

Narcolepsy and Hypersomnia

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Outline

- Introduction
- Last month's homework
 - Making the time for sleep
- Narcolepsy and Hypersomnia
- Treatments
- New horizons in treatment
- Homework for August/September

Last month's homework

WHAT DID YOU DO TO
IMPROVE SLEEP
HYGIENE?

Primary Hypersomnia Simplified

- Narcolepsy
- Not Narcolepsy

Narcolepsy

- With Cataplexy
- Without Cataplexy (more common in humans)

Hypersomnia

- Idiopathic hypersomnia with long sleep time
- Idiopathic hypersomnia with short sleep time
- Substance/medical related hypersomnia
- Post traumatic hypersomnia

Treatments

- Behavioral
- Medication
- Physiologic
- Others

Pharmacologic

- Traditional Stimulants
- Nontraditional stimulants
- Stimulating antidepressants (NE and DA)
- REM suppressants
- GABA suppressants
- “Sodium oxybate”

UNDERGOING CLINICAL TRIALS

Sodium oxybate in 7 to 17 yo

- Undergoing FDA approval for safety since 12/3/2014 for sodium oxybate in children.
- Jazz sponsored

Klein-Levin Syndrome Stanford

- This is a blood study on KLS under Emmanuel Mignot measuring genetic predisposition
- Study began in 2005 and still enrolling

EMORY - flumazenil

- Using medication to treat daytime sleepiness
- Trial no longer enrolling
- EMORY – Dr. Rye

Oral L-carnitine

- Japanese study (ran from 5/2010) and enrolled 30 patients 28 of which completed.
- Significant reduction in “dozing off during daytime based on sleep logs, decreased napping and improvement on SF 36 subscale

JZP-110

- Currently phase 3 open label to assess long-term safety and maintenance of JZP-110 in subjects who have completed study 14-002, 14-003, ADX-N05 201 or ADX-N05 202
- JZP-110 {(R)-2-amino-3-phenylpropylcarbamate hydrochloride}
- 52 weeks started 5/2015 and plans to run through July 2017
 - Doses 75mg to 300mg once a day