

# Metformin improves arterial stiffness in polycystic ovary syndrome (PCOS)

<b>Submission date</b> 08/04/2009	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 25/06/2009	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 05/08/2019	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<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**  
Study Protocol Version 5

## Study information

**Scientific Title**  
Metformin improves arterial stiffness and endothelial function in young women with polycystic ovary syndrome: a randomised crossover trial

**Study objectives**

To determine whether metformin therapy improves endothelial function and arterial compliance in young women with polycystic ovary syndrome (PCOS).

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

South Wales Research Ethics Committee approved in May 2006 (ref: 06/WSE04/33)

**Study design**

Randomised double-blind placebo-controlled crossover trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

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

Polycystic ovary syndrome

**Interventions**

The two treatment arms are metformin and placebo. During the study phase, patients received consecutive daily doses of metformin for 12 weeks (84 days) followed by placebo or placebo followed by metformin, separated by an 8-week wash-out period. Metformin has a short circulatory half-life and 8-week washout intervals have been employed on this basis in previous studies. Metformin is used widely in treating anovulation associated with PCOS in doses of up to 2 g daily. The majority of patients tolerate treatment well though gastrointestinal side-effects are common initially and the doses of metformin were built up gradually in an attempt to minimise these (500 mg once daily for the first week, 500 mg twice daily for the second week then 500 mg three times daily thereafter).

The total duration of treatment was 32 weeks and the total duration of follow-up was also 32 weeks for both arms of this trial.

**Intervention Type**

Drug

**Phase**

Not Applicable

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

Metformin

**Primary outcome(s)**

Changes in measures of arterial stiffness (pulse wave velocity and augmentation index as measured by pulse wave analysis post-salbutamol versus post-GTN) from baseline, recorded at enrolment and then repeated at 12 weeks, 20 weeks and 32 weeks.

**Key secondary outcome(s)**

1. Changes in testosterone, plasminogen activator inhibitor-1 (PAI-1), endothelin-1 (ET-1) and high sensitivity C-reactive protein (hsCRP)
2. Measures of insulin resistance
3. Lipid profile

Recorded at enrolment and then repeated at 12 weeks, 20 weeks and 32 weeks.

**Completion date**

01/05/2008

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

1. From the Endocrinology clinics at the University Hospital of Wales
2. Diagnosed with PCOS, based on androgen excess (clinical symptoms of hyperandrogenism and /or elevated testosterone) with ovulatory dysfunction (fewer than six menstrual cycles per year), supported by ovarian ultrasound where available
3. Congenital adrenal hyperplasia, Cushing's syndrome, androgen-secreting neoplasms, hyperprolactinaemia and thyroid disease excluded by biochemical testing
4. Aged between 18 and 35 years

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

Female

**Key exclusion criteria**

1. Pregnant
2. Breastfeeding
3. History of current or previous use (within 6 months) of oral contraceptives, anti-diabetics or anti-androgens
4. Contraindications to metformin therapy including renal or hepatic impairment, ketoacidosis, or conditions where tissue hypoxia is likely (e.g. sepsis, respiratory failure, recent myocardial infarction)
5. History of hypertension or diabetes
6. Able to use barrier methods of contraception if sexually active. In addition, pregnancy tests were performed at each study visit and patients were withdrawn from the study in the event of confirmed pregnancy.

**Date of first enrolment**

01/01/2007

**Date of final enrolment**

30/04/2008

## Locations

**Countries of recruitment**

United Kingdom

Wales

**Study participating centre**

Department of Endocrinology

Cardiff

United Kingdom

CF144XW

## Sponsor information

**Organisation**

Cardiff University (UK)

**ROR**

<https://ror.org/03kk7td41>

## Funder(s)

**Funder type**

University/education

**Funder Name**

Royal College of Physicians (UK) - Lewis Thomas Gibbon Jenkins Fellowship

## 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?
<a href="#">Results article</a>	results	01/02/2010		Yes	No