# Inspiratory airflow limitation during sleep: its relationship to functional complaints

Submission date	Recruitment status	<ul><li>Prospectively registered</li></ul>
08/09/2006	No longer recruiting	☐ Protocol
Registration date	Overall study status	Statistical analysis plan
25/09/2006	Completed	Results
Last Edited	Condition category	Individual participant data
25/09/2006	Respiratory	<ul><li>Record updated in last year</li></ul>

## Plain English summary of protocol

Not provided at time of registration

## Contact information

## Type(s)

Scientific

#### Contact name

Dr Joan Broderick

#### Contact details

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## Additional identifiers

**EudraCT/CTIS** number

**IRAS** number

ClinicalTrials.gov number

## Secondary identifying numbers

Stony Brook Research Foundation #1051610

# Study information

#### Scientific Title

#### Study objectives

Patients with Upper Airway Resistance Syndrome (UARS) who are randomised to therapeutic Continuous Positive Airway Pressure (CPAP) will demonstrate reduced pain, fatigue, daytime sleepiness, headache, gastrointestinal discomfort, hyperarousal, and metabolic risk factors after three weeks of treatment compared to UARS patients randomised to sham CPAP.

#### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Stony Brook University Internal Review Board (reference number: 2006-6309), approved on the 28th August 2006.

#### 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

Upper airway resistance syndrome

#### **Interventions**

Following baseline assessment, participants will be randomised to the experimental condition: therapeutic CPAP (n=10) or sham CPAP (n=10). A permuted blocking procedure will be used for the randomisation assignments using two block sizes (four and six). Allocation concealment from research assistants conducting outcome assessments will be done to minimise assignment bias and to attempt to maintain blinding of assessors. The study coordinator, who will not have direct contact with participants, will be responsible for implementing randomisation.

Per instruction from the study coordinator, one member of the research team will prepare the CPAP device as therapeutic or sham and provide it to another member of the team (blinded) who will interface with the patients to train them in use of the CPAP and answer questions or coach compliance during the trial. Patients will receive treatment for three weeks and then

return for post-treatment assessment. The research assistant responsible for gathering pre- and post-treatment data will also be blinded to experimental condition.

#### **Intervention Type**

Other

#### **Phase**

**Not Specified** 

#### Primary outcome measure

- 1. Fatigue
- 2. Daytime sleepiness
- 3. Sleep quality

#### Secondary outcome measures

- 1. Pain
- 2. Headache
- 3. Gastrointestinal discomfort
- 4. Metabolic risk factors
- 5. Hyperarousal

## Overall study start date

11/09/2006

#### Completion date

30/06/2008

# **Eligibility**

#### Key inclusion criteria

- 1. Physician-confirmed diagnosis of UARS
- 2. Aged between 21 years or over and 65 years or under
- 3. Able to speak and read English
- 4. Ability to tolerate only one caffeinated beverage in the morning

#### Participant type(s)

**Patient** 

#### Age group

Adult

#### Sex

Both

#### Target number of participants

20

#### Key exclusion criteria

1. Currently taking an opiate, benzodiazepine, sedative, hypnotic, stimulant, or sleeping medication

- 2. Currently being treated with a lipid lowering or Blood Pressure (BP) medication
- 3. Diagnosis and/or treatment for sleep apnea, narcolepsy, or periodic limb movement disorder
- 4. Diagnosis of diabetes, coronary artery disease, Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), stroke, or seizures
- 5. Body Mass Index (BMI) over 32 (no lower limit)
- 6. Evidence of overt alcohol or other substance abuse
- 7. History of allergy to lidocaine or similar local anesthestics
- 8. Presence of an extreme gag reflex
- 9. Difficulty breathing through nose
- 10. Smoking
- 11. Waking after 10:00 a.m. and going to bed after 12:00 a.m.

#### Date of first enrolment

11/09/2006

Date of final enrolment 30/06/2008

## Locations

#### Countries of recruitment

United States of America

Study participating centre
Department of Psychiatry & Behavioral Science
New York
United States of America
11794-8790

# Sponsor information

## Organisation

Respironics, Inc (USA)

## Sponsor details

1001 Murry Ridge Lane Murrysville Pennsylvania United States of America 15668-8550

#### Sponsor type

Industry

#### Website

http://www.respironics.com

#### ROR

https://ror.org/03kw6wr76

# Funder(s)

## Funder type

Industry

#### Funder Name

Respironics, Inc. (USA)

# **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