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AID-ICU newsletter - March/April 2020

Thank you for your commitment to the AID-ICU trial!

STATUS

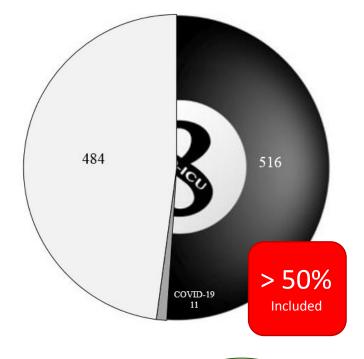
The 1st of April patient no. 500 was randomized at Zealand University Hospital Koege and we are proud to have reached this important landmark in the AID-ICU trial!! When 90 day follow-up data is registered, hopefully in the beginning of July, the interim analysis will be conducted. The Interim analysis will check for differences in primary outcome and safety parameters (SARs) between treatment groups. The analysis is blinded to the intervention group and will be conducted by the DSMB.

COVID-19

While COVID-19 have overwhelmed many ICUs worldwide our thoughts goes to fellow colleagues who fight the pandemic every day. The pandemic has forced some sites to close down for inclusion in the AID-ICU trial. This has resulted in a decline in randomisations in April. The pandemic has also resulted in a halt in the initiation process of Spain, UK and the Netherlands, who have been struck hard by the virus. We wish you the best and hope you are safe and within good health.

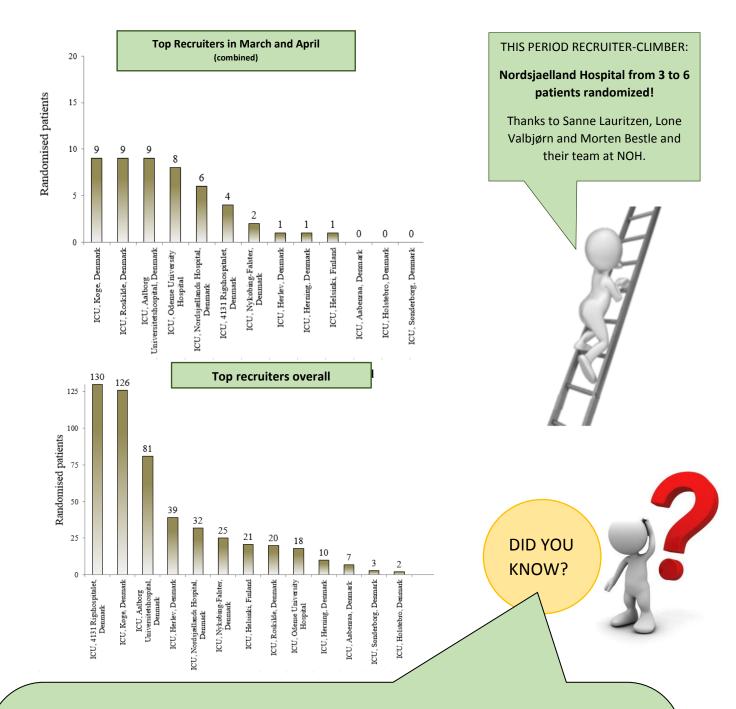
In Denmark however, after adjustment to the initial phase of the pandemic, sites are re-opening to inclusion and ready to include patients in the next wave of COVID-19 patients that are expected to come as a consequence of re-opening of the country. COVID-19 patients are prone to delirium as a consequence of long duration of mechanical ventilation and sedatives. See box below.

Stay Safe and Take Care!









Covid-19, the brain and delirium

The brain receives 15% of cardiac output and is responsible for 20% of total oxygen consumption which makes it highly vulnerable to hypoxemia. Hypoxia is the predominant symptom of COVID-19 infection. Recent reports have suggested increased prevalence of delirium among patients suffering from COVID-19 infection. A small (n=58) observational series from France reported 65% of patients to be positive for delirium measured with CAM-ICU and 69% suffered from agitation.¹ COVID-19 patients are at high risk of delirium due to long duration of mechanical ventilation, high doses of sedatives, immobilization, restricted visitation (isolated from family visits), increased environment disturbances (cohort isolation, noise, changing staff members) and lack of physical contact.² Eleven delirious patients with COVID-19 have been randomized in the AID-ICU trial. Randomizing COVID-19 patients in existing trials gives the opportunity to get fast answers to frequent interventions given to these patients without firm evidence of effect.³ Although randomized patients in the AID-ICU trial will not be stratified based on COVID-19 status, the trial will publish a subgroup analysis of these patients to increase knowledge about the effect of haloperidol in COVID-19 patients with delirium. We hereby encourage enrolment of COVID-19 patients in AID-ICU.



¹ https://www.nejm.org/doi/full/10.1056/NEJMc2008597

² https://ccforum.biomedcentral.com/articles/10.1186/s13054-020-02882-x

¹https://jamanetwork.com/journals/jama/fullarticle/2763819

Important news from the coordinating centre

- 1. Unfortunately we have seen an increase in protocol violation due to open-label antipsychotics. Please strive to keep protocol compliance, it is very important to manage delirium with trial medication. When trial medication is insufficient for safe delirium management use escape medication. Please check SOP Trial medication (http://www.cric.nu/aid-icu-sop-trial-medication/).
- 2. Remember to screen all patients with either CAM-ICU or ICDSC twice daily
- 3. Please strive to screen all patients fulfilling inclusion criteria (acutely admitted, adult patient with a positive CAM-ICU or ICDSC ≥ 4) in the AID-ICU database
- 4. Please check the site master file log (http://www.cric.nu/aid-icu-log-for-site-master-file/) regularly for updates.

Remember the Coordinating Center is always available on the:

AID-ICU HOT-LINE: +45 93 57 77 50

www.cric.nu/aid-icu

Kind Regards from the AID-ICU team

Lone (sponsor), Camilla Bekker Mortensen (After-AID)

and Nina (Coordinating Investigator)

