

# Oral magnesium for relief in pregnancy-induced leg cramps

|  |   |  |
|--|---|--|
| <b>Submission date</b><br>08/11/2011   | <b>Recruitment status</b><br>No longer recruiting     | <input type="checkbox"/> Prospectively registered    |
|  |   | <input type="checkbox"/> Protocol                    |
| <b>Registration date</b><br>14/11/2011 | <b>Overall study status</b><br>Completed              | <input type="checkbox"/> Statistical analysis plan   |
|  |   | <input type="checkbox"/> Results                     |
| <b>Last Edited</b><br>22/09/2016       | <b>Condition category</b><br>Pregnancy and Childbirth | <input type="checkbox"/> Individual participant data |
|  |   | <input type="checkbox"/> Record updated in last year |

## Plain English summary of protocol

### Background and study aims

Leg cramps are common for pregnant women; 30-45% of pregnant women suffer from leg cramps. Pregnancy-induced leg cramp tends to be more frequent during the second half of pregnancy, and mostly at night, resulting in sleep disruption which potentially introduces other complications. Currently, there is no standard treatment for pregnancy-induced leg cramps; however several studies have been conducted so far. Magnesium seems to be beneficial in the treatment of pregnancy-induced leg cramps. Shortage of magnesium may be why there is a higher rate of leg cramps in pregnancy. There have been few studies of magnesium for the treatment of leg cramps in pregnancy. The aim of this study is to assess the effectiveness of magnesium biglycinate chelate as a treatment for pregnancy-induced leg cramps.

### Who can participate?

Pregnant women who have pregnancy-induced leg cramps at least twice a week

### What does the study involve?

Participants are asked about their leg cramps and background characteristics such as age, income, education, standing or walking hours per day, BMI before pregnancy, antenatal supplement drugs, calcium supplement, blood pressure, leg edema (swelling) and varicose veins. After that participants are randomly allocated to receive either magnesium biglycinate chelate tablets or a placebo (dummy) supplement. Participants take one tablet, three times a day with a meal. The duration of treatment was 4 weeks. At the follow-up participants are asked about their leg cramps and side effects such as nausea, vomiting and diarrhea are recorded.

### What are the possible benefits and risks of participating?

There may be mild nausea and diarrhea while taking the medication.

### Where is the study run from?

Chulalongkorn University (Thailand)

### When is the study starting and how long is it expected to run for?

June 2010 to August 2011

Who is funding the study?  
Chulalongkorn University (Thailand)

Who is the main contact?  
Dr Vorapong Phupong  
vorapong.p@chula.ac.th

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Prof Vorapong Phupong

**Contact details**  
Department of Obstetrics and Gynecology  
Faculty of Medicine  
Chulalongkorn University  
Rama IV Road  
Pathumwan  
Bangkok  
Thailand  
10330  
-  
vorapong.p@chula.ac.th

## Additional identifiers

## Study information

**Scientific Title**  
A randomized, double-blinded, placebo-controlled trial of oral magnesium for relief in pregnancy-induced leg cramps

**Study objectives**  
Oral magnesium can relieve pregnancy-induced leg cramps when compare to placebo

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**  
Institutional Review Board, Faculty of Medicine, Chulalongkorn University, 17/06/2010, ref: 005 /53

**Study design**  
Randomized double-blinded placebo-controlled trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

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

Pregnant women with leg cramps

**Interventions**

Oral magnesium biglycinate chelate (300mg/day) versus placebo

Total duration of interventions is 4 weeks. Study drugs either magnesium or placebo will be administered orally at a frequency of three times a day for 4 weeks. Participants complete the follow-up case report forms (CRF) at the beginning of the 4th week and completed it at the end of the 4th week. For the follow-up CRF, leg cramps characteristics and side effects such as nausea, vomiting and diarrhea were recorded. Participants return follow-up CRF and the plastic container at the end of the 4th week.

**Intervention Type**

Supplement

**Primary outcome(s)**

50% reduction in frequency of leg cramps

**Key secondary outcome(s)**

1. 50% reduction of cramp intensity
2. Side effects

**Completion date**

31/08/2011

**Eligibility**

**Key inclusion criteria**

1. Pregnant women were those with 14-34 weeks of gestation
2. Having pregnancy-induced leg cramps at least twice a week
3. No other medical disease
4. No concurrent obstetrics complication
5. No other prescriptions for leg cramps
6. No history of magnesium allergy

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

Female

**Key exclusion criteria**

1. Pregnant women with multifetal gestation
2. Subsequently developed pregnancy-induced hypertension and preterm labor treated with tocolytic agent

**Date of first enrolment**

01/06/2010

**Date of final enrolment**

31/08/2011

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

Thailand

**Study participating centre**

**Chulalongkorn University**

Bangkok

Thailand

10330

**Sponsor information****Organisation**

Chulalongkorn University (Thailand)

**ROR**

<https://ror.org/028wp3y58>

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

University/education

**Funder Name**

Chulalongkorn University (Thailand)

**Alternative Name(s)**

, CU, Chula

**Funding Body Type**

Government organisation

**Funding Body Subtype**

Universities (academic only)

**Location**

Thailand

## **Results and Publications**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration