Effects of Solriamfetol on Cognition in Patients With Excessive Daytime Sleepiness Associated with Narcolepsy in the Real-World SURWEY Study

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Key Question

• Does solriamfetol improve impaired cognition in patients with excessive daytime sleepiness associated with narcolepsy in a real-world setting?

Conclusions

- In this retrospective, real-world study, cognitive performance was assessed in patients with EDS associated with narcolepsy
- At baseline, patients reported overall cognitive impairment, which was substantially improved following 3 months of solriamfetol treatment
- At baseline, objective assessments revealed selective impairment in alertness and processing speed; substantial improvements in these domains were observed following treatment with solriamfetol
- Improvement in cognitive performance was not associated with reduction in EDS
- These results indicate that solriamfetol has the potential to improve cognitive function in patients with EDS associated with narcolepsy

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Disclosures

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S. Floam is an employee of Axsome Therapeutics, Inc and former employee of Jazz Pharmaceuticals.

G. Parks is a former employee of Axsome Therapeutics, Inc and Jazz Pharmaceuticals.



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Introduction

- Narcolepsy is a chronic sleep disorder characterized by excessive daytime sleepiness (EDS)¹
- Brain fog and difficulty concentrating are common complaints among patients and significantly impact their quality of life²
- Patients often exhibit deficits in processing speed and attention, core cognitive functions³
- Solriamfetol (Sunosi[®]) is a dopamine-norepinephrine reuptake inhibitor with agonistic properties at the trace amine-associated receptor 1 (TAAR1) and serotonin 1A (5HT1_a) receptor¹ approved for treatmen of EDS associated with narcolepsy or obstructive sleep apnea (OSA)^{4,5}
- Solriamfetol improved cognitive performance in a clinical study of patients with OSA and EDS with cognitive impairment⁶
- Here we present cognitive outcomes of patients with narcolepsy and EDS treated with solriamfetol in a real-world setting

Methods & Study Design

- SUnosi Real World Experience StudY (SURWEY) was a realworld, retrospective chart review among physicians in Germany of patients prescribed solriamfetol for EDS associated with narcolepsy type 1 and 2
- The present analysis is of a subgroup of 52 patients with narcolepsy who underwent cognitive assessments (Table 1) prior to initiating solriamfetol and 3 months following
- Results are pooled across dosages, and most patients received less than 150 mg/day, the maximum recommended dose

