

# Benefits of weight loss in obese patients with asthma: mechanical or immunological mechanisms?

<b>Submission date</b> 12/09/2005	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 02/12/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 21/03/2012	<b>Condition category</b> Respiratory	<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

**Protocol serial number**  
04/048

## Study information

**Scientific Title**

**Study objectives**

Epidemiological studies suggest higher prevalence in obese subjects. Weight loss improves many features of asthma. Whilst lung function will improve with weight loss as a result of mechanical work, it is difficult to explain improvements in bronchial hyper-reactivity and airway inflammation purely on a mechanical basis. Obesity is associated with a state of immune activation that could amplify the process of autoimmunity.

We hypothesize that immunological mechanisms partly account for the relationship between obesity and asthma. More specifically, we propose that increased concentrations of the adipokines leptin and tumour necrosis factor alpha and reduced concentrations of adiponectin in obese subjects are promoters of inflammation in asthma, and that improvements in asthma with weight loss are related to changes in the systemic and local (within the bronchial tree) concentrations of these factors as well as a reduction in mechanical work.

### **Ethics approval required**

Old ethics approval format

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

Not provided at time of registration

### **Study design**

Randomised controlled trial

### **Primary study design**

Interventional

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

Treatment

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

Asthma and obesity

### **Interventions**

Dietary intervention: Meal replacement therapy for six months plus dietitian advice and support for intervention group versus healthy eating leaflet for control group

Exhaled nitric oxide measurements.

Methacholine challenge testing - tidal breathing method.

Airway resistance with plethysmography.

Induced sputum plus sputum cell counts and supernatant inflammatory markers.

Blood inflammatory markers.

Height, weight and bioimpedence.

SGRQ, SF36, IQWOL-LITE questionnaires.

Peak flow and symptom diary monitoring.

### **Intervention Type**

Other

### **Phase**

Not Specified

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

Expected weight loss in the intensive group of 10 to 12 kg (10 - 20% body weight), compared to minimal weight loss in the conventional group. This should result in significant improvements in pulmonary function i.e. reduced bronchoconstriction, reduced peak flow variability and reduced bronchial hyper-reactivity.

**Key secondary outcome(s)**

1. Reduction in systemic inflammation in the intensively treated group
2. Reduction in markers of local airway inflammation in the intensively treated group
3. Improvement in health status of intensively treated group

**Completion date**

01/01/2007

**Eligibility****Key inclusion criteria**

1. Obesity (body mass index more than 30 kg/m<sup>2</sup>)
2. Age 18 to 65 years
3. Asthma requiring treatment with at least a long-acting inhaled corticosteroid and an inhaled beta agonist

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Key exclusion criteria**

1. Subjects on long-term oral corticosteroids
2. Diabetes mellitus
3. Pregnancy or breastfeeding
4. History of major eating disorder
5. History of food allergy to any component of Slimfast
6. Major psychiatric disease
7. Current smokers
8. Uncontrolled thyroid disease
9. History of severe cardiac, hepatic or renal disease, malignancy, or any other condition that might, in the opinion of the investigators preclude completion of the study

**Date of first enrolment**

01/01/2005

**Date of final enrolment**

01/01/2007

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Clinical Sciences Centre**

Liverpool

United Kingdom

L9 7AL

## Sponsor information

**Organisation**

University of Liverpool (UK)

**ROR**

<https://ror.org/04xs57h96>

## Funder(s)

**Funder type**

Charity

**Funder Name**

Asthma UK (Project ID 04/048).

**Alternative Name(s)**

asthmalunguk, Asthma UK, Asthma + Lung UK

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Research institutes and centers

**Location**

# Results and Publications

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary

#### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/03/2012		Yes	No