UMPIRE - Use of a Multidrug Pill In Reducing cv Events - a randomised controlled trial of fixed dose combination medication and usual care in those at high risk of cardiovascular disease.

Published: 03-03-2010
Last updated: 30-04-2024

To assess whether provision of the Red Heart polypill (containing low dose aspirin, a statin and two blood pressure lowering medicines) compared to usual cardiovascular medications improves adherence to indicated medicines and clinical outcomes in...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Coronary artery disorders
Study type	Interventional

Summary

ID

NL-OMON36717

Source
ToetsingOnline

Brief title
UMPIRE - Use of a Multidrug Pill In Reducing cv Events (V2.0 21apr10)

Condition

- Coronary artery disorders
- Arteriosclerosis, stenosis, vascular insufficiency and necrosis

Synonym
cardiovascular, hypertension

Research involving
Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Utrecht
Source(s) of monetary or material Support: EU

Intervention

Keyword: adherence, cardiovascular, poly pill, usual care

Outcome measures

Primary outcome

Adherence to indicated medications (defined as self-reported current use of antiplatelet, statin and combination (>= 2) blood pressure lowering therapy), change in blood pressure, change in LDL-cholesterol, at end of trial

Secondary outcome

Dispensing of statin and >= 2 blood pressure lowering agents, self-reported barriers to adherence, serious adverse events, cardiovascular events, reasons for stopping cardiovascular medications, quality of life, change in other lipid fractions (HDL-cholesterol, total- cholesterol, triglycerides), and comparison of results in Europe and India.

Study description

Background summary

Cardiovascular disease is the world*s biggest killer and leading cause of loss of healthy life years. People with established vascular disease represent a target for secondary prevention using combination therapy that addresses multiple risk factors. Barriers to effective delivery of proven secondary preventative treatments create important gaps in the uptake. These gaps vary in different countries. Complexity and cost of treatment confer particularly difficult barriers; typically an individual recovering from a stroke or heart attack might be advised to take multiple medications to address cholesterol, blood pressure and platelet function. A combination once daily polypill may

address these issues. Such a pill, the Red Heart Pill, has been formulated by Dr Reddy*s Laboratories in India. It would be relatively inexpensive.

Study objective

To assess whether provision of the Red Heart polypill (containing low dose aspirin, a statin and two blood pressure lowering medicines) compared to usual cardiovascular medications improves adherence to indicated medicines and clinical outcomes in high-risk patients at end of trial follow-up.

Study design

Open label, randomised, controlled trial (n=2000)

Intervention

Eligible participants willing to participate in this trial will be randomised to at least 12 months treatment with the polypill or to continued usual care:
* Polypill:
Red Heart Pill version 1: - aspirin 75mg, simvastatin 40mg, lisinopril 10mg, atenolol 50mg;
Red Heart Pill version 2: - aspirin 75mg, simvastatin 40mg, lisinopril 10mg, hydrochlorothiazide 12.5mg.
The choice of polypill version will be at the discretion of the Trial Investigator. Treatment will be continued until 12 months after the last participant has been randomised.
* Usual care: Usual cardiovascular preventive medications (e.g. antiplatelet, blood pressure lowering and cholesterol lowering as separate medicines) as prescribed by the treating doctor.
The treating doctor will be encouraged to prescribe in line with local cardiovascular disease prevention guidelines for both groups. All changes to medication following the randomisation visit in both groups will be at the discretion of the treating doctor.

Study burden and risks

Measurements:
None of the study measurements are dangerous. Routine blood samples taken may be associated with somen bruising, discomfort and local irritation. There is also a smal risk of infection whennever the skin is broken by a needle. CIMT, elastography and one of the PWV/PWA measurements may be incomfortable due to lying down flat for some time, but is not painfull. The ABPM may be incomfortable due to 24 hours measurement every 30 minutes, including at night. This last measurement may be inconvenient.

Medication:

The polypill combination cardiovascular medication will be an unapproved medication. However all the ingredients in both of the polypill combinations used in this trial are well knowm midicines with well established efficacy and safety profiles.

