found increased risks of falls, fractures, upper gastrointestinal bleeds, adverse drug reactions and all-cause mortality for several types of antidepressants. Newer types of antidepressant (SSRIs and venlafaxine) had higher risks of fracture than older types.

Mirtazapine showed increased risk of mortality.

Findings highlight importance of considering the potential risks alongside benefits when patient-doctor decisions are made.

This study examined the potential adverse effects in 1/4 million people diagnosed with depression aged 20 to 64.

Prescribed antidepressants average of 7 months treatment

1 in 20 had taken them for at least 5 years.
The NIHR has partnered with colleagues from across the UK to develop a core set of standards and indicators for public involvement in research. The PPI standards, launched at the Patients First: Pioneering Partnerships Conference in London this month, were designed to improve the quality and consistency of public involvement in research. One of the ten pilot studies is part-funded by the School and based at Keele University’s Research Institute for Primary Care and Health Sciences. The Implementing the New Standards for Public Involvement in Research Environments (INSPIRE), was selected from 53 proposals submitted.

The INSPIRE project will implement and test all six National Standards throughout the Research Institute. The standards will be used as a mechanism to reflect on their current practices and assess the impacts they have on improving the quality and visibility of the Institute’s public involvement practices.
Integrated care: organisations, partnerships and systems

The University of Manchester’s Kath Checkland was invited to give evidence in front of the House of Commons Health and Social Care Select Committee on Tuesday 6 March. As an academic expert, she was asked to talk on the topic of integrated care in the NHS, alongside Professor Chris Ham and Nigel Edwards. To view the session online at 16.24.25.

Jessica Watson, University of Bristol, was awarded the Early Career Researcher prize at the South West Society for Academic Primary Care Conference in Plymouth in March for her presentation on the clinical relevance of raised inflammatory markers for cancer diagnosis in primary care: a prospective cohort study using CPRD.

Beth Bareham was one of six students shortlisted for the Newcastle University INSIGHTS public lecture award this month due to her public engagement work. She will receive public engagement training and the opportunity to develop a lecture for the panel, if selected she will be giving the public lecture in May.

Rebecca Farndale, University of Cambridge, won the best overall poster prize at the APM Supportive and Palliative Care Conference in Bournemouth on 15 and 16 March for her abstract titled “Emergency admissions from care home to hospital at the end of life: an analysis of national data 2006–2015 for England”.

Gemma Spiers and Doug Hardman each received a NIHR Short Placement Award for Research Collaboration.

Gemma (Newcastle University) will spend her time in the NIHR School for Social Care Research at the London School of Economics. She will be looking at approaches to measuring wealth in older populations, which she hopes will feed into her PhD. Gemma hopes to use the placement to increase her knowledge of available datasets and methods in social care research.

Doug (University of Southampton) will be exploring definitions of empathy while based in the Oxford Empathy Programme, Nuffield Department of Primary Care Health Sciences, at the University of Oxford.

SPARC
Support needs of patients with chronic obstructive pulmonary disease (COPD): a new comprehensive framework of the evidence.

Thirteen categories of support needs have been described for patients with Chronic Obstructive Pulmonary Disease (COPD), in a comprehensive review of evidence that identifies the full range of support needs for patients with COPD for the first time. The review, by Dr Morag Farquhar (University of East Anglia), Dr Gail Ewing from the Centre for Family Research (Cambridge), and Carole Gardener at the Primary Care Unit in Cambridge, provides a new framework to inform those planning supportive and palliative care for those living with COPD. Read the full story.

“We know that patients have unmet care and support needs in advanced COPD. In order to better support these patients we need to understand what sort of things they may need help with. A large number of studies have already looked at how patients experience life with COPD and many have identified different areas in which patients describe needing more support to manage their condition. For example, we know that some patients say they would like to know more about what to expect in the future or would benefit from practical help in the home. Our review pulled together this existing evidence in order to identify the full range of support needs for patients with COPD”.

Carole Gardener, Research Assistant, Palliative & End of Life Care Group, PCU.

New Primary Care Outcomes Questionnaire shown to be valuable for primary care research

The Primary Care Outcomes Questionnaire (PCOQ) developed by researchers at the University of Bristol’s Centre for Academic Primary Care has been tested and found to be valid and responsive as an instrument for measuring patient-reported outcomes. The questionnaire has the potential to improve researchers’ ability to measure effectiveness of interventions and may also be useful to GPs for assessing the effectiveness of individual patient care.

