

# MAVERIC: Midlands trial of amiodarone vs electrophysiology-guided interventions and cardio-defibrillator in ventricular arrhythmias.

<b>Submission date</b>	<b>Recruitment status</b>	<input type="checkbox"/> Prospectively registered
23/01/2004	No longer recruiting	<input checked="" type="checkbox"/> Protocol
<b>Registration date</b>	<b>Overall study status</b>	<input type="checkbox"/> Statistical analysis plan
23/01/2004	Completed	<input checked="" type="checkbox"/> Results
<b>Last Edited</b>	<b>Condition category</b>	<input type="checkbox"/> Individual participant data
21/12/2009	Circulatory System	

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

Dr Michael Griffith

### Contact details

Department of Cardiology  
Queen Elizabeth Hospital  
Edgbaston  
Birmingham  
United Kingdom  
B15 2TH  
+44 (0)121 627 2043

## Additional identifiers

### Protocol serial number

ID6

## Study information

### Scientific Title

**Acronym**

MAVERIC

**Study objectives**

The optimal way to manage patients who present with sustained ventricular tachycardia (VT), ventricular fibrillation (VF) or sudden cardiac death (SCD), especially in the context of comparing the traditional approach of empirical amiodarone against electrophysiology-guided interventions, which include myocardial resynchronization, programmed ventricular stimulation and the implantable cardioverter-defibrillator (ICD).

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Not provided at time of registration

**Study design**

Randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Not Specified

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

Cardiovascular diseases: Heart disease

**Interventions**

Electrophysiology + implantable cardioverter defibrillators (ICDs) versus Amiodarone empirically

**Intervention Type**

Other

**Phase**

Not Specified

**Primary outcome(s)**

1. Death
2. Arrhythmia recurrence
3. Hospitalisation
4. Drug use
5. Quality of life
6. Cost of managing patients

**Key secondary outcome(s)**

Not provided at time of registration

**Completion date**

30/11/1999

# Eligibility

## Key inclusion criteria

1. Patients who presented with sustained ventricular tachycardia (VT), ventricular fibrillation (VF) or sudden cardiac death (SCD) and survived to reach hospital within the Midlands from Feb 1997 to Jan 1999 were actively identified and entered into the study.
2. Patients who were not of child-bearing age or had a life-expectancy of <6 months from a non-arrhythmic cause were approached for entry into the trial.

Patients who were ineligible for or refused to join the trial were entered into the study's registry.

## Participant type(s)

Patient

## Healthy volunteers allowed

No

## Age group

Adult

## Sex

All

## Key exclusion criteria

Does not match inclusion criteria

## Date of first enrolment

01/11/1996

## Date of final enrolment

30/11/1999

# Locations

## Countries of recruitment

United Kingdom

England

## Study participating centre

### Department of Cardiology

Birmingham

United Kingdom

B15 2TH

# Sponsor information

## Organisation

Record Provided by the NHS R&D 'Time-Limited' National Programme Register - Department of Health (UK)

## Funder(s)

### Funder type

Government

### Funder Name

NHS Cardiovascular Disease and Stroke National Research and Development Programme (UK)

## 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?
<a href="#">Results article</a>	results	01/07/2004		Yes	No
<a href="#">Protocol article</a>	protocol	01/07/1998		Yes	No