

# Clinical Trial Protocol

## Iranian Registry of Clinical Trials

31 May 2026

### Investigation of the effectiveness of using 0.65% sodium chloride nasal spray in children aged 6 to 18 years with allergic rhinitis and asthma

#### Protocol summary

##### Study aim

This study aims to assess the effectiveness of 0.65% sodium chloride nasal spray versus placebo on symptoms, quality of life, medication use, and asthma control in children with allergic rhinitis

##### Design

Two-arm, parallel group, double-blind, randomized controlled trial conducted at a single center with a target sample size of 68 participants. Randomization was performed at the individual level using computer-generated simple randomization, and outcome assessment was blinded

##### Settings and conduct

This single-center randomized controlled trial will enroll 68 children with allergic rhinitis. Participants will be randomized to intervention or placebo sprays in a double-blind design with participants, providers, investigators, and outcome assessors masked. Ethical approval has been granted and informed consent will be obtained from parents or guardians.

##### Participants/Inclusion and exclusion criteria

Inclusion criteria: Children aged 6–18 years allergic rhinitis (with or without asthma) confirmed by an allergy specialist Written informed consent Exclusion criteria: Presence of chronic heart or lung disease, chronic pneumonia, or immune deficiency Other nasal diseases such as non-allergic rhinitis, nasal polyps, or septal deviation Withdrawal of consent during the study Development of new medical conditions requiring discontinuation Occurrence of adverse events such as bleeding or drug hypersensitivity

##### Intervention groups

Intervention group: Participants receive 0.65% sodium chloride nasal spray in addition to routine care (cetirizine, montelukast, or seroflo as clinically indicated). Control group: Participants receive placebo nasal spray with identical appearance and packaging in addition to routine care.

##### Main outcome variables

Primary outcomes are changes in nasal symptom severity (TNSS), quality of life (RQLQ), medication use, and asthma control over 4 weeks

#### General information

##### Reason for update

##### Acronym

SNS-ARAS

##### IRCT registration information

IRCT registration number: **IRCT20150426021944N6**

Registration date: **2025-09-22, 1404/06/31**

Registration timing: **prospective**

Last update: **2025-09-22, 1404/06/31**

Update count: **0**

##### Registration date

2025-09-22, 1404/06/31

##### Registrant information

##### Name

Hamidreza Houshmand

##### Name of organization / entity

Shiraz University of Medical Sciences

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Iran (Islamic Republic of)

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##### Recruitment status

**Recruitment complete**

##### Funding source

##### Expected recruitment start date

2025-09-23, 1404/07/01

##### Expected recruitment end date

2026-04-20, 1405/01/31

##### Actual recruitment start date

empty

**Actual recruitment end date**  
empty

**Trial completion date**  
empty

**Scientific title**  
Investigation of the effectiveness of using 0.65% sodium chloride nasal spray in children aged 6 to 18 years with allergic rhinitis and asthma

**Public title**  
Studying a Natural Relief for Children with Allergies and Asthma

**Purpose**  
Treatment

**Inclusion/Exclusion criteria**  
**Inclusion criteria:**  
Age 6 to 18 years Diagnosis of moderate to severe allergic rhinitis according to the ARIA 2019 guidelines and an allergist with typical symptoms including sneezing, clear nasal discharge, nasal congestion, and nasal itching Diagnosis of moderate to severe asthma based on spirometry (FEV1/FVC ratio less than 60% and  $\geq 12\%$  improvement in FEV1 with an absolute increase of  $\geq 200$  ml after salbutamol administration) Written parental consent to participate in the study No diagnosis of cardiac or pulmonary diseases other than asthma, chronic pneumonia, and immunodeficiency No non-allergic nasal congestion such as non-allergic rhinitis, nasal polyps, deviated septum, and concha bullosa  
**Exclusion criteria:**  
Disagreement to continue participating in the study Development of new diseases affecting the treatment process during the study Bleeding or other complications during treatment Sensitivity to the medication or any medical condition that requires discontinuation of treatment

**Age**  
From **6 years** old to **18 years** old

**Gender**  
Both

**Phase**  
4

**Groups that have been masked**

- Participant
- Care provider
- Investigator
- Outcome assessor

**Sample size**  
Target sample size: **68**

**Randomization (investigator's opinion)**  
Randomized

**Randomization description**  
In this study, randomization was carried out using a simple randomization method with an equal 1:1 allocation ratio between the intervention group and the control group. The unit of randomization was the individual participant, specifically children aged 6–18 years who met the inclusion criteria. The randomization sequence was generated electronically through

Randomization.com, a computer-based tool designed for clinical trials. The sequence was created in advance, with assignments prepared in a simple random list, ensuring that each eligible participant had an equal probability of being allocated to either group. During enrollment, participants were assigned sequentially according to the pre-generated list. This approach ensured a straightforward allocation process, though the document does not specify the use of stratification, blocking, or other pseudorandomization techniques. The study was conducted in a double-blind manner, meaning both participants and outcome assessors were unaware of group assignments, and a placebo spray was used to preserve masking.

**Blinding (investigator's opinion)**

Double blinded

**Blinding description**

In this trial, participants were blinded by the use of indistinguishable nasal sprays, with the intervention group receiving 0.65% sodium chloride spray and the control group receiving a placebo spray. The sprays were identical in appearance, packaging, and method of administration, ensuring that participants could not determine their group assignment. Healthcare providers (caregivers delivering the intervention and routine care) were also blinded, since they administered sprays that were identical in form and labeling, and thus could not differentiate between treatment and placebo. The principal investigators and study team responsible for trial oversight remained blinded to allocation throughout participant enrollment and follow-up, thereby preventing any intentional or unintentional bias in patient management or trial conduct. Outcome assessors, who collected symptom scores, quality-of-life measures, and asthma severity indices, were blinded to group allocation, ensuring that clinical assessments and data collection were unbiased. While the data collectors overlapped with outcome assessors and thus remained blinded, the data analysts were not explicitly reported as blinded in the protocol; therefore, it is likely that they had access to group allocation codes during statistical analysis. No Data Safety and Monitoring Board (DSMB) was established for this small investigator-initiated academic study, as DSMBs are typically reserved for large-scale or industry-sponsored trials. Finally, manuscript writers were members of the investigator team and therefore were not independent or blinded at the stage of report preparation.

