

Modulation of ischaemic induced cardiac dysfunction by remote pre-conditioning

Submission date 12/09/2003	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 12/09/2003	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 22/08/2016	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

Contact name
Dr David Dutka

Contact details
Box No 110
ACCI Level 6
Addenbrooke's NHS Trust
Hills Road
Cambridge
United Kingdom
CB2 2QQ
+44 (0)1223 331504
dpd24@cam.ac.uk

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
N0544112277

Study information

Scientific Title

Modulation of ischaemic induced cardiac dysfunction by remote pre-conditioning

Study objectives

The effect of remote preconditioning on post-ischaemic left ventricular dysfunction (stunning) after dobutamine will be assessed by echocardiography in patients with single vessel coronary disease awaiting coronary angioplasty.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Cambridge LREC, September 2001

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

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Cardiovascular: Single vessel coronary disease

Interventions

Myocardial ischaemia is common in patients with coronary artery disease (CAD) and may be asymptomatic and occur during everyday life. Brief episodes of demand ischaemia, where the increase in coronary blood supply is insufficient to meet the increase in cardiac work, may result in both an adaptive change in metabolism and a transient reduction in regional left ventricular contractile function (stunning). The changes in contractile function can be assessed by echocardiography and from the basis of dobutamine stress echocardiography that is a well-validated non-invasive technique for the diagnosis and assessment of patients with CAD. Episodes of ischaemia in a remote organ (such as a limb) may modify the myocardial response to ischaemia and this study will use this technique to assess the myocardial response to dobutamine in patients with single vessel CAD. Using a randomised cross-over design, a baseline dobutamine stress study will be performed to confirm that stunning can be induced, with two

further studies with and without remote preconditioning. The latter will be induced by inflating a blood pressure cuff in the non-dominant arm to 30 mmHg above systolic blood pressure for 5 min, deflated for 5 min and then repeated three times. At the end of these three cycles (that have previously been performed uneventfully in volunteers) the dobutamine stress echocardiogram will be performed using a standard clinical protocol with myocardial imaging every 3 min during the incremental increases in dobutamine dosage. Imaging will be repeated every 3 min for 3 h after the end of the dobutamine infusion.

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Dobutamine

Primary outcome measure

Added July 2008:

Change in ejection fraction after remote preconditioning, compared to baseline.

Secondary outcome measures

Added July 2008:

1. Segmental LV wall tissue velocities
2. Rate pressure product
3. ECG ST deviation and chest pain score after remote preconditioning, compared to baseline

Overall study start date

02/04/2002

Completion date

01/04/2005

Eligibility

Key inclusion criteria

Added July 2008:

1. Able to consent
2. Age >18
3. Coronary artery disease
4. Normal left ventricular function

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

20 patients

Key exclusion criteria

Added July 2008:

1. Diabetes mellitus
2. Valvular heart disease
3. Permanent pacemaker
4. Left bundle branch block (LBBB) on electrocardiogram (ECG)
5. Myocardial infarction in the preceding 3 months
6. Not in sinus rhythm or taking nicorandil or glibenclamide medication

Date of first enrolment

02/04/2002

Date of final enrolment

01/04/2005

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre

Addenbrooke's NHS Trust

Cambridge

United Kingdom

CB2 2QQ

Sponsor information**Organisation**

Department of Health (UK)

Sponsor details

Richmond House

79 Whitehall

London

United Kingdom

SW1A 2NL

Sponsor type

Government

Website

<http://www.doh.gov.uk>

Funder(s)

Funder type

Government

Funder Name

Cambridge Consortium - Addenbrooke's (UK)

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?
Results article	results	01/04/2010		Yes	No
Results article	results	01/09/2016		Yes	No