

# Gastrodin prevents cognitive decline related to cardiopulmonary bypass

<b>Submission date</b> 25/02/2006	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 25/04/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 11/01/2021	<b>Condition category</b> Nervous System Diseases	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<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

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**  
NCT00297245

**Secondary identifying numbers**  
FWA00007304

## Study information

**Scientific Title**

Gastrodin prevents cognitive decline related to cardiopulmonary bypass

**Study objectives**

Cardiopulmonary bypass (CPB) is associated with significant cerebral morbidity. The incidence of cognitive decline related to CPB ranges from 20% to 80%. However, there is no effective method to prevent the decline. We postulate that gastrodin would attenuate the causative parameters of cognitive dysfunction related to CPB and would be an effective drug to prevent the decline as a result.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Approved by the Ethics Committee at Tongji Medical College on 19/01/2006, reference number: FWA00007304

**Study design**

Double-blind, randomized controlled study

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Not specified

**Study type(s)**

Prevention

**Participant information sheet****Health condition(s) or problem(s) studied**

Neurocognitive decline related to CPB

**Interventions**

Patients are randomized to receive either one the following interventions:

1. Gastrodin (40 mg/kg in 50 ml saline) will be injected intravenously with a pump within 45 minutes after induction of anesthesia
2. Saline 50 ml will be injected intravenously with a pump within 45 minutes after induction of anesthesia

**Intervention Type**

Drug

**Phase**

Not Specified

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

Gastrodin

**Primary outcome measure**

Neurocognitive function

**Secondary outcome measures**

Safety of gastrodin

**Overall study start date**

01/03/2006

**Completion date**

01/06/2006

## **Eligibility**

**Key inclusion criteria**

Adult patients (18 to 65 years) that have undergone mitral valve replacement surgery

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

200

**Total final enrolment**

200

**Key exclusion criteria**

1. Patients who have thrombosis in left atrium
2. A history of symptomatic cerebrovascular disease
3. Diabetes
4. Psychiatric illness
5. Renal disease or active liver disease
6. Less than a seven-grade education or those who cannot read will be excluded

**Date of first enrolment**

01/03/2006

**Date of final enrolment**

01/06/2006

## Locations

### Countries of recruitment

China

### Study participating centre

1277 Jiefang Street

Wuhan

China

430022

## Sponsor information

### Organisation

Tongji Medical College (China)

### Sponsor details

13 Hangkong Road

Wuhan

China

430030

### Sponsor type

Hospital/treatment centre

### ROR

<https://ror.org/00p991c53>

## Funder(s)

### Funder type

Research organisation

### Funder Name

Supported by Grant (30271255) from the National Science Foundation of China.

## 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?
<a href="#">Results article</a>	results	01/02/2011	11/01/2021	Yes	No