

# Determinants of thiazide induced hyponatraemia in pre-exposed elderly - a controlled experiment

<b>Submission date</b> 16/07/2007	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
<b>Registration date</b> 16/07/2007	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 22/08/2007	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

## 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

N/A

# Study information

## Scientific Title

## Study objectives

Thiazide-induced hyponatraemia is caused by impaired free water excretion either due to alterations in the Arginine Dihydrolase (ADH) - Arginine Vasopressin Receptor 2 (AVPR2) - Aquaporin-2 (AQP2) pathway or impaired renal sodium handling.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Ethics approval received from the Medical Ethics Committee of the AMC on the 16th August 2007 (ref: MEC 07/059).

## Study design

Non-randomised, controlled experimental study

## Primary study design

Interventional

## Secondary study design

Non randomised controlled trial

## Study setting(s)

Not specified

## Study type(s)

Treatment

## Participant information sheet

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

Thiazide induced hyponatraemia

## Interventions

All subjects included in this controlled experiment will receive a single dose of Hydrochloorthiazide 50 mg. After that they will be monitored for 24 hours.

## Intervention Type

Drug

## Phase

Not Specified

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

Hydrochloorthiazide

**Primary outcome measure**

Effect of a single oral dose hydrochlorothiazide 50 mg intake on the serum and urine sodium, serum ADH, prostaglandin E2 and urinary aquaporin-2 excretion in elderly patients (aged 60 - 80 years) with previous thiazide-induced hyponatraemia (sodium less than 125 mmol/l) without another cause for their hyponatraemia and matched controls receiving a thiazide diuretic without hyponatraemia.

Urinary hydrochlorothiazide concentrations are measured to analyse differences in thiazide metabolism. The response to ADH will be assessed by expression of AVPR2 in a cell-culture and determine its activity by measurement of cyclic Adenosine Monophosphate (cAMP).

Outcomes will be measured at baseline (n = 0) and after 4, 8 and 24 hours.

**Secondary outcome measures**

To identify (elderly) patients who are at risk of thiazide induced hyponatraemia.

Outcomes will be measured at baseline (n = 0) and after 4, 8 and 24 hours.

**Overall study start date**

01/08/2007

**Completion date**

01/08/2008

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

1. Age 60 - 80 years
2. Previously admitted with thiazide-induced hyponatraemia
3. Patients must be willing and medically able to discontinue anti-hypertensive therapy six weeks before the study and for the duration of the study
4. Patients must be willing to be admitted for 24 hours and must be medically able to take the study medication
5. Patients must be willing to give informed consent

**Participant type(s)**

Patient

**Age group**

Senior

**Sex**

Not Specified

**Target number of participants**

36

**Key exclusion criteria**

1. Other causes for hyponatraemia (e.g. heart failure, pulmonary disease, medication associated with hyponatraemia)

2. Renal dysfunction (estimated clearance less than 50 ml/min according to Cockcroft-Gault)
3. Liver cirrhosis
4. Heart failure
5. Medication: antidepressants (Selective Serotonin Reuptake Inhibitors [SSRIs]), antiepileptics, prednisone, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), opioids, other diuretics (e.g. lasix, burinex, chlorthalidone, dytac)
6. Allergy for sulphonamide derivatives
7. Therapy resistant hypertension (Blood Pressure [BP] greater than 140/90 mmHg while using three or more anti-hypertensive drugs)

**Date of first enrolment**

01/08/2007

**Date of final enrolment**

01/08/2008

## Locations

**Countries of recruitment**

Netherlands

**Study participating centre****Academic Medical Centre**

Amsterdam

Netherlands

1105 AZ

## Sponsor information

**Organisation**

Academic Medical Centre (AMC) (The Netherlands)

**Sponsor details**

Department of Vascular Medicine

P.O. Box 22660

Amsterdam

Netherlands

1100 DD

**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.amc.uva.nl#http://www.amc.uva.nl/>

**ROR**

<https://ror.org/03t4gr691>

## **Funder(s)**

**Funder type**

Charity

**Funder Name**

Dutch Kidney Foundation (Nierstichting Nederland) (The Netherlands)

**Alternative Name(s)**

Dutch Kidney Foundation

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Trusts, charities, foundations (both public and private)

**Location**

Netherlands

## **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