Achieving Optimal Outcomes in Patients with Narcolepsy:

Aligning Treatment Goals with Patients

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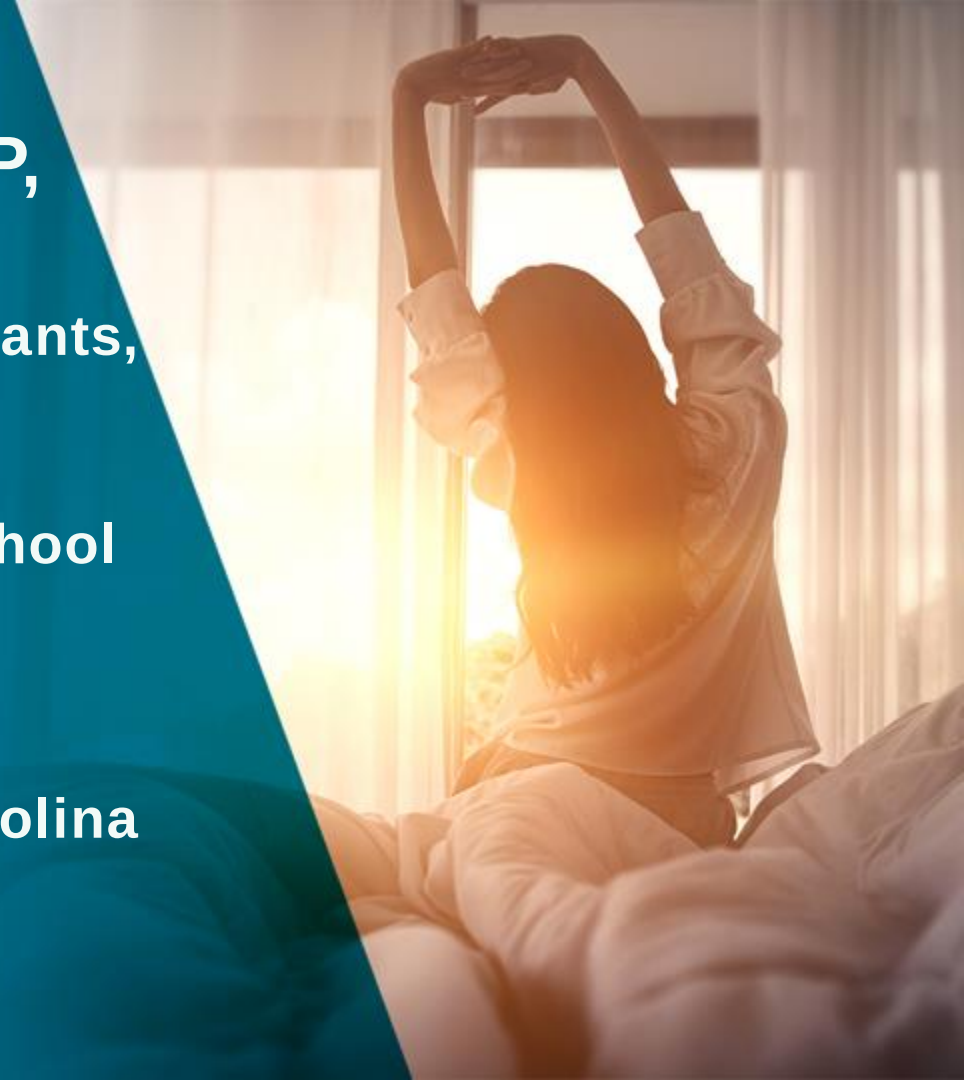

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Explain the patient's journey with narcolepsy, including the extensive impact of work, psychosocial, and daily functioning to overall health.

LEARNING OBJECTIVE 1

Audience Response

How often do you discuss the challenges of living with narcolepsy with your patients?

A. 0% of the time
B. 1%-25% of the time
C. 26%-50% of the time
D. 51%-75% of the time
E. 76%-100% of the time

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Multifaceted Impact of Narcolepsy[1,2]

Worsened HRQoL

Falling asleep throughout the day

Impaired social life and isolation

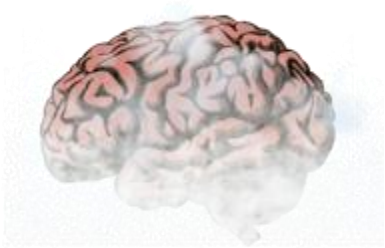
Increased risk of accidents while driving

Strain on relationships

Memory problems

Impaired critical thinking

Employment: job loss, frequent job changes, absenteeism / presenteeism



Brain fog

Poor school performance

HRQoL = health-related quality of life

1. Waldman LT, et al. *Health Qual Life Outcomes*. 2020;18:128. 2. Morse AM. *Med Sci* (Basel). 2019;7(12):106.

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Comorbidities Associated with Narcolepsy[1,2]

1. Thorpy MJ, et al. *Sleep Med*. 2015;16(1):9-18. 2. Black J, et al. *Sleep Med*. 2017;33:13-18.

Disturbed Nocturnal Sleep by the Numbers

N = 57 with NT1[1]

Sleep

- **71%** unable to sleep without awakening
- **31%** got up at night to eat

Sleep Apnea

- **43%** loud snoring
- **21%** experience apneas
- **20%** awakening with dyspnea during the night

Waking Up

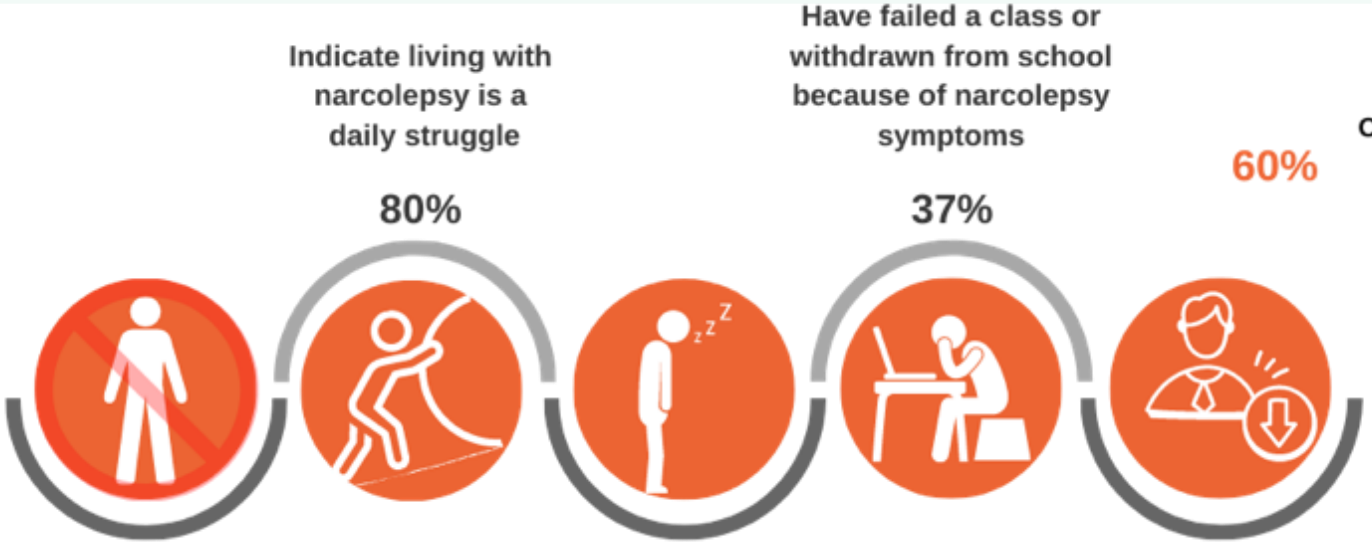
- **50%** felt unrefreshed
- **17 ± 28** minutes to get up in the morning
- **24%** experienced sleep drunkenness

In a sample of 248 patients with NT1, disturbed nocturnal sleep severity was associated with higher scores on the Narcolepsy Severity Scale, higher sleepiness, anxiety/depressive symptoms, autonomic dysfunction, and worse quality of life.[2]

1. Sturzenegger C, et al. *J Sleep Res*. 2004;13(4):395-406. 2. Barateau L. et al. *Sleep*. 2022;zsac054.

Living with Narcolepsy: The Patient Perspective

In a survey of 200 individuals living with narcolepsy:



Harmony Biosciences, et al. Know Narcolepsy website. 2021. https://know narcolepsy.com/impact-of-narcolepsy.

Living with Narcolepsy: Patient and Clinician Perspectives

In a survey of 200 patients and 251 physicians:

Symptoms are mostly or completely under control

12.0% of patients agree

27.5% of clinicians agree

Alter lives to accommodate symptoms

40% of patients avoid social situations

20% of patients avoid strong emotions

93.6% of clinicians say patients unknowingly do this

EDS is a major disruptive symptom

87.5% of patients agree

92.0% of clinicians agree

EDS = excessive daytime sleepiness

Thorpy MJ, et al. *Sleep*. 2019;42(Suppl 1):A236.

Audience Response

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A. 0% of the time
B. 1%-25% of the time
C. 26%-50% of the time
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E. 76%-100% of the time

A Patient's Journey: Addressing the Unmet Needs of Patients Living with Narcolepsy

Analyze the practice implications of using evidence-based screening tools and diagnostic criteria to accelerate the early, accurate diagnosis of narcolepsy.

LEARNING OBJECTIVE 2

Audience Response

What percentage of your patients with narcolepsy were initially misdiagnosed?

A. 0% of patients
B. 1%-25% of patients
C. 26%-50% of patients
D. 51%-75% of patients
E. 76%-100% of patients

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Audience Response

How familiar are you with best practices to implement diagnostic criteria and evidence-based screening tools into routine practice to detect and diagnose narcolepsy?

A. Not familiar at all
B. Somewhat familiar
C. Familiar
D. Extremely familiar

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Predictors of Diagnostic Delays

Children[1]

- Strongest predictor → pediatric onset of symptoms
- Manifestation in children and adolescents

Adults and Children[2]

- Comorbid sleep disorders
- Comorbid psychiatric disorders
- Presence of sleep-related hallucinations
- Media portrayal and presentation
- Gap in physician knowledge
- Absence of cataplexy

1. Maski K, et al. *J Clin Sleep Med*. 2017;13(3):419-425. 2. Quaedackers L, et al. *Nat Sci Sleep*. 2021;13:1083-1096.

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ICSD-3 Diagnostic Criteria for NT1 and NT2

Criteria in red must be met for NT1 and NT2

Narcolepsy Type 1

- Narcolepsy with cataplexy
- EDS for at least 3 months (with validated questionnaires such as ESS)
- At least one of the following:
  - Cataplexy and a positive MSLT*
    - Low mean sleep latency < 8 mins
    - ≥ 2 SOREMPs on MSLT-PSG
  - Low CSF hypocretin-1 concentrations (≤ 110pg/ml or < 1/3 of normal)

*Positive MSLT: mean sleep latency of < 8 minutes and ≥ 2 SOREMPs

CSF = cerebrospinal fluid; EDS = excessive daytime sleepiness; ESS = Epworth Sleepiness Scale; MSLT = Multiple Sleep Latency Test; NT1 = narcolepsy type 1; NT2 = narcolepsy type 2; OSAS = obstructive sleep apnea syndrome; PSG = polysomnogram; SOREMPs = sleep onset REM periods

Sateia MJ. *Chest.* 2014;146(5):1387-1394.

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Narcolepsy Type 2

- Narcolepsy without cataplexy
- EDS for at least 3 months
- Positive MSLT*
  - Low mean sleep latency < 8 mins
  - ≥ 2 SOREMPs on MSLT-PSG
- CSF hypocretin-1 concentrations
  - > 110pg/ml if measured
- Hypersomnolence and MSLT findings not better explained by other causes:
  - Insufficient sleep, OSAS, delayed sleep phase, drug intake/withdrawal

*Positive MSLT: mean sleep latency of < 8 minutes and ≥ 2 SOREMPs

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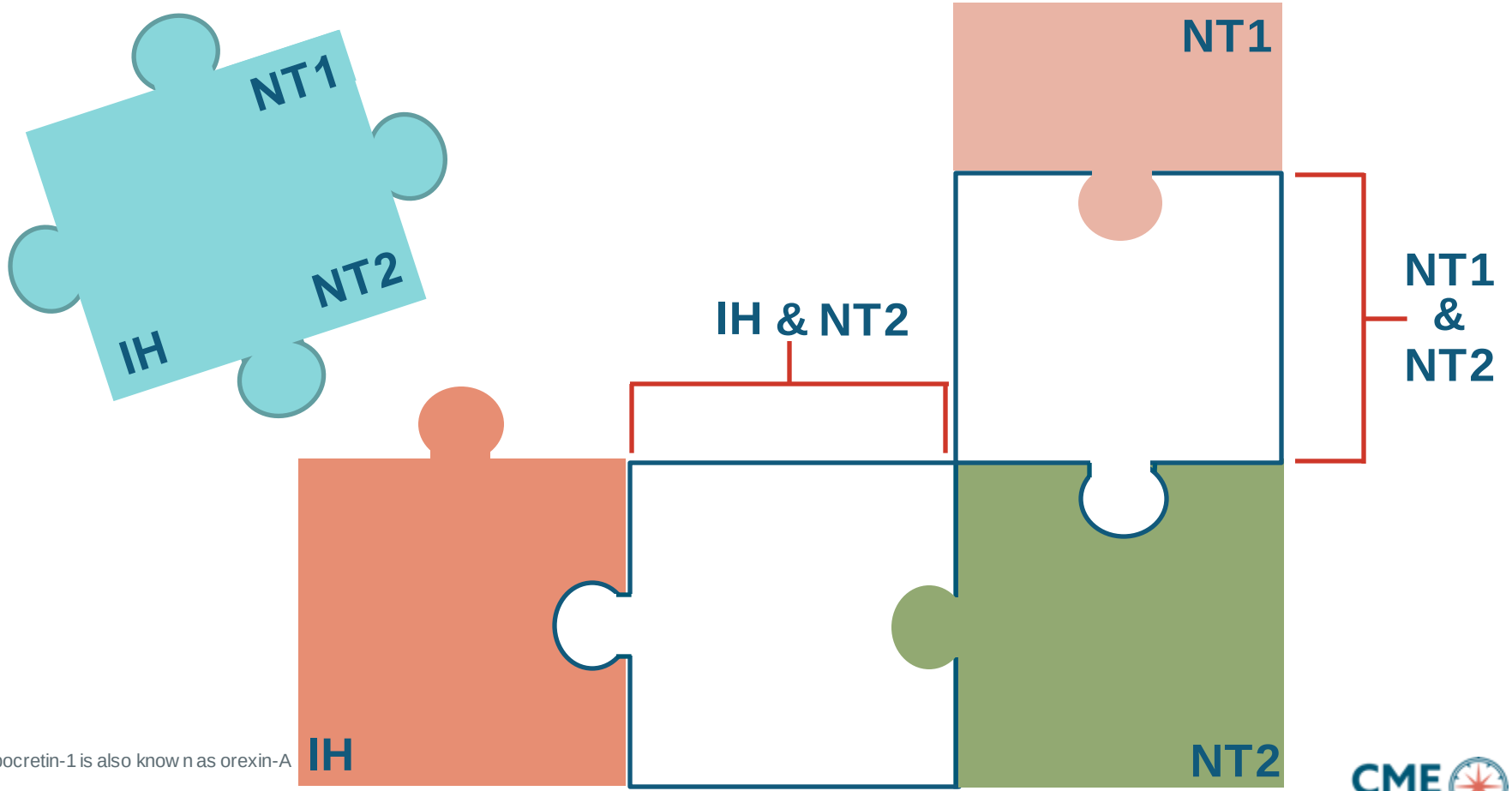
Differentiating Narcolepsy: Putting the Puzzle Together



*CSF hypocretin-1 is also known as orexin-A

CSF = cerebrospinal fluid; ESS = Epworth Sleepiness Scale; IH = idiopathic hypersomnia; MSLT = Multiple Sleep Latency Test; PSG = polysomnogram; REM = rapid eye movement; SOREMPs = sleep onset REM periods

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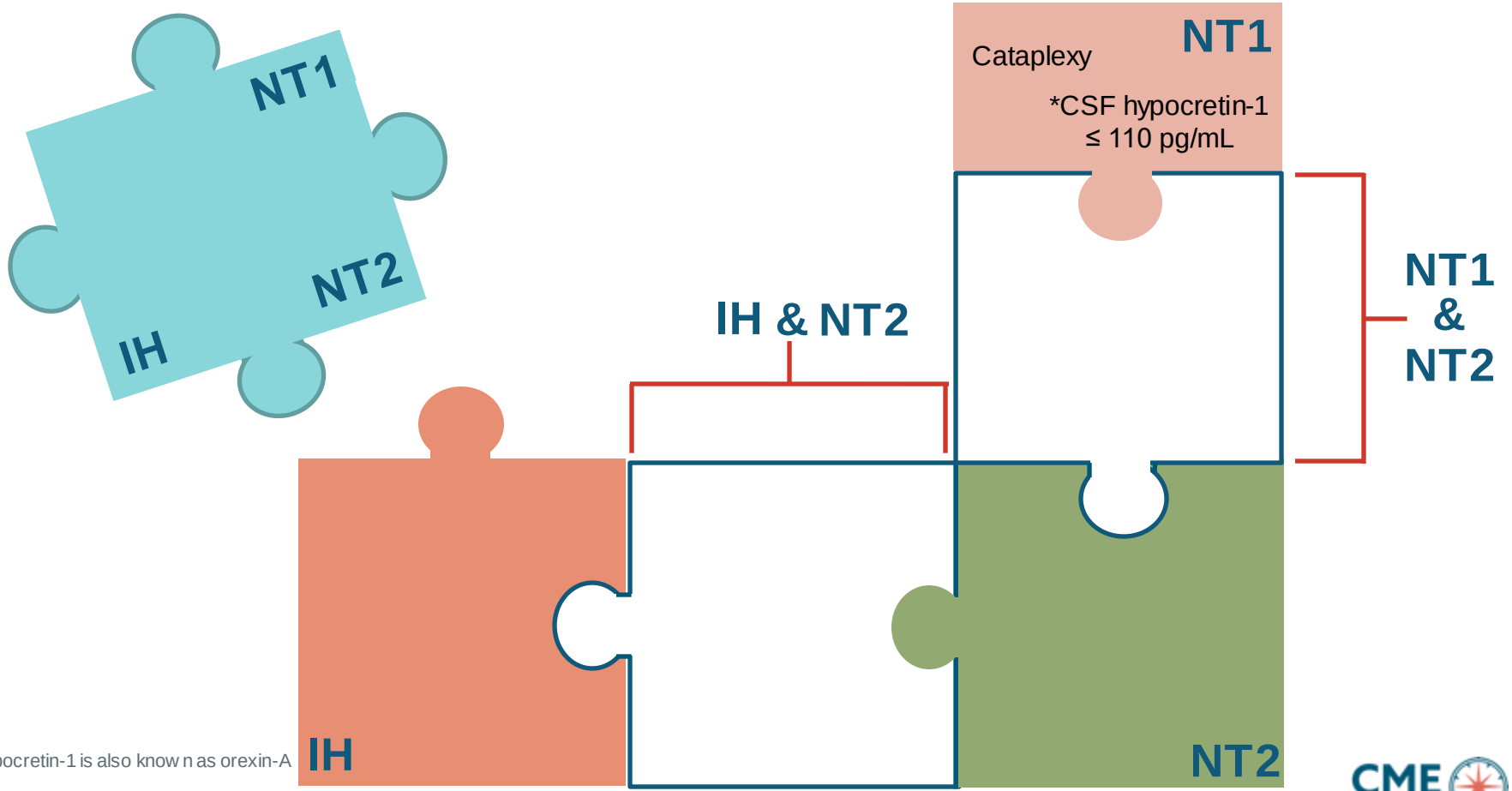

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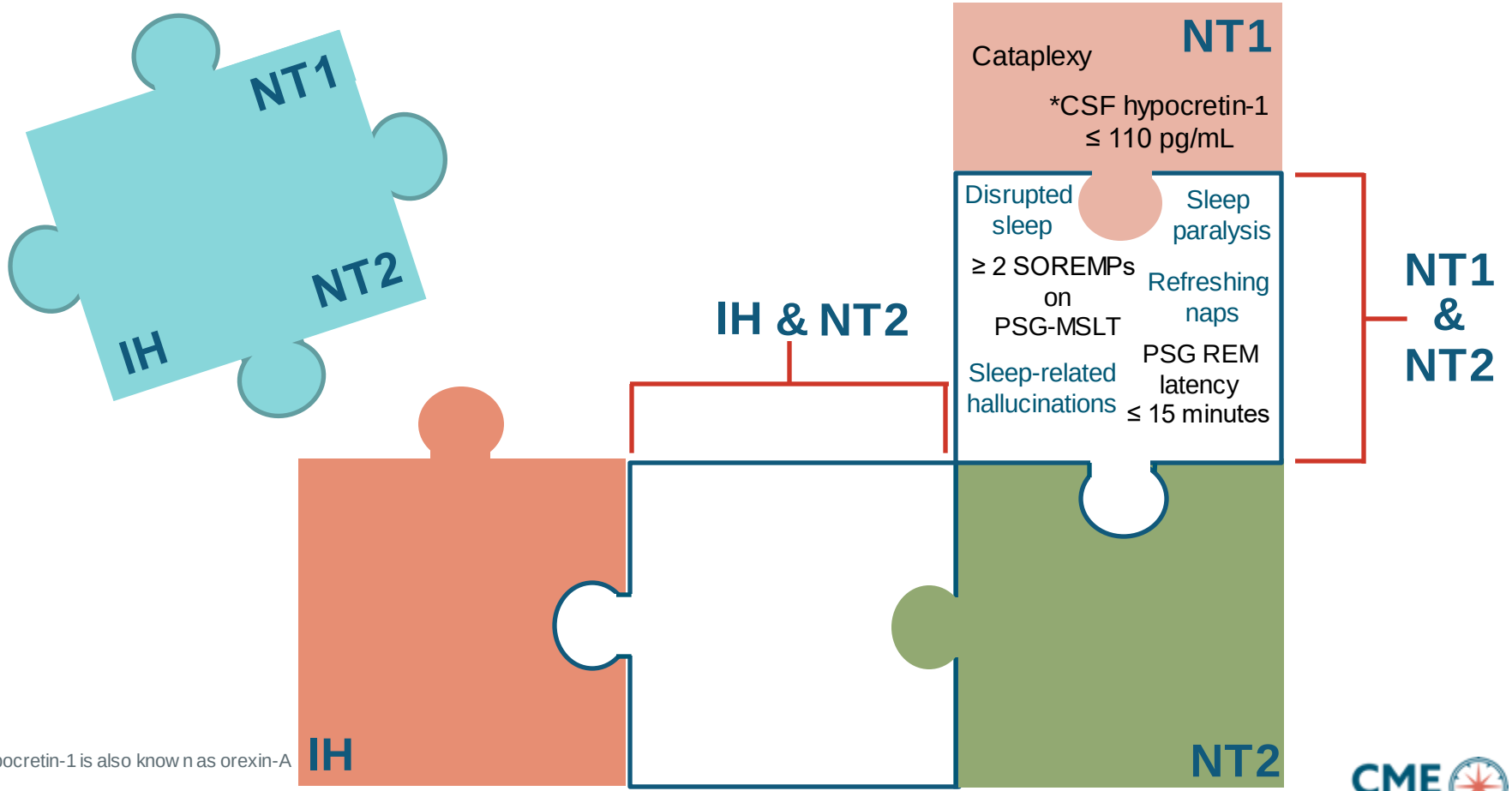

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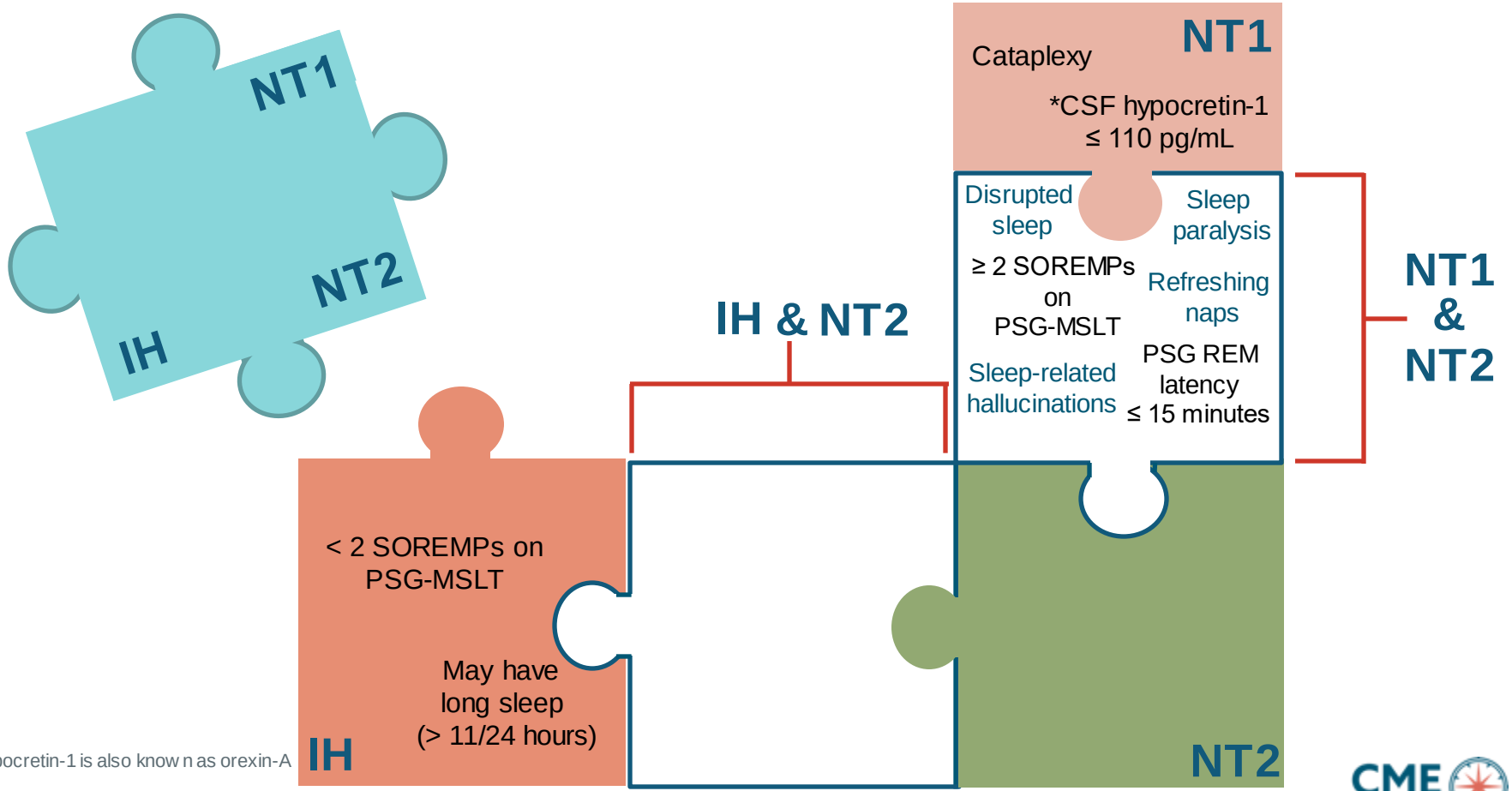

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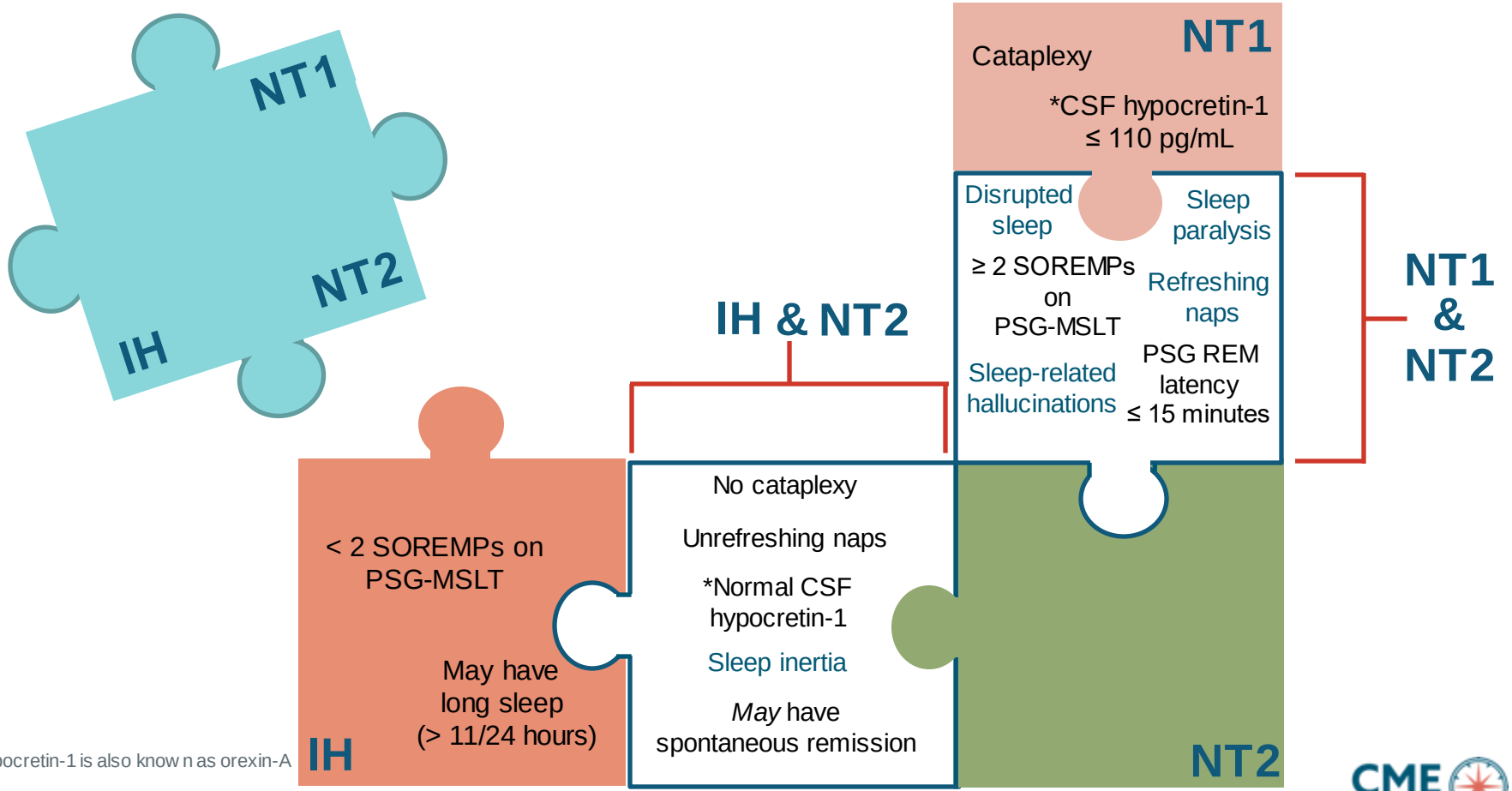

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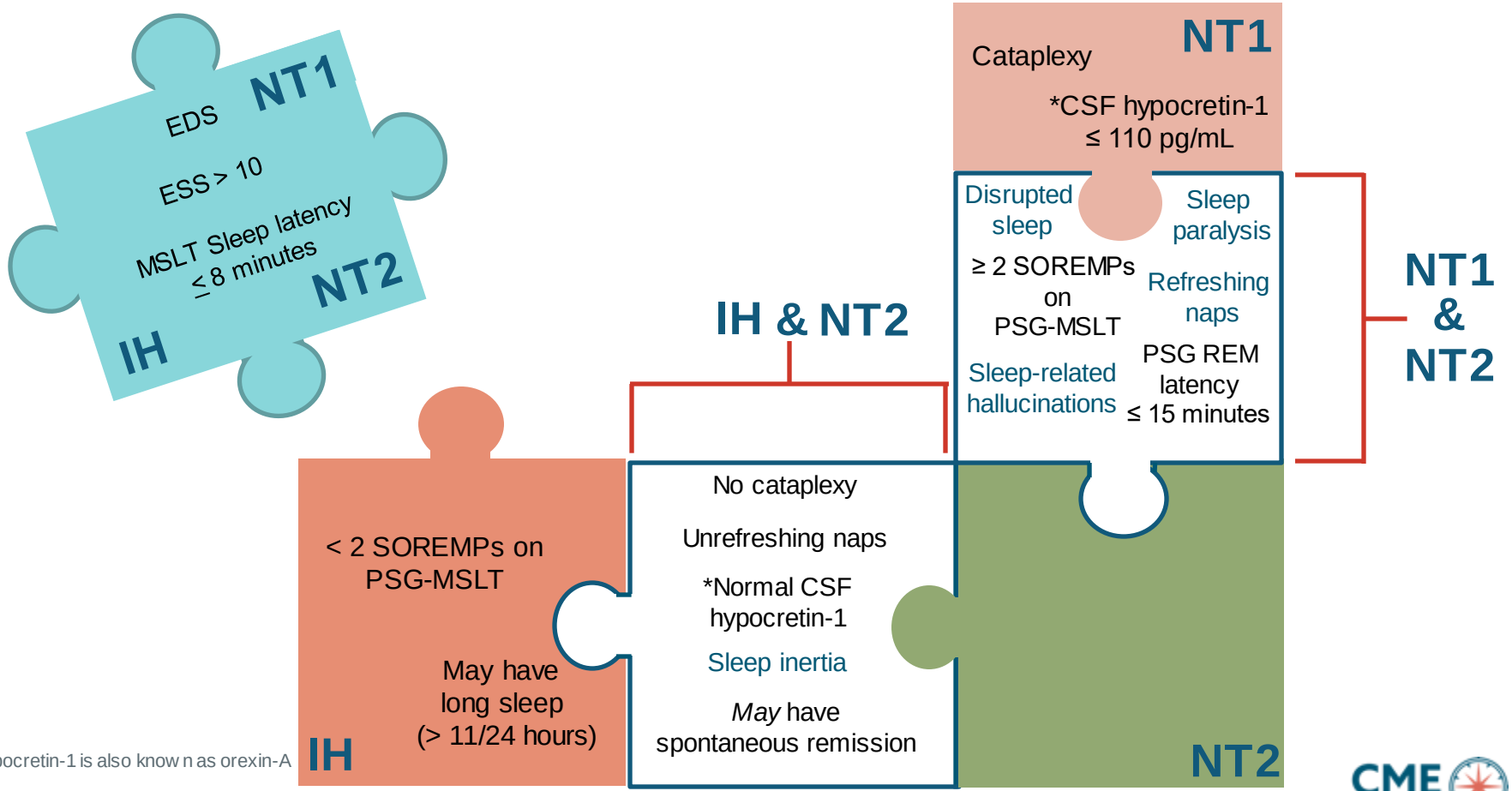

