



EMeRGE aims to coordinate, facilitate and promote quality research in Emergency Medicine

NEW TRIAL:

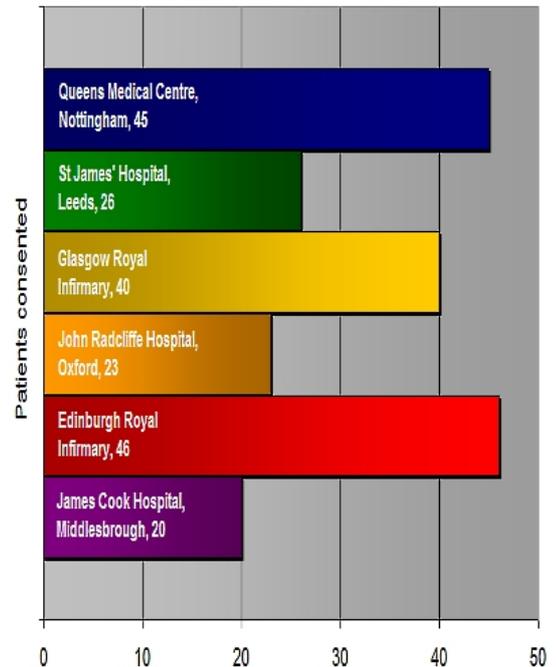
The TRIGGER trial (Transfusion in Gastrointestinal Bleeding) is a pragmatic study aiming to recruit adult patients admitted with Acute Upper Gastrointestinal Bleeding.

The study is taking place in six UK hospitals (Glasgow Royal Infirmary, St James Hospital Leeds, James Cook Hospital Middlesbrough, Queen Medical Centre Nottingham, Oxford University Hospital and RIE) and they have been randomly allocated to a transfusion policy at the cluster level; three sites to a restrictive transfusion policy and three to a liberal transfusion policy. Recruitment will operate for 6 months in total. RIE has been randomized to the **restrictive blood transfusion policy**. There are information sheets around the depart-



ment with more detail. Alasdair Gray is the Principal Investigator for the trial. He is joined by research nurses Alison Glover, who has come from BTS for 6 months on a part-time basis to join the EMeRGE team, and Rachel O'Brien from the ED. At week seven we had recruited **64 patients**. We started recruiting on September 3rd and numbers are so far very promising. The graph to the right illustrates where we are among the 6 recruiting sites.

Alasdair, Alison and Rachel would like to take this opportunity to thank you all for helping us get off to a great start and for your continued hard work and support.



The Italian Job. EMeRGE's Italian connections

Over the last few years, EMeRGE has developed some links with various European research groups in relation to cardiac arrest and biomarker work.

Our foray into the land of pasta and cappuccino started with an e-mail from Dr Fabrizio D'Ascenzo, a cardiology fellow at the San Giovanni Battista Hospital, part of the University of Turin. Fabrizio was inviting us to join a collaboration of researchers who had published work in the area of syncope (blackouts) in order to share results and improve our management of these patients. The resulting study, which incorporated 43,315 patients was published in the International Journal of Cardiology and showed that palpitations preceding syncope, exertional syncope, a past history of heart failure or ischemic heart disease and evidence of bleeding, were the most powerful predictors of a serious outcome. Fabrizio and his group METCARDIO (Meta-analysis and Evidence based medicine Training in Cardiology, Italy) continued to involve EMeRGE with further work including a study attempting to predict serious coronary disease in chest pain patients, the predictive value of TIMI, GRACE and alternative risk scores in acute

coronary syndrome and our current work looking at the use of coronary CT angiography for the detection of coronary artery disease in ED chest pain patients.

Amongst the researchers in the initial syncope collaboration were Giorgio Costantino and Raffaello Furlan from the Syncope Unit at Lugi Sacco Hospital, part of the University of Milan and authors of the STePS (Short-Term Prognosis of Syncope) study. We were invited to collaborate with Giorgio and his colleagues



Dr Ilaria Bossi

and started work with them attempting to combine the individual results of all major syncope studies to see finally whether any rule was sufficiently good to be incorporated into clinical care.

We were delighted when one of Giorgio's team, **Dr Ilaria Bossi**, wished to come to Edinburgh to spend six months working in the Royal Infirmary of Edinburgh ED.

Ilaria started in April 2012 and has thoroughly enjoyed her time with us. She has learned a great deal while she has been with us including where to go to buy her 'messages', and has spent a lot of time teaching and enthusing us all with her ultrasound skills which has been greatly appreciated.

Ilaria will be remembered fondly in the ED as the doctor most likely to be hiding the ultrasound machine, normally found behind a curtain in IC brandishing a probe whilst confidently diagnosing a case of acute right sided heart failure.

As well as her clinical work, Ilaria has been working on the syncope study mentioned above and has now almost finished her study. We hope to continue collaborations with Ilaria and her colleagues in Milan as well as our other Italian colleagues in the future with plans already in place for an international syncope meeting in Milan next year as well as for further Italian trainees to come to spend some time in our ED in the future.

