

呼吸中止症疾病研討會

時間：2025 年 10 月 27 日 12:30~14:30

地點：老新台菜 (高雄市三民區九如二路 227 號)

議程：

時間	議程	主講人
12:30~12:40	opening	唐子俊 院長
12:40~13:30	Pitolisant studies on Narcolepsy or Narcolepsy and Obstructive Sleep Apnea (OSA)	Dr. Christian Causse
13:30~14:30	MetaAnalysis in OSA	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 4015 subjects 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.

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