

**Conclusions** The application appear to offer potential as an engaging and effective way to deliver CBT. The effect sizes should be interpreted cautiously in light of the motivated, self-selected sample. Nevertheless, it may provide a convenient method for accessing support, especially in Russia, where a very low proportion of individuals with depression and anxiety disorders receive adequate care due to a range of obstacles that prevent or limit access to treatment.

### 3 Minute Quick Fire

#### 51 ENHANCING CLINICAL TRIAL TRANSPARENCY AT UK'S TOP RESEARCH UNIVERSITIES – FROM GENERATING EVIDENCE TO IMPROVING PRACTICE

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**Objectives** In February 2019, the Chair of the House of Commons' Science and Technology Committee sent a letter to forty universities warning them to upload their backlog of missing summary results from clinical trials listed on EUCTR by the end of summer 2019. The objective of the present study is to

1. Track the progress of UK universities in the process of uploading their backlog of overdue summary results on EUCTR and clinicaltrials.gov
2. Elucidate if UK universities take steps towards both prospective and retrospective trial registration.

**Method** We selected the 25 UK universities receiving most UK Medical Research Council funding in 2015-2016 and included two universities that were part of previous UAEM Global Health Report Cards. We filed FOIs in June 2018 to obtain universities' institutional policies regarding clinical trial registration and prospective and retrospective summary results posting, assessing them based on predetermined criteria taken from WHO and EU guidelines. We filed further FOIs due in May 2019 to track progress.

To evaluate reporting performance we utilised the EBM Data Lab's EU Trials Tracker and a python script coded by one of the authors (YNL) to extract key information on results posting from clinicaltrials.gov ([https://github.com/LeeSean96/GlobalHealthRanking?fbclid=IwAR00rTbendLByaqoPN-hUZrLo\\_iJYib\\_gbtce9QjW9x3gX47-OKCaMrKxQ](https://github.com/LeeSean96/GlobalHealthRanking?fbclid=IwAR00rTbendLByaqoPN-hUZrLo_iJYib_gbtce9QjW9x3gX47-OKCaMrKxQ)). A sample of results was manually checked for accuracy. We will collect data from the European and American registries in April&June make comparisons with results collected before the Committee's letter in January 2019.

**Results** We identified 27 universities in the UK that together received £343,742,000 in research grants from the Medical Research Council in the year 2015–2016.

Firstly, significant gaps of university's institutional policies regarding clinical trial registration and summary result posting persist: i.e. 25/27 universities do not have a publicly available policy requiring university sponsored clinical trials to report summary results.

Secondly, preliminary results from January 2019 show that the reporting performance of UK universities in the European

Registry increased from 51% to 62% [Nov:120/234; Jan: 158/254]. However, no such progress is seen on the American Registry, where still 97% of due trials are missing summary result posting [Jan:1575/1624].

**Conclusions** Preliminary results for January 2019 show that some universities in particular are on the right track to upload summary results of clinical trials, although progress is mostly limited to the EU registry. This is most likely due to increased public and political pressure to comply with EU guidelines regarding clinical trials. Our final results will clarify whether a wider set of universities will enhance clinical trial summary results posting on both key registries or if progress remains to be propelled by a smaller number of universities only. We will also discuss if universities are taking active steps towards both prospective and retrospective summary result posting by analyzing FOI requests due in May 2019. Further research should be conducted on the quality and completeness of summary result postings and the potential overlap of universities' trial registrations on the European and American databases.

#### 52 STRENGTHENING THE EVIDENCE IN EXERCISE SCIENCES INITIATIVE (SEES INITIATIVE): A PROSPECTIVE PROJECT BASED ON OPENNESS, SURVEILLANCE, AND FEEDBACK

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**Objectives** The questionable quality of evidence has been increasingly documented in medical research, denoting that scientific findings may ultimately be, at least, of limited usability. Some of the countermeasures to reduce the waste of research include (i) resources for transparency such as public repositories and registry platforms; and (ii) initiatives to improve research communication (e.g., The EQUATOR Network) or promote education on methodological issues (e.g., The Catalogue of Bias). Although such resources are fundamental to improve biomedical research as a whole, many research fields still neglect the need to improve the evidence quality. Therefore, we propose a discipline-based initiative to foster awareness for better quality evidence and increase the adherence to widely recommended methodological and reporting practices. Herein, we present The Strengthening the Evidence in Exercise Sciences Initiative (SEES Initiative) by which we will prospectively conduct surveillance of published articles and feedback to study authors and journal editors.

**Method** Our rationale and methods are presented in a protocol article whereas detailed assessment guidance is described in a manual of standardised procedures. Both documents are available on our website ([www.sees-initiative.org](http://www.sees-initiative.org)). We conduct our processes at a monthly-basis, as follows: (i) a pre-assessment stage comprises the use of sensitive filters to search newly-published articles reporting randomised clinical trials (RCTs) or systematic review with meta-analyses (SRMAs) in nine exercise sciences journals and five general medicine journals; (ii) at the assessment stage, RCTs and SRMAs having a research question related to sport, exercise, or physical activity are assessed in duplicate by independent RCT and SRMA teams based on 30+ items derived from established tools or

recommendations; (iii) at the dissemination stage, we carry out the analyses, report results on the website and to study authors and journal editors, as well as deposit prespecified files at a public repository (OSF).

