

# Levetiracetam (Keppra®) in neonates: safety of intravenous levetiracetam for neonates with seizures

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<b>Registration date</b> 11/04/2007	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 22/09/2021	<b>Condition category</b> Nervous System Diseases	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<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

## Contact information

### Type(s)

Scientific

### Contact name

Dr L S Smit

### Contact details

Erasmus Medical Centre  
Sophia Children's Hospital  
Department of Neonatology Intensive Care  
Rotterdam  
Netherlands  
3015 GJ  
+31 (0)10 463 6077  
l.s.smit@erasmusmc.nl

## Additional identifiers

### Protocol serial number

NL907 (NTR930)

## Study information

Scientific Title

Levetiracetam (Keppra®) in neonates: safety of intravenous levetiracetam for neonates with seizures

### **Study objectives**

The use of parenterally administered Levetiracetam (LEV) (Keppra®) in neonatal epileptic seizures, detected electrographically, with or without clinical signs, will be safe, and pharmacokinetic and -dynamic properties of the use in neonates will be determined.

### **Ethics approval required**

Old ethics approval format

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

Approval received from the METC Erasmus MC Rotterdam on the 12th March 2007.

### **Study design**

Non-randomised, non-controlled, clinical trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

### **Health condition(s) or problem(s) studied**

Neonatal seizures

### **Interventions**

Keppra® intravenous (iv) 20 mg/kg, when no response another 20 mg/kg. 15 times withdrawal from blood from arterial catheter.

### **Intervention Type**

Drug

### **Phase**

Not Specified

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

Levetiracetam (Keppra®)

### **Primary outcome(s)**

1. Safety profile of LEV in neonates
2. Safety outcome parameters as liver, kidney and metabolic function, electrolytes, haemodynamic effects (heart rate/arrhythmia, arterial blood pressure/hypotension)
3. Investigation of pharmacokinetic and -dynamic properties of LEV in neonates

At t = 0, 12 and 24 hours physical examination will be performed. Vital signs and EEG will be monitored continuously up to 24 hours. Hepatic and kidney functions will be determined at t = 0 and t = 24 hours. LEV plasma concentrations at t = 0, 5, 15, 20, 30, 60 minutes and t = 4, 8, 12, 24, 36, 48, 60 and 72 hours.

### **Key secondary outcome(s)**

Increase of epileptic activity and drug interaction will be determined or registered.

At t = 0, 12 and 24 hours physical examination will be performed. Vital signs and EEG will be monitored continuously up to 24 hours. Hepatic and kidney functions will be determined at t = 0 and t = 24 hours. LEV plasma concentrations at t = 0, 5, 15, 20, 30, 60 minutes and t = 4, 8, 12, 24, 36, 48, 60 and 72 hours.

**Completion date**

01/04/2008

## Eligibility

**Key inclusion criteria**

1. All neonates with electrographical epileptic seizures, diagnosed by Electroencephalogram (EEG):
  - a. with or without clinical signs
  - b. multiple (greater than one in 30), defined as the evolution of sudden, repetitive evolving stereotyped forms with a definite beginning, middle and end, lasting at least eight seconds
  - c. or status epilepticus, defined as continuous seizure activity for at least 30 minutes or recurrent seizure activity for greater than 50% of the entire recording duration
2. Newborn gestational age greater than 37 weeks, birth weight greater than 1500 grams
3. Refractory to phenobarbitone up to 40 mg/kg or refractory to phenobarbitone up to 40 mg/kg and midazolam up to 0.5 mg/kg (raised from 0.1 mg/kg every 10 to 15 minutes when effect fails) (depending on moment of referral with history of medication)
4. After correction or treatment of metabolic causes of the as inborn errors, hypoglycaemia or hypocalcaemia or Central Nervous System (CNS) infections
5. Arterial catheter

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Neonate

**Sex**

Not Specified

**Key exclusion criteria**

1. Newborn gestational age less than 37 weeks
2. Birth weight less than 1500 grams

**Date of first enrolment**

01/04/2007

**Date of final enrolment**

01/04/2008

# Locations

## Countries of recruitment

Netherlands

## Study participating centre

Erasmus Medical Centre

Rotterdam

Netherlands

3015 GJ

# Sponsor information

## Organisation

Erasmus Medical Centre (The Netherlands)

## ROR

<https://ror.org/018906e22>

# Funder(s)

## Funder type

Hospital/treatment centre

## Funder Name

Erasmus Medical Centre (The Netherlands)

# Results and Publications

## Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration