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Evaluating antidepressants for emotionalism after stroke

Submission date	Recruitment status	[X] Prospectively registered
05/04/2024	Recruiting	[ ] Protocol
Registration date	Overall study status	[ ] Statistical analysis plan
02/08/2024	Ongoing	[ ] Results
Last Edited	Condition category	[ ] Individual participant data
22/10/2025	Mental and Behavioural Disorders	[X] Record updated in last year

Plain English summary of protocol

Background and study aims
One in five people with stroke will have some degree of emotionalism by 6 months. Having emotionalism means you cry or laugh without warning, often inappropriately and uncontrollably. Post-stroke emotionalism (PSE) negatively affects people's daily life, and finding treatment is a priority for them. This study aims to see if PSE symptoms can be reduced by taking sertraline (an antidepressant drug) daily for 6 months. Based on the results, the researchers will be able to recommend whether, or not, PSE patients should take sertraline.

Who can participate?
Adults with stroke and PSE symptoms

What does the study involve?
Half of the participants will be given sertraline and the other half 'placebo' (a pill that looks like the real medicine but contains no active ingredient). Participants will be allocated to the groups at random, so that neither they or their clinical team will know which group they are in. They will be asked to complete some questionnaires at the start of the trial and again at their follow up visits at 3, 6 and 12 months. People's answers to the questions will assess any changes the medication has made to symptoms of PSE and their quality of life.

What are the possible benefits and risks of participating?
It cannot be guaranteed that the trial will help the participants, but the information from this trial may improve our ability to treat people with post-stroke emotionalism in the future. Questionnaires will take approximately 45-50 minutes to complete at each visit. The researchers will be asking for some sensitive information, in so far as they will include questions which ask participants to consider symptoms of emotionalism/depression/anxiety. Participants have the choice of completing questionnaires remotely, by email or online (direct link to the study database) or on paper by post. For participants who request assistance, or choose, the researchers will facilitate telephone/video calls to collect responses to questionnaires. Participants will be asked to take two 25 mg tablets of trial medication for 6 months with a reduced dose of one 25 mg for a further month to reduce the risk of withdrawal symptoms and to protect the blinding of the trial. Tablets can be swallowed, chewed, or crushed. In the unlikely event that a participant is unable to continue taking the tablets, due to side effects, they are

requested to discuss this with their doctor. Adverse events of special interest will be collected at each visit for safety reporting.

Where is the study run from?
Norfolk and Norwich University Hospitals NHS Foundation Trust (UK)

When is the study starting and how long is it expected to run for?
June 2023 to November 2027

Who is funding the study?
National Institute for Health and Care Research (NIHR) (UK)

Who is the main contact?
Veronica Bion, easetrial@uea.ac.uk

Contact information

Type(s)
Public

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Mrs Veronica Bion

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Type(s)

Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Integrated Research Application System (IRAS)
1008638

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
IRAS 1008638, CPMS 59291

Study information

Scientific Title
EASE: Evaluating Antidepressants for emotionaliSm after strokE: a multi-centre, randomised, double-blind, placebo-controlled trial to establish the effect(s) of administration of sertraline (50 mg once daily for 6 months) in people with a stroke and post-stroke emotionalism

Acronym
EASE

Study objectives
One in every five people with stroke will have some degree of emotionalism by 6 months. The main objective of the study is to see if a daily 50 mg dose of sertraline reduced the symptoms in people with post-stroke emotionalism. Change in emotionalism will be measured using the Center for Neurologic Studies-Lability Scale (CNS-LS) at baseline and 6 months after randomisation.

The following measures will be captured at baseline, 3, 6 and 12 months post randomisation, unless noted to the contrary;
1. CNS-LS (only 3 and 12 months after randomisation)
2. PSE Symptoms (TEARS-Q)
3. Symptoms of Depression (PHQ-9)
4. General Anxiety Disorder 2-item (GAD-2)
5. Cognitive functioning and Social functioning (WHODAS 2.0)
6. Health Related Quality of Life (EQ-5D-5L)
7. Health Related Quality of Life (ICECAP-O) (only 6 and 12 months after randomisation)
8. Acceptability of Intervention (at 6 months)
9. Cost-effectiveness (at the end of the study)
10. Serious Adverse Reaction
11. Adherence (only 3, 6 and 7 months)

