



# Bristol Study Centre

# NEWSLETTER

www.dutystudy.org.uk

Issue 11

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## The merry month of May

I hope you all had a wonderful Easter break and have returned with a spring in your step and full of enthusiasm to start recruiting to DUTY again! In particular, I hope you enjoyed the celebrations (and extra Bank Holiday) on the 29th and have secured appropriate memorabilia (such as mine, right). We are delighted to present in this month's issue an interview with Dr Malcolm Coulthard, an eminent consultant paediatric nephrologist who plays a key advisory role on the DUTY Study Steering Committee. And please see page 2 for the return of our ever popular DUTY quiz.



### How are we doing?

**1210** patients have now been recruited in the Bristol study centre, with **urine samples obtained for 91%** of these children.

### WOW!

The Bristol centre is still significantly ahead of target, while the study as a whole is well on target with **2,629** recruits and an **88%** sample rate.

Despite this success we are at a critical stage in the study and rely on your on-going efforts to help us maintain progress towards **our centre goal of 1,500** children, and 6,000 across all centres.



## An interview with Dr Malcolm Coulthard



### Q. Can you tell us about your background?

"I trained as a children's kidney doctor at Great Ormond Street and Guys Hospitals, and was appointed to the first post created in Newcastle in 1995. By the time I retired in 2009, the Newcastle children's kidney unit was a busy department with special interests in kidney transplants and UTIs, and lots of research activity.

"I have always enjoyed research. I did a PhD in the ways that preterm babies' kidneys work, and have always been interested in how children's kidneys handle salt and water. We built the first haemodialysis machine designed for very small babies, and now that I have retired from day-to-day clinical work I have been able to develop this into a state-of-the-art machine which we expect to be in production fairly soon.

### Q. What role do you play in the DUTY study?

"I have a big interest in the diagnosis and treatment of urinary tract infections (UTIs) in children. By reading and repeating some of the original research on testing urine, I have uncovered a number of widespread misunderstandings about the best ways to collect urines and test for UTIs. Some of these have now become falsely incorporated into modern day standard practice, and cause great confusion.

"I have been asked to help oversee the science of the DUTY study, and bring in some of these issues. I am delighted to do this because it is a big and important study.

### Q. How do you think the DUTY study will add value to clinical practice?

"There is great controversy about the best way to look after children who suffer from UTIs. But first, you have to make the right diagnosis. This study will help to address this important first step.

*Continued on the next page...*



*The DUTY Study Steering Committee (SSC) will be meeting on the 27 May to discuss the progress of the study as well as key questions around the emerging laboratory results and obtaining consensus on what constitutes a urinary pathogen. Copies of all SSC documentation are available from Harriet Downing.*

## Contact us:

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AND A VERY BIG  
WELCOME TO

**Lyn Liddiard, DUTY Research Nurse** Tel: 0777 2291600 (e-mail address to follow!)

## *Interview with Dr Malcolm Coulthard, continued...*

### **Q. What do you think are the main challenges for this study?**

"To make sure that every child with a UTI has it diagnosed, it is necessary for nurses and doctors in primary care to think about the possibility of a UTI whenever they see an unwell child with unexplained symptoms. On the other hand, it is unrealistic to collect and culture urine samples from dozens of children for every child who turns out to have a UTI. The DUTY study is designed to help decide a sensible balance of which children do and which children do not need to be tested.

"The biggest challenge to answering this question correctly is that standard ways of testing for UTIs have a significant false-positive rate, and that this rate is quite close to the frequency with which this study is likely to detect positive results. In other words, with standard testing methods, if you check about 20 infants who do not have a UTI, the laboratory will tell you that 1 of them does have one, because that is the error of the technique.

"Trying to sort out which of the DUTY study children with a positive result really have UTIs and which ones don't will be difficult if only standard methods were used. This is especially the case because we are deliberately planning to test lots of children, and do not expect a very large proportion to be genuinely positive.

"At the moment, we are testing ways of overcoming this problem, by doing more detailed ways of testing for UTIs during the DUTY study.

### **Q. What is your aspiration for the development of the NHS over the next 10 years?**

"Like many others who work in the NHS, I am extremely worried that the reforms being considered by the Coalition Government are in truth an untested experiment, with no evidence base, which has the potential to destroy some of the most important elements of the service as we have known it since 1948. I fear that they will allow privatisation by the back door, and that the NHS could be driven by competition based on cost, with quality issues being given little more than lip service. For now, I would settle for the NHS still being recognisable in 10 years time, and for it not to have morphed into the US model of healthcare."

**For further information about the first haemodialysis machine for babies, go to <http://news.bbc.co.uk/1/hi/7542404.stm>.**

## QUICK QUIZ

All of the following are "real" folk remedies for kidney stones - except one. Tell us which, and you could win a box of chocolates!

1. Drinking wild goat's blood (Scotland)
2. Jumping up and down (Ancient Europe)
3. Drinking red onion juice (North America)
4. Not eating beans (Suffolk)
5. Drinking one's own urine (Staffordshire)
6. Carrying a snail shell as an amulet (North Carolina)
7. Applying a hot greasy plate to the abdomen (North Carolina)
8. Roasting the skin of a hedgehog until the prickles become a powder, then adding this powder to a drink (Sussex)
9. Place a bipolar magnet directly over the right or left lumbar of the lower back, depending on which area is affected ([www.newagepointtoinfinity.com](http://www.newagepointtoinfinity.com))
10. Eating the perirenal fat of human victims (cannibals only)

