Combined aspirin, clopidogrel and dipyridamole versus aspirin alone in stroke secondary prevention: a safety, tolerability and feasibility study

Submission date	Recruitment status No longer recruiting	Prospectively registered		
26/08/2005		[] Protocol		
Registration date	Overall study status	[] Statistical analysis plan		
28/10/2005	Completed	[X] Results		
Last Edited 08/08/2008	Condition category Circulatory System	Individual participant data		

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s) Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers N/A

Study information

Scientific Title

Acronym

Triple 2

Study objectives

We hypothesise that combination therapy with three antiplatelet agents that act through different mechanisms may maximise the benefit of antiplatelet treatment in the secondary prevention of stroke, both in patients with sinus rhythm and those with stroke who cannot be anticoagulated.

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) Not specified

Study type(s) Prevention

Participant information sheet

Health condition(s) or problem(s) studied Ischaemic stroke

Interventions

Combined aspirin (75 mg once a day [od], A), dipyridamole (200 mg twice a day [bd], B) and clopidogrel (75 mg od, C) versus aspirin (75 mg od, A) alone.

Intervention Type

Drug

Phase Not Specified

Drug/device/biological/vaccine name(s) Aspirin, clopidogrel, dipyridamole

Primary outcome measure

Number of subjects completing randomised treatment to final follow up.

Secondary outcome measures

- 1. Recurrent ischaemic stroke or TIA
- 2. Intracerebral haemorrhage
- 3. Major extracranial bleeding
- 4. Minor extracranial bleeding (epistaxis, purpura)
- 5. Sitting and standing blood pressure (BP), heart rate at 2 weeks, 3 months and follow up
- 6. Presence of headache

Overall study start date

26/10/2001

Completion date

28/02/2008

Eligibility

Key inclusion criteria

1. Aged 18 years or older

2. Ischaemic stroke on computed tomography (CT)/magnetic resonance imaging (MRI) within 5 years

- 3. Previous transient ischemic attack (TIA) within 5 years
- 4. Written informed consent from patient
- 5. In sinus ryhthm or atrial fibrillation but not suitable for anticoagulation

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

51

Key exclusion criteria

1. Thrombocytopenia

2. Severe hypertension

3. Previous cerebral haemorrhage

4. Hypersensitivity or intolerance to aspirin, dipyridamole or clopidogrel

5. Any history of peptic ulcer or gastrointestinal bleeding

6. Severe concomitant medical conditions including acquired immunodeficiency syndrome (AIDS) or cancer

7. Pregnancy or breast feeding

8. Patients needing or already receiving anticoagulant or non-steroidal anti-inflammatory drugs (NSAIDs) other than aspirin therapy

Date of first enrolment 26/10/2001

Date of final enrolment 28/02/2008

Locations

Countries of recruitment England

United Kingdom

Study participating centre Division of Stroke Medicine Nottingham United Kingdom NG5 1PB

Sponsor information

Organisation

University of Nottingham (UK)

Sponsor details

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Sponsor type University/education

Website http://www.nottingham.ac.uk/

ROR https://ror.org/01ee9ar58

Funder(s)

Funder type University/education

Funder Name University of Nottingham (UK)

Alternative Name(s)

Funding Body Type Private sector organisation

Funding Body Subtype Universities (academic only)

Location United Kingdom

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?
<u>Results article</u>	Results	06/08/2008		Yes	No