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# HATRIC - Herbal Alternative Treatment (Pelargonium) for lower Respiratory tract Infections with Cough in adults

**Submission date**
02/07/2018

**Recruitment status**
No longer recruiting

**Registration date**
16/08/2018

**Overall study status**
Completed

**Last Edited**
01/02/2021

**Condition category**
Infections and Infestations

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

## Plain English summary of protocol

Background and study aims
Acute lower respiratory infection is common and despite the lack of evidence of benefit antibiotics are often prescribed. Identifying a safe and effective method of symptom control would likely further reduce antibiotic uptake. Pelargonium, a herbal product extracted from the root of P. sidoides in either liquid or tablet form, has been found to have some benefit in treating cough symptoms. The aim of this study is to determine the feasibility of conducting a full trial of Pelargonium sidoides root extract as an alternative to antibiotics for lower respiratory tract infections in UK primary care.

Who can participate?
Patients aged 18 and over with an acute cough (less than 21 days' duration) associated with a lower respiratory infection, where pneumonia is not suspected

What does the study involve?
Participating GP practices are randomly allocated to give either the liquid or tablet preparation, and within each practice, patients are randomly allocated to take either Pelargonium sidoides root extract EPs ®7630 or a placebo (dummy medicine). The use of a delayed prescription for antibiotics is encouraged, but GPs are also able to offer either an immediate prescription for antibiotics or no prescription. Patients are asked to take the medication three times a day, 30 minutes before meals, until 2-3 days after symptom resolution. Patients are asked to complete a daily symptom diary for up to 28 days. Patients can stop completing the diary 2 days after complete resolution of symptoms. A notes review is undertaken after 28 days to document return visits to the GP with a lower respiratory tract infection.

What are the possible benefits and risks of participating?
It is not known whether participants will have any additional benefit from taking part in this trial. However their participation will help to give important information about how best to treat people with chest infections in the future. It is unlikely but participants may experience mild side effects from taking the trial medication.

Where is the study run from?
1. Abbeywell surgery
2. Chawton Park Surgery
3. Oaks Healthcare – Cowplain Family Practice Site
4. Friarsgate Practice
5. Highcliffe Medical Centre
6. Homewell.Curlew Practice
7. Liphook and Liss Surgery
8. Lordshill Health Centre
9. Mulberry House Surgery
10. Park & St Francis Surgery
11. Salisbury Medical Practice
12. Solent NHS Trust
13. Swan Medical Group
14. Swanage Medical Practice
15. The Adam Practice
16. The Andover Health Centre
17. The Cambridge Practice
18. Three Chequers Medical Practice
19. Vine Medical Group
20. Wareham Surgery

When is the study starting and how long is it expected to run for?
April 2017 to March 2019

Who is funding the study?
National Institute for Health Research (NIHR) (UK)

Who is the main contact?
Mrs Catherine Simpson
catherine.simpson@soton.ac.uk

# Contact information

### Type(s)
Scientific

### Contact name
Mrs Catherine Simpson

### Contact details
Southampton Clinical Trials Unit
University of Southampton
Centre for Cancer Immunology
MP131 Southampton General Hospital
Tremona Road
Southampton
United Kingdom
SO16 6YD
+44 (0)23 8120 5171
catherine.simpson@soton.ac.uk

# Additional identifiers

### EudraCT/CTIS number
2016-004598-42

### IRAS number

### ClinicalTrials.gov number

### Secondary identifying numbers
35629

# Study information

### Scientific Title
Feasibility study of Pelargonium sidoides root extract, EPs®7630 (Kaloba®), for the treatment of acute cough due to lower respiratory tract infection in adults: a double blind, placebo controlled randomised trial

### Acronym
HATRIC

### Study objectives
Acute lower respiratory infection is common and despite the lack of evidence of benefit antibiotics are often prescribed. Identifying a safe and effective method of symptom control would likely further reduce antibiotic uptake. A Cochrane review suggests pelargonium, a herbal product extracted from the root of P. Sidoides in either liquid or tablet formulation, has some benefit in treating cough symptoms. The objective of this trial is to determine the feasibility of conducting a fully powered trial of Pelargonium sidoides root extract as an alternative to antibiotics for lower respiratory tract infections in UK primary care.

### Ethics approval required
Old ethics approval format

### Ethics approval(s)
South Central – Berkshire B, 05/01/2018, ref: 17/SC/0653

### Study design
Randomised; Interventional; Design type: Treatment, Drug

### Primary study design
Interventional

### Secondary study design
Randomised controlled 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
Specialty: Primary Care, Primary sub-specialty: Infectious diseases and microbiology; UKCRC code/ Disease: Infection/ Other viral diseases

## Interventions
This is a multicentre, double-blind placebo-controlled feasibility trial of Pelargonium sidoides root extract EPs®7630 (Kaloba®).

