**Please ensure that this proposal is no longer than two A4 sides**. Thank you.

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| Host department:Southampton |
| Project Title: |
| Herbal Treatment Advice for Osteoarthritis |
| Proposed supervisory team: Names and areas of expertise to be included |
| * Dr Mark Lown (Academic GP) – expertise in primary care trials and trials of herbal medicine
* Dr Adam Geraghty (Associate Professor and research psychologist) – expertise in qualitative research
* Professor Paul Little (Academic GP) – senior academic with experience in primary care trials and wide range of methodology
* Professor Michael Moore (Academic GP) - senior academic with experience in primary care trials and wide range of methodology
* Professor Christian Mallen (Academic GP) - senior academic with experience in primary care trials including OA trials and wide range of methodology
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| Potential for cross consortium networking and educational opportunities: |
| This work brings together a collaboration of Southampton and Keele. The student will benefit from the expertise in Southampton both in primary care research methodology and also specific expertise in herbal medicine research. The student will also benefit from Keel’s significant primary care research experience including specific experience in OA research - Keele is home to the Versus Arthritis Primary Care Centre. |
| Project description: |
| BackgroundOsteoarthritis (OA) is a long-term condition often affecting the hips and knees and is a common cause of disability. 80% of OA patients suffer from constant pain and painkillers are a key treatment. Paracetamol provides only small reductions in pain. Anti-inflammatory medications reduce pain and improve function but can cause serious side effects including bleeding, myocardial infarction and renal damage. Other analgesics like codeine also commonly cause side effects and the harms outweigh benefits. There is an urgent need to find safe and effective treatments for OA pain. Clinical trials suggest that herbal treatments (including turmeric) can benefit but there is uncertainty around specific doses and preparations. There is currently not enough evidence to recommend these treatments. The aims of this PhD are to: 1) systematically review the evidence on patient and clinician views on herbal treatments for chronic conditions 2) Explore clinician and patient views on use of herbal treatments for OA 3) Develop an intervention for patients to support the use of herbal remedies for OA 4) Conduct a feasibility trial to explore barriers and facilitators, and obtain estimates of key feasibility parameters, to inform an adequately powered effectiveness trial of the intervention in primary care.MethodsMethods will include: 1) Systematic review. 2) Qualitative interview studies with patients and clinicians 3) Intervention development using the person-based approach with key stakeholders 4) Conducting a feasibility recruiting participants with OA of the knee and hip from GP practices who will randomly be given advice on which specific doses and preparations of herbal remedies to use (including a ‘placebo’ remedy). Potential impactThis work would have great potential to benefit patients, public and the NHS by improving treatments for OA. We will also be seeking further funding to evaluate the intervention in a fully powered trial. |

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| Training and development provision by host: |
| *Formal training:*The training plan will be informed by an analysis of the academic needs of the PhD candidate carried out in the first month. Training will be directed towards helping the candidate develop as an independent researcher, as well as towards the needs of the PhD project.The formal taught postgraduate research training programme at the University of Southampton includes epidemiology, statistics, research governance and study design. In addition transferable skills courses are offered including Good Clinical Practice, time management, leadership, grant writing, and presentation skills. The Fellow will also be able to access free on-line masterclasses on systematic reviews and meta-analysis, research governance, ethics, patient and public involvement and engagement, developed by leaders in the SPCR. |
| *Informal training:* The Fellow will also be offered mentorship from a senior primary care academic working in an external institution, meeting twice a year. Mentors receive formal training, developed by the Society for Academic Primary Care, to ensure independence and appropriate support. The Fellow will also have access to informal mentoring from senior members of the collaboration at an annual training meeting, and to participate in doctoral exchange programmes. |
| *PPIE:* A PPIE group was formed and consisted of 10 members with OA aged between 50 and 75 years and have been involved in the development of this work. If a PhD student is appointed to take up this proposal, members of the panel will be consulted on the research plan for the PhD to inform final design plans.  |