



Clinical trial results:

Pain management in osteoarthritis using the centrally acting analgesics duloxetine and pregabalin

Summary

EudraCT number	2011-003803-39
Trial protocol	GB
Global end of trial date	27 October 2016

Results information

Result version number	v1 (current)
This version publication date	20 November 2019
First version publication date	20 November 2019
Summary attachment (see zip file)	Journal of Pain Research Article (JPR-147640-the-effect-of-pregabalin-or-duloxetine-on-arthritis-pain--a-_101017(002).pdf)

Trial information

Trial identification

Sponsor protocol code	11.0126
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Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	-
WHO universal trial number (UTN)	-

Notes:

Sponsors

Sponsor organisation name	St Georges University of London
Sponsor organisation address	Cranmer Terrace, London, United Kingdom, SW17 0RE
Public contact	Joint Research and Enterprise Service, St George's University of London, 44 02087254986, sponsor@sgul.ac.uk
Scientific contact	Prof Nidhi Sofat, St George's University of London, 44 02087250042, nsifat@sgul.ac.uk

Notes:

Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	No

Notes:

Results analysis stage

Analysis stage	Final
Date of interim/final analysis	10 November 2016
Is this the analysis of the primary completion data?	Yes
Primary completion date	27 October 2016
Global end of trial reached?	Yes
Global end of trial date	27 October 2016
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

The proposed study is based on the hypothesis that pain in hand osteoarthritis is due to local changes in the joint and the switching on of pain pathways in the brain that mediate chronic pain. The overall aim of this study is to determine whether drugs which influence central brain pain processing pathways can improve pain management in hand osteoarthritis. The primary objective of this study is to determine the effects of centrally acting drugs duloxetine and pregabalin versus placebo on pain perception in hand osteoarthritis using clinical pain scores.

Protection of trial subjects:

Interim analysis will not be completed due to the small size of the study.

Although duloxetine and pregabalin are already known to be safe, there is also the possibility of drug intolerance

and/or side effects. Participants will be provided with a helpline phone number to discuss any concerns or queries

regarding the study. They will also be given diary cards to record their experiences during the trial.

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	01 August 2012
Long term follow-up planned	No
Independent data monitoring committee (IDMC) involvement?	No

Notes:

Population of trial subjects

Subjects enrolled per country

Country: Number of subjects enrolled	United Kingdom: 65
Worldwide total number of subjects	65
EEA total number of subjects	65

Notes:

Subjects enrolled per age group

In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	0
Adolescents (12-17 years)	0

Adults (18-64 years)	35
From 65 to 84 years	30
85 years and over	0

Subject disposition

Recruitment

Recruitment details: -

Pre-assignment

Screening details: -

Pre-assignment period milestones

Number of subjects started	65
Number of subjects completed	65

Period 1

Period 1 title	Overall trial (overall period)
Is this the baseline period?	Yes
Allocation method	Randomised - controlled
Blinding used	Double blind
Roles blinded	Subject, Investigator

Arms

Arm title	Trial treatment
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Arm description: -

Arm type	Experimental
Investigational medicinal product name	Pregabalin
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Tablet
Routes of administration	Oral use

Dosage and administration details:

150mg od week 1, increased to 150mg bd weeks 2-11, reduced to 150mg od week 12

Investigational medicinal product name	Duloxetine
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Tablet
Routes of administration	Oral use

Dosage and administration details:

30mg od week 1, increased to 30 mg bd weeks 2-11, reduced to 30mg od week 12

Investigational medicinal product name	Placebo
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Tablet
Routes of administration	Oral use

Dosage and administration details:

1 capsule per day week 1, increased to 1 capsule bd weeks 2-11 reduced to 1 capsule daily week 12

Number of subjects in period 1	Trial treatment
Started	65
Completed	52
Not completed	13
Consent withdrawn by subject	13

Baseline characteristics

End points

End points reporting groups

Reporting group title	Trial treatment
Reporting group description: -	

Primary: Change in Visual Analogue Score (VAS) for pain

End point title	Change in Visual Analogue Score (VAS) for pain ^[1]
End point description:	

End point type	Primary
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End point timeframe:

Completion of the study, the change in VAS from baseline to 13 weeks will be used as the primary clinical endpoint for each participant.

Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: These are provided in the trial publication.

End point values	Trial treatment			
Subject group type	Reporting group			
Number of subjects analysed	52			
Units: 00				
number (not applicable)	52			

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information^[1]

Timeframe for reporting adverse events:

Collection, recording and reporting of AEs (including serious and non-serious events and reactions) to the Sponsor will be done according to the Sponsor within 24hrs of PI becoming aware

Assessment type	Systematic
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Dictionary used

Dictionary name	MedDRA
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Dictionary version	0
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Frequency threshold for reporting non-serious adverse events: 0 %

Notes:

[1] - There are no non-serious adverse events recorded for these results. It is expected that there will be at least one non-serious adverse event reported.

Justification: Adverse Event data can be found in the publication article.

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
08 June 2012	<p>Substantial amendment 01; 08 June 2012</p> <p>Sponsor representative changed</p> <p>Both handedness included. Clarification of inclusion #5.</p> <p>Removal of dominant left hand and clarification of exclusion #10 as eGFR <60ml/min.</p> <p>Clarification of recent surgery and implants timeframe.</p> <p>Clarification of concomitant medication.</p> <p>Addition of hepatic impairment exclusion criteria in exclusion criteria #11.</p> <p>Clarification of maximum units of alcohol for females and males in exclusion criteria #14</p> <p>Clarification of dose escalation from week 2 to week 11 and dose reduction on week 12.</p> <p>Also clarified in section 11.4 of protocol in the similar manner.</p> <p>Clarification of text to state that all SAEs will be reported.</p>
06 December 2012	<p>Substantial Amendment 02; dated 06th December 2012</p> <p>Clarification of exclusion criteria 12 and 13 to state uncontrolled ischaemic heart disease and diabetes mellitus</p> <p>Addition of sub study into secondary objective to include MRI scanning pre and post treatment at baseline and Week 13 for up to 18 participants</p> <p>Addition of baseline assessments to include MRI scanning</p> <p>Addition of subsequent assessments to include MRI scanning</p> <p>Clarification to state hand x rays are part of routine clinical care</p> <p>Addition to declaration of end of trial</p> <p>Addition of MRI to secondary endpoints.</p> <p>Schedule of study assessments updated with MRI scans</p> <p>Addition of MRI scan to PIS</p>
07 June 2013	<p>Substantial amendment 3 dated 7 June 2013</p> <p>Additional documents to increase study publicity.</p> <ul style="list-style-type: none">- GP practice mail out letters to potential participants- Patient mail-out letters- Posters
06 August 2013	<p>Substantial Amendment 4-</p> <p>Amendment date: 06 August 2013</p> <p>In order for patients to maximize the benefits of partaking in the study, as well as being able to measure a significant change in the patient's pain perception; we aim to recruit participants with a VAS score equal to 5/10 or above</p>

07 November 2014	<p>Amendment number: 5</p> <p>Amendment date: 07 November 2014</p> <p>Following patient drop outs and expiration of 1st IMP batch- 2nd batch manufactured to allow replacement and where IMP stock allow increased patient recruitment (increase study power) Also it has been suggested that MRI control scans of healthy volunteers without OA should be collected for comparison</p> <p>Correction in definition in line with new recruitment intentions</p> <p>Updated to reflect intention to extend recruitment to facilitate replacement of drop-outs and also to add rationale for inclusion of healthy non-OA MRI brain controls</p> <p>To reflect updated study participants</p> <p>Brand new document for MRI healthy volunteer non-OA brain controls</p>
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Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported