

**The present proposal contains three separate research questions with a different background that both will be an extension of the Wheezing Illnesses Study Leidsche Rijn (WHISTLER).**

**Study 1: The relations between early childhood obesity and arterial disease.**

**Study 2: Low lung function in early childhood: nature or nurture?**

**Study 3: The relation between Diabetes type I during pregnancy and vascular characteristics in the offspring.**

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Study 1: The purpose of this study is to gain more insight in the characteristics that are related to vascular damage at a young age, and particularly to detect if obesity is related to vascular damage (and thus the risk of cardiovascular disease in...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Other condition
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON40078

### Source

ToetsingOnline

**Brief title**

WHISTLER/ Cardio

**Condition**

- Other condition
- Bronchial disorders (excl neoplasms)

**Synonym**

Study 1 and 3: cardiovascular diseases. Study 2: asthma.

**Health condition**

cardiovasculaire ziekten en overgewicht

**Research involving**

Human

**Sponsors and support**

**Primary sponsor:** Universitair Medisch Centrum Utrecht

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

**Intervention**

**Keyword:** asthma, endothelial dysfunction, lungfunction in infants, overweight in children

**Outcome measures****Primary outcome**

The primary measured study parameters include obesity related measurements which comprises of anthropometry (body weight, height) and collection of nutritional data. Sonographic abdominal fat will be measured using ultrasound.

The vascular conditions will be determined distension and intima-media thickness of the carotid artery as marker of preclinical atherosclerosis, measured using ultrasound. Furthermore blood pressure will be measured.

To gain information about the respiratory system we will re-assess lung

function (MicroRint and flow-volume measurements) and measure Nitric Oxide in exhaled air. Current clinical status will be obtained.

Primary outcome in study 3 are the vascular parameters: carotid intima media thickness and vascular stiffness.

### **Secondary outcome**

None

## **Study description**

### **Background summary**

Study 1: The prevalence of childhood overweight and obesity in the Western population has reached epidemic proportions and is continuing to increase. In addition, the likelihood that an obese child will remain obese into adulthood is high. The increase in obesity prevalence, particularly among younger age groups, is likely to have long-term implications for cardiovascular disease in the years to come. The age at which excess weight begins to exert its toll on the cardiovascular system is still unknown, as is the exact mechanism through which cardiovascular damage is accomplished. Obesity might adversely affect cardiovascular health through associations with dyslipidemia, inflammation and hypertension. Obesity might also impair vascular function by vasoactive compounds such as leptin, produced by adipose tissue.

Study 2: At the age of 10 years children with asthma have worse lung function in comparison to healthy controls and this difference persists until late adulthood (so-called *\*tracking\**). Until now, it is unclear whether this poor lung function is due to decreased function from birth (i.e. probably *\*nature\**-factors play an important role) or to progressive loss of function secondary to chronic inflammation and environmental factors (i.e. predominantly *\*nurture\**-factors are important) at very early age. We hypothesize that in healthy children lung function tracks from birth over the first years of life but that different early mechanical and environmental factors can substantially worsen lung function (*\*de-tracking\**).

Study 3: There is now a growing body of evidence that adult cardiovascular

disease may have its origin in early (fetal) life, when specific insults during development may alter later body composition and metabolism. During diabetic pregnancy, maternal hyperglycaemia induces fetal hyperglycaemia, which in turn makes the developing tissues in the offspring more vulnerable to functional alterations later in life. This may eventually lead to the development of some of the components of the metabolic syndrome, such as obesity, hypertension and impaired glucose tolerance. Therefore, it is important to recognize cardiovascular disease risk factors early in the course of life and even, if possible, already in childhood.

## **Study objective**

Study 1: The purpose of this study is to gain more insight in the characteristics that are related to vascular damage at a young age, and particularly to detect if obesity is related to vascular damage (and thus the risk of cardiovascular disease in later life) in early childhood.

Study 2: The current proposal will answer 3 specific questions in a unique birth cohort setting:

1. To what extent does neonatal lung function determine lung function over the first years of life?
2. Are different asthma-phenotypes (resulting in different periods of lung stress) associated with changes in lung function over the first years of life?
3. Do environmental factors affect development of lung function over the first years of life?

Study 3: To investigate whether children born from mothers with Diabetes type I, are more vulnerable to vascular changes.

## **Study design**

The study that we propose to answer the research questions of parts 1 and 2 is a cross-section among preschool children who took part in a birth cohort. Study 3 is a cross-sectional design.

## **Study burden and risks**

There's no risk for the participants.

## **Contacts**

### **Public**

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## **Trial sites**

### **Listed location countries**

Netherlands

## **Eligibility criteria**

### **Age**

Children (2-11 years)

### **Inclusion criteria**

Four- to six-year-old children who are willing and able to undergo the procedures described in the protocol and who\*s parents have given written informed consent.

For study 3, 7 to 10 year olds who are willing and able to undergo the procedures described in the protocol and who's parents have given written informed consent will be invited.

### **Exclusion criteria**

No exclusion criteria. For study 3: children who's mother had Diabetes gravidarum or Diabetes type II during pregnancy will be excluded.

## **Study design**

## Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Basic science

## Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 05-06-2007

Enrollment: 1000

Type: Actual

## Ethics review

Approved WMO

Date: 16-01-2007

Application type: First submission

Review commission: METC Universitair Medisch Centrum Utrecht (Utrecht)

Approved WMO

Date: 11-11-2008

Application type: Amendment

Review commission: METC Universitair Medisch Centrum Utrecht (Utrecht)

Approved WMO

Date: 24-11-2009

Application type: Amendment

Review commission: METC Universitair Medisch Centrum Utrecht (Utrecht)

Approved WMO

Date: 12-02-2010

Application type: Amendment

Review commission: METC Universitair Medisch Centrum Utrecht (Utrecht)

Approved WMO

Date: 25-11-2011

Application type: Amendment

Review commission: METC Universitair Medisch Centrum Utrecht (Utrecht)

Approved WMO	
Date:	30-08-2012
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Utrecht (Utrecht)
Approved WMO	
Date:	21-11-2014
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
CCMO	NL14617.041.06