The trialists aim to recruit 160 adults, 18 years and over, presenting to their GP with an acute cough (≤21 days' duration) as their main symptom and with symptoms localising to the lower respiratory tract (e.g. sputum, chest pain, dyspnoea, wheeze), for which an infective diagnosis is judged very likely.

Sites will be randomised to one of two groups (tablet or liquid preparation) and within each site, patients will be randomised to active or placebo IMP.
Group 1: Liquid Pelargonium sidoides root extract EPs®7630
Group 2: Liquid placebo
Group 3: Tablets of Pelargonium sidoides root extract EPs®7630
Group 4: Placebo tablets

The use of the delayed prescription strategy for antibiotics will be encouraged but clinicians will be able to offer one of three following antibiotic strategies in addition to the randomised intervention:
1. Immediate antibiotics
2. Delayed antibiotics
3. No antibiotics

Participants will be provided with a course of trial medication and a prescription for antibiotics, if considered necessary by the recruiting clinician. If the recruiting clinician uses the delayed prescription strategy then patients will be asked to delay starting taking the antibiotic for 7 -10 days.

Patients will be asked to take the trial medication 3 times a day, 30 minutes before meals, until 2-3 days after symptom resolution. Participants will be asked to complete daily diary data for up to 28 days after presentation. They can stop completing the diary 2 days after complete resolution of symptoms.

Patients will receive follow up phone calls from the research team at the Southampton Clinical Trials Unit (SCTU) at intervals following randomisation to prompt diary completion and return. Participants will be given a £5 shopping voucher on recruitment and when they have returned a fully completed diary.

A notes review will be undertaken 28 days after randomisation to document return visits to the GP with a LRTI.

### Intervention Type
Other

### Phase
Phase II

### Primary outcome measure
The objective is to determine the feasibility of conducting a fully powered trial of Pelargonium sidoides root extract as an alternative to antibiotics for lower respiratory tract infections in UK primary care. Feasibility objectives and endpoints used to evaluate are detailed below:
1. Eligibility: Number of patients included in and number excluded, with reasons, from the trial from on-site screening logs
2. Recruitment: Ability to recruit patients into the intervention from those attending primary care settings from on-site enrolment records – monthly rate/site adjusted for site list size
3. Randomisation: Willingness to be randomised from the proportion of eligible patients recruited
4. Retention: Across the duration of the intervention and return of a fully completed diary from quantitative data from enrolment, withdrawal rate from study and completion of outcome measures
5. Intervention compliance from diary data and returned medication
6. Patient preference for liquid/tablet formulation from diary data, returned medication and recruitment data
7. Acceptability of the patient diaries, patients' willingness to complete them and the importance of telephone/text contact from quantitative data collection - percentage of patients returning completed diaries
8. Success of delayed antibiotic strategy from diary data on day antibiotics commenced
9. Need for stratification by antibiotic strategy in main study from proportion allocated to immediate and delayed antibiotic strategy
10. To inform sample size for future trials from rate of outcome measures in the control group.
11. To identify the key resource items to be collected and how often to collect EQ-5D-5L questionnaires in the main trial from data collected in patient diaries and case note reviews

### Secondary outcome measures
There are no secondary outcome measures

### Overall study start date
01/04/2017

### Completion date
30/07/2019

## Eligibility

### Key inclusion criteria
1. Adults 18 years and over
2. Presenting with an acute cough (≤21 days' duration) as their main symptom
3. Presenting with symptoms localising to the lower tract (e.g. sputum, chest pain, dyspnoea, wheeze), for which an infective diagnosis is judged very likely
4. Willing and able to give written informed consent

## Participant type(s)
Patient

## Age group
Adult

## Lower age limit
18 Years

## Sex
Both

## Target number of participants
Planned Sample Size: 160; UK Sample Size: 160

## Total final enrolment
134

## Key exclusion criteria
1. Suspected pneumonia (i.e., complicated lower-respiratory-tract infection) on the basis of focal chest signs (focal crepitations, bronchial breathing) and systemic features (severe breathlessness, high fever, vomiting, severe diarrhoea)
2. Signs of severity which may warrant hospital admission (e.g. SpO2 < 91%, Systolic BP < 90mmHg, Heart rate > 130)
3. Exacerbation of COPD
4. Serious chronic disorders where immediate antibiotics are needed (e.g. cystic fibrosis, valvular heart disease)
5. Unable to give informed consent or complete trial paperwork (including the patient diary)
6. Difficulty reading and understanding English and therefore unable to give informed consent or complete the trial paperwork (including the patient diary)
7. Known or suspected pregnancy
8. Women at risk of pregnancy (i.e. not on effective contraception – combined oral contraceptive pill, an intrauterine hormonal device or subcutaneous hormonal implant)
9. Currently breastfeeding
10. Known immunodeficiency state or chemotherapy
11. Currently taking oral steroids
12. Using a Pelargonium sidoides / Kaloba® preparation and unwilling or unable to discontinue for the study period.
13. Hypersensitivity to pelargonium sidoides preparations or to the Kaloba brand
14. Increased tendency to bleeding or is taking coagulation-inhibiting drugs (e.g. warfarin)
15. Severe hepatic and renal diseases (Chronic Kidney Disease Stage 4, GFR < 30), as no adequate data are available in these areas
16. Rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption (tablet formulation only)
17. Previously entered the HATRIC trial
18. Recruited to another interventional trial in the previous 6 weeks

## Date of first enrolment
14/03/2018

## Date of final enrolment

21/12/2018

# Locations

## Countries of recruitment
England

United Kingdom

## Study participating centre
**Abbeywell surgery**
Nightingale site
Great well drive
Romsey
United Kingdom
SO51 7QN

## Study participating centre
**Chawton Park Surgery**
Chawton Park Road
Alton
United Kingdom
GU34 1RJ

## Study participating centre
**Oaks Healthcare – Cowplain Family Practice Site**
26-30 London Road
Cowplain
United Kingdom
PO8 8LD

## Study participating centre
**Friarsgate Practice**
Stockbridge Road
Winchester
United Kingdom
SO22 6EL

## Study participating centre
**Highcliffe Medical Centre**
248 Lymington Road

Highcliffe
Christchurch
United Kingdom
BH23 5ET

**Study participating centre**
**Homewell.Curlew Practice**
Havant Health Centre
Civic Centre Road
Havant
United Kingdom
PO9 2AQ

**Study participating centre**
**Liphook and Liss Surgery**
Station Road
Liphook
United Kingdom
GU30 7DR

**Study participating centre**
**Lordshill Health Centre**
Lordshill District Centre
Southampton
United Kingdom
SO16 8HY

**Study participating centre**
**Mulberry House Surgery**
7 St Denys Road
Southampton
United Kingdom
SO17 2GN

**Study participating centre**
**Park & St Francis Surgery**
Pilgrims Close
Chandlers Ford
United Kingdom
SO53 4ST

**Study participating centre**
**Salisbury Medical Practice**
Fisherton House
Fountain Way
Wilton Road
Salisbury
United Kingdom
SP2 7FD

**Study participating centre**
**Solent NHS Trust**
Clinical Research Office
Room FW. B. 3178. A
Royal South Hants Hospital
Britons Terrace
Southampton
United Kingdom
SO14 0YG

**Study participating centre**
**Swan Medical Group**
Swan Street
Petersfield
United Kingdom
GU32 3AB

**Study participating centre**
**Swanage Medical Practice**
Station Approach
Swanage
United Kingdom
BH19 1HB

**Study participating centre**
**The Adam Practice**
Upton Health Centre
Blandford Road North
Upton
Poole
United Kingdom
BH16 5PW

**Study participating centre**
**The Andover Health Centre**
Charlton Road
Andover
United Kingdom
SP10 3LD

**Study participating centre**
**The Cambridge Practice**
276 Lower Farnham Road
Aldershot
United Kingdom
GU11 3RB

**Study participating centre**
**Three Chequers Medical Practice**
Three Swans Surgery
Rollestone St
Salisbury
United Kingdom
SP1 1DX

**Study participating centre**
**Vine Medical Group**
Waterlooville Health Centre
Dryden close
Waterlooville
United Kingdom
PO7 6AJ

**Study participating centre**
**Wareham Surgery**
Streche Road
Wareham
United Kingdom
BH20 4PG

# Sponsor information

### Organisation
University of Southampton

### Sponsor details
Research and Innovation Services
Room 4079
Building 37
Highfield
Southampton
England
United Kingdom
SO17 1BJ
+44 (0)23 8059 5058
rgoinfo@soton.ac.uk

### Sponsor type
University/education

### ROR
https://ror.org/01ryk1543

## Funder(s)

### Funder type
Government

### Funder Name
NIHR School for Primary Care Research; Grant Codes: 336

## Results and Publications

### Publication and dissemination plan
The protocol will be available once published. Planned publication of the results in a high-impact peer reviewed journal.

### Intention to publish date
30/07/2020

### Individual participant data (IPD) sharing plan
The data sharing plans for the current study are unknown and will be made available at a later date.

### IPD sharing plan summary
Data sharing statement to be made available at a later date

## Study outputs

| Output type | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|---|---|---|---|---|---|
| Protocol article | protocol | 31/07/2019 | 07/08/2019 | Yes | No |
| Results article | results | 29/01/2021 | 01/02/2021 | Yes | No |
| HRA research summary | | | 28/06/2023 | No | No |