

# Early treatment of idiopathic Parkinson's disease with dopaminergic agonist piribedil in monotherapy. A two-year randomised, parallel, placebo-controlled study in idiopathic Parkinsonian de novo patients

<b>Submission date</b> 07/02/2006	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 31/03/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 18/04/2018	<b>Condition category</b> Nervous System Diseases	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

Not provided at time of registration and not expected to be available in the future

## Contact information

### Type(s)

Scientific

### Contact name

Prof Olivier Rascol

### Contact details

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## Additional identifiers

### Protocol serial number

CL3-04200-006

# Study information

## Scientific Title

Early treatment of idiopathic Parkinson's disease with dopaminergic agonist piribedil in monotherapy. A two-year randomised, parallel, placebo-controlled study in idiopathic Parkinsonian de novo patients

## Acronym

REGAIN

## Study objectives

To compare the therapeutic effects of piribedil to placebo, on motor symptoms of idiopathic Parkinson's disease (PD) in the early stage of the disease in out-patients naive to L-dopa

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

First Ethics Committee approval on 27/11/2000 in Argentina

## Study design

International multicentre randomised double-blind placebo-controlled study

## Primary study design

Interventional

## Study type(s)

Treatment

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

Parkinson's disease

## Interventions

Piribedil versus placebo

## Intervention Type

Drug

## Phase

Not Applicable

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

Piribedil

## Primary outcome(s)

Occurrence and time to develop dyskinesia or other motor complications

## Key secondary outcome(s)

1. UPDRS III
2. UPDRS II

3. Time to therapeutic failure
4. Percentage of patients requiring treatment with L-dopa
5. L-dopa daily dose
6. UPDRS IV
7. Other motor scores
8. Quality of life

**Completion date**

11/08/2004

## Eligibility

**Key inclusion criteria**

Out-patients between 30 to 77 years old, with stage 1 to 3 (Hoehn and Yahr) and less than six weeks of previous L-dopa treatment, with less than 3 months of previous treatment by a dopaminergic agonist

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Patients frequently falling according to unified Parkinson's disease rating scale (UPDRS) II and /or III
2. Prior experience of a dopaminergic complication
3. Prior neurosurgery for PD
4. Previous history of freezing
5. Suspected autosomal juvenile Parkinsonism
6. Atypical Parkinsonian symptoms caused by drugs, metabolic disorders or encephalitis
7. History of psychotic symptoms
8. Poor cognitive performance

**Date of first enrolment**

10/05/2001

**Date of final enrolment**

11/08/2004

## Locations

**Countries of recruitment**

Argentina

France

India

Mexico

Portugal

South Africa

Spain

**Study participating centre**

Institut National de la Santé et de la Recherche Médicale (INSERM) U317

Toulouse

France

31073

## Sponsor information

**Organisation**

Institut de Recherches Internationales Servier (France)

**ROR**

<https://ror.org/034e7c066>

## Funder(s)

**Funder type**

Industry

**Funder Name**

Institut de Recherches Internationales Servier (France)

## Results and Publications

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

The datasets generated during and/or analysed during the current study will be available upon request from <https://clinicaltrials.servier.com/> if a Marketing Authorisation has been granted after 2014.

## IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Basic results</a>				No	No