Ethics approval required
Ethics approval required

Ethics approval(s)
approved 01/08/2024, North East – Tyne & Wear South Research Ethics Committee (NHSBT Newcastle Blood Donor Centre, Holland Drive, Newcastle upon Tyne , NE2 4NQ, United Kingdom; +44 (0)2071048120, +44 (0)207 104 8286, +44 (0)2071048108; tyneandwearsouth.rec@hra.nhs.uk), ref: 24/NE/0074

Study design
Randomized double-blind placebo-controlled parallel-group trial

Primary study design
Interventional

Study type(s)
Efficacy

Health condition(s) or problem(s) studied
Post Stroke Emotionalism (PSE)

Interventions
Participants will be asked to take 2 x 25 mg oral sertraline tablets or 2 x matched placebo, once daily with or without food for 6 months.

After 6 months, or on discontinuation of treatment, participants should take one sertraline 25 mg or one matched placebo for 1 month to reduce the risk of withdrawal symptoms and protect the blinding of the trial.

All participants will be followed up at 2 weeks, 3, 6, 7 and 12 months. Follow-up will include safety checks, medication review, and completion of measures for primary and secondary outcomes.

Randomisation will be online, permuted block, participant level randomisation across three strata: recruitment centre, time since stroke, and current use of permitted anti-depressants.

Intervention Type

Drug

Phase
Phase III

Drug/device/biological/vaccine name(s)
Sertraline hydrochloride

Primary outcome(s)
Difference between sertraline and placebo groups in the change of symptoms of Post Stroke Emotionalism (PSE), measured by CNS-LS between baseline and 6 months

Key secondary outcome(s))
1. Symptoms of post-stroke emotionalism (PSE) measured using the Center for Neurologic Study-Lability Scale (CNS-LS) at 3 and 12 months post-randomisation (baseline and 6 months as primary outcome)
2. Symptoms of post-stroke emotionalism (PSE) measured using the Testing for Emotionalism After Recent Stroke-Questionnaire Crying-Questionnaire Crying (TEARS-Q) at baseline, 3, 6 and 12 months post-randomisation
3. Depression is measured using Patient Health Questionnaire – 9 (PHQ-9) at baseline, 3, 6 and 12 months post-randomisation
4. Anxiety is measured using the General Anxiety Disorder Scale (2 questions) (GAD-2) at baseline, 3, 6 and 12 months post-randomisation
5. Cognitive functioning, activities of daily living, social functioning and impact on relationships is measured using the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) at baseline, 3, 6 and 12 months post-randomisation
6. Health-related quality of life is measured using the EuroQol Group EQ-5D-5L at baseline, 3, 6 and 12 months post-randomisation
7. Wellbeing is measured using the ICEpop CAPability measure for Older people (ICECAP-O) at baseline, 6 and 12 months post-randomisation
8. Acceptability of intervention is measured using an acceptability of intervention questionnaire at 6 months post-randomisation
9. Cost-effectiveness will be determined over 12 months from the perspective of the NHS and social care, with resource use data being collected via a modified Client Service Receipt Inventory (CSRI) at baseline, 6 and 12 months post-randomisation
10. Safety (serious adverse reactions) measured throughout, specifically at 2 weeks, 3, 6, 7 and 12 months post-randomisation
11. IMP adherence will be measured by a tablet count at 2 weeks and then at the end of each treatment period at 3, 6 and 7 months post-randomisation

Completion date
30/11/2027

Eligibility

Key inclusion criteria
Current key inclusion criteria as of 22/10/2025:
1. Age ≥18 years
2. Clinical diagnosis of acute stroke (all types) with imaging compatible with ischaemic or haemorrhagic stroke (including those with normal CT if clinical history strongly suggestive of stroke).