Excessive Daytime Sleepiness

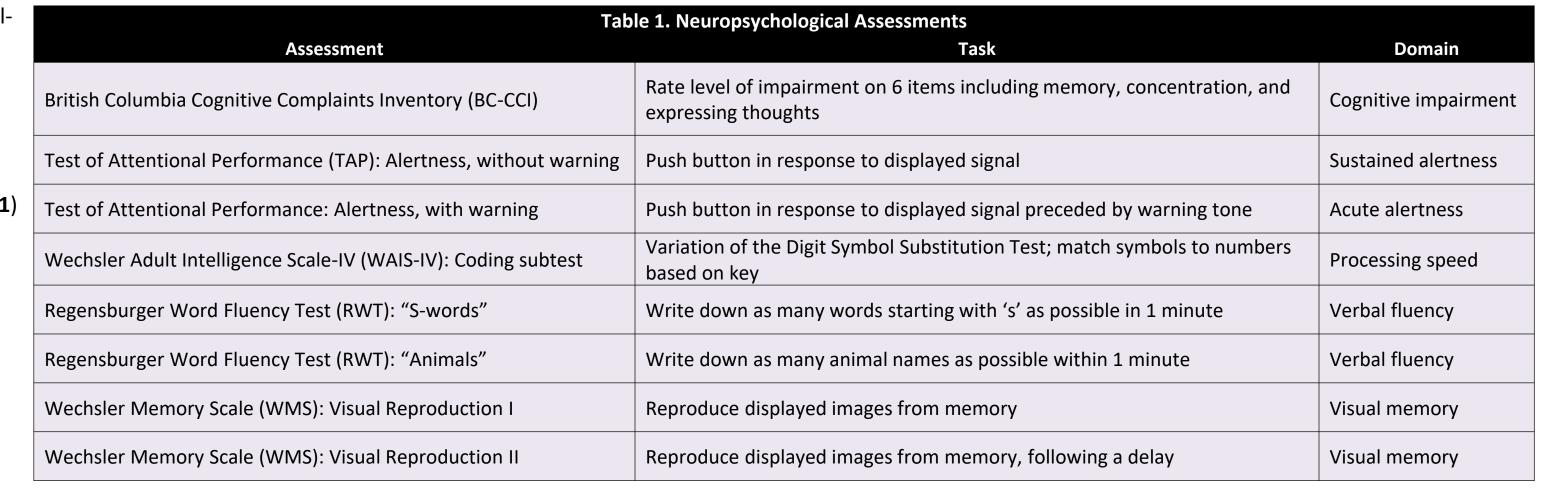
17.4

Baseline

Figure 4. ESS Scores at Baseline and with Solriamfetol

P < 0.001

-3.85



Effect Sizes

Epworth Sleepiness Scale

British Columbia Cognitive

TAP Alertness With Warning

TAP Alertness Without Warning

WMS-IV Visual Reproduction I

WMS-IV Visual Reproduction II

Complaints Inventory

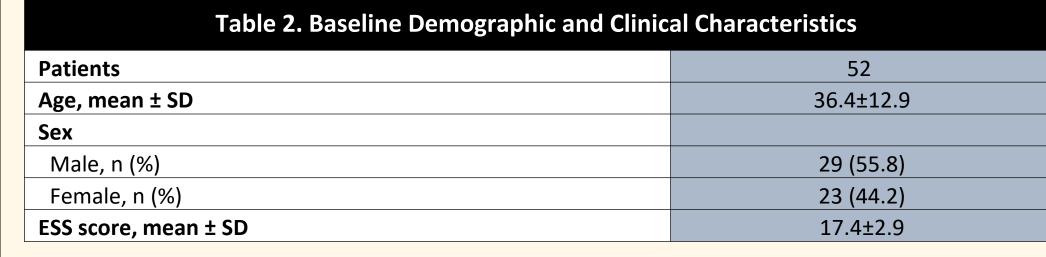
WAIS-IV Coding

RWT S Words

RWT Animals

Key Findings

Patient Population



Efficacy

12 ¬

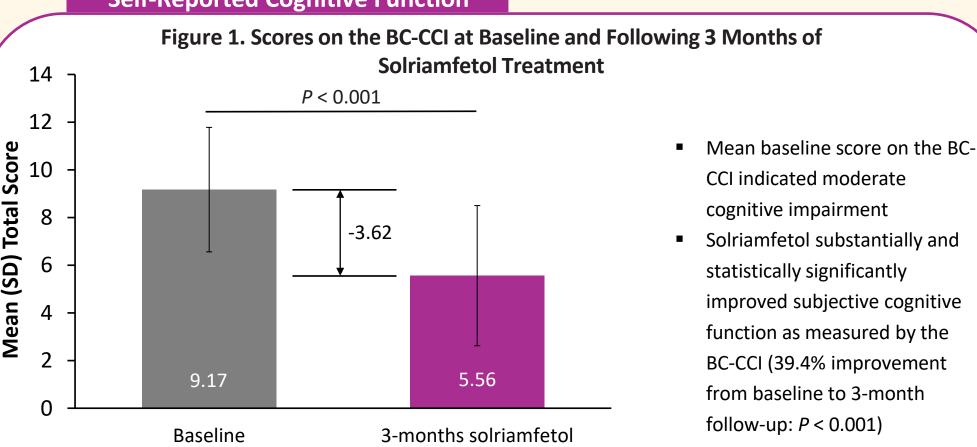
5 10

Self-Reported Cognitive Function

Processing Speed

Baseline

P < 0.001



treatment

9.19

3-months solriamfetol

treatment

Figure 2. Scores on the WAIS-IV: Coding, at Baseline and With Solriamfetol

Solriamfetol substantially and

improved subjective cognitive function as measured by the BC-CCI (39.4% improvement from baseline to 3-month

Processing speed was evaluated

Intelligence Scale-IV (WAIS-IV)

