WEBVTT

NOTE duration: "01:00:16.0320000"

NOTE language:en-us

NOTE Confidence: 0.846817

00:00:15.150 --> 00:00:16.362 Alright, good afternoon everybody.

NOTE Confidence: 0.846817

 $00:00:16.362 \longrightarrow 00:00:18.879$ I think we're going to get started here.

NOTE Confidence: 0.846817

 $00{:}00{:}18.880 \dashrightarrow 00{:}00{:}20.746$ I'm Lauren Tobias and I'd like

NOTE Confidence: 0.846817

 $00{:}00{:}20.750 --> 00{:}00{:}22.616$ to welcome you to our Yale

NOTE Confidence: 0.846817

00:00:22.616 --> 00:00:23.860 Sleep Seminar this afternoon.

NOTE Confidence: 0.846817

00:00:23.860 --> 00:00:25.413 Just a few quick announcements

NOTE Confidence: 0.846817

 $00{:}00{:}25.413 --> 00{:}00{:}26.660$ before we get started.

NOTE Confidence: 0.846817

 $00:00:26.660 \longrightarrow 00:00:28.212$ Please take a moment to

NOTE Confidence: 0.846817

 $00:00:28.212 \longrightarrow 00:00:29.460$ make sure that you're

NOTE Confidence: 0.846817

 $00:00:29.460 \longrightarrow 00:00:31.948$ muted in order to receive CME credit for

NOTE Confidence: 0.846817

 $00:00:31.948 \longrightarrow 00:00:33.860$ attendance, please see the chat room.

NOTE Confidence: 0.846817

 $00{:}00{:}33.860 \dashrightarrow 00{:}00{:}35.660$ For instructions, there's a unique

NOTE Confidence: 0.8698682

 $00:00:35.660 \longrightarrow 00:00:36.968$ idea that you can

NOTE Confidence: 0.8698682

 $00:00:36.970 \longrightarrow 00:00:38.938$ chat that you can text anytime.

00:00:38.940 --> 00:00:40.580 Up until 3:15 PM today,

NOTE Confidence: 0.8698682

 $00:00:40.580 \longrightarrow 00:00:42.218$ and if you're not already

NOTE Confidence: 0.8698682

00:00:42.218 --> 00:00:43.530 registered with Chelsea and

NOTE Confidence: 0.8698682

 $00:00:43.530 \longrightarrow 00:00:45.830$ me will need to do that first.

NOTE Confidence: 0.8698682

 $00:00:45.830 \longrightarrow 00:00:47.792$ If you have any questions during

NOTE Confidence: 0.8698682

 $00:00:47.792 \longrightarrow 00:00:49.440$ the presentation, please feel free

NOTE Confidence: 0.8698682

 $00:00:49.440 \longrightarrow 00:00:52.056$ to make use of the chat room throughout

NOTE Confidence: 0.8698682

00:00:52.060 --> 00:00:54.687 the hour. Or you can unmute yourself and

NOTE Confidence: 0.8698682

 $00:00:54.687 \longrightarrow 00:00:57.304$ speak at the end and ask your questions.

NOTE Confidence: 0.8698682

 $00{:}00{:}57.304 \dashrightarrow 00{:}00{:}59.272$ And please feel free to share

NOTE Confidence: 0.8698682

 $00:00:59.272 \longrightarrow 00:01:00.584$ announcements about this lecture

NOTE Confidence: 0.8698682

 $00:01:00.590 \longrightarrow 00:01:02.226$ series with anyone who you

NOTE Confidence: 0.8698682

 $00:01:02.226 \longrightarrow 00:01:03.870$ think may be interested. Or

NOTE Confidence: 0.8698682

 $00:01:03.870 \longrightarrow 00:01:06.159$ you can contact Debbie Lovejoy directly to.

NOTE Confidence: 0.8218935

 $00:01:06.260 \longrightarrow 00:01:09.040$ He added to our email list,

 $00:01:09.040 \longrightarrow 00:01:12.740$ so with that I'm going to turn it

NOTE Confidence: 0.8218935

 $00{:}01{:}12.740 \dashrightarrow 00{:}01{:}15.978$ over to Doctor Mayer Creaker who is

NOTE Confidence: 0.8218935

 $00:01:15.980 \longrightarrow 00:01:18.295$ going to be introducing our

NOTE Confidence: 0.8218935

 $00:01:18.295 \longrightarrow 00:01:20.147$ speaker for this afternoon,

NOTE Confidence: 0.8218935

 $00:01:20.150 \longrightarrow 00:01:23.286$ so I'm delighted to introduce Glenda Bowen

NOTE Confidence: 0.8218935

00:01:23.286 --> 00:01:26.630 Ann and she's a Sleep Medicine fellow.

NOTE Confidence: 0.8218935

 $00:01:26.630 \longrightarrow 00:01:29.850$ Glenda went to medical school in Honduras

NOTE Confidence: 0.8218935

 $00{:}01{:}29.850 \dashrightarrow 00{:}01{:}33.217$ and she interned in internal medicine in

NOTE Confidence: 0.8218935

 $00{:}01{:}33.217 \dashrightarrow 00{:}01{:}36.630$ Danbury Hospital at the Yale program there.

NOTE Confidence: 0.8218935

 $00:01:36.630 \longrightarrow 00:01:39.367$ Did her residency there became chief resident

NOTE Confidence: 0.8218935

 $00{:}01{:}39.367 \dashrightarrow 00{:}01{:}42.372$ and did a fellowship in pulmonary and

NOTE Confidence: 0.8218935

00:01:42.372 --> 00:01:45.660 critical care at the University of Vermont,

NOTE Confidence: 0.8218935

 $00:01:45.660 \longrightarrow 00:01:48.700$ and this year is a Sleep Medicine of

NOTE Confidence: 0.8218935

00:01:48.700 --> 00:01:52.132 fellow and she's currently board certified

NOTE Confidence: 0.8218935

 $00:01:52.132 \longrightarrow 00:01:55.367$ in internal Medicine pulmonary medicine.

NOTE Confidence: 0.8218935

00:01:55.370 --> 00:01:58.177 And she's going to be taking the

00:01:58.177 --> 00:02:00.229 critical care exams next year.

NOTE Confidence: 0.8218935

00:02:00.230 --> 00:02:02.365 Sleep Fellowship exams this year

NOTE Confidence: 0.8218935

 $00:02:02.365 \longrightarrow 00:02:05.699$ and and she's going to be not that

NOTE Confidence: 0.8218935

 $00{:}02{:}05.699 \dashrightarrow 00{:}02{:}07.925$ far from us when she graduates.

NOTE Confidence: 0.8218935

 $00:02:07.930 \longrightarrow 00:02:10.765$ She will be in in practice and

NOTE Confidence: 0.8218935

00:02:10.765 --> 00:02:11.980 in western Massachusetts,

NOTE Confidence: 0.8218935

 $00:02:11.980 \longrightarrow 00:02:15.616$ and we hope to keep in contact with her.

NOTE Confidence: 0.8218935

 $00:02:15.620 \longrightarrow 00:02:18.056$ So Glenda is going to tell us

NOTE Confidence: 0.8218935

 $00:02:18.056 \longrightarrow 00:02:21.019$ everything we need to know about the

NOTE Confidence: 0.8218935

 $00:02:21.019 \longrightarrow 00:02:23.319$ diagnosis and management of narcolepsy.

NOTE Confidence: 0.8218935

 $00:02:23.320 \longrightarrow 00:02:24.984$ There been some exciting?

NOTE Confidence: 0.8218935

00:02:24.984 --> 00:02:27.064 A developments in that area,

NOTE Confidence: 0.8218935

 $00{:}02{:}27.070 \dashrightarrow 00{:}02{:}29.548$ we're gonna hear from Glenda right now,

NOTE Confidence: 0.8218935

00:02:29.550 --> 00:02:30.958 Linda. Take it away.

NOTE Confidence: 0.8591424

 $00{:}02{:}32.690 \dashrightarrow 00{:}02{:}35.612$ Thank you Doctor Krieger for your

00:02:35.612 --> 00:02:38.052 introduction, so I guess I'll

NOTE Confidence: 0.8591424

 $00:02:38.052 \longrightarrow 00:02:41.460$ just kind of get right to it.

NOTE Confidence: 0.8591424

 $00:02:41.460 \longrightarrow 00:02:45.282$ So narcolepsy is a disorder that causes

NOTE Confidence: 0.8591424

 $00:02:45.282 \longrightarrow 00:02:49.130$ a disabling level of daytime sleepiness.

NOTE Confidence: 0.8591424

 $00:02:49.130 \longrightarrow 00:02:51.926$ Our understanding of the pathogenesis and

NOTE Confidence: 0.8591424

 $00:02:51.926 \longrightarrow 00:02:55.300$ the clinical nature of narcolepsy has grown

NOTE Confidence: 0.8591424

 $00{:}02{:}55.300 \dashrightarrow 00{:}02{:}58.162$ exponentially in the last two decades.

NOTE Confidence: 0.90782744

 $00:03:02.000 \longrightarrow 00:03:04.820$ During this talk.

NOTE Confidence: 0.90782744

 $00:03:04.820 \longrightarrow 00:03:07.050$ I want to review the

NOTE Confidence: 0.90782744

00:03:07.050 --> 00:03:08.388 pathophysiology of narcolepsy.

NOTE Confidence: 0.90782744

 $00{:}03{:}08.390 \dashrightarrow 00{:}03{:}10.574$ I'll outline the diagnostic

NOTE Confidence: 0.90782744

 $00:03:10.574 \longrightarrow 00:03:12.758$ criteria of the disease.

NOTE Confidence: 0.90782744

 $00:03:12.760 \longrightarrow 00:03:16.197$ Talk about prognosis and goals of treatment.

NOTE Confidence: 0.90782744

 $00:03:16.200 \longrightarrow 00:03:18.255$ And review the recently updated

NOTE Confidence: 0.90782744

 $00:03:18.255 \longrightarrow 00:03:20.310$ practice parameters of the ASM

NOTE Confidence: 0.90782744

00:03:20.378 --> 00:03:22.498 for the treatment of narcolepsy,

 $00{:}03{:}22.500 \dashrightarrow 00{:}03{:}25.134$ which include novel drugs that have

NOTE Confidence: 0.90782744

 $00:03:25.134 \longrightarrow 00:03:27.540$ recently been approved by the FDA.

NOTE Confidence: 0.8674727

 $00:03:30.770 \longrightarrow 00:03:33.675$ So here is the obligatory disclosure slide.

NOTE Confidence: 0.8674727

 $00:03:33.680 \longrightarrow 00:03:36.176$ I have no conflicts of interests.

NOTE Confidence: 0.9054717

 $00:03:39.560 \longrightarrow 00:03:42.808$ So you can text 21626 to 2034429435

NOTE Confidence: 0.9054717

 $00:03:42.808 \longrightarrow 00:03:46.370$ to record your attendance. I believe

NOTE Confidence: 0.9054717

 $00:03:46.370 \longrightarrow 00:03:49.520$ these instructions are in the chat.

NOTE Confidence: 0.9153434

 $00:03:53.210 \longrightarrow 00:03:55.634$ So I want to start with the case.

NOTE Confidence: 0.9153434

 $00{:}03{:}55.640 \dashrightarrow 00{:}03{:}57.794$ A young lady that I saw

NOTE Confidence: 0.9153434

 $00:03:57.794 \longrightarrow 00:03:59.990$ as a brand new fellow.

NOTE Confidence: 0.9153434

00:03:59.990 --> 00:04:03.293 Miss Ma is 19 years old and she presented

NOTE Confidence: 0.9153434

 $00:04:03.293 \longrightarrow 00:04:05.277$ with excessive daytime sleepiness

NOTE Confidence: 0.9153434

 $00:04:05.277 \longrightarrow 00:04:08.854$ and episodes of acute onset loss of

NOTE Confidence: 0.9153434

 $00:04:08.936 \longrightarrow 00:04:11.617$ muscle tone that last less than a

NOTE Confidence: 0.9153434

 $00:04:11.617 \longrightarrow 00:04:14.900$ minute and are triggered by laughter and joy.

 $00:04:14.900 \longrightarrow 00:04:17.000$ These cataplexy episodes happen

NOTE Confidence: 0.9153434

 $00:04:17.000 \longrightarrow 00:04:19.625$ almost on a daily basis.

NOTE Confidence: 0.9153434

 $00:04:19.630 \longrightarrow 00:04:21.890$ She can sleep on demand.

NOTE Confidence: 0.9153434

 $00:04:21.890 \longrightarrow 00:04:24.758$ Her Epworth Sleepiness Scale is 19.

NOTE Confidence: 0.9153434

 $00:04:24.760 \longrightarrow 00:04:27.898$ She frequently misses social and family

NOTE Confidence: 0.9153434

 $00:04:27.898 \longrightarrow 00:04:30.930$ events because of excessive sleepiness.

NOTE Confidence: 0.9153434

 $00{:}04{:}30.930 \dashrightarrow 00{:}04{:}33.558$ She must nap two to three hours in the

NOTE Confidence: 0.9153434

 $00:04:33.558 \longrightarrow 00:04:35.560$ afternoon to function in the evening.

NOTE Confidence: 0.9153434

 $00:04:35.560 \longrightarrow 00:04:37.864$ She schedules classes and

NOTE Confidence: 0.9153434

 $00:04:37.864 \longrightarrow 00:04:40.168$ workshops around her naps.

NOTE Confidence: 0.9153434

 $00:04:40.170 \longrightarrow 00:04:41.574$ If she doesn't nap,

NOTE Confidence: 0.9153434

 $00:04:41.574 \longrightarrow 00:04:44.236$ she can have two to three cataplexy

NOTE Confidence: 0.9153434

 $00:04:44.236 \longrightarrow 00:04:47.050$ episodes a day and her first

NOTE Confidence: 0.9153434

 $00:04:47.050 \longrightarrow 00:04:49.318$ cataplexy episode was at age 13.

NOTE Confidence: 0.9153434

 $00{:}04{:}49.320 \dashrightarrow 00{:}04{:}52.106$ She has vivid dreams and excellent dream

NOTE Confidence: 0.9153434

 $00:04:52.106 \longrightarrow 00:04:54.878$ recall after naps and she doesn't snore.

 $00:04:59.020 \longrightarrow 00:05:00.064$ She had mononucleosis.

NOTE Confidence: 0.854686

00:05:00.064 --> 00:05:01.804 When she was a teenager,

NOTE Confidence: 0.854686

 $00{:}05{:}01.810 \dashrightarrow 00{:}05{:}03.560$ she doesn't take any medication.

NOTE Confidence: 0.854686

 $00:05:03.560 \longrightarrow 00:05:06.692$ She does have a project and IUD in place.

NOTE Confidence: 0.854686

 $00:05:06.700 \longrightarrow 00:05:09.484$ She is a non smoker and drinks socially.

NOTE Confidence: 0.854686

 $00:05:09.490 \longrightarrow 00:05:11.709$ She is in college and works as

NOTE Confidence: 0.854686

 $00:05:11.709 \longrightarrow 00:05:13.679$ a waitress in the evenings.

NOTE Confidence: 0.884605

 $00{:}05{:}16.800 \dashrightarrow 00{:}05{:}19.656$ On physical exam she has normal

NOTE Confidence: 0.884605

 $00:05:19.656 \longrightarrow 00:05:23.121$ vital signs for BMI is 23.3 and

NOTE Confidence: 0.884605

 $00:05:23.121 \longrightarrow 00:05:26.037$ she's oh and overall healthy female

NOTE Confidence: 0.884605

 $00:05:26.037 \longrightarrow 00:05:28.767$ with a normal physical exam.

NOTE Confidence: 0.884605

 $00:05:28.770 \longrightarrow 00:05:30.680$ Given her degree of sleepiness,

NOTE Confidence: 0.884605

 $00{:}05{:}30.680 \dashrightarrow 00{:}05{:}33.254$ a PSG Ms Lt was ordered to work up

NOTE Confidence: 0.884605

 $00:05:33.254 \longrightarrow 00:05:36.007$ a hypersomnia of central origin.

NOTE Confidence: 0.81834865

 $00:05:39.190 \longrightarrow 00:05:41.245$ This is the hypnogram from

00:05:41.245 --> 00:05:42.478 her diagnostic polysomnogram.

NOTE Confidence: 0.81834865

 $00:05:42.480 \longrightarrow 00:05:46.528$ We can see sleep stages at the top.

NOTE Confidence: 0.81834865

 $00:05:46.530 \longrightarrow 00:05:48.554$ Followed by micro arousals,

NOTE Confidence: 0.81834865

 $00:05:48.554 \longrightarrow 00:05:50.578$ the third graph depicts

NOTE Confidence: 0.81834865

00:05:50.578 --> 00:05:52.659 Apneas and High Papias,

NOTE Confidence: 0.81834865

 $00:05:52.660 \longrightarrow 00:05:55.726$ and finally her oxygen saturation levels.

NOTE Confidence: 0.81834865

 $00{:}05{:}55.730 \dashrightarrow 00{:}05{:}59.258$ Her total sleep time was 455 minutes

NOTE Confidence: 0.81834865

 $00:05:59.258 \longrightarrow 00:06:02.998$ and her sleep efficiency was 91.6%.

NOTE Confidence: 0.81834865

 $00{:}06{:}03.000 \dashrightarrow 00{:}06{:}06.256$ Her sleep latency was reduced at 4.5 minutes.

NOTE Confidence: 0.81834865

00:06:06.260 --> 00:06:08.708 Her REM latency was 5.5 minutes.

NOTE Confidence: 0.81834865

 $00{:}06{:}08.710 \dashrightarrow 00{:}06{:}10.750$ She had six R.E.M periods.

