# Mono-centred, randomised, placebo-controlled, double-blind parallel-arm study on the effect of Conjugated Linoleic Acid (CLA) on endothelial function and (postprandial) metabolic parameters in overweight men

Submission date	Recruitment status No longer recruiting	<ul><li>Prospectively registered</li></ul>		
03/09/2008		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
17/10/2008	Completed	[X] Results		
Last Edited	Condition category	Individual participant data		
03/01/2012	Circulatory System			

# 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

# Acronym

CLA<sub>1</sub>

# Study objectives

Conjugated linoleic acid (CLA) may beneficially affect lipid and glucose metabolism, inflammatory responses and body weight. These aspects are of relevance for subjects afflicted with or prone to develop a so-called metabolic syndrome, which is characterised by an insulin resistance, dyslipidaemia, essential hypertension and adiposity of the central type and frequently leads to early manifestation of type 2 diabetes mellitus, increased vascular risk and risk of atherosclerosis. This study examines the influence of dietary conjugated linoleic acid (CLA) (commercially available 50:50 mixture of isomers cis9,trans11-CLA and trans10,cis12-CLA) on endothelial function and below mentioned fasting and postprandial metabolic parameters in comparison to safflower oil. For explorative purposes two more groups are given native olive oil or heated (thermally oxidised) safflower oil. Tocopherol concentration of the supplements is adjusted to that of safflower oil. Further parameters to judge pro-atherogenic processes are soluble adhesion molecules (intercellular adhesion molecule [ICAM], vascular cell adhesion molecule [VCAM], E-Selectin) which promote inflammatory processes by initiating the adherence of leukocytes and monocytes to the endothelium of blood vessels.

# Ethics approval required

Old ethics approval format

# Ethics approval(s)

Ethics approval received from the Ethics Committee of the Medical Faculty of the Christian-Albrechts-University of Kiel (Germany) on the 13th April 2006 (ref: A 106/06)

# Study design

Single centre, randomised double-blind placebo-controlled intervention study

# Primary study design

Interventional

# Secondary study design

Randomised controlled trial

# Study setting(s)

Not specified

# Study type(s)

Treatment

# Participant information sheet

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

Cardiovascular disease

#### **Interventions**

Group 1: CLA 50:50 isomer mixture (cis9,trans11-CLA: trans10,cis12-CLA)

Group 2: safflower oil Group 3: native olive oil

Group 4: safflower oil - thermally oxidised

Supplements given two times a day during breakfast (or lunch) and dinner, four capsules each, making a total dose per day of eight capsules (= 4.5 g). Total duration of treatment was 4 weeks (28 + 2 days), for all four treatments.

# Follow up:

Start of the follow up period, i.e. start of the intervention for the first study subjects was 24/04 /2006. End of the trial follow-up period was 02/08/2006.

## Intervention Type

Drug

#### Phase

**Not Specified** 

# Drug/device/biological/vaccine name(s)

Conjugated linoleic acid (CLA), safflower oil, native olive oil

#### Primary outcome measure

Changes in endothelial function: PAT-Index after  $28(\pm 2)$  days supplementation.

# Secondary outcome measures

- 1. Body mass index (BMI)
- 2. Waist circumference (WC)
- 3. Waist to hip ratio (WHR)
- 4. Blood pressure, pulse

#### Changes in:

- 5. Fasting and postprandial triglycerides (AUC)
- 6. Fasting and postprandial insulin (AUC)
- 7. Fasting and postprandial glucose (AUC)
- 8. Homeostasis model assessment of insulin resistance (HOMA-IR) (insulin-glucose-product)
- 9. HOMA-b-cell-function
- 10. Lipids, namely total, low density lipoprotein (LDL-) and high density lipoprotein (HDL-) cholesterol
- 11. Oxidative modification of lipids and oxidative stress, namely: oxidised LDL, isoprostanes
- 13. Inflammatory parameters, namely: C-reactive protein (CRP), soluble vascular cell adhesion molecule (sVCAM), soluble intercellular adhesion molecule (sICAM), soluble E-selectin, interleukin-6 (IL-6), tumour necrosis factor alpha (TNF alpha), monocyte chemoattractant protein-1 (MCP-1)

14. Other regulators/hormones: adiponectin, leptin, ghrelin, glucagon-like peptide 1 (GLP-1), cholecystokinin (CCK), vascular endothelial growth factor (VEGF)

All secondary parameters were determined both at start of the intervention (day 0) and end of the study, i.e. after 4 weeks. Treatment-induced changes were calculated and compared between intervention groups.

# Overall study start date

18/04/2006

# Completion date

02/08/2006

# **Eligibility**

## Key inclusion criteria

- 1. Healthy male volunteers
- 2. Aged 45 68 years
- 3. Body mass index (BMI) 25 29 kg/m^2
- 4. Member of the Metabolic Intervention Cohort Kiel (MICK)
- 5. Written informed consent

# Participant type(s)

Patient

# Age group

Adult

#### Sex

Male

# Target number of participants

88

# Key exclusion criteria

- 1. Participation in a clinical study with a medicament or a medicinal product within the last 30 days or simultaneous participation in another clinical examination
- 2. Inability to understand and to comply with the study protocol
- 3. Known metabolic or gastro-intestinal diseases, which affect the absorption, metabolism or excretion of food or food components
- 4. Condition after surgery of the gastro-intestinal tract, which affects gastro-intestinal motility
- 5. Haemoglobin less than 12 g/dL
- 6. Latex allergy
- 7. Diabetes (fasting glucose levels greater than 125 mg/dl after repeated determination)
- 8. Surgery within the last 3 months, which still affects the current state of health
- 9. Intake of nitrate and/or calcium antagonists, which affect the blood pressure
- 10. Deformation of finger tips, which inhibits correct recording of EndoPAT (measures a Peripheral Arterial Tone [PAT $^{\text{M}}$ ] signal for assessment of endothelial dysfunction)
- 11. Illness of thyroid gland, which has metabolic and/or cardiovascular effect
- 12. Known hepatitis B, hepatitis C, human immunodeficiency virus (HIV) infection or chronic liver

#### disease

- 13. Kidney malfunction
- 14. Psychiatric disorders, epilepsy, risk of suicide
- 15. Drug or alcohol abuse
- 16. Intake of drugs affecting the absorption, metabolism or excretion of food components or the gastro-intestinal motility
- 17. Intake of hormone preparations, particularly cortisone
- 18. Eating disorders, anorexia, bulimia, unusual outsider dietary habits
- 19. Legal incapacity
- 20. Others depending on the judgement of the study physician

### Date of first enrolment

18/04/2006

# Date of final enrolment

02/08/2006

# Locations

## Countries of recruitment

Germany

# Study participating centre Max Rubner-Institute

Kiel Germany 24103

# Sponsor information

# Organisation

Max Rubner Institute (Germany)

# Sponsor details

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# Sponsor type

Research organisation

#### Website

http://www.bfel.de

#### ROR

https://ror.org/045gmmg53

# Funder(s)

# Funder type

Government

#### **Funder Name**

Federal Ministry of Education and Research (Bundesministerium für Bildung und Forschung [BMBF]) (Germany)

# Alternative Name(s)

Federal Ministry of Education and Research, BMBF

# **Funding Body Type**

Government organisation

# **Funding Body Subtype**

National government

#### Location

Germany

#### Funder Name

Federal Ministry of Food, Agriculture and Consumer Protection (Bundesministerium für Ernährung, Landwirtschaft und Verbraucherschutz) (Germany)

#### **Funder Name**

Cognis GmbH (Germany)

# **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	01/02/2011		Yes	No