

# Vitamin A for viral smell loss

<b>Submission date</b> 23/02/2021	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 10/08/2021	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 03/03/2026	<b>Condition category</b> Ear, Nose and Throat	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Loss of smell affects an estimated 5% of people leading to depression, anxiety and isolation as well as changes in weight due to reduced appetite. Viral infections in the nose, including common colds and COVID-19, are the second most common cause of this smell loss. A recent limited study in Germany using vitamin A nasal drops showed that those in the treated group improved twice as much as those in the untreated group, lasting at least 10 months. It is thought that this treatment works to help repair tissues in the nose damaged by viruses. This work will explore whether this is correct. The aim of this study is to find out whether there is an increase in the size and activity of damaged smell pathways in patients' brains when they are treated with vitamin A nasal drops. This would show recovery of the damage caused by common viral infections in the nose.

### Who can participate?

People with smell loss due to a previous viral infection

### What does the study involve?

People can join the study when they attend the Norfolk Smell & Taste Clinic, or through Fifth Sense, the UK smell and taste disorders charity. Those able to join will be randomly allocated to one of two groups: 38 patients will receive a 12-week course of nasal vitamin A drops and 19 will receive standard care which is currently no treatment. Both sets of patients will receive brain scans, before and after the 12-week interval. The researchers will look for changes in the size of the olfactory bulb (an area above the nose where the smell nerves join together and connect to the brain), that can be measured. They will also look at activity in areas of the brain linked to recognising smells. The patients will be smelling odours (roses and rotten eggs) while special brain scans are taken that use a magnetic coil to create images. A smell test and a questionnaire will also measure smell loss and its daily impact at the two visits.

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

There is a possibility of minor side-effects from using the drops such as irritation of the nose. Some people may also feel claustrophobic inside the MRI scanner; participants who suffer from claustrophobia should discuss this with the research team. Women who are pregnant or planning to become pregnant should not participate in the study as there is a risk of vitamin A causing harm to the unborn child.

Where is the study run from?  
University of East Anglia (UK)

When is the study starting and how long is it expected to run for?  
February 2021 to August 2024

Who is funding the study?  
National Institute of Health Research (NIHR) (UK)

Who is the main contact?  
Prof. Carl Philpott  
c.philpott@uea.ac.uk

## Contact information

### Type(s)

Public

### Contact name

Prof Carl Philpott

### Contact details

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## Additional identifiers

### Integrated Research Application System (IRAS)

294741

### Central Portfolio Management System (CPMS)

50043

### National Institute for Health and Care Research (NIHR)

201978

### Protocol serial number

1.1

## Study information

### Scientific Title

A proof-of-concept study for vitamin A nasal drops in post-viral olfactory loss

### Acronym

APOLLO

### **Study objectives**

It is theorised that topical Vitamin A treatment will encourage regeneration of the olfactory epithelium which is damaged by respiratory viruses responsible for the common cold and help to restore the sense of smell in sufferers.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Approved 16/08/2021, West Midlands - Black Country Research Ethics Committee (The Old Chapel, Royal Standard Place, Nottingham, NG1 6FS; +44 (0)207 104 8010; blackcountry.rec@hra.nhs.uk), ref: 21/WM/0179

### **Study design**

Mechanistic proof of concept double-blind placebo-controlled randomized controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

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

Post-viral (infectious) olfactory loss/dysfunction (PVOL/PIOD)

### **Interventions**

The researchers will invite people who have been found to have smell loss due to a previous viral infection to join the study. They can join when they attend the Norfolk Smell & Taste Clinic, or through Fifth Sense, the smell and taste disorders charity. Those able to join will be randomly allocated to one of two groups: 38 patients will receive a 12-week course of nasal vitamin A drops (Vitadral Topfen Oral Drops [Aristo Pharma, Berlin, Germany]) and 19 will receive standard care which is currently no treatment. Both sets of patients will receive brain scans, before and after the 12-week interval. The researchers will look for changes in the size of the olfactory bulb. They will also look at activity in areas of the brain linked to recognising smells. The patients will be smelling odours (roses and rotten eggs) while brain scans are taken that use a magnetic coil to create images. A smell test and a questionnaire will also measure smell loss and its daily impact at the two visits.

### **Intervention Type**

Drug

### **Phase**

Phase III

### **Drug/device/biological/vaccine name(s)**

Vitadral Topfen Oral Drops (vitamin A)

### **Primary outcome(s)**

Olfactory bulb volume measured using MRI scan at 3 months

### **Key secondary outcome(s)**

1. Right orbital sulcus volume measured using MRI scan at baseline and 3 months
2. Blood-oxygen-level-dependant (BOLD) signal in primary olfactory areas (amygdala, piriform, and insula) measured using fMRI scan at baseline and 3 months
3. Olfactory function measured using the psychophysical smell test (TDI) score at baseline and 3 months
4. Olfactory-related quality of life measured using the olfactory disorders questionnaire (ODQ) score at baseline and 3 months

### **Completion date**

31/08/2024

## **Eligibility**

### **Key inclusion criteria**

1. A partial or total loss of smell due to post-viral olfactory loss as confirmed on history, examination and with a smell test (TDI) score of <31/48
2. Within 3 years of the precipitating viral infection

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Sex**

All

### **Total final enrolment**

57

### **Key exclusion criteria**

1. Participants with a history of:
  - 1.1. Chronic rhinosinusitis with/without nasal polyposis
  - 1.2. Severe nasal septal deviation
  - 1.3. Major prior head injury
  - 1.4. Congenital olfactory loss
  - 1.5. Use of concurrent intranasal medications or possible medications known to affect olfaction
  - 1.6. Chronic renal disease
  - 1.7. Chronic hepatic disease
  - 1.8. Allergy to peanuts, soy or vitamin A (drops contain peanut oil)
2. Significant medical, surgical or psychiatric disease that in the opinion of the PI would affect subject safety or influence the study outcomes
3. Current taking oral vitamin A supplements
4. Age less than 18 years
5. Pregnant women

6. Depending on the situation with regards to nasal endoscopy and COVID-19 at the time of study commencement we will exclude the following based on the endoscopy or the initial MRI scan:

6.1. Participants with any endoscopic findings of:

6.1.1. Chronic rhinosinusitis with/without nasal polyposis

6.1.2. Severe nasal septal deviation (preventing passage of 4mm endoscope)

6.1.3. Other inflammatory sinonasal disease

6.2. Participants with MRI changes indicating oedema in the sinuses and/or olfactory clefts

7. Participants must not have any metal implants, such as a pacemaker etc, as is standard for MRI scanning.

8. Any participants who move excessively during scanning

9. Any participant with a combined OBV of  $>85 \text{ mm}^3$  as it is unlikely they will demonstrate a significant increase in overall volume based on previous studies of OBV

**Date of first enrolment**

01/02/2022

**Date of final enrolment**

30/04/2024

## **Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**University of East Anglia**

Norwich Medical School

Norwich

England

NR4 7TJ

## **Sponsor information**

**Organisation**

University of East Anglia

**ROR**

<https://ror.org/026k5mg93>

## **Funder(s)**

## Funder type

Government

## Funder Name

National Institute for Health Research

## Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

## Funding Body Type

Government organisation

## Funding Body Subtype

National government

## Location

United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

Requests for access to trial data will be considered, and approved in writing where appropriate, after formal application to the trial management group (TMG). Considerations for approving access are documented in the TMG Terms of Reference. The final trial dataset will be held at Norwich Clinical Trials Unit on a secure server and will be accessible by the research team. The University of East Anglia will own the foreground IP (as the employer of the Chief Investigator) and James Paget University Hospitals will have rights via a royalty-free licence to use for their own non-commercial purposes and patient benefit. Any exploitation shall be managed through the University's Intellectual Property Team who shall put into place appropriate royalty share agreements although it is not anticipated that this will be the case as further research will be required.

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		20/01/2026	03/03/2026	Yes	No
<a href="#">Protocol article</a>		12/10/2023	16/10/2023	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Participant information sheet</a>	version 1.3	02/08/2021	06/08/2021	No	Yes
<a href="#">Protocol file</a>	version 1.2	12/05/2021	06/08/2021	No	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes