呼吸中止症疾病研討會暨新藥 Wakix 介紹

時間：2024 年 10 月 14 日 12:30~14:30

地點：亞東醫院 3 樓第四會議室

議程：

時間	議程	主講人
12:30~12:40	opening	楊明道　醫師
12:40~13:40	Pitolisant studies on Narcolepsy and Obstructive Sleep Apnea (OSA)	Dr. Christian Causse
13:50~14:40	MetaAnalysis in narcolepsy Pitolisant versus Modafinil, versus Xyrem in narcolepsy	Dr. Christian Causse
14:40~15:00	Disscuss	楊明道　醫師 Dr. Christian Causse

Dr. Christian CAUSSÉ

CURRENT AND PREVIOUS APPOINTMENTS

2016-Present International Medical Manager Central Nervous System
Bioprojet Pharma

ACADEMIC QUALIFICATIONS

2014-2016 Medical Director France and North Africa, SOBI: Immune, metabolic and cancer domains

2008-2014 Medical Director France, Mundipharma: Pain, Oncology and Asthma domains

2006-2008 Medical Director France, Therabel: Metabolic and Oncology domains July 2001-June 2004

2005-2006 Medical Manager France, Janssen-Cilag: Pain domain

1996-2005 Medical Director France, Pierre Fabre Medicament: Cardiovascular domains

1992-1996 Clinical Research Manager, ARCAM & VERSUS: clinical studies elaboration and setup

MEDICAL EDUCATION

Medical Doctor 1993 (Paris University), statistics CESAM 1991 (Paris University), Pain management 2006 (Paris)

演講摘要

Talk: Pitolisant studies on Narcolepsy or Narcolepsy and Obstructive Sleep Apnea (OSA)

Abstract: **Introduction** Obstructive sleep apnoea (OSA) is a common chronic respiratory disease associated with a high burden of disabilities related to sleepiness and reduced quality of life. Despite first-line treatment with continuous positive airway pressure (CPAP) therapy, many patients experience residual EDS**.** Pharmacological treatment options authorised in Europe and/or the United States are modafinil/armodafinil, solriamfetol, and pitolisant. In the absence of head-to-head trials, the relative efficacy and safety of these agents is largely unknown.

Methods Randomised controlled trials (RCTs) that compared the efficacy and safety of authorised medications for OSA were analysed using network meta-analysis. The primary efficacy endpoint was combined Epworth Sleepiness Scale (ESS) and Oxford Sleep Resistance (OSLER)/Maintenance of Wakefulness Test (MWT) Z-scores. Quality

of life (QoL), overall and cardiovascular safety, and benefit-risk ratios were calculated.
Results Of 4017 studies identified, a total of 20 RCTs involving 4015subjects were included. Analysis of combined subjective (ESS) and objective (OSLER/MWT) efficacy outcome Z-scores showed that solriamfetol (150 mg; effect size [ES]=0.66 [95% CI: 0.36, 0.96]), and pitolisant (20 mg; ES=0.66 [95% CI: 0.44, 0.88]), modafinil (200 mg; ES=0.53 :[95% CI: 0.33, 0.73]); 400 mg; ES=0.53 [95% CI: 0.42, 0.64]) had a clinically meaningful improvement in efficacy. P-scores ranked placebo, then pitolisant, modafinil 200 mg, modafinil 400 mg and solriamfetol for overall safety; and pitolisant, then solriamfetol, modafinil 400 mg and modafinil 200 mg for benefit-risk ratio.
Conclusion Pitolisant, solriamfetol and modafinil had comparable efficacy for maintaining wakefulness in patients with OSA. Pitolisant had a better safety profile and benefit-risk ratio compared with solriamfetol and modafinil. The overall and cardiovascular safety risk ratios suggest that pitolisant might be the best candidate for OSA patients with multiple cardiovascular comorbidities.

Talk: MetaAnalysis in narcolepsy Pitolisant versus Modafinil, versus Xyrem in narcolepsy
Abstract: **Background and Aims:** Narcolepsy is a rare disorder occurring from childhood and persisting through adulthood. Pitolisant, a selective histamine H3-receptor inverse agonist, obtained an EMA/FDA approval for the treatment of narcolepsy in adult. We assessed the pitolisant efficacy and safety on Excessive Daytime Sleepiness (EDS) and cataplexy in children.
Methods: This is a double-blind, multicenter, randomized, placebo-controlled study including children with narcolepsy with a Pediatric Daytime Sleepiness Scale (PDSS) score ≥ 15 who were randomized to pitolisant/placebo (2:1) once-a-day for 4-week flexible dosing (5-40mg pitolisant) followed by 4-week stable dosing. The primary endpoint was the improvement of the Ullanlinna Narcolepsy Scale (UNS), a 11-item score measuring cataplexy and EDS in various situations. Main secondary endpoints were changes in PDSS, UNScatapexy subscore (UNSctp), cataplexy episodes per week (WRC), maintenance of wakefulness test (MWT) and safety.
Results: Among 115 selected patients, 110 were randomized (72 pitolisant, 38 placebo). The UNS reduction score was significantly higher in the pitolisant group (from 24.63(7.8) to 18.23(8.14)) versus placebo (from 23.68(9.08) to 21.77(9.25)), difference:-3.69 (1.37), P=0.0073. PDSS reduced from 20.16(3.64) to 14.57(5.37) with Pitolisant vs 20.00(3.49) to 17.96(5.6) with placebo (P=0.0015). The UNSctp also decreased with Pitolisant (-2.88) vs placebo (-1.12) (P=0.029). The improvement of WRC and MWT were better with Pitolisant. The most frequent adverse events for

Pitolisant were headache (19.2%) and insomnia (6.8%) versus (8.1%) and (2.7%) for placebo.

Conclusions: In Narcolepsy children above 6 years old, Pitolisant 5 to 40 mg/day demonstrates significant efficacy in reducing Excessive Daytime Sleepiness and cataplexy and is well tolerated.