NOTE Confidence: 0.81834865

 $00:06:10.750 \longrightarrow 00:06:12.378$ Her arousal an awakening

NOTE Confidence: 0.81834865

 $00:06:12.378 \longrightarrow 00:06:14.413$ index was 15 an hour.

NOTE Confidence: 0.81834865

 $00:06:14.420 \longrightarrow 00:06:16.898$ There was no evidence of sleep

NOTE Confidence: 0.81834865

 $00:06:16.898 \longrightarrow 00:06:18.997$ disordered breathing or periodic limb

NOTE Confidence: 0.81834865

 $00:06:18.997 \longrightarrow 00:06:21.615$ movements of sleep and her oxygen levels

 $00:06:21.615 \longrightarrow 00:06:23.808$ were normal throughout the night.

NOTE Confidence: 0.8069569

00:06:26.870 --> 00:06:29.132 She had a multiple sleep latency

NOTE Confidence: 0.8069569

 $00:06:29.132 \longrightarrow 00:06:31.519$ test the following day where she

NOTE Confidence: 0.8069569

 $00:06:31.519 \longrightarrow 00:06:33.529$ had three opportunities to nap.

NOTE Confidence: 0.8069569

00:06:33.530 --> 00:06:35.490 She slept during all Maps

NOTE Confidence: 0.8069569

 $00:06:35.490 \longrightarrow 00:06:37.450$ and her mean sleep latency.

NOTE Confidence: 0.8069569

00:06:37.450 --> 00:06:39.862 Her average mean sleep latency for

NOTE Confidence: 0.8069569

 $00:06:39.862 \longrightarrow 00:06:42.297$ these naps was 1.5 minutes and

NOTE Confidence: 0.8069569

 $00:06:42.297 \longrightarrow 00:06:44.894$ as you can see in the hypnogram,

NOTE Confidence: 0.8069569

 $00{:}06{:}44.900 \dashrightarrow 00{:}06{:}47.980$ she had sleep onset REM periods or

NOTE Confidence: 0.8069569

 $00{:}06{:}47.980 \dashrightarrow 00{:}06{:}50.679$ saw ramps during all three naps.

NOTE Confidence: 0.8069569

 $00:06:50.680 \longrightarrow 00:06:53.416$ A sorum is a ramp period that occurs

NOTE Confidence: 0.8069569

 $00:06:53.416 \longrightarrow 00:06:55.890$ within 15 minutes of sleep onset,

NOTE Confidence: 0.8069569

 $00:06:55.890 \longrightarrow 00:06:58.592$ including the sleep onset REM period that

NOTE Confidence: 0.8069569

00:06:58.592 --> 00:07:01.836 she had on the PSG on the prior night.

 $00:07:01.840 \longrightarrow 00:07:05.664$ She had a total of four saw reps.

NOTE Confidence: 0.8069569

 $00{:}07{:}05.670 \dashrightarrow 00{:}07{:}07.830$ Given her clinical findings of excessive

NOTE Confidence: 0.8069569

 $00:07:07.830 \longrightarrow 00:07:09.270$ daytime sleepiness and cataplexy,

NOTE Confidence: 0.8069569

00:07:09.270 --> 00:07:11.814 as well as her PSG MSL T findings

NOTE Confidence: 0.8069569

00:07:11.814 --> 00:07:14.356 of mean sleep latency of less than

NOTE Confidence: 0.8069569

 $00:07:14.356 \longrightarrow 00:07:17.190$ 8 minutes and two or more storms,

NOTE Confidence: 0.8069569

 $00{:}07{:}17.190 \dashrightarrow 00{:}07{:}18.630$ she was diagnosed diagnosed

NOTE Confidence: 0.8069569

 $00:07:18.630 \longrightarrow 00:07:20.070$ with narcolepsy Type 1.

NOTE Confidence: 0.8702814

00:07:23.510 --> 00:07:25.256 As a brand new sleep fellow,

NOTE Confidence: 0.8702814

 $00:07:25.260 \longrightarrow 00:07:27.290$ I was very excited about this case.

NOTE Confidence: 0.8702814

 $00{:}07{:}27.290 \dashrightarrow 00{:}07{:}29.492$ She was the first patient with

NOTE Confidence: 0.8702814

 $00:07:29.492 \longrightarrow 00:07:31.589$ narcolepsy I ever took care of.

NOTE Confidence: 0.8702814

 $00{:}07{:}31.590 \dashrightarrow 00{:}07{:}33.906$ I wondered how much I could

NOTE Confidence: 0.8702814

 $00:07:33.906 \longrightarrow 00:07:35.064$ improve her symptoms.

NOTE Confidence: 0.8702814

 $00:07:35.070 \longrightarrow 00:07:37.398$ I wondered what her prognosis was.

NOTE Confidence: 0.8702814

 $00{:}07{:}37.400 \dashrightarrow 00{:}07{:}39.390$ What are the the rapeutic options

 $00:07:39.390 \longrightarrow 00:07:40.982$ for patients with narcolepsy

NOTE Confidence: 0.8702814

 $00:07:40.982 \longrightarrow 00:07:43.277$ and what would be the best

NOTE Confidence: 0.8702814

00:07:43.277 --> 00:07:44.745 treatment specifically for her?

NOTE Confidence: 0.8702814

 $00:07:44.750 \longrightarrow 00:07:47.072$ What are the goals of therapy

NOTE Confidence: 0.8702814

 $00:07:47.072 \longrightarrow 00:07:48.620$ when treating these patients?

NOTE Confidence: 0.89382243

 $00:07:53.050 \longrightarrow 00:07:55.348$ As I learned about the disease,

NOTE Confidence: 0.89382243

 $00:07:55.350 \longrightarrow 00:07:58.074$ I came across this case report

NOTE Confidence: 0.89382243

 $00:07:58.074 \longrightarrow 00:08:01.279$ written in 1906 by Doctor Rogers.

NOTE Confidence: 0.89382243

00:08:01.280 --> 00:08:03.158 And he, when he describes narcolepsy,

NOTE Confidence: 0.89382243

 $00{:}08{:}03.160 \dashrightarrow 00{:}08{:}06.220$ he writes. By narcolepsy I wish

NOTE Confidence: 0.89382243

 $00:08:06.220 \longrightarrow 00:08:09.370$ you to understand a condition.

NOTE Confidence: 0.89382243

 $00{:}08{:}09.370 \dashrightarrow 00{:}08{:}11.932$ In which a patient with almost

NOTE Confidence: 0.89382243

 $00{:}08{:}11.932 \dashrightarrow 00{:}08{:}13.640$ lightning like rapidity false

NOTE Confidence: 0.89382243

 $00:08:13.720 \longrightarrow 00:08:15.928$ into a sleep of short duration,

NOTE Confidence: 0.89382243

 $00:08:15.930 \longrightarrow 00:08:18.800$ the condition not being one of epilepsy.

00:08:23.440 --> 00:08:25.684 Narcolepsy is characterized by

NOTE Confidence: 0.8356946

00:08:25.684 --> 00:08:27.452 daytime sleepiness, cataplexy,

NOTE Confidence: 0.8356946

 $00:08:27.452 \longrightarrow 00:08:30.662$ and striking transitions from wakefulness

NOTE Confidence: 0.8356946

00:08:30.662 --> 00:08:33.830 into rapid eye movement sleep.

NOTE Confidence: 0.8356946

 $00:08:33.830 \longrightarrow 00:08:36.345$ It nearly always has profound

NOTE Confidence: 0.8356946

 $00{:}08{:}36.345 \dashrightarrow 00{:}08{:}37.854$ and potentially disabling

NOTE Confidence: 0.8356946

 $00{:}08{:}37.854 \dashrightarrow 00{:}08{:}40.320$ effects on affected patients.

NOTE Confidence: 0.8356946

 $00:08:40.320 \longrightarrow 00:08:42.224$ The incidence is anywhere

NOTE Confidence: 0.8356946

 $00:08:42.224 \longrightarrow 00:08:45.080$ from 20 to 67 per 100,000,

NOTE Confidence: 0.8356946

 $00:08:45.080 \longrightarrow 00:08:48.218$ and the ICS definition of narcolepsy

NOTE Confidence: 0.8356946

 $00{:}08{:}48.218 \dashrightarrow 00{:}08{:}51.339$ states that the subject must have

NOTE Confidence: 0.8356946

 $00:08:51.339 \longrightarrow 00:08:54.159$ periods during the daytime in which

NOTE Confidence: 0.8356946

 $00:08:54.159 \longrightarrow 00:08:57.251$ there is an irrepressible need to

NOTE Confidence: 0.8356946

 $00:08:57.251 \longrightarrow 00:09:00.335$ sleep or actual lapses into sleep.

NOTE Confidence: 0.8356946

 $00:09:00.340 \longrightarrow 00:09:02.200$ Occurring for at least three

NOTE Confidence: 0.8356946

 $00:09:02.200 \longrightarrow 00:09:04.060$ months on a daily basis.

 $00:09:09.090 \longrightarrow 00:09:11.460$ In 1998, the CIA and colleagues

NOTE Confidence: 0.8031694

 $00{:}09{:}11.460 \dashrightarrow 00{:}09{:}14.166$ identified a gene expressed in neurons

NOTE Confidence: 0.8031694

00:09:14.166 --> 00:09:16.266 in the paraventricular hypothalamus,

NOTE Confidence: 0.8031694

 $00:09:16.270 \longrightarrow 00:09:18.265$ which encoded for a proprotein

NOTE Confidence: 0.8031694

00:09:18.265 --> 00:09:20.889 precursor of two peptides that had

NOTE Confidence: 0.8031694

 $00:09:20.889 \longrightarrow 00:09:22.560$ features of neurotransmitters.

NOTE Confidence: 0.8031694

 $00:09:22.560 \longrightarrow 00:09:24.825$ Due to its hypothalamic expression

NOTE Confidence: 0.8031694

00:09:24.825 --> 00:09:27.580 pattern and the similarity of the

NOTE Confidence: 0.8031694

 $00{:}09{:}27.580 \longrightarrow 00{:}09{:}29.635$ peptide sequences to members of

NOTE Confidence: 0.8031694

 $00{:}09{:}29.635 \dashrightarrow 00{:}09{:}31.990$ the Incretin family of hormones.

NOTE Confidence: 0.8031694

00:09:31.990 --> 00:09:34.678 It was named the hypocretin gene.

NOTE Confidence: 0.8031694

00:09:34.680 --> 00:09:37.016 Its function was unknown.

NOTE Confidence: 0.8031694

00:09:37.016 --> 00:09:38.768 One month later,

NOTE Confidence: 0.8031694

 $00{:}09{:}38.770 \dashrightarrow 00{:}09{:}41.135$ Sacchari identified two peptides in

NOTE Confidence: 0.8031694

 $00:09:41.135 \longrightarrow 00:09:43.500$ the lateral and posterior hypothalamus,

 $00:09:43.500 \longrightarrow 00:09:46.092$ a brain region implicating

NOTE Confidence: 0.8031694

 $00:09:46.092 \longrightarrow 00:09:48.036$ in promoting feeding.

NOTE Confidence: 0.8031694

 $00:09:48.040 \longrightarrow 00:09:49.945$ They called these peptides or

NOTE Confidence: 0.8031694

 $00:09:49.945 \longrightarrow 00:09:53.155 \text{ X}$ and a an erection B from the

NOTE Confidence: 0.8031694

 $00:09:53.155 \longrightarrow 00:09:55.195$ Greek word or exis for appetite.

NOTE Confidence: 0.8031694

 $00:09:55.200 \longrightarrow 00:09:56.844$ These two groups simultaneously

NOTE Confidence: 0.8031694

 $00:09:56.844 \longrightarrow 00:09:58.488$ discovered the same neurotransmitter

NOTE Confidence: 0.8031694

 $00:09:58.488 \longrightarrow 00:10:00.379$ and gave it different names.

NOTE Confidence: 0.8031694

00:10:00.380 --> 00:10:01.972 I will use hypocretin,

NOTE Confidence: 0.8031694

 $00:10:01.972 \longrightarrow 00:10:03.166$ anorex and interchangeably

NOTE Confidence: 0.8031694

 $00{:}10{:}03.166 \dashrightarrow 00{:}10{:}04.360$ throughout my talk.

NOTE Confidence: 0.792450955

 $00{:}10{:}07.580 \dashrightarrow 00{:}10{:}10.574$ A year later. Chameli showed that

NOTE Confidence: 0.792450955

 $00:10:10.574 \longrightarrow 00:10:13.213$ or exin knockout mice exhibited behavior

NOTE Confidence: 0.792450955

 $00{:}10{:}13.213 \dashrightarrow 00{:}10{:}16.008$ similar to humans with narcolepsy.

NOTE Confidence: 0.792450955

 $00:10:16.010 \longrightarrow 00:10:17.934$ The scientists documented frequent

NOTE Confidence: 0.792450955

 $00:10:17.934 \longrightarrow 00:10:21.370$ episodes of periods that what they called

 $00{:}10{:}21.370 \dashrightarrow 00{:}10{:}23.740$ behavioral arrests in ereckson null

NOTE Confidence: 0.792450955

 $00{:}10{:}23.740 \dashrightarrow 00{:}10{:}26.550$ mice using infrared video photography.

NOTE Confidence: 0.792450955

00:10:26.550 --> 00:10:30.108 As mice are active at night

NOTE Confidence: 0.792450955

 $00:10:30.108 \longrightarrow 00:10:33.100$ and sleep during the day.

NOTE Confidence: 0.792450955

 $00{:}10{:}33.100 \dashrightarrow 00{:}10{:}35.180$ This graph depicts data for

NOTE Confidence: 0.792450955

00:10:35.180 --> 00:10:36.428 individual knockout mice,

NOTE Confidence: 0.792450955

00:10:36.430 --> 00:10:39.758 designated A through eye on the Y access.

NOTE Confidence: 0.792450955

 $00:10:39.760 \longrightarrow 00:10:41.925$ The columns represent the total

NOTE Confidence: 0.792450955

00:10:41.925 --> 00:10:44.090 number of episodes of behavioral

NOTE Confidence: 0.792450955

 $00{:}10{:}44.159 \dashrightarrow 00{:}10{:}46.349$ arrest recorded in the first four

NOTE Confidence: 0.792450955

 $00:10:46.349 \longrightarrow 00:10:48.490$ hours after onset of darkness,

NOTE Confidence: 0.792450955

 $00{:}10{:}48.490 \dashrightarrow 00{:}10{:}50.565$ and the measurements are depicted

NOTE Confidence: 0.792450955

 $00{:}10{:}50.565 \dashrightarrow 00{:}10{:}53.480$ in the X axis to the left.

NOTE Confidence: 0.792450955

 $00{:}10{:}53.480 \dashrightarrow 00{:}10{:}55.844$ The filled circles represent the mean

NOTE Confidence: 0.792450955

 $00:10:55.844 \longrightarrow 00:10:58.060$ duration of all reported episodes.

00:10:58.060 --> 00:10:59.988 The measurements depicted in

NOTE Confidence: 0.792450955

00:10:59.988 --> 00:11:02.880 the X axis to the right.

NOTE Confidence: 0.792450955

 $00:11:02.880 \longrightarrow 00:11:05.897$ The first column depicts the whole group,

NOTE Confidence: 0.792450955

 $00:11:05.900 \longrightarrow 00:11:08.840$ which had a mean number of 17

NOTE Confidence: 0.792450955

00:11:08.840 --> 00:11:11.090 behavioral arrests in four hours,

NOTE Confidence: 0.792450955

00:11:11.090 --> 00:11:13.214 lasting about 60 seconds.

NOTE Confidence: 0.792450955

 $00:11:13.214 \longrightarrow 00:11:14.807$ That same year,

NOTE Confidence: 0.792450955

00:11:14.810 --> 00:11:17.018 a group in Stanford University showed

NOTE Confidence: 0.792450955

 $00:11:17.018 \longrightarrow 00:11:19.160$ that a heritable form of canine

NOTE Confidence: 0.792450955

00:11:19.160 --> 00:11:21.260 narcolepsy is due to a mutation in

NOTE Confidence: 0.792450955

 $00{:}11{:}21.260 \dashrightarrow 00{:}11{:}23.307$ the hypocretin receptor 2 gene.

NOTE Confidence: 0.8144931

 $00:11:27.020 \longrightarrow 00:11:28.870$ Soon after, researchers found that

NOTE Confidence: 0.8144931

 $00:11:28.870 \longrightarrow 00:11:31.171$ narcolepsy is caused by a highly

NOTE Confidence: 0.8144931

 $00:11:31.171 \longrightarrow 00:11:33.499$ selective and severe loss of the

NOTE Confidence: 0.8144931

00:11:33.499 --> 00:11:35.052 hypocretin neurons that results

NOTE Confidence: 0.8144931

00:11:35.052 --> 00:11:37.292 in low levels of hypocretin in the

 $00:11:37.292 \longrightarrow 00:11:39.504$ brain and the cerebral spinal fluid.

NOTE Confidence: 0.8144931

 $00:11:39.504 \longrightarrow 00:11:42.420$ I know this is a busy slide,

NOTE Confidence: 0.8144931

00:11:42.420 --> 00:11:45.426 but I wanted to show you in this study

NOTE Confidence: 0.8144931

00:11:45.426 --> 00:11:48.044 hypocretin was measured in the CSF of

NOTE Confidence: 0.8144931

 $00{:}11{:}48.044 \dashrightarrow 00{:}11{:}50.548$ nine people with narcolepsy an 8 controls.

NOTE Confidence: 0.8144931

 $00:11:50.550 \longrightarrow 00:11:53.182$ The first nine rows in this table depict

NOTE Confidence: 0.8144931

 $00:11:53.182 \longrightarrow 00:11:55.590$ data for the narcoleptic patients.

NOTE Confidence: 0.8144931

 $00:11:55.590 \longrightarrow 00:11:58.260$ As you can see in the column to the far

NOTE Confidence: 0.8144931

00:11:58.329 --> 00:12:01.365 left seven of nine narcoleptic patients

NOTE Confidence: 0.8144931

 $00:12:01.365 \longrightarrow 00:12:03.840$ had hypocretin concentrations that were

NOTE Confidence: 0.8144931

 $00:12:03.840 \longrightarrow 00:12:06.472$ below the detection limit of the essay

NOTE Confidence: 0.8144931

 $00:12:06.472 \longrightarrow 00:12:09.170$ compared to normal levels in the controls.

NOTE Confidence: 0.7451333

00:12:12.080 --> 00:12:16.567 So how do orexin neurons maintain wake?

NOTE Confidence: 0.7451333

00:12:16.570 --> 00:12:19.748 Depicted in the figure and dark blue,

NOTE Confidence: 0.7451333

00:12:19.750 --> 00:12:22.020 these neurons excite various wake,

00:12:22.020 --> 00:12:22.928 promoting neurons,

NOTE Confidence: 0.7451333

 $00{:}12{:}22.928 \dashrightarrow 00{:}12{:}25.198$ including those in the cortex.

NOTE Confidence: 0.7451333

00:12:25.200 --> 00:12:26.562 Basil, forebrain, tubero,

NOTE Confidence: 0.7451333

00:12:26.562 --> 00:12:27.470 mammillary nucleus,

NOTE Confidence: 0.7451333

 $00:12:27.470 \longrightarrow 00:12:29.735$ the jungle of pontine and

NOTE Confidence: 0.7451333

00:12:29.735 --> 00:12:31.547 lateral dorsal tegmental nucleus,

NOTE Confidence: 0.7451333

 $00:12:31.550 \longrightarrow 00:12:33.820$ dorsal Rath and Locust arulius.

NOTE Confidence: 0.7451333

 $00:12:33.820 \longrightarrow 00:12:36.652$ They heavily innervate several regions that

NOTE Confidence: 0.7451333

 $00:12:36.652 \longrightarrow 00:12:39.269$ promote arousal and suppress REM sleep,

NOTE Confidence: 0.7451333

00:12:39.270 --> 00:12:42.840 but maintaining weight is not the

NOTE Confidence: 0.7451333

 $00:12:42.840 \longrightarrow 00:12:46.170$ only function of orexin neurons.

NOTE Confidence: 0.7451333

00:12:46.170 --> 00:12:48.888 These neurons are influenced by input

NOTE Confidence: 0.7451333

 $00:12:48.888 \longrightarrow 00:12:51.649$ signals related to sleep wake states,

NOTE Confidence: 0.7451333

00:12:51.650 --> 00:12:53.538 circadian phase, motivational cues,

NOTE Confidence: 0.7451333

 $00:12:53.538 \longrightarrow 00:12:57.139$ and visceral cues such as hunger or thirst,

NOTE Confidence: 0.7451333

 $00:12:57.140 \longrightarrow 00:13:01.220$ and they innervate many brain regions.

 $00:13:01.220 \longrightarrow 00:13:03.920$ Their activity will ultimately result

NOTE Confidence: 0.7451333

 $00:13:03.920 \longrightarrow 00:13:06.620$ in long periods of wakefulness,

NOTE Confidence: 0.7451333

00:13:06.620 --> 00:13:09.860 suppression and regulation of REM sleep,

NOTE Confidence: 0.7451333

 $00:13:09.860 \longrightarrow 00:13:12.020$ enhanced responses to rewards,

NOTE Confidence: 0.7451333

 $00:13:12.020 \longrightarrow 00:13:13.100$ increased locomotion,

NOTE Confidence: 0.7451333

 $00:13:13.100 \longrightarrow 00:13:15.260$ and increased autonomic tone.

NOTE Confidence: 0.8523763

00:13:18.340 --> 00:13:21.452 But going back to the fact that narcolepsy

NOTE Confidence: 0.8523763

 $00:13:21.452 \longrightarrow 00:13:24.556$ is caused by the loss of orexin neurons.

NOTE Confidence: 0.8523763

 $00:13:24.560 \longrightarrow 00:13:26.960$ What causes this loss is

NOTE Confidence: 0.8523763

00:13:26.960 --> 00:13:28.880 destruction of these neurons.

NOTE Confidence: 0.8523763

00:13:28.880 --> 00:13:32.485 The first clue for an autoimmune disease

NOTE Confidence: 0.8523763

 $00:13:32.485 \longrightarrow 00:13:35.020$ etiology and narcolepsy was observed

NOTE Confidence: 0.8523763

 $00{:}13{:}35.020 \dashrightarrow 00{:}13{:}38.177$ in the 1980s when a strong Association

NOTE Confidence: 0.8523763

 $00{:}13{:}38.177 \dashrightarrow 00{:}13{:}41.446$ with HLA D R2 haplotype was discovered.

NOTE Confidence: 0.8523763

 $00:13:41.450 \longrightarrow 00:13:43.500$ Narcolepsy type One has the

 $00:13:43.500 \longrightarrow 00:13:46.270$ tightest HLA link in any disease.

NOTE Confidence: 0.8523763

00:13:46.270 --> 00:13:48.460 With the class 2D QB,

NOTE Confidence: 0.8523763

 $00:13:48.460 \longrightarrow 00:13:50.940$ 10602 allele conferring an increase

NOTE Confidence: 0.8523763

 $00:13:50.940 \longrightarrow 00:13:53.985$ of an increased risk of 200

NOTE Confidence: 0.8523763

 $00:13:53.985 \longrightarrow 00:13:56.365$ fold of acquiring the disease.

NOTE Confidence: 0.8523763

00:13:56.370 --> 00:13:58.995 In those Houma Sigusr for this allele,

NOTE Confidence: 0.8523763

 $00:13:59.000 \longrightarrow 00:14:00.880$ the risk is doubled compared

NOTE Confidence: 0.8523763

 $00:14:00.880 \longrightarrow 00:14:02.384$ to that of heterozygous.

NOTE Confidence: 0.87086284

 $00:14:07.480 \longrightarrow 00:14:11.192$ In 2009 to 2010, a striking increase in

NOTE Confidence: 0.87086284

00:14:11.192 --> 00:14:14.528 narcolepsy cases was seen in Northern Europe,

NOTE Confidence: 0.87086284

 $00:14:14.530 \longrightarrow 00:14:16.075$ especially in children.

NOTE Confidence: 0.87086284

00:14:16.075 --> 00:14:18.650 This increase was quickly traced

NOTE Confidence: 0.87086284

 $00{:}14{:}18.650 \dashrightarrow 00{:}14{:}21.735$ back to a wide spread vaccination

NOTE Confidence: 0.87086284

 $00{:}14{:}21.735 \dashrightarrow 00{:}14{:}24.359$ campaign against H1N1 Influenza,

NOTE Confidence: 0.87086284

 $00:14:24.360 \longrightarrow 00:14:29.536$ A that used a vaccine brand called Pandemrix.

NOTE Confidence: 0.87086284

00:14:29.540 --> 00:14:32.676 A meta analysis by Sarkan and included

 $00:14:32.676 \longrightarrow 00:14:35.488$ eleven studies that evaluated the risk

NOTE Confidence: 0.87086284

 $00{:}14{:}35.488 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}14{:}38.729$ of narcolepsy or the number of narcolepsy

NOTE Confidence: 0.87086284

 $00:14:38.813 \longrightarrow 00:14:41.437$ cases after Pandemrix vaccination.

NOTE Confidence: 0.87086284

00:14:41.440 --> 00:14:43.678 During the first year after vaccination,

NOTE Confidence: 0.87086284

 $00:14:43.680 \longrightarrow 00:14:45.176$ the relative risk of

NOTE Confidence: 0.87086284

 $00:14:45.176 \longrightarrow 00:14:46.298$ narcolepsy was increased.

NOTE Confidence: 0.87086284

 $00:14:46.300 \longrightarrow 00:14:49.244$ 5 to 14 fold in children and adolescents

NOTE Confidence: 0.87086284

 $00:14:49.244 \longrightarrow 00:14:51.906$ and two to seven fold in adults.

NOTE Confidence: 0.87086284

 $00:14:51.910 \longrightarrow 00:14:53.780$ In the countries where the

NOTE Confidence: 0.87086284

 $00{:}14{:}53.780 \dashrightarrow 00{:}14{:}55.650$ Pandemrix vaccine was widely used.

NOTE Confidence: 0.83534336

 $00:14:58.990 \longrightarrow 00:15:01.730$ The most likely culprit,

NOTE Confidence: 0.83534336

 $00:15:01.730 \longrightarrow 00:15:05.155$ immune mediator of narcolepsy is

NOTE Confidence: 0.83534336

 $00{:}15{:}05.155 \dashrightarrow 00{:}15{:}08.309$ likely CD 4T cell activation.

NOTE Confidence: 0.83534336

 $00:15:08.310 \longrightarrow 00:15:12.334$ This is a proposed model of T cell

NOTE Confidence: 0.83534336

 $00:15:12.334 \longrightarrow 00:15:15.219$ mediated killing of orexin neurons.

 $00:15:15.220 \longrightarrow 00:15:18.995$ An antigen presenting cell. Purple.

NOTE Confidence: 0.83534336

 $00{:}15{:}18.995 \dashrightarrow 00{:}15{:}22.025$ First takes up a pathogen and

NOTE Confidence: 0.83534336

 $00:15:22.025 \longrightarrow 00:15:24.060$ presents fragments of pathogen

NOTE Confidence: 0.83534336

 $00:15:24.060 \longrightarrow 00:15:27.056$ proteins to a naive CD 4T cell.

NOTE Confidence: 0.79044455

 $00:15:29.720 \longrightarrow 00:15:32.350$ Seen here in light blue.

NOTE Confidence: 0.79044455

 $00:15:32.350 \longrightarrow 00:15:35.176$ It does this using a major

NOTE Confidence: 0.79044455

 $00{:}15{:}35.176 \dashrightarrow 00{:}15{:}37.840$ histocompatibility complex Class 2 molecule.

NOTE Confidence: 0.79044455

00:15:37.840 --> 00:15:39.872 Perhaps the QB 10602?

NOTE Confidence: 0.79044455

00:15:39.872 --> 00:15:42.920 The naive CD 4T cells secrete

NOTE Confidence: 0.79044455

 $00:15:43.028 \longrightarrow 00:15:46.820$ cytokines to help clear the infection.

NOTE Confidence: 0.79044455

 $00{:}15{:}46.820 \dashrightarrow 00{:}15{:}49.635$ Memory CD4T cells are formed

NOTE Confidence: 0.79044455

 $00:15:49.635 \longrightarrow 00:15:51.887$ from that initial infection.

NOTE Confidence: 0.79044455

 $00:15:51.890 \longrightarrow 00:15:55.328$ And then these activated memory CD4T

NOTE Confidence: 0.79044455

 $00:15:55.328 \longrightarrow 00:15:58.236$ cells cross recognized fragments of

NOTE Confidence: 0.79044455

00:15:58.236 --> 00:16:01.422 prepro orexin with the pathogen peptide

NOTE Confidence: 0.79044455

 $00:16:01.422 \longrightarrow 00:16:04.219$ and secrete cytokines that promote

 $00:16:04.219 \longrightarrow 00:16:07.004$ destruction of the orexin neurons.

NOTE Confidence: 0.79044455

 $00:16:07.010 \longrightarrow 00:16:09.995$ We have learned so much

NOTE Confidence: 0.79044455

 $00:16:09.995 \longrightarrow 00:16:12.383$ about narcolepsy Type 1.

NOTE Confidence: 0.79044455

00:16:12.390 --> 00:16:15.306 But what about narcolepsy Type 2?

NOTE Confidence: 0.79044455

 $00:16:15.310 \longrightarrow 00:16:18.950$ This remains one of the largest mysteries.

NOTE Confidence: 0.79044455

00:16:18.950 --> 00:16:21.020 Besides a lack of cataplexy,

NOTE Confidence: 0.79044455

 $00:16:21.020 \longrightarrow 00:16:23.827$ the symptoms of narcolepsy Type 2 are

NOTE Confidence: 0.79044455

 $00{:}16{:}23.827 \dashrightarrow 00{:}16{:}26.818$ similar to those of narcolepsy type one.

NOTE Confidence: 0.79044455

 $00:16:26.820 \longrightarrow 00:16:30.198$ CSF ereckson levels are usually normal.

NOTE Confidence: 0.79044455

 $00:16:30.200 \longrightarrow 00:16:33.014$ It may be caused by a modest

NOTE Confidence: 0.79044455

 $00:16:33.014 \longrightarrow 00:16:34.621$ loss of erection, neurons,

NOTE Confidence: 0.79044455

 $00:16:34.621 \longrightarrow 00:16:36.626$ or a completely different process.

NOTE Confidence: 0.79044455

00:16:36.630 --> 00:16:39.354 Almost nothing is known

NOTE Confidence: 0.79044455

 $00:16:39.354 \longrightarrow 00:16:41.397$ about its neuropathology.

NOTE Confidence: 0.79044455

00:16:41.400 --> 00:16:44.340 Moving from pathophysiology

 $00:16:44.340 \longrightarrow 00:16:47.280$ to clinical features.

NOTE Confidence: 0.79044455

 $00:16:47.280 \longrightarrow 00:16:50.759$ Narcolepsy falls into the category of the

NOTE Confidence: 0.79044455

 $00:16:50.759 \longrightarrow 00:16:53.620$ Central disorders of Hypersomnolence.

NOTE Confidence: 0.79044455

00:16:53.620 --> 00:16:54.943 These include narcolepsy,

NOTE Confidence: 0.79044455

 $00:16:54.943 \longrightarrow 00:16:56.266$ type one narcolepsy,

NOTE Confidence: 0.79044455

00:16:56.270 --> 00:16:58.480 Type 2 and idiopathic hypersomnia,

NOTE Confidence: 0.79044455

 $00:16:58.480 \longrightarrow 00:17:01.574$ which I will refer to as IH.

NOTE Confidence: 0.84373504

 $00:17:03.850 \longrightarrow 00:17:05.955$ The common clinical feature among

NOTE Confidence: 0.84373504

00:17:05.955 --> 00:17:07.639 these is severe sleepiness,

NOTE Confidence: 0.84373504

 $00:17:07.640 \longrightarrow 00:17:12.148$ despite normal quality and timing of sleep.

NOTE Confidence: 0.84373504

 $00:17:12.150 \longrightarrow 00:17:14.330$ Cataplexy practically defines narcolepsy

NOTE Confidence: 0.84373504

 $00:17:14.330 \longrightarrow 00:17:18.150$ type one, and is absent in narcolepsy.

NOTE Confidence: 0.84373504

 $00:17:18.150 \longrightarrow 00:17:23.826$ Type 2 and IH. Sleep paralysis and sleep.

NOTE Confidence: 0.84373504

 $00:17:23.826 \longrightarrow 00:17:25.128$ Hallucinations are more

NOTE Confidence: 0.84373504

00:17:25.128 --> 00:17:27.049 common in narcolepsy type one,

NOTE Confidence: 0.84373504

 $00:17:27.050 \longrightarrow 00:17:29.516$ but can be seen in narcolepsy.

 $00:17:29.520 \longrightarrow 00:17:32.740$ Type 2 and IH.

NOTE Confidence: 0.84373504

 $00{:}17{:}32.740 \dashrightarrow 00{:}17{:}35.935$ Fragmented nocturnal sleep is much

NOTE Confidence: 0.84373504

 $00:17:35.935 \longrightarrow 00:17:38.491$ more characteristic of narcolepsy

NOTE Confidence: 0.84373504

 $00:17:38.491 \longrightarrow 00:17:41.448$ and not typically seen in IH.

NOTE Confidence: 0.84373504

 $00{:}17{:}41.450 \dashrightarrow 00{:}17{:}43.394$ REM sleep behavior disorder an REM

NOTE Confidence: 0.84373504

 $00:17:43.394 \longrightarrow 00:17:46.053$ without a tonia are seen in more than

NOTE Confidence: 0.84373504

00:17:46.053 --> 00:17:47.997 half of narcolepsy type one patients

NOTE Confidence: 0.84373504

 $00:17:48.065 \longrightarrow 00:17:50.285$ and in some patients with narcolepsy.

NOTE Confidence: 0.84373504

 $00:17:50.290 \longrightarrow 00:17:52.870$ Type 2.

NOTE Confidence: 0.84373504

00:17:52.870 --> 00:17:54.438 Sleep drunkenness is rarely

NOTE Confidence: 0.84373504

00:17:54.438 --> 00:17:56.398 seen in narcolepsy type one,

NOTE Confidence: 0.84373504

 $00:17:56.400 \longrightarrow 00:17:58.335$ sometimes seen in narcolepsy type

NOTE Confidence: 0.84373504

 $00{:}17{:}58.335 \dashrightarrow 00{:}18{:}01.490$ 2 and is almost a hallmark in IH.

NOTE Confidence: 0.8160262

 $00{:}18{:}03.640 \dashrightarrow 00{:}18{:}05.872$ Long nocturnal sleep times are seen

NOTE Confidence: 0.8160262

00:18:05.872 --> 00:18:08.476 in less than 20% of patients with

00:18:08.476 --> 00:18:11.080 narcolepsy, but are very common in IH.

