

# To assess the safety and feasibility of administering Dexamphetamine after stroke and its effect on cerebral and cardiac haemodynamics

|                                        |                                                   |                                                                                                   |
|----------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Submission date</b><br>26/08/2005   | <b>Recruitment status</b><br>No longer recruiting | <input type="checkbox"/> Prospectively registered<br><input type="checkbox"/> Protocol            |
| <b>Registration date</b><br>28/10/2005 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input checked="" type="checkbox"/> Results |
| <b>Last Edited</b><br>17/09/2009       | <b>Condition category</b><br>Circulatory System   | <input type="checkbox"/> 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

STAR

## Study objectives

1. To study the safety and feasibility of administering dexamphetamine twice weekly in 42 patients with a recent ischaemic stroke, and its effect on motor impairment
2. To study the effect of dexamphetamine on cerebral and cardiac haemodynamics in stroke patients

## 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

Ischaemic Stroke

## Interventions

Eligible patients who have provided consent will be randomly assigned to receive either dexamphetamine or placebo control. Dexamphetamine or placebo control will be administered orally twice a week with alternating 3 or 4 day separations. There will be a total of 10 doses covering a treatment period of 31 days. Further measurements of haemodynamics will be made 90 minutes after the first dose and immediately before, and 90 minutes after, the second dose. Measurements of the Barthel, Rankin and Scandinavian Neurological Stroke Scale (SNSS) will also be repeated 90 minutes after the second dose. Patients will remain as inpatients for the 7 days required. Xenon CT will be performed on selected patients (approx 8) to assess the dexamphetamine effect on cerebral perfusion before and 1 hour after the first administration.

## Intervention Type

Drug

## Phase

Not Specified

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

Dexamphetamine

**Primary outcome(s)**

The safety, tolerability and feasibility of dexamphetamine in acute ischaemic stroke and its effect on motor impairment, cerebral and cardiac haemodynamics.

**Key secondary outcome(s)**

At outcome (35 days) and follow up (90 days): Modified Rankin, Barthel Index, SNSS, Motricity Index, Grip Strength, Thumb-finding test, Sheffield aphasia screening, modified Mini-Mental State Examination (MMSE), Zung depression, EuroQUOL, 10-Hole Peg Test.

**Completion date**

31/03/2006

## **Eligibility**

**Key inclusion criteria**

1. Clinical stroke 3-30 days post ictus
2. Ischaemic stroke on computed tomography (CT)/magnetic resonance imaging (MRI)
3. Motor weakness (Motricity Index arm 0-99 inclusive)
4. Patients expected to stay in hospital for a further 8 days

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Pre-morbid Barthel Index <12/20
2. Dementia
3. No enteral access in presence of dysphagia
4. Moderate-severe hypertension (systolic blood pressure [BP] >160 or diastolic BP >100)
5. Clinical ischaemic heart disease, previous or current angina, myocardial infarction
6. Hyperexcitability or agitated states
7. Current hyperthyroidism
8. History of alcohol or drug abuse
9. Glaucoma
10. Predisposition to tics or Tourette Syndrome
11. Epilepsy or recent convulsions
12. Liver dysfunction (aspartate aminotransferase [AST] 3 x normal)
13. Renal dysfunction (creatinine >130)

- 14. Pregnancy and breastfeeding
- 15. Recent monoamine oxidase inhibitor (MAOI) usage
- 16. Porphyria

**Date of first enrolment**

18/10/2000

**Date of final enrolment**

31/03/2006

## **Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**University of Nottingham**

Nottingham

United Kingdom

NG5 1PB

## **Sponsor information**

**Organisation**

University of Nottingham (UK)

**ROR**

<https://ror.org/01ee9ar58>

## **Funder(s)**

**Funder type**

University/education

**Funder Name**

University of Nottingham (UK)

**Alternative Name(s)**

The University of Nottingham

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Universities (academic only)

**Location**

United Kingdom

## Results and Publications

**Individual participant data (IPD) sharing plan****IPD sharing plan summary****Study outputs**

| Output type                     | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|---------------------------------|---------|--------------|------------|----------------|-----------------|
| <a href="#">Results article</a> | results | 01/08/2007   |            | Yes            | No              |