

# Physiological dose steroid therapy in sepsis

<b>Submission date</b> 15/04/2002	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 15/04/2002	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 19/02/2008	<b>Condition category</b> Infections and Infestations	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<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

Protocol number: 97.02.20; Trial number: 97.013.46

## Study information

## **Scientific Title**

### **Study objectives**

The aim of the study was to assess the prognostic importance of basal cortisol concentrations and cortisol response to corticotropin, and to determine the effects of physiological dose steroid therapy on mortality in patients with sepsis.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

The study protocol was approved by the Institutional Review Board of Erciyes University and informed consent was obtained from the patients' relatives.

### **Study design**

Randomised controlled trial

### **Primary study design**

Interventional

### **Secondary study design**

Randomised controlled trial

### **Study setting(s)**

Hospital

### **Study type(s)**

Treatment

### **Participant information sheet**

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

Sepsis and adrenal insufficiencies

### **Interventions**

Patients enrolled in the study were treated with standard therapy used in the treatment of sepsis and septic shock. This therapy could include administration of antibiotics, fluid replacement, vasoactive drugs, mechanical ventilatory support, and any other form of supportive therapy deemed necessary by the primary physicians.

Soon after the presumptive diagnosis of severe sepsis, an adrenalcorticotrophic hormone (ACTH) stimulation test was performed with 250 µg of tetracosactrin (synacthene, Ciba Geigy, Germany) given intravenously and the patients were randomised to treatment with prednisolone or placebo groups. The treatment groups were determined by a computer-generated randomisation procedure.

Steroid therapy group received prednisolone in physiologic doses. Prednisolone was intravenously given 5 mg at 06.00 am, and 2.5 mg at 18.00 pm for ten days.

Standard therapy group received a placebo infusion containing physiologic saline solution in an identical manner.

Patients and their primary physicians were blinded as to which therapy was administered.

**Intervention Type**

Drug

**Phase**

Not Specified

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

Prednisolone

**Primary outcome measure**

The primary endpoint of the study was 28-day mortality from all causes.

**Secondary outcome measures**

The secondary endpoint consisted of adverse occurrences including possible complications of drug therapy and morbid events such as the progression of initial infection and the development of secondary infection. Secondary infection was defined as the identification of a new site of infection or the emergence of a different organism at the same site, generally requiring a change in antibiotic management.

**Overall study start date**

01/05/1997

**Completion date**

01/04/1999

**Eligibility****Key inclusion criteria**

Patients over 17 years old and diagnosed with sepsis were included in the study consecutively. The diagnosis of sepsis was based on the definition of the American College of Chest Physicians /Society of Critical Care Medicine Consensus Conference Report. The severity of illness was classified according to this definition.

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

40

## Key exclusion criteria

Criteria for exclusion from the study were as follows:

1. Already known pre-existing adrenal disease or adrenalectomy
2. Known malignancies, tuberculosis that might have involved the adrenal gland
3. Administration of steroids within the three months before the admission
4. In addition, patients with burns, hemorrhagic shock or those who had suffered myocardial infarction were not included

## Date of first enrolment

01/05/1997

## Date of final enrolment

01/04/1999

## Locations

### Countries of recruitment

Türkiye

### Study participating centre

Erciyes Üniversitesi Tıp Fakültesi

Kayseri

Türkiye

38039

## Sponsor information

### Organisation

Erciyes University (Turkey)

### Sponsor details

Tıp Fakültesi

Klinik mikrobiyoloji ve Enfeksiyon

Hastalıkları Bilim Dalı

Kayseri

Türkiye

38039

### Sponsor type

University/education

### ROR

<https://ror.org/047g8vk19>

# Funder(s)

## Funder type

University/education

## Funder Name

Erciyes University (Turkey) - research fund (ref: 97.013.46)

# 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?
<a href="#">Results article</a>	Results	01/06/2002		Yes	No