# Double-blind, placebo-controlled, randomised, clinical trial of eicosapentaenoic acid in the treatment of mood disorders among middle-aged women

Submission date	Recruitment status	<ul><li>Prospectively registered</li></ul>
20/12/2006	No longer recruiting	☐ Protocol
Registration date	Overall study status	Statistical analysis plan
13/02/2007	Completed	[X] Results
<b>Last Edited</b> 06/01/2009	Condition category  Mental and Behavioural Disorders	Individual participant data

# Plain English summary of protocol

Not provided at time of registration

# Contact information

# Type(s)

Scientific

### Contact name

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### Contact details

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# Additional identifiers

**EudraCT/CTIS** number

**IRAS** number

# ClinicalTrials.gov number

# Secondary identifying numbers

N/A

# Study information

### Scientific Title

# **Study objectives**

To determine whether fish oil supplement rich in eicosapentaenoic acid (EPA) is more effective than placebo (sunflower oil) in reducing distress and depressive symptoms over eight weeks.

# Ethics approval required

Old ethics approval format

# Ethics approval(s)

This project received ethics approval on March 25, 2004 from the Ethical Committee of the clinical research of the Saint-François d'Assise Hospital. On the 17th December 2004 we received, for this study, the agreement of the Bureau Product Review and Assessment (BPRA) of the Natural Health Products Directorate (NHPD) of Health (Canada).

# Study design

Double-blind, placebo-controlled, randomised, clinical trial

# Primary study design

Interventional

# Secondary study design

Randomised controlled trial

# Study setting(s)

Other

# Study type(s)

Treatment

# Participant information sheet

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

Mild to moderate major depression, moderate to severe psychological distress

### **Interventions**

Women will be randomly assigned to a dietary supplement (OM3®) rich in omega-3 fatty acids (1.2 g/day) or a placebo (sunflower oil) for a period of eight weeks. Each capsule will be provided by Isodis Natura. Each 500 mg capsule of OM3® contains 350 mg of EPA and 50 mg of Docosahexaeonic Acid (DHA). Women will have to take one capsule three times a day (before each meal). The three omega-3 capsules will correspond to a daily intake of 1.05 g of EPA and 150 mg of DHA for a total of 1.2 g of omega-3 fatty acids per day.

### Intervention Type

Drug

### **Phase**

Not Applicable

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

Eicosapentaenoic acid (EPA), docosahexaeonic acid (DHA)

# Primary outcome measure

Psychological distress based on General Well-Being Scale (GWB) administered at baseline, four and eight weeks.

# Secondary outcome measures

- 1. Hamilton-21 Depression (HAM-D) Rating Scale administered at baseline and eight weeks
- 2. Depression subscale of the Symptom Check-List-90-R (SCL-Dep) administered at baseline, four and eight weeks
- 3. Frequency and severity of menopause vasomotor symptoms administered at baseline, four and eight weeks
- 4. Quality of life (MENopause Specific Quality Of Life [MENQOL], Short Form health survey [SF36], fatigue, sexual activities, work limitations, sleep problems) administered at baseline and eight weeks
- 5. Clinical Global Impression of improvement evaluated by doctor (CGI) and by the patient (Patient Global Impression of Improvement [PGI-I]) administered at baseline and eight weeks

# Overall study start date

01/03/2005

# Completion date

01/02/2007

# Eligibility

# Key inclusion criteria

- 1. Women between 40 and 55 years of age
- 2. Moderate to severe psychological distress based on General Well-Being Scale (GWB) (score less than 72)
- 3. Have a negative results on a pregnancy test and currently using an adequate method of contraception
- 4. Provision of signed informed consent for participation

# Participant type(s)

Patient

# Age group

Adult

### Sex

Female

# Target number of participants

144

## Key exclusion criteria

- 1. Hamilton-21 score of 26 or more, or Patient Health Questionnaire (PHQ-9) score of 20 or more
- 2. Past or current history of schizophrenia or bipolar I disorders
- 3. Current or significant imminent risk of suicide or homicide
- 4. Post-menopausal for more than five years
- 5. Major medical disorders such as malabsorption disease, gastrectomy and acute pancreatitis
- 6. Inherited or acquired disease of the haemostatic or the coagulation
- 7. Medical conditions that interfere with the digestion and the absorption of medication
- 8. Taking antihypertensive medications or suffer from hypercholesterolaemia or diabetes type two
- 9. Endocrine diseases that could be linked to psychiatry
- 10. Others medical causes that could be linked to psychiatry
- 11. Have a current substance abuse disorders such as drugs (marijuana, cocaine, etc.) or alcohol (more than 40 q of alcohol by day)
- 12. Fish allergies
- 13. Have regularly consumed fish (more than three serving per week) in the last months
- 14. Have taken antidepressant medication or hormone replacement therapy (HRT) or St-Johns Wort (Hypericum Perforatum) in the last six months before enrolment
- 15. Current use of any drugs that thin blood such as aspirin, ibuprofen, heparin, clopidogel, warfarin, dalteparin, dipyrimadole, enoxaparin, ticlopidine, ginkgo or other anticoagulants

### Date of first enrolment

01/03/2005

### Date of final enrolment

01/02/2007

# Locations

### Countries of recruitment

Canada

# **Study participating centre Foundation Lucie et André Chagnon**Québec

Canada

G1L 2G1

# Sponsor information

# Organisation

Foundation Lucie et André Chagnon (Canada)

# Sponsor details

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# Sponsor type

Charity

### Website

http://www.fondationchagnon.org

### **ROR**

https://ror.org/05ret9323

# Funder(s)

# Funder type

Charity

### **Funder Name**

Foundation Lucie et André Chagnon, Laval University (Canada)

### **Funder Name**

Isodis Natura (Canada)

# **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

Study outputs

Output typeDetailsDate createdDate addedPeer reviewed?Patient-facing?Results articleresults01/02/2009YesNo