

# Effectiveness of the Paediatric Electronic quality of Life Instrument for Childhood Asthma in the Netherlands (Pelican) in medical care.

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The objective of this study is to evaluate effects of the use of the Pelican instrument in routine medical care for asthmatic children in primary and secondary care.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Bronchial disorders (excl neoplasms)
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON32734

### Source

ToetsingOnline

### Brief title

PELICAN II project

### Condition

- Bronchial disorders (excl neoplasms)

### Synonym

asthma

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Universitair Medisch Centrum Sint Radboud

**Source(s) of monetary or material Support:** Nederlands Astmafonds;Stichting Nuts Ohra

## Intervention

**Keyword:** Asthma, pediatrics, Quality of Life

## Outcome measures

### Primary outcome

Asthma-specific health related quality of life of the children as measured with the Pediatric Asthma Quality of Life Instrument

### Secondary outcome

Secondary outcomes are measures of asthma control, asthma medication use, lung function, NO, asthma symptoms, costs (i.e. program costs, direct medical and indirect costs), and satisfaction with delivered health care in children as well as in their parents and physician. Next, facilitators and barriers of implementation of the Pelican instrument in primary and secondary care are assessed. To address this, the process of the implementation of the instrument in both randomised trials will be evaluated. Also the caregivers (i.e., parents) health related quality of life is a secondary outcome.

## Study description

### Background summary

Health-related quality of life (HRQL) is the complex of all aspects of an individual's subjective experience that relate both directly and indirectly to health, disease, disability and impairment. Assessment of HRQL for children with asthma in daily care may facilitate shared decision-making and contribute to patient-centered care, which could result in improved asthma control, HRQL and satisfaction with received care. Currently there is no appropriate pediatric asthma-specific HRQL instrument for use in daily care that is feasible for daily care. In a recent study we have developed an electronic HRQL instrument to fill this gap. This so-called \*Pelican\* instrument is designed as

a webbased computer game.

### **Study objective**

The objective of this study is to evaluate effects of the use of the Pelican instrument in routine medical care for asthmatic children in primary and secondary care.

### **Study design**

A 9-month clustered-randomised clinical trial is carried out in general practice (n=170 children), and a 9-month patient-randomised trial in paediatric outpatient clinics (n=100 children). Both trials consist of an intervention group in which physicians use the results of the Pelican instrument in their provision of asthma care and (b) usual care. All children fill out the Pelican instrument at 0, 3 and 6 mo, but feed-forward of the outcome is only provided to intervention group physicians.

### **Intervention**

The intervention in the two studies is the integration of the output of the Pelican instrument in daily care to guide disease management for children with asthma.

### **Study burden and risks**

The risk of participation is negligible. The children (and parents) are asked to fill out questionnaires. Moreover, the fraction of exhaled nitric oxide and lung function is assessed. For the lung function assessment salbutamol is used. In general, children with asthma use salbutamol or similar medication to relieve symptoms. Though very infrequent, the use of salbutamol can result in some side-effects. If the child has a negative experience with a lung function test, the test is omitted.

## **Contacts**

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Children (2-11 years)

### Inclusion criteria

- \* age 6 to 12 years
- \* physician-diagnosed asthma
- \* child is treated for their asthma by the recruiting physician
- \* use of inhaled asthma medication for at least six weeks during the previous year

### Exclusion criteria

- \* comorbid condition that significantly influences HRQL
- \* child does not master the Dutch language sufficiently
- \* not being able to attend a regular school class

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)

**Primary purpose:** Health services research

## Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 01-12-2010

Enrollment: 270

Type: Actual

## Ethics review

Approved WMO

Date: 21-01-2010

Application type: First submission

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 23-12-2011

Application type: Amendment

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 07-03-2012

Application type: Amendment

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 12-07-2012

Application type: Amendment

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

## 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	NL29895.091.09