

Amiodarone to reduce post-cardiopulmonary bypass systemic inflammatory response

Submission date 14/11/2005	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 15/11/2005	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 25/09/2009	Condition category Surgery	<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
EK.Nr: 078/2001

Study information

Scientific Title

Acronym

APPCIR

Study objectives

The study investigated the anti-inflammatory properties of Amiodarone after coronary-artery bypass surgery using cardiopulmonary bypass (CPB)

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethical committee of the Medical University of Vienna

Study design

Prospective, double blind, placebo-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**

Coronary-artery bypass surgery (CABG) with CPB

Interventions

Placebo or Amiodarone 600 mg/day for seven days orally and 45 mg/hour intravenously (IV) for 48 hours after the start of surgery

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Amiodarone

Primary outcome measure

C-reactive protein concentration area under the curve (AUC) up to 48 hours after start of surgery

Secondary outcome measures

AUCs of white blood cell count (WBC), fasting blood glucose (FBG), tumour necrosis factor-alpha (TNF-alpha), interleukin 6 and interleukin 10.

Overall study start date

01/04/2002

Completion date

01/03/2004

Eligibility**Key inclusion criteria**

Patients older than 40 years and younger than 75 years old undergoing non-emergent coronary-artery bypass surgery (CABG) with CPB were eligible for the study

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

20-40

Key exclusion criteria

1. A history of adverse events to AMIO
2. Concurrent treatment with AMIO within four months of enrolment
3. The use of antiarrhythmic therapy other than beta-receptor blockers
4. Calcium channel blockers or digitalis
5. A C-reactive protein (CRP) concentration above normal (>0.5 mg/dl)
6. A serum aspartate aminotransferase or an alanine aminotransferase concentration four times the upper limit
7. Child bearing potential
8. An untreated thyroid dysfunction (thyroid-stimulating hormone [TSH] <0.01 , >10 mIU/ml)
9. Chronic renal failure (serum creatinine >114 μ mol/l)
10. An ejection fraction $<30\%$ (determined either by nuclear, left fluorescence ventriculography or echocardiography)
11. Diabetes mellitus
12. Unstable angina
13. A resting heart rate of less than 50 beats per minute
14. An active infection
15. Malignancy
16. Chronic atrial fibrillation

Date of first enrolment

01/04/2002

Date of final enrolment

01/03/2004

Locations

Countries of recruitment

Austria

Study participating centre

Waehringer Guertel 18-20

Vienna

Austria

1090

Sponsor information

Organisation

Medical University of Vienna, Department of Cardiology (Austria)

Sponsor details

Waehringer Guertel 18-20

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Sponsor type

University/education

ROR

<https://ror.org/05n3x4p02>

Funder(s)

Funder type

Not defined

Funder Name

Supported by the Austrian Science Fund (Fonds zur Förderung der Wissenschaftlichen Forschung [FWF]) (Austria) (Grant P 15152)

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	01/04/2007		Yes	No