(Dr Matt Reed)

TOPCAT2 success in Vienna



CONGRATULATIONS to Drs Gareth Clegg & Richard Lyon from the EMeRGE team who won the 'best of the best' top research award at the European Resuscitation Council 2012 congress in Vienna. This award is for best research project from over 400 worldwide abstracts. The work was entitled: A program of Education, Audit and Leadership can improve outcomes after Out-of-Hospital Cardiac Arrest (the TOPCAT2 project).

More about the winning project in our next newsletter!

Scottish and Newcastle Anti-emetic Pre-treatment for Paracetamol Poisoning

SNAP trial (Scottish and Newcastle Anti-emetic Pre-treatment for Paracetamol Poisoning Study) aims to establish if Ondansetron is effective in reducing nausea and vomiting in patients treated with either the conventional or modified regimen of Acetylcysteine for paracetamol poisoning. In addition we seek to compare the incidence of nausea or vomiting as well as anaphylactoid reactions in the

modified and conventional Acetylcysteine regimens. The trial was initially designed as a 2 site trial between the Royal Infirmary of Edinburgh and the Royal Victoria Infirmary in Newcastle. Edinburgh opened to recruitment first in

September 2010 and Newcastle followed 4 months later. Aberdeen Royal Infirmary joined the trial earlier this year.



At the time of printing the trial has recruited 188 patients and aims to recruit 200 patients by the end of 2012.

SNAP is led and managed by the team in Edinburgh as a collaborative effort between Emergency Medicine and Toxicology and as a result of this trial strong collaborative links have been forged and strengthened between the 2 specialties.

As many of us know there has been a paucity of research in this patient group and as a direct result of SNAP hugely valuable data is being collected to inform the design of future clinical studies. The team is excited by the prospect of using this data to now design the larger and more definitive trial of the administration of Acetylcysteine in paracetamol poisoning.

Dip Datta's journey into research

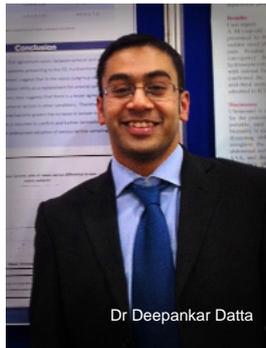
Getting into research

I got into research somewhat fortunately in that by working in the Emergency Department I got exposed to the work carried out by EMeRGE, and that we have some fantastic mentors in Drs Gray, Reed and Clegg that are keen to promote and encourage others into this aspect of Emergency Medicine. It also helps with the excellent support team around them, as well as enthusiastic registrars – a special mention goes to Craig Walker who helped me in starting off.

Doing research

Actually doing the research has been much harder than when I first planned a project (which had a very optimistic 3

month duration!). Good research needs a lot of planning, as well as a lot of approvals, before even starting; Moyra was helpful in providing a lot of help to get the project off the ground. One thing I didn't expect was the time needed for data collection and entry. It has taken a long time to get from start to (nearly) finish, and it just shows research can't be rushed.



Dr Deepankar Datta

Presenting in Turkey

Presenting in Turkey was an interesting experience, more for the travel arrangements rather than anything else! Another side of research is letting everything know what you've discovered and I enjoyed sharing what we have done in Edinburgh, as well as getting feedback and quite stimulating discussion from other emergency medicine doctors from around Europe.

What I've learned

Working in research needs a different, but complementary, skill set to clinical work. It's quite a change from being on your feet being constantly stimulated to sitting down by yourself and typing for hours. Research takes a long time, but I believe that as a relatively young specialty there is a lot of scope for work to help improve how we treat our patients.

The EMeRGE Team



Consultants:

Dr Alasdair Gray (RIE)
Dr Gareth Clegg (RIE)
Dr Matt Reed (RIE)
Dr Tom Beattie (RHSC)
Dr Stephen Lynch (SJH)

Trainees:

Dr Richard Lyon
Dr Shirin Brady

Research Nurses:

Moyra Masson (Research Co-ordinator)
Judy Coyle (SNAP Trial Manager)
Jan Gilchrist (AHead)
Rachel O'Brien (AHead, TRIGGER)
Alison Glover, BTS (TRIGGER)
Julia Grahamslaw (SNAP, TRIGGER, AHead)

Newsletter, websites, admin:
Ola Gruszczynska

FOR MORE INFORMATION visit our intranet page: [INTRANET > Healthcare > A-Z > EMeRGE](#) or find us on www.nhslothian.scot.nhs.uk/EMeRGE (under construction). You can also pop in to our office to let us know what you would like to hear about in the next newsletter or get in touch with Ola on 0131 242 3867.

Congratulations

To Dr Shirin Brady whose sepsis survey data (PRECISE study) has been accepted for the prize session at CEM annual scientific conference in Sheffield, November 2012.

To Dr Alistair Dewar, who is going to give an oral presentation on Propofol trends in procedural sedation and analgesia in the ED at the same conference.

Well Done!

EMeRGE is growing!

A very warm welcome to our new members:

Dr Stephen Lynch, consultant EM,
& **Julia Grahamslaw**, ED nurse, who have recently joined our team.