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Differential Diagnosis

- EDS
  - OSAS
  - Sleep deprivation/poor sleep hygiene
  - Depression
  - Substance/drug intake
  - IH, KLS
  - PLMD
  - Circadian rhythm abnormality
  - Behavioral symptoms of EDS
    - Irritability, poor attentiveness, aggression, hallucinations

IH = idiopathic hypersomnia; KLS = Kleine-Levin syndrome; OSAS = obstructive sleep apnea syndrome; PLMD = periodic limb movement disorder

Nevsimalova S. *Curr Neurol Neurosci Rep*. 2014;14(8):469. Warman J, et al. *Neurology*. 2013;80(7 Suppl):S43.003.
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- Cataplexy
  - Typical cataplexy
    - Video record if possible
  - Seizure, hypotension, psychogenic

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- Cataplexy
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  - Seizure, hypotension, psychogenic

- Hallucinations
  - Schizophrenia
  - Night terrors
  - Panic attacks

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Nevsimalova S. *Curr Neurol Neurosci Rep*. 2014;14(8):469. Warman J, et al. *Neurology*. 2013;80(7 Suppl):S43.003.
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Audience Response

How often do you assess treatment efficacy on functional status and QoL in your patients with narcolepsy?

A. 0% of the time
B. 1% - 25% of the time
C. 26% - 50% of the time
D. 51% - 75% of the time
E. 76% - 100% of the time

Self-Report Measures Can Be Used in Clinical Practice

Epworth Sleepiness Scale (ESS)

- The ESS is the most frequently used, validated self-report assessment of a patient's sleepiness[1]
- On a 4-point scale, patients rate their likelihood of falling asleep during 8 different situations (reading, driving, etc.)[2]
- The ESS can also be used to monitor the progression of or improvement in sleepiness over time[3]

Swiss Narcolepsy Scale (SNS)

- The SNS is a validated self-report assessment of a patient's sleepiness
- On a 5 item, 5-point scale, patients rate the frequency of individual symptoms (EDS and cataplexy)
- The SNS has a high sensitivity and specificity in identifying NT1[4] (particularly compared to ESS)
- Each answer is weighted by a positive or negative factor; score of < 0 is suggestive of narcolepsy with cataplexy
- A two-item short form version (sSNS) also available demonstrating discriminative power for NT1[5]

1. Miglis MG, et al. *Sleep Med Clin*. 2014;9(4):491-498. 2. Johns MW. *Sleep*. 1991;14(6):540-545. 3. Ahmed IM, et al. *Sleepiness: Causes, Consequences and Treatment*. 2011. 4. Sturzenegger C, et al. *Clin Transl Neurosci*. 2018;2(2):34. 5. Bargiotas P, et al. *J Neurol*. 2019;266(9):2137-2143.

Self-Report Measures Can Be Used in Clinical Practice (cont.)

Functional Outcomes of Sleep Questionnaire (FOSQ)

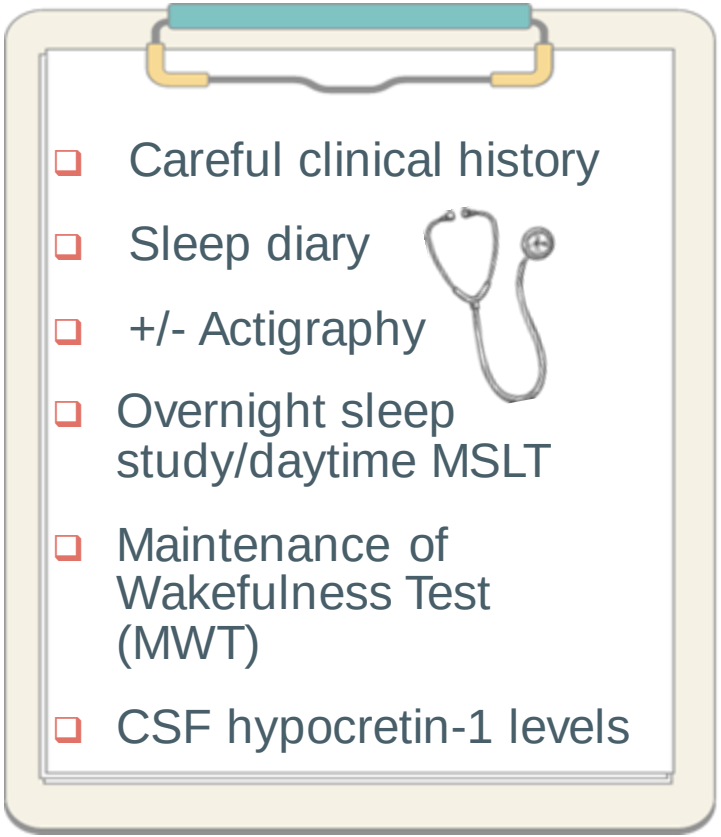
- The FOSQ (or shorter FOSQ-10) assesses the effect of sleepiness on daily functioning
- Evaluates 5 domains
  - General productivity
  - Activity level
  - Vigilance
  - Social outcomes
  - Intimate/sexual relationships

Subjective measures rely on patients to accurately report their own sleepiness; however, they are:

- Practical for monitoring progression or improvement in EDS
- Simple to administer

Chapman JL, et al. *Sleep Med Clin*. 2016;11(3):353-363. Chasens ER, et al. *Sleep*. 2009;32(7):915-919.

Narcolepsy Diagnosis and Pitfalls



- Subtleties of diagnosis
- Interpreting diagnostic tests
- Partial cataplexy
- Comorbidity with other sleep disorders is common:
  - ~25% of patients with narcolepsy also have OSA
- 82% of patients with narcolepsy receive a diagnosis ≥ 1 year from symptom onset; one-third > 10 years

Sateia MJ. *Chest*. 2014;146(5):1387-1394. Sansa G, et al. *Sleep Med*. 2010;11(1):93-95. Black J, et al. *Sleep Med*. 2017;33:13-18. Maski K, et al. *J Clin Sleep Med*. 2017;13(3):419-425.

Audience Response

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B. Somewhat familiar
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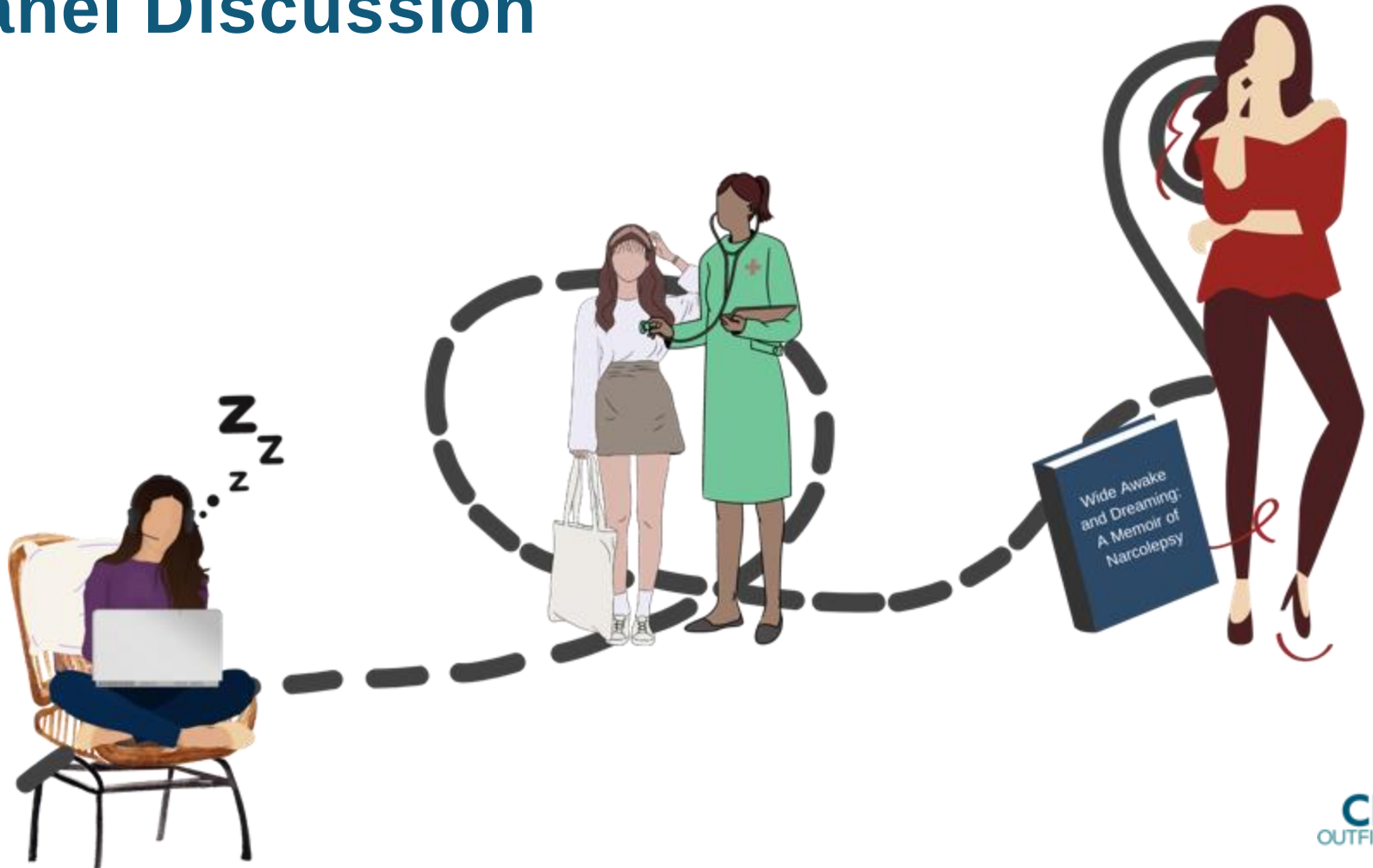
Panel Discussion



Integrate strategies to mitigate CV risk associated with narcolepsy in treatment decision-making.