coding subtest, a test previously

used to assess cognitive deficits in

statistically significantly improved

with the Wechsler Adult

patients with narcolepsy⁷

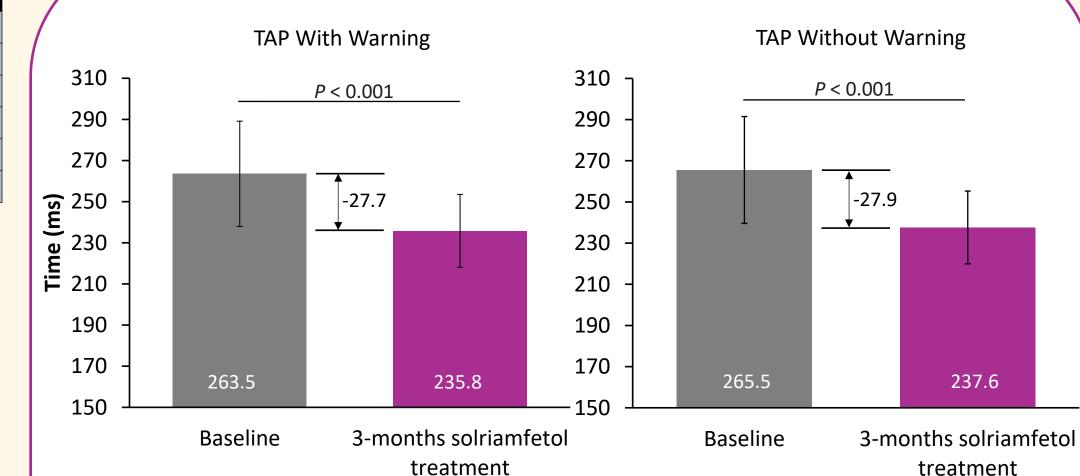
0.001)

Solriamfetol substantially and

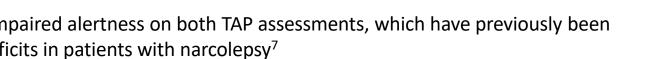
processing speed (34.3%: P <

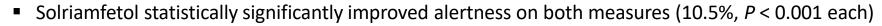
Alertness

Figure 3. Scores on the TAP: Alertness, at Baseline and With Solriamfetol



- Baseline scores indicated impaired alertness on both TAP assessments, which have previously been used to assess cognitive deficits in patients with narcolepsy⁷





3-months solriamfeto

treatment

Regression Analysis



Figure 5. Standardized Effects of Solriamfetol on Cognition and EDS

1.31

1.39

1.42

0.01

Reduction in EDS had a

substantial effect size of 1.31

cognitive function (1.39, BC-

and without warning); and

WAIS-IV coding) were also

processing speed (1.42,

No meaningful effects on

verbal fluency or visual

memory were observed

ESS change was

not predictive of

improvements in

substantial

CCI); alertness (1.08, TAP with

Effect sizes for self-reported

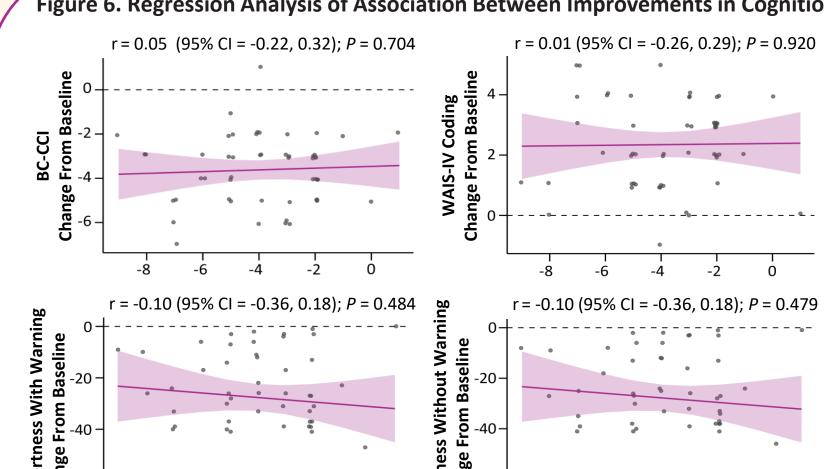
Self-Repor

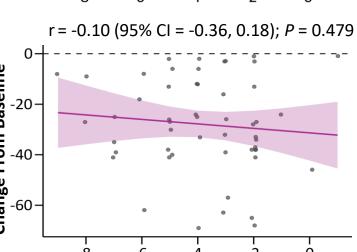
Alertness/Processing Speed

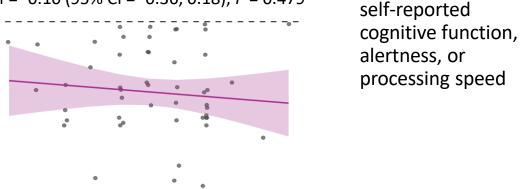
Verbal Fluency

Visual Memory

Glass's Delta







Epworth Sleepiness Scale Change From Baseline

