Effect of a bioactive solution on the duration of diarrhoea in adult and paediatric patients

Submission date	Recruitment status No longer recruiting	Prospectively registered		
09/01/2015		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
21/01/2015	Completed	[X] Results		
Last Edited 09/02/2023	Condition category Digestive System	[X] Individual participant data		

Plain English summary of protocol

Background and study aims

Diarrhoea is a leading cause of death in children, and results in health decline and time lost at work for adults. Oral rehydration solution (ORS) is the standard of care for individuals with non-infectious diarrhoea. It reduces the dehydration caused by diarrhoea, but does not reduce the time to resolution of diarrhoea. The aim of the study is to test whether adding a novel polyphenol solution to ORS might reduce the time to resolution of the diarrhoea compared with the resolution time with ORS alone.

Who can participate?

Adults and children with diarrhoea for less than 48 hours

What does the study involve?

Participants will receive ORS plus the polyphenol solution or ORS plus water once at the start of 2 days and the resolution of diarrhoea and other intestinal symptoms will be recorded.

What are the possible benefits and risks of participating?

The benefits are the reduction of the duration of diarrhoea with no side-effects. The risk is that a patient might have an adverse event to the polyphenol solution.

Where is the study run from?

Community clinic associated with the Universidad Centroamericana de Ciencias Empresariales (Nicaragua)

When is the study starting and how long is it expected to run for? From February 2010 to December 2010.

Who is funding the study? LiveLeaf Inc (USA).

Who is the main contact? Dr Thomas Lawson tlawson@liveleaf.com

Contact information

Type(s)

Scientific

Contact name

Dr Thomas Lawson

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers 20110101

Study information

Scientific Title

Assessment of a bioactive polyphenol solution on the duration of acute diarrhoea in adult and paediatric patients: a randomised double-blind placebo-controlled crossover study

Study objectives

Consumption of a bioactive polyphenol solution will reduce the duration of acute diarrhoea by 20%

Ethics approval required

Old ethics approval format

Ethics approval(s)

Institutional review board of the Universidad Centroamericana de Ciencias Empresariales (Managua, Nicaragua), 10/05/2010, 201005

Study design

Randomised double-blind placebo-controlled crossover study

Primary study design

Interventional

Secondary study design

Randomised cross over trial

Study setting(s)

Community

Study type(s)

Treatment

Participant information sheet

Not available in web format. Please use the contact details below to request a patient information sheet.

Health condition(s) or problem(s) studied

Acute diarrhoea (for less than 48 hours)

Interventions

- 1. Oral rehydration solution and bioactive solution on day 1 and then oral rehydration solution and water (placebo) on day 2
- 2. Oral rehydration solution and water (placebo) on day 1 and then oral rehydration solution and bioactive polyphenol solution on day 2

Intervention Type

Supplement

Primary outcome measure

Resolution to diarrhoea, assessed as the time from ingestion of the solution to when an individual produced a stool with a Bristol Stool Scale ranking of 4 or less.

Secondary outcome measures

- 1. Defecation urgency, ranked from 0 (none) to 10 (extreme) at the various time intervals by patients (adults) and caregivers (for children)
- 2. Bloating or gas, ranked from 0 (none) to 10 (extreme) at the various time intervals by patients (adults) and caregivers (for children)
- 3. Abdominal pain at 30, 60, 90 and 120 minutes after consumption of the solutions on day 1 and day 2; pain was ranked from 0 to 10 on the Visual Analogue Scale

Overall study start date

12/02/2010

Completion date

07/12/2010

Eligibility

Key inclusion criteria

- 1. 5-80 years old
- 2. Diarrhoea for less than 48 hours

Participant type(s)

Patient

Age group

All

Sex

Both

Target number of participants

The target total recruitment of participants was 200 patients.

Total final enrolment

61

Key exclusion criteria

- 1. History of uncontrolled emesis
- 2. Grossly bloody stool
- 3. Fever
- 4. Clinical signs of a coexisting acute systemic illness (e.g., meningitis, sepsis or pneumonia)
- 5. Underlying chronic disease (e.g., heart disease, cystic fibrosis or diabetes)
- 6. Food allergies or other chronic gastrointestinal diseases
- 7. Use of probiotic agents in the previous 3 weeks or antibiotics or anti-diarrhoeal medications including over-the-counter and herbal substances in the previous 2 weeks
- 8. Generalised cachexia
- 9. Any signs of internal bleeding or drug abuse
- 10. Any condition, assessed with a standard of care, to cause unnecessary risk if participant given oral rehydration solution alone
- 11. Unable or unwilling to provide informed consent

Date of first enrolment

14/09/2010

Date of final enrolment

07/12/2010

Locations

Countries of recruitment

Nicaragua

Study participating centre

Community health clinic of Universidad Centroamericana de Ciencias Empresariales

Managua Nicaragua

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Sponsor information

Organisation

LiveLeaf Inc

Sponsor details

1160 Industrial Road, Suite 11 San Carlos United States of America 94070 +16505177288 tlawson@liveleaf.com

Sponsor type

Industry

Website

http://liveleaf.com

ROR

https://ror.org/00m48tn76

Funder(s)

Funder type

Industry

Funder Name

LiveLeaf Inc

Results and Publications

Publication and dissemination plan

Publish the results from the study in a peer-reviewed journal that is indexed in PubMed

Intention to publish date

30/03/2015

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	21/05/2015	05/03/2019	Yes	No
<u>Dataset</u>			09/02/2023	No	No