NOTE Confidence: 0.8000265

00:18:13.410 --> 00:18:15.715 Naps are usually short and

NOTE Confidence: 0.8000265

 $00:18:15.715 \longrightarrow 00:18:17.098$ refreshing in narcoleptics,

NOTE Confidence: 0.8000265

00:18:17.100 --> 00:18:19.405 unlike in patients with idiopathic

NOTE Confidence: 0.8000265

 $00:18:19.405 \longrightarrow 00:18:21.710$ hypersomnia that have unrefreshing naps.

NOTE Confidence: 0.8402278

00:18:24.260 --> 00:18:28.054 But going back to the phenomenon of

NOTE Confidence: 0.8402278

 $00:18:28.054 \longrightarrow 00:18:31.384$ cataplexy, as I previously mentioned,

NOTE Confidence: 0.8402278

 $00:18:31.384 \longrightarrow 00:18:35.560$ this basically defines narcolepsy Type 1.

NOTE Confidence: 0.8402278

 $00:18:35.560 \longrightarrow 00:18:37.715$ The cataplexy episodes generally start

NOTE Confidence: 0.8402278

 $00:18:37.715 \longrightarrow 00:18:40.929$ with weakness in the neck or facial

NOTE Confidence: 0.8402278

 $00{:}18{:}40.929 \dashrightarrow 00{:}18{:}43.389$ muscles before descending paralysis of

NOTE Confidence: 0.8402278

 $00:18:43.389 \longrightarrow 00:18:46.218$ voluntary muscles ensues over a few seconds.

NOTE Confidence: 0.8402278

 $00:18:46.220 \longrightarrow 00:18:48.020$ This happens usually in the

NOTE Confidence: 0.8402278

 $00:18:48.020 \longrightarrow 00:18:49.820$ context of an emotional stimulus.

NOTE Confidence: 0.8402278

00:18:49.820 --> 00:18:51.600 Usually a positive emotions

NOTE Confidence: 0.8402278

 $00:18:51.600 \longrightarrow 00:18:53.825$ such as joy or laughter.

 $00:18:53.830 \longrightarrow 00:18:56.150$ This picture illustrates the

NOTE Confidence: 0.8402278

 $00{:}18{:}56.150 \dashrightarrow 00{:}18{:}58.470$ proposed mechanism of cataplexy.

NOTE Confidence: 0.8402278

 $00:18:58.470 \longrightarrow 00:19:00.480$ So the blue lines indicate

NOTE Confidence: 0.8402278

 $00:19:00.480 \longrightarrow 00:19:02.490$ activation of a neural pathway.

NOTE Confidence: 0.8402278

 $00:19:02.490 \longrightarrow 00:19:04.938$ The red lines indicate an inhibitory

NOTE Confidence: 0.8402278

 $00:19:04.938 \longrightarrow 00:19:07.127$ pathway and the dotted lines

NOTE Confidence: 0.8402278

00:19:07.127 --> 00:19:09.547 reflect lack of normal neural

NOTE Confidence: 0.8402278

 $00:19:09.547 \longrightarrow 00:19:11.483$ activity resulting from hypocretin

NOTE Confidence: 0.8402278

 $00:19:11.558 \longrightarrow 00:19:14.048$ deficiency due to narcolepsy Type 1.

NOTE Confidence: 0.8402278

 $00:19:14.050 \longrightarrow 00:19:16.640$ So positive emotions are processed

NOTE Confidence: 0.8402278

00:19:16.640 --> 00:19:18.712 in the prefrontal cortex,

NOTE Confidence: 0.8402278

 $00:19:18.720 \longrightarrow 00:19:21.684$ with activation of both the amygdala

NOTE Confidence: 0.8402278

 $00{:}19{:}21.684 \dashrightarrow 00{:}19{:}23.660$ and hypocretin containing neurons

NOTE Confidence: 0.8402278

 $00:19:23.731 \longrightarrow 00:19:25.987$ within the lateral hypothalamus.

NOTE Confidence: 0.8402278

 $00:19:25.990 \longrightarrow 00:19:29.098$ In the absense of hypocretin neurons,

 $00:19:29.100 \longrightarrow 00:19:32.592$ there is reduced activity in brain

NOTE Confidence: 0.8402278

 $00:19:32.592 \longrightarrow 00:19:35.620$ regions that inhibit REM sleep.

NOTE Confidence: 0.8402278

 $00:19:35.620 \longrightarrow 00:19:37.850$ Causing increased activity in neurons.

NOTE Confidence: 0.8402278

00:19:37.850 --> 00:19:40.670 Promoting REM sleep atonia.

NOTE Confidence: 0.8402278

 $00:19:40.670 \longrightarrow 00:19:42.738$ Motor neurons are inhibited,

NOTE Confidence: 0.8402278

 $00:19:42.738 \longrightarrow 00:19:44.806$ and then cataplexy ensues.

NOTE Confidence: 0.8515784

 $00:19:48.630 \longrightarrow 00:19:50.916$ Moving on to the clinical classification.

NOTE Confidence: 0.8515784

00:19:50.920 --> 00:19:52.332 As I previously mentioned,

NOTE Confidence: 0.8515784

 $00:19:52.332 \longrightarrow 00:19:54.450$ narcolepsy falls into the Group of

NOTE Confidence: 0.8515784

00:19:54.514 --> 00:19:55.998 Central Disorders of Hypersomnolence

NOTE Confidence: 0.8515784

 $00{:}19{:}55.998 \dashrightarrow 00{:}19{:}58.920$ and it is then divided into narcolepsy,

NOTE Confidence: 0.8515784

 $00:19:58.920 \longrightarrow 00:20:01.860$ type one and narcolepsy Type 2.

NOTE Confidence: 0.8515784

 $00:20:01.860 \longrightarrow 00:20:04.950$ With cataplexy and CSF hypocretin

NOTE Confidence: 0.8515784

00:20:04.950 --> 00:20:06.186 deficiency differentiating

NOTE Confidence: 0.8515784

00:20:06.186 --> 00:20:09.049 narcolepsy type one from Type 2.

NOTE Confidence: 0.7829807

 $00{:}20{:}12.360 \dashrightarrow 00{:}20{:}15.318$ These are the criteria for diagnosis

 $00:20:15.318 \longrightarrow 00:20:18.279$ for not narcolepsy from the Icst 3.

NOTE Confidence: 0.7829807

 $00:20:18.280 \longrightarrow 00:20:21.704$ For narcolepsy type one, one or both of

NOTE Confidence: 0.7829807

 $00:20:21.704 \longrightarrow 00:20:24.509$ the following criteria should be met.

NOTE Confidence: 0.7829807

00:20:24.510 --> 00:20:27.205 The CSF hypocretin one concentration

NOTE Confidence: 0.7829807

 $00{:}20{:}27.205 \dashrightarrow 00{:}20{:}30.427$ should be less than 110 picograms

NOTE Confidence: 0.7829807

 $00:20:30.427 \longrightarrow 00:20:33.875$ per ML or less than 1/3 of mean

NOTE Confidence: 0.7829807

 $00:20:33.875 \longrightarrow 00:20:36.918$ values obtained in normal subjects.

NOTE Confidence: 0.7829807

 $00:20:36.920 \longrightarrow 00:20:41.095$ 2nd. The presence of cataplexy with

NOTE Confidence: 0.7829807

 $00{:}20{:}41.095 \to 00{:}20{:}44.351$ the mean sleep latency of less than

NOTE Confidence: 0.7829807

 $00{:}20{:}44.351 \dashrightarrow 00{:}20{:}47.179$ 8 minutes with two or more sleep

NOTE Confidence: 0.7829807

00:20:47.179 --> 00:20:50.199 onset REM periods seen on PSG MSL T.

NOTE Confidence: 0.7829807

 $00:20:50.200 \longrightarrow 00:20:52.044$ For narcolepsy type 2.

NOTE Confidence: 0.7829807

 $00{:}20{:}52.044 \dashrightarrow 00{:}20{:}54.810$ All four of the following criteria

NOTE Confidence: 0.7829807

 $00:20:54.900 \longrightarrow 00:20:56.440$ need to be met met.

NOTE Confidence: 0.7829807

00:20:56.440 --> 00:20:59.512 A mean sleep latency of less than 8

 $00:20:59.512 \longrightarrow 00:21:02.000$ minutes with two or more storms seen

NOTE Confidence: 0.7829807

00:21:02.000 --> 00:21:04.844 on PSG MSL T. Cataplexy is absent.

NOTE Confidence: 0.7829807

 $00:21:04.844 \longrightarrow 00:21:07.892$ Either hypocretin and CSF has not

NOTE Confidence: 0.7829807

 $00:21:07.892 \longrightarrow 00:21:11.150$ been measured, or if it has been,

NOTE Confidence: 0.7829807

 $00:21:11.150 \longrightarrow 00:21:13.481$ the level is over 110 picograms per

NOTE Confidence: 0.7829807

 $00:21:13.481 \longrightarrow 00:21:16.587$ ML or over a third of the normal

NOTE Confidence: 0.7829807

 $00:21:16.587 \longrightarrow 00:21:18.617$ value and last hypersomnolence and

NOTE Confidence: 0.7829807

00:21:18.690 --> 00:21:21.329 the MSL T findings are not better

NOTE Confidence: 0.7829807

 $00{:}21{:}21.329 \longrightarrow 00{:}21{:}23.214$ explained by other causes such

NOTE Confidence: 0.7829807

 $00:21:23.214 \longrightarrow 00:21:25.099$ as short sleeve shift work,

NOTE Confidence: 0.7829807

00:21:25.100 --> 00:21:25.854 sleep disorder,

NOTE Confidence: 0.7829807

 $00:21:25.854 \longrightarrow 00:21:27.739$ breathing medications or other substances.

NOTE Confidence: 0.7863634

 $00:21:31.220 \longrightarrow 00:21:37.160$ A brief word on CSF sampling and HLA testing.

NOTE Confidence: 0.7863634

00:21:37.160 --> 00:21:41.085 HLA DQ B 10602 positive ITI is 92100% in

NOTE Confidence: 0.7863634

00:21:41.085 --> 00:21:43.260 patients that have definite cataplexy,

NOTE Confidence: 0.7863634

 $00:21:43.260 \longrightarrow 00:21:45.460$ but it decreases with a typical

00:21:45.460 --> 00:21:47.660 cataplexy or in patients that

NOTE Confidence: 0.7863634

 $00:21:47.742 \longrightarrow 00:21:50.238$ don't have cataplexy do about 40%.

NOTE Confidence: 0.7863634

 $00:21:50.240 \longrightarrow 00:21:53.285$ It's important to keep in mind that

NOTE Confidence: 0.7863634

 $00:21:53.285 \longrightarrow 00:21:55.952$ about 20% of the general population

NOTE Confidence: 0.7863634

 $00:21:55.952 \longrightarrow 00:21:58.640$ who does not have cataplexy carried

NOTE Confidence: 0.7863634

00:21:58.716 --> 00:22:00.696 the exact same HLA subtype,

NOTE Confidence: 0.7863634

 $00:22:00.700 \longrightarrow 00:22:04.366$ so HLA testing should not be

NOTE Confidence: 0.7863634

 $00:22:04.366 \longrightarrow 00:22:06.810$ used to diagnose narcolepsy.

NOTE Confidence: 0.7863634

 $00{:}22{:}06.810 \dashrightarrow 00{:}22{:}08.270$ Measuring hypocretin levels can

NOTE Confidence: 0.7863634

 $00{:}22{:}08.270 \dashrightarrow 00{:}22{:}09.730$ provide a definitive diagnosis.

NOTE Confidence: 0.7863634

 $00:22:09.730 \longrightarrow 00:22:11.560$ In the right clinical context,

NOTE Confidence: 0.7863634

00:22:11.560 --> 00:22:14.010 but it is not always necessary to

NOTE Confidence: 0.7863634

 $00:22:14.010 \longrightarrow 00:22:15.570$ measure the hypocretin levels.

NOTE Confidence: 0.7863634

 $00:22:15.570 \longrightarrow 00:22:18.174$ If you have cataplexy in the

NOTE Confidence: 0.7863634

 $00{:}22{:}18.174 \dashrightarrow 00{:}22{:}20.740$ characteristic PSG MSL T findings.

 $00:22:20.740 \longrightarrow 00:22:22.930$ Low hypocretin levels are diagnostic

NOTE Confidence: 0.7863634

 $00:22:22.930 \longrightarrow 00:22:24.682$ for type One narcolepsy,

NOTE Confidence: 0.7863634

 $00:22:24.690 \longrightarrow 00:22:28.194$ but normal levels don't rule out the disease.

NOTE Confidence: 0.90340155

 $00:22:30.340 \longrightarrow 00:22:33.420$ I want to talk about goals of treatment.

NOTE Confidence: 0.90340155

 $00:22:33.420 \longrightarrow 00:22:35.880$ So even on optimal conventional treatment,

NOTE Confidence: 0.90340155

 $00{:}22{:}35.880 \dashrightarrow 00{:}22{:}39.120$ it is rare to fully normalize the sleep

NOTE Confidence: 0.90340155

 $00:22:39.120 \longrightarrow 00:22:41.958$ wake cycle of narcoleptic subjects.

NOTE Confidence: 0.90340155

00:22:41.960 --> 00:22:44.045 A major objective of treatment

NOTE Confidence: 0.90340155

00:22:44.045 --> 00:22:46.452 of narcolepsy is, of course,

NOTE Confidence: 0.90340155

 $00:22:46.452 \longrightarrow 00:22:48.756$ to alleviate daytime sleepiness.

NOTE Confidence: 0.90340155

 $00:22:48.760 \longrightarrow 00:22:50.940$ Other goals include controlling cataplexy,

NOTE Confidence: 0.90340155

00:22:50.940 --> 00:22:51.840 hypnagogic hallucinations,

NOTE Confidence: 0.90340155

 $00:22:51.840 \longrightarrow 00:22:54.090$ and sleep paralysis when they're

NOTE Confidence: 0.90340155

00:22:54.090 --> 00:22:56.159 present in troublesome to patients,

NOTE Confidence: 0.90340155

 $00:22:56.160 \longrightarrow 00:22:59.416$ but the ultimate goal should be to produce

NOTE Confidence: 0.90340155

 $00{:}22{:}59.416 \dashrightarrow 00{:}23{:}02.058$ the fullest possible return of normal

00:23:02.058 --> 00:23:05.290 function for patients at work at school,

NOTE Confidence: 0.90340155

 $00:23:05.290 \longrightarrow 00:23:07.030$ at home, and socially.

NOTE Confidence: 0.8583253

 $00:23:09.380 \longrightarrow 00:23:12.495$ I would like to review the guidelines

NOTE Confidence: 0.8583253

 $00:23:12.495 \longrightarrow 00:23:14.837$ and recommendations from the practice

NOTE Confidence: 0.8583253

00:23:14.837 --> 00:23:17.167 parameters for the treatment of

NOTE Confidence: 0.8583253

 $00:23:17.167 \longrightarrow 00:23:19.059$ narcolepsy and other hypersomnia

NOTE Confidence: 0.8583253

 $00:23:19.059 \longrightarrow 00:23:21.950$ of central or origin from the ASM.

NOTE Confidence: 0.8583253

 $00:23:21.950 \longrightarrow 00:23:25.630$ And this just in an update of these

NOTE Confidence: 0.8583253

 $00{:}23{:}25.630 \dashrightarrow 00{:}23{:}28.850$ guidelines was published on April 23rd.

NOTE Confidence: 0.8583253

 $00:23:28.850 \longrightarrow 00:23:31.738$ It includes some of the tried and true

NOTE Confidence: 0.8583253

 $00:23:31.738 \longrightarrow 00:23:33.726$ medications from the old practices

NOTE Confidence: 0.8583253

00:23:33.726 --> 00:23:36.526 guidelines that had been published in 2007,

NOTE Confidence: 0.8583253

 $00{:}23{:}36.530 \dashrightarrow 00{:}23{:}38.786$ as well as novel the rapies approved

NOTE Confidence: 0.8583253

 $00:23:38.786 \longrightarrow 00:23:41.909$ by the FDA in the last five years.

NOTE Confidence: 0.789816025714286

 $00:23:47.450 \longrightarrow 00:23:49.154$ Let's start with Modafinil.

 $00:23:49.154 \longrightarrow 00:23:51.284$ Which is recommended for treatment

NOTE Confidence: 0.789816025714286

 $00:23:51.284 \longrightarrow 00:23:54.008$ of daytime sleepiness and narcolepsy?

NOTE Confidence: 0.789816025714286

00:23:54.010 --> 00:23:56.576 It acts as an atypical, selective

NOTE Confidence: 0.789816025714286

00:23:56.576 --> 00:23:58.706 and weak dopamine reuptake inhibitor,

NOTE Confidence: 0.789816025714286

 $00:23:58.710 \longrightarrow 00:24:00.700$ which indirectly activates the release

NOTE Confidence: 0.789816025714286

 $00{:}24{:}00.700 \dashrightarrow 00{:}24{:}03.675$ of or exin and histamine from the lateral

NOTE Confidence: 0.789816025714286

 $00:24:03.675 \longrightarrow 00:24:05.970$ hypothalamus into bruh mammillary nucleus.

NOTE Confidence: 0.789816025714286

00:24:05.970 --> 00:24:09.624 In amid analysis of over 1000 patients

NOTE Confidence: 0.789816025714286

 $00:24:09.624 \longrightarrow 00:24:12.610$ with narcolepsy type one and Type 2.