Although all the drugs in the polypill haven been used for many years there are possible risks that both polypill may cause side effects. These are generally mild and infrequent and are usally resolved immediatly by stopping the medication. Side effects of the components of the polypills can include low bloodpressure, dizziness, headache, nausea, mild stomach pain, heartburn, ulceration, abdominal pain, constipation, flatulance, bleeding, gout, cough, fatique, liver problems, ans muscle pain, tenderness or weakness. As with any medication an allergic reaction is possible such as skin rash, itching, difficulty breathing or swelling of the face, but this is quite rare.

Contacts

Public
Universitair Medisch Centrum Utrecht

Bolognalaan 12
3584 CJ Utrecht
NL
Scientific
Universitair Medisch Centrum Utrecht

Bolognalaan 12
3584 CJ Utrecht
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

Individuals are eligible for inclusion if all of the following criteria are satisfied:
- adults (equal of older than 18 years)
- The participant is able to give informed consent
- Established atherothrombotic cardiovascular disease (CVD) or high cardiovascular risk, defined as;
* History of coronary heart disease (myocardial infarction, stable or unstable angina pectoris, or coronary revascularisation procedure) or
* History of ischaemic cerebrovascular disease (ischaemic stroke or transient ischaemic attack), or
*History of peripheral vascular disease (peripheral revascularisation procedure or amputation due to vascular disease), or
* For individuals without established cardiovascular disease, a calculated 5 year CVD risk of 15 % or greater (calculated using the 1991 Anderson Framingham risk equation with adjustments as defined by the New Zealand Guidelines Group recommendations).
- The trial investigator considers that each of the polypill components are indicated
- The trial investigator is unsure as to whether a polypill-based strategy or usual care is better.

Exclusion criteria

Individuals will NOT be eligible if one or more of the following criteria are satisfied: ;• Contraindication to any of the components of the polypill (e.g. known intolerance to aspirin, statins, or ACE inhibitors; pregnancy or likely to become pregnant or breastfeeding women during the treatment period). Such contrindications are fully listed in the Investigator Brochures.;• The treating doctor considers that changing a participant*s cardiovascular medications would put the participant at risk (e.g. symptomatic heart failure, high dose β-blocker required to manage angina or for rate control in atrial fibrillation, accelerated hypertension, severe renal insufficiency, a history of severe resistant hypertension). ;Other potential reasons for exclusion include: ;• Known situation where medication regimen might be altered for a significant length of time, e.g. current acute cardiovascular event, planned coronary bypass graft operation. ;• Unlikely to complete the trial (e.g. life-threatening condition other than cardiovascular disease) or adhere to the trial procedures or attend study visits (e.g. major psychiatric condition, dementia). ;Women of child bearing potential should be on a medically accepted form of contraception (oral or implanted contraception, IUD or tubal sterilisation). If there is any possibility of pregnancy, prior to randomisation a blood or urine pregnancy test will be performed. Final decisions about eligibility will be made at the discretion of the trial Investigator and potential trial participant, in light of any additional requirements or guidance from local ethics committees and other regulatory bodies.

Study design

Design

Study phase:	3
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	12-08-2010
Enrollment:	333
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	nvt
Generic name:	acetylsalicylacid 75mg, simvastatin 40mg, lisinopril 10mg, atenolol 50mg
Product type:	Medicine
Brand name:	nvt
Generic name:	acetylsalicylacid 75mg, simvastatin 40mg, lisinopril 10mg, hydrochlorothiazide 12.5mg

Ethics review

Approved WMO

Date:	03-03-2010
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Utrecht (Utrecht)

Approved WMO Date:	15-06-2010
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Utrecht (Utrecht)
Approved WMO Date:	25-02-2011
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Utrecht (Utrecht)
Approved WMO Date:	28-03-2011
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Utrecht (Utrecht)
Approved WMO Date:	07-06-2011
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Utrecht (Utrecht)
Approved WMO Date:	21-03-2012
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Utrecht (Utrecht)

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
EudraCT	EUCTR2009-016278-34-NL

Register	ID
ClinicalTrials.gov	NCT01057537
CCMO	NL29865.041.10