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Intrapulmonary percussive ventilation (IPV) in acute exacerbations of chronic obstructive pulmonary disease (COPD) patients with mild respiratory acidosis: a randomised controlled trial

Submission date 15/04/2005	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 18/04/2005	**Overall study status** Completed	
Last Edited 13/06/2014	**Condition category** Respiratory	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
N/A

Study information

Scientific Title

Study objectives
We hypothesised that the use of intrapulmonary percussive ventilation (IPV), a technique designed to improve mucus clearance, could prove effective in avoiding further deterioration in patients with acute exacerbations of chronic obstructive pulmonary disease (COPD) with mild respiratory acidosis.

Ethics approval required
Old ethics approval format

Ethics approval(s)
The experimental protocol was approved by the institutional review board of the hospital

Study design
Randomised controlled trial

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 below to request a patient information sheet

Health condition(s) or problem(s) studied
Acute exacerbations of chronic obstructive pulmonary disease (COPD) patients with mild respiratory acidosis

Interventions
Comparison of two groups of COPD:
1. A standard goup: COPD patients with standard treatment alone
2. An IPV group: COPD patients with standard treatment plus IPV

Intervention Type
Other

Phase
Not Applicable

Primary outcome measure
Therapy was considered to be successful when it enabled the avoidance of both a worsening of the exacerbation and a decrease in pH to under 7.35 (which would have required NIV), and allowed the patient to be discharged from the ICU.

Secondary outcome measures
Not provided at time of registration

Overall study start date
01/01/2003

Completion date
31/12/2004

Eligibility

Key inclusion criteria
COPD patients in acute excerbations and respiratory acidosis with pH between 7.35 and 7.38

Participant type(s)
Patient

Age group
Not Specified

Sex
Not Specified

Target number of participants
33

Key exclusion criteria
1. The requirement for emergency intubation for cardiopulmonary resuscitation, respiratory arrest, or in the case of rapid deterioration in neurological status (Glasgow coma scale inferior or equal to 8)
2. Hemodynamic instability defined as a systolic blood pressure of less than 80 mmHg or evidence on electrocardiography of ischemia or clinically significant ventricular arrhythmias
3. Failure of more than two additional organs; or tracheotomy, pneumothorax, facial deformity, or a recent history of oral, oesophageal or gastric surgery

Date of first enrolment
01/01/2003

Date of final enrolment
31/12/2004

Locations

Countries of recruitment
France

Study participating centre
Pellegrin-Tripode Hospital
Bordeaux
France
33076

Sponsor information

Organisation
Pellegrin-Tripode Hospital (France)

Sponsor details
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Sponsor type
Hospital/treatment centre

ROR
https://ror.org/02x581406

Funder(s)

Funder type
Other

Funder Name
Not provided at time of registration

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

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?
Results article	results	01/08/2005		Yes	No