







# Feasibility and metabolic effects of carbohydrate loading in patients with fragility hip fracture - a randomised double blind pilot study

<b>Submission date</b> 04/07/2014	<b>Recruitment status</b> No longer recruiting	 Retrospectively registered
		 Protocol added
<b>Registration date</b> 04/07/2014	<b>Overall study status</b> Completed	 SAP not yet added
		 Results not yet added and study completed for more than 2 years
<b>Last Edited</b> 12/08/2020	<b>Condition category</b> Musculoskeletal Diseases	 Raw data not yet added
		 Study completed

## Plain English Summary

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

**ClinicalTrials.gov number**

**Protocol/serial number**

16941

## **Study information**

### **Scientific Title**

Feasibility and metabolic effects of carbohydrate loading in patients with fragility hip fracture - a randomised double blind pilot study

### **Acronym**

Pre-operative Nutrition In Neck of femur Trial (POINT)

### **Study hypothesis**

Hip fracture is a common injury affecting predominantly old people. The outcome for patients is often poor with a high mortality following operation, and worsening of mobility and function when compared with that before the injury. It has long been recognized that trauma due to surgery or accident is associated with changes in the way muscles use fuels such as sugar (glucose). These changes come on soon after injury and persist for some time and may have harmful effects on recovery and muscle strength. We also know that poor muscle function is a predictor of poor outcome in the days and months following hip fracture. Researchers in the field of elective surgery have found that providing patients with special carbohydrate drinks before their operation can improve muscle sugar use and have beneficial effects in the postoperative period. However, due to the nature of hip fracture, which is operated on urgently, and in a frail population who are often in pain, providing preoperative drinks may be difficult. The muscle of older people behaves differently to that of younger people so we don't know whether these drinks will have the same effect. Potentially, if we can find out what effect these drinks have on the way muscles behave; this may provide avenues of future research into the optimal way to enhance muscle function following hip fracture. To do this, we wish to study a group of hip fracture patients. We wish to find out what happens to the way their bodies deal with sugar if they have these drinks or if they have normal care without the drinks. We would do this by simple blood tests, and by taking some small tissue samples from leg muscles before and after their operation. Part of the study will also be looking at the practical issues around providing these sorts of drinks to this patient group.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

East Midlands - Nottingham 1 Research Ethics Committee, 15/07/2013, ref: 13/EM/0214

### **Study design**

Randomised; Interventional; Design type: Not specified, Prevention

### **Primary study design**

Interventional

### **Secondary study design**

Randomised controlled trial

**Study setting(s)**

Hospital

**Study type(s)**

Diagnostic

**Participant information sheet****Condition**

Enhancement of recovery following hip fracture surgery

**Interventions**

Pre-op carbohydrate drink, Nutricia Pre-op(r)

400 ml night before surgery

400 ml morning of surgery (up to 2 hours pre-op)

Follow Up Length: 1 month(s); Study Entry: Single Randomisation only

**Intervention Type**

Procedure/Surgery

**Phase**

Not Applicable

**Primary outcome measure**

Oral glucose tolerance test; Timepoint(s): Day 1 post operation

**Secondary outcome measures**

1. Glucose homeostasis - blood glucose; Timepoint(s): Blood glucose prior to induction of anaesthesia
2. Blood glucose on day 1; Glucose homeostasis - insulin; Timepoint(s): Insulin concentration - prior to induction of anaesthesia, Insulin concentration - day 1 post op
3. Length of acute hospital stay; Timepoint(s): Hospital discharge
4. Mobility - Cumulated ambulation score; Timepoint(s): Days 1-3 post-op
5. Muscle metabolism - muscle biopsy, contralateral leg; Timepoint(s): Prior to induction of anaesthesia At end of surgery  
Day 1
6. Nausea and vomiting; Timepoint(s): Prior to induction of anaesthesia Day 1 post-operation

**Overall study start date**

01/07/2014

**Overall study end date**

31/08/2015

**Eligibility****Participant inclusion criteria**

1. Patients presenting through accident and emergency with a fragility neck of femur fracture requiring hemiarthroplasty

2. Aged 70 or over
3. Patients able to provide fully informed consent

**Participant type(s)**

Patient

**Age group**

Senior

**Sex**

Both

**Target number of participants**

Planned Sample Size: 30; UK Sample Size: 30; Description: Allow for 3 drop outs per group (20% drop out)

**Participant exclusion criteria**

1. Patients who are confused or unable to give their own consent
2. Patient known to suffer with diabetes (either type 1 or type 2)
3. Patients with current infections
4. Ongoing participation in another clinical trial
5. Multiple injuries requiring operative management
6. Previous intolerance to carbohydrate drinks

**Recruitment start date**

01/07/2014

**Recruitment end date**

31/08/2015

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Queens Medical Centre**

Nottingham

United Kingdom

NG7 2UH

**Sponsor information**

## Organisation

University of Nottingham (UK)

## Sponsor details

Research Innovation Services  
Kings Meadow Campus  
Lenton Lane  
Nottingham  
England  
United Kingdom  
NG7 2NR

## Sponsor type

University/education

## ROR

<https://ror.org/01ee9ar58>

## Funder(s)

### Funder type

Research organisation

### Funder Name

British Journal of Anaesthesia (UK)

## Results and Publications

### Publication and dissemination plan

Not provided at time of registration

### Intention to publish date

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	04/12/2014		Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No