**Results** We completed a census to characterize the types of studies published in 2018 by the nine-journal cohort in exercise sciences. From a total of 3,205 individual references, we respectively classified 277 (9%; min-max range, 5 to 92) and 248 (8%; min-max range, 6 to 72) articles as RCTs and SRMAs. Currently, our three-stage process is ongoing and, from the two first months of surveillance, 38 RCTs and 27 SRMAs were eligible for analysis. We consolidated a comprehensive assessment using items from CONSORT 2010 and TIDieR checklist to appraise RCTs and from PRISMA, AMSTAR-2, and ROBIS to appraise SRMAs. In addition to full study reports with our assessment for all items, we proposed aggregated results using seven components (aggregating from 4 to 11 assessed items) that relate to: transparency, completeness, methodological rigor, participants, interventions/exposures, outcome, and critical appraisal.

**Conclusions** Inspired by the Mertonian principles and Doug Altman's wisdom, the SEES Initiative is a living, scalable, open project to promote adequate reporting, feedback stakeholders toward increased research uptake, and disrupt/denounce inadequate practices whenever necessary.

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#### SURVEY OF PERCEPTION, ATTITUDES AND PRACTICES OF ANTIMICROBIAL STEWARDSHIP AMONG HEALTH WORKERS IN A NIGERIAN UNIVERSITY TEACHING HOSPITAL

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**Objectives** Globally there is heightened interest in implementing hospital-wide antimicrobial stewardship program in order to contain the challenges of antimicrobial resistance. The practice of antimicrobial stewardship program in the Nnamdi Azikiwe University Teaching Hospital, Nnewi Nigeria has not been adequately researched. The objectives of this study were:

1. To assess the perception, attitudes and practices of antimicrobial stewardship program among health care workers in the Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria.
2. To determine the factors that influences the attitude and practices of antimicrobial stewardship program among the research participants in the study centre.

**Method** The study setting for this research work was the Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria; one of the tertiary healthcare institutions for specialized healthcare and training of healthcare professionals in Nigeria. The design for this study was a cross sectional survey among healthcare workers in the teaching hospital using structured self-administered questionnaire. Data collected were analysed using STATA software student trial version 13 after ethical approval from the institutional ethical review board. Demographic characteristics of the respondents were computed and tests for statistical significance were done using regression

analysis and chi-square tests at 95% confidence interval (p value=0.05)

**Results** Of the 190 questionnaires distributed 162 were returned, (85.3% response). Among the respondents were 44 (27.2%) males and 118 (72.8%) females; with age range 21 – 63 years: mean age; 35.2 ( $\pm$  8.2) years; and median age of 34 years. The median length of service of the respondents in the teaching hospital was 5 years. There is low level of awareness of antimicrobial stewardship among the respondents. Only 6 (3.75%) of the respondents considered their knowledge and skills of antimicrobial stewardship program as excellent while 54 (33.5%) of them did not think that antimicrobial resistance is a serious healthcare problem. Bivariate logistic regression analysis for the predictors of antimicrobial stewardship practices were not statistically significant for respondents' knowledge of antimicrobial stewardship program matched against their age categories (p, 0.14; OR: 1.89); gender (p, 0.76; OR: 1.12); and length of service within the hospital (p, 0.17; OR: 1.64), at 95% confidence interval.

**Conclusions** The respondents in this study showed overall poor knowledge and poor attitude towards the practice of antimicrobial stewardship program. There is need to create awareness through regular training and retraining of healthcare personnel and the development of functional antimicrobial stewardship program within our teaching hospitals to fit global trends and best practices. Further intervention study is required towards behavior change to improve antimicrobial stewardship practices among the healthcare personnel in the teaching hospital.

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#### THE STORY BEHIND DRUG TRADE NAMES; A DEEPER INSIGHT INTO THE PHARMACEUTICAL MARKET

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**Objectives** Drug nomenclature is an international system that helps in identifying the drugs. Trade names often reflect a characteristic of the drug or a relationship that will be of useful value for the users. The aim of this study is to find a relation between drug trade names and the reasons of their naming. Moreover, it aims to predict patterns that classify drug naming patterns.

**Method** Cross sectional study on the drugs available in the Egyptian market from May 2017 until October 2018.

The sources of drug trade names obtained from Atlas-2 book, Avi-cenna software and Dawaa mobile application which contain all the drugs that are found in the Egyptian market. A Google search was also conducted to find out the word origin, history or stories behind some of the trade names as well as visiting the pharmaceutical companies' websites.

**Results** According to the analysis of the trade names, the following patterns were observed: Drugs named according to chemical structure as *Tylenol*<sup>®</sup> (n-aceTYL-para-amino-phENOL); stereochemistry *Dextrose*<sup>®</sup> DEXTRorotatory sugar (-OSE), *Levocar*<sup>®</sup> (LEVOdopa, CARbidopa); company's name *Ciprobay*<sup>®</sup> denotes CIPROfloxacin and BAYar company name); drug action *No-Uric*<sup>®</sup>, *Losec*<sup>®</sup> (LOW SECreation) Eliquis<sup>®</sup> (excellent liquidity); the disease state *Allergex*<sup>®</sup>, *Allergyl*<sup>®</sup> improve ALLERGY symptoms; pharmacological class *Anti Cox II*<sup>®</sup>; special population *Centrum KIDS*<sup>®</sup>, *Otrivin BABY*<sup>®</sup>, *Vitamount-for-*