

# Inflammatory and endothelial markers in heart disease: relation to tissue factor TF - effect of early controlled exercises post acute myocardial infarction on IL6, E-selectin, and TF

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<b>Registration date</b> 30/09/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 20/08/2015	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr A Abraheem

**Contact details**  
Department of Cardiology  
City General Hospital  
Stoke-on-Trent  
United Kingdom  
ST4 6QG

## Additional identifiers

**Protocol serial number**  
N0158141878

## Study information

**Scientific Title**

Inflammatory and endothelial markers in heart disease: relation to tissue factor TF - effect of early controlled exercises post acute myocardial infarction on IL6, E-selectin, and TF

### **Study objectives**

1. Patients who start high level controlled exercise post acute myocardial infarction (AMI) have lower research indices (IL6, TF, E-selectin) in comparison to those who start low level controlled exercise at the time of their discharge from rehab and at 3 & 6 month post AMI.
2. Patients who perform early controlled exercises post AMI have lower research indices in comparison to late controlled exercise at 3 & 6 month post AMI?
3. Patients with lower levels of research indices at the end of their rehab, 3 & 6 will have better outcome at 1 year.

### **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

### **Study type(s)**

Treatment

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

Cardiovascular: Acute myocardial infarction

### **Interventions**

1. Usually Patients who are admitted to CCU/Medical wards with acute myocardial infarction are approached by cardiac rehabilitation nurses to invite them to our cardiac rehabilitation program. Patients information sheet concerning this study will be given to all patient, and later on (pre-discharge from hospital) will be visited by the research Doctor for further discussion, if they are happy to participate in this study a written informed consent will be obtained, and basic clinical information will be recorded on a standard Performa: this will include: Demography, height, weight, BMI, medication, risk factors (smoking status, diabetes, hypercholestraemia, family history, hypertension), any relevant past medical history (MI, CVA, TIA;etc) will be recorded.

2. Patients undertaking this study will have their blood tested prior discharge from hospital (T0) for the research markers.

3. Patient will do their exercise test within day (5-14) post acute myocardial infarction, and according to their ETT results will divided into 4 groups: Patient who are unable to exercise for any reason will act as a control group. All eligible patients will have Modified Bruce Protocol within 5-14 days post acute myocardial infarction. Patient who have negative exercise test for inducible myocardial ischaemia at moderate/high work load(>7 METS), will be randomised using the above mentioned method. Into 4 groups:

i) Early rehab with high work load exercises.

ii) Late rehab with high work load exercises.

iii) Early rehab with low work load exercises.

vi) Late rehab with low work load exercises.

Blood samples will be collected on attendance for ETT, pre (T1) and post (T2)

4. In addition to our assessment of the above-mentioned marker all groups will be followed for 12 months in term of:

- Mortality (cardiovascular death)

- Morbidity (MI, unstable angina, unstable coronary syndrome, LV failure, re-vascularisation).

Blood samples will be obtained through this sheath (15 mls) will be spun at 3000 rp/m for 15 minutes, and the citrated plasma obtained will be divided into four aliquots, and will be stored at (-40 to -80 o C) and will later be transferred to the Haemostasis Thrombosis and Vascular unit, University of Birmingham for batched analyses by in house ELISA (IL6, Tf, E-selectin).

### **Intervention Type**

Behavioural

### **Primary outcome(s)**

1. Level of IL6/CRP at pre discharge, 1st and last attendance to the gym, 3 & 6 month post myocardial infarction

2. Level of E-selectin at pre discharge, 1st and last attendance to the gym, 3 & 6 month post myocardial infarction

3. Level of TF at pre discharge, 1st and last attendance to the gym, 3 & 6 month post myocardial infarction

### **Key secondary outcome(s)**

Not provided at time of registration

### **Completion date**

01/05/2005

## **Eligibility**

### **Key inclusion criteria**

1. History of recent acute myocardial infarction (within the last 2 weeks)

2. Age 18-80

3. Able to give written consent

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

18 years

**Upper age limit**

80 years

**Sex**

All

**Key exclusion criteria**

Not provided at time of registration

**Date of first enrolment**

01/05/2003

**Date of final enrolment**

01/05/2005

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre****City General Hospital**

Stoke-on-Trent

United Kingdom

ST4 6QG

**Sponsor information****Organisation**

Department of Health

**Funder(s)****Funder type**

Government

**Funder Name**

North Staffordshire Research and Development Consortium - North Staffordshire Hospital Trust (UK), NHS R&D Support Funding

# Results and Publications

Individual participant data (IPD) sharing plan

**IPD sharing plan summary**

Not provided at time of registration