# Exogenous sex steroid hormones and asthma in females: a population-based retrospective cohort study using primary care data

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## Administrative details

#### **PURI**

https://redirect.ema.europa.eu/resource/22968

#### **EU PAS number**

**EUPAS22967** 

#### Study ID

22968

#### DARWIN EU® study

No

#### Study countries

United Kingdom

#### Study description

Introduction:Female sex steroid hormones have been implicated in sex-related differences in the development and clinical outcomes of asthma. The role of exogenous sex steroids however remains unclear. We aim to investigate whether the use of hormonal contraception and hormone replacement therapy (HRT), subtypes, and route of administration are associated with asthma onset and clinical outcomes in reproductive age and peri-menopausal/post-menopausal females. Methods and analysis: Using the Optimum Patient Care Research Database (OPCRD), a national primary care database in the UK, we will construct a retrospective longitudinal cohort of reproductive age (16-45)

years) and peri-menopausal/post-menopausal (46+ 70years) females. We will estimate the risk of new-onset asthma using Cox regression and multilevel modelling for repeated asthma outcomes, such as asthma attacks. We will adjust for confounding factors in all analyses. We will evaluate interactions between the use of exogenous sex hormones and body mass index and smoking by calculating the relative excess risk due to interaction and the attributable proportion due to interaction. With 90% power, we need 23,700 reproductive age females to detect a 20% reduction (risk ratio 0.8) in asthma attacks for use of any hormonal contraception and 6,000 peri-menopausal/post-menopausal females to detect a 40% (risk ratio 1.40) increased risk of asthma attacks for use of any HRT. Conclusions: This study aims to overcome the limitations of previous studies, thereby providing the most robust evidence to help gain better insights into the effect of sex steroid hormones in the pathogenesis and clinical outcomes of asthma in females. We will present our findings at national and international scientific meetings and

## Study status

Ongoing

## Research institution and networks

#### Institutions



## Contact details

Study institution contact

**Bright Nwaru** 

Study contact

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**Primary lead investigator** 

**Bright Nwaru** 

**Primary lead investigator** 

# Study timelines

#### Date when funding contract was signed

Actual: 02/01/2017

#### Study start date

Actual: 02/10/2017

#### Date of final study report

Planned: 31/12/2018

# Sources of funding

• Non for-profit organisation (e.g. charity)

## More details on funding

Asthma UK

## Study protocol

Exogenous Sex Hormones and Asthma in Females OPCRD Protocol.pdf(219.79 KB)

# Regulatory

Was the study required by a regulatory body? No

Is the study required by a Risk Management Plan (RMP)? Not applicable

# Methodological aspects

Study type list

#### Study type:

Non-interventional study

#### Scope of the study:

Disease epidemiology

#### Main study objective:

To investigate the role of exogenous sex steroid hormones in the development of asthma and manifestation of clinical and patient-reported outcomes in females

## Study Design

#### Non-interventional study design

Cohort

# Study drug and medical condition

#### Medical condition to be studied

Asthma

## Population studied

#### Age groups

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

#### **Estimated number of subjects**

25000

## Study design details

#### **Outcomes**

New-onset asthma, asthma attacks and severity, patient-reported asthma symptoms, medication use and health-related quality of life

#### Data analysis plan

We will use Cox proportional hazards regression to study the associations between exogenous sex hormones and the first record of an asthma event. Multilevel modelling will

be used to estimate associations where the outcomes are repeated, e.g. number of asthma attacks and medication use. Since the change in hormone levels with contraceptive use is expected to differ between women, random coefficient models will be fitted, so that in turn the relationship between contraception use and asthma outcomes can differ between women. We will undertake analyses incorporating propensity scores using matching (exposed vs. unexposed).

## Data management

## Data sources

Data source(s)

Optimum Patient Care Research Database

Data sources (types)

Electronic healthcare records (EHR)

# Use of a Common Data Model (CDM)

**CDM** mapping

No

## Data quality specifications

Check conformance

Unknown

**Check completeness** 

Unknown

Check stability

Unknown

**Check logical consistency** 

Unknown

## Data characterisation

**Data characterisation conducted** No