

# The effect of computer reminders on prescribing behaviour of GPs.

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We hypothesised that this strategy could lead to a considerable and relevant change of prescribing behaviour in the desired direction.

<b>Ethische beoordeling</b>	Positief advies
<b>Status</b>	Werving gestopt
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## Samenvatting

### ID

NL-OMON20541

### Bron

Nationaal Trial Register

### Verkorte titel

N/A

### Aandoening

At start 77 GPs in the Maastricht and Eastern-South Limburg region were invited to the intervention.

### Ondersteuning

**Primaire sponsor:** CAPHRI, The Research Institute of Maastricht University, Maastricht

**Overige ondersteuning:** Two local insurance companies (VGZ&CZ)

### Onderzoeksproduct en/of interventie

### Uitkomstmaten

#### Primaire uitkomstmaten

The central measure in our trial: <br>prescription according to the guideline recommendation as a percentage of total

prescriptions of that drug in block A and B.

## Toelichting onderzoek

### Achtergrond van het onderzoek

It is difficult to keep control over prescribing behaviour in general practices, despite the development and distribution of guidelines.

The purpose of this study is to assess the initial effects of reactive computer reminders on drug prescribing behaviour.

We executed a clustered RCT with an incomplete block design. The intervention group was randomly allocated into two groups in the south of the Netherlands: 25 GPs received reminders on antibiotics and asthma/COPD prescriptions, 28 GPs received reminders on cholesterol prescriptions.

Prescription guidelines were integrated into a GP computer program, which was installed in the GPs practices in the intervention group. Based on this computer program, a reminder popped up if the GP did not follow the prescribing advices of the guidelines. The guidelines contained recommendations on antibiotics, asthma/COPD drugs and cholesterol drugs.

The main outcome measures were expressed as prescribing performance indicators.

### Doel van het onderzoek

We hypothesised that this strategy could lead to a considerable and relevant change of prescribing behaviour in the desired direction.

### Onderzoeksopzet

N/A

### Onderzoeksproduct en/of interventie

A clustered RCT with incomplete block design was executed in the Maastricht and Eastern-South Limburg region.

Randomisation took place on practice level into 2 blocks: 25 GPs received reminders on antibiotics and asthma/COPD prescriptions, 28 GPs received reminders on cholesterol prescriptions. All GPs were told that they were participating in a trial, but they were blind for the fact that they only received part of the prescribing reminders.

A computer-reminder-system with reactive reminders was developed to lead to a change in prescribing behaviour in the desired direction. All relevant prescription was written to a special database. GPs were obliged to register a diagnosis for all patients with asthma/COPD,

cholesterol related disease or infections for which antibiotics were prescribed. The diagnosis, anamnesis, prescription information as well as information about the patient and GP in question was written to this database.

The character of the reminders could be less or more persuasive and contained various types of reminders: alternative type of drugs, other doses, alternative drug administration, specific indication, other length of prescribing, not to prescribe anything or refer to specialist.

The guidelines on which the reminders were based were developed by multidisciplinary expert teams. The topics were selected because of high prevalence of the health problems and contained antibiotics, asthma/COPD related drugs and cholesterol lowering drugs.

## Contactpersonen

### Publiek

Academic Hospital Maastricht,  
FTTO, BZe VII,  
P.O. Box 5800  
Jody Martens  
Maastricht 6202 AZ  
The Netherlands  
+31 (0)43 3877390 / +31 (0)43 3877388

### Wetenschappelijk

Academic Hospital Maastricht,  
FTTO, BZe VII,  
P.O. Box 5800  
Jody Martens  
Maastricht 6202 AZ  
The Netherlands  
+31 (0)43 3877390 / +31 (0)43 3877388

## Deelname eisen

### Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

One inclusion criterion for inviting GPs to the intervention was using a specific medical information system for GPs called MicroHis.

## Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

N/A

## Onderzoeksopzet

### Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Cross-over
Toewijzing:	Gerandomiseerd
Blindering:	Enkelblind
Controle:	Actieve controle groep

### Deelname

Nederland	
Status:	Werving gestopt
(Verwachte) startdatum:	01-10-2003
Aantal proefpersonen:	53
Type:	Werkelijke startdatum

## Ethische beoordeling

Positief advies	
Datum:	08-09-2005
Soort:	Eerste indiening

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

## Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

## In overige registers

Register	ID
NTR-new	NL233
NTR-old	NTR270
Ander register	: N/A
ISRCTN	ISRCTN16576123

## Resultaten

### Samenvatting resultaten

N/A