



Jenni Parsons

Aspirin, flu and general practice research

A few weeks ago I received an invitation on a stiff white card to a morning tea function at Government House in Melbourne. Being unaccustomed to the world of posh functions and stiff white invitations, and never having been inside Government House, I decided to go along. The occasion was the launch of the ASPirin in Reducing Events in the Elderly (ASPREE) trial into general practice. The cucumber sandwiches, served in dainty triangles (naturally with crusts removed) were indeed a treat. However, the importance of a large clinical trial undertaken in general practice and designed to answer a really important question that may result in a change in clinical practice, was really the star of the show.

The ASPREE study is a double blind, randomised, placebo controlled trial of low dose aspirin (100 mg/day) for primary prevention in 19 000 healthy elderly people aged 70 years and over, for a 5 year treatment period.¹ The primary research is designed to answer the question: 'Does daily treatment with aspirin prolong the healthy lifespan in people 70 years and older through the prevention of heart attack, stroke, cognitive decline, physical decline and cancers such as bowel cancer?' ASPREE is an international multicentre trial which will be conducted in general practice in Australia and in clinical trial centres and primary care clinics in the United States of America (USA), in a collaboration between the Department of Epidemiology & Preventive Medicine, Monash University, Minneapolis Medical Research Foundation in the USA, the Menzies Research Institute, Australian National University and the University of Melbourne. Funding for the study was initially by seeding grants from the National Heart Foundation of Australia and the Victorian Cancer Agency,

followed by a project grant of \$3.5 million in 2005 for the ASPREE feasibility study from the NHMRC, and then in late 2009 the trial was awarded a USD50 million from the National Institute of Aging in the USA. In Australia, participants will be recruited from general practice. The ASPREE team will invite general practitioners from Canberra, metropolitan Melbourne, regional Victoria and Tasmania to become co-investigators and recruit a total of about 12 500 participants from their patient population. Participants will be seen in GP clinics for baseline assessment and annual visits for a 5 year period.

There are a number of ways in which this trial is important for GPs, our patients and general practice research. Despite general practice being the best place to undertake research into interventions in the primary care patient population, mostly we are reliant on extrapolating from evidence of efficacy or outcomes in hospital based populations. Research into preventive health is often difficult to fund, because it needs to be on a large scale, over a relatively long term, and often does not involve new pharmaceutical interventions. Finally this study will actively involve many GPs in recruitment and data collection in a research project in which the outcome will have a direct and important effect on patient care. As Parker Magin outlines in his viewpoint article in this issue of *Australian Family Physician*, engagement of GPs in research and development of research as part of the culture of general practice is vital for capacity building in general practice research.

On a much smaller scale in this issue of *AFP*, we are proud to publish an article on the experiences of GP clinics at the forefront of the first wave of the 2009 H1N1 influenza epidemic. Jenny Bocquet's article has arisen from her passion to inform GPs and policy makers about the lessons learned from her experiences, and those of colleagues, about the requirements to

enable general practice to successfully fulfil its inevitable frontline role in any future pandemic. The insights from this article have provided us with the unique opportunity to identify the areas where pandemic planning has not adequately addressed the practicalities of caring for patients in general practice. In turn this provides us with the capacity to make changes that will make an impact on general practice organisation, GP support, individual patient care and public health in future pandemics.

Making a clinical impact, improving patient outcome and disseminating key information to general practice is essentially what *AFP* is about. Our focus articles this month discuss childhood emergencies: the initial management of a severely ill child, diabetic ketoacidosis, head injury, croup and meningococcal septicaemia. Some of these things we see quite frequently in our general practices, and others rarely, but they are all conditions that present without notice and we must be prepared for them.

In research circles there is often a lot of talk about aiming to publish in prestige journals and high impact factor journals. While we look forward to achieving our first scientific impact factor in mid 2010, it is impact on clinical practice, impact on practice organisation, impact on improving patient care, and the health and wellbeing of our patients that are our primary goals.

Information about the ASPREE trial is available at www.med.monash.edu.au/epidemiology/cardiores/aspree.html.

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Reference

1. ASPREE study protocol version 3. January 2010. Available at www.med.monash.edu.au/epidemiology/downloads/aspree-protocol-2010-01-11.pdf [Accessed 12 April 2010].

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