

# Cortisol profiles in the critically ill after traumatic brain injury

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		<input type="checkbox"/> Protocol
<b>Registration date</b> 04/09/2019	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 04/08/2020	<b>Condition category</b> Injury, Occupational Diseases, Poisoning	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Traumatic brain injury (TBI) is responsible for 160,000 hospital admissions in the UK every year and trauma is the leading cause of death in people under the age of 44. TBI has two components: the injury itself, as well as 'secondary injury' – damage to brain that occurs as a result of inflammation. One of the hormones that protects against inflammation is the hormone cortisol produced by the adrenal glands. It has been shown that cortisol in health is produced in pulses lasting around an hour and that these pulse patterns impact on the genes that cortisol activates and the effects that it has. No one has examined whether these pulses of cortisol exist after head injury and if so, what the patterns are and how they might relate to the patients' final outcome. Doctors on the Intensive Care Unit (ICU) frequently test cortisol as they think that some people after head injury may not produce enough because of damage to the pituitary gland in the head, as well as changes in the way the adrenal gland is controlled. Currently used tests of pituitary and adrenal gland function on the ICU do not take into account the pulses and patterns of cortisol. In patients who are critically ill after heart surgery, researchers have seen a different pattern of cortisol secretion in patients who die compared to those who survive. Patients who die produce very high levels of cortisol with no pulses. Patients who survive produce pulses of cortisol, but with a different pattern to when they are healthy. The researchers would like to see if this is the case after TBI. Pituitary and adrenal function in patients who are critically ill and those who have suffered a head injury specifically has not been fully elucidated. There have been recent consensus statements from national bodies calling for greater understanding of the changes in function of both the pituitary and adrenal glands and their implications for patients. This is a preliminary project to inform a larger study which can truly establish the mechanisms behind any changes and find out whether the changes in pattern have any effect on the patient's final clinical outcome. The aim of this study is to describe the 24-hour profiles of tissue cortisol that occur following TBI to find out whether tissue concentrations of cortisol are pulsatile in critically ill patients with TBI. If cortisol concentrations are pulsatile, then the methods currently used to test the amount of cortisol produced after a head injury will be inaccurate and therefore obsolete. There may also be differences in the patterns of cortisol between patients who do well and those who do not. This could potentially be used for helping to predict outcomes for patients.

### Who can participate?

Critically ill patients aged 18 and over with isolated moderate TBI, isolated severe TBI or non-head trauma

### What does the study involve?

Participants' cortisol is collected every 20 minutes for 24 hours using a technique called microdialysis in which a tiny catheter sits just under the skin. Other hormones of the cortisol secretion system are also profiled as well as markers of inflammation. The images of the patient's pituitary gland on the brain scan when they first arrive at hospital will be correlated to the patient's cortisol profile.

### What are the possible benefits and risks of participating?

There is no direct benefit to study participants but the information collected should help to improve the treatment of other critically unwell on the intensive care unit. This study has been assessed as being low risk. The only potential risk is infection at the site of catheter insertion. This risk is extremely low as the researchers will take all possible measures to prevent this. The small volume of blood taken as part of the extra research samples is safe to lose and will not affect participants' condition in any way. There will be no change to the clinical care of the participants.

### Where is the study run from?

The study is being run on the Intensive Care Unit at North Bristol NHS Trust in collaboration with the Henry Wellcome Laboratories for Integrative Neuroscience and the Clinical Trials and Evaluation Unit (both part of the University of Bristol) (UK)

### When is the study starting and how long is it expected to run for?

January 2019 to December 2020

### Who is funding the study?

British Society for Neuroendocrinology and the David Telling Charitable Trust

### Who is the main contact?

Dr Ben Gibbison  
ben.gibbison@bristol.ac.uk

## Contact information

### Type(s)

Public

### Contact name

Dr Ben Gibbison

### ORCID ID

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### Contact details

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## **Additional identifiers**

### **Clinical Trials Information System (CTIS)**

Nil known

### **ClinicalTrials.gov (NCT)**

Nil known

### **Protocol serial number**

74039

## **Study information**

### **Scientific Title**

Cortisol profiles in the critically ill after traumatic brain injury

### **Study objectives**

The study is designed to describe the changes in ultradian cortisol rhythms in critically ill patients following TBI. It aims to test the following original hypotheses:

1. Tissue concentrations of cortisol are pulsatile in brain-injured patients, but the frequency and amplitude of these pulses are different in those with moderate as compared to severe brain injury
2. Tissue concentrations of free cortisol are related to but not the same as plasma total concentrations after traumatic brain injury

### **Ethics approval required**

Old ethics approval format

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

Approved 03/04/2019, London - Camden & Kings Cross Research Ethics Committee (NHSBT Newcastle Blood Donor Centre, Holland Drive, Newcastle upon Tyne, NE2 4NQ; Tel: +44 (0)207 972 2561; Email: nrescommittee.london-camdenandkingscross@nhs.net), REC ref: 19/LO/0304

### **Study design**

Single-centre observational study

### **Primary study design**

Observational

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

Diagnostic

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

Traumatic brain injury (TBI) - moderate and severe, major trauma without traumatic brain injury

## Interventions

The 24-hour tissue cortisol profile will be mapped using subcutaneous microdialysis. This involves a small probe being inserted into the subcutaneous tissue overlying the abdomen, and attachment to a pump and sampling device that obtains samples every 20 minutes to generate a 72-point 24-hour profile.

