



NAPCRG to Host 8th Annual PBRN Conference

Mark your calendar now for the 8th annual Practice Based Research Networks (PBRN) Conference to be held June 20–21 in the Washington, DC area. The conference will address not only the science of research and operation of PBRNs but also provide for the presentation of studies focusing on practice improvement, behavioral health, diagnosis and

treatment issues encountered in primary care practice, and the efficacy of interventions and prevention modalities.

Participants will share their skills, knowledge, and outcomes at this collaborative conference. Those involved in PBRN research, including academicians, researchers of all health professional disciplines

and geographic locations, policy makers, practicing clinicians, and other health professionals involved in PBRN research and operations should plan to attend.

Stay tuned for upcoming conference details, call for papers, and registration information.

Annual Meeting Distinguished Paper Summaries

Members of NAPCRG's Communications Committee attended the Distinguished Paper sessions at the Annual Meeting and below are summaries of two of those sessions.

In this study presented at the Annual Meeting in Banff, researchers wanted to know if standard stroke risk factor scores were as predictive in the elderly as younger populations. It was common practice for UK general practitioners to not prescribe Warfarin to the elderly because of concerns of adverse events. This study drew subjects from the Birmingham Atrial Fibrillation Trial (BAFTA) who were greater than 75 years of age, were recruited from 260 practices, and followed for 4 years. Patients were randomized to receive either aspirin 75 mg/day or Warfarin titrated to an INR of 2.0–3.0. Patients receiving Warfarin had a 50% reduction in ischemic strokes, and this result was observed among all subgroups. The number needed to treat was 50 per year. There was no difference in minor and major bleeding events or hospitalizations.

The investigators also applied several stroke prediction scores that were previously validated in

younger populations. Specifically, Cox (C) proportion hazards regression analysis was performed on time-to-event data. A C statistic was calculated for each prediction approach (similar to a ROC curve). Common guidelines studied included CHADS2 and CHADS2-VASC. The C statistic was roughly 0.6 for all scoring systems, which meant the scales were not much better than chance. Diabetes was the only significant predictive factor. The investigators concluded none of the scoring approaches work well in this age group. They believe their findings suggest that all patients greater than age 75 should be started on Warfarin.

Are Stroke Risk Scores in Patients With Atrial Fibrillation Predictive in the Elderly? A Comparative Cohort Study of the Performance of Stroke Risk Scores in Patients Not Taking Warfarin in the BAFTA Trial

continued on next page

2011 Annual Meeting Abstracts Available Online

Search for abstracts from the Annual Meeting in Banff at www.napcrg.org/meetings/abstracts.cfm.

Mark Your Calendar!

Call for Papers for the 2012 Annual Meeting will open in February.

At-a-Glance

<i>NAPCRG Strategic Priorities</i>	2
<i>Cancer Prevention Awards</i>	3

Annual Meeting Distinguished Paper Summaries (continued)

Richard Hobbs, FRCP, University of Oxford; Andrea Roalfe; David Fitzmaurice; Jonathan Mant

Reported by Rich Young, NAPCRG Communications Committee

Kate Jolly, MBChB, MSc, PhD, MFPH, from the University of Birmingham in the UK presented the results from "The Lighten Up Trial, a Distinguished Paper." This randomized controlled trial evaluated the impact of six different weight loss interventions, which were offered free for 12 weeks to 740 obese individuals (body mass index > 30, or > 25 if South Asian) with a comorbid disorder. Weight loss was evaluated at 3 months and 1 year, as well as physical activity. The weight management services provided included three commercial interventions (Weight Watchers, Slimming World, Rosemary Conley), a group-based dietetics-led program, and one-to-one counseling provided by pharmacists or family physicians. There was also a "choice arm" of this study that included individuals who could choose any of the weight management services, as well as a control group that received vouchers to a local leisure center. Considering the rising prevalence of obesity and its associated chronic medical problems, it was heartening to hear that all these programs resulted in statistically significant weight loss after 3 months, and all but the pharmacy- and family physician-led programs resulted in weight loss at 1 year. Those attending Weight Watchers and those in the "choice arm" were more likely to attend all 12 program sessions, and those

attending Weight Watchers lost significantly more weight than the control group at 1 year. There were no significant changes in physical activity. The counseling provided by the family physicians was the highest cost and also the least effective.

