

The effect of brain temperature on neuropsychological outcome following cardiopulmonary bypass

Submission date
15/10/2004

Recruitment status
No longer recruiting

Prospectively registered

Protocol

Registration date
23/06/2005

Overall study status
Completed

Statistical analysis plan

Results

Last Edited
10/11/2010

Condition category
Injury, Occupational Diseases, Poisoning

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

MCT-38146

Study information

Scientific Title

The effect of brain temperature on neuropsychological outcome following cardiopulmonary bypass: a single centre, two arm, randomised parallel trial

Acronym

NPSYCH2

Study objectives

Maintaining mild hypothermia (34°C) compared to normothermia (37°C) throughout the entire intra-operative period will decrease brain injury during coronary artery surgery with cardiopulmonary bypass.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Human Research Ethics Board, University of Ottawa Heart Institute, Ottawa, Ontario (Canada) approved on the 27th April 2004 (ref: #UOHI 00-113)

Primary study design

Interventional

Study design

Single centre, two arm, randomised parallel trial with study participant and investigator, outcome assessor, and data analyst blinded

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Cognitive deficits following cardiopulmonary bypass

Interventions

Randomisation to maintenance of body and brain temperature constant at 34 °C or 37 °C during the entire intra-operative period. Eleven tests were combined into three cognitive domains:

1. Memory
2. Attention
3. Psychomotor speed and dexterity

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

The incidence of cognitive deficits at 5 - 7 days after surgery.

Key secondary outcome(s)

1. Incidence of cerebral emboli during cardiopulmonary bypass (CPB) as measured by transcranial doppler
2. Quality of life at 3 months and the incidence of cognitive deficits at 3 months

Completion date

01/02/1998

Eligibility

Key inclusion criteria

Male or female 60 years or older undergoing coronary artery surgery utilising cardiopulmonary bypass.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Senior

Sex

All

Key exclusion criteria

1. Emergency surgery
2. Unable to undergo cognitive testing (visual or motor problems, unable to speak French or English)
3. Mini Mental State Examination (MMSE) less than 24 (dementia)
4. Patients undergoing other cardiac procedures in addition to coronary artery bypass graft (CABG) or reoperation
5. Patients with Parkinson's disease or a history of stroke
6. Age less than 60
7. Patients with renal insufficiency (creatinine 2 x normal) or hepatic insufficiency

Date of first enrolment

01/08/1995

Date of final enrolment

01/02/1998

Locations

Countries of recruitment

Canada

Study participating centre
Ottawa Heart Institute
Ottawa
Canada
K1Y 4W7

Sponsor information

Organisation

University of Ottawa Heart Institute (Canada)

ROR

<https://ror.org/03c4mmv16>

Funder(s)

Funder type

Research organisation

Funder Name

Canadian Institutes of Health Research (CIHR) (Canada) - <http://www.cihr-irsc.gc.ca> (ref: MCT-38146)

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	neuroprotective effect results	18/09/2001		Yes	No
Results article	five-year follow-up results	01/05/2007		Yes	No
Results article	neurocognitive function results:	01/12/2007		Yes	No
Results article	renal function results	01/02/2009		Yes	No
Results article	cognitive dysfunction results	01/10/2010		Yes	No

