



NAPCRG Annual Meeting Distinguished Papers Summaries *To Be Presented November 13-17, Seattle*

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Five papers were selected from all submissions to the NAPCRG Annual Meeting and given the special designation of "Distinguished Paper". This title highlights excellence in research and is selected by a NAPCRG Review Subcommittee from submissions that include a full paper. Several selection factors are considered, including overall excellence, quality of research methods, quality of the writing, relevance to primary care clinical research, and overall impact of the research on primary care and/or clinical practice.

Placebo Effects in Cold Treatments May Overshadow Pharmacological Effects

This randomized controlled trial tested four possible treatment conditions for the common cold: 1) no pills, 2) blinded placebo pills, 3) blinded echinacea pills, or 4) unblinded open-label placebo pills, among 719 people with new onset of a cold (less than 36 hours of symptoms). The duration and overall severity of colds were similar in all four groups, with possible half day reduction in illness duration and 10% reduction in overall severity due to placebo effects, among the sample as a whole. For those that believed echinacea to be effective, however, the benefit of being assigned pills (whether or not they contained echinacea) amounted to an average 1.3 to 2.6 day reduction in illness duration and a 26% to 29% reduction in overall severity. The researchers concluded that the specific pharmacological effects of cold treatments may be overshadowed by the effects due to expectancy and belief of taking medication to help the symptoms.

Placebo Effects In Common Cold: A Randomized Controlled Trial
By Bruce Barrett, MD, PhD, et al

Significant Rise in Hospitalizations with Antibiotic Resistant Infections in United States

Antibiotic resistant infections in hospitalizations are on the rise and are increasingly being seen in younger patients and those without insurance. In this study, the researchers evaluated the trends in hospitalizations associated with antibiotic-resistant infections in U.S. hospitals from 1997-2006 using nationally representative data from the National Hospital Discharge Survey (NHDS). The data are based on estimates from 370 million hospitalizations. The number of infection-related hospitalizations with antibiotic-resistance increased 264% over the 10 years from 37,005 in 1997 to 169,985

in 2006. The steepest rise in antibiotic-resistant hospitalizations was seen among individuals less than 18 years old. Similarly, the mean age of individuals with infection-related hospitalizations that had antibiotic-resistant infections decreased substantially from 65.7 years in 1997 to 44.2 years in 2006.

Trends in Hospitalizations with Antibiotic-Resistant Infections, 1997-2006

By Arch G. Mainous III, PhD, et al

Integrating Depression Care into Patients' Chronic Illness Care Achieves Better Outcomes

TEAMcare - an integrated, patient-centered collaborative program achieved better medical and psychological outcomes for depressed patients with severe diabetes and/or heart disease. In a randomized controlled trial, the multi-disciplinary research team demonstrated that by integrating depression care into systematic management for patients who also had severe diabetes, heart disease, or both, significant improvements were achieved in HbA1c, blood pressure, low-density lipoprotein cholesterol, and depression. Patients, their primary care physician, a nurse care manager and consultants collaborated to form the team.

Randomized Trial of Teamcare: Multi-condition Collaborative Care for Chronic Illness and Depression

By Elizabeth H. B. Lin MD, MPH, et al

Community Program Reduces Cardiovascular Hospitalization Rate

The Cardiovascular Health Awareness Program (CHAP), a community program aimed at reducing cardiovascular-related hospitalizations in older adults, was associated with a 9 percent reduction in hospital admissions for acute myocardial infarction, stroke, and congestive heart failure among community residents aged 65 years and older.

The CHAP team randomly selected 39 communities in Ontario, Canada, and twenty communities received CHAP and nineteen communities did not. Family doctors in the 20 CHAP communities sent personalized letters to their patients aged 65 and older, inviting them to participate in the program. Over 15,000 patients participated in the program and more than 500 trained volunteers acted as peer health educators and held regular sessions over a 10-week period in community pharmacies. During these sessions, they measured blood pressures and discussed cardiovascular disease and ways to modify risk factors. Affected participants were also referred to additional community resources for assistance with exercise, diet and smoking cessation. The researchers concluded that a collaborative, multipronged community-based health promotion and prevention program targeted at older adults can reduce cardiovascular morbidity at the population level.

Improving cardiovascular health at the population level: A 39 community cluster-randomized trial of the Cardiovascular Health Awareness Program (CHAP)

By Janusz Kaczorowski, PhD, et al

Mathematical Models Do Not Work in Predicting Diabetes Risk

This study finds that the use of mathematical models to predict diabetes risk is inconsistent and do not have a meaningful role in clinical care finds this study. When comparing the predictions for a set of test cases from two major, publicly-accessible, sophisticated predictive models, the UKPDS Outcomes Model and the Diabetes PHD Model, the researchers found they produced generally quite different predictions for 10 and 20 year risks of heart attack, stroke, amputation, blindness, and kidney failure. Many of the 10 year and most of the 20 year risk predictions differed by more than 100%. Furthermore, the models generally predicted different effects of controlling risk factors such as losing weight, and getting blood pressure and blood sugar under control.

Mathematical models are being developed and used in medicine with increasing frequency to help guide patient and provider decisions at the individual level as well as treatment guidelines. Treatment guidelines and quality measures based on specific numerical predictions from such models are ignoring the substantial uncertainty in these predictions, likely reducing the appropriate role of patient preference in making these health decisions.

Predicting Diabetic Complications for Patients: Do We Feel Lucky?

Barry Saver, MD, MPH, et al

Editor's Note:

To arrange an interview with one of the authors of any of the studies to be presented at the NAPCRG Annual Meeting, contact Kristin Robinson at (913) 568-8043 or via e-mail at krobinson@napcrg.org.

About NAPCRG

A sister organization to the American Academy of Family Physicians (AAFP), the North American Primary Care Research Group (NAPCRG) is a multidisciplinary organization for primary care researchers in the United States, Canada, Mexico, the Caribbean, and throughout the world. Founded in 1972 and oriented to family medicine, NAPCRG welcomes members from all primary care generalist disciplines and related fields, including epidemiology, behavioral sciences, and health services research. More information can be found at www.napcrg.org

About Primary Care Research

At its simplest level, primary care research can be defined as research conducted in the context of primary care. It is research that is directed toward the better understanding and practice of the primary care function.

It includes:

- Basic research to develop research methods in the discipline*
- Clinical research to inform clinical practice*
- Health services research to improve health service delivery*
- Health systems research to improve health systems and policies*
- Educational research to improve education for primary care clinicians*

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