LEARNING OBJECTIVE 3

Audience Response

How confident are you in your ability to reduce cardiovascular risks or mitigate cardiovascular burden when making treatment selections for your patients with narcolepsy?

A. Not confident at all
B. Somewhat confident
C. Confident
D. Extremely confident

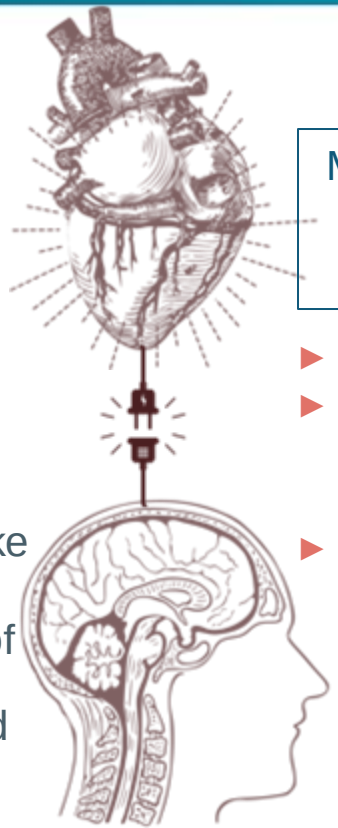
Cardiovascular Impact of Narcolepsy

In patients with narcolepsy vs. controls, higher risks of:

- Stroke[1]: 2.5X
- Heart disease[2]: 2.1X
- Hypertension[2]: 1.3X
- Hypercholesterolemia[2]: 1.5X

In patients with narcolepsy* (n = 12,816) vs. controls (n = 38,441)[3]:

- CVD without hypertension
- MACE
- Heart failure
- Stroke
- Ischemic stroke
- Edema
- A composite of stroke, atrial fibrillation, and edema



Mortality in narcolepsy (n = 77,616) vs. non-narcolepsy controls (n = 176,234,879)[4]:

- Incidence: 1.5X
- Sex differences:
  - Female, 0.99%
  - Male, 1.43%
- Higher rates stratified by age from 25-34 years to 75+ years

*per 1,000 person-years.

CVD = cardiovascular disease; MACE= major adverse cardiac event

1. Black J, et al. *Sleep Med.* 2017;33:13-18. 2. Ohayon MM. *Sleep Med.* 2013;14(6):488-492. 3. Ben-Joseph R, et al. *Neurology*. 2022;98(Suppl 18):1203. 4. Ohayon MM, et al. *Sleep*. 2014;37(3):439-444.

The Role of Orexin in Narcolepsy and CVD

- Roughly 90% of orexin-producing neurons are lost in human narcolepsy with cataplexy[1]
- It's thought that an autoimmune process kills the orexin neurons[1]
  - HLA linked to many autoimmune diseases; the strongest known HLA association is with narcolepsy
  - Carrying this gene increases narcolepsy risk ~200-fold
- Animal studies indicate orexin A and B and orexin receptors 1 and 2 present throughout the myocardium and centrally[2]
  - Increased cardiac dysfunction and myocardial scarring are associated with a deficiency in orexin 2 with narcolepsy phenotype[3]
- Endothelial dysfunction is induced by chronic sleep fragmentation[2]
  - Administering orexin decreases sleep fragmentation and severity of atherosclerosis
  - Sleep fragmentation causes orexin deficiency

HLA = human leukocyte antigens

1. Scammell TA. *N Engl J Med*. 2015;373(27):2654-2662. 2. Imperatore R, et al. *Clin Sci (Lond)*. 2019;133(7):853-857. 3. Perez MV, et al. *J Am Coll Cardiol*. 2015;66(22):2522-2533.

Narcolepsy and CVD: Take It With A Grain of Salt

- Hypertension is the leading global risk factor for disease and death[1]
- One size does not fit all when it comes to recommending lower sodium diets, as methods used to assess sodium intake have been criticized for inaccuracy[1]

Largest contributors to global DALYs[1,2]

- High systolic blood pressure (212 million)
- Smoking (149 million)
- High fasting plasma glucose (143 million)
- High body mass index (120 million million)
- Childhood undernutrition (113 million)
- Alcohol use, high total cholesterol, and high sodium diets

DALYs = disability adjusted life years

1. Kjeldsen SE, et al. *Blood Pressure*. 2017;26(2):65-66. 2. GBD 2015 Risk Factors Collaborators. *Lancet*. 2016;388(10053):1659-1724.

Treatment Considerations for Patients With or At-Risk for CVD

- Improving nutrition
  - DASH diet
  - Diet lower in sodium
- Increasing physical activity
- Reducing or slowing down rise of BMI
- Anti-hypertensive agents

BMI = body mass index; DASH = Dietary Approaches to Stop Hypertension

Kjeldsen SE, et al. *Blood Pressure*. 2017;26(2):65-66.

Audience Response

Now, how confident are you in your ability to reduce cardiovascular risks or mitigate cardiovascular burden when making treatment selections for your patients with narcolepsy?

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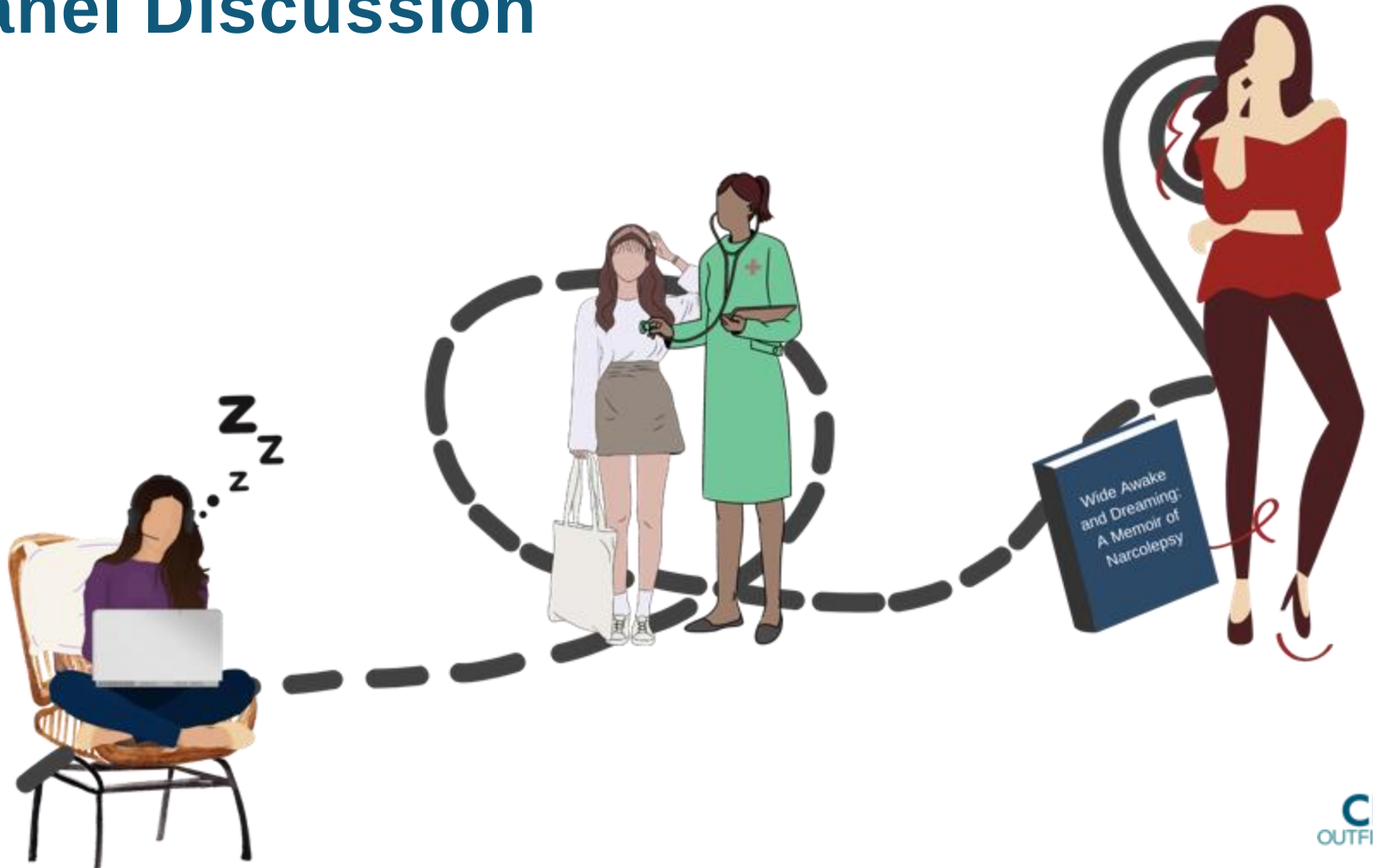
Panel Discussion



Implement evidence-based strategies for the initiation and/or switching of therapies to improve and sustain patient QoL and psychosocial and work functioning.

