

Guidance for Clinical Research Results Abstracts

Introduction:

IPCRG campaigns for patient care to be evidence-based, using evidence from real life, that includes populations representative of primary care populations.

As mentioned in our first Research Needs Statement: “Firstly, there is a real need for research to be undertaken within primary care, which recruits patients’ representative of primary care populations, evaluates interventions realistically delivered within primary care, and draws conclusions that will be meaningful to professionals working within primary care.”¹ This category includes exploratory, effectiveness or implementation research that addresses a clinical question - a study involving patients with a respiratory disease or problem commonly found in primary and community care settings. It should use an identifiable research method and should have qualitative and/or quantitative data.²

The questions in our new Research Prioritisation give a useful guide to what would be of most interest to our audience.³ For example:

- What is the best way to manage chronic/ persistent cough in primary care?
- What are the best ways to monitor asthma in primary care?
- What steps could be taken to prevent exacerbations and the progression of asthma?
- How can brief advice be better used to increase motivation to quit tobacco use, and what elements are most efficient for a busy primary care practitioner?
- How should we best manage COPD in patients with cardiovascular diseases, arrhythmias, and uncontrolled hypertension?
- What are the most effective strategies for ensuring sustained good inhaler techniques among asthma patients?
- What methods could be used to enhance the use of asthma controller therapy?
- How could we improve COPD ‘patients’ use of inhalers? What are the best ways to teach people and how can we apply them in daily clinical practice?
- What is the best way to engage people with asthma in self-management?
- How can we best educate healthcare professionals to improve early recognition and diagnosis of COPD?

Reasons why your abstract might not be progressed:

- Does not contain data
- Is not relevant to a primary care audience
- Is not respiratory-focused
- Is a service development and should be submitted in the Service Development and Evaluation category

However, to build primary care respiratory research capacity we might accept an abstract subject to revision. E.g. if English is not your first language and the language needs improvement for clarification or there is uncertainty about your data analysis. If this case, we will appoint a reviewer to help you improve the abstract.

References

1. H Pinnock *et al.* *Prim Care Resp J* 2010; **19**(Suppl 1): S1-S20 [doi:10.4104/pcrj.2010.00021](https://doi.org/10.4104/pcrj.2010.00021)
2. Pinnock H, Sheikh A. Standards for reporting implementation studies (StaRI): enhancing reporting to improve care. *npj Prim Care Respir Med* 2017; 27:42. Available from: <http://dx.doi.org/10.1038/s41533-017-0045-7>
3. Abdel-Aal A, Lisspers K, Williams S, Adab P, Adams R, Agarwal D, Barnard A, Bouloukaki I, van Boven JFM, Chavannes N, Dickens AP, van Gemert F, Escarrer M, Haroon S, Kayongo A, Kirenga B, Kocks JWH, Kotz D, Newby C, McNulty C, Metting E, Moral L, Papadakis S, Pinnock H, Price D, Ryan D, Singh SJ, Correia de Sousa J, Stållberg B, Szefer SJ, Taylor SJ, Tsiligianni I, Turner A, Weller D, Yusuf O, Tabyshova AK, Jordan RE. Prioritising primary care respiratory research needs: results from the 2020 International Primary Care Respiratory Group (IPCRG) global e-Delphi exercise. *NPJ Prim Care Respir Med*. 2021. <https://www.ipcrg.org/IPCRG-Research-Prioritisation-2021>