To be printed on local hospital headed paper

The 65 Trial - Patient Information Sheet

You are invited to take part in a research study run by nurses and doctors who work in the intensive care unit. Before you decide, we would like to explain why the research is being done and what it would involve for you. One of our team will be happy go through this information with you and answer any questions you may have.

While you were in intensive care**,** you had low blood pressure (hypotension) which may affect your body's ability to use oxygen efficiently. A whole package of treatments is used to treat this, including medication, fluids and measurement devices. We hope to improve outcomes for adults aged 65 or over in intensive care with hypotension by refining the treatment package. To do this, we are exploring *what is the best level of blood pressure to aim for.*

Recent evidence suggests that aiming for a lower blood pressure may be beneficial for patients, particularly those aged 65 years or older. In this study we are comparing treatment using a lower target for blood pressure (Group one: aiming for a blood pressure in the range of 60 to 65 mmHg), with treatment that is currently used in the NHS (Group two: usual care). This hospital is one of approximately 65 that are taking part in the 65 Trial around the country.

Before you decide whether you wish to be involved in this study, it is important for you to understand why this research is being done. Section 1 of this leaflet explains why we are doing this study and what will happen if you take part. Section 2 explains your legal rights if you take part. You may wish to talk to your friends and family about this study before you decide if you would like to take part.

Summary

- You had low blood pressure when you were in intensive care and needed emergency treatment. Giving medication to increase your blood pressure is the standard treatment for this condition, but the best level to aim for is not known.
- We want to find out whether aiming for a lower blood pressure might be more beneficial (or not) for patients compared with the treatment that is currently offered in the NHS.

- As this was a medical emergency, you may have already been treated using a lower blood pressure target, or continued to receive your usual care.
- We are now asking if you would like to continue to take part in the trial.

Section 1

Why are we doing this study?

Low blood pressure (hypotension) is very common in patients in the intensive care unit. Raising blood pressure is done in a number of ways, including with a group of medications called vasopressors. The amount of vasopressors given can be adjusted to achieve a specific blood pressure, however the optimal target to aim for is not currently known. Current guidelines recommend that clinicians aim to reach a mean arterial pressure (MAP) of 65 mmHg or more, however, this recommendation is based on low quality evidence and there is no guidance for an upper blood pressure limit. This means that there is variation across the NHS - some clinicians will aim for a higher blood pressure, while others may aim for a lower blood pressure.

What do I need to know about the treatments and possible risks and benefits?

To raise blood pressure, vasopressor medication is given. As with all medication, this can have negative side-effects. Aiming for a lower blood pressure might help to minimise these side-effects.

What are the potential risks and benefits of treating low blood pressure?

In both groups, patients receive vasopressors due to their condition. Known potential side-effects of vasopressors include:

- abnormal heart rhythms that are not immediately life-threatening;
- increased demands on the heart including the risk of angina and/or heart attacks;
- decreased kidney function;
- insufficient blood flow to the intestines;
- insufficient blood flow to the limbs, fingers, or toes.

Lower blood pressure target group

If you were assigned to the lower blood pressure target group, you will be cared for by your hospital's usual clinical team, as well as the 65 trial research team – both of whom will provide your ongoing care. You will receive treatment to maintain your blood pressure between 60 to 65 mmHg until you are able to keep this blood pressure on your own (that is, you no longer need vasopressor medication).

In theory, targeting a lower blood pressure will reduce the amount of vasopressors patients receive. A potential benefit of being in this group could be that you are at less risk of experiencing these side effects. However, it is possible that sustaining lower blood pressure may also present certain risks, which include some of the same risks mentioned above:

- decreased kidney function;
- insufficient blood flow to the intestines;
- insufficient blood flow to the limbs, fingers, or toes.

As you are being cared for by the 65 trial research team, as well as your hospital's usual clinical team, you may benefit from closer observation and additional nursing attention.

Usual care group
If you were assigned to the usual care group, you will be cared for by the hospital's clinical team in accordance with the hospital's current practice.

All patients, regardless of which treatment they received, will be monitored closely for side-effects of vasopressors as well as any potential side-effects associated with lower blood pressure.

We cannot promise that you will benefit directly from participation in the research. The benefits and risks of using a lower blood pressure target to guide treatment, instead of usual care, are unclear at this time – which is why this research is needed. By answering this question, we may help to improve the future treatment of patients in intensive care.

How was it decided which group I was entered into?
The 65 trial is a 'randomised controlled trial'. This means that each patient is randomly put into one of two groups:

- Group 1 receive treatment to a lower blood pressure target
- Group 2 receive treatment in line with usual care

You were assigned to a group at random by a computer programme. This means you had an equal chance of being in either group.

Why am I being asked after treatment has been started?
As you were very ill when you needed the medication, it may not have been appropriate to seek written consent from you at the time. Asking permission from a relative or a friend would have caused a delay in your receiving this urgent treatment. We have come to talk to you as soon as possible; this type of research is called 'research without prior consent', a method of consent which is commonly used in emergency studies.

