

Trial record 1 of 1 for: NCT00750919

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## Twenty-six Week Extension Trial of Org 50081 (Esmirtazapine) in Outpatients With Chronic Primary Insomnia (176003/P05721/MK-8265-007)

### This study has been terminated.

*(This trial was stopped prematurely due to the Sponsor's decision not to continue the development of esmertazapine for this indication.)*

#### Sponsor:

Merck Sharp &amp; Dohme Corp.

#### Information provided by (Responsible Party):

Merck Sharp &amp; Dohme Corp.

#### ClinicalTrials.gov Identifier:

NCT00750919

First received: September 10, 2008

Last updated: July 2, 2015

Last verified: July 2015

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### Purpose

This trial is a 26-week, open label extension trial to investigate safety and explore efficacy of esmertazapine in participants with insomnia who completed protocol 21106/P05701/MK-8265-002 (NCT00631657).

<u>Condition</u>	<u>Intervention</u>	<u>Phase</u>
Sleep Initiation and Maintenance Disorders Mental Disorders Dyssomnias Sleep Disorders Sleep Disorders, Intrinsic	Drug: esmertazapine	Phase 3

Study Type: Interventional

Study Design: Endpoint Classification: Safety/Efficacy Study

Intervention Model: Single Group Assignment

Masking: Open Label

Primary Purpose: Treatment

Official Title: A Twenty-six Weeks, Open-label Extension Trial to Evaluate Safety and Efficacy of Org 50081 (Esmirtazapine) in Outpatients With Chronic Primary Insomnia Who Completed Clinical Trial Protocol 21106

#### Further study details as provided by Merck Sharp & Dohme Corp.:

#### Primary Outcome Measures:

- Change From Baseline in Total Sleep Time (TST) [ Time Frame: Baseline and Week 26 ] [ Designated as safety issue: No ]

TST was defined as the time recorded for sleep diary question 6 "how much time did you actually spend sleeping" as reported by the participants using a LogPad (hand-held electronic data capture device). Baseline was defined as the TST from the last week of the base study.

Daily diary data were converted to weekly averages. For each treatment week the non-missing diary data of that week were taken into account; if a treatment week had three non-missing morning diaries or less, the data of the previous week were taken into account, weighing the data of both weeks, using the number of observed diaries as weights (weighted mean); if no diary data were available for a treatment week the data were considered as missing and were not imputed.

- Number of Participants Experiencing Adverse Events (AEs) [ Time Frame: Up to 30 weeks ] [ Designated as safety issue: Yes ]

An adverse event is any unfavorable and unintended change in the structure, function, or chemistry of the body whether or not considered related to the study treatment.

- Number of Participants Discontinuing Due to AEs [ Time Frame: Up to 26 weeks ] [ Designated as safety issue: Yes ]

An adverse event is any unfavorable and unintended change in the structure, function, or chemistry of the body whether or not considered related to the study treatment.

#### Secondary Outcome Measures:

- Change From Baseline in Sleep Latency (SL) [ Time Frame: Baseline and Week 26 ] [ Designated as safety issue: No ]

SL was defined as the time recorded for sleep diary question 3 "how long did it take you to fall asleep", " as reported by the participants using a LogPad (hand-held electronic data capture device). Baseline was defined as the SL from the last week of the base study. Daily diary data were converted to weekly averages. For each treatment week the non-missing diary data of that week were taken into account; if a treatment week had three non-missing morning diaries or less, the data of the previous week were taken into account, weighing the data of both weeks, using the number of observed diaries as weights (weighted mean); if no diary data were available for a treatment week the data were considered as missing and were not imputed.

- Change From Baseline in Wake Time After Sleep Onset (WASO) [ Time Frame: Baseline and Week 26 ] [ Designated as safety issue: No ]

WASO was defined as the time recorded for sleep diary question 5 "how much time were you awake, after falling asleep initially" as reported by the participants using a LogPad (hand-held electronic data capture device). Baseline was defined as the WASO from the last week of the base study. Daily diary data were converted to weekly averages. For each treatment week the non-missing diary data of that week were taken into account; if a treatment week had three non-missing morning diaries or less, the data of the previous week were taken into account, weighing the data of both weeks, using the number of observed diaries as weights (weighted mean); if no diary data were available for a treatment week the data were considered as missing and were not imputed.