After presenting her results, Dr Jolly discussed possible reasons why the commercial interventions performed better than the individual counseling. First of all, the commercial programs were convenient, and could be started immediately, whereas the individual counseling required appointments, which could be difficult to obtain, and in the group-based dietetics-led program, participants had to wait

until enough participants for a group were enrolled. Additionally, group support seemed to be beneficial, as well as having groups led by a peer, who was a "successful slimmer" and had specific weight management expertise. Having a fixed time each week for the meetings also was seen as beneficial, instead of needing to schedule appointments. These findings help to improve our understanding of the effectiveness of different weight loss interventions and will help in the development of future interventions.

Reported by Vanessa Diaz, MD, MS, NAPCRG Communications Committee



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Cancer Prevention Training Awards

The American Academy of Family Physicians has a longstanding relationship with the American Cancer Society that has included helping to promote awards that can benefit family medicine. Below is information on an award that can support combined family medicine/preventive medicine programs.

The American Cancer Society is inviting applications for its Preventive Medicine Residency Training in Cancer Prevention and Control program. Accredited

residency programs in public health and preventive medicine (including combined programs) and occupational medicine are eligible to apply for this funding. Awards are made to institutions for 4 years in the total amount of \$300,000, based on an average of \$50,000 per resident training year, to support the training of physicians in preventive medicine with an emphasis on cancer prevention and control. The application deadline is April 2.

Additional information regarding the program, access to the electronic grant application, and a list of American Cancer Society-supported programs and links to their Web sites are available at <http://www.cancer.org/Research/ResearchProgramsFunding/FundingOpportunities/index>

Select: Funding Opportunities, Index of Grants, Mentored Training and Career Development Grants, and then Physician Training Awards in Cancer Prevention.

Scientific Director, US Preventive Services Task Force

Want to play a role in shaping US health care? Unique opportunity with the Agency for Healthcare Research and Quality (AHRQ) to influence the future of evidence-based medicine in clinical preventive services. AHRQ seeks a senior-level clinician to serve as the Scientific Director of the US Preventive Services Task Force (USPSTF). This is an opportunity to improve the health of all Americans by supporting the USPSTF in making evidence-based recommendations on clinical preventive care. The Scientific Director provides a vital link between AHRQ and the USPSTF, sharing valuable guidance to a process that shapes clinical decision making in our country. The candidate provides overall scientific leadership and direction to the USPSTF, working closely with USPSTF leaders and with responsibility for directing a team of dedicated medical professionals. The Director will also lead the development and implementation of a comprehensive national program of research related to clinical prevention. Candidates must possess an MD, DO, doctoral-level nursing degree, or be a physician assistant with a doctoral-level degree. All candidates must have experience in prevention and primary care. This position is located at AHRQ's headquarters in Rockville, MD. For more information on this position and an application, go to:

MD/DO:

<http://www.usajobs.gov/GetJob/ViewDetails/302462000>

PA:

<http://www.usajobs.gov/GetJob/ViewDetails/304717000>

Nurse:

<http://www.usajobs.gov/GetJob/ViewDetails/304716800>

NAPCRG Strategic Priorities

1. Managing growth

NAPCRG will maintain its safe, nurturing, informative and inspiring environment in the face of continued growth while attracting high quality research from all disciplines related to primary care and attracting clinicians and decision-makers.

2. Financial diversity

NAPCRG will increase its financial diversity to improve our ability to carry out the mission of the organization and reduce dependency on the members' dues and registration income.

3. Advocacy

NAPCRG will promote primary care research by championing a primary care perspective in research agendas and promoting the science of primary care and advocating for funding for primary care research.

4. Relationships with other primary care organizations

NAPCRG will define and solidify its strategic alliances with selected national and international organizations to minimize competition and allow organizations to focus on complementary areas of strength and to collaborate effectively in the advancement of primary care.

5. Application of research/transformation of practice

NAPCRG will be a key organization supporting and providing a forum for presenting new knowledge to guide the ongoing practice redesign and improvement of primary care.

The *NAPCRG Newsletter* is published by the North American Primary Care Research Group, 11400 Tomahawk Creek Parkway, Suite 540, Leawood, KS 66211, 888-371-6397, ext. 5410, fax: 913-906-6096, pnoland@napcrg.org. NAPCRG Web site: www.napcrg.org. For membership information, contact NAPCRG by e-mail, pnoland@napcrg.org, or at the address above. The *NAPCRG Newsletter* is published monthly and welcomes letters to the editor about issues of general interest to the membership. Submit correspondence to Lorraine Wallace, PhD, Department of Family Medicine, Ohio State University, Lorraine.Wallace@osumc.edu

President, Frank deGruy, MD, MSFM; Executive Director, Angela Broderick, CAE;
Member Services Manager, Joan Hedgecock, MSPH; Meeting and Membership Specialist, Priscilla Noland