NOTE Confidence: 0.789816025714286

00:24:12.610 --> 00:24:15.202 Patients who received Modafinil at doses

NOTE Confidence: 0.789816025714286

 $00{:}24{:}15.202 \dashrightarrow 00{:}24{:}18.651$ of 200 to 600 milligrams a day had

NOTE Confidence: 0.789816025714286

00:24:18.651 --> 00:24:21.748 decreased essm by two point 73 points

NOTE Confidence: 0.789816025714286

00:24:21.748 --> 00:24:24.205 had increased, mean sleep latency,

NOTE Confidence: 0.789816025714286

00:24:24.205 --> 00:24:25.985 latency on maintenance of,

NOTE Confidence: 0.789816025714286

00:24:25.990 --> 00:24:28.220 wakefulness, testing by two point,

NOTE Confidence: 0.789816025714286

 $00:24:28.220 \longrightarrow 00:24:31.340$ 82 minutes and had a decrease in number

 $00:24:31.340 \longrightarrow 00:24:34.457$ and duration of severe somnolence episodes,

NOTE Confidence: 0.789816025714286

 $00:24:34.460 \longrightarrow 00:24:36.684$ sleep attacks and naps.

NOTE Confidence: 0.789816025714286

 $00:24:36.684 \longrightarrow 00:24:39.464$ Common adverse reactions include headache,

NOTE Confidence: 0.789816025714286

00:24:39.470 --> 00:24:40.422 nausea, diarrhea,

NOTE Confidence: 0.789816025714286

 $00:24:40.422 \longrightarrow 00:24:41.374$ dizziness, anxiety,

NOTE Confidence: 0.789816025714286

 $00:24:41.374 \longrightarrow 00:24:43.754$ dyspepsia and important to note,

NOTE Confidence: 0.789816025714286

 $00:24:43.760 \longrightarrow 00:24:46.140$ decreased efficacy of oral contraceptives.

NOTE Confidence: 0.789816025714286

 $00:24:46.140 \longrightarrow 00:24:49.134$ Patients should be advised to use

NOTE Confidence: 0.789816025714286

 $00:24:49.134 \longrightarrow 00:24:51.828$ barrier or mechanical methods of

NOTE Confidence: 0.789816025714286

 $00:24:51.828 \longrightarrow 00:24:54.300$ contraception when taking Modafinil.

NOTE Confidence: 0.789816025714286

 $00:24:54.300 \longrightarrow 00:24:56.532$ The approved recommended dose of Modafinil

NOTE Confidence: 0.789816025714286

00:24:56.532 --> 00:24:59.549 is 200 to 400 milligrams once daily,

NOTE Confidence: 0.789816025714286

 $00:24:59.550 \longrightarrow 00:25:01.560$ but studies indicate that the use

NOTE Confidence: 0.789816025714286

 $00{:}25{:}01.560 \dashrightarrow 00{:}25{:}03.899$ of a split dose strategy provides

NOTE Confidence: 0.789816025714286

 $00:25:03.899 \longrightarrow 00:25:06.224$ better control of daytime sleepiness

 $00:25:06.224 \longrightarrow 00:25:08.440$ than a single daily dose.

NOTE Confidence: 0.851293439999999

 $00:25:11.740 \longrightarrow 00:25:13.854$ This study by Schwartz was designed to

NOTE Confidence: 0.851293439999999

 $00:25:13.854 \longrightarrow 00:25:16.054$ determine if a split dose of Modafinil

NOTE Confidence: 0.851293439999999

 $00{:}25{:}16.054 \dashrightarrow 00{:}25{:}18.331$ would be more effective than a single

NOTE Confidence: 0.851293439999999

 $00:25:18.331 \longrightarrow 00:25:20.181$ morning dose for reducing sleepiness

NOTE Confidence: 0.851293439999999

 $00:25:20.181 \longrightarrow 00:25:23.640$ in the late afternoon and evening.

NOTE Confidence: 0.851293439999999

 $00:25:23.640 \longrightarrow 00:25:25.970$ Patients were randomized to take

NOTE Confidence: 0.851293439999999

00:25:25.970 --> 00:25:27.834 200 milligrams of Modafinil,

NOTE Confidence: 0.851293439999999

 $00:25:27.840 \longrightarrow 00:25:29.704$ a day, 400 milligrams.

NOTE Confidence: 0.851293439999999

 $00:25:29.704 \longrightarrow 00:25:32.034$ 400 milligram split dose 200

NOTE Confidence: 0.851293439999999

 $00:25:32.034 \longrightarrow 00:25:34.957$ and 200 or 600 milligrams split.

NOTE Confidence: 0.851293439999999 00:25:34.960 --> 00:25:36.583 400 and 200.

NOTE Confidence: 0.851293439999999

 $00:25:36.583 \longrightarrow 00:25:39.288$ The split doses produced significantly

NOTE Confidence: 0.851293439999999

 $00:25:39.288 \longrightarrow 00:25:42.114$ greater mean improvements from baseline

NOTE Confidence: 0.851293439999999

 $00:25:42.114 \longrightarrow 00:25:45.964$ and sleep latency during make MWT than

NOTE Confidence: 0.851293439999999

 $00:25:46.052 \longrightarrow 00:25:49.268$ the 200 milligrams once daily regimen.

 $00:25:49.270 \longrightarrow 00:25:50.970$ There were significant improvements

NOTE Confidence: 0.851293439999999

 $00{:}25{:}50.970 \dashrightarrow 00{:}25{:}52.670$ in clinical condition measured

NOTE Confidence: 0.851293439999999

00:25:52.670 --> 00:25:54.693 by clinical global impression of

NOTE Confidence: 0.851293439999999

 $00:25:54.693 \longrightarrow 00:25:56.919$ change scale with respect to evening

NOTE Confidence: 0.851293439999999

 $00:25:56.919 \longrightarrow 00:25:58.870$ sleepiness and the higher once daily

NOTE Confidence: 0.851293439999999

 $00:25:58.870 \longrightarrow 00:26:00.395$ dose and split dose regiments,

NOTE Confidence: 0.851293439999999

 $00:26:00.400 \longrightarrow 00:26:03.557$ then the 200 milligram once daily dose.

NOTE Confidence: 0.851293439999999

 $00{:}26{:}03.560 \dashrightarrow 00{:}26{:}06.110$ No serious adverse events were reported.

NOTE Confidence: 0.7236123

 $00{:}26{:}09.010 \dashrightarrow 00{:}26{:}12.150$ Armodafinil is a longer acting

NOTE Confidence: 0.7236123

00:26:12.150 --> 00:26:14.034 enantiomer of Modafinil.

NOTE Confidence: 0.7236123

00:26:14.040 --> 00:26:16.560 A study by harsh comparing our

NOTE Confidence: 0.7236123

 $00:26:16.560 \longrightarrow 00:26:18.825$ medicinal 150 milligram dose 250

NOTE Confidence: 0.7236123

 $00:26:18.825 \longrightarrow 00:26:21.385$ milligram dose and placebo showed

NOTE Confidence: 0.7236123

 $00{:}26{:}21.385 \dashrightarrow 00{:}26{:}23.433$ significantly increased mean sleep

NOTE Confidence: 0.7236123

00:26:23.512 --> 00:26:26.287 latency and maintenance of wakefulness.

00:26:26.290 --> 00:26:29.230 Testing with armodafinil compared to placebo.

NOTE Confidence: 0.7236123

 $00{:}26{:}29.230 \dashrightarrow 00{:}26{:}31.190$ There was improved overall

NOTE Confidence: 0.7236123

00:26:31.190 --> 00:26:32.646 clinical condition, memory,

NOTE Confidence: 0.7236123

 $00:26:32.646 \longrightarrow 00:26:35.502$ attention and fatigue and the most

NOTE Confidence: 0.7236123

 $00:26:35.502 \longrightarrow 00:26:38.050$ common adverse events were headache,

NOTE Confidence: 0.7236123

 $00:26:38.050 \longrightarrow 00:26:39.520$ nausea and dizziness.

NOTE Confidence: 0.7678336

 $00{:}26{:}43.490 \longrightarrow 00{:}26{:}45.206$ Sodium oxybate or zeiram.

NOTE Confidence: 0.7678336

 $00:26:45.206 \longrightarrow 00:26:47.351$ His recommended for the treatment

NOTE Confidence: 0.7678336

00:26:47.351 --> 00:26:49.920 of cataplexy daytime sleepiness and

NOTE Confidence: 0.7678336

 $00:26:49.920 \longrightarrow 00:26:52.500$ disrupted sleep due to narcolepsy.

NOTE Confidence: 0.7678336

 $00:26:52.500 \longrightarrow 00:26:56.284$ It is a sodium salt of gamma hydroxybutyrate,

NOTE Confidence: 0.7678336

00:26:56.290 --> 00:26:59.500 an endogenous metabolite of GABA.

NOTE Confidence: 0.7678336

 $00{:}26{:}59.500 \dashrightarrow 00{:}27{:}02.055$ It was the first medication to treat

NOTE Confidence: 0.7678336

 $00:27:02.055 \longrightarrow 00:27:04.080$ both Cardinal symptoms of narcolepsy.

NOTE Confidence: 0.7678336

00:27:04.080 --> 00:27:06.790 Excessive daytime sleepiness and cataplexy.

NOTE Confidence: 0.7678336

 $00:27:06.790 \longrightarrow 00:27:08.582$ It has a short half life and so

 $00:27:08.582 \longrightarrow 00:27:10.588$ it must be given in divided doses.

NOTE Confidence: 0.7678336

 $00:27:10.590 \longrightarrow 00:27:12.355$ It's given at bedtime and

NOTE Confidence: 0.7678336

 $00:27:12.355 \longrightarrow 00:27:14.640$ then two to four hours later.

NOTE Confidence: 0.7678336

 $00:27:14.640 \longrightarrow 00:27:16.944$ The starting dose is 4.5 grams and then

NOTE Confidence: 0.7678336

 $00:27:16.944 \longrightarrow 00:27:18.855$ you increase .5 to 1 gram per night,

NOTE Confidence: 0.7678336

 $00:27:18.860 \longrightarrow 00:27:21.107$ every one to two weeks to a

NOTE Confidence: 0.7678336

00:27:21.107 --> 00:27:23.497 maximum dose of 9 grams per night.

NOTE Confidence: 0.7678336

 $00:27:23.500 \longrightarrow 00:27:25.675$ The prescription of sodium oxybate

NOTE Confidence: 0.7678336

 $00:27:25.675 \longrightarrow 00:27:27.415$ requires registration and training

NOTE Confidence: 0.7678336

 $00{:}27{:}27.415 \dashrightarrow 00{:}27{:}29.614$ and distribution to the patient is

NOTE Confidence: 0.7678336

 $00{:}27{:}29.614 \dashrightarrow 00{:}27{:}31.910$ all made through a central pharmacy.

NOTE Confidence: 0.7678336

 $00:27:31.910 \longrightarrow 00:27:34.192$ It's known as the **** drug.

NOTE Confidence: 0.7678336

00:27:34.192 --> 00:27:36.148 The compound has a very poor,

NOTE Confidence: 0.7678336

00:27:36.150 --> 00:27:37.954 but not necessarily deserved

NOTE Confidence: 0.7678336

 $00:27:37.954 \longrightarrow 00:27:38.856$ public reputation.

 $00:27:38.860 \longrightarrow 00:27:41.390$ It is easily synthesized and

NOTE Confidence: 0.7678336

00:27:41.390 --> 00:27:43.414 has been used recreationally.

NOTE Confidence: 0.7678336

00:27:43.420 --> 00:27:45.448 Side effects include confusion,

NOTE Confidence: 0.7678336

 $00:27:45.448 \longrightarrow 00:27:46.969$ enuresis and sleepwalking.

NOTE Confidence: 0.8432481

 $00:27:52.050 \longrightarrow 00:27:55.092$ In a study by the Xyron

NOTE Confidence: 0.8432481

00:27:55.092 --> 00:27:57.120 Multi Center Study Group,

NOTE Confidence: 0.8432481

 $00:27:57.120 \longrightarrow 00:28:00.195$ 136 patients were randomized to

NOTE Confidence: 0.8432481

00:28:00.195 --> 00:28:03.847 receive sodium oxybate at doses of

NOTE Confidence: 0.8432481

00:28:03.847 --> 00:28:07.179 369 grams or place bo for four weeks.

NOTE Confidence: 0.8432481

00:28:07.180 --> 00:28:09.216 Compared to placebo weekly,

NOTE Confidence: 0.8432481

 $00{:}28{:}09.216 \longrightarrow 00{:}28{:}11.761$ cataplexy attacks were decreased by

NOTE Confidence: 0.8432481

 $00:28:11.761 \longrightarrow 00:28:14.668$ sodium oxybate at the six gram dose

NOTE Confidence: 0.8432481

 $00:28:14.668 \longrightarrow 00:28:17.159$ and significantly at the 9 gram dose.

NOTE Confidence: 0.8432481

 $00{:}28{:}17.160 \dashrightarrow 00{:}28{:}18.896$ The Epworth Sleepiness Scale

NOTE Confidence: 0.8432481

 $00:28:18.896 \longrightarrow 00:28:21.066$ was reduced at all doses,

NOTE Confidence: 0.8432481

 $00:28:21.070 \longrightarrow 00:28:24.766$ becoming significant at the 9 gram dose.

 $00:28:24.770 \longrightarrow 00:28:27.230$ And the clinical global impression of

NOTE Confidence: 0.8432481

 $00{:}28{:}27.230 \dashrightarrow 00{:}28{:}29.727$ change scale demonstrated a dose related

NOTE Confidence: 0.8432481

 $00:28:29.727 \longrightarrow 00:28:32.478$ improvement significant at the 9 gram dose.

NOTE Confidence: 0.8488378

 $00:28:36.770 \longrightarrow 00:28:38.877$ That same group did a study three

NOTE Confidence: 0.8488378

00:28:38.877 --> 00:28:40.905 years later in which they assess

NOTE Confidence: 0.8488378

 $00:28:40.905 \longrightarrow 00:28:42.665$ the efficacy of sodium oxybate

NOTE Confidence: 0.8488378

00:28:42.665 --> 00:28:44.938 for the treatment of narcolepsy,

NOTE Confidence: 0.8488378

 $00:28:44.940 \longrightarrow 00:28:47.365$ with an emphasis on excessive

NOTE Confidence: 0.8488378

 $00:28:47.365 \longrightarrow 00:28:48.335$ daytime sleepiness.

NOTE Confidence: 0.8488378

 $00:28:48.340 \longrightarrow 00:28:52.576$ 228 patients were randomized to take

NOTE Confidence: 0.8488378

00:28:52.576 --> 00:28:56.752 sodium oxybate at doses of 4.569

NOTE Confidence: 0.8488378

 $00:28:56.752 \longrightarrow 00:29:00.454$ grams or place bo for eight weeks.

NOTE Confidence: 0.8488378

 $00{:}29{:}00.460 \dashrightarrow 00{:}29{:}03.078$ The 9 gram of sodium oxybate nightly

NOTE Confidence: 0.8488378

 $00:29:03.078 \longrightarrow 00:29:05.353$ group had significant median increase of

NOTE Confidence: 0.8488378

 $00:29:05.353 \longrightarrow 00:29:07.880$ mean sleep latency over 10 minutes in

 $00:29:07.951 \longrightarrow 00:29:10.466$ the maintenance of wakefulness testing.

NOTE Confidence: 0.8488378

 $00:29:10.470 \longrightarrow 00:29:12.210$ Dose related decreases in

NOTE Confidence: 0.8488378

00:29:12.210 --> 00:29:13.515 median upward sleepiness,

NOTE Confidence: 0.8488378

 $00:29:13.520 \longrightarrow 00:29:16.100$ scale and frequency of weekly

NOTE Confidence: 0.8488378

00:29:16.100 --> 00:29:18.164 inadvertent naps were seen.

NOTE Confidence: 0.8488378

00:29:18.170 --> 00:29:19.734 And there were significant

NOTE Confidence: 0.8488378

 $00{:}29{:}19.734 \dashrightarrow 00{:}29{:}21.689$ improvements in the clinical global

NOTE Confidence: 0.8488378

 $00:29:21.689 \longrightarrow 00:29:23.694$ impression of change scale in the

NOTE Confidence: 0.8488378

 $00:29:23.694 \longrightarrow 00:29:25.249$ groups treated with sodium oxybate.

NOTE Confidence: 0.9073893

00:29:28.590 --> 00:29:30.566 So this is not included in the guidelines,

NOTE Confidence: 0.9073893

 $00{:}29{:}30.570 \dashrightarrow 00{:}29{:}33.909$ but I thought it was important to mention it.

NOTE Confidence: 0.9073893

00:29:33.910 --> 00:29:36.880 Siwave is a calcium, magnesium,

NOTE Confidence: 0.9073893

 $00:29:36.880 \longrightarrow 00:29:39.140$ potassium and sodium oxybate.

NOTE Confidence: 0.9073893

 $00:29:39.140 \longrightarrow 00:29:41.400$ Formulation that has 92%

NOTE Confidence: 0.9073893

 $00:29:41.400 \longrightarrow 00:29:43.124$ less sodium than sirem.

NOTE Confidence: 0.9073893

 $00:29:43.124 \longrightarrow 00:29:46.789$ It was approved by the FDA in July

 $00:29:46.789 \longrightarrow 00:29:49.741$ 2020 for the treatment of narcolepsy

NOTE Confidence: 0.9073893

 $00:29:49.741 \longrightarrow 00:29:52.110$ and patients age 7 or older.