If I take part, then what happens next?
If you agree to take part in the study, you will continue to be treated to your assigned group until you no longer need vasopressor medication; this does not change the usual medical care you receive. So that we

can compare the two groups in the study, we will collect some information on your survival and about this and any future hospital stays (such as your blood pressure and treatments you received) from your medical records until the end of the study. We would also like to send you two questionnaires, one after three months and another after a year, to find out how you are doing with your health and well-being. The questionnaires should only take a short time (no more than 15 minutes) to complete. A pen and stamped addressed envelope will be included for ease of return and so there is no cost to you. If your questionnaire hasn't been received back after three weeks, you will receive a telephone call to see if you received it.

Do I have to take part?

It is up to you if you want to continue to take part in the study. We will leave this information sheet with you so you can discuss it with your family and friends.

If you agree to take part, you are free to leave the study at any time without giving a reason. This would not affect your medical care now, or in future, and no further information about you will be collected (unless you agree otherwise). To leave the study at any point, you can either contact one of the Principal Investigators (the doctor and nurse leading the study at this hospital) using the details on the last page of this leaflet or by contacting the Intensive Care National Audit & Research Centre (ICNARC) by phone on 020 7269 9277 or email to 65@icnarc.org.

What if there is a problem?

We will take any complaint about the way you have been dealt with during the study very seriously. If you wish to complain about any aspect of the way you have been approached or treated during the course of this study, please contact one of the Principal Investigators or the Hospital's Patient Advice & Liaison Service (PALS) – details of which can be found on the last page.

In the unlikely event that something has gone wrong and you were harmed during the research and this is due to someone's negligence then you may have grounds for legal action for compensation against [insert NHS Trust NAME] but you may have to pay your legal costs. The normal NHS complaints procedures are still available to you (if appropriate). You may also have the right to lodge a complaint with the Information Commissioner's Office (ICO) (www.ico.org.uk).

Section 2

Will my General Practitioner (GP) be informed?

If you agree, we will let your GP know that you are taking part in this study. We may also contact your GP to confirm your contact details.

If I take part in this study, will it be kept confidential?

Yes. We will follow the law (Data Protection Act 2018) by making sure your information is kept private and secure.

The Intensive Care National Audit & Research Centre (ICNARC) is the sponsor for this study and is based in the United Kingdom. ICNARC will be using information from you and your medical records in order to undertake this study and will act as the data controller for this study. This means that ICNARC are responsible for looking after your information and using it properly. ICNARC will keep identifiable information about you for five years after the study has finished (unless you have agreed otherwise).

The [NHS Trust] and ICNARC will use your name, NHS number and contact details (postal address, telephone number and email address) to contact you about the study, to send you the questionnaires (as outlined in Section 1), to make sure that relevant information about the study is recorded for your care, and to oversee the quality of the study. Individuals from ICNARC and regulatory organisations may look at your medical and research records to check the accuracy of the study. [NHS Trust] will pass these details onto ICNARC along with the information collected from you and/or your medical records (as outlined in Section 1). The only people in ICNARC who will have access to information that identifies you will be the people who need to contact you about the questionnaires, to audit the data collection process and analyse the information.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible. You can find out more about how we use your information at: https://www.icnarc.org/Our-Research/Studies/Sixty-Five/About/Fair-Data-Processing

To help address the objectives of the trial, ICNARC will also use identifiable data about you to follow-up on your well-being by requesting some important health information, including survival and hospital stay data, from a national database held by NHS Digital. NHS Digital is an organisation which holds a database of patient records and includes information provided by NHS hospitals and the Office for National Statistics. To do this, ICNARC will securely send your name, date of birth, postcode and NHS number to NHS Digital (this information is required to ensure you can be identified in the database correctly). NHS Digital will then securely provide the important health information (including survival and hospital stay data) back to ICNARC. All information will be stored securely in a database and only be accessed by authorised people.

If possible, we would like your permission to keep your contact details on file after the study has ended. This would enable us to contact you if we feel you or your data could contribute to answering other important health questions. Any information would be fully anonymised prior to being published or shared with other researchers.

What will happen to the results of this study?

The results of the study will appear in scientific journals. You will be able to find them on ICNARC's website (www.icnarc.org) or if you contact ICNARC by telephone (020 7269 9277). It will not be possible to identify any person who has taken part in the study in any reports or articles.

Who is funding and organising the study?

The study is funded by the National Institute for Health Research, Health Technology Assessment Programme. The study is sponsored and managed by the Intensive Care National Audit & Research Centre (ICNARC).

Who has reviewed the study?

All NHS research is reviewed by an independent group of people, called a Research Ethics Committee, to protect your interests. The South Central – Oxford C Research Ethics Committee has reviewed and approved this study.

Thank you for taking the time to read this information sheet, it is yours to keep.

If you agree to take part in the study, then we'd like you to now sign a Consent Form.

For more information about the 65 Trial, you can contact the Principal Investigators:

[Insert name local Joint-Principal Investigator (Lead Doctor), position]
[Contact number local Principal Investigator]

[Insert name local Joint-Principal Investigator (Lead Nurse), position]
[Contact number local Principal Investigator]

If you are unhappy with any aspect of the study:

If you do not wish to speak to the research staff listed above, please contact the Patient Advisory and Liaison Service (PALS): [Insert PALS contact details here].