HSRU turns 30!

HSRU officially came into existence on 5 July 1988 with a staff of a Director, two Research Fellows and two Secretaries. Today HSRU boasts 75 staff members but still operates in accordance with the same fundamental principle to achieve excellence in health services research.

From those beginnings, the Unit has gone on to conduct more than 500 studies to date, including: 100+ large-scale clinical trials involving 50,000 participants from 1,600+ sites worldwide; approximately 180 health technology assessments/reviews; and over 250 types of health services research study across a range of patient, clinical and NHS service issues and experiences.

We are delighted to be celebrating 30 years of cutting-edge, world-leading and impactful research, and we look forward to the next 30!

OPTIMISTIC - Providing a treatment option for people with myotonic dystrophy type 1

Myotonic dystrophy type1 (DM1) is a rare, inherited chronic progressive disease with few treatment options. The EU 7th Framework Programme funded the OPTIMISTIC trial. The trial found that cognitive behavioural therapy with optional graded exercise therapy improved patient-reported capacity for activity and social participation in a clinically important way compared to standard care. This was measured on a disease-specific scale called DM1-aktiv, with a mean difference between groups of 3.27 points (95% CI 0.93 to 5.62, P=0·007) on this 0-100 scale. Participants were randomised from four specialist centres in France, Germany, the Netherlands and the UK.

Although OPTIMISTIC has finished, the project team will meet to discuss how to make sure that the OPTIMISTIC intervention is made available to people with DM1. More details on OPTIMISTIC are available at http://optimistic-dm.eu.
Testosterone Effects and Safety in Men with Low Testosterone levels

Several high quality trials have investigated the clinical benefits and risks of androgen replacement therapy (ART) in men with symptomatic low testosterone. Nevertheless, there remains considerable uncertainty regarding the benefits and harms. Accordingly, prescriptions have doubled and prescription costs have increased eightfold in the UK since 2001, without any increase in the prevalence of hypogonadism. According to the National Institute of Health Research funded project (17/68/01), we wanted to find out whether or not the advice patients are given and the cleaning they receive from the dentist work and offer good value for money.

A total of 1877 adults who regularly attended 63 different NHS dental practices across Scotland and north-east England were involved. The adults had early signs of gum disease and were randomly chosen to be offered a scale and polish every 6 months, every 12 months or not at all. They received normal advice or personalised advice depending on what dental practice they attended. The recruited adults completed study surveys every year. After 3 years, there was no evidence of differences in gum health, whether a scale and polish was carried out every 6 or 12 months or only when either the patient requested it or the dentist recommended it for clinical reasons. There was also no added benefit of providing personalised oral health advice. However, patients value, and are willing to pay for, cleaning advice and scale and polish, but are willing to pay more for scale and polish than for advice. These findings are informing guidelines and country level dental contracts internationally.

For further information, please contact
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Do your gums bleed?

Almost half of adults in the UK show signs of gum disease. It is a largely preventable disease, with treatment usually taking the form of self-care, including tooth brushing and dentist cleaning, which is often called ‘scale and polish’. In this National Institute of Health Research funded study (named IQuaD), we wanted to find out whether or not the advice patients are given and the cleaning they receive from the dentist work and offer good value for money.

A total of 1877 adults who regularly attended 63 different NHS dental practices across Scotland and north-east England were involved. The adults had early signs of gum disease and were randomly chosen to be offered a scale and polish every 6 months, every 12 months or not at all. They received normal advice or personalised advice depending on what dental practice they attended. The recruited adults completed study surveys every year. After 3 years, there was no evidence of differences in gum health, whether a scale and polish was carried out every 6 or 12 months or only when either the patient requested it or the dentist recommended it for clinical reasons. There was also no added benefit of providing personalised oral health advice. However, patients value, and are willing to pay for, cleaning advice and scale and polish, but are willing to pay more for scale and polish than for advice. These findings are informing guidelines and country level dental contracts internationally.

For further information, please contact
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Public Engagement

Our mission with Exploratrial was simple: talk to people about trials. With each inquisitive glance, every passing chat, we could share not only the work of our unit, but also the key role that trials play in health care research. To explain that, in fact, improving healthcare is something we can all do, together.

To achieve this we set up shop armed with coloured mints, badges, and a winning smile. This time however we were in competition with a bagpiper, who had chosen that day and location for his four hour public rehearsal. Unperturbed, we invited participants to select a ball at random, the colour of which determined the mint they would receive, ring the randomisation bell and rank their enjoyment of the mint. Extra emphasis on the bell ringing to show the bagpiper we meant business. By having this interactive and sensory experience, we found people were much more enthusiastic about our mission and genuinely interested in the work we were doing. The sound of the bell. The taste of the mint. The sight of our stunning and personable James Lind. By mixing up the mediums through which we engage people, and physically demonstrating what we were talking about, we were better able as researchers to communicate the importance of trials and necessity of community-orientated healthcare.

**News**

**Society for Clinical Trials**

The unit was the top twitter influencer at the 39th annual conference in Portland, USA. The conference showcased our work with one pre-conference workshop, five workshops, six oral presentations and five poster presentations.

**Designing Real World Trials**

The new short course launched this year goes through the process of designing a randomised controlled trial. The focus is on trials in the evaluation of real-world healthcare and public health settings and is developed and taught by leading experts from the Centre for Healthcare Randomised Trials (CHaRT). Further details can be found at https://www.abdn.ac.uk/study/online/short-courses/designing-real-world-trials.php

**The 25th Cochrane Colloquium in Edinburgh**

The theme of the Colloquium was ‘Cochrane for all – better evidence for better health decisions’. HSRU was well-represented with a number of presentations delivered by our staff, as editors of Cochrane Groups and as methods group advisors.

**Recent publications**


**Editorial team:** Jemma Hudson and Caroline Burnett.

The Health Services Research Unit is funded by the Chief Scientist Office of the Scottish Government Health and Social Care Directorates. However, the views expressed in this publication are those of the authors alone. The projects undertaken within the Health Services Research Unit receive funding from a number of different funding bodies.