NOTE Confidence: 0.9073893

 $00:29:52.110 \longrightarrow 00:29:54.998$ A dose of 9 grams of sirem has

NOTE Confidence: 0.9073893

 $00:29:54.998 \longrightarrow 00:29:57.709$ over 1600 milligrams of sodium,

NOTE Confidence: 0.9073893

 $00:29:57.710 \longrightarrow 00:30:00.300$ where the recommended daily intake

NOTE Confidence: 0.9073893

 $00:30:00.300 \longrightarrow 00:30:04.000$ is about 1500 to 2300 milligrams.

NOTE Confidence: 0.9073893

 $00:30:04.000 \longrightarrow 00:30:07.462$ In a multicenter study of 201

NOTE Confidence: 0.9073893

 $00:30:07.462 \longrightarrow 00:30:10.670$ patients comparing zywave to placebo.

NOTE Confidence: 0.9073893

 $00:30:10.670 \longrightarrow 00:30:12.162$ There was statistically significant

NOTE Confidence: 0.9073893

 $00{:}30{:}12.162 \dashrightarrow 00{:}30{:}14.027$ reductions in the weekly number

NOTE Confidence: 0.9073893

00:30:14.027 --> 00:30:16.123 of cataplexy attacks and upward

NOTE Confidence: 0.9073893

00:30:16.123 --> 00:30:16.957 sleepiness scales.

NOTE Confidence: 0.8421182

 $00:30:19.370 \longrightarrow 00:30:21.464$ This medication is still given in

NOTE Confidence: 0.8421182

 $00:30:21.464 \longrightarrow 00:30:23.615$ two nightly doses and the price

NOTE Confidence: 0.8421182

 $00:30:23.615 \longrightarrow 00:30:25.335$ is also compatible to xyron.

 $00:30:25.340 \longrightarrow 00:30:27.518$ The main reason to choose one

NOTE Confidence: 0.8421182

 $00{:}30{:}27.518 \dashrightarrow 00{:}30{:}30.030$ over the other is really just

NOTE Confidence: 0.8421182

 $00:30:30.030 \longrightarrow 00:30:31.986$ the reduced sodium intake.

NOTE Confidence: 0.8421182

 $00:30:31.990 \longrightarrow 00:30:34.790$ The adverse effects of this

NOTE Confidence: 0.8421182

00:30:34.790 --> 00:30:37.030 medication include headache, nausha,

NOTE Confidence: 0.8421182

00:30:37.030 --> 00:30:38.710 dizziness, decreased appetite,

NOTE Confidence: 0.8421182

 $00:30:38.710 \longrightarrow 00:30:40.390$ parasomnia diarrhea, hyperhidrosis,

NOTE Confidence: 0.8421182

 $00:30:40.390 \longrightarrow 00:30:42.070$ anxiety and vomiting.

NOTE Confidence: 0.8561068

 $00{:}30{:}44.770 \dashrightarrow 00{:}30{:}46.420$ Amphetamines are recommended

NOTE Confidence: 0.8561068

 $00:30:46.420 \longrightarrow 00:30:49.170$ for the treatment of daytime

NOTE Confidence: 0.8561068

 $00{:}30{:}49.170 \dashrightarrow 00{:}30{:}51.420$ sleepiness due to narcolepsy.

NOTE Confidence: 0.8561068

 $00:30:51.420 \longrightarrow 00:30:52.761$ These medications increase

NOTE Confidence: 0.8561068

 $00:30:52.761 \longrightarrow 00:30:54.549$ the release of dopamine,

NOTE Confidence: 0.8561068

 $00{:}30{:}54.550 \dashrightarrow 00{:}30{:}55.891$ nor epinephrine, and serotonin.

NOTE Confidence: 0.8561068

00:30:55.891 --> 00:30:57.679 Their wake promoting agents,

NOTE Confidence: 0.8561068

 $00:30:57.680 \longrightarrow 00:30:59.464$ but also can reduce

 $00{:}30{:}59.464 \dashrightarrow 00{:}31{:}01.248$ cataplexy at higher doses.

NOTE Confidence: 0.8561068

 $00:31:01.250 \longrightarrow 00:31:03.650$ They are available in slow or

NOTE Confidence: 0.8561068

 $00:31:03.650 \longrightarrow 00:31:04.850$ extended release formulations

NOTE Confidence: 0.8561068

 $00{:}31{:}04.850 \dashrightarrow 00{:}31{:}07.070$ in randomized clinical trials.

NOTE Confidence: 0.8561068

00:31:07.070 --> 00:31:09.185 Looking at a feta means and

NOTE Confidence: 0.8561068

 $00:31:09.185 \longrightarrow 00:31:11.300$ narcolepsy show that they increase

NOTE Confidence: 0.8561068

 $00:31:11.376 \longrightarrow 00:31:13.320$ mean sleep latency decrease.

NOTE Confidence: 0.8561068

00:31:13.320 --> 00:31:14.216 Subjective sleepiness,

NOTE Confidence: 0.8561068

00:31:14.216 --> 00:31:15.560 decreased driving errors,

NOTE Confidence: 0.8561068

 $00:31:15.560 \longrightarrow 00:31:18.941$ and improve ability to stay awake on

NOTE Confidence: 0.8561068

 $00{:}31{:}18.941 \dashrightarrow 00{:}31{:}21.090$ maintenance of wakefulness testing.

NOTE Confidence: 0.8561068

 $00:31:21.090 \longrightarrow 00:31:24.230$ The adverse effects include tachycardia,

NOTE Confidence: 0.8561068

00:31:24.230 --> 00:31:24.857 hypertension,

NOTE Confidence: 0.8561068

 $00{:}31{:}24.857 \dashrightarrow 00{:}31{:}26.738$ palpitations and sweating.

NOTE Confidence: 0.8387531

 $00:31:30.690 \longrightarrow 00:31:33.555$ Anti depressants such as tricyclic

 $00:31:33.555 \longrightarrow 00:31:35.274$ antidepressants and selective

NOTE Confidence: 0.8387531

 $00{:}31{:}35.274 \dashrightarrow 00{:}31{:}37.250$ serotonin reuptake inhibitors,

NOTE Confidence: 0.8387531

 $00:31:37.250 \longrightarrow 00:31:43.498$ have been used off label to treat cataplexy.

NOTE Confidence: 0.8387531

 $00:31:43.500 \longrightarrow 00:31:45.630$ These medications are not included in

NOTE Confidence: 0.8387531

00:31:45.630 --> 00:31:48.620 the current update, but I do think

NOTE Confidence: 0.8387531

 $00:31:48.620 \longrightarrow 00:31:51.500$ it is important to review them.

NOTE Confidence: 0.8387531

 $00:31:51.500 \longrightarrow 00:31:55.630$ These medications suppress REM sleep.

NOTE Confidence: 0.8387531

 $00{:}31{:}55.630 \dashrightarrow 00{:}31{:}57.865$ There was really limited evidence

NOTE Confidence: 0.8387531

 $00{:}31{:}57.865 \dashrightarrow 00{:}31{:}59.206$ supporting this recommendation

NOTE Confidence: 0.8387531

 $00:31:59.206 \longrightarrow 00:32:01.210$ from the prior guidelines,

NOTE Confidence: 0.8387531

 $00{:}32{:}01.210 \dashrightarrow 00{:}32{:}03.862$ so recommendation was based on clinical

NOTE Confidence: 0.8387531

00:32:03.862 --> 00:32:06.330 experience of Sleep specialist committee,

NOTE Confidence: 0.8387531

 $00:32:06.330 \longrightarrow 00:32:09.120$ consensus case reports and case studies.

NOTE Confidence: 0.8387531

 $00:32:09.120 \longrightarrow 00:32:11.440$ Important to mention that unlike

NOTE Confidence: 0.8387531

 $00:32:11.440 \longrightarrow 00:32:13.296$ with anxiety or depression,

NOTE Confidence: 0.8387531

 $00:32:13.300 \longrightarrow 00:32:15.636$ these medications are immediately

 $00:32:15.636 \longrightarrow 00:32:17.388$ active on cataplexy.

NOTE Confidence: 0.8387531

 $00:32:17.390 \longrightarrow 00:32:19.294$ We don't have to wait four to

NOTE Confidence: 0.8387531

 $00:32:19.294 \longrightarrow 00:32:21.348$ six weeks to see their effects.

NOTE Confidence: 0.8387531

 $00:32:21.350 \longrightarrow 00:32:23.876$ It is important to note that

NOTE Confidence: 0.8387531

 $00:32:23.876 \longrightarrow 00:32:26.152$ rebound cataplexy can happen with

NOTE Confidence: 0.8387531

 $00{:}32{:}26.152 \dashrightarrow 00{:}32{:}28.220$ abrupt cessation of treatment.

NOTE Confidence: 0.84720874

 $00:32:31.880 \longrightarrow 00:32:33.374$ So behavioral interventions

NOTE Confidence: 0.84720874

 $00{:}32{:}33.374 \dashrightarrow 00{:}32{:}35.366$ can help symptom management.

NOTE Confidence: 0.84720874

 $00{:}32{:}35.370 \dashrightarrow 00{:}32{:}37.870$ Scheduled naps can be beneficial

NOTE Confidence: 0.84720874

 $00:32:37.870 \longrightarrow 00:32:39.370$ to combat sleepiness,

NOTE Confidence: 0.84720874

 $00{:}32{:}39.370 \dashrightarrow 00{:}32{:}41.860$ but it seldom is enough.

NOTE Confidence: 0.84720874

 $00:32:41.860 \longrightarrow 00:32:45.360$ Wake promoting agents are needed.

NOTE Confidence: 0.84720874

 $00:32:45.360 \longrightarrow 00:32:46.560$ Good sleep hygiene.

NOTE Confidence: 0.84720874

00:32:46.560 --> 00:32:48.560 Keeping a regular sleep schedule,

NOTE Confidence: 0.84720874

 $00:32:48.560 \longrightarrow 00:32:50.093$ avoiding alcohol and

 $00:32:50.093 \longrightarrow 00:32:51.626$ sedatives is recommended.

NOTE Confidence: 0.84720874

 $00{:}32{:}51.630 \dashrightarrow 00{:}32{:}53.090$ And accident prevention and

NOTE Confidence: 0.84720874

 $00:32:53.090 \longrightarrow 00:32:54.550$ safe driving are important,

NOTE Confidence: 0.84720874

 $00:32:54.550 \longrightarrow 00:32:56.462$ particularly in those patients

NOTE Confidence: 0.84720874

00:32:56.462 --> 00:32:58.374 operating heavy machinery or

NOTE Confidence: 0.84720874

 $00:32:58.374 \longrightarrow 00:33:00.670$ who work in transportation.

NOTE Confidence: 0.84720874

 $00{:}33{:}00.670 \dashrightarrow 00{:}33{:}05.053$ I would like to move on to novel the rapies.

NOTE Confidence: 0.84720874

 $00:33:05.060 \longrightarrow 00:33:06.495$ These have been approved by

NOTE Confidence: 0.84720874

 $00{:}33{:}06.495 \dashrightarrow 00{:}33{:}08.620$ the FDA in the last five years

NOTE Confidence: 0.84720874

 $00:33:08.620 \longrightarrow 00:33:10.498$ and are now in the guidelines.

NOTE Confidence: 0.7809451

00:33:14.280 --> 00:33:16.860 Patala St tradename Wakix was approved

NOTE Confidence: 0.7809451

00:33:16.860 --> 00:33:20.680 by the FDA on Aug 2019 for excessive

NOTE Confidence: 0.7809451

 $00{:}33{:}20.680 \dashrightarrow 00{:}33{:}23.704$ day time sleepiness and on October 2020

NOTE Confidence: 0.7809451

 $00:33:23.792 \longrightarrow 00:33:27.098$ for cataplexy in adults with narcolepsy.

NOTE Confidence: 0.7809451

 $00:33:27.100 \longrightarrow 00:33:30.999$ It is an inverse agonist of the

NOTE Confidence: 0.7809451

00:33:30.999 --> 00:33:32.670 histamine three autoreceptor.

 $00:33:32.670 \longrightarrow 00:33:35.435$ As seen in the figure and label,

NOTE Confidence: 0.7809451

 $00:33:35.440 \longrightarrow 00:33:37.976$ one petola St binds to the H3 receptor

NOTE Confidence: 0.7809451

 $00:33:37.976 \longrightarrow 00:33:40.139$ and blocks inhibition of histamine

NOTE Confidence: 0.7809451

 $00:33:40.139 \longrightarrow 00:33:42.569$ synthesis in the presynaptic neuron.

NOTE Confidence: 0.7809451

 $00:33:42.570 \longrightarrow 00:33:44.575$ This causes increased histamine synthesis

NOTE Confidence: 0.7809451

 $00:33:44.575 \longrightarrow 00:33:47.319$ and release of histamine into the synapse.

NOTE Confidence: 0.7809451

 $00:33:47.320 \longrightarrow 00:33:50.715$ As you can see in Label 2.

NOTE Confidence: 0.7809451

 $00:33:50.720 \longrightarrow 00:33:53.060$ And then histamine binds to postsynaptic

NOTE Confidence: 0.7809451

 $00{:}33{:}53.060 \dashrightarrow 00{:}33{:}55.495$ H1 receptors which then modulates the

NOTE Confidence: 0.7809451

 $00{:}33{:}55.495 \dashrightarrow 00{:}33{:}57.913$ release of various transmitters that are

NOTE Confidence: 0.7809451

 $00:33:57.913 \longrightarrow 00:34:00.428$ involved in weight promotion promotion.

NOTE Confidence: 0.7809451

00:34:00.430 --> 00:34:02.118 Sorry, such as dopamine,

NOTE Confidence: 0.7809451

 $00{:}34{:}02.118 \dashrightarrow 00{:}34{:}04.650$ nor adrenaline, and ask the deal colon.

NOTE Confidence: 0.7757767

 $00:34:10.320 \longrightarrow 00:34:12.630$ The Harmony One trial compared

NOTE Confidence: 0.7757767

 $00{:}34{:}12.630 \dashrightarrow 00{:}34{:}14.940$ Petola sent Modafinil and placebo

 $00:34:15.013 \longrightarrow 00:34:16.889$ in adults with narcolepsy,

NOTE Confidence: 0.7757767

 $00:34:16.890 \longrightarrow 00:34:19.170$ with and without cataplexy.

NOTE Confidence: 0.7757767

 $00{:}34{:}19.170 \dashrightarrow 00{:}34{:}22.020$ The primary endpoint was Epworth

NOTE Confidence: 0.7757767

 $00:34:22.020 \longrightarrow 00:34:24.740$ Sleepiness score compared to baseline

NOTE Confidence: 0.7757767

 $00:34:24.740 \longrightarrow 00:34:27.325$ after eight weeks of treatment.

NOTE Confidence: 0.7757767

 $00:34:27.330 \longrightarrow 00:34:30.354$ There was improvement in ESS and mean

NOTE Confidence: 0.7757767

 $00:34:30.354 \longrightarrow 00:34:33.578$ sleep latency in MWT in all patrol

NOTE Confidence: 0.7757767

 $00:34:33.578 \longrightarrow 00:34:35.888$ ascent groups compared to placebo.

NOTE Confidence: 0.7757767

 $00{:}34{:}35.890 \dashrightarrow 00{:}34{:}38.530$ I do have to note that Tillerson did

NOTE Confidence: 0.7757767

 $00:34:38.530 \longrightarrow 00:34:40.150$ not demonstrate noninferiority with

NOTE Confidence: 0.7757767

 $00{:}34{:}40.150 \dashrightarrow 00{:}34{:}42.820$ respect to definitely on this trial.

NOTE Confidence: 0.81943333

 $00:34:45.350 \longrightarrow 00:34:46.697$ A subsequent trial,

NOTE Confidence: 0.81943333

 $00:34:46.697 \longrightarrow 00:34:48.942$ the Harmony CTP trial compared

NOTE Confidence: 0.81943333

 $00:34:48.942 \longrightarrow 00:34:51.849$ to to listen and placebo with

NOTE Confidence: 0.81943333

00:34:51.849 --> 00:34:54.254 the primary outcome of change,

NOTE Confidence: 0.81943333

 $00:34:54.260 \longrightarrow 00:34:58.010$ and weekly cataplexy attacks from baseline.

 $00:34:58.010 \longrightarrow 00:35:01.208$ It included adults with narcolepsy with

NOTE Confidence: 0.81943333

 $00{:}35{:}01.208 \to 00{:}35{:}05.040$ three or more weekly cataplexy attacks.

NOTE Confidence: 0.81943333

 $00:35:05.040 \longrightarrow 00:35:07.056$ As you can see in the figure,

NOTE Confidence: 0.81943333

00:35:07.060 --> 00:35:08.776 the patrol Ascent group in blue,

NOTE Confidence: 0.81943333

 $00{:}35{:}08.780 \dashrightarrow 00{:}35{:}11.210$ in the place bo group in red.

NOTE Confidence: 0.81943333

00:35:11.210 --> 00:35:14.528 Catullus and was associated with significant

NOTE Confidence: 0.81943333

 $00:35:14.528 \longrightarrow 00:35:17.273$ improvement in cataplexy attacks compared

NOTE Confidence: 0.81943333

 $00:35:17.273 \longrightarrow 00:35:20.479$ to place be after seven weeks of treatment.

NOTE Confidence: 0.81943333

 $00:35:20.480 \longrightarrow 00:35:22.820$ In the Petola Sync Group,

NOTE Confidence: 0.81943333

 $00{:}35{:}22.820 \dashrightarrow 00{:}35{:}24.668$ the weekly cataplexy attacks

NOTE Confidence: 0.81943333

 $00:35:24.668 \longrightarrow 00:35:27.950$ went from nine point 15 to 2.27,

NOTE Confidence: 0.81943333

 $00:35:27.950 \longrightarrow 00:35:30.940$ compared to 7.31 to 4.52

NOTE Confidence: 0.81943333

00:35:30.940 --> 00:35:33.332 in the place bo group.

