



# Bristol Study Centre

# NEWSLETTER

www.dutystudy.org.uk

Issue 17

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## How are we doing?

Nurses working with the Bristol study centre have now recruited **1,909** patients, with a **91%** urine sample return rate. Overall, the study has now recruited **4,270** patients (with **88%** urine samples), which is **over 70%** of the way to our 6,000 target. The end is in sight!

## Don't miss DUTY in the BMJ!

An article was published in the BMJ last week by DUTY study investigators Alastair Hay, Penny Whiting and Chris Butler: **How best to diagnose urinary tract infection in preschool children in primary care?**

The authors considered relevant studies conducted in a primary care or emergency department setting in the Western world, to identify clinical signs and symptoms associated with UTI. Their findings suggest that:



- (1) No individual symptom or sign, or any combination of symptoms or signs, was sufficient to **rule in** a diagnosis of UTI;
- (2) There are some which appear to support **urine testing** and empirical treatment while awaiting culture confirmation;
- (3) Perhaps most usefully, there are other symptoms and signs which appear to reduce the probability of UTI to a level which may be considered low enough to rule out UTI and avoid the need to obtain urine.

They also discuss a number of symptoms and signs which do not appear to have diagnostic value, including some that were recommended for the diagnosis of UTI by NICE.

The authors also consider a number of paediatric studies which looked at urine dipstick testing in an emergency department setting (so may not be directly relevant to primary care practice), and discuss the elements of the dipstick test results which appear most useful for identifying children in whom urine should be cultured to confirm the presence of a UTI.

The article places the DUTY study within the wider context of ongoing research, and highlights an important area of clinical uncertainty already identified by NICE, and which the DUTY study is addressing.

Read the full article on the 'Uncertainties' page at <http://www.bmj.com/content/343/bmj.d6316>.

## DUTY Time and Motion Study



Early in 2012 the Bristol study centre will be conducting a time and motion study as part of our investigations into the health economic aspects of childhood UTI. We will be asking some practices if they would be happy to host a Research Assistant, with PCT approval, to observe a number of DUTY recruitment sessions in order to measure, with a handheld computer, the time taken by parents, nurses and/or GPs to obtain, test and send off urine samples. Parental consent will be sought for this additional procedure in participating practices.



The new DUTY study protocol is now on the web:  
[www.dutystudy.org.uk](http://www.dutystudy.org.uk)  
Don't miss it!





CONTACTS: STUDY TEAM

Harriet Downing, Study Manager 0117 331 3811 / 928 7294 [harriet.downing@bristol.ac.uk](mailto:harriet.downing@bristol.ac.uk)  
 Catherine Derrick, Study Administrator 0117 331 3814 [catherine.derrick@bristol.ac.uk](mailto:catherine.derrick@bristol.ac.uk)  
 Steven Beech, Study Assistant 0117 928 7205 [steven.beech@bristol.ac.uk](mailto:steven.beech@bristol.ac.uk)  
 Liz Thomas, Senior Research Nurse 0117 928 7290, Mob 07531 892232 [liz.thomas@bristol.ac.uk](mailto:liz.thomas@bristol.ac.uk)  
 Lyn Liddiard, Research Nurse 0117 928 7297, Mob 07772 291600 [lyn.liddiard@bristol.ac.uk](mailto:lyn.liddiard@bristol.ac.uk)  
 Or [duty-nurses@bristol.ac.uk](mailto:duty-nurses@bristol.ac.uk)  
 SECURE OFFICE FAX 0117 331 3838

**MYSTERY PRIZE**

October's mystery prize was won by Deborah Badminton of Praze-an-Beeble surgery in Cornwall. A gift is on its way to the practice team!



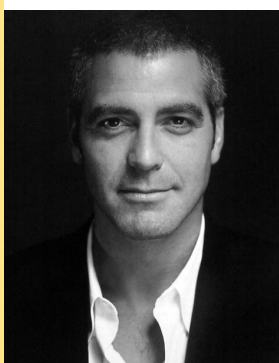
**The Allure of the Protocol Amendment**

It's no good, protocol amendments just aren't sexy.

Research Governance just cannot be mentioned in the same sentence as "fascination", "intrigue" or even "mild, passing interest". This you know. How then can I tell you what you should know about the latest amendment to the DUTY protocol without boring you to tears? I have resorted to glamour, Hollywood-style. Begging your forgiveness for this lack of imagination, I hope the images below go some way towards compensating for the subject matter!

**Amendment 8: the juicy details**

DUTY study researchers based at Bristol University contact the parents of any child you recruited who had a positive urine culture in the NHS laboratory or the Cardiff SACU research laboratory (and a matching number of children with negative results). We telephone the parent 14 days after recruitment and ask him or her a series of questions about the duration of their child's symptoms, any visits that any members of the family may have made to



healthcare providers, medicines taken, travel expenses, time lost from work or additional childcare costs, all as a result of the child being ill. Roughly 10% of recruits are followed up like this. This is because DUTY aims to estimate the "health economic" costs of UTI for families, as well as for the NHS. (Health economic costs include impacts on people's quality of life, as well as financial ones).

recruitment!) and our follow-up rates are not brilliant. To date, we have managed 61% across the whole study (68% for Bristol centre). In recent



months it has got better (up to 80% in the Bristol study centre), but we still have to improve this rate.

We decided that, if we cannot contact parents by telephone, we will post the questionnaire to them instead. We have redesigned our questionnaire to be as parent-friendly as possible, in colour, with pictures. Also, we will offer all parents who complete it, either by telephone or post, a second £5 High Street Voucher to thank them for their time and contribution to the study (we will also send these retrospectively to all parents who have completed the follow-up from the start of the study until now - that's only fair).



**What Parents Need to Know:** When explaining the study, please can you mention this when you let them know that their child might be selected for follow-up by telephone in 14 days (approximately 1 in 10 children). The study administrators will attempt to contact them by phone at first, but if they can't get in touch by phone they will send a postal questionnaire for the parent to complete at home and return (in a prepaid envelope which will be enclosed). **Thank you!**

**On the pulse...**



**Data, data, data...** We are always going on and on about data! It is becoming increasingly apparent that in order to use the data that has been collected it must be complete therefore if you do not have a pulse oximeter in the practice, please contact us and let us know and we will do our best to provide you with one. Please also do a manual pulse, here is a quick reminder, although I am aware I am heading in to the danger zone: **For children who are less than 2 years of age, use a stethoscope and take an apex reading (respirations can then be done at the same time).** For children who are 2 years plus a radial pulse would be great.