

Assessment and management of children aged 1 - 59 months presenting with wheeze and fast breathing: multicenter study in Pakistan and Thailand

Submission date 27/07/2004	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 28/07/2004	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 11/10/2007	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

Contact name

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

Study information

Scientific Title

Study objectives

Using current World Health Organization (WHO) guidelines, children with wheezing are being over-prescribed antibiotics and bronchodilators are under utilised. To improve the WHO case management guidelines, more data is needed about the clinical outcome in children with wheezing/pneumonia overlap.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval received from:

1. Institutional Review Board (IRB) of Pakistan Institute of Medical Sciences, Islamabad, Pakistan
2. IRB of Queen Sirikit National Institute of Child Health, Bangkok, Thailand
3. World Health Organization (WHO) Ethical Review Committee

Study design

Randomised controlled trial

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

Wheeze and fast breathing

Interventions

1. Inhaled Salbutamol and reassessment after up to three cycles of bronchodilator therapy repeated at 15 minute interval if necessary
2. Metered Dose Inhaler (MDI) with spacer device

Intervention Type

Other

Phase

Not Specified

Primary outcome measure

Proportions of children aged 1 - 59 months with auscultatory wheeze and fast breathing or lower chest indrawing:

1. Respond to up to three cycles of inhaled salbutamol: response defined as no fast breathing or lower chest indrawing present
2. Fail therapy at day 3 or days 5 - 7 of the initial successful bronchodilator therapy with inhaled salbutamol? Therapy failure defined as:
 - 2.1. Relapse: develop fast breathing or chest indrawing afresh, that does not respond to three cycles of inhaled salbutamol
 - 2.2. Development of any danger sign (except wheezing and fever in young infant)
 - 2.3. Death
 - 2.4. Severe adverse reaction to salbutamol

Secondary outcome measures

In children aged 1 - 59 months with auscultatory wheeze and fast breathing or lower chest indrawing:

1. Proportion with audible wheeze at initial assessment
2. Proportion of responders to up to three cycles of inhaled salbutamol associated with:
 - 2.1. Age
 - 2.2. Respiratory Syncytial Virus (RSV) isolation
 - 2.3. Season
 - 2.4. Number of previous wheezing episodes
 - 2.5. Audible versus auscultatory wheeze
 - 2.6. Family history of asthma
3. Proportion of relapses in children who showed initial improvement associated with:
 - 3.1. Age
 - 3.2. RSV isolation
 - 3.3. Season
 - 3.4. Number of previous wheezing episodes
 - 3.5. Audible versus auscultatory wheeze
 - 3.6. Family history of asthma
4. Received any antibiotic for this or any concurrent illness before follow-up
5. Loss to follow-up
6. Withdrawal of consent

Overall study start date

01/05/2001

Completion date

01/04/2002

Eligibility

Key inclusion criteria

1. Age 1 to 59 months
2. Audible/auscultatory wheeze
3. Respiratory rate above age specific cut off point or lower chest indrawing
4. Classified as no pneumonia with wheeze

Participant type(s)

Patient

Age group

Child

Lower age limit

1 Months

Upper age limit

59 Months

Sex

Both

Target number of participants

1622

Key exclusion criteria

1. Presence of danger sign:

1.1. Up to two months: stopped feeding well, drowsy, convulsions, stridor in a calm child, fever

1.2. 2 - 59 months: convulsions, clinically severe malnutrition, unable to drink

2. Antibiotics during last 48 hours

Date of first enrolment

01/05/2001

Date of final enrolment

01/04/2002

Locations**Countries of recruitment**

Pakistan

Switzerland

Thailand

Study participating centre

World Health Organization

Geneva-27

Switzerland

CH 1211

Sponsor information

Organisation

The Department of Child and Adolescent Health (CAH)/World Health Organization (WHO)
(Switzerland)

Sponsor details

20, Avenue Appia
Geneva -27
Switzerland
CH 1211

Sponsor type

Research organisation

Website

<http://www.who.int/child-adolescent-health/>

ROR

<https://ror.org/01f80g185>

Funder(s)**Funder type**

Research organisation

Funder Name

The Department of Child and Adolescent Health (CAH)/World Health Organization (WHO)
(Switzerland)

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?
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[Results article](#)

Results

01/11/2004

Yes

No