The effects of medical therapy on insulin resistance and the cardiovascular system in PolyCystic Ovarian Syndrome

Submission date	Recruitment status No longer recruiting	Prospectively registered		
28/03/2006		[_] Protocol		
Registration date	Overall study status	Statistical analysis plan		
03/04/2006	Completed	[X] Results		
Last Edited 11/04/2008	Condition category Nutritional, Metabolic, Endocrine	[] Individual participant data		

Plain English summary of protocol Not provided at time of registration

Study website http://www.jeanhailes.org.au

Contact information

Type(s) Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers N/A

Study information

Scientific Title

Acronym PCOS

Study objectives

Women with polycystic ovarian syndrome (PCOS) and insulin resistance will have equivalent efficacy with metformin and both high- and low-dose oral contraceptives, yet the metabolic effects of the therapy will differ with metformin and the lower dose oral contraceptive pill (OCP) having relatively more favorable effects on insulin resistance and metabolic and cardiovascular parameters.

Ethics approval required Old ethics approval format

Ethics approval(s) Ethics approval received from the Southern Health Human Ethics Committee in October 2002.

Study design Randomised controlled 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 Polycystic ovarian syndrome

Interventions

Patients are randomised to receive one of the following interventions:

1. Control group: higher dose OCP - 35 mcg ethinyl oestradiol (EE), 2 mg cyproterone acetate

2. Metformin - 1 g greater than twice daily (bd)

3. Low dose OCP - 20 mcg EE, 100 mcg levonorgestrel and 50 mg aldactone bd

Intervention Type

Drug

Phase Not Specified

Drug/device/biological/vaccine name(s)

Ethinyl oestradiol (EE), cyproterone acetate, metformin, levonorgestrel and aldactone

Primary outcome measure

Effects on insulin resistance

Secondary outcome measures

1. Clinical symptom improvement 2. Arterial function

Overall study start date

01/10/2002

Completion date 01/06/2005

Eligibility

Key inclusion criteria

Overweight women (body mass index [BMI] greater than 27 kg/m²)
Aged 18 - 40 years with PCOS diagnosed from a history of perimenarchal onset of irregular cycles (less than 21 days or greater than 35 days) plus clinical manifestations of hyperandrogenism (hirsutism, acne) or biochemical hyperandrogenism with elevation of at least one circulating ovarian androgen (1990 National Institute of Health [NIH] criteria)

Participant type(s)

Patient

Age group Adult

Lower age limit 18 Years

Sex Female

Target number of participants

110

Key exclusion criteria

- 1. BMI less than 27 kg/m^2
- 2. Other concurrent medical conditions
- 3. Ongoing use of the OCP
- 4. Pregnancy or desire for pregnancy
- 4. Secondary causes of amenorrhoea and hyperandrogenism

Date of first enrolment

01/10/2002

Date of final enrolment 01/06/2005

Locations

Countries of recruitment Australia

Study participating centre Monash Institute of Health Services Research Melbourne Australia 3168

Sponsor information

Organisation Southern Health (Australia)

Sponsor details

246 Clayton Road Clayton Melbourne Australia 3168 +61 (0)3 9594 6666 malar.thiagarajan@southernhealth.org.au

Sponsor type Government

Website http://www.southernhealth.org.au

Funder(s)

Funder type Industry

Funder Name

Pfizer (Australia) - competitive cardiovascular lipid grant 2003 and internal departmental fund

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?
<u>Results article</u>	Results	01/03/2007		Yes	No