Division of Clinical Epidemiology

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General Summary

Division of Clinical Epidemiology was established in 2009 as a part of Research Center for Medical Science to promote clinical research, clinical epidemiology, and education concerning them.   Our aim is to support clinicians solving problems in daily practice through epidemiological and clinical research skills.

Our research areas, moreover, cover medical communication, evaluation of medical care, behavioral medicine, outcome research, qualitative research, and disease-oriented epidemiological research.   Especially, we aim to address the lack of evidence in the field of primary care.

As a contribution to undergraduate education, our division gives a class called "Evidence-Based Clinical Practice (EBCP)" to help medical students become skillful physicians who can use an evidence-based approach.

Our postgraduate education concentrates on methods of clinical/epidemiological research and biostatistics.   "The educational program for primary care on clinical research methodology," which was started in 2007 with the financial support of the Ministry of Health, Labour and Welfare, was renewed as "Jikei Clinical Research Program for Primary Care" in 2009.   The aim of this program is to have primary-care physicians to be clinician-researchers.

Research Activities

Historical cohort study of fever and infection in a setting of home-medical care
This is the first attempt to evaluate the incidence of fever in a Japanese home-medical care setting.   The number of participants was 105 (M : F 37 : 68) with the mean ($\pm$SD) age of 82.8 ± 7.9 years in one primary-care clinic.   The total of person-days were 27,546.   The incidence of fever$>37.2°C$ was 2.32/1,000 person-days (95%CI: 1.75–2.89).   Approximately half of the individuals receiving home-medical care experienced fever once a year.

Chronic care model
Chronic care model was developed in the 1990's in the United States to improve chronic illness care by refining the care-provider system especially in the primary-care setting. The aim of this research is to clarify the usefulness of the chronic care model in Japan. The plan consists of three steps.   The first is to create the official Japanese version of the assessment form "Assessment of Chronic Illness Care (ACIC)" by following the World Health Organization procedure, for instance, translation, back translation, and pilot study.   This procedure has been completed.   The second step will be to compare the quality of diabetes care between specialists in diabetes and primary-care physicians as

non-specialists.   The last step will be to perform a cluster randomized controlled trial to evaluate the efficiency of "Chronic care model".

The effect of a communication style in medical interviews on patients' satisfaction
At present, the patient-physician relationship is of great interest in Japan.   However, few studies have been reported.   This study evaluated the effect of a communication style in medical interview on patients' satisfaction with the Roter Method of Interaction Analysis System (RIAS).

Publications

Kawabata N, Matsushima M, Yuasa A, Fujiyama Y, Tajima N. Relationship between feeding deflection and food intake in Japanese subjects with type 2 diabetes (in Japanese). *Tonyobyo* 2010; **52:** 757–65.

Kurita A, Murakami M, Takagi S, Matsushima M, Suzuki M. Visual hallucinations and altered visual information processing in Parkinson disease and dementia with Lewy bodies. *Movement Disorders* 2010; **25:** 167–71.