Enrollment: 184  
 Study Start Date: October 2008  
 Study Completion Date: March 2010  
 Primary Completion Date: March 2010 (Final data collection date for primary outcome measure)

<u>Arms</u>	<u>Assigned Interventions</u>
Experimental: Esmirtazapine Participants receive esmirtazapine 4.5 mg tablet, orally, once daily (QD) for up to 6 months.	Drug: esmirtazapine

#### Eligibility

Ages Eligible for Study: 18 Years to 65 Years  
 Genders Eligible for Study: Both  
 Accepts Healthy Volunteers: No

#### Criteria

##### Inclusion Criteria:

- Sign written informed consent
- Completed clinical trial 21106/P05701/MK-8265-002

##### Exclusion Criteria:

- Any (serious) adverse event, medical condition or required concomitant medication deemed relevant for exclusion in trial 21106/P05701/MK-8265-002 as judged by the investigator

- Were significantly non compliant with protocol criteria and procedures of trial 21106/P05701/MK-8265-002, as judged by the investigator
- Pregnancy

## ▶ Contacts and Locations

Choosing to participate in a study is an important personal decision. Talk with your doctor and family members or friends about deciding to join a study. To learn more about this study, you or your doctor may contact the study research staff using the Contacts provided below. For general information, see [Learn About Clinical Studies](#).

No Contacts or Locations Provided

## ▶ More Information

Responsible Party: Merck Sharp & Dohme Corp.  
ClinicalTrials.gov Identifier: [NCT00750919](#) [History of Changes](#)  
Other Study ID Numbers: P05721 176003 2007-005237-10  
Study First Received: September 10, 2008  
Results First Received: May 22, 2014  
Last Updated: July 2, 2015  
Health Authority: United States: Food and Drug Administration

Additional relevant MeSH terms:

Disease	Dyssomnias
Mental Disorders	Nervous System Diseases
Parasomnias	Neurologic Manifestations
Psychotic Disorders	Pathologic Processes
Sleep Disorders	Schizophrenia and Disorders with Psychotic Features
Sleep Disorders, Intrinsic	Signs and Symptoms
Sleep Initiation and Maintenance Disorders	

ClinicalTrials.gov processed this record on May 08, 2016

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Results First Received: May 22, 2014

<b>Study Type:</b>	Interventional
<b>Study Design:</b>	Endpoint Classification: Safety/Efficacy Study; Intervention Model: Single Group Assignment; Masking: Open Label; Primary Purpose: Treatment
<b>Conditions:</b>	Sleep Initiation and Maintenance Disorders Mental Disorders Dyssomnias Sleep Disorders Sleep Disorders, Intrinsic
<b>Intervention:</b>	Drug: esmirtazapine

### Participant Flow

[Hide Participant Flow](#)

#### Recruitment Details

**Key information relevant to the recruitment process for the overall study, such as dates of the recruitment period and locations**

Participants who completed P05701 (Base study NCT00631657) were eligible to enroll on P05721 (Extension study).

#### Pre-Assignment Details

**Significant events and approaches for the overall study following participant enrollment, but prior to group assignment**

No text entered.

**Reporting Groups**

	Description
<b>Esmirtazapine</b>	Participants receive esmirtazapine 4.5 mg tablet, orally, once daily (QD) for up to 6 months

**Participant Flow: Overall Study**

	Esmirtazapine
<b>STARTED</b>	<b>184</b>
<b>COMPLETED</b>	<b>126</b>
<b>NOT COMPLETED</b>	<b>58</b>
<b>Adverse Event</b>	<b>9</b>
<b>Withdrawal by Subject</b>	<b>1</b>
<b>Lack of Efficacy</b>	<b>8</b>
<b>Could not cooperate, unrelated to trial</b>	<b>4</b>
<b>Unspecified</b>	<b>36</b>

**Baseline Characteristics** [Hide Baseline Characteristics](#)**Population Description**

Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.

No text entered.

