呼吸中止症疾病研討會暨新藥 Wakix 介紹

時間：2024 年 10 月 11 日 12:30~14:30

地點：407 台中市西屯區臺灣大道二段 666 號 B1 桂冠廳

議程：

時間	議程	主講人
12:30~12:40	opening	鄭元凱醫師 (台中都診所協會理事長)
12:40~13:40	Pitolisant studies on Narcolepsy or Narcolepsy and Obstructive Sleep Apnea (OSA)	Dr. Christian Causse
13:50~14:40	MetaAnalysis in OSA	Dr. Christian Causse
14:40~15:00	Disscuss	鄭元凱醫師

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 OSA

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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.