

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	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 18/04/2005	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 13/06/2014	Condition category Respiratory	<input type="checkbox"/> Individual participant data

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 group: 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 exacerbations 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

Place Amelie Rabat Leon

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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