

Effect of an angiotensin receptor antagonist on cerebral blood flow, cerebral perfusion pressure, and systemic and peripheral haemodynamics in patients with acute stroke

Submission date 07/07/2008	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 29/07/2008	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 04/01/2019	Condition category Circulatory System	<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

Clinical Trials Information System (CTIS)
2006-005082-19

Protocol serial number
1.1

Study information

Scientific Title

Effect of an angiotensin receptor antagonist on cerebral blood flow, cerebral perfusion pressure, and systemic and peripheral haemodynamics in patients with acute stroke

Acronym

TAST

Study objectives

The hypothesis is that it is possible to lower blood pressure in hypertensive patients with acute stroke using telmisartan (an angiotensin receptor antagonist) without reducing cerebral blood flow.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval received from the UK National Research Ethics Service - committee LNR1 on the 11th December 2006 (ref: 06/Q2501/228)

Study design

Single centre, interventional, randomised, double blind placebo controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Hypertension in acute stroke

Interventions

Telmisartan 80 mg once a day or matched placebo. The patients are in the trial for 90 days, and receive treatment for the whole period.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Telmisartan

Primary outcome(s)

Quantitative cerebral blood flow (xenon computed tomography [CT] figure) before and 1.5 hours after first treatment.

Key secondary outcome(s)

1. Middle cerebral artery blood flow velocity (MCABFV) and pulsatility index (transcranial doppler [TCD])
2. Central blood pressure
3. Augmentation index (AI [applanation tonometry at carotid and radial arteries on ipsilateral side, SphygmoCor])
4. Peripheral blood pressure
5. Heart rate (Omron)

Measured at baseline, and 4.5 hours after first dose, day 4, 7 and 90 treatment.

Completion date

30/11/2009

Eligibility**Key inclusion criteria**

1. Patients must have suffered ischaemic or haemorrhagic stroke
2. Patients must be 18 years of age or over, either sex
3. Onset date of stroke is less than 5 days
4. Systolic blood pressure (BP) greater than 140 mmHg

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Less than 18 years of age
2. Normotension or hypotension (systolic BP less than 140 mmHg)
3. Onset date more than 5 days
4. Coma (Scandinavian Stroke Scale [SSS] less than 4)
5. Patients who are of childbearing potential, pregnant or breastfeeding

Date of first enrolment

01/07/2007

Date of final enrolment

30/11/2009

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Division of Stroke Medicine

Nottingham

United Kingdom

NG5 1PB

Sponsor information

Organisation

University of Nottingham (UK)

ROR

<https://ror.org/01ee9ar58>

Funder(s)

Funder type

Charity

Funder Name

British Heart Foundation (BHF) (UK) (ref: PG/05/137/19999)

Alternative Name(s)

The British Heart Foundation, the_bhf, BHF

Funding Body Type

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

Location

United Kingdom

Results and Publications

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	05/06/2013		Yes	No