

# MEDINA: Metabolic syndrome, diabetes mellitus and renal protection

|                                        |                                                                |                                                      |
|----------------------------------------|----------------------------------------------------------------|------------------------------------------------------|
| <b>Submission date</b><br>13/01/2010   | <b>Recruitment status</b><br>No longer recruiting              | <input type="checkbox"/> Prospectively registered    |
| <b>Registration date</b><br>27/05/2010 | <b>Overall study status</b><br>Completed                       | <input type="checkbox"/> Protocol                    |
| <b>Last Edited</b><br>27/05/2010       | <b>Condition category</b><br>Nutritional, Metabolic, Endocrine | <input type="checkbox"/> Statistical analysis plan   |
|                                        |                                                                | <input type="checkbox"/> Results                     |
|                                        |                                                                | <input type="checkbox"/> Individual participant data |
|                                        |                                                                | <input type="checkbox"/> Record updated in last year |

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Prof Jindřich pinar

**Contact details**  
Interní kardiologická klinika  
Fakultní nemocnice Brno  
Jihlavská 20  
Brno  
Czech Republic  
62500  
+42 (0)53 2232601  
jspinar@fnbrno.cz

## Additional identifiers

**Protocol serial number**  
LF2008/01, version 1.0, date: 22.06.2008

## Study information

**Scientific Title**  
MEDINA: Metabolic syndrome, diabetes mellitus and renal protection: an open label, randomised, controlled, parallel group trial

## **Acronym**

MEDINA (metabolický syndrom, diabetes mellitus a nefroprotektivita)

## **Study objectives**

The objective of this study is to find the optimal strategy of metabolic syndrome treatment, or diabetes mellitus and hypertension respectively.

The basic questions are:

1. Does the treatment initiation with Angiotensin-Converting Enzyme Inhibitor have advantages over treatment initiation with Angiotensin II Antagonist ?
2. Which second drug should be used in combination? Diuretics or calcium antagonist?
3. How is the risk lowered by simultaneous administration of statin?

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

Multicentric Ethics Committee, University Hospital Brno Bohunice approved.

## **Primary study design**

Interventional

## **Study design**

Multicentre open label randomised active controlled parallel group trial

## **Study type(s)**

Treatment

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

Metabolic syndrome; diabetes mellitus; hypertension

## **Interventions**

Patients randomised to receive:

1. Angiotensin II Antagonist (Angiotensin receptor blocker [ARB])

- 1.1. Baseline visit:

Patients with blood pressure  $\geq 130/85$ mmHg will receive either Losartan (50mg) or Valsartan (80mg)

- 1.2. Visit 1 at 1 month:

In addition to Losartan (50mg) or Valsartan (80mg), patients with blood pressure  $\geq 130/85$ mmHg will receive either Hydrochlorothiazide (12.5-25mg) or Amlodipine (5mg)

- 1.3. Visit 2 at 3 months:

Patients with blood pressure  $\geq 130/85$ mmHg will receive an increased dose of either Losartan (100mg) or Valsartan (160mg) and either Hydrochlorothiazide (12.5-25mg) or Amlodipine (5mg)

- 1.4. Visit 3 at 6 months:

Patients with blood pressure  $\geq 130/85$ mmHg will receive either Losartan (100mg) or Valsartan (160mg) and both Hydrochlorothiazide (12.5-25mg) and Amlodipine (5mg)

- 1.5. Visit 4 at 9 months:

Patients with blood pressure  $\geq 130/85$ mmHg will receive either Losartan (100mg) or Valsartan (160mg), Hydrochlorothiazide (12.5-25mg) and an increased dose of Amlodipine (10mg)

2. Angiotensin-Converting Enzyme (ACE) Inhibitor

- 2.1. Baseline visit:

Patients with blood pressure  $\geq 130/85$ mmHg will receive either Ramipril (5mg) or Perindopril (4mg)

