

Host department:

Primary Care Unit, University of Cambridge

Title:

Are there any psychological harms associated with screening for atrial fibrillation?

Proposed supervisory team:

- Prof Simon Griffin, Professor of General Practice, Primary Care Unit, University of Cambridge
- Prof Jonathan Mant, Professor of Primary Care Research, Primary Care Unit, University of Cambridge

Project description:**Background**

We are currently carrying out a large end-point powered trial of screening for atrial fibrillation to determine if this reduces risk of stroke and premature mortality in people aged 70 years and over. We seek to determine whether the potential benefits of screening outweigh the possible harms. In addition to the potential harms associated with treatment of atrial fibrillation, such as bleeding due to anticoagulation, there is the possibility that screening is associated with direct and indirect adverse psychological effects.

There has been considerable controversy concerning screening programmes and potential associated harms such as 'over-diagnosis'. While the issue of false positive tests may be less applicable to atrial fibrillation than cancer, screening may still be associated with psychological harms such as anxiety, reduced sense of well-being and false reassurance. A small harm to large numbers of people undergoing screening may outweigh a large benefit to those with screen-detected disease. There are few studies of harms of screening for conditions other than cancer.

Aim

To assess the psychological harms associated with screening

Research questions

- Are there detectable harms from screening using generic health status questionnaires?
- Are there likely to be other harms specific to the context of atrial fibrillation that would not be picked up by such measures?

Approach to research

Generic health status questionnaires will be sent to a proportion of participants in the screening and control groups of the randomised controlled trial before the screening and at different time points afterwards. Individuals selected on the basis of their results of screening will be interviewed to explore other possible harms arising from the screening process.

Training plan:***Formal training:***

Training will depend on the existing skills of the appointed student and will be supported by tailored course provision at Cambridge, with external courses as appropriate. The student will also be encouraged to attend national and international conferences.

The Cambridge Primary Care Unit, where the student will be based, has robust oversight procedures for research students. At the end of the first year the student submits a report outlining their progress and research plans, which is examined at a viva with an internal

examiner and a second examiner external to the PCU. Students also give Departmental presentations at the end of their first year and in their third year. Termly reports from supervisors and regular student feedback are monitored by the Department Graduate Education Committee to ensure satisfactory progress.

All PhD students in the Primary Care Unit have access to the considerable research resources provided by the Unit and Department. This includes IT support, medical librarian support for literature reviews and methodological support from statisticians, health economists and qualitative researchers among others. The Clinical School's commitment to flexible, family-friendly career development for all staff has been recognised by our Silver Athena Swan award.

Informal training:

Meetings with supervisors will occur at least monthly, and more frequently as needed, focussing upon research study progress, project delivery, training needs and overall PhD progress.

PPIE:

We have a specific PPIE group which supports this programme of research, who will be available to advise on all aspects of this project.