LEARNING OBJECTIVE 4

Audience Response

How confident are you initiating treatment for narcolepsy in patients with medical and/or psychiatric comorbidities?

A. Not confident at all
B. Somewhat confident
C. Confident
D. Extremely confident

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Audience Response

How confident are you switching medications (e.g., from a stimulant to a non-stimulant) for patients with narcolepsy experiencing persistent symptoms with initial therapy?

A. Not confident at all
B. Somewhat confident
C. Confident
D. Extremely confident

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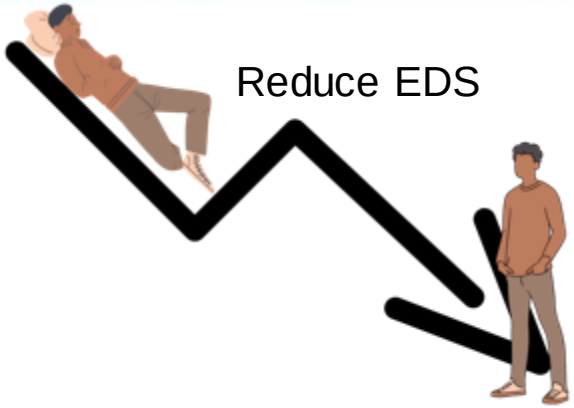
Treatment Goals in Narcolepsy



Reduce EDS

Control nightmares and hallucinations, sleep paralysis, and DNS

Improve safety of patient and public

Optimize risk/benefit of pharmacotherapies

Improve psychosocial dysfunction and quality of life

Control cataplexy

Thorpy MJ, et al. *Sleep Med*. 2015;16(1):9-18.

CME OUTFITTERS

Realistic Goals for Realistic Outcomes

- What should the patient expect?
- What should the clinician expect?

Image courtesy of projectsleep

Narcolepsy: The Four Pillars of Treatment

Medication

Naps

Lifestyle adjustments

Social support

Patient advocacy organizations

hypersomnia foundation.org

NARCOLEPSY NETWORK

projectsleep

Wake Up Narcolepsy INC.

CME OUTFITTERS

Strategies to Empower Patients

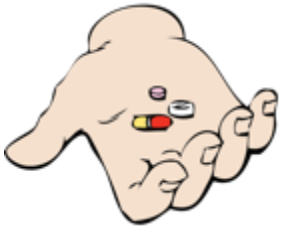
- Utilizing updates on the safety, efficacy, and tolerability of current therapies to personalize treatment selection[1,2]
- Shared Decision Making[1,2]
  - Several medications may be needed to control symptoms
  - Collaborate with the patient to establish goals, create a plan, routinely assess progress, and adjust the patient's regimen as needed

- Collaborate with the patient to determine:
  - Cataplexy triggers
  - Limitations
  - A management plan for narcolepsy and other illnesses

1. Schneirder-Kamp A, et al. *Health (London)*. 2020;24(6):625-645. 2. Werbrouck A, et al. *Transl Behav Med*. 2018;8(5):660-674.

Encourage Questions

Am I receiving the correct dose?



Is this medication a good match?

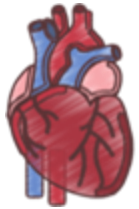
In addition to medication, what else can I do to help my symptoms?

What do I tell my doctor?

If I experience side effects, what should I do?

Personalizing Treatment Selection and Monitoring Patients with Narcolepsy

- Patient's needs and preferences
- Severity of EDS
- Comorbidities
- Cardiovascular risk



- Polypharmacy, including use of oral contraceptives
- Strategies for dose initiation, and modification, and cross-titration
- Adherence
- Carryover effects
- Use and interpretation of measures of patient-reported outcomes to monitor treatment efficacy

Lopez R, et al. *Rev Neurol (Paris).* 2017;173(1-2):8-18.

FDA-Approved* Treatments for Narcolepsy

Drug	MOA	Dose	EDS	Cataplexy	Adults	Children
Modafinil	Dopamine (DA) reuptake inhibitor	100-400 mg	X		X	
Armodafinil	DA reuptake inhibitor	50-250 mg	X		X	
Solriamfetol	DA-norepinephrine (NE) reuptake inhibitor	75-150 mg	X		X	
Pitolisant	Histamine H3 antagonist/inverse agonist	8.9-35.6 mg	X	X	X	
Sodium oxybate (SXB) / lower sodium oxybate (LXB)	$GABA_B$ agonist	4.5-9.0 g (twice-nightly dosing)	X	X	X	X
Amphetamines / Methylphenidate	Sympathomimetic; enhance DA, NE, serotonin	Varies			X	X

* LXB is approved for narcolepsy, but it does not appear in the updated guidelines. Amphetamines and methylphenidate are approved for narcolepsy but not specifically cataplexy or EDS.

Barateau L, et al. *Ther Adv Neurol Disord*. 2019;12:1756286419875622.

Safety Considerations for FDA-Approved Treatments for EDS and Cataplexy in Narcolepsy

Drug	Schedule	Common AEs (≥ 5%) and Safety Considerations	
Modafinil / Armodafinil	IV	**AEs**	Anxiety, back pain, diarrhea, dizziness, dyspepsia, headache, insomnia, and nausea
		SCs	May reduce effectiveness of HC agents; may ↑ HR and diastolic and systolic BP
Solriamfetol	IV	**AEs**	Anxiety, decreased appetite, headache, insomnia, and nausea
		SCs	Precautions regarding BP and HR ↑; no effect on birth control
Pitolisant	–	**AEs**	Anxiety, insomnia, and nausea
		SCs	May ↓ effectiveness of HCs; may ↑ QTc; not a controlled substance
SXB / LXB	III	**AEs**	Adults: Anxiety, decreased appetite, diarrhea, dizziness, headache, hyperhidrosis, parasomnia, and vomiting; Peds: ↓ appetite, dizziness, enuresis, headache, vomiting, and weight decrease
		SCs	High sodium formulation may be contraindicated in patients at risk for CVD events; LXB formulation may be ideal in those with CVD risks; common, early onset AEs are generally of short duration and ↓ over time
Amphetamines / Methylphenidate	II	**AEs**	Dry mouth, upset stomach, loss of appetite, weight loss, headache, dizziness, tremors, tachycardia, elevated BP, insomnia, and mood changes
		SCs	High potential for misuse; serious cardiovascular events

↓ = decrease; ↑ = increase; AEs = adverse events; BP = blood pressure; HC = hormonal contraceptives; HR = heart rate; QTc = QT interval; SCs = safety considerations

Drugs@FDA Website. Meskill GJ, et al. *Sleep*. 2020;43(Suppl 1):A291. Setnik B, et al. *Sleep*. 2020;43(4):zsz252. Husain AM, et al. *J Clin Sleep Med*. 2020;16(9):1469-1474. Dauvilliers Y, et al. *Sleep*. 2020;43:A286.

Solriamfetol: Efficacy in Narcolepsy

- TONES trials demonstrated efficacy in reducing propensity to sleep and maintaining wakefulness (compared to PBO)
  - Significant improvements in MWT sleep latencies
  - Significant reductions in ESS
  - Significantly greater improvements in patient's and clinician's global impression of change
- Effective in treating EDS in patients with narcolepsy regardless of cataplexy status
- Long-term treatment associated with sustained improvements in functional status, work productivity, and QoL
- Common early onset TEAEs are limited in duration

PBO = single-blind placebo; QoL = quality of life; TEAEs = treatment-emergent adverse events; TONES = treatment of OSA and narcolepsy excessive sleepiness

Rosenberg R, et al. *J Clin Sleep Med*. 2022;18(1):235-244. Abad VC. *Nat Sci Sleep*. 2021;13:75–91. Dauvilliers Y, et al. *CNS Drugs*. 2020;34:773-784. Weaver TE, et al. *J Clin Sleep Med*. 2021;17(10):1995–2007.

