

# Macrolides in refractory asthma

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|----------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Submission date</b><br>23/10/2008   | <b>Recruitment status</b><br>No longer recruiting | <input type="checkbox"/> Prospectively registered<br><input type="checkbox"/> Protocol                       |
| <b>Registration date</b><br>23/01/2009 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input type="checkbox"/> Results                       |
| <b>Last Edited</b><br>20/06/2016       | <b>Condition category</b><br>Respiratory          | <input type="checkbox"/> Individual participant data<br><input type="checkbox"/> Record updated in last year |

**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**  
Final version 1.1

## Study information

**Scientific Title**  
MACrolides in Refractory Asthma: a single-centre randomised placebo-controlled two-period cross-over trial

**Acronym**

MACRA

**Study objectives**

Azithromycin improves bronchial hyper-responsiveness in patients with refractory asthma.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Nottingham Research Ethics Committee 2, 06/06/2008, ref: 08/H0408/64

**Primary study design**

Interventional

**Study design**

Single-centre randomised two-period cross-over placebo-controlled trial

**Study type(s)**

Treatment

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

Refractory asthma

**Interventions**

Azithromycin 250 mg three times a week for six weeks versus matching placebo three times a week for six weeks.

**Intervention Type**

Drug

**Phase**

Phase IV

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

Azithromycin

**Primary outcome(s)**

Bronchial reactivity (the dose of methacholine producing a 20 percent fall in FEV1 [PD20 methacholine]).

Primary and secondary outcomes measured at the end of each 6 week treatment period.

**Key secondary outcome(s)**

1. Number of exacerbations requiring treatment with oral corticosteroids
2. Number of exacerbations requiring an increase in asthma therapy
3. Total dose of oral corticosteroids taken during the treatment period
4. Inhaled corticosteroid use
5. Reliever medication use
6. FEV1
7. Peak expiratory flow (PEF)
8. Exhaled nitric oxide

9. Blood and sputum differential cell counts
10. Asthma symptoms
11. Asthma Control Questionnaire (ACQ) score
12. Asthma Quality of Life Questionnaire (AQLQ)
13. Liver function tests
14. Adverse effects
15. Participants' views on study design, acceptability and issues that would be important to consider when designing a larger trial

Primary and secondary outcomes measured at the end of each 6 week treatment period.

**Completion date**

01/07/2010

## Eligibility

**Key inclusion criteria**

1. Non-smoking subjects
2. Aged 16 to 80 years, either sex
3. Refractory asthma, forced expiratory volume in one second (FEV1) greater than 50% predicted and greater than 1L and measurable airway responsiveness to methacholine challenge

Refractory asthma will be defined as an FEV1/forced vital capacity (FVC) ratio less than 70% with evidence of poor asthma control in terms of regular night-time awakening (greater than 2/week) or more than four puffs of relief medication/day (greater than twice/week) requiring repeated (two or more per year) courses of oral corticosteroids despite treatment with high dose inhaled corticosteroids (at least 1000 µg beclomethasone or equivalent) and treatment with, or a previous unsuccessful trial of, a long-acting beta-agonist or leukotriene antagonist.

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Poor compliance with usual asthma treatment
2. Pregnancy
3. Inadequate contraception or lactation
4. Active smoking or smoking history in excess of 20 pack years
5. A clinical diagnosis of allergic bronchopulmonary aspergillosis or significant bronchiectasis
6. Other major co-morbidity including abnormal liver function tests or medication known to interact with azithromycin

**Date of first enrolment**

01/01/2009

**Date of final enrolment**

01/07/2010

## **Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**University of Nottingham**

Nottingham

United Kingdom

NG5 1PB

## **Sponsor information**

**Organisation**

University of Nottingham (UK)

**ROR**

<https://ror.org/01ee9ar58>

## **Funder(s)**

**Funder type**

University/education

**Funder Name**

University of Nottingham (UK)

**Alternative Name(s)**

The University of Nottingham

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Universities (academic only)

**Location**

United Kingdom

**Results and Publications**

Individual participant data (IPD) sharing plan

IPD sharing plan summary