

Pharmacological modulation of heterosynaptic Long-Term Potentiation in humans by Lorazepam and Methylphenidate

Submission date 20/08/2007	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 24/09/2007	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 24/09/2007	Condition category Signs and Symptoms	<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

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
Tr 236/16-2/LTP-Methyl-Lora

Study information

Scientific Title

Acronym

LOTEPOLOMETH

Study objectives

Long-Term Potentiation (LTP) within the nociceptive system is one of the mechanisms underlying central sensitisation, which accounts for some hyperalgesic pain states in chronic pain patients. In the study we will use a human surrogate model of nociceptive LTP to study the involvement of the GABAergic and the catecholaminergic system in the induction of hyperalgesia following high-frequency electrical stimulation of nociceptive afferents in the skin.

We will study the contribution of GABAA-receptors (by lorazepam, a GABAA-receptor agonist) and receptors of catecholamines (by methylphenidat, a dopamine/noradrenaline re-uptake inhibitor) in plastic changes within the nociceptive system, which occur typically after a tissue injury, but in contrast to a real lesion we mimic an injury by high-frequency electrical stimulation of nociceptive afferents in the skin. This conditioning stimulation will lead to pain to light tactile stimuli (dynamic mechanical allodynia) and to an increase of pain to punctuate mechanical pain stimuli (static mechanical hyperalgesia). Both phenomena can typically been found in a subset of neuropathic pain patients.

Ethics approval required

Old ethics approval format

Ethics approval(s)

The study was approved by the Local Ethics Committee (Ethikkommission der Landesärztekammer Rheinland-Pfalz) on 15 March 2003 (ref: 837.002.03[3664]) and was conducted in accordance with the declaration of Helsinki, the German Medicines Act (AMG), and the guidelines of the International Conference on Harmonisation (ICH) for Good Clinical Practice (GCP).

Study design

A double-blind, randomized, placebo-controlled, three-way cross-over study.

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Quality of life

Participant information sheet

Health condition(s) or problem(s) studied

Hyperalgesic pain

Interventions

The effect of 40 mg methylphenidate and 2.5 mg lorazepam orally (p.o.) will be compared to placebo in a three-way cross-over design (placebo-methylphenidate-lorazepam). Sensory changes will be determined by Quantitative Sensory Testing (QST) using non-nociceptive and low-intensity painful mechanical and electrical stimuli.

The QST-protocol consists of mildly painful and non-painful mechanical and electrical stimuli, which were applied in runs alternating between two skin sites on the forearms (a test site and a control site). In addition, we will apply a moderate painful high-frequency electrical stimulation protocol to induce nociceptive LTP (only at the test site). All test stimuli will last between 0.5 - 2 seconds depending on the modality tested.

The QST will be carried out over 30 min before the application of the conditioning stimulus and over 90 min at the beginning and immediately after the stimulus.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Methylphenidate, Lorazepam

Primary outcome measure

The following outcomes will be assessed based on the sensory changes determined by QST during the intervention:

1. Spread of the area of dynamic allodynia and static hyperalgesia
2. Combined analgesic and anti-hyperalgesic effect to mechanical and electrical stimuli on the site of conditioning stimulation

Secondary outcome measures

The following outcomes will be assessed based on the sensory changes determined by QST during the intervention:

1. Anti-hyperalgesic effect to electrical and mechanical test stimuli
2. Analgesic effect to electrical and mechanical test stimuli
3. Anti-wind up pain, tested by mechanical pinprick stimuli

Overall study start date

01/10/2006

Completion date

01/10/2007

Eligibility**Key inclusion criteria**

1. Healthy volunteers of full age
2. Subject familiarized with the experimental procedure prior to experimentation and had given written informed consent
3. At least a 50% increase of pain to pinprick stimuli and a 25% increase of pain to electrical stimuli following high-frequency electrical stimulation in a screening visit

Participant type(s)

Healthy volunteer

Age group

Adult

Sex

Both

Target number of participants

18

Key exclusion criteria

1. Skin lesions at the test and/or control site
2. Use of any medication within one day prior to study onset except contraceptives
3. Known hypersensitivity to histamine or methylphenidate and lorazepam and their derivatives
4. Any history of allergy or drug hypersensitivity
5. Chronic use of analgesics or Central Nervous System (CNS) active drugs
6. Pregnancy or nursing
7. Any acute or chronic disease

Date of first enrolment

01/10/2006

Date of final enrolment

01/10/2007

Locations**Countries of recruitment**

Germany

Study participating centre

Institute of Physiology and Pathophysiology

Mainz

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Sponsor information

Organisation

Individual sponsor (Germany)

Sponsor details

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Sponsor type

Other

Website

<http://www.uni-mainz.de/eng/index.php>

Funder(s)**Funder type**

Other

Funder Name

German Research Foundation (Deutsche Forschungsgemeinschaft) (Grant ref: Tr236/16-2)

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