Pitolisant: Efficacy in Narcolepsy

- HARMONY trials demonstrated robust therapeutic effects in EDS and cataplexy attacks (vs PBO)
  - Significant reductions in ESS scores
  - Significant ≥50% in weekly cataplexy attacks
  - Initial treatment response within 2-3 weeks of starting treatment
- In patients with high EDS burden, significant reductions in EDS and cataplexy observed

Meskill GJ, et al. *CNS Drugs*. 2022;36(1):61-69. Watson NF, et al. *CNS Drugs*. 2021;35(12):1303-1315. Davis CW, et al. *Sleep Med*. 2021;81:210-217.

Sodium Oxybate: Efficacy in Narcolepsy

- Comparable efficacy of SXB for EDS and cataplexy shown in pediatric and adult populations
- LXB later t_{max}, and a lower C_{max}, but a similar AUC compared with SXB
  - Pharmacokinetic properties similar in adults and children with narcolepsy
- In pediatrics:
  - In double-blind, PBO-controlled, randomized withdrawal study, participants assigned to PBO and withdrawn from SXB had significant worsening of cataplexy and EDS compared to those continuing SXB

AUC = area under the curve

Chen C, et al. *Clin Transl Sci*. 2021;14(6):2278–2287. Chen C, et al. *Clin Transl Sci*. 2020;13(5):932–940. Plazzi G, et al. *Lancet Child Adolesc Health*. 2018;2(7):483-494. Dauvilliers Y, et al. *Nat Sci Sleep*. 2022;14:531-546.

Lower-Sodium Oxybate: Efficacy

- In double-blind randomized withdrawal study, cataplexy attacks and EDS worsened significantly in PBO group but remained stable in those who continued LXB
  - Significant reductions in ESS scores in LXB group vs PBO
  - Significant reductions in frequency of cataplexy attacks and increase of cataplexy-free days in LXB group vs PBO
  - Significant worsening of Patient Global Impression of Change, Clinical Global Impression of Change, and QoL measures in PBO group vs LXB group
- Reduction in cataplexy and increased cataplexy-free days observed during initiation/optimization of LXB and taper/discontinuation of prior antidepressants/anticataplectics

Bogan RK, et al. *Sleep*. 2021;44(3):zsaa206. Dauvilliers Y, et al. *Nat Sci Sleep*. 2022;14:531-546. Thorpy MJ, et al. *CNS Drugs*. 2020;34(1):9-27. Dauvilliers Y, et al. *CNS Drugs*. 2022;36(6):633-647.

Dosing Regimens for LXB in Narcolepsy

Adults w/ narcolepsy

Initial dosage
- 4.5 g/night, divided into 2 doses (bedtime and 2.5-4 hours later)

Children ≥ 7 years w/ narcolepsy

Initial dosage
- 20 kg to < 30 kg: ≤ 2 g/night
- 20 kg to < 45 kg: ≤ 3 g/night
- ≥ 45 kg: ≤ 4.5 g/night
- Divide into 2 doses (at bedtime and 2.5-4 hours later)

Patients transitioning from sodium oxybate

Initial dosage
- Same gram for gram dose as sodium oxybate

Max recommended dose
- 6-9 g/night for adults
- 6 g/night for 20 to < 30 kg children
- 7.5 g/night for 30 to < 45 kg children
- 9 g/night for ≥ 45 kg children

Heo Y-A. *CNS Drugs*. 2022;36:541-549.

When Initial Treatment Fails…

- Reasons for treatment modification:
  - Suboptimal efficacy
  - Coexisting medical and/or psychiatric comorbidities
  - Insurance costs
- Strategies to modify treatment
  - Dose titration
  - Direct switch
  - Adjunctive
  - Taper and switch
  - Cross-taper

Barateau L, et al. *Ther Adv Neurol Disord*. 2019;12:1-12. Thorpy MJ, et al. *Sleep Med*. 2015;16(1):9-18.

Audience Response

Now, how confident are you initiating treatment for narcolepsy in patients with medical and/or psychiatric comorbidities?

A. Not confident at all
B. Somewhat confident
C. Confident
D. Extremely confident

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Audience Response

Now, how confident are you switching medications (e.g., from a stimulant to a non-stimulant) for patients with narcolepsy experiencing persistent symptoms with initial therapy?

A. Not confident at all
B. Somewhat confident
C. Confident
D. Extremely confident

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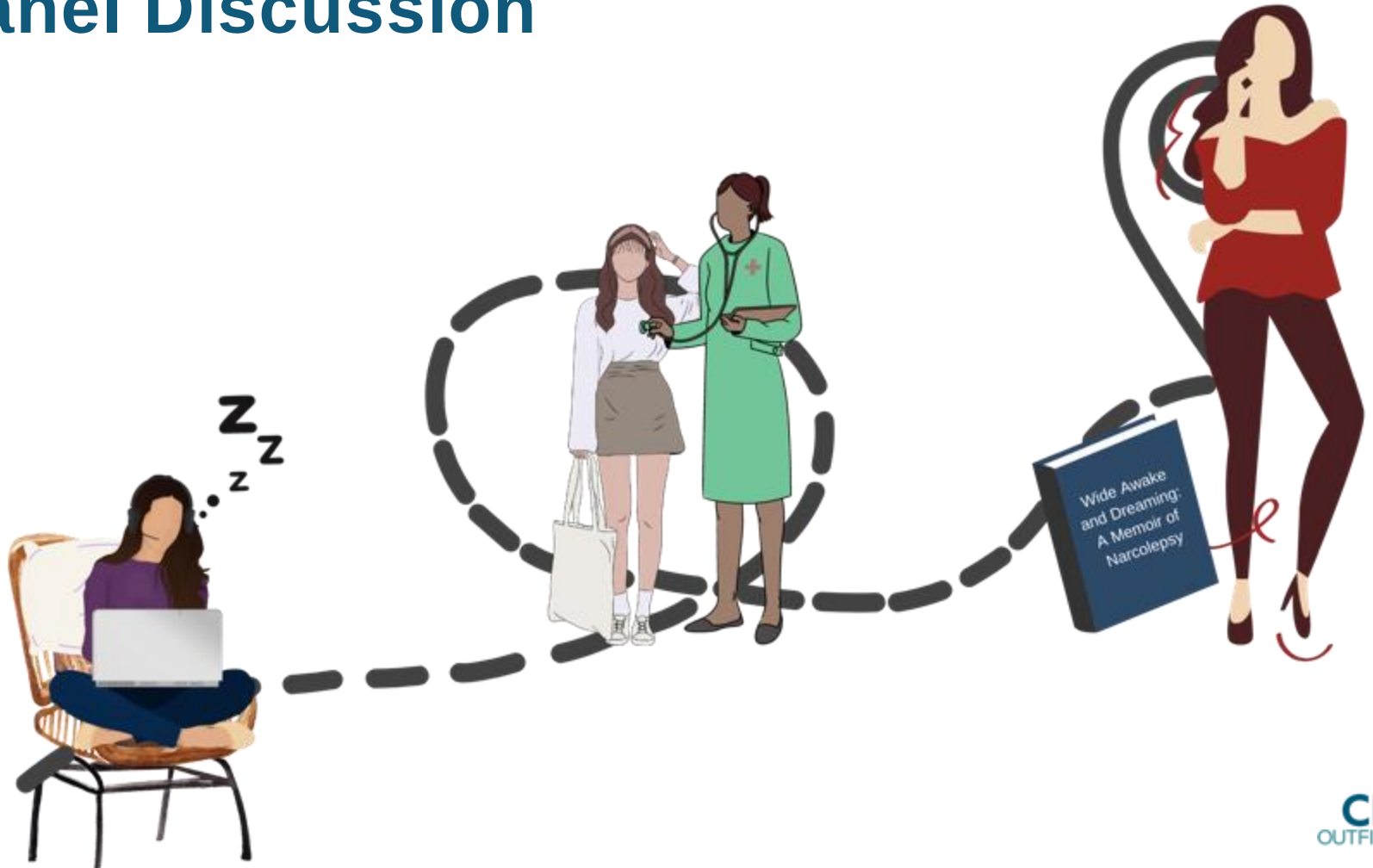
Panel Discussion



SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

- At each visit, actively engage patients to share their lived experience with narcolepsy and the impact of treatment on their psychosocial functioning and QoL
- Use evidence-based tools and diagnostic criteria to improve the detection and accurate diagnosis of narcolepsy in children and adults
- Take a patient-centric approach to the management of narcolepsy
- Implement best practices to mitigate CV risks initiating treatment for narcolepsy, monitoring for treatment effectiveness, and switching when initial therapy fails

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QUESTIONS
&
ANSWERS
Thank you for joining us.
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