# To assess the safety and feasibility of administering Dexamphetamine after stroke and its effect on cerebral and cardiac haemodynamics

Submission date	Recruitment status	<ul><li>Prospectively registered</li></ul>
26/08/2005	No longer recruiting	☐ Protocol
Registration date	Overall study status	Statistical analysis plan
28/10/2005	Completed	[X] Results
<b>Last Edited</b> 17/09/2009	Condition category Circulatory System	[] Individual participant data

#### Plain English summary of protocol

Not provided at time of registration

### Contact information

## Type(s)

Scientific

#### Contact name

Prof Philip Bath

#### Contact details

University of Nottingham Clinical Sciences Building City Hospital Campus Hucknall Road Nottingham United Kingdom NG5 1PB +44 (0)115 840 4792 philip.bath@nottingham.ac.uk

# Additional identifiers

EudraCT/CTIS number

IRAS number

#### ClinicalTrials.gov number

#### Secondary identifying numbers

N/A

# Study information

Scientific Title

#### Acronym

STAR

#### **Study objectives**

- 1. To study the safety and feasibility of administering dexamphetamine twice weekly in 42 patients with a recent ischaemic stroke, and its effect on motor impairment
- 2. To study the effect of dexamphetamine on cerebral and cardiac haemodynamics in stroke patients

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Not provided at time of registration

#### 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

Ischaemic Stroke

#### Interventions

Eligible patients who have provided consent will be randomly assigned to receive either dexamphetamine or placebo control. Dexamphetamine or placebo control will be administered orally twice a week with alternating 3 or 4 day separations. There will be a total of 10 doses covering a treatment period of 31 days. Further measurements of haemodynamics will be made

90 minutes after the first dose and immediately before, and 90 minutes after, the second dose. Measurements of the Barthel, Rankin and Scandinavian Neurological Stroke Scale (SNSS) will also be repeated 90 minutes after the second dose. Patients will remain as inpatients for the 7 days required. Xenon CT will be performed on selected patients (approx 8) to assess the dexamphetamine effect on cerebral perfusion before and 1 hour after the first administration.

#### **Intervention Type**

Drug

#### Phase

**Not Specified** 

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

Dexamphetamine

#### Primary outcome measure

The safety, tolerabilty and feasibility of dexamphetamine in acute ischaemic stroke and its effect on motor impairment, cerebral and cardiac haemodynamics.

#### Secondary outcome measures

At outcome (35 days) and follow up (90 days): Modified Rankin, Barthel Index, SNSS, Motricity Index, Grip Strength, Thumb-finding test, Sheffield aphasia screening, modified Mini-Mental State Examination (MMSE), Zung depression, EuroQUOL, 10-Hole Peg Test.

#### Overall study start date

18/10/2000

#### Completion date

31/03/2006

# **Eligibility**

#### Key inclusion criteria

- 1. Clinical stroke 3-30 days post ictus
- 2. Ischaemic stroke on computed tomography (CT)/magnetic resonance imaging (MRI)
- 3. Motor weakness (Motricity Index arm 0-99 inclusive)
- 4. Patients expected to stay in hospital for a further 8 days

#### Participant type(s)

**Patient** 

#### Age group

Adult

#### Sex

Both

# Target number of participants

42

#### Key exclusion criteria

- 1. Pre-morbid Barthel Index <12/20
- 2. Dementia
- 3. No enteral access in prescence of dysphagia
- 4. Moderate-severe hypertension (systolic blood pressure [BP] >160 or diastolic BP >100)
- 5. Clinical ischaemic heart disease, previous or current angina, myocardial infarction
- 6. Hyperexcitability or agitated states
- 7. Current hyperthyroidism
- 8. History of alcohol or drug abuse
- 9. Glaucoma
- 10. Predisposition to tics or Tourette Syndrome
- 11. Epilepsy or recent convulsions
- 12. Liver dysfunction (aspartate aminotransferase [AST] 3 x normal)
- 13. Renal dysfunction (creatinine >130)
- 14. Pregnancy and breastfeeding
- 15. Recent monoamine oxidase inhibitor (MAOI) usage
- 16. Porphyria

#### Date of first enrolment

18/10/2000

#### Date of final enrolment

31/03/2006

#### Locations

#### Countries of recruitment

England

**United Kingdom** 

# Study participating centre University of Nottingham

Nottingham United Kingdom NG5 1PB

# Sponsor information

#### Organisation

University of Nottingham (UK)

#### Sponsor details

Clinical Sciences Building City Hospital Campus Hucknall Road
Nottingham
England
United Kingdom
NG5 1PB
+44 (0)115 840 4791
philip.bath@nottingham.ac.uk

#### Sponsor type

University/education

#### **ROR**

https://ror.org/01ee9ar58

# Funder(s)

#### Funder type

University/education

#### Funder Name

University of Nottingham (UK)

Alternative Name(s)

#### **Funding Body Type**

Private sector organisation

#### **Funding Body Subtype**

Universities (academic only)

#### Location

United Kingdom

# **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 typeDetailsDate createdDate addedPeer reviewed?Patient-facing?Results articleresults01/08/2007YesNo