# A study of the effects of Colief in infants with persistent abdominal colic

Submission date	Recruitment status	[X] Prospectively registered
09/03/2017	No longer recruiting	☐ Protocol
Registration date	Overall study status	Statistical analysis plan
22/03/2017	Completed	Results
Last Edited	Condition category	Individual participant data
21/03/2017	Signs and Symptoms	<ul><li>Record updated in last year</li></ul>

### Plain English summary of protocol

Background and study aims

Colic is excessive, frequent crying in a baby who appears to be otherwise healthy. It is known that 38% or more cases of infant colic are related to a temporary lack of the lactase enzyme, causing lactose (a sugar found in milk) to build up in the gut and then ferment. By providing lactase in the milk feed, the lactose will be digested. The aim of this study is to assess the effect of lactase (as the marketed product Colief) in the treatment of young babies who have colic.

### Who can participate?

Babies between the ages of 21 and 90 days with abdominal colic

### What does the study involve?

Participating babies are randomly allocated to have either lactase or a placebo (dummy drug) added to their formula milk feeds over two 10-day periods with a 4-day break in between. Improvement in colic symptoms is assessed by measuring crying time using a diary completed by the parent or guardian during the two treatment periods. Other than physical examination of the babies the study does not involve intervention of any kind (e.g. blood samples or X-rays).

### What are the possible benefits and risks of participating?

Babies may benefit from relief of their abdominal colic if the symptoms are due to lactase deficiency. Parents/guardians may therefore benefit from reducing their anxiety levels and improving their sleep patterns. If the symptoms are reduced, the product (Colief®) is available for purchase. There are no other lactase products for infants demonstrated as effective and so without alternatives the infant would probably continue to have symptoms until lactase is produced naturally. The tested product is a nutritional supplement (natural biological product) added to the formula feeds in low doses and as such the foreseeable risks are negligible. The product has also been available on the market in many countries for many years.

### Where is the study run from?

- 1. Springvale Medical Centre (UK)
- 2. Sandwell General Hospital (UK)
- 3. St Mary's Hospital (UK)
- 4. Miami Children's Hospital (USA)

- 5. New York Children's Hospital (USA)
- 6. Duke Children's Hospital (USA)
- 7. Chicago Lurie Children's Hospital (USA)
- 8. Kwong Wah Hospital (Hong Kong)
- 9. Prince of Wales Hospital (Hong Kong)
- 10. The Royal Children's Hospital Melbourne (Australia)

When is the study starting and how long is it expected to run for? September 2016 to December 2017

Who is funding the study? Crosscare Ltd (Ireland)

Who is the main contact? Dr Michael Bowles

# Contact information

## Type(s)

Scientific

### Contact name

Dr Michael Bowles

### Contact details

MMI Ltd Devonshire House Manor Way Borehamwood United Kingdom WD6 1QQ

# Additional identifiers

**EudraCT/CTIS** number

**IRAS** number

ClinicalTrials.gov number

Secondary identifying numbers

CCL-001

# Study information

### Scientific Title

Multinational, multicentre, randomized, placebo-controlled, double-blind, crossover study of lactase in infant subjects with symptoms of abdominal colic

### **Acronym**

#### COLIIC

### Study objectives

Colief will prove significantly better than placebo in reducing crying time in infants with infantile colic

with classically-defined infantile colic.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

- 1. Integrated Research Application System (IRAS) (UK) pending
- 2. Kowloon Central Cluster Ethics Committee (Hong Kong) pending
- 3. University of Melbourne Ethics Committee (Australia) pending
- 4. Institutional Review Board (IRB) Children's Hospital Miami, Florida (USA) pending

### Study design

Multinational multicentre randomized placebo-controlled double-blind crossover study

### Primary study design

Interventional

### Secondary study design

Randomised cross over trial

### Study setting(s)

Hospital

### Study type(s)

Treatment

#### Participant information sheet

Not available in web format, please use the contact details to request a patient information sheet

### Health condition(s) or problem(s) studied

Infantile abdominal colic

#### **Interventions**

Participants will be randomized to receive the following treatments over two 10-day periods with a 4-day washout period between treatments:

- 1. Lactase (Colief) treated milk feeds (4 drops of solution added to each formula feed)
- 2. Placebo (4 drops of matching placebo added to each formula feed)

### Intervention Type

Supplement

### Primary outcome measure

Crying time, measured in minutes from diary cards completed by parents/guardians over each 10-day treatment period

### Secondary outcome measures

- 1. Fussing/fretting time
- 2. Stool frequency
- 3. Overall parent evaluation

Measured from the diary cards completed by parents/guardians during each 10-day treatment period

### Overall study start date

01/09/2016

### Completion date

31/12/2017

# **Eligibility**

### Key inclusion criteria

- 1. Male or female babies between the ages of 21 and 90 days inclusive at time of study entry
- 2. Born at a gestational age of at least 32 weeks and with a birth weight of at least 2000 g
- 3. Symptoms of abdominal colic for at least 3 hours per day for at least 3 days per week present over the preceding 2 weeks
- 4. Associated signs of spasm and/or lower limb flexure and/or diarrhoea
- 5. Otherwise healthy babies
- 6. Parents/guardians willing to consent to their baby participating in the study
- 7. Exclusively bottle-fed babies

## Participant type(s)

Patient

### Age group

Child

### Lower age limit

21 Days

### Upper age limit

90 Days

### Sex

Both

### Target number of participants

250

### Key exclusion criteria

- 1. Age <21 days or >90 days at date of study entry
- 2. Born at <32 weeks gestation or with birth weight <2000 g
- 3. Any significant congenital disorder
- 4. Any significant co-existing disease

- 5. Partially breast-fed
- 6. Receiving any other anti-colic medicines
- 7. Known intolerance to beta-galactosidase (lactase)

### Date of first enrolment

01/04/2017

### Date of final enrolment

31/12/2017

# Locations

# Countries of recruitment

Australia

England

Hong Kong

**United Kingdom** 

United States of America

### Study participating centre Melbourne Children's Hospital

Australia Victoria 3052

### Study participating centre Kwong Wah Hospital

Hong Kong

Study participating centre Prince of Wales Hospital Hong Kong

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Study participating centre Burncross Surgery United Kingdom S35 1RN Study participating centre Sandwell General Hospital United Kingdom B71 4HJ

Study participating centre Springvale Medical Centre United Kingdom YO21 1SD

Study participating centre St Mary's Hospital, London United Kingdom W2 1NY

Study participating centre Miami Children's Hospital United States of America FL 33155

Study participating centre New York Children's Hospital United States of America NY 10032

Study participating centre Duke Children's Hospital United States of America NC 27710

Study participating centre
Chicago Lurie Children's Hospital
United States of America
IL 60611

# Sponsor information

### Organisation

Crosscare Ltd

### Sponsor details

The Herbert Building The Park, Carrickmines Dublin Ireland Dublin 18

### Sponsor type

Industry

# Funder(s)

### Funder type

Industry

### **Funder Name**

Crosscare Ltd

# **Results and Publications**

### Publication and dissemination plan

The plan is to publish as one main paper in a peer reviewed journal during the last quarter of 2018.

### Intention to publish date

01/10/2018

### Individual participant data (IPD) sharing plan

The datasets generated and/or analysed during the current study during this study will be included in the subsequent results publication

### IPD sharing plan summary

Data sharing statement to be made available at a later date