“Currently, researchers in primary care do not have an effective tool for measuring patient reported outcomes. Existing questionnaires are either too narrow or too broad in focus and are not designed to capture the full impact of innovations in primary care. Our testing of the PCOQ shows that it has great promise for use in primary care research, which we believe is timely, given the high demand for new interventions in this area”

Dr Mairead Murphy, former SPCR trainee and Senior Research Associate at the Centre for Academic Primary Care.

Read more

Paper: *Primary Care Outcomes Questionnaire: psychometric testing of a new instrument* by Mairead Murphy, Sandra Hollinghurst, Sean Cowlishaw and Chris Salisbury. Published in British Journal of General Practice, 27 March 2018.
The School encourages trainees to integrate public involvement throughout the research. Kome Gbinigie has done this by speaking to members of the public who have a personal interest in her research before the project had started. She has taken their comments on board to formulate a final research question, and continued to include and inform members of the public from grant application onwards. Her work is particularly commendable as she has conducted involvement in a review study; public involvement in this context is sometimes considered as not relevant or possible, but here we see using a simple and achievable plan has produced meaningful outputs and supported project development.

Public Involvement in systematic reviews
Dr Kome Gbinigie, University of Oxford
SPCR Researcher and Wellcome Trust Academic Clinical Fellow

The NIHR Infrastructure Visiting Speaker Award (IVSA) is an award developed in collaboration with a NIHR Infrastructure Trainee and is being piloted for 12 months. The NIHR are inviting trainees in the NIHR Infrastructure who are fully or partly funded by a BRC, CLAHRC, PSTRC or an NIHR School for Primary Care Research to apply for up to £500 to support the costs of going to present their work in another part of the NIHR Infrastructure. The award is specifically designed to encourage networking and to enhance the trainees’ experience by presenting their research.

The NIHR IVSA aims to provide opportunities for different parts of the Infrastructure and wider NIHR to come together collaboratively and allow individuals to benefit from being part of something larger than their own local environment. Read more.

Involvement timeline

Creating a Project Group
Department and RDS leads contacted for advice. Advertised for group members, five patients and carers joined.

Research Question
Meeting with established PPI group. Discussion led to questions about the role of point-of-care tests in helping clinicians make diagnosis of serious bacterial infections.

Grant Application
Group met and discussed the study further. Lay summary was formulated. Application for SPCR funding was submitted.

Grant Awarded

Difficulties and Learning
Co-ordinating meetings with PPI members was a challenge despite their ability to be flexible. However, Kome learned that ‘getting’ feedback via email from group members can also be valuable.

Future Plans
As the review progresses, findings will be shared and discussed with the group. It is hoped the group will aid in disseminating the findings to the public.
‘Kidney age’ not kidney disease

There should be a rethink in how doctors talk to some patients with reduced kidney health, replacing the term ‘chronic kidney disease’ (CKD) with different bands of kidney age, according to an Oxford-led group of researchers writing in the Canadian Medical Association Journal. School funded worked at the Universities of Oxford, Bristol and Johannesburg, has found that for some people a reduced level of kidney function is not necessarily a disease, but a normal and asymptomatic sign of ageing, given the clear link between decreasing kidney health and increasing age. Read the full news story.

Research on severe mental illness

Severe mental illness (SMI) affects somewhere between one in one hundred and one in two hundred adults. People with severe mental illness, like schizophrenia, psychosis or bipolar disorder, often experience poorer health and, as a result, die sooner than others. Psychotic illnesses can have a profound effect on people and their families, and appropriate and effective interventions are needed.

Forward Thinking provides an overview of recent published research, funded by the NIHR, on support for people living with SMI. These studies address particular uncertainties and evidence gaps identified by those working in and using these services. It also highlights research currently taking place to inform the support and care of people with severe mental illness. Read the review.

A call for papers

To mark the 40th anniversary of the Alma-Ata Declaration, The Lancet will dedicate an issue to primary care research and related themes.

Submissions to be received by May 01, 2018.

THE LANCET
Building primary care for the future - research, education and practice

Researchers and trainees from the Universities of Bristol, Oxford and Southampton presented studies at South West SAPC in Plymouth on 13 and 14 March. Professor Gene Feder gave the first plenary ‘Research with vulnerable populations: what have we learned from survivors of domestic violence?’

ORAL PRESENTATIONS

**Emma Teasdale**, former SPCR PhD student: Experiences of lower limb cellulitis and cellulitis prevention.

**Doug Hardman**, PhD student: An exploration of placebo effects in general practice.

**Hannah Clark**, Seedcorn trainee: Internet forum discussions regarding IBS: a qualitative study.

**Clare Goyder**, Wellcome Trust PhD student: Impact of point-of-care panel tests in ambulatory care: a systematic review and meta-analysis.

**Hannah Wheat**, seedcorn funded trainee: An awkward blip, or a welcomed opportunity for change: how communication practices shape smoking discussions in primary care.

**Peter Edwards**: A systematic mapping review of the methods used to evaluate implementation fidelity in primary care trials.

**Antje Lindenmeyer**: Experiences of primary care administrators encountering migrant patients: a qualitative study

*OP Dr Alyson Huntley, University of Bristol Help-seeking by male victims of domestic violence and abuse (DVA): a systematic review and thematic synthesis of qualitative studies.


**Polly Duncan**: What are the barriers and enablers to collaborative working between GPs and practice-based pharmacists?

**Lisa Hinton**: Blood pressure in pregnancy: A discourse analysis of official, informal and online information for pregnant women.

“SW SAPC highlighted the impact and influence of research in primary care, and demonstrated how researchers from different disciplines are able to contribute significantly to improving patient care. It was a great opportunity for both experienced and new researchers to share their work, discuss ideas, and learn from each other.”

*Rachel Ryves, pictured in group photo, far right*

POSTERS

**Samantha Hornsey**: Patient reported outcome measures for acne: mixed methods validation study.

**Rachel Ryves**: Attitudes and preferences of people regarding long-term antidepressant use for depression (The APPLAUD study).

**Alysson Huntley**: Determining when a hospital admission of an older person can be avoided in a sub-acute setting: A scoping systematic review and guide to admission avoidance definition and decision-making.

*Above: Delegates from the University of Southampton before enjoying a sumptuous dinner in the National Marine Aquarium.*

*Left: Samantha Hornsey presenting her poster.*
The time it takes to diagnose type 1 diabetes could be reduced by two weeks in up to one third of children, suggests a study led by Oxford University researchers. Opportunities including improved access to primary care and public awareness of the condition could facilitate a faster diagnosis, the research concluded.

In the UK, most unwell children are seen in primary care, but little is known about how these children interact with primary care in the weeks leading up to diagnosis of type 1 diabetes.

Lead author Dr Joseph Lee, an Oxfordshire GP and NIHR In Practice Fellow in Oxford University’s Nuffield Department of Primary Care Health Sciences, said GPs should be more aware of the symptoms of diabetic ketoacidosis:

“NICE recommends clinicians be aware of red flag symptoms for type 1 diabetes, yet very few children in our study had a record of these – just 17%. Other studies surveying parents have found a far higher proportion, with at least one symptom described by every parent. While the number of children presenting with diabetic ketoacidosis and type 1 diabetes is relatively small, given these symptoms are so specific it’s important that these children access their GP in good time because they do a good job of making the diagnosis.”

The researchers were funded by the NIHR School for Primary Care Research, NIHR CLAHRC Oxford and NIHR DEC Oxford. Read the news.

“Further research could focus around the effects of improved public awareness and access to primary care for children with known risk factors for diabetic ketoacidosis.”

Lead author, Joseph Lee

NIHR Fellowships Programme

A new NIHR Fellowships programme launches in October 2018. Changes to the programme are a result of the NIHR Strategic Review of Training. The new Programme will provide additional flexibility and expanded eligibility compared to the current model and will also help simplify the provision of NIHR research training opportunities.

As part of the communication work around these changes the NIHR will be hosting a webinar at 11am on 19 April. For further information, please email TCCawards@nihr.ac.uk
Dates for your diary

**GP ACF conference**
12 - 13 April 2018
Lady Margaret Hall, University of Oxford

**SPCR Annual Trainees’ Event**
24 & 25 September 2018
St Anne’s College, Oxford

**SPCR Showcase**
13 November 2018
Wellcome Collection, London

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**Blogs**

**A Patient Safety Toolkit for general practice**
Stephen Campbell, University of Manchester

**Yarnfulness: Engaging the public in research on well-being through craft**
Emma Palmer-Cooper and Anne Ferrey, University of Oxford

**SAPC provides early career networking across primary care departments**
James Prior and Rebecca Morris, Universities of Keele and Manchester

**Meet a student**
Georgia Richards, University of Oxford

**Preparing to set sail on a voyage of public involvement**
Bob McAlister, Working Group Public Member, NIHR blog

**HEE/NIHR ICA programme: From clinician to clinical academic leader**
Rebecca Kearney, NIHR Career Development Fellow

**Collaborative action planning is key to person-centred healthcare but how can we make it happen?**
Cindy Mann, University of Bristol

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**Publishing soon?**
Please send all SPCR funded publications and press releases to Kate Farrington before the proposed date of release. All info about outputs is available on the website

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**NIHR funding alert**
March 2018

**NIHR news & events**
March 2018