Cost utility of the latest antipsychotics in severe schizophrenia (CUtLASS): a multi-centre, randomised, controlled trial

Submission date	Recruitment status No longer recruiting	Prospectively registered		
25/04/2003		[_] Protocol		
Registration date	Overall study status	[] Statistical analysis plan		
25/04/2003	Completed	[X] Results		
Last Edited 08/11/2022	Condition category Mental and Behavioural Disorders	Individual participant data		
00/11/2022				

Plain English summary of protocol

Not provided at time of registration

Study website http://web1.iop.kcl.ac.uk/Extras/Cutlass/index.html

Contact information

Type(s) Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers HTA 96/19/06

Study information

Scientific Title

Cost utility of the latest antipsychotics in severe schizophrenia (CUtLASS): a multi-centre, randomised, controlled trial

Acronym

CUtLASS

Study objectives

Antipsychotic (neuroleptic) drugs remain central to the treatment of the symptoms of schizophrenia. Conventional drugs are effective in 70% of patients but have frequent neurological side effects. The atypical antipsychotics are a new class of drugs with a lower risk of these side effects and, in the case of clozapine, better efficacy. The cost of these new drugs is 20-30 times that of conventional drugs. There are currently no reliable data about their comparative effectiveness and cost-effectiveness in NHS settings in which to guide practice. If their use continues to expand, the annual drugs budget for schizophrenia in England will increase from £32 million to £240 million. A 4-centre, prospective, randomised, controlled trial is proposed, to evaluate the relative effectiveness of the new drugs compared to conventional drugs and to clozapine in a sample of 702 people with schizophrenia who are resistant to or intolerant of usual treatment. The trial will aim to demonstrate important differences in quality of life and other outcomes at 1 year, assess value for money and identify cost-effective management strategies.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design A 4-centre, prospective, randomised, controlled trial

Primary study design Interventional

Secondary study design Randomised controlled trial

Study setting(s) Not specified

Study type(s)

Not Specified

Participant information sheet

Health condition(s) or problem(s) studied

Mental and behavioural disorders: Schizophrenia and other psychoses

Interventions

Please note that, as of 14 January 2008, the anticipated start and end dates of this trial have been updated from 1 March 1999 and 28 February 2002 to 1 May 1999 and 30 June 2003, respectively.

Interventions: 1. New drugs 2. Conventional drugs

Intervention Type Drug

Phase Not Specified

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

Primary outcome measure Quality of life

Secondary outcome measures Not provided at time of registration.

Overall study start date 01/05/1999

Completion date 30/06/2003

Eligibility

Key inclusion criteria Schizophrenics who are intolerant or resistant to usual treatment

Participant type(s) Patient

Age group Adult

Sex Both **Target number of participants** 227

Key exclusion criteria 1. Substance use or organic illness as the main cause of psychotic symptoms. 2. History of neuroleptic malignant syndrome (NMS)

Date of first enrolment 01/05/1999

Date of final enrolment 30/06/2003

Locations

Countries of recruitment England

United Kingdom

Study participating centre Department of Psychiatry Manchester United Kingdom M23 9LT

Sponsor information

Organisation Department of Health (UK)

Sponsor details

Quarry House Quarry Hill Leeds United Kingdom LS2 7UE +44 (0)1132 545 843 Sheila.Greener@doh.gsi.gov.uk

Sponsor type

Government

Website http://www.dh.gov.uk/en/index.htm ROR https://ror.org/03sbpja79

Funder(s)

Funder type Government

Funder Name NIHR Health Technology Assessment Programme - HTA (UK)

Results and Publications

Publication and dissemination plan Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan Not provided at time of registration

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<u>Results article</u>	HTA monograph	01/05/2006		Yes	No