

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

Submission date 11/04/2007	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 11/04/2007	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 22/09/2021	Condition category 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

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

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

Secondary study design

Non randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

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 measure

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 pharmaco-kinetic 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.

Secondary outcome measures

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.

Overall study start date

01/04/2007

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

Age group

Neonate

Sex

Not Specified

Target number of participants

10

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)

Sponsor details

Sophia Children's Hospital
Department of Neonatology Intensive Care
Dr. Molewaterplein 60
Rotterdam
Netherlands
3015 GJ

Sponsor type

Hospital/treatment centre

Website

<http://www.erasmusmc.nl/>

ROR

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

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

Erasmus Medical Centre (The Netherlands)

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