

Comparison of two therapies for hyperandrogenism in girls

Submission date 15/01/2010	Recruitment status No longer recruiting	☐ Prospectively registered
Registration date 06/04/2010	Overall study status Completed	☐ Protocol
Last Edited 08/07/2013	Condition category Nutritional, Metabolic, Endocrine	☐ Statistical analysis plan
		☒ Results
		☐ Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
PI09/90444

Study information

Scientific Title
Ethinyl-estradiol cyproterone acetate versus low-dose metformin-flutamide-pioglitazone in girls with hyperinsulinemic androgen excess: effects on parameters of chronic inflammation, and on risk factors for type 2 diabetes and cardiovascular disease

Acronym
DIO

Study objectives

Low-dose metformin-flutamide-pioglitazone will prove to be superior to ethynil-estradiol-cyproterone acetate in improving chronic inflammation and risk factors for type 2 diabetes and cardiovascular disease

Please note that as of 08/02/2011 the study has been updated. The study design of this trial has changed from a "Randomised 2 arm double blind active controlled parallel group trial" to a "Randomised 2 arm open-labeled active controlled parallel group trial".

Ethics approval required

Old ethics approval format

Ethics approval(s)

CEIC Fundacio Sant Joan de Déu approved on the 7th of October 2009

Primary study design

Interventional

Study design

Randomised 2 arm open-labeled active controlled parallel group trial

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Hyperinsulinemic ovarian androgen excess

Interventions

Current interventions as of 08/02/2011:

Adolescents with androgen excess will be allocated to treatment with metformin-flutamide-pioglitazone or ethynil-estradiol-cyproterone acetate over 18 months.

Auxology, blood counts, liver and renal functions, endocrine-metabolic parameters (fasting blood) and body composition will be measured at 0 and 18 mo and at 6 mo after treatment stop

Previous interventions:

Adolescents with androgen excess will be allocated to treatment with metformin-flutamide-pioglitazone or ethynil-estradiol-cyproterone acetate over 12 months.

Auxology, blood counts, liver and renal functions, endocrine-metabolic parameters (fasting blood) and body composition will be measured at 0 and 12 mo and at 6 mo after treatment stop.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Ethynil-estradiol cyproterone acetate, metformin-flutamide-pioglitazone

Primary outcome(s)

1. Insulin sensitivity measured by Homeostasis Model Assessment (HOMA)
2. Insulin
3. Abdominal fat measured by Dual Energy X-Ray Absorptiometry (DXA)
4. Abdominal visceral fat and intrahepatic lipid content
5. Intermuscular Adipose Tissue (IMAT) measured by Magnetic Resonance (MR)
6. Carotid intima media thickness (IMT) measured by Doppler sonography

Key secondary outcome(s)

1. Hirsutism measured by Ferriman & Gallwey score
2. Androgens
3. Triglycerides
4. Ultrasensitive C-reactive protein
5. Neutrophil/lymphocyte ratio
6. High molecular weight adiponectin
7. Changes in the size, number, and distribution of adipocytes determined by subcutaneous adipose tissue biopsy

Completion date

05/11/2011

Eligibility**Key inclusion criteria**

1. Adolescent girls (14-17 yr)
2. Two or more yr beyond menarche
3. BMI less than the 97th centile for age
4. Clinical and biochemical signs of androgen excess (hirsutism [Ferriman & Gallwey score >8] and/or acne and/or menstrual irregularities)
5. Total testosterone >60 ng/dL and/or free androgen index >5
6. Hyperinsulinism: fasting insulin >15 uU/mL; glucose/insulin ratio <7, or peak insulin after an OGTT >100 uU/mL

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Child

Lower age limit

14 Years

Upper age limit

17 Years

Sex

Female

Key exclusion criteria

1. Pregnancy or pregnancy risk
2. Late-onset congenital adrenal hyperplasia due to 21-OH deficiency
3. Hyperprolactinemia
4. Cushing's syndrome
5. Hypothyroidism
6. Abnormal liver or kidney function, Creatine Phosphokinase (CPK) or Lactate Dehydrogenase (LDH)
6. Diabetes or impaired glucose tolerance
7. Cutaneous allergies
8. Treatment with anti-androgens, estroprogestagens, or medications interfering with lipid and carbohydrate metabolism during the previous 6 mo
9. Bacterial infections
10. Inflammatory intestinal conditions

Date of first enrolment

01/02/2010

Date of final enrolment

05/11/2011

Locations**Countries of recruitment**

Spain

Study participating centre

Hospital Sant Joan de Déu, University of Barcelona

Esplugues, Barcelona

Spain

08950

Sponsor information**Organisation**

Hospital Sant Joan de Déu (Spain)

ROR

<https://ror.org/001jx2139>

Funder(s)**Funder type**

Hospital/treatment centre

Funder Name

Instituto de Salud Carlos III (Spain) (ref: PI09/90444)

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	01/11/2011		Yes	No
Results article	results	01/10/2012		Yes	No
Results article	results	01/05/2013		Yes	No