

Study to see if steroids reduce kidney problems in Henoch Schonlein purpura

Submission date 30/10/2011	Recruitment status No longer recruiting	☐ Prospectively registered ☐ Protocol
Registration date 30/11/2011	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 06/01/2014	Condition category Haematological Disorders	☐ Individual participant data

Plain English summary of protocol

Background and study aims

Henoch Schonlein Purpura (HSP) is a rare condition that happens mostly in children where there is inflammation of small blood vessels. This causes a rash, stomach pains and joint pains and swelling, usually of the ankles and feet. HSP also commonly causes the kidneys to leak small amounts of blood or protein into the urine. About one in 20 patients will have serious kidney problems due to HSP. It is possible that treatment with tablets called steroids, may help to prevent children from developing kidney disease. This study aims to find out whether treatment with a steroid (called prednisolone) can prevent or reduce the kidney complications of HSP.

Who can participate?

Children and young people up to the age of 18 with a diagnosis of HSP are invited to take part in the study.

What does the study involve?

Children and young people with HSP will be assigned to receive either a steroid in the form of a tablet or syrup, or a preparation that contains no medicinal products. Parents, patients and doctors will not be told of the type of treatment allocated, so as to avoid any bias. The tablets / liquid must be taken daily for 14 days and must be started within 7 days of the onset of the rash. As part of the study protocol all children with Henoch Schonlein Purpura (HSP) will be seen in the hospital 4 weeks, 3 months and 12 months after the first presentation. At these visits we will take the blood pressure and check the urine for protein and blood. In addition, all patients should be seen either by the GP or at the local hospital for blood pressure and urine checks weekly for the first 4 weeks. Those who develop kidney complications will be followed up for as long as these problems persist.

What are the possible benefits and risks of participating?

During the research project Children and young people with HSP will be very closely monitored, and receive regular check-ups including routine urine testing. It is possible, that treatment with steroids, may help to prevent children and young people with HSP from developing kidney disease. Side effects of steroids are very unlikely for such a short course, but may include stomach upset (nausea, vomiting (which may be blood stained) or loss of blood from the back passage) and feeling faint. These symptoms may also be seen in untreated HSP

Where is the study run from?

The study will take place in 29 hospitals in England and Wales. The lead centre was University Hospital of Wales, Cardiff (UK).

When is the study starting and how long is it expected to run for?

The study will start in January 2001 and end in January 2005.

Who is funding the study?

The study is funded by Wales Office of Research and Development for Health and Social Care (UK).

Who is the main contact?

Dr Jan Dudley

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Contact information

Type(s)

Scientific

Contact name

Dr Jan Dudley

Contact details

Department of Paediatric Nephrology

Bristol Royal Hospital for Children

Bristol

United Kingdom

BS28BJ

Additional identifiers

Protocol serial number

R99/1/020

Study information

Scientific Title

Randomised, placebo-controlled trial to assess the role of early prednisolone on the development and progression of Henoch Schonlein purpura nephritis

Study objectives

Prednisolone would reduce the prevalence of proteinuria at a set point (12 months) after initial presentation of Henoch-Schonlein purpura

Ethics approval required

Old ethics approval format

Ethics approval(s)

Multicentre Research Ethics Committee approved on 14 December 1998, ref: MREC/98/6/68

Primary study design

Interventional

Study design

Randomised double-blind placebo-controlled multi-centre study

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Henoch Schonlein Purpura

Interventions

Prednisolone 2mg/Kg/d (max 80mg) versus placebo for 7 days, then 1mg/kg/day for 7 days to complete a 14 day course.

Follow-up 1 year from baseline visit

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Prednisolone

Primary outcome(s)

1. The presence of proteinuria at 12 months (defined as urine protein: creatinine ratio (UP:UC) >20mg/mmol)
2. The need for additional treatment (defined as the presence of hypertension (requiring treatment) and / or renal biopsy anomalies and / or the need for treatment of renal disease) during the 12 month study period
3. The association of polymorphisms of the ACE gene with proteinuria at 12 months

Key secondary outcome(s)

Presence of symptoms of possible trial medication induced toxicity: hypertension and/or gastrointestinal (GI) upset

Completion date

31/01/2005

Eligibility

Key inclusion criteria

Children under 18 years of age presenting to secondary care centres in England and Wales with a diagnosis of Henoch-Schönlein Purpura (HSP), based on the American College of Rheumatology Criteria

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Child

Upper age limit

18 Years

Sex

All

Key exclusion criteria

1. Those already receiving steroid / immunosuppressive therapy
2. Those receiving Angiotensin converting enzyme (ACE) inhibitors
3. Those with pre-existing renal disease (excluding urinary tract infections)
4. Those with pre-existing hypertension
5. Those with evidence of immunodeficiency /systemic infection
6. Those with contra-indications or relative contra-indications for steroid therapy (epilepsy, diabetes mellitus, glaucoma or peptic ulceration)
7. Those with characteristic purpuric rash for more than 7 days

Date of first enrolment

01/01/2001

Date of final enrolment

31/01/2005

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre

Department of Paediatric Nephrology

Bristol

United Kingdom

BS28BJ

Sponsor information

Organisation

University Hospital of Wales NHS Trust (UK)

ROR

<https://ror.org/04fgpet95>

Funder(s)**Funder type**

Government

Funder Name

Wales Office of Research and Development for Health and Social Care (UK) (ref: R99/1/020)

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	01/10/2013		Yes	No