**Reporting Groups**

	Description
<b>Esmirtazapine</b>	Participants receive esmirtazapine 4.5 mg tablet, orally, once daily (QD) for up to 6 months

**Baseline Measures**

	Esmirtazapine
<b>Number of Participants</b> [units: participants]	<b>184</b>
<b>Age</b> [units: years] Mean (Standard Deviation)	<b>47.8 (11.5)</b>
<b>Gender</b> [units: Participants]	
<b>Female</b>	<b>111</b>
<b>Male</b>	<b>73</b>

## Outcome Measures

 Hide All Outcome Measures

### 1. Primary: Change From Baseline in Total Sleep Time (TST) [ Time Frame: Baseline and Week 26 ]

<b>Measure Type</b>	Primary
<b>Measure Title</b>	Change From Baseline in Total Sleep Time (TST)
<b>Measure Description</b>	TST was defined as the time recorded for sleep diary question 6 "how much time did you actually spend sleeping" as reported by the participants using a LogPad (hand-held electronic data capture device). Baseline was defined as the TST from the last week of the base study. Daily diary data were converted to weekly averages. For each treatment week the non-missing diary data of that week were taken into account; if a treatment week had three non-missing morning diaries or less, the data of the previous week were taken into account, weighing the data of both weeks, using the number of observed diaries as weights (weighted mean); if no diary data were available for a treatment week the data were considered as missing and were not imputed.
<b>Time Frame</b>	Baseline and Week 26
<b>Safety Issue</b>	No

#### Population Description

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

The All-Subjects-Treated (AST) population consisted of all participants who received at least one dose of esmertazapine in the extension study.

#### Reporting Groups

	Description
<b>Esmirtazapine</b>	Participants receive esmertazapine 4.5 mg tablet, orally, once daily (QD) for up to 6 months

#### Measured Values

	Esmirtazapine
<b>Number of Participants Analyzed</b> [units: participants]	<b>184</b>
<b>Change From Baseline in Total Sleep Time (TST)</b> [units: Minutes per night] Mean (Standard Deviation)	
Baseline measure (n=184)	<b>368.1 (91.5)</b>
Change from baseline at Week 26 (n=123)	<b>9.7 (56.1)</b>

No statistical analysis provided for Change From Baseline in Total Sleep Time (TST)

### 2. Primary: Number of Participants Experiencing Adverse Events (AEs) [ Time Frame: Up to 30 weeks ]

<b>Measure Type</b>	Primary
<b>Measure Title</b>	Number of Participants Experiencing Adverse Events (AEs)

<b>Measure Description</b>	An adverse event is any unfavorable and unintended change in the structure, function, or chemistry of the body whether or not considered related to the study treatment.
<b>Time Frame</b>	Up to 30 weeks
<b>Safety Issue</b>	Yes

**Population Description**

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

The AST population consisted of all participants who received at least one dose of esmirtazapine in the extension study.

**Reporting Groups**

	Description
<b>Esmirtazapine</b>	Participants receive esmirtazapine 4.5 mg tablet, orally, once daily (QD) for up to 6 months

**Measured Values**

	Esmirtazapine
<b>Number of Participants Analyzed</b> [units: participants]	184
<b>Number of Participants Experiencing Adverse Events (AEs)</b> [units: Participants]	127

No statistical analysis provided for Number of Participants Experiencing Adverse Events (AEs)

3. Primary: Number of Participants Discontinuing Due to AEs [ Time Frame: Up to 26 weeks ]

<b>Measure Type</b>	Primary
<b>Measure Title</b>	Number of Participants Discontinuing Due to AEs
<b>Measure Description</b>	An adverse event is any unfavorable and unintended change in the structure, function, or chemistry of the body whether or not considered related to the study treatment.
<b>Time Frame</b>	Up to 26 weeks
<b>Safety Issue</b>	Yes

**Population Description**

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

The AST population consisted of all participants who received at least one dose of esmirtazapine in the extension study.