Concomitant blood samples will be taken every 4 hours for cortisol, ACTH and inflammatory mediators.

Clinical outcome data will be collected to correlate any patterns seen.

## Intervention Type

Other

## Primary outcome(s)

Tissue cortisol level measured by subcutaneous microdialysis every 20 minutes for 24 hours, generating a 24-hour hormone profile

## Key secondary outcome(s)

Measured using ICU observation charts, medical notes and ICNARC audit data (collected for every patient routinely during an ICU stay):

1. Acute hospital mortality: inpatient mortality during acute hospital stay
2. Cardiac arrest during inpatient stay
3. Duration of renal replacement therapy in hours (during ICU stay)
4. Duration of mechanical ventilation in hours (during ICU stay)
5. Total number of spikes in intracranial pressure (ICP) during ICU stay and max level recorded
6. Amount of time in hours spent with ICP greater than 20 mmHg
7. Maximum therapy intensity level whilst on ICU (relates to degree of therapy for raised ICP)
8. Number of days of ICP targeted therapy whilst on ICU
9. Total dose and duration (in hours) of inotrope and vasopressor therapy whilst on ICU
10. Length of ICU stay in days
11. Length of hospital stay in days
12. Level of care at ICU discharge using ICNARC (Intensive Care National Audit and Research Centre) scale
13. Expected dependency post-acute hospital discharge using ICNARC scale
14. Residence post-discharge from acute hospital using ICNARC data

## Completion date

31/12/2021

## Eligibility

### Key inclusion criteria

Inclusion criteria for the TBI groups:

1. Adults aged at least 18 years of age
2. Intensive Care Unit admission
3. Traumatic brain injury:
  - 3.1. 10 patients with moderate TBI (Glasgow Coma Score 9-12 after resuscitation or prior to intubation)
  - 3.2. 10 patients with severe TBI (Glasgow Coma Score  $\leq 8$  after resuscitation or prior to intubation)

Inclusion criteria for the non-TBI group:

1. Adults aged at least 18 years of age
2. Bodily injuries sustained as a result of trauma but without significant head injury
3. Intensive Care Unit admission

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

18 years

### **Sex**

All

### **Key exclusion criteria**

Exclusion criteria for the TBI groups:

1. Life or limb-threatening extra-cranial injury (in the opinion of the treating intensivist)
2. Patients with known pre-existing HPA axis disease
3. Untreated thyroid disease
4. Current or prior steroid therapy within the last 3 months
5. Patients less than 18 years of age
6. Patients who are pregnant
7. Prisoners
8. Widespread burns/skin breakdown creating inability to place microdialysis catheter
9. Admission with perceived devastating brain injury for purposes of prognostication or organ donation
10. Refusal of consent or assent
11. More than 48 hours after injury
12. Severe metabolic acidosis (pH <7.20)

Exclusion criteria for the non-TBI group:

1. Significant head injury (GCS <13 or abnormal admission brain imaging)
2. Patients with known pre-existing HPA axis disease
3. Untreated thyroid disease
4. Current or prior steroid therapy within the last 3 months
5. Patients less than 18 years of age
6. Patients who are pregnant
7. Prisoners
8. Widespread burns/skin breakdown creating inability to place microdialysis catheter
9. Admission with devastating brain injury for purposes of prognostication or organ donation
10. Refusal of consent or assent
11. More than 48 hours after injury
12. Severe metabolic acidosis (pH <7.20)

**Date of first enrolment**

02/09/2019

**Date of final enrolment**

01/08/2020

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**North Bristol NHS Trust**

Southmead Hospital

Southmead Road

Bristol

United Kingdom

BS10 5NB

## Sponsor information

**Organisation**

University of Bristol

**ROR**

<https://ror.org/0524sp257>

## Funder(s)

**Funder type**

Charity

**Funder Name**

British Society for Neuroendocrinology

**Alternative Name(s)**

The British Society for Neuroendocrinology, British Neuroendocrine Group, BSN

**Funding Body Type**

Private sector organisation

## Funding Body Subtype

Associations and societies (private and public)

## Location

United Kingdom

## Funder Name

David Telling Charitable Trust

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Ben Gibbison (ben.gibbison@bristol.ac.uk). All data would be anonymised.

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">HRA research summary</a>			28/06/2023	No	No