Complication Of Osteoporosis in Spinal cord injury

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To collect data regarding the prevalence of:I) - osteoporosis in SCI patients and the relation to characteristics of SCI. - fractures in SCI patients and the relation to characteristics of SCI. - active treatment of osteoporosis in SCI patients.II...

Ethical review Approved WMO

Status Pending

Health condition type Hypothalamus and pituitary gland disorders

Study type Observational non invasive

Summary

ID

NL-OMON30685

Source

ToetsingOnline

Brief title

COOS

Condition

- Hypothalamus and pituitary gland disorders
- Fractures
- Spinal cord and nerve root disorders

Synonym

low bone density, Paraplegia

Research involving

Human

Sponsors and support

Primary sponsor: Vrije Universiteit Medisch Centrum

Source(s) of monetary or material Support: Indien het recent opgerichte Dwarslaesie Fonds over voldoende financiële middelen beschikt (of gaat beschikken);zal hieruit (een deel

van) het onderzoek gefinancierd worden. Verder zullen deze hoog-risico dwarslaesiepatiënten in het kader van case finding zoals beschreven in de CBO Richtlijn Osteoporose 2002;op consultbasis gezien worden. De ziektenkostenverzekering vergoedt dus de kosten aangezien het onderzoek op osteoporose bij deze patiënten feitelijk onder normale patiëntenzorg valt.

Intervention

Keyword: Epidemiology, Fractures, Osteoporosis, Spinal cord injury

Outcome measures

Primary outcome

- 1. Absolute and relative number of patients with diagnosis of osteoporosis according to
- a. WHO criteria: T-score lower or equal than -2.5
- b. BMD at the femoral neck of 0.577 g/cm2 or less.
- 2. Absolute and relative number of patients with diagnosis of osteopenia according to WHO criteria: T-score lower or equal than -1.0 and higher than *2.5
- 3. Absolute and relative number of patients with fractures after the onset of SCI.
- 4. Absolute and relative number of patients with adequate treatment for osteoporosis or osteopenia with fractures.

Secondary outcome

- 5. Proportion of patients with high bone turnover.
- 6. Total Qol-score.

- 7. Proportion of patients with endocrine disturbances.
- 8. Proportion of patients with autonomic dysregulation.

Study description

Background summary

The Netherlands has approximately 16.000 spinal cord injury patients. Spinal cord injury (SCI) is often associated severe osteoporosis. Osteoporosis has a prevalence of approximately 60% in men with SCI. Osteopenia is seen in 20% and fractures occur in 20 to 35% of patients. Despite this high prevalence, patients are not usually analyzed for the presence of osteoporosis. Recent studies point towards an important role of the autonomic nervous system in the pathogenesis of osteoporosis and this might be of extra interest and importance in SCI patients. Endocrine disturbances as seen in traumatic brain injury might be a contributing factor when also present. Most importantly, there are no guidelines for diagnosis and treatment of osteoporosis in SCI patients.

Hypothesis:

- A) Osteoporosis is common in patients with SCI and often causes fractures.
- B) Osteoporosis in patients with SCI is undertreated.
- C) Besides immobilization, other (endocrine) disturbances such as hypogonadism and/or growth hormone deficiency, which are seen after SCI with accompanying Traumatic Brain Injury (TBI) might also aggravate loss of BMD.
- D) SCI results in an increased loss of BMD of more than 1 SD compared to the normal population.
- E) The decentralized autonomic nervous system with periodic high sympathetic activity (often seen in SCI patients), might be related to the frequency of occurrence and severity of osteoporosis. In line with this we hypothesize that anti-beta-adrenergic blockade might be protective.

Study objective

To collect data regarding the prevalence of:

- I) osteoporosis in SCI patients and the relation to characteristics of SCI.
- fractures in SCI patients and the relation to characteristics of SCI.
- active treatment of osteoporosis in SCI patients.
- II) hormonal abnormalities (as seen in TBI) in SCI patients.

To compare:

III) - BMD of SCI patients to BMD of control groups:

- > BMD of brother, sister or partner of SCI patient.
- > AGGO-database (ages: between 30-42 years old).
- > LASA-database (ages: 55 years or older).

To investigate a possible relation between:

IV) - the sympathetic and parasympathetic nervous system activity and/or endocrine disturbances and BMD.

V) - fractures and Quality of Life (QoL).

Study design

Cross sectional, monocenter, single country, observational study.

Study burden and risks

This is an epidemiological study in which patients from the rehabilitation center are referred to the outpatients clinic of the department of endocrinology of the VU University Medical Center for an intake and physical examination (including blood pressure while, lying, sitting and when possible standing), blood and urine investigations. Also, a total body, lumbar and femoral bone mineral density measurement (DXA) will be done, combined with an Instant Vertebral Assessment (IVA) for diagnosis vertebral fractures. If indicatid, conventional X-rays can be done of specifeid skeletal parts. Radiation dosages of DXA/IVA are very low. Heart rate-variance will be measured with a 24 hour ambulant recording. These investigations will take 3 visits after which a treatment advice is given.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

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

Inclusion criteria

- Male or female persons with spinal cord injury
- Age from 18 to 70 years
- SCI since > 1 year

Exclusion criteria

- Inability to give informed consent

Study design

Design

Study type: Observational non invasive

Intervention model: Other

Allocation: Non-randomized controlled trial

Masking: Open (masking not used)

Primary purpose: Basic science

Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 01-02-2007

Enrollment: 80

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 NL15360.029.06