The effect of paracetamol (acetaminophen) and ibuprofen on body temperature in acute stroke: a phase II double-blind randomised placebocontrolled trial

Submission date	Recruitment status No longer recruiting	Prospectively registered		
15/02/2002		[X] Protocol		
Registration date 15/02/2002	Overall study status Completed	Statistical analysis plan		
		[X] Results		
Last Edited 06/09/2007	Condition category Circulatory System	[] Individual participant data		

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number N/A

Study information

Scientific Title

Acronym

PISA

Study objectives

To study the effect of high-dose ibuprofen and to confirm the previously observed reducing effect of high-dose paracetamol on body temperature, and to study their safety in normothermic and subfebrile patients with acute ischaemic stroke.

Ethics approval required

Old ethics approval format

Ethics approval(s)

The medical ethics committees of the three hospitals have approved this protocol.

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Stroke

Interventions

- 1. Paracetamol 6 g daily, for 5 days
- 2. Ibuprofen 2.4 g daily, for 5 days
- 3. Placebo for 5 days

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

Paracetamol (acetaminophen), ibuprofen

Primary outcome(s)

Body temperature at 24 hours from start of treatment.

Key secondary outcome(s))

- 1. Change in baseline temperature at 1 and 5 days from start of treatment
- 2. Time with elevated body temperature (greater than 37.0°C) (area under the curve) during the first 24 hours and the first five days

Tertiary outcomes:

Functional outcome at one month, as determined by the scores on the modified Rankin Scale (mRS) and Barthel Index (BI).

Completion date

31/12/2001

Eligibility

Kev inclusion criteria

- 1. An acute ischaemic anterior circulation stroke
- 2. A body temperature greater than 36.0°C or less than 39.0°C
- 3. A CT scan that is compatible with acute ischaemic stroke
- 4. A focal deficit without rapid improvement
- 5. A possibility to start treatment within 24 hours after stroke onset

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Not Specified

Sex

Not Specified

Key exclusion criteria

- 1. Severe aphasia, defined as an aphasia score of 2 or 3 on the National Institutes of Health Stroke Scale (NIHSS)
- 2. Treatment with an non-Steroidal Anti-Inflammatory Drug (NSAID) deemed necessary
- 3. Hypersensitivity to ibuprofen or paracetamol
- 4. (Chronic) liver failure or cirrhosis
- 5. (Chronic) renal failure
- 6. History of alcohol abuse
- 7. Active gastric ulcer disease or a history of peptic ulceration or gastro-intestinal haemorrhage in the preceding year
- 8. Colitis ulcerosa
- 9. Pregnancy
- 10. Use of corticosteroids
- 11. A severe concomitant medical condition that could affect the assessment of the effect of the study medication on temperature
- 12. Residual neurological impairment resulting from a previous stroke that may hamper the assessment of functional outcome
- 13. Death appearing imminent
- 14. No informed consent given

Date of first enrolment

01/12/2000

Date of final enrolment

31/12/2001

Locations

Countries of recruitment

Netherlands

Study participating centre Dept of Neurology Rotterdam

Netherlands 3000 CR

Sponsor information

Organisation

Erasmus Medical Center (The Netherlands)

ROR

https://ror.org/018906e22

Funder(s)

Funder type

Research organisation

Funder Name

Rotterdam Neurovascular Research Foundation (Stichting Neurovasculair Onderzoek Rotterdam) (The Netherlands)

Results and Publications

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	06/02/2003		Yes	No
Protocol article	Protocol	27/03/2002		Yes	No