**Reporting Groups**

	Description
<b>Esmirtazapine</b>	Participants receive esmirtazapine 4.5 mg tablet, orally, once daily (QD) for up to 6 months

**Measured Values**

	Esmirtazapine
<b>Number of Participants Analyzed</b> [units: participants]	184
<b>Number of Participants Discontinuing Due to AEs</b> [units: Participants]	9

No statistical analysis provided for Number of Participants Discontinuing Due to AEs

4. Secondary: Change From Baseline in Sleep Latency (SL) [ Time Frame: Baseline and Week 26 ]

<b>Measure Type</b>	Secondary
<b>Measure Title</b>	Change From Baseline in Sleep Latency (SL)
<b>Measure Description</b>	SL was defined as the time recorded for sleep diary question 3 "how long did it take you to fall asleep', " as reported by the participants using a LogPad (hand-held electronic data capture device). Baseline was defined as the SL from the last week of the base study. Daily diary data were converted to weekly averages. For each treatment week the non-missing diary data of that week were taken into account; if a treatment week had three non-missing morning diaries or less, the data of the previous week were taken into account, weighing the data of both weeks, using the number of observed diaries as weights (weighted mean); if no diary data were available for a treatment week the data were considered as missing and were not imputed.
<b>Time Frame</b>	Baseline and Week 26
<b>Safety Issue</b>	No

**Population Description**

Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.

The All-Subjects-Treated (AST) population consisted of all participants who received at least one dose of esmertazapine in the extension study.

**Reporting Groups**

	Description
<b>Esmirtazapine</b>	Participants receive esmertazapine 4.5 mg tablet, orally, once daily (QD) for up to 6 months

**Measured Values**

	Esmirtazapine
<b>Number of Participants Analyzed</b> [units: participants]	148
<b>Change From Baseline in Sleep Latency (SL)</b> [units: Minutes per night] Mean (Standard Deviation)	
Baseline measure (n=184)	38.7 (32.0)
Change from baseline at Week 26 (n=123)	-1.5 (39.1)

**No statistical analysis provided for Change From Baseline in Sleep Latency (SL)**

## 5. Secondary: Change From Baseline in Wake Time After Sleep Onset (WASO) [ Time Frame: Baseline and Week 26 ]

<b>Measure Type</b>	Secondary
<b>Measure Title</b>	Change From Baseline in Wake Time After Sleep Onset (WASO)
<b>Measure Description</b>	WASO was defined as the time recorded for sleep diary question 5 "how much time were you awake, after falling asleep initially" as reported by the participants using a LogPad (hand-held electronic data capture device). Baseline was defined as the WASO from the last week of the base study. Daily diary data were converted to weekly averages. For each treatment week the non-missing diary data of that week were taken into account; if a treatment week had three non-missing morning diaries or less, the data of the previous week were taken into account, weighing the data of both weeks, using the number of observed diaries as weights (weighted mean); if no diary data were available for a treatment week the data were considered as missing and were not imputed.
<b>Time Frame</b>	Baseline and Week 26
<b>Safety Issue</b>	No

**Population Description**

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

The AST population consisted of all participants who received at least one dose of esmirtazapine in the extension study.

**Reporting Groups**

	Description
<b>Esmirtazapine</b>	Participants receive esmirtazapine 4.5 mg tablet, orally, once daily (QD) for up to 6 months

**Measured Values**

	Esmirtazapine
<b>Number of Participants Analyzed</b> [units: participants]	<b>148</b>
<b>Change From Baseline in Wake Time After Sleep Onset (WASO)</b> [units: Minutes per night] Mean (Standard Deviation)	
Baseline measure (n=184)	<b>40.0 (43.5)</b>
Change from baseline at Week 26 (n=123)	<b>-5.4 (32.3)</b>

**No statistical analysis provided for Change From Baseline in Wake Time After Sleep Onset (WASO)****▶ Serious Adverse Events**

 Hide Serious Adverse Events

<b>Time Frame</b>	Nonserious AEs were collected from first dispensing of study drug up to 7 days after last dose of study drug. Serious AEs were collected from first dispensing of study drug up to 30 days after last dose of study drug.
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<b>Additional Description</b>	No text entered.
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**Reporting Groups**

	Description
<b>Esmirtazapine</b>	Participants receive esmirtazapine 4.5 mg tablet, orally, once daily (QD) for up to 6 months

**Serious Adverse Events**

	Esmirtazapine
<b>Total, serious adverse events</b>	
<b># participants affected / at risk</b>	<b>3/184 (1.63%)</b>
<b>Cardiac disorders</b>	
<b>Acute myocardial infarction † 1</b>	
<b># participants affected / at risk</b>	<b>1/184 (0.54%)</b>
<b># events</b>	<b>1</b>
<b>Musculoskeletal and connective tissue disorders</b>	
<b>Intervertebral disc degeneration † 1</b>	
<b># participants affected / at risk</b>	<b>1/184 (0.54%)</b>
<b># events</b>	<b>1</b>
<b>Surgical and medical procedures</b>	
<b>Strabismus correction † 1</b>	
<b># participants affected / at risk</b>	<b>1/184 (0.54%)</b>
<b># events</b>	<b>1</b>