NOTE Confidence: 0.81943333

 $00{:}35{:}33.340 \dashrightarrow 00{:}35{:}34.972$ Secondary outcomes included decrease

NOTE Confidence: 0.81943333

00:35:34.972 --> 00:35:37.012 an upward sleepiness scale and

00:35:37.012 --> 00:35:38.873 increase in mean sleep latency

NOTE Confidence: 0.81943333

 $00{:}35{:}38.873 \dashrightarrow 00{:}35{:}40.269$ in maintenance of wakefulness.

NOTE Confidence: 0.81943333

 $00:35:40.270 \longrightarrow 00:35:43.738$ Testing in the patrol said group.

NOTE Confidence: 0.81943333

00:35:43.740 --> 00:35:46.236 Adverse effects include insomnia,

NOTE Confidence: 0.81943333

 $00:35:46.236 \longrightarrow 00:35:47.480$ headache, nausha,

NOTE Confidence: 0.81943333

 $00:35:47.480 \longrightarrow 00:35:48.720$ an anxiety.

NOTE Confidence: 0.7508433

 $00:35:52.190 \longrightarrow 00:35:54.815$ A titration schedule is usually

NOTE Confidence: 0.7508433

 $00:35:54.815 \longrightarrow 00:35:56.915$ recommended when starting pitolisant.

NOTE Confidence: 0.7508433

00:35:56.920 --> 00:35:59.668 You start at 8.9 milligrams upon

NOTE Confidence: 0.7508433

 $00:35:59.668 \longrightarrow 00:36:02.664$ awakening for a week and then

NOTE Confidence: 0.7508433

 $00{:}36{:}02.664 \dashrightarrow 00{:}36{:}04.800$ increase to 17.8 milligrams.

NOTE Confidence: 0.7508433

 $00:36:04.800 \longrightarrow 00:36:07.516$ If needed after a week you could

NOTE Confidence: 0.7508433

 $00:36:07.516 \longrightarrow 00:36:09.630$ increase to 35.6 milligrams,

NOTE Confidence: 0.7508433

 $00:36:09.630 \longrightarrow 00:36:11.640$ just like with Modafinil patrol

NOTE Confidence: 0.7508433

 $00:36:11.640 \longrightarrow 00:36:13.650$ ascent may reduce the effectiveness

NOTE Confidence: 0.7508433

 $00:36:13.717 \longrightarrow 00:36:15.340$ of hormonal contraceptives,

 $00:36:15.340 \longrightarrow 00:36:17.530$ it prolongs the cutie interval,

NOTE Confidence: 0.7508433

 $00:36:17.530 \longrightarrow 00:36:19.942$ and it is contraindicated in patients

NOTE Confidence: 0.7508433

 $00:36:19.942 \longrightarrow 00:36:22.360$ with renal and hepatic impairment.

NOTE Confidence: 0.8474007

00:36:26.610 --> 00:36:28.944 The FDA approved Solarian fatal brand

NOTE Confidence: 0.8474007

 $00{:}36{:}28.944 \dashrightarrow 00{:}36{:}32.483$ names to know C for the treatment of

NOTE Confidence: 0.8474007

 $00:36:32.483 \longrightarrow 00:36:34.868$ excessive daytime sleepiness and adults

NOTE Confidence: 0.8474007

 $00:36:34.868 \longrightarrow 00:36:38.210$ with narcolepsy or obstructive sleep apnea.

NOTE Confidence: 0.8474007

00:36:38.210 --> 00:36:41.642 In March 2019, it is a dopamine and

NOTE Confidence: 0.8474007

 $00{:}36{:}41.642 \dashrightarrow 00{:}36{:}43.310$ norepine phrine reuptake inhibitor.

NOTE Confidence: 0.8474007

 $00:36:43.310 \longrightarrow 00:36:46.215$ It is indicated at a once daily

NOTE Confidence: 0.8474007

 $00:36:46.215 \longrightarrow 00:36:49.350$ dose of 75 or 150 milligrams.

NOTE Confidence: 0.8474007

 $00:36:49.350 \longrightarrow 00:36:51.670$ Pawn awakening, and adverse effects

NOTE Confidence: 0.8474007

 $00{:}36{:}51.670 \dashrightarrow 00{:}36{:}53.990$ of this medication include headache,

NOTE Confidence: 0.8474007

 $00{:}36{:}53.990 \dashrightarrow 00{:}36{:}55.676$ decreased appetite, anxiety.

NOTE Confidence: 0.8474007

00:36:55.676 --> 00:36:57.924 Dry mouth or palpitations?

 $00:37:01.970 \longrightarrow 00:37:05.358$ In a phase three, double blind placebo

NOTE Confidence: 0.83454555

 $00:37:05.358 \longrightarrow 00:37:08.151$ controlled trial adults with type one

NOTE Confidence: 0.83454555

 $00:37:08.151 \dashrightarrow 00:37:10.677$ and Type 2 narcolepsy were randomized

NOTE Confidence: 0.83454555

 $00:37:10.677 \longrightarrow 00:37:13.660$ to take sorry on petola doses of

NOTE Confidence: 0.83454555

 $00:37:13.660 \longrightarrow 00:37:16.176$ 75150 or 300 milligrams or placebo.

NOTE Confidence: 0.83454555

00:37:16.176 --> 00:37:18.744 The primary endpoints of the study

NOTE Confidence: 0.83454555

 $00:37:18.744 \dashrightarrow 00:37:21.649$ were changed compared to mean sleep

NOTE Confidence: 0.83454555

 $00:37:21.649 \longrightarrow 00:37:24.114$ latency on maintenance of wakefulness

NOTE Confidence: 0.83454555

 $00{:}37{:}24.114 \dashrightarrow 00{:}37{:}26.719$ testing and upward sleepiness score.

NOTE Confidence: 0.83454555

 $00:37:26.720 \longrightarrow 00:37:29.849$ There was increased in the men sleep

NOTE Confidence: 0.83454555

 $00:37:29.849 \longrightarrow 00:37:34.170$ latency on MWT at the 150 and 300 milligram

NOTE Confidence: 0.83454555

 $00:37:34.170 \longrightarrow 00:37:37.150$ doses of sinoussi compared to placebo.

NOTE Confidence: 0.83454555

 $00:37:37.150 \longrightarrow 00:37:40.234$ There was also improved effort sleepiness

NOTE Confidence: 0.83454555

 $00:37:40.234 \longrightarrow 00:37:44.609$ scores seen at all doses compared to placebo.

NOTE Confidence: 0.83454555

 $00:37:44.610 \longrightarrow 00:37:46.950$ And there was improvement on the

NOTE Confidence: 0.83454555

 $00:37:46.950 \longrightarrow 00:37:48.936$ clinical global impression of change

 $00:37:48.936 \longrightarrow 00:37:51.463$ score at all doses compared to placebo.

NOTE Confidence: 0.8430677

 $00:37:54.810 \longrightarrow 00:37:57.738$ Here is a summary of recommendations

NOTE Confidence: 0.8430677

 $00:37:57.738 \longrightarrow 00:38:00.303$ in adult populations for the

NOTE Confidence: 0.8430677

00:38:00.303 --> 00:38:02.435 treatment of narcolepsy from

NOTE Confidence: 0.8430677

 $00{:}38{:}02.435 \dashrightarrow 00{:}38{:}04.567$ the updated ASM guidelines.

NOTE Confidence: 0.8430677

 $00:38:04.570 \longrightarrow 00:38:06.440$ As you can see, Medef,

NOTE Confidence: 0.8430677

00:38:06.440 --> 00:38:08.310 Anil Catullus and sodium oxybate,

NOTE Confidence: 0.8430677

 $00:38:08.310 \longrightarrow 00:38:10.770$ Ansel Rhian fatal are strongly recommended

NOTE Confidence: 0.8430677

 $00:38:10.770 \dashrightarrow 00:38:13.200$ for the treatment of narcolepsy.

NOTE Confidence: 0.8430677

 $00{:}38{:}13.200 \dashrightarrow 00{:}38{:}16.119$ The tallest and an sodium oxybate are

NOTE Confidence: 0.8430677

 $00:38:16.119 \longrightarrow 00:38:18.500$ strongly recommended to treat both

NOTE Confidence: 0.8430677

 $00:38:18.500 \longrightarrow 00:38:21.140$ excessive daytime sleepiness and cataplexy.

NOTE Confidence: 0.8430677

 $00{:}38{:}21.140 \dashrightarrow 00{:}38{:}23.060$ Dextroamphetamine can also be

NOTE Confidence: 0.8430677

 $00:38:23.060 \longrightarrow 00:38:25.460$ used to treat excessive daytime

NOTE Confidence: 0.8430677

 $00:38:25.460 \longrightarrow 00:38:26.939$ sleepiness and cataplexy.

 $00:38:31.400 \longrightarrow 00:38:34.110$ Moving on to investigational drugs.

NOTE Confidence: 0.8234988

 $00{:}38{:}37.540 \dashrightarrow 00{:}38{:}40.634$ FT 218 is a controlled release formulation

NOTE Confidence: 0.8234988

 $00:38:40.634 \longrightarrow 00:38:43.215$ of sodium oxybate which requires a

NOTE Confidence: 0.8234988

 $00:38:43.215 \longrightarrow 00:38:45.561$ single dose at night compared to

NOTE Confidence: 0.8234988

 $00:38:45.561 \longrightarrow 00:38:48.388$ the two dose regimen currently used.

NOTE Confidence: 0.8234988

 $00:38:48.390 \longrightarrow 00:38:50.874$ The rest on trial assessed safety

NOTE Confidence: 0.8234988

 $00:38:50.874 \longrightarrow 00:38:54.209$ and efficacy of FT 218 and treatment

NOTE Confidence: 0.8234988

 $00:38:54.209 \longrightarrow 00:38:56.341$ of excessive daytime sleepiness

NOTE Confidence: 0.8234988

 $00:38:56.341 \longrightarrow 00:38:58.900$ and cataplexy and narcolepsy.

NOTE Confidence: 0.8234988

 $00:38:58.900 \longrightarrow 00:39:01.570$ Patients received FT 218 at

NOTE Confidence: 0.8234988

 $00{:}39{:}01.570 \dashrightarrow 00{:}39{:}05.084$ doses of 4.5 grams, 6 grams,

NOTE Confidence: 0.8234988

 $00:39:05.084 \longrightarrow 00:39:09.206$ 7.5 grams, 9 grams or placebo.

NOTE Confidence: 0.8234988

 $00:39:09.210 \longrightarrow 00:39:11.718$ There was an increase in sleep

NOTE Confidence: 0.8234988

 $00:39:11.718 \longrightarrow 00:39:14.080$ latency in MWT and the FT.

NOTE Confidence: 0.8234988

 $00:39:14.080 \longrightarrow 00:39:16.780$ 218 groups compared to placebo.

NOTE Confidence: 0.8234988

 $00:39:16.780 \dashrightarrow 00:39:18.565$ The mean weekly cataplexy attacks

 $00:39:18.565 \longrightarrow 00:39:20.750$ were reduced in the treatment group,

NOTE Confidence: 0.8234988

 $00:39:20.750 \longrightarrow 00:39:22.748$ and there was improvement in clinical

NOTE Confidence: 0.8234988

 $00{:}39{:}22.748 \dashrightarrow 00{:}39{:}24.538$ status assessed by the clinical

NOTE Confidence: 0.8234988

 $00:39:24.538 \longrightarrow 00:39:26.528$ global impression of change scale.

NOTE Confidence: 0.8234988

 $00{:}39{:}26.530 {\:{\circ}{\circ}{\circ}}>00{:}39{:}28.582$ It has been granted or phan drug

NOTE Confidence: 0.8234988

 $00:39:28.582 \longrightarrow 00:39:30.391$ designation from the FDA for

NOTE Confidence: 0.8234988

 $00:39:30.391 \longrightarrow 00:39:32.256$ treatment of narcolepsy and is

NOTE Confidence: 0.8234988

00:39:32.256 --> 00:39:33.748 pending full FDA approval.

NOTE Confidence: 0.83349127

 $00:39:37.100 \longrightarrow 00:39:38.900$ Reboxetine which is not

NOTE Confidence: 0.83349127

 $00:39:38.900 \longrightarrow 00:39:41.150$ approved in the United States,

NOTE Confidence: 0.83349127

 $00{:}39{:}41.150 --> 00{:}39{:}43.230$ is a norepine phrine reuptake

NOTE Confidence: 0.83349127

 $00:39:43.230 \longrightarrow 00:39:44.790$ inhibitor originally developed

NOTE Confidence: 0.83349127

 $00{:}39{:}44.790 \dashrightarrow 00{:}39{:}47.180$ for treatment of depression.

NOTE Confidence: 0.83349127

 $00:39:47.180 \longrightarrow 00:39:50.309$ The concert trial was conducted in the

NOTE Confidence: 0.83349127

 $00:39:50.309 \longrightarrow 00:39:54.094$ US in 2019, looking at reboxetine for

 $00:39:54.094 \longrightarrow 00:39:57.149$ treatment of cataplexy in narcolepsy.

NOTE Confidence: 0.83349127

00:39:57.150 --> 00:39:59.510 21 patients with narcolepsy type.

NOTE Confidence: 0.83349127

 $00:39:59.510 \longrightarrow 00:40:02.570$ One received reboxetine for two weeks

NOTE Confidence: 0.83349127

 $00:40:02.570 \longrightarrow 00:40:06.262$ and placebo for two weeks separated by

NOTE Confidence: 0.83349127

 $00:40:06.262 \longrightarrow 00:40:09.895$ one week of down titration and washout.

NOTE Confidence: 0.83349127

00:40:09.900 --> 00:40:12.204 There was a significant reduction of

NOTE Confidence: 0.83349127

 $00:40:12.204 \longrightarrow 00:40:14.900$ cataplexy attacks per week in the reboxetine.

NOTE Confidence: 0.83349127

 $00:40:14.900 \longrightarrow 00:40:15.416$ Group.

NOTE Confidence: 0.83349127

00:40:15.416 --> 00:40:17.480 There was significantly improved

NOTE Confidence: 0.83349127

 $00:40:17.480 \longrightarrow 00:40:19.028$ excessive daytime sleepiness

NOTE Confidence: 0.83349127

 $00{:}40{:}19.028 \mathrel{--}{>} 00{:}40{:}20.780$ symptoms compared to place bo,

NOTE Confidence: 0.83349127

 $00:40:20.780 \longrightarrow 00:40:22.520$ as measured by upward sleepiness

NOTE Confidence: 0.83349127

 $00:40:22.520 \longrightarrow 00:40:24.822$ for an 5 frequency of inadvertent

NOTE Confidence: 0.83349127

 $00:40:24.822 \longrightarrow 00:40:27.292$ naps and there was improved

NOTE Confidence: 0.83349127

00:40:27.292 --> 00:40:28.774 cognitive cognitive function.

NOTE Confidence: 0.83349127

 $00{:}40{:}28.780 \dashrightarrow 00{:}40{:}30.312$ Improve sleep quality production,

 $00:40:30.312 \longrightarrow 00:40:31.844$ and sleep paralysis episodes

NOTE Confidence: 0.83349127

 $00{:}40{:}31.844 \to 00{:}40{:}33.410$ and hypnagogic hallucinations.

NOTE Confidence: 0.831818410526315

 $00:40:37.030 \longrightarrow 00:40:39.170$ Other drugs being investigated.

NOTE Confidence: 0.831818410526315

 $00:40:39.170 \longrightarrow 00:40:42.380$ The combination of Modafinil and flecainide

NOTE Confidence: 0.831818410526315

 $00:40:42.453 \longrightarrow 00:40:45.268$ for excessive daytime sleepiness in

NOTE Confidence: 0.831818410526315

 $00:40:45.268 \longrightarrow 00:40:47.520$ narcolepsy and Parkinson's disease.

NOTE Confidence: 0.831818410526315

 $00:40:47.520 \longrightarrow 00:40:49.752$ The antiarrhythmic flecainide enhances

NOTE Confidence: 0.831818410526315

 $00{:}40{:}49.752 \dashrightarrow 00{:}40{:}53.100$ wake promoting effects of Modafinil through

NOTE Confidence: 0.831818410526315

 $00:40:53.171 \longrightarrow 00:40:55.687$ inhibition of astroglial connections.

NOTE Confidence: 0.831818410526315

 $00{:}40{:}55.690 \dashrightarrow 00{:}40{:}58.792$ Some melicent which is a histamine

NOTE Confidence: 0.831818410526315

 $00{:}40{:}58.792 \dashrightarrow 00{:}41{:}00.860$ three receptor inverse agonist,

NOTE Confidence: 0.831818410526315

 $00:41:00.860 \longrightarrow 00:41:04.060$ has demonstrated wake promoting an

NOTE Confidence: 0.831818410526315

 $00{:}41{:}04.060 \dashrightarrow 00{:}41{:}08.160$ anti cat affective effects in rodents.

NOTE Confidence: 0.831818410526315

00:41:08.160 --> 00:41:10.450 And there are two hypocretin,

NOTE Confidence: 0.831818410526315

 $00{:}41{:}10.450 \dashrightarrow 00{:}41{:}12.440$ two receptor selective agonist Tak

 $00:41:12.440 \longrightarrow 00:41:14.983$ 925 with which is a subcutaneous

NOTE Confidence: 0.831818410526315

 $00:41:14.983 \longrightarrow 00:41:17.857$ preparation and tag 994 which is

NOTE Confidence: 0.831818410526315

 $00:41:17.857 \longrightarrow 00:41:20.806$ an oral preparation that have shown

NOTE Confidence: 0.831818410526315

 $00:41:20.806 \longrightarrow 00:41:23.201$ to increase wakefulness and reduce

NOTE Confidence: 0.831818410526315

 $00:41:23.201 \longrightarrow 00:41:25.980$ cataplexy like episodes in mouse models.

