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.

53

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.

54

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*[®] (n-aceTYL-para-amino-phENOL); stereochemistry *Dextrose*[®] DEXTRorotatory sugar (-OSE), *Levocar*[®] (LEVodopa, CARbidopa); company's name *Ciprobay*[®] denotes CIPROfloxacin and BAYar company name); drug action *No-Uric*[®], *Losec*[®] (LOW SECreation) Eliquis[®] (excellent liquidity); the disease state *Allergex*[®], *Allergyl*[®] improve ALLERGY symptoms; pharmacological class *Anti Cox II*[®]; special population *Centrum KIDS*[®], *Otrivin BABY*[®], *Vitamount-for-*

MEN[®]; site of administration VISIne[®] (vision), OPTicure[®], PhotoDERM[®]; dosage form as Enemacort[®] (ENEMA CORTisone), Folicap[®] (FOLic acid CAPsules); dose regimen and duration Cefobid[®] (CEPHalosporin BID-twice daily), Lasix[®] it's effect Last for SIX hours, Slow K[®] is a SLOW release potassium(K), Novorapid[®] reflects short and Rapid acting insulin; drug history or story Nystatin[®] was named after the New York(NY) STATE, while warfarin[®] is an acronym for Wisconsin Alumni Research Foundation(W.A.R.F). Trade names affected by brand name as Glimaryl[®] affected by Amaryl[®] while Marivanil[®] affected by Marivan[®].

Conclusions The research highlights 12 observed patterns used in pharmaceutical trade naming. Implementation of these methods will help the students, pharmacists and health care providers to become more aware of the message that the drug trade name delivers.

55 HOW MUCH DO GENERAL PRACTITIONERS KNOW ABOUT THE ABSOLUTE VALUE AND POSSIBLE HARMS OF TREATMENTS FOR COMMON LONG-TERM CONDITIONS? A QUESTIONNAIRE SURVEY

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Objectives In Britain, GPs are responsible for prescribing multiple long-term treatments to their patients. To support shared clinical decision making, understanding of the absolute benefits and harms of individual treatments is needed. International evidence shows that doctors' knowledge of absolute treatment effects is poor, but this has not been researched among British GPs.

Aim To assess and describe the level and range of the quantitative understanding of the benefits and harms of treatments for common long-term conditions among British GPs.

Method An online survey distributed to GPs in Britain over two months in 2018. Participants were asked to estimate the percentage absolute risk reduction or risk increase conferred by 13 interventions across 10 long term conditions on 17 important outcomes. Responses were collated and presented graphically for each clinical question and analyses performed to estimate the proportion of correct responses.

Results 443 respondents, broadly representative of the British GP population, were included in the analysis. The majority of respondents demonstrated poor knowledge of the absolute benefits and harms of treatments with inaccuracies common and wide ranging. Per question, only 3.2 - 28.4% of responses were correct allowing for +/- 1% margin in ARR estimates and 10.4 - 55.6% allowing a +/- 3% margin. 65% of GPs self-reported low to very low confidence in their knowledge.

Conclusions GPs' knowledge of the absolute benefits and harms of treatments is poor, with inaccuracies of a magnitude likely to significantly affect clinical decision making and impede meaningful conversations with patients regarding treatment choices.

This represents a barrier to the practice of EBM as it is intended. The causes are complex and lie within the system of evidence dissemination, implementation and performance management of practitioners. These will be discussed along with potential solutions.

56 UNDERSTANDING BIAS, CONFLICTS OF INTEREST AND RESEARCHER ALLEGIANCE IN SYSTEMATIC REVIEWS

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Objectives Systematic reviews and meta-analyses are the foundation of modern evidence-based medicine and their use is becoming more prolific than randomised trials. However, systematic reviews are receiving increasing criticism for contributing to research waste, varying massively in their reporting or methodological quality, being misleading and serving conflicted interests.¹ Systematic reviews are upheld as being objective, dispassionate scientific processes but they can bias the evidence base. Influential decisions are made by people at all stages of a review including question setting, searching, study selection, interpretation, and making recommendations for research or practice. We know that biased research is prevalent in primary research and it is becoming increasingly apparent that questionable research practices also affect systematic reviews.

- Improve the systematic use of existing evidence by exploring and highlighting biases and poor conduct in systematic reviews
- Emphasise under-recognised biases or influences that can affect systematic reviews and disseminate them in a clear and accessible way to relevant audiences including health researchers, policy makers and journal editors

Method Initiatives for assessing methodological rigour and reporting such as Cochrane or PRISMA do not discuss errors, misconduct or bias which are attributable to the review team, and such influences can affect the reliability and validity of evidence syntheses.

Standard conflicts of interest (CoI) statements focus on narrow commercial interests and are inadequate to address potentially hidden agendas in systematic review teams. For example, CoI are frequently not declared as such by review authors who are psychological therapists when reviewing their own psychotherapy (researcher allegiance). Reviews with a high number of authors affiliated to the intervention are more likely to have positive conclusions and more likely to be lower quality reviews (confirmation bias). At least a quarter of investigators in biomedical research have industry affiliations, and a significant relationship exists between industry sponsorship and pro-industry conclusions (sponsorship bias).

Results Stakeholder participation in reviews, whilst being potentially beneficial, can also be problematic to manage as involvement of content area experts can make it more difficult to perform an unbiased review (one-sided reference bias). The opportunity to assess why the review authors were motivated to assess the evidence base is too limited if relying on information such as funding source and the expression of pecuniary conflicts.

Currently consumers of systematic reviews cannot rely on journal publication declarations to know whether those conducting a review have vested interests or are appropriately skilled. Policy decisions which ultimately affect patient care are influenced by systematic reviews therefore the integrity of their conduct requires more scrutiny.

Potential solutions:

- Empirical research to scrutinise less obvious CoI and examine the impact on published systematic reviews conclusions