2.2. Visit 1 at 1 month:

In addition to Ramipril (5mg) or Perindopril (4mg), patients with blood pressure  $\geq 130/85$ mmHg will receive either Hydrochlorothiazide (5-25mg) or Amlodipine (5mg)

2.3. Visit 2 at 3 months:

Patients with blood pressure  $\geq 130/85$ mmHg will receive an increased dose of either Ramipril (10mg) or Perindopril (8mg) and either Hydrochlorothiazide (12.5-25mg) or Amlodipine (5mg)

2.4. Visit 3 at 6 months:

Patients with blood pressure  $\geq 130/85$ mmHg will receive either Ramipril (10mg) or Perindopril (8mg) and both Hydrochlorothiazide (12.5-25mg) and Amlodipine (5mg)

2.5. Visit 4 at 9 months:

Patients with blood pressure  $\geq 130/85$ mmHg will receive either Ramipril (10mg) or Perindopril (8mg), Hydrochlorothiazide (12.5-25mg) and an increased dose of Amlodipine (10mg)

## **Intervention Type**

Drug

## **Phase**

Phase III

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

Losartan, valsartan, ramipril, perindopril, amlodipine, hydrochlorothiazide

## **Primary outcome(s)**

1. Waist measurement, measured at baseline, 6 and 12 months
2. Blood samples for metabolic syndrome, DM and renal functions assessment, measured at baseline, 6 and 12 months
  - 2.1. glycine
  - 2.2. cholesterol measured additionally at 3 months and electively at 9 months
    - 2.2.1. High Density Lipoprotein (HDL)
    - 2.2.2. Low density Lipoprotein (LDL)
    - 2.2.3. total cholesterol
  - 2.3. triglycerides (TG)
  - 2.4. uric acid
  - 2.5. urea
  - 2.6. creatinine
  - 2.7. glycated haemoglobin
  - 2.8. complete blood count
3. Blood pressure measurement at baseline, 6, 12 and 18 months
4. Microalbuminuria, paper measurement at baseline, 6 and 12 months

Primary objective is to lower the absolute risk evaluated by Symptoms, Causes, Outcomes, Resources and Effects (SCORE) as well as to increase the number of patients with SCORE level below 5%. SCORE is an estimation of cardiovascular accident risk in next 10 years, calculated from data as: age, sex, systolic blood pressure, cholesterol level, history of smoking and diabetes mellitus.

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

1. Percentage of patients with blood pressure  $< 140/90$  mmHg
2. Percentage of patients with cholesterol  $< 5,0$  mmol/l

3. Percentage of patients not complying with the criteria for metabolic syndrome
4. Renal function evaluated as glomerular filtration and microalbuminuria
5. Variation in glycated hemoglobin

**Completion date**

30/05/2011

## Eligibility

**Key inclusion criteria**

1. Diabetes mellitus type II with primary hypertension (systolic pressure > 130 mmHg or diastolic pressure > 85 mmHg)
2. Two criteria of metabolic syndrome
3. Age > 40
4. Informed consent

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Myocardial infarction, stroke, Percutaneous Transluminal Coronary Angioplasty (PTCA), Coronary Artery Bypass Graft (CABG) in the last 3 months
2. Secondary hypertension
3. Clinically apparent heart failure
4. Diabetes mellitus type I
5. Comorbidity with bad prognosis (death expectation > 30%)
6. Gravidity and fertile women without sufficient contraception

**Date of first enrolment**

20/11/2008

**Date of final enrolment**

30/05/2011

## Locations

**Countries of recruitment**

Czech Republic

**Study participating centre**  
**Interní kardiologická klinika**  
Brno  
Czech Republic  
62500

## **Sponsor information**

**Organisation**  
DSC Services, s.r.o. (Czech Republic)

**ROR**  
<https://ror.org/04sw4ge25>

## **Funder(s)**

**Funder type**  
Industry

**Funder Name**  
DSC Services, s.r.o. (Czech Republic)

## **Results and Publications**

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

**IPD sharing plan summary**  
Not provided at time of registration