# Optimization of the hypothermia procedure in the ICU - the influence of bodycomposition on the successful performance of therapeutic hypothermia

Published: 24-11-2006 Last updated: 09-05-2024

The purpose of this study is to do research what the effect of the BMI and fat percentage is on the speed of cooling.

**Ethical review** Approved WMO

**Status** Pending

Health condition type Cardiac arrhythmias

**Study type** Observational non invasive

# **Summary**

#### ID

NL-OMON30238

#### Source

ToetsingOnline

## **Brief title**

Bodycomposition of cooled patients

## **Condition**

Cardiac arrhythmias

## **Synonym**

forced cooling, induced hypohermia

## Research involving

Human

# **Sponsors and support**

**Primary sponsor:** Academisch Medisch Centrum

Source(s) of monetary or material Support: Ministerie van OC&W

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# Intervention

**Keyword:** anthropometrics, Bodycomposition, hypothermia, Out-of-Hostpital-Cardiac-Arrest

## **Outcome measures**

## **Primary outcome**

nnb

## **Secondary outcome**

nnb

# **Study description**

# **Background summary**

Patients with an out of hospital cardiac arrest has a poor neurological outcome. According to three studies, these patients benefits from mild induced hypothermia. The speed of cooling is very important, but there is a large spreading in time (2 to 8 hours) reaching the target temperature due to difference in underlying desease, age, sexe and bodycomposition (anthropometrics). However that it is obvious that bodycomposition is related with speed of cooling, little has done to quantify this relationship and so the operation of cooling made researchable.

# Study objective

The purpose of this study is to do research what the effect of the BMI and fat percentage is on the speed of cooling.

## Study design

The following data is collected standard:

- -length
- -weight

The next data is collected especially for this study:

- -standard anthropometric measurements are performend 3 times (4 point-skinfold thickness, mean is used for analysis)
- -circumference of upperarm and waiste, skinfold thickness of bicep is used to compute fatarea and muscle area.
- -bonemass is computed from the condyl width
- -Impedance is measured 3 times within the period of cooling, with an interval
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# Study burden and risks

The measurements are being performend at sedated patients; none of the especially for this study performend measurements are stressfull for the patients. For the last examination (impedance) the patients becomes two extra ecg electrodes on the hand and foot. This measurement is also not stressful. The patient is retrogressive informend about this extra measurements.

# **Contacts**

#### **Public**

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# **Trial sites**

## **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

## Age

Adults (18-64 years) Elderly (65 years and older)

# Inclusion criteria

consecutive patients admitted to the ICU after out of hospital cardiac arrest who are to be in which the decision is made to start hypothermia age > 18 years

# **Exclusion criteria**

Patients who's body weight cannot be measured

# Study design

# **Design**

Study type: Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Prevention

# Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 01-12-2006

Enrollment: 50

Type: Anticipated

# **Ethics review**

Approved WMO

Application type: First submission

Review commission: METC Amsterdam UMC

# **Study registrations**

# Followed up by the following (possibly more current) registration

No registrations found.

# Other (possibly less up-to-date) registrations in this register

No registrations found.

# In other registers

Register ID

CCMO NL15044.018.06