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Where are pragmatic trials going? Keeping the slow train on the tracks



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Pragmatic means:

- **Practical** – within your health service (always)
- **Rigorous** (always)
 - Protocol published
 - Dummy tables
 - INRCTN
- **Accepting** – participants (not over-exclusive)
- **Generalisable** (often)
- **M**
- **Accepting** – interventions
- **Terminal** – can provide an answer
- **Inclusive** – more potential to be inclusive of all stakeholders involved
- **Cost effective**



COMET INITIATIVE



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Effectiveness



Pre-OMERACT

Post-OMERACT

TRIAL	YEAR									
		PAIN	PT GLOB	SWOLLEN JOINT	TENDER JOINT	ACUTE PHASE	PHYSICIAN GLOB	FS	QOL	RADIOGRAPH
ERC	1960		Y			Y	Y	Y		Y
LEVY	1972				Y					
UROWITZ	1973			Y	Y	Y				Y
ANDREWS	1973	Y	Y		Y	Y	Y	Y		Y
CCC	1973					Y		Y		
SIGLER	1974					Y		Y		Y
DIXON	1975	Y				Y				
HUSKISSON	1976	Y			Y	Y				
MERY	1976		Y		Y	Y	Y			
SHIOKAWA	1977						Y			Y
WOODLAND	1981		Y		Y	Y		Y		
WILLIAMS	1983	Y	Y	Y	Y	Y	Y			
WARD	1983		Y	Y	Y		Y	Y		
ANDERSON	1985	Y	Y	Y	Y	Y	Y	Y		
WEINBLATT	1985		Y	Y	Y	Y	Y	Y		
WILLIAMS	1985	Y	Y	Y	Y	Y	Y	Y		
DOUGADOS	1988	Y	Y	Y	Y	Y		Y		
TUGWELL	1990	Y	Y			Y	Y	Y		
FURST	1990	Y	Y	Y	Y	Y	Y	Y		
DAVIS	1991			Y	Y	Y				
CLARK	1993	Y	Y	Y	Y		Y			
PINHEIRO	1993	Y			Y	Y		Y		
FORRE	1994	Y	Y	Y	Y	Y		Y		Y
ROZMAN A	1994		Y	Y	Y	Y	Y			



Tackling treatment uncertainties together

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Welcome to the James Lind Alliance website

The James Lind Alliance (JLA) is a non-profit making initiative which was established in 2004. It brings **patients, carers** and **clinicians** together to identify and prioritise the **top 10 uncertainties**, or 'unanswered questions', about the effects of treatments that they agree are most important.

This information will help ensure that those who fund health research are aware of what matters to both patients and clinicians.

The JLA is part of the James Lind Initiative and is principally funded by the **National Institute for Health Research**.

Input to the JLA comes from a mix of lay people, healthcare and clinical research professionals and experts in patient and public involvement. Its activities are overseen by a **Strategy and Development Group**.

This website contains information for those interested in finding out more about the JLA, and those who wish to become involved.

Click [here](#) to hear about what the JLA does, and click [here](#) to watch a video describing the JLA's approach to stakeholder involvement in research priority setting.



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Research Priorities: top 10s

This page lists the top 10 research priorities, shared by patients, carers and clinicians, for each completed JLA Priority Setting Partnership.

- [+ ASTHMA PRIORITY SETTING PARTNERSHIP TOP 10](#)
- [+ EAR, NOSE AND THROAT ASPECTS OF BALANCE PRIORITY SETTING PARTNERSHIP TOP 10](#)
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— [SCHIZOPHRENIA PRIORITY SETTING PARTNERSHIP TOP 10](#)

1. What is the best way to treat people with schizophrenia that is unresponsive to treatment?
2. What training is needed to recognize the early signs of recurrence?
3. Should there be compulsory community outpatient treatment for people with severe mental disorders?
4. How can sexual dysfunction due to antipsychotic-drug therapy be managed?
5. What are the benefits of supported employment for people with schizophrenia in terms of quality of life, self esteem, long-term employment prospects and illness outcomes?
6. Do the adverse effects of antipsychotic drugs outweigh the benefits?
7. What are the benefits of hospital treatment compared with home care for psychotic episodes?
8. What are the clinical benefits and cost-effectiveness of monitoring the physical health of people with schizophrenia?
9. What are the clinical, social and economic outcomes — including quality of life and the methods and effects of risk monitoring — of treatment by acute day hospitals, assertive outreach teams, in-patient units, and crisis resolution and home treatment teams?
10. What interventions could reduce weight gain in schizophrenia?

[For more information on the Schizophrenia Partnership, click here.](#)





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