3. Any PSE sub-type (crying, laughter, combined) defined by CNS-LS score ≥13
4. Capacity, as assessed by the patient's attending physician, to consent and complete trial assessments

Previous key inclusion criteria:
1. Age ≥18 years
2. Clinical diagnosis of first or repeat acute stroke (all types) in past one year with imaging compatible with ischaemic or haemorrhagic stroke (including those with normal CT if clinical history strongly suggestive of stroke).
3. Any PSE sub-type (crying, laughter, combined) defined by CNS-LS score ≥13
4. Capacity, as assessed by the patient's attending physician, to consent and complete trial assessments

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Key exclusion criteria
Current key exclusion criteria as of 22/10/2025:
1. Significant medical condition that in the opinion of the patient's attending physician would affect subject safety or influence the study outcomes
2. Allergy to sertraline
3. Contraindication to Sertraline - known severe hepatic impairment, known long QT syndrome, close angle glaucoma, History of severe Chronic Kidney Disease (CKD) or severe Chronic Obstruction Pulmonary Disease (COPD), using a medication that could interact seriously with Sertraline e.g. pimozide, monoamine oxidase inhibitors and other serotonergic drugs (amphetamines, triptans and fentanyl)
4. Current or recent (within 1 month) treatment with any SSRI antidepressant or irreversible monoamine oxidase inhibitors (MAOIs)
5. Recent (within 1 month) change in non-SSRI antidepressants. Those on a stable dose for 1 month or more will still be eligible, including those having psychological therapies for anxiety /depression
6. Current or known history of hyponatraemia
7. Enrolment in another CTIMP interventional study or not available for full follow-up duration
8. A known history of a drug overdose, self-harm or attempted suicide in the last three months
9. Pregnant or breastfeeding
10. Women of childbearing potential (WOCBP) and not using a highly effective form of contraception (see section 6.3 for full definitions)
11. Unable or prefers not to undertake trial assessments remotely. Options to participate will include by post, telephone or video calls or completion of assessments online

Previous exclusion criteria as of 05/08/2024:
1. Significant medical condition that in the opinion of the patient's attending physician would affect subject safety or influence the study outcomes
2. Allergy to sertraline
3. Contraindication to sertraline - known hepatic impairment, known long QT syndrome, close angle glaucoma, history of chronic kidney disease (CKD) or chronic obstruction pulmonary disease (COPD), using a medication that could interact seriously with sertraline e.g. pimozide, monoamine oxidase inhibitors and other serotonergic drugs (amphetamines, triptans and fentanyl)
4. Current or recent (within 1 month) treatment with any SSRI antidepressant or irreversible monoamine oxidase inhibitors (MAOIs)
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Date of first enrolment
13/01/2025

Date of final enrolment
30/06/2026

Locations

Countries of recruitment
United Kingdom

England

Scotland

Study participating centre
Norfolk and Norwich University Hospital
Colney Lane
Colney
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United Kingdom
NR4 7UY

Study participating centre
Torbay Hospital
Newton Road
Torquay
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TQ2 7AA

Study participating centre
St Georges Hospital
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SW17 0QT

Study participating centre
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Musgrove Park Hospital
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United Kingdom
TA1 5DA

Study participating centre
New Cross Hospital
Wolverhampton Road
Heath Town
Wolverhampton

United Kingdom
WV10 0QP

Study participating centre
Addenbrookes
Addenbrookes Hospital
Hills Road
Cambridge
United Kingdom
CB2 0QQ

Study participating centre
Royal Victoria Infirmary
Queen Victoria Road
Newcastle upon Tyne
United Kingdom
NE1 4LP

Study participating centre
Aintree University Hospital
Longmoor Lane
Liverpool
United Kingdom
L9 7AL

Study participating centre
Fairfield General Hospital
Fairfield General Hospital
Rochdale Old Road
Bury
United Kingdom
BL9 7TD

Study participating centre
Maidstone Hospital
Hermitage Lane
Maidstone
United Kingdom
ME16 9QQ

Study participating centre
Luton and Dunstable University Hospital
Lewsey Road
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LU4 0DZ

Study participating centre
Arrowe Park Hospital
Arrowe Park Road
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Study participating centre
University Hospital Hairmyres
Eaglesham Road
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United Kingdom
G75 8RG

Study participating centre
Aberdeen Royal Infirmary
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Study participating centre
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Study participating centre
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Stirling Road

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Sponsor information

Organisation
Norfolk and Norwich University Hospitals NHS Foundation Trust

ROR
https://ror.org/01wspv808

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study will be available upon request from Niall Broomfield, Lead Investigator (easetrial@uea.ac.uk).

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes