

# Treatment of exacerbations of Chronic Obstructive Pulmonary Disease - a co-operation between primary health care and hospital care: a prospective, randomised trial

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|--|---|--|
| <b>Submission date</b><br>12/09/2005   | <b>Recruitment status</b><br>No longer recruiting | <input type="checkbox"/> Prospectively registered    |
|  |   | <input type="checkbox"/> Protocol                    |
| <b>Registration date</b><br>12/09/2005 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan   |
|  |   | <input type="checkbox"/> Results                     |
| <b>Last Edited</b><br>12/04/2021       | <b>Condition category</b><br>Respiratory          | <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

## Study website

<http://www.picassovoorcopd.nl>

## Contact information

### Type(s)

Scientific

### Contact name

Dr B.M. Roede

### Contact details

Academic Medical Center (AMC)  
University of Amsterdam  
P.O. Box 22660  
Amsterdam  
Netherlands  
1105 AZ  
+31 (0)20 5668983  
[I.Roede@amc.uva.nl](mailto:I.Roede@amc.uva.nl)

## Additional identifiers

EudraCT/CTIS number

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**

N/A

## **Study information**

### **Scientific Title**

Treatment of exacerbations of Chronic Obstructive Pulmonary Disease - a co-operation between primary health care and hospital care: a prospective, randomised trial

### **Acronym**

PICASSO (Partners in Care Solutions) for COPD

### **Study objectives**

Will adequate treatment in primary care, supported by a structured co-operation with the hospital, lead to improvement in patients' health (faster recovery) and the health care process (use of antibiotics and health care services)?

### **Ethics approval required**

Old ethics approval format

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

Ethics approval received from the local medical ethics committee

### **Study design**

Randomised, active controlled, parallel group, multicentre 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**

Chronic Obstructive Pulmonary Disease (COPD)

### **Interventions**

Control arm: patients with exacerbation COPD receive 'care as usual'.

Intervention arm: patients with exacerbations are treated by their General Practitioner (GP)

following the study protocol. This means a short course of oral steroids (30 mg daily, seven to ten days, in accordance with the Dutch College of General Practitioners [NHG] guideline for COPD). Antibiotics should be prescribed following the NHG guideline for COPD. There is an extra opportunity to refer to a pulmonologist for a one-time consultation.

**Intervention Type**

Other

**Phase**

Not Specified

**Primary outcome measure**

Improvement in patients' health (faster recovery).

**Secondary outcome measures**

The health care process (use of antibiotics and health care services).

**Overall study start date**

01/11/2004

**Completion date**

01/05/2006

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

1. Patient meets the clinical criteria of Chronic Obstructive Pulmonary Disease (COPD):
  - a. Chronic bronchitis: chronic cough and sputum production on most days during at least three months of the year, during at least two consecutive years and/or
  - b. COPD defined as an expiratory flow obstruction determined by spirometry, where the disorder does not vary seriously during several months of observation
2. Diagnosis of COPD in medical dossier
3. Indications for exacerbation
  - a. Increased dyspnoe, +/- accompanied by increased volume and/or purulence of sputum and/or cough
  - b. Increased dyspnoe developed in a short period (less than four weeks)
  - c. Adaptation in medication is necessary

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

128

**Key exclusion criteria**

1. Inadequate cognitive functioning
2. Inadequate of mastering the Dutch language
3. Terminal patient
4. Other infection at the same time that needs antibiotic treatment
5. Serious underlying diseases: Acquired Immune Deficiency Syndrome (AIDS), neutropenia less than  $1.0 \times 10^9/l$
6. Age less than 40 or more than 80 years

**Date of first enrolment**

01/11/2004

**Date of final enrolment**

01/05/2006

**Locations****Countries of recruitment**

Netherlands

**Study participating centre**

Academic Medical Center (AMC)

Amsterdam

Netherlands

1105 AZ

**Sponsor information****Organisation**

University Maastricht (The Netherlands)

**Sponsor details**

CAPHRI Research Institute

P.O. Box 616

Maastricht

Netherlands

6200 MD

**Sponsor type**

University/education

**ROR**

<https://ror.org/02jz4aj89>

# Funder(s)

## Funder type

Industry

## Funder Name

Pfizer (The Netherlands)

## Alternative Name(s)

Pfizer Inc., Pfizer Consumer Healthcare, Davis, Charles Pfizer & Company, Warner-Lambert, King Pharmaceuticals, Wyeth Pharmaceuticals, Seagen

## Funding Body Type

Government organisation

## Funding Body Subtype

For-profit companies (industry)

## Location

United States of America

## Funder Name

Boehringer Ingelheim (The Netherlands)

## Alternative Name(s)

Boehringer Ingelheim Pharmaceuticals, Inc., Boehringer Ingelheim International GmbH, BI, BIPI

## Funding Body Type

Private sector organisation

## Funding Body Subtype

For-profit companies (industry)

## Location

United States of America

# Results and Publications

## Publication and dissemination plan

Not provided at time of registration

2008 results published in thesis [https://pure.uva.nl/ws/files/1587855/59316\\_thesis.pdf](https://pure.uva.nl/ws/files/1587855/59316_thesis.pdf) (added 12/04/2021)

## Intention to publish date

## **Individual participant data (IPD) sharing plan**

### **IPD sharing plan summary**

Not provided at time of registration