† Events were collected by systematic assessment

1 Term from vocabulary, MedDRA 13.0

**Other Adverse Events**

 Hide Other Adverse Events

<b>Time Frame</b>	Nonserious AEs were collected from first dispensing of study drug up to 7 days after last dose of study drug. Serious AEs were collected from first dispensing of study drug up to 30 days after last dose of study drug.
<b>Additional Description</b>	No text entered.

**Frequency Threshold**

<b>Threshold above which other adverse events are reported</b>	5%
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**Reporting Groups**

	Description
<b>Esmirtazapine</b>	Participants receive esmirtazapine 4.5 mg tablet, orally, once daily (QD) for up to 6 months

**Other Adverse Events**

	Esmirtazapine
<b>Total, other (not including serious) adverse events</b>	
<b># participants affected / at risk</b>	<b>59/184 (32.07%)</b>
<b>Infections and infestations</b>	
<b>Nasopharyngitis †<sup>1</sup></b>	
<b># participants affected / at risk</b>	<b>19/184 (10.33%)</b>
<b># events</b>	<b>20</b>
<b>Investigations</b>	
<b>Weight increased †<sup>1</sup></b>	
<b># participants affected / at risk</b>	<b>11/184 (5.98%)</b>
<b># events</b>	<b>12</b>
<b>Nervous system disorders</b>	
<b>Headache †<sup>1</sup></b>	
<b># participants affected / at risk</b>	<b>10/184 (5.43%)</b>
<b># events</b>	<b>13</b>
<b>Somnolence †<sup>1</sup></b>	
<b># participants affected / at risk</b>	<b>10/184 (5.43%)</b>
<b># events</b>	<b>11</b>
<b>Psychiatric disorders</b>	
<b>Insomnia †<sup>1</sup></b>	
<b># participants affected / at risk</b>	<b>23/184 (12.50%)</b>
<b># events</b>	<b>23</b>

† Events were collected by systematic assessment

<sup>1</sup> Term from vocabulary, MedDRA 13.0

## ▶ Limitations and Caveats

▢ Hide Limitations and Caveats

**Limitations of the study, such as early termination leading to small numbers of participants analyzed and technical problems with measurement leading to unreliable or uninterpretable data**

This study was terminated due to the Sponsor's decision not to continue development of esmertazapine for this indication.

## ▶ More Information

▢ Hide More Information

### Certain Agreements:

Principal Investigators are **NOT** employed by the organization sponsoring the study.

There **IS** an agreement between Principal Investigators and the Sponsor (or its agents) that restricts the PI's rights to discuss or publish trial results after the trial is completed.

The agreement is:

- The only disclosure restriction on the PI is that the sponsor can review results communications prior to public release and can embargo communications regarding trial results for a period that is **less than or equal to 60 days**. The sponsor cannot require changes to the

communication and cannot extend the embargo.

- The only disclosure restriction on the PI is that the sponsor can review results communications prior to public release and can embargo communications regarding trial results for a period that is **more than 60 days but less than or equal to 180 days**. The sponsor cannot require changes to the communication and cannot extend the embargo.
- Other disclosure agreement that restricts the right of the PI to discuss or publish trial results after the trial is completed.

**Results Point of Contact:**

Name/Title: Senior Vice President, Global Clinical Development

Organization: Merck Sharp & Dohme Corp.

phone: 1-800-672-6372

e-mail: [ClinicalTrialsDisclosure@merck.com](mailto:ClinicalTrialsDisclosure@merck.com)

Responsible Party: Merck Sharp & Dohme Corp.  
ClinicalTrials.gov Identifier: [NCT00750919](#) [History of Changes](#)  
Other Study ID Numbers: P05721  
176003 ( Other Identifier: Organon Protocol Number )  
2007-005237-10 ( EudraCT Number )  
Study First Received: September 10, 2008  
Results First Received: May 22, 2014  
Last Updated: July 2, 2015  
Health Authority: United States: Food and Drug Administration

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