

Application of Dan-Chi-Liu-Wei combination in systemic lupus erythematosus patients to taper steroid use and to prevent disease flare

Submission date
05/01/2007

Recruitment status
No longer recruiting

☐ Prospectively registered

☐ Protocol

Registration date
09/02/2007

Overall study status
Completed

☐ Statistical analysis plan

☒ Results

Last Edited
09/05/2019

Condition category
Musculoskeletal Diseases

☐ Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

Prof Chung-Jen Chen

Contact details

Chang Gung Memorial Hospital
Kaohsiung Medical Center
Chang Gung University College of Medicine
No. 123, Ta-Pei Road
Niao-Sung Hsiang
Kaohsiung Hsien
Taiwan
833

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chungjen@adm.cgmh.org.tw

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

CCMP95-TP-025

Study information

Scientific Title

Application of Dan-Chi-Liu-Wei combination in systemic lupus erythematosus patients to taper steroid use and to prevent disease flare

Study objectives

We hypothesise that Dan-Chi-Liu-Wei (DCLW) Chinese herbal combination would provide a novel complimentary therapy in assisting the tapering of steroid (by approximately 10 mg/day) and decreasing the frequency of disease flare in Systemic Lupus Erythematosus (SLE) patients (by more than 50%) after six months of therapy.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approval received from the Chang Gung Memorial Hospital: CGMH 95-0951B (9 Nov 2006) and Kaohsiung Medical University Hospital: KMHCTC-950003 (17 Oct 2006).

Study design

Randomised controlled 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

Systemic Lupus Erythematosus

Interventions

Use of Dan-Chi-Liu-Wei (DCLW) Chinese herbal combination (full strength) versus control (receive a 10% placebo).

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Dan-Chi-Liu-Wei Chinese herbal combination

Primary outcome measure

Dosage of steroids after six months of combined therapy (DCLW and regular drugs)

Secondary outcome measures

1. Frequency of disease flares after six months of combined therapy (DCLW and regular drugs)
2. Immunologic index (C3, C4, anti-ds-DeoxyriboNucleic Acid [DNA]) after six months of combined therapy (DCLW and regular drugs)

Overall study start date

01/02/2007

Completion date

31/12/2007

Eligibility

Key inclusion criteria

1. Using the 1997 revised criteria for the classification of SLE over four categories: patients with mild to moderate activity (Systemic Lupus Erythematosus Disease Activity Index [SLEDAI] grade two to 12) will be recruited
2. Prednisolone use below 20 mg/day

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

160

Total final enrolment

53

Key exclusion criteria

1. Currently pregnant, or plan to be pregnant (subjects who become pregnant during study at any time will be excluded)
2. Less than or equal to 18 years of age
3. More than or equal to 60 years of age
4. Serum creatinine more than or equal to 1.4 mg/dl

Date of first enrolment

01/02/2007

Date of final enrolment

31/12/2007

Locations

Countries of recruitment

Taiwan

Study participating centre

Chang Gung Memorial Hospital

Kaohsiung Hsien

Taiwan

833

Sponsor information

Organisation

Department of Health (Taiwan)

Sponsor details

The Committee on Chinese Medicine and Pharmacy

Executive Yuan

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Taiwan

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webmaster@ccmp.gov.tw

Sponsor type

Government

Website

<http://www.ccmp.gov.tw/en/index.asp>

ROR

<https://ror.org/0225asj53>

Funder(s)

Funder type

Government

Funder Name

Department of Health (Taiwan) (ref:CCMP95-TP-025)

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 type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/07/2011	09/05/2019	Yes	No