**Placebo**

Used

**Assignment**

Parallel

**Other design features**

**Secondary Ids**

empty

**Ethics committees**

## 1

### Ethics committee

**Name of ethics committee**

Ethics Committee of Urmia University of Medical Sciences

**Street address**

Vice Chancellor for Research, UMSU Central Site, Orjhans Street, Resalat Blvd, Urmia ,Iran

**City**

Urmia

**Province**

West Azarbaijan

**Postal code**

5714783734

**Approval date**

2025-08-27, 1404/06/05

**Ethics committee reference number**

IR.UMSU.REC.1404.228

## Health conditions studied

### 1

**Description of health condition studied**

Allergic rhinitis in children, with or without comorbid asthma

**ICD-10 code**

J30

**ICD-10 code description**

Vasomotor and allergic rhinitis

## Primary outcomes

### 1

**Description**

Change in Total Nasal Symptom Score (TNSS) in children with allergic rhinitis.

**Timepoint**

Measured at baseline (before intervention) and after 4 weeks of intervention

**Method of measurement**

Standardized Total Nasal Symptom Score (TNSS) questionnaire

## Secondary outcomes

### 1

**Description**

Change in asthma severity score

**Timepoint**

Baseline (before intervention), 2 weeks, and 4 weeks after intervention

**Method of measurement**

Pediatric Asthma Severity Score, assessed by standardized clinical examination and history (including wheeze, use of accessory respiratory muscles, and expiratory prolongation) using a structured data collection form

## Intervention groups

### 1

**Description**

Intervention group: Participants receive 0.65% sodium chloride nasal spray (isotonic saline) in addition to routine care (cetirizine, montelukast, or seroflo as clinically indicated). The spray is administered intranasally at the prescribed daily dose for 4 weeks.

**Category**

Treatment - Drugs

### 2

**Description**

Control group: Received routine treatment plus placebo instead of decosalin.

**Category**

Placebo

## Recruitment centers

### 1

**Recruitment center****Name of recruitment center**

Urmia Motahari Hospital

**Full name of responsible person**

Fatemeh Seyfi

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## Sponsors / Funding sources

### 1

**Sponsor****Name of organization / entity**

Oroumia University of Medical Sciences

**Full name of responsible person**

Dr. Saber Gholizadeh

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**Grant name**

**Grant code / Reference number**

**Is the source of funding the same sponsor organization/entity?**

Yes

**Title of funding source**

Oroumia University of Medical Sciences

**Proportion provided by this source**

100

**Public or private sector**

Public

**Domestic or foreign origin**

Domestic

**Category of foreign source of funding**

empty

**Country of origin**

**Type of organization providing the funding**

Academic

## Person responsible for general inquiries

**Contact**

**Name of organization / entity**

Oroumia University of Medical Sciences

**Full name of responsible person**

Dr. Hamid Reza Houshmand

**Position**

Associate Professor

**Latest degree**

Subspecialist

**Other areas of specialty/work**

Pediatrics

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## Person responsible for scientific inquiries

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## Person responsible for updating data

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## Sharing plan

**Deidentified Individual Participant Data Set (IPD)**

Yes - There is a plan to make this available

**Study Protocol**

Yes - There is a plan to make this available

**Statistical Analysis Plan**

Yes - There is a plan to make this available

**Informed Consent Form**

Yes - There is a plan to make this available

**Clinical Study Report**

Not applicable

**Analytic Code**

Not applicable

**Data Dictionary**

Yes - There is a plan to make this available

**Title and more details about the data/document**

“Deidentified Individual Participant Data (IPD) set; Study Protocol; Statistical Analysis Plan; Informed Consent Form (template); Data Dictionary.” The IPD will include deidentified baseline characteristics and all outcome measures collected during the trial. The protocol and statistical analysis plan will be the final versions used for

the study. The informed consent form will be the final approved template (with personal/contact fields redacted). The data dictionary will define each variable, units, coding, and allowable ranges.

**When the data will become available and for how long**

Beginning 6 months after publication of the primary results and continuing for 5 years thereafter.

**To whom data/document is available**

Qualified researchers from academic or non-profit institutions with a methodologically sound proposal. Industry researchers may also apply if the request aligns with the consent and ethical approvals.

**Under which criteria data/document could be used**

Access will be granted for analyses addressing the research questions described in an approved proposal, contingent on: (1) submission of a brief protocol and analysis plan, (2) evidence of local ethics approval or

exemption, (3) signing a Data Use Agreement prohibiting re-identification, unauthorized sharing, and commercial use, and (4) approval by the Data Access Committee (Principal Investigator plus two co-investigators). Data will be provided deidentified via a secure, time-limited link.

**From where data/document is obtainable**

Dr.Hamidreza Houshmand

**What processes are involved for a request to access data/document**

Submit a request including a one-page proposal (objectives, variables requested, analysis plan), proof of ethics approval/exemption, and a signed confidentiality statement. The Data Access Committee will review within ~30 days. If approved, a Data Use Agreement will be issued for signature; upon execution, deidentified data and documents will be shared via secure transfer within ~10 business days.

**Comments**