

# Southampton Study Centre NEWSLETTER

[www.dutystudy.org.uk](http://www.dutystudy.org.uk)

Southampton Study Centre

January 2012

## Happy New Year!

We have rounded the final bend and the finishing line is in sight!

Welcome to 2012, which promises to be an eventful year. Most memorably,, of course, the recruitment phase of DUTY will close at the end of April. This means that there are **just 14 weeks** left to reach our target.

Practices supported by the Southampton study centre have now recruited over **700** children: a total which represents an enormous effort in terms of data collection and chasing urine. However we are still less than half-way to our target of 1500. Both the Cardiff and Bristol centres have crossed this finishing line already and, although they were aided by a quick start off the blocks, it would be really satisfying to put on a final spurt and try to narrow the distance between us before the final whistle blows!

Please may we ask you all to dig deep and make that one last effort to reach those Olympian heights!



800 recruits needed \ 14 weeks \ 84 practices = 0.68  
**ONE child per week per practice!**

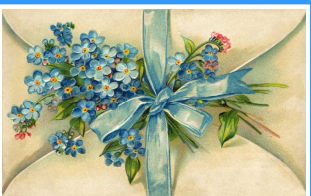
## CONGRATULATIONS!

Our Star recruiter for the month of December was Dr Nigel Fagan of Redhouse Surgery in Milton Keynes, who managed to recruit 11 participants, despite the holiday closures. However Dr Fagan was indeed challenged in October by Dr Julian Thompson of Cossington House Surgery in Canterbury who managed to top the table with 13 children! Dr Thompson also pipped Dr Fagan by just one recruit in November so it really is neck-and-neck. All our monthly winners have received a box of Thornton's cholcoates and a tasteful certificate to display on their clinic wall!



## PRIZE DRAW!

Throughout February, March and April we will be holding a monthly raffle to win a fabulous prize. Everyone who recruits a patient will be entered into the draw so please keep your eyes peeled for unwell under-5s.



Don't forget to send your research samples to the Cardiff SACU lab. These samples are just as important for the study outcomes as the NHS samples.

**THANK YOU!**

## How are we doing?

The study as a whole is on target with over **5,300** recruits.

**708** children have now been recruited by practices supported by the Southampton centre but we still need lots more in order to reach our target of 1500 children in the South!

Urine collection in our region is currently running at **88%!**

The recruitment phase of DUTY has a little over **3** months to run.



### Protocol Update

The study protocol has been updated to allow us to issue 14-day follow-up questionnaires by post to those parents we were unable to contact by phone.

The new protocol version is v1.5 and it was approved by NRES in October. It is available on the study website for you to read/download and we will be sending out copies to those practices who do not already have the latest version in due course.

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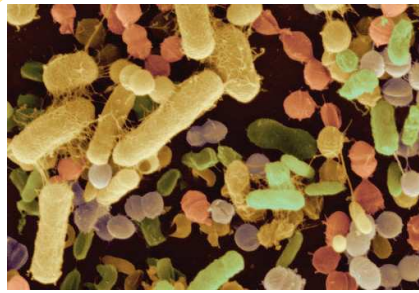
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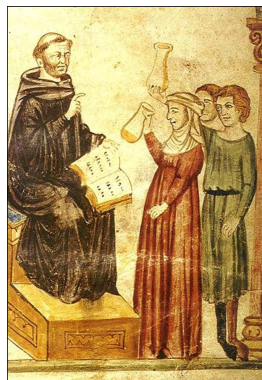
## Reducing Contamination

DUTY study data collected so far are showing us that urine sample contamination rates are higher in NHS samples obtained by parents using nappy pads at home (12%) than those obtained by recruiters using nappy pads but able to get the sample at the recruitment visit (8%).

The ideal for DUTY is to get the sample at recruitment. That is easier said than done, especially if one does not have the magic ingredient of a full bladder in an obliging, obedient, fully toilet-trained child who can wee on demand. Here are some suggestions for reducing the chances of contamination:

- 1) If the child is in nappies, put a nappy pad in first thing, as soon as consent has been obtained and before embarking on the CRF. This will increase the chances of obtaining a sample before the end of the recruitment visit.
- 2) When it's not possible to get the sample at recruitment, the key to a good quality sample lies in the parents' clear understanding of the urine collection methods. Ensure you explain that they should keep nappy pads in for only half an hour (not overnight), provide gloves for wringing it out, and refrigerate the sample before returning it to the practice.

## Fascinating Facts



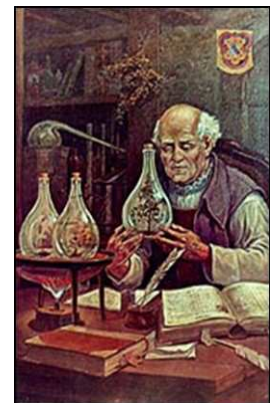
Patients showing urine samples to Constantine the African (1020—1087)

Urinalysis is intricately entwined with the history of medicine. As long as 6,000 years ago, several of the earliest civilizations recognised the importance of the examination of urine in diagnosis and recorded their observations on clay tablets. Urine – and prognostication therefrom – was (and is) excellent fertiliser for charlatanism and quackery in all sorts of forms. But it was understood fairly early on that uroscopy – visual inspection with the naked eye – was inadequate as a diagnostic tool.

Paracelsus (1493 – 1541), the Alchemical Genius of the Middle Ages, was one of the first to search for new approaches using chemical distillation techniques. The invention of the microscope by Anton Van Leeuwenhoek (1632 – 1723) enabled scientists to examine all body fluids (especially urine), to see bacteria, and to use their observations as an aid to diagnosis.

Subsequent developments in anatomy, physiology and the understanding of organ function enabled scientists to begin to associate the composition of urine with specific disease states, and by the middle of the nineteenth century chemical urine diagnostics was well established as a means of detecting pathological elements in the urine.

The twentieth century saw the development of sophisticated techniques to enhance and improve urinalysis, including monoclonal antibody and recombinant gene technology. And, of course, the modern urine dipstick test, whose journey from chemist's bench to mass manufacture took 200 years. But that's another story...



Paracelsus in his laboratory