Atypical antipsychotics for continuation and maintenance treatment after an acute manic episode

Submission date	Recruitment status	Prospectively registered
01/09/2005	No longer recruiting	[_] Protocol
Registration date	Overall study status	Statistical analysis plan
01/09/2005	Completed	[_] Results
Last Edited	Condition category	Individual participant data
24/02/2009	Mental and Behavioural Disorders	[_] Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s) Scientific

Contact name Dr Lakshmi N. Yatham

Contact details

Mood Disorders Centre University of British Columbia 2255 Westbrook Mall, Rm 2C7 Vancouver, British Columbia Canada V6T 2A1 +1 604 822 7325 yatham@interchange.ubc.ca

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

Study information

Scientific Title

Atypical antipsychotics for continuation and maintenance treatment after an acute manic episode: a randomised controlled trial

Study objectives

We hypothesise that continuing risperidone or olanzapine for 6 or 12 months (along with a mood stabiliser) will lead to significantly lower rates of relapse or recurrence of mood episodes compared with mood stabiliser monotherapy for 12 months, in bipolar patients currently in remission but recently treated for an acute manic episode with a mood stabiliser and risperidone or olanzapine combination.

Ethics approval required

Old ethics approval format

Ethics approval(s) University of Western Ontario, Office of Research Ethics gave approval on the 31st May 2005

Study design Randomised controlled trial

Primary study design Interventional

Secondary study design Randomised controlled trial

Study setting(s) Hospital

Study type(s) Prevention

Participant information sheet

Health condition(s) or problem(s) studied Bipolar disorder

Interventions

Patients will be randomised to one of three groups:

1. '0' week group: patients will receive lithium or valproate plus placebo for 52 weeks (risperidone or olanzapine tapering will begin on the day of randomisation with discontinuation of the drug within 2 weeks)

2. Continuation of the same atypical antipsychotic, risperidone or olanzapine, plus lithium or valproate for 24 weeks (tapering of the antipsychotic begins at the end of 24 weeks and completed within 2 weeks), followed by the same mood stabiliser plus placebo for another 28 weeks

3. Continuation of the atypical antipsychotic, risperidone or olanzapine, plus lithium or valproate for 52 weeks. The duration of the double-blind phase of the study will be 52 weeks and all patients will continue on the mood stabiliser, lithium or valproate, they had been on during the acute mania for the full duration of the study

Intervention Type

Drug

Phase Not Applicable

Drug/device/biological/vaccine name(s)

Risperidone, olanzapine, lithium, valproate

Primary outcome measure

Time to any mood episode.

Secondary outcome measures

1. Time to premature discontinuation from the study for any clinical reason (dose change in medication, new intervention, side effects, etc.)

2. Time to manic episode

3. Time to depressive episode

4. Proportion of patients gaining more than 7% of body weight (this amount of weight gain is significant for cardiovascular morbidity)

5. Proportion of patients developing extrapyramidal symptoms, tardive dyskinesia, prolactin related side effects

6. Changes in YMRS, HAM-D 21, CGI-S, ESRS scores and weight during the study period

Overall study start date

01/04/2002

Completion date

30/03/2007

Eligibility

Key inclusion criteria

1. Patients who were recently (within the last 12 weeks) commenced on treatment for a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) manic or mixed episode with a combination of lithium and risperidone, lithium and olanzapine, valproate and risperidone, or valproate and olanzapine

2. Patients who are in remission from mania for at least 2 weeks but no more than 6 weeks. Remission is defined as either:

2.1. A Clinical Global Impression - Severity (CGI-S) scale score of 2 (borderline mentally ill) or less (normal, not ill) for 2 consecutive weeks

2.2. A YMRS score of 8 or less (normal range) and a Hamilton Rating Scale for Depression (HAM-D) 21-item score of 8 or less (normal range) for 2 consecutive weeks

3. Must not be taking any other psychotropic medication with the exception of benzodiazepines (maximum of lorazepam 4 mg per day or its equivalent)

4. Patients aged 18 and above (efficacy of risperidone and olanzapine is not tested in those

below 18 years of age), either sex

5. Patients on 1 to 6 mg risperidone or 5 to 25 mg olanzapine (these are the dose ranges commonly used in clinical practice, and are shown to be effective doses in acute mania trials)

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex Both

Target number of participants 540

Key exclusion criteria

As we want the findings to be generalisable to clinically representative patients with bipolar disorder, we will not exclude any patients with a history of co-morbid substance abuse or medical illnesses. Any subjects who do not meet the above inclusion criteria will be excluded from the study.

Date of first enrolment

01/04/2002

Date of final enrolment 30/03/2007

Locations

Countries of recruitment Canada

Study participating centre

Mood Disorders Centre Vancouver, British Columbia Canada V6T 2A1

Sponsor information

Organisation

University of British Columbia (Canada)

Sponsor details 2075 Wesbrook Mall Vancouver, British Columbia Canada V6T 1Z1

Sponsor type University/education

Website http://www.ubc.ca/

ROR https://ror.org/03rmrcq20

Funder(s)

Funder type Other

Funder Name

Canadian Institutes of Health Research (CIHR) (Canada) - http://www.cihr-irsc.gc.ca (ref: MCT-53576)

Funder Name Janssen-Ortho Canada, Inc. (Canada)

Funder Name Eli Lilly Canada, Inc. (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