STANDING WITH PATIENTS IN THEIR HOURS AND DECADES OF NEED

Over 30 years ago a practice serving an economically-deprived population was faced with the challenge of rapid HIV spread among its drug injecting patients. In addition to providing the best clinical care they could, the Muirhouse Medical Group created the Edinburgh addiction cohort which recruited 794 people from 1980–2007. Over the years this internationally important study has reported on many aspects of the problems faced by patients, their care providers, and the community. Their 2010 British Medical Journal paper has been awarded the Royal College of General Practitioners Paper of the Year for continuing to provide valuable new insights 31 years after establishment of the cohort.1 The team followed patients over a very impressive 10 390 patient years of observation. They have demonstrated that opiate substitution is associated with a reduced risk of death in those given opiate substitution, even though the duration of injecting behaviour was no shorter. In the continuing debate about how clinicians and policymakers should respond to injecting drug use this study provides clear evidence to inform that debate. The panel were persuaded that if an opiate-injecting patient consulted any of us in the next few weeks this paper would allow us to discuss the risks and potential benefits of substitution therapy.

Of course the practice were not alone in their efforts, they formed links with local NHS services, excellent research teams in Bristol, Cambridge, and London, and the Information and Statistics Division of Scotland. The importance of their work has been recognised by a range of funding bodies over the years, particularly the Scottish Chief Scientist Office and the National Institute for Health Research. The paper which won the award linked the data in the practice’s paper and electronic records with national databases of morbidity and mortality for the 794 patients enrolled in the cohort. Remarkably for such a difficult to study population the practice were able to study the records of 655 (82%) of the patients in the cohort including 187 of those who died. The team also interviewed 432 patients to obtain the rich data presented in the paper.

This is the 15th Research Paper of the Year Award intended by the RCGP to raise awareness of high quality studies taking place within general practice and to encourage more GPs to become actively involved in research. Kimber and colleagues’ paper was the cream of a bumper crop of 36 papers nominated from seven different journals. Another paper which was specially commended this year was the TASMINH2 trial from McManus and colleagues from Birmingham University which demonstrated significant benefits from telemedicine support of hypertension management.2 Two more papers that caught the eyes of the judges were a student project showing how the tides of newspaper coverage affect the perception of GPs in the media and a review of a potential new clinical syndrome in patients presenting with sciatica.3,4 Excellent research is alive and well in UK general practice and the papers nominated in 2010 are testimony to that fact.5

Frank Sullivan, Chair, RCGP Research Paper Of The Year, On behalf of the panel of judges.

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REFERENCES