

Heroin Assisted Treatment in Andalusia: The PEPSA Trial

Submission date 03/08/2008	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 19/02/2009	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 16/11/2009	Condition category Mental and Behavioural Disorders	<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)
2005-002896-33

Protocol serial number
N/A

Study information

Scientific Title

Efficacy of prescribed injected diacetylmorphine in the Andalusian trial: responders and non-responders evaluated using a multi-domain outcome index

Acronym

PEPSA

Study objectives

The impact of intravenous diacetylmorphine (DAM) plus oral methadone is better than a treatment with oral methadone alone on the physical and mental health and social integration of refractory opioid addicts.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics board of the Hospital Virgen de las Nieves, approved on 01/08/2001 (ref: 01/15.2)

Study design

Open randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Refractory opioid addicts

Interventions

Participants in the experimental group received DAM (heroin) injection twice a day, plus oral methadone once a day (to be taken at home) for 9 months. The control group received only oral methadone to be taken once a day.

Dosage:

The two groups received an equivalent opioid dose. Among treatment completers, an average DAM dosage of 274.5 mg/day (range: 15-600 mg) and an average methadone dosage of 42.6 mg/day (range 18-124 mg) were prescribed for the experimental group. The daily methadone dosage in the control group was 105 mg/day (range: 40-180 mg).

As a result, the approximate mean daily total equivalent dosage of DAM/day for the experimental group was between 395.5 and 414.5 mg/day; for the control group, it was between 361 and 400 mg/day.

Of the 62 participants, 44 completed the treatment and 50 patients were analysed.

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Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Diacetylmorphine (DAM; heroin), methadone

Primary outcome(s)

A dichotomous multidimension outcome (MDO) index was determined by protocol as a primary outcome variable, imputing success when the patient showed at least 20% improvement at 9 months, compared with the baseline values, in general health or psychological or family adjustment, without a deterioration superior to 20% in any of these dimensions evaluated with the respective Addiction Severity Index (ASI) composite scores.

Key secondary outcome(s)

The following were assessed before randomisation, at 3, 6 and 9 months (end of the trial):

1. Physical and mental health, assessed by the Opiate Treatment Index (OTI), Symptom Checklist (SCL) and Maudsley Addiction Profile (MAP)
2. Psychosocial adjustment, assessed by the OTI and ASI
3. Treatment retention
4. Illegal activities, assessed by the ASI
5. Illicit drug use, assessed by the OTI and ASI
6. Quality of life, assessed by the Health Related Quality of Life 12-item Short Form (SF-12)

Completion date

15/12/2004

Eligibility

Key inclusion criteria

1. Both males and females, 21 years or older
2. Long-term opioid-dependent persons who had not been benefited from other treatments

Potential participants were interviewed in squares, soup kitchens and methadone dispensaries by outreach workers and peers, who suggested they make an appointment with a PEPSA physician.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. Non-agreement to participate
2. Psycho-social impairment to answer the questionnaires
3. Current medical, social or legal situation that is likely to result in an discontinuation period longer than the study period (9 months)

Date of first enrolment

15/02/2003

Date of final enrolment

15/12/2004

Locations**Countries of recruitment**

Canada

Spain

Study participating centre

School of Population and Public Health

Vancouver, BC

Canada

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Sponsor information**Organisation**

Drug Commission, Council for Equality and Social Welfare (Spain)

Funder(s)**Funder type**

Government

Funder Name
Committee on Drug Dependence, Carlos III Health Institute (Spain)

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	main results:	01/09/2006		Yes	No
Results article	results	01/07/2008		Yes	No
Results article	results, comparing the baseline data from Canadian sample with the European trials, including the data from this trial:	01/11/2008		Yes	No
Results article	results	14/08/2009		Yes	No
Protocol article	protocol	01/05/2004		Yes	No
Other publications	review including data from this trial	01/07/2007		Yes	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes