

# Intermittent Preventive Therapy Post-Discharge: an innovative approach in the prevention of rebound severe malaria anaemia and mortality in young children

<b>Submission date</b> 18/05/2006	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 19/06/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 10/04/2012	<b>Condition category</b> Infections and Infestations	<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

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

## Study information

**Scientific Title**

Intermittent Preventive Therapy Post-Discharge: an innovative approach in the prevention of rebound severe malaria anaemia and mortality in young children - a randomised double-blind placebo controlled multicentre study

## Acronym

IPTpd

## Study objectives

To compare the efficacy of a single treatment course with lumefantrine-artemether (Coartem®) at discharge to three treatment courses with Coartem® given at discharge, 1 and 2 months (intermittent preventive therapy post-discharge [IPTpd]), to standard antimalarial therapy of oral sulfadoxine-pyrimethamine (SP) in Malawi, in the post-discharge management of children, aged 4-59 months, who have recovered from severe malarial anaemia by assessing mean haemoglobin concentration, and the incidence of rebound severe anaemia, clinical malaria and death by 3 and 6 months.

As of 22/04/2010 this record was updated; all changes can be found in the relevant fields with the above update date. At this time, the anticipated end date of this trial was also updated; the initial anticipated end date at the time of registration was 01/12/2008.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Approved by College of Medicine Research and Ethics Committee on 25/02/05, reference number: P.03/04/287 and by Liverpool Research and Ethics Committee on 09/02/05, reference number: 05.01

## Study design

Randomised, double-blind, placebo-controlled, multicentre study

## Primary study design

Interventional

## Study type(s)

Prevention

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

Severe malarial anaemia

## Interventions

Patients are randomised into one of the following groups:

Group A - lumefantrine-artemether, single 3-day course at enrolment

Group B - lumefantrine-artemether, three 3-day courses (at enrolment, at 1 month, and at 2 months)

Group C - sulfadoxine-pyrimethamine (SP), single dose at enrolment (added 22/04/2010: group C dropped out following amendments to protocol)

## Intervention Type

Drug

## Phase

Not Specified

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

lumefantrine-artemether (Coartem®), sulfadoxine-pyrimethamine

## Primary outcome(s)

Current information as of 22/04/2010:

The incidence of rebound severe anaemia (Hb less than 5 g/L), severe malaria (hospital admissions requiring quinine) or death (a composite endpoint) between 1 and 6 months after enrolment.

Initial information at time of registration:

Mean haemoglobin at three months

## Key secondary outcome(s)

Current information as of 22/04/2010:

1. The incidence of sick-child's clinic visits due to clinical malaria by 3 and 6 months
2. The incidence of all-cause sick-child's clinic visits by 3 and 6 months
3. The incidence of all cause re-hospitalisation between 1 - 3 and 1 - 6 months after enrolment
4. The incidence of the three individual components of the composite endpoint (severe anaemia, severe malaria, death) between 1 - 3 and 1 - 6 months after enrolment
5. Mean haemoglobin at 6 months
6. Incidence of adverse events by 3 and 6 months
7. Mean corrected heart rate (QTc) prolongation by 3 days

Initial information at time of registration:

1. The incidence of sick-child's clinic visits due to clinical malaria by 3 and 6 months
2. The incidence of rebound severe anaemia (Hb <5 g/l)
3. The incidence of death by 3 and 6 months
4. Mean haemoglobin at 6 months
5. Incidence of adverse events by 3 and 6 months
6. Mean corrected heart rate (QTc) prolongation by 3 days

## Completion date

01/12/2010

## Eligibility

### Key inclusion criteria

1. Haemoglobin <5.0 g/dl or packed cell volume (PCV) <15% on admission to the hospital
2. Plasmodium falciparum malaria (any documented parasitaemia) at the time of admission to the hospital or within 24 hours prior to admission
3. Aged between 4 months (inclusive) and 59 months (inclusive) at the time of randomization
4. Bodyweight >5 kg at the time of randomization
5. Subject completed blood transfusion(s) in accordance with routine hospital practice
6. Subject completed intravenous (IV) quinine in accordance with routine hospital practice
7. Able to feed (for breastfed children) or eat (for older children)
8. Able to sit unaided
9. Provision of informed consent by parent or guardian

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Child

**Lower age limit**

4 months

**Upper age limit**

59 months

**Sex**

All

**Key exclusion criteria**

1. Recognised, specific other cause of severe anaemia at the time of admission to the hospital (e. g. trauma, haematological malignancy, known bleeding disorder, known sickle cell disease)
2. Previous enrolment in the present study
3. Severe anaemia (haemoglobin <5.0 g/dl ) at the time of randomization
4. Known hypersensitivity to any of the study drugs
5. Documented intake of Coartem® (≥4 doses) or SP within 1 week prior to admission
6. Child resides outside of catchment area during the course of the study (6 months)
7. Known need at the time of randomization for concomitant prohibited medication during the 2 months randomized treatment period
8. Ongoing participation into another clinical trial involving ongoing or scheduled treatment with medicinal products during the course of the study (6 months)
9. Known need, or scheduled surgery during the course of the study (6 months)
10. Suspected non-compliance with the follow-up schedule

**Date of first enrolment**

22/05/2006

**Date of final enrolment**

01/12/2010

**Locations****Countries of recruitment**

United Kingdom

England

Malawi

**Study participating centre**  
Liverpool School of Tropical Medicine  
Liverpool  
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## Sponsor information

**Organisation**  
Liverpool School of Tropical Medicine (UK)

**ROR**  
<https://ror.org/03svjbs84>

## Funder(s)

**Funder type**  
Research organisation

**Funder Name**  
The Netherlands-African partnership for capacity development and clinical interventions against poverty-related diseases (NACCAP) (Netherlands) (ref: W 07.05.202.00)

**Funder Name**  
UBS Optimus Foundation (Switzerland)

## 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?
<a href="#">Results article</a>	results	01/03/2012		Yes	No