Effect of treatment with low-dose hydrocortisone on cirrhotic patients presenting with septic shock to the intensive care unit

Submission date	Recruitment status	Prospectively registered	
18/07/2005	Stopped	☐ Protocol	
Registration date	Overall study status	Statistical analysis plan	
08/09/2005	Stopped Condition category	[X] Results	
Last Edited		Individual participant data	
25/01/2011	Infections and Infestations	Record updated in last year	

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

Protocol serial number

LG-9-12

Study information

Scientific Title

Study objectives

The use of hydrocortisone improves the survival of cirrhotics presenting with septic shock.

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

Septic shock in cirrhotics

Interventions

This a placebo-controlled double blind randomized controlled trial. The intervention is to give hydrocortisone versus palcebo. Ethic Committee approval date: 26/10/2003.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Hydrocortisone

Primary outcome(s)

28-all cause mortality

Key secondary outcome(s))

- 1. Intensive care unit (ICU) mortality
- 2. Hospital mortality
- 3. Reversal of shock
- 4. Vasopressor-free days
- 5. Mechanical ventilation-free days
- 6. Renal replacement free days
- 7. ICU length of stay
- 8. ICU acquired infection
- 9. Requirment and duration of vasopressor therapy

Completion date

Reason abandoned (if study stopped)

Objectives no longer viable

Eligibility

Key inclusion criteria

Cirrhotic patients admitted to the Intensive Care Unit with septic shock

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

- 1. Pure hypovolemia
- 2. Hemorrhagic shock
- 3. Known adrenal insufficiency
- 4. Prior steroid use
- 5. Do not resuscitate (DNR) order
- 6. Patients in terminal condition
- 7. Contraindication to steroids
- 8. Refused consent
- 9. Post-cardiac arrest
- 10. Patient unexpected to survive 24 hours

Date of first enrolment

01/04/2004

Date of final enrolment

01/04/2006

Locations

Countries of recruitment

Saudi Arabia

Study participating centre P.O. Box 22490

Riyadh

Sponsor information

Organisation

King Abdul Aziz City For Science and Technology (Saudi Arabia)

ROR

https://ror.org/05tdz6m39

Funder(s)

Funder type

Research organisation

Funder Name

King Abdul Aziz City for Science and Technology (Saudi Arabia)

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	14/12/2010		Yes	No