NOTE Confidence: 0.76369166

00:41:29.590 --> 00:41:34.086 So going back to my patient Miss Ma.

NOTE Confidence: 0.76369166

 $00:41:34.090 \longrightarrow 00:41:37.090$ I decided to prescribe it to listen for

NOTE Confidence: 0.76369166

 $00:41:37.090 \longrightarrow 00:41:39.549$ excessive daytime sleepiness and cataplexy,

NOTE Confidence: 0.76369166

 $00:41:39.550 \longrightarrow 00:41:43.766$ as she was leery of starting sodium oxybate.

NOTE Confidence: 0.76369166

00:41:43.770 --> 00:41:44.898 I initially prescribed

NOTE Confidence: 0.76369166

 $00:41:44.898 \longrightarrow 00:41:46.778$ methylphenidate and asked her to

NOTE Confidence: 0.76369166

 $00:41:46.778 \longrightarrow 00:41:48.620$ continue with her scheduled naps.

NOTE Confidence: 0.76369166

 $00:41:48.620 \longrightarrow 00:41:52.430$ While we waited for insurance approval.

NOTE Confidence: 0.76369166

00:41:52.430 --> 00:41:54.162 This drug, of course,

NOTE Confidence: 0.76369166

 $00:41:54.162 \longrightarrow 00:41:56.327$ was denied by insurance and

NOTE Confidence: 0.76369166

00:41:56.327 --> 00:41:58.470 after lengthy discussions she

 $00:41:58.470 \longrightarrow 00:42:01.180$ agreed to start sodium oxybate.

NOTE Confidence: 0.76369166

 $00{:}42{:}01.180 \dashrightarrow 00{:}42{:}06.220$ She was titrated to 3.75 grams twice nightly.

NOTE Confidence: 0.76369166

 $00:42:06.220 \longrightarrow 00:42:08.352$ And her upward sleepiness

NOTE Confidence: 0.76369166

 $00:42:08.352 \longrightarrow 00:42:11.550$ scale went from 19 to 5.

NOTE Confidence: 0.76369166

 $00{:}42{:}11.550 \dashrightarrow 00{:}42{:}13.054$ For weekly cataplexy attacks

NOTE Confidence: 0.76369166

 $00:42:13.054 \longrightarrow 00:42:15.730$ that were seven to 10 per week.

NOTE Confidence: 0.76369166

 $00:42:15.730 \longrightarrow 00:42:18.670$ Where is zero in two months?

NOTE Confidence: 0.76369166

 $00:42:18.670 \longrightarrow 00:42:20.872$ She rarely needs to nap during

NOTE Confidence: 0.76369166

 $00:42:20.872 \longrightarrow 00:42:23.329$ the day she is in college.

NOTE Confidence: 0.76369166

 $00{:}42{:}23.330 \dashrightarrow 00{:}42{:}25.646$ She plays softball and does trap.

NOTE Confidence: 0.76369166

 $00:42:25.650 \longrightarrow 00:42:28.212$ She is now able to attend more

NOTE Confidence: 0.76369166

 $00:42:28.212 \longrightarrow 00:42:29.920$ family and social events.

NOTE Confidence: 0.91140926

 $00{:}42{:}32.780 \dashrightarrow 00{:}42{:}35.508$ I would like to finish with a couple

NOTE Confidence: 0.91140926

 $00{:}42{:}35.508 \rightarrow 00{:}42{:}38.207$ of take home points to summarize.

NOTE Confidence: 0.91140926

 $00:42:38.210 \longrightarrow 00:42:40.335$ Although the cause of narcolepsy

 $00:42:40.335 \longrightarrow 00:42:42.035$ is not completely understood,

NOTE Confidence: 0.91140926

 $00{:}42{:}42.040 \dashrightarrow 00{:}42{:}44.570$ it is increasingly evident that

NOTE Confidence: 0.91140926

 $00:42:44.570 \longrightarrow 00:42:47.100$ it is an autoimmune disease.

NOTE Confidence: 0.91140926

 $00:42:47.100 \longrightarrow 00:42:51.790$ The search for characteristic. I'm sorry.

NOTE Confidence: 0.87515706

 $00:42:56.620 \longrightarrow 00:42:59.585$ The search for characteristic narcolepsy

NOTE Confidence: 0.87515706

 $00:42:59.585 \longrightarrow 00:43:03.209$ autoantibodies has not been successful with

NOTE Confidence: 0.87515706

 $00:43:03.209 \longrightarrow 00:43:06.089$ no autoantibodies consistently found yet.

NOTE Confidence: 0.9423355

 $00:43:12.720 \longrightarrow 00:43:14.170$ I apologize.

NOTE Confidence: 0.89262474

 $00:43:22.000 \longrightarrow 00:43:23.660$ Can everybody see my screen?

NOTE Confidence: 0.83156335

 $00:43:30.350 \longrightarrow 00:43:32.210$ Yeah, but the slide is frozen.

NOTE Confidence: 0.83156335

 $00:43:33.200 \longrightarrow 00:43:37.330$ OK. Can you see it now?

NOTE Confidence: 0.83156335

00:43:37.330 --> 00:43:41.206 Yep, Yep Yep, OK, thank you.

NOTE Confidence: 0.83156335

00:43:41.210 --> 00:43:43.440 But delay in diagnosis or

NOTE Confidence: 0.83156335

00:43:43.440 --> 00:43:45.224 misdiagnosis may occur with

NOTE Confidence: 0.83156335

 $00:43:45.224 \longrightarrow 00:43:47.459$ significant consequences to patients.

NOTE Confidence: 0.9073099

 $00:43:50.190 \longrightarrow 00:43:52.318$ And the goal of treatment should be

 $00:43:52.318 \longrightarrow 00:43:54.576$ to produce the fullest possible return

NOTE Confidence: 0.9073099

 $00:43:54.576 \longrightarrow 00:43:56.706$ of normal function for patients.

NOTE Confidence: 0.90446585

 $00:43:59.030 \longrightarrow 00:44:01.005$ Although tremendous progress has been

NOTE Confidence: 0.90446585

 $00:44:01.005 \longrightarrow 00:44:03.750$ made in the treatment of narcolepsy,

NOTE Confidence: 0.90446585

 $00:44:03.750 \longrightarrow 00:44:06.150$ it still remains symptomatic and there

NOTE Confidence: 0.90446585

 $00:44:06.150 \longrightarrow 00:44:09.758$ is so much to learn about this disease.

NOTE Confidence: 0.8119724

00:44:11.840 --> 00:44:13.922 I want to thank Doctor Mosen

NOTE Confidence: 0.8119724

 $00:44:13.922 \longrightarrow 00:44:16.074$ in for encouraging me to take

NOTE Confidence: 0.8119724

 $00:44:16.074 \longrightarrow 00:44:17.809$ this patient under my care.

NOTE Confidence: 0.8119724

 $00:44:17.810 \longrightarrow 00:44:19.214$ Ann for precepting me

NOTE Confidence: 0.8119724

00:44:19.214 --> 00:44:20.618 during her initial visit,

NOTE Confidence: 0.8119724

 $00:44:20.620 \longrightarrow 00:44:22.830$ Doctor Tapawai consulted multiple times

NOTE Confidence: 0.8119724

 $00{:}44{:}22.830 \dashrightarrow 00{:}44{:}24.598$ when making management decisions.

NOTE Confidence: 0.8119724

 $00:44:24.600 \longrightarrow 00:44:26.202$ As well as Doctor Tobias and

NOTE Confidence: 0.8119724

00:44:26.202 --> 00:44:27.973 Doctor Miner who gave me advice

 $00:44:27.973 \longrightarrow 00:44:29.578$ when putting together this talk.

NOTE Confidence: 0.8119724

 $00:44:29.580 \longrightarrow 00:44:31.050$ And of course Miss Ma,

NOTE Confidence: 0.8119724

 $00:44:31.050 \longrightarrow 00:44:33.325$ who allowed me to care for her

NOTE Confidence: 0.8119724

 $00:44:33.325 \longrightarrow 00:44:35.439$ and learn so much from her.

NOTE Confidence: 0.8119724

 $00:44:35.440 \longrightarrow 00:44:36.140$ Thank you.

NOTE Confidence: 0.85701376

 $00:44:50.660 \longrightarrow 00:44:52.616$ I'd be happy to take any

NOTE Confidence: 0.85701376

 $00:44:52.620 \longrightarrow 00:44:54.250$ questions if there are so.

NOTE Confidence: 0.85701376

 $00:44:54.250 \longrightarrow 00:44:55.550$ Are there any questions?

NOTE Confidence: 0.85701376

 $00:44:55.550 \longrightarrow 00:44:56.525$ Let's see there's.

NOTE Confidence: 0.85701376

 $00:44:56.530 \longrightarrow 00:45:00.390$ I think there's something in the chat.

NOTE Confidence: 0.85701376

00:45:00.390 --> 00:45:06.480 I have one there overheat high. Go ahead,

NOTE Confidence: 0.8150497

 $00:45:06.480 \longrightarrow 00:45:08.470$ OK. I thought the chat

NOTE Confidence: 0.8150497

 $00:45:08.470 \longrightarrow 00:45:10.425$ questions will be covered.

NOTE Confidence: 0.8150497

 $00:45:10.425 \longrightarrow 00:45:13.110$ Then there was a terrific presentation

NOTE Confidence: 0.8150497

 $00:45:13.110 \longrightarrow 00:45:15.540$ on a coverage of the whole.

NOTE Confidence: 0.8150497

 $00:45:15.540 \longrightarrow 00:45:18.130$ Field, including the new one.

 $00:45:18.130 \longrightarrow 00:45:20.298$ Drugs around the corner.

NOTE Confidence: 0.8150497

 $00{:}45{:}20.298 --> 00{:}45{:}23.008$ Could you comment on the

NOTE Confidence: 0.8150497

00:45:23.008 --> 00:45:24.438 sensitivity of MSL T?

NOTE Confidence: 0.8150497

00:45:24.440 --> 00:45:28.320 As you know, it's is the gold standard,

NOTE Confidence: 0.8150497

 $00:45:28.320 \longrightarrow 00:45:30.740$ but then has issues with

NOTE Confidence: 0.8150497

 $00{:}45{:}30.740 \dashrightarrow 00{:}45{:}32.676$ perhaps false negative results.

NOTE Confidence: 0.8150497

00:45:32.680 --> 00:45:37.045 And how do you handle those type of cases?

NOTE Confidence: 0.86430895

 $00:45:37.860 \longrightarrow 00:45:40.415$ Yeah, it's it's really kind of I.

NOTE Confidence: 0.86430895

 $00{:}45{:}40.420 --> 00{:}45{:}42.406$ I can't remember off the top

NOTE Confidence: 0.86430895

00:45:42.406 --> 00:45:44.987 of my head the exact number in

NOTE Confidence: 0.86430895

 $00{:}45{:}44.987 \dashrightarrow 00{:}45{:}47.345$ terms of sensitivity of MSL T,

NOTE Confidence: 0.86430895

 $00:45:47.350 \longrightarrow 00:45:49.905$ but it's really not a great test.

NOTE Confidence: 0.86430895

 $00:45:49.910 \longrightarrow 00:45:53.158$ You have to take into account the whole

NOTE Confidence: 0.86430895

 $00:45:53.158 \longrightarrow 00:45:55.708$ clinical context and also be sure to

NOTE Confidence: 0.86430895

00:45:55.708 --> 00:45:58.132 rule out other reasons why we could

 $00:45:58.132 \longrightarrow 00:46:00.512$ have MSL T findings that could give

NOTE Confidence: 0.86430895

00:46:00.512 --> 00:46:04.290 us a false positive for narcolepsy.

NOTE Confidence: 0.86430895

00:46:04.290 --> 00:46:06.258 Things like sleep deprivation,

NOTE Confidence: 0.86430895

 $00:46:06.258 \longrightarrow 00:46:08.718$ medications and substances could kind

NOTE Confidence: 0.86430895

 $00:46:08.718 \longrightarrow 00:46:11.357$ of taint the results of the MSLT,

NOTE Confidence: 0.86430895

 $00:46:11.360 \longrightarrow 00:46:14.896$ so it's really not a great break test.

NOTE Confidence: 0.86430895

00:46:14.900 --> 00:46:18.065 It's important to take everything

NOTE Confidence: 0.86430895

 $00:46:18.065 \longrightarrow 00:46:20.597$ else into clinical context.

NOTE Confidence: 0.86430895

 $00:46:20.600 \longrightarrow 00:46:21.030$ Yeah,

NOTE Confidence: 0.856885299999999

 $00:46:21.030 \longrightarrow 00:46:23.034$ it's sometimes difficult to

NOTE Confidence: 0.856885299999999

 $00{:}46{:}23.034 \dashrightarrow 00{:}46{:}25.539$ differentiate type two with the

NOTE Confidence: 0.856885299999999

00:46:25.539 --> 00:46:27.494 idiopathic hypersomnia if there may

NOTE Confidence: 0.856885299999999

 $00:46:27.494 \longrightarrow 00:46:30.920$ be a lot of overlaps as far as their

00:46:30.920 --> 00:46:33.070 presentation sensitivity for MSL T,

NOTE Confidence: 0.856885299999999

 $00:46:33.070 \longrightarrow 00:46:35.650$ the first time is around 70%,

NOTE Confidence: 0.856885299999999

00:46:35.650 --> 00:46:39.090 so you tend to get like 30% negative

 $00:46:39.090 \longrightarrow 00:46:42.100$ or could be false negative rate, which

NOTE Confidence: 0.8568853

 $00:46:42.100 \longrightarrow 00:46:43.820$ is a pretty significant

NOTE Confidence: 0.8568853

 $00:46:43.820 \longrightarrow 00:46:47.430$ number, you know, yeah.

NOTE Confidence: 0.8492221

 $00:46:47.430 \longrightarrow 00:46:49.158$ That was a great

NOTE Confidence: 0.8492221

 $00:46:49.160 \longrightarrow 00:46:50.888$ talk. Glenda, thank you.

NOTE Confidence: 0.8492221

 $00:46:50.890 \longrightarrow 00:46:53.050$ Thank you. Yeah. So Glenda,

NOTE Confidence: 0.8492221

 $00:46:53.050 \longrightarrow 00:46:55.636$ we frequently see in in clinics,

NOTE Confidence: 0.8492221

 $00:46:55.640 \longrightarrow 00:46:58.657$ patients who are in their early 20s.

NOTE Confidence: 0.8492221

 $00:46:58.660 \longrightarrow 00:47:01.246$ They look like they have narcolepsy.

NOTE Confidence: 0.8492221

 $00:47:01.250 \longrightarrow 00:47:04.379$ They give a great history but they

NOTE Confidence: 0.8492221

 $00:47:04.379 \longrightarrow 00:47:06.544$ are on antidepressants and when

NOTE Confidence: 0.8492221

 $00:47:06.544 \longrightarrow 00:47:09.127$ we study them with an MSLT the

NOTE Confidence: 0.8492221

 $00{:}47{:}09.127 \dashrightarrow 00{:}47{:}11.891$ results do not support a diagnosis

NOTE Confidence: 0.8492221

00:47:11.891 --> 00:47:13.743 of narcolepsy because they're

NOTE Confidence: 0.8492221

 $00:47:13.743 \longrightarrow 00:47:17.030$ on our REM suppressing agent.

00:47:17.030 --> 00:47:18.728 How do you think we should

NOTE Confidence: 0.8492221

 $00:47:18.728 \longrightarrow 00:47:19.860$ handle patients like that?

NOTE Confidence: 0.895783814285714

 $00:47:21.210 \longrightarrow 00:47:24.409$ Well, I mean. Like I mentioned always,

NOTE Confidence: 0.895783814285714

00:47:24.410 --> 00:47:26.426 ideally in an ideal world we would

NOTE Confidence: 0.895783814285714

 $00:47:26.426 \longrightarrow 00:47:28.650$ have them stop their antidepressants,

NOTE Confidence: 0.895783814285714

 $00:47:28.650 \longrightarrow 00:47:33.090$ but we know that that's not always possible.

NOTE Confidence: 0.895783814285714

 $00:47:33.090 \longrightarrow 00:47:35.988$ I do think that the clinical

NOTE Confidence: 0.895783814285714

 $00:47:35.988 \longrightarrow 00:47:37.920$ history is very important.

NOTE Confidence: 0.895783814285714

 $00:47:37.920 \longrightarrow 00:47:40.524$ If there's any question about a difference

NOTE Confidence: 0.895783814285714

 $00:47:40.524 \longrightarrow 00:47:43.087$ between type one and Type 2 narcolepsy,

NOTE Confidence: 0.895783814285714

00:47:43.090 --> 00:47:44.194 measuring CSF hypocretin

NOTE Confidence: 0.895783814285714

00:47:44.194 --> 00:47:45.666 levels might be useful,

NOTE Confidence: 0.895783814285714

 $00:47:45.670 \longrightarrow 00:47:49.495$ but I do think that the most important thing

NOTE Confidence: 0.895783814285714

 $00{:}47{:}49.495 \dashrightarrow 00{:}47{:}53.449$ is to try to manage the patient symptoms.

NOTE Confidence: 0.895783814285714

 $00:47:53.450 \longrightarrow 00:47:55.460$ If the patient is presenting with

NOTE Confidence: 0.895783814285714

 $00{:}47