

Multipractice studies: significance of the information given to participating doctors

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SUMMARY. A total of 1,176 general practitioners were asked to take part in a multipractice study. One group of 568 practitioners was given very detailed information about the study and 19.7 per cent agreed to take part. The remaining 605 practitioners were given only a brief introduction to the study. Of this group 33.4 per cent agreed to take part. Two thirds of the doctors participating in the trial were sent weekly reminders about the study while the remaining third were not. We found that the reminders did not affect the number of patients registered by the practitioners.

Introduction

MULTIPRACTICE studies are commonly used in research in general practice. However, this method raises several theoretical and practical problems.

Aims

In this study we examined two problems in connection with the organization of multipractice studies. First, to what extent does the amount of information about the study influence a potential participant's decision about taking part; secondly, how far do regular reminders during the study influence the participating practitioners' activity in the study?

Method

A multipractice trial was designed to investigate the effect of sulphonamide and trimethoprim in the treatment of urinary tract infections in general practice.

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All the general practitioners in six counties were invited to take part. The doctors in three counties (group A) received a detailed description of the project, including background, methodology, practical aspects, and formulas, in a 16-page booklet. The doctors in the other three counties (group B) were told about the study and invited to take part in a two-page letter. Furthermore, meetings about urinary tract infections in general practice were arranged in the three counties belonging to group A in order to stimulate interest in the trial. No meetings were arranged in the counties of group B.

The study was carried out between 15 October and 15 December 1977. All participating doctors were to fill in a form for any patient suspected of urinary tract infection during this period. In each case urine was cultured, using a dip-slide medium. The forms were sent to the organizing group as they were completed.

In order to encourage the participants, all doctors in group A and 96 doctors in one county in group B received information once a week about how many patients each participating doctor in the county had examined, and how many had been included in the trial. The doctors were listed anonymously, but each doctor could identify himself.

The remaining 106 doctors in group B did not receive any reminders during the trial period.

Results

A total of 568 general practitioners in group A received a detailed description of the study. Out of these 112 (19.7 per cent) agreed to take part (Table 1).

In group B, 605 received a brief description of the project and an invitation to take part; 202 (33.4 per cent) agreed to take part.

All 112 doctors in group A and 96 in group B were informed each week about the number of patients included in the study. Table 2 shows no difference

between the number of patients examined by the doctors kept regularly informed and the doctors who were not sent reminders during the study. The number of patients included in the trial was a little higher in the first group.

Discussion

Very little is known about the factors which motivate general practitioners to take part in multipractice studies.

For planners of multipractice studies it is of practical value to know about the effect of different ways of informing potential participants.

Cartwright (1978) found that the response rate for questionnaires was affected by both the length of the questionnaire and the sponsoring organization. However, participation in surveys based upon questionnaires is different from participation in clinical trials.

In this study we found that a detailed description of the study before the trial reduced the number of general

practitioners who agreed to take part. The reason is probably very simple: a busy doctor has no time to read a full project protocol. Therefore he does not answer or accept.

Drop-out among doctors who initially agree to take part is a great problem in multipractice studies. Furthermore, many general practitioners have difficulty in changing their daily routine to suit the trial. The number of patients registered and included in the study are therefore generally a minimum.

It was our hypothesis that having received detailed information about the study, those who agreed to take part would be more likely to register all patients. Consequently, we had expected that such doctors would register a higher number of patients than the other group of doctors who agreed to take part after only a brief introduction to the study.

Sooner or later some doctors forget, probably because of the daily workload and lack of enthusiasm, that they are participants in a multipractice trial. In order to avoid this, two thirds of the participating general practitioners were reminded about the study every week.

It was therefore surprising that neither the extent of information given before the study, nor the current reminders, had any influence on the number of patients registered by each doctor.

Table 1. Number of general practitioners agreeing to take part in a multipractice study in relation to the extent of information about the project given before the study. (Percentages in brackets.)

Group	Type of information	Number of doctors contacted	Number of doctors agreeing to take part
A	Extensive	568	112 (19.7)
B	Brief	605	202 (33.4)

$p < 0.02$.

Reference

Cartwright, A. (1978). Professionals as responders: variations in and effects of response rates to questionnaires 1961-1977. *British Medical Journal*, 2, 1419-1421.

Table 2. Patients examined and included in the trial in relation to the extent of information before the study, and reminders during the study. The figures show the number of patients examined and included per 1,000 patients on each participating doctor's list.

Group	County	Total number of general practitioners	Total number of participants	Regular reminders	Patients examined per 1,000	Patients included per 1,000
A	Copenhagen city	342	41	yes	8.1	3.7
A	Roskilde	92	20	yes	7.6	3.6
A	West Sealand	134	51	yes	6.5	3.2
B	Copenhagen county	297	96	yes	7.7	3.6
B	Fr.-borg	161	48	no	7.6	2.4
B	South Sealand	147	58	no	7.0	2.7

Prescribing psychotropic drugs

Prescriptions for tranquillizers and antidepressants continued to rise from 1970 to 1975 but at a rate reassuringly slower than that observed during the previous five years. However, prescriptions for stimulants and appetite suppressants fell more slowly than during the preceding five years, so that in 1975 there were still more

than two and a half million prescriptions written for such drugs.

Reference

Williams, P. (1980). Recent trends in the prescribing of psychotropic drugs. *Health Trends*, 12, 6-7.