

Trial on the effect of biventriCular pacinG in patients with bradycardia prEserved LV function, with the aim of Decreasing Heart failure and ATrial fibrillation.

Submission date 27/05/2011	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 16/08/2011	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 16/08/2011	Condition category Circulatory System	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

Protocol serial number

NR9190-3/2007

Study information

Scientific Title

TUGENDHAT Study

Acronym

TUGENDHAT

Study objectives

Aim of this study is to compare standard AV sequential pacing versus biventricular pacing in the patients with conventional indication for permanent heart pacing (primary bradycardia indication) accompanied by documented left ventricular dysfunction.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Homolce Hospital Ethics Committee, 12 June 2008, ref: IBA-KS-2008-01 - Tugendhat

Study design

The multicentre, observational, prospective study with 5 years follow-up visits

Primary study design

Observational

Study type(s)

Treatment

Health condition(s) or problem(s) studied

AV block, Sick Sinus Syndrome - Bradycardia form

Interventions

1. The study contains 120 patients randomized into right ventricular and biventricular pacing group with cross-over switch of pacing modes after six months
2. Standard descriptive statistics will be used for the analysis, continuous parameters as age, weight, body mass index were described by median and fifth and ninety-fifth percentile, occurrence of categorical parameters was described by their count and percentages.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

1. Electrocardiographic parameters (ECG)
2. Echocardiographic parameters (LV Ejection Fraction)
3. Evaluation of NYHA class
4. Evaluation of Quality of Live (Minnesota Living with Heart Failure questionnaire)

Key secondary outcome(s))

Atrial Fibrillation burden hospitalization for Heart Failure complication of pacing

Completion date

01/12/2015

Eligibility

Key inclusion criteria

1. Bradycardia pacing indication
2. Subject has stable medication (nitrates, diuretics, betablockers) within the last 3 months
3. Echocardiographic exclusion of ventricular (inter-and intra) dyssynchrony
4. Willing and able to comply with the Clinical investigation Plan
5. Signed Informed consent form
6. Availability for follow-up visits

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. Age less 18 years
2. Indication for biventricular pacing
3. LV EF less than 15%
4. Stable NYHA IV
5. Intravenous diuretics, inotropics medication
6. Enrollment in a concurrent study that may confound the results of this study
7. Post heart transplant or awaiting heart transplantation
8. Renal insufficiency requiring dialysis
9. Anticipation of poor compliance
10. Pregnancy
11. Life expectancy less than 12 months
12. The informed consent form not signed

Date of first enrolment

01/07/2008

Date of final enrolment

01/12/2015

Locations

Countries of recruitment

Czech Republic

Study participating centre
Olomouc University Hospital
Olomouc
Czech Republic
775 20

Sponsor information

Organisation
Olomouc University Hospital (Czech Republic)

ROR
<https://ror.org/01jxtne23>

Funder(s)

Funder type
Research organisation

Funder Name
IGA (Czech Republic), ref: NR9190-3/2007

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes