

TREC2 - Rapid tranquillisation for agitated patients in emergency psychiatric rooms in Rio de Janeiro. A randomised trial of intramuscular Haloperidol versus intramuscular Haloperidol + Promethazine.

Submission date

31/08/2005

Recruitment status

No longer recruiting

☐ Prospectively registered

☐ Protocol

Registration date

13/09/2005

Overall study status

Completed

☐ Statistical analysis plan

☒ Results

Last Edited

01/11/2007

Condition category

Mental and Behavioural Disorders

☐ Individual participant data

Plain English summary of protocol

Not provided at time of registration

Study website

<http://www.fotolog.net/trec>

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

Acronym

TREC - Rapid Tranquillisation Clinical Trial (Tranquilização Rápida-Ensaio Clínico)

Study objectives

The trial was undertaken to test the risks and benefits of adding promethazine to haloperidol for rapid intramuscular tranquillisation.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

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

Serious mental illnesses combined with overt aggression or violence

Interventions

1. Haloperidol (up to 10 mg intramuscular [IM])
 2. Haloperidol (up to 10 mg IM) with promethazine (up to 50 mg IM)
- Doses are not fixed and are at the discretion of the attending doctors.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Promethazine, haloperidol

Primary outcome measure

Tranquil or asleep by 20 minutes after medication is given

Secondary outcome measures

1. Asleep by 20 minutes
2. Tranquil or asleep by 40, 60 and 120 minutes
3. Physically restrained or given additional medication within 2 hours
4. Severe adverse events during the subsequent 24 hours
5. Another episode of agitation/aggression during the subsequent 24 hours
6. Needing additional visits from the doctor during the subsequent 24 hours
7. Overall antipsychotic load in the first 24 hours
8. Still in hospital after 2 weeks

Overall study start date

06/01/2004

Completion date

01/07/2004

Eligibility

Key inclusion criteria

People are eligible for trial entry if:

1. It is clear that they need acute intramuscular sedation because of disturbed and dangerous behaviour thought to be due to serious mental illness
2. The clinician is uncertain about the benefits and risks of the comparator medications

Participant type(s)

Patient

Age group

Not Specified

Sex

Not Specified

Target number of participants

600

Key exclusion criteria

People are not eligible for trial entry if the clinician believes that one treatment represents an additional risk for the patient

Date of first enrolment

06/01/2004

Date of final enrolment

01/07/2004

Locations**Countries of recruitment**

Brazil

Study participating centre

INCQS-FIOCRUZ

Rio de Janeiro

Brazil

21045-900

Sponsor information**Organisation**

National School of Public Health (ENSP), Oswaldo Cruz Foundation (FIOCRUZ) (Brazil)

Sponsor details

Rua Leopoldo Bulhões 4036/816 Manguinhos

Rio de Janeiro

Brazil

21041-210

Sponsor type

Charity

Website

<http://www.ensp.fiocruz.br>

ROR

<https://ror.org/04jhswv08>

Funder(s)

Funder type

Research council

Funder Name

The National Council for Research and Development (Consejo Nacional de Desarrollo Cientifico y Tecnologico [CNPq]) (Brazil)

Funder Name

Regional Health Authorities (Brazil) - donated drugs

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	27/10/2007		Yes	No