# Can monthly low dose intramuscular (IM) steroids prevent erosive damage in established rheumatoid arthritis? A randomised placebo controlled trial

Submission date	<b>Recruitment status</b> No longer recruiting	Prospectively registered		
10/07/2002		☐ Protocol		
Registration date 10/07/2002	Overall study status Completed	Statistical analysis plan		
		[X] Results		
<b>Last Edited</b> 02/10/2007	Condition category  Musculoskeletal Diseases	[] Individual participant data		
UZIIUIZUUI	MUSCULOSKEIELAL DISEASES			

#### Plain English summary of protocol

Not provided at time of registration

# Contact information

# Type(s)

Scientific

#### Contact name

Dr Ernest Choy

#### Contact details

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# Additional identifiers

**EudraCT/CTIS** number

IRAS number

ClinicalTrials.gov number

#### Secondary identifying numbers

C0560

# Study information

#### Scientific Title

#### **Study objectives**

To evaluate the benefits of 120 mg intramuscular (IM) depomedrone versus placebo in patients with established Rheumatoid Arthritis (RA) whose disease was inadequately controlled by existing Disease Modifying Anti-Rheumatic Drugs (DMARDs).

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Research ethics committees at each collaborating centre approved the trial. All patients enrolled gave informed consent.

#### Study design

Randomised controlled trial

#### Primary study design

Interventional

#### Secondary study design

Randomised controlled trial

#### Study setting(s)

Hospital

#### Study type(s)

Treatment

#### Participant information sheet

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

Rheumatoid arthritis

#### **Interventions**

Patients will be randomised to receive either:

- 1. Monthly IM injections of 120 mg depomedrone
- 2. Sterile normal saline as placebo

#### Intervention Type

Drug

#### Phase

**Not Specified** 

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

Depomedrone

#### Primary outcome measure

- 1. Disease activity assessed every 6 months using:
- 1.1. Numbers of swollen and tender joints (out of 28)
- 1.2. Articular pain (100 mm Visual Analogue Scale [VAS])
- 1.3. Patients and physicians global assessments (100 mm VAS)
- 1.4. ESR
- 1.5. C-Reactive Protein (CRP)
- 1.6. Health Assessment Questionnaire (HAQ) scores
- 1.7. 28 joint count Disease Activity Scores (DAS28)
- 2. Radiological damage in the hands and feet assessed every 12 months using a modification of Larsens method
- 3. Adverse effects assessed every 6 months, including specific information on fractures, hypertension, hyperglycaemia, weight gain, and infections. Bone density was assessed in the lumbar spine and hip by Dual energy X ray Absorptiometry (DXA) at 0 and 24 months

#### Secondary outcome measures

No secondary outcome measures

#### Overall study start date

01/11/1997

#### Completion date

01/04/2003

# **Eligibility**

#### Key inclusion criteria

- 1. Age equal to or more than 18 years
- 2. Diagnosis of rheumatoid arthritis according to the 1987 American College of Rheumatology criteria
- 3. Disease duration equal to or more than 2 years
- 4. One or more erosions on plain X-rays of the hands, wrists and feet
- 5. Continuous treatment with a Slow-Acting Anti-Rheumatic Drug (SAARD) for at least 3 months (parenteral gold, penicillamine, sulphasalazine, methotrexate, azathioprine and cyclosporin) 6. Continuing active disease with over 6 swollen joints and an Erythrocyte Sedimentation Rate (ESR) over 30 mm/h

#### Participant type(s)

**Patient** 

#### Age group

Adult

#### Lower age limit

18 Years

#### Sex

Both

#### Target number of participants

91

#### Key exclusion criteria

- 1. End stage joint destruction (Larsen score greater than 100)
- 2. Previous or current oral steroid treatment
- 3. Contraindications to parenteral steroids (for example, recent gastric ulcer perforation or bleed)
- 4. Serious comorbidity (for example, end stage renal or liver disease)
- 5. Patients not taking DMARDs, taking experimental drugs, taking DMARDs that have no effect on x-ray progression (for example, antimalarial drugs), or taking DMARDs which may interact poorly with IM depot steroids

#### Date of first enrolment

01/11/1997

#### Date of final enrolment

01/04/2003

# Locations

#### Countries of recruitment

England

United Kingdom

# Study participating centre Academic Department of Rheumatology London United Kingdom SE22 8PT

# **Sponsor information**

#### Organisation

Arthritis Research Campaign (ARC) (UK)

#### Sponsor details

Copeman House St Mary's Court St Mary's Gate Chesterfield Derbyshire United Kingdom S41 7TD

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info@arc.org.uk

#### Sponsor type

Charity

#### Website

http://www.arc.org.uk

#### ROR

https://ror.org/02jkpm469

# Funder(s)

#### Funder type

Charity

#### **Funder Name**

Arthritis Research Campaign (UK)

# **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  $% \left( 1\right) =\left( 1\right) \left( 1\right) \left($ 

#### **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	Results	01/09/2005		Yes	No