

A programme to develop a skin patch containing two medicines (physostigmine and hyoscine), Study 1: Assessment of blood levels of the two medicines and any associated symptoms in healthy male participants wearing prototype skin patches

Submission date 23/07/2019	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 30/07/2019	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 26/07/2019	Condition category Injury, Occupational Diseases, Poisoning	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Three different versions of a skin patch containing two medicines (physostigmine and hyoscine) have been developed. The patch allows these medicines to cross the skin into the bloodstream. The aim of this study is to measure the amount of physostigmine and hyoscine in the blood at different times over a 72 hour period and assess any associated symptoms.

Who can participate?

Healthy male volunteers aged 18 to 40

What does the study involve?

Each participant wears each formulation of the patch in turn for 72 hours occasions separated by a period of 4 days between removal and new application. On each occasion blood samples are taken before and after patch application to measure the amounts of the two medicines (physostigmine and hyoscine). In addition, the activity of the enzyme acetylcholinesterase (AChE) is measured in these blood samples. The effects of the patch are assessed by recording the condition of the skin under the patch at set times and any symptoms that are experienced. Heart rate, blood pressure, electrical activity of the heart (ECG), tests of vision and cognitive function are also recorded at set times.

What are the possible benefits and risks of participating?

There are no direct individual benefits for the participants. However, the information collected from these individuals adds to the scientific knowledge about the physostigmine and hyoscine

patch. All medicinal products have a risk of causing side effects. The most common side effects known about the medicines in the patch are nausea and vomiting due to physostigmine, and blurred vision and dry mouth due to hyoscine.

Where is the study run from?
PPD Development Clinic (UK)

When is the study starting and how long is it expected to run for?
July 2003 to December 2004

Who is funding the study?
Ministry of Defence (UK)

Contact information

Type(s)
Public

Contact name
Dr Medical Advisor

Contact details
Dstl
Porton Down
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United Kingdom
SP4 0JQ

Additional identifiers

EudraCT/CTIS number
2004-000146-20

IRAS number

ClinicalTrials.gov number
Nil known

Secondary identifying numbers
1700171

Study information

Scientific Title
A randomised, double-blind, three-way crossover study to investigate the pharmacokinetics, pharmacodynamics, safety and tolerability after single applications of three transdermal patch formulations of physostigmine and hyoscine in healthy males

Study objectives

The aim of this study was to investigate the safety, tolerability, pharmacokinetics and pharmacodynamics of single applications of three formulations of a transdermal patch containing hyoscine and physostigmine when administered to healthy male subjects.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 06/04/2004, PPD Development Clinical Independent Ethics Committee (72 Hospital Close, Evington, Leicester, LE5 4WW, UK; Tel: +44(0) 1162733553), ref: PPD 1700171

Study design

Randomised double-blind three-way crossover study

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Other

Study type(s)

Other

Participant information sheet

No participant information sheet available

Health condition(s) or problem(s) studied

Potential risk of poisoning by nerve agent

Interventions

1. Generic drug name: physostigmine and hyoscine (transdermal patch)
2. Dosage: study planned as single dose (72-hour application) three-way crossover
3. Method and frequency of administration: design was a randomised, single-centre, double-blind, single-dose (72-hour application), three-way crossover study
4. Follow up: safety monitoring, blood sampling for pharmacokinetics and pharmacodynamics, patch adhesion and irritancy assessments, ECG, ocular function assessments and cognitive function assessments were performed for 72 hours after the application of the patch (this included 24 hours after patch removal)

The PHP formulations tested were F1, F2 and F3. The patches were identical in size (37 cm²) and shape and only differed in the adhesive used for each group. The plan was for each subject to wear each formulation of the patch in turn for 72 hours occasions separated by a washout period of 4 days between removal and new application. On each occasion, blood samples were taken before and after patch application to measure the amounts of the two medicines (physostigmine and hyoscine). In addition, the activity of the enzyme acetylcholinesterase (AChE) was measured in these blood samples. The effects of the patch were assessed by recording the condition of the skin under the patch at set times and any symptoms that were experienced.

Heart rate, blood pressure, electrical activity of the heart (ECG), tests of vision and cognitive function were also recorded at set times.

Intervention Type

Drug

Phase

Phase I

Drug/device/biological/vaccine name(s)

Physostigmine, hyoscine

Primary outcome measure

1. Plasma concentrations of hyoscine and physostigmine measured by liquid chromatography-tandem mass spectrometry (LC-MS-MS): blood samples collected at the following times: 0 hours (pre-dose) and 2, 4, 6, 8, 10, 12, 24, 36 and 48 hours after patch application on Day 1, 2, 4, 6, 8, 10, 12 and 24 hours after patch removal
2. Acetylcholinesterase activity measured by spectrophotometry: blood samples collected at the following times: Day -1, 0 hours (pre-dose) and 2, 4, 6, 8, 10, 12, 24, 36 and 48 hours after patch application on Day 1; 2, 4, 6, 8, 10, 12 and 24 hours after patch removal

Secondary outcome measures

Adhesion score measured by visual inspection of degree of patch adhesion to skin at 24 and 48 hours after application

Overall study start date

10/07/2003

Completion date

13/12/2004

Eligibility

Key inclusion criteria

1. Healthy male participants
2. Aged between 18 and 40 years inclusive
3. Body Mass Index (BMI) ≥ 18 and ≤ 31 kg/m², and body weight ≥ 60 and ≤ 110 kg
4. Able to understand the informed consent discussion, which included information about potential risks and effects of the test materials, and signed the informed consent form
5. Medical history without major pathology (e.g. cardiac, immunological, endocrine or neurological disorders, cancer or other wasting diseases)
6. Human immunodeficiency virus (HIV), hepatitis B and hepatitis C negative
7. No clinically significant abnormalities at the pre-study screening, and subject's GP had not advised against inclusion
8. Computerised 12-lead ECG recording without clinically relevant signs of pathology and conductance disturbances as judged by the investigator

Participant type(s)

Healthy volunteer

Age group

Adult

Lower age limit

18 Years

Sex

Male

Target number of participants

Planned recruitment of 18 healthy male subjects

Key exclusion criteria

1. Presence of any clinically significant medical condition as determined by the investigator
2. Known or suspected hypersensitivity or idiosyncratic reaction related to any of the test materials
3. Homozygous or heterozygous for the atypical (dibucaine resistant) allele of butyrylcholinesterase
4. Any skin disorder, broken skin, scars, tattoos at the site of application
5. Glaucoma or a history of glaucoma in first degree relatives (i.e. parents, siblings and offspring)
6. Presence of Anterior Chamber Narrow Angle (Van Herrick Grade 1 and 2)
7. Intra-ocular pressure exceeding 20 mm Hg
8. Uncorrected vision (or contact lens corrected vision) in either eye worse than 6/9 on the Snellen scale
9. History or evidence of drug abuse (including opiates, methadone, cocaine, amphetamines, cannabinoids, barbiturates)
10. History or evidence of alcohol abuse defined as intake of more than 21 units per week (3 units per day), where 1 unit corresponds to 250 mL beer, 20 mL spirits/liqueur or one glass (100 mL) of wine
11. Participation in another clinical trial within three months prior to the start of the study
12. Use of any prescription medication within two weeks, or non-prescription medication (e.g. acetylsalicylic acid/paracetamol) within 48 hours, prior to dosing
13. Regular drug intake during the month prior to the start of the study
14. History or suspicion of inability to co-operate adequately
15. Donation of blood or blood products for a period of four weeks prior to and four weeks after completion of the study
16. History of asthma (or history of asthma within the previous 10 to 15 years, at investigator's discretion)
17. History of exercise-induced bronchospasm, or relevant seasonal bronchospasm
18. Lung function (FEV1) less than 80% of predicted spirometry criteria

Date of first enrolment

28/04/2004

Date of final enrolment

02/06/2004

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre

PPD Development Clinic

72 Hospital Close

Evington

Leicester

United Kingdom

LE5 4WW

Sponsor information

Organisation

Dstl

Sponsor details

Porton Down

Salisbury

United Kingdom

SP4 0JQ

Sponsor type

Government

ROR

<https://ror.org/04jswqb94>

Funder(s)

Funder type

Government

Funder Name

Ministry of Defence

Alternative Name(s)

MOD

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Publication and dissemination plan

Publication in an appropriate peer-reviewed journal will be considered later in the development programme.

Intention to publish date

23/07/2020

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are not expected to be made available as subject consent for their release was not obtained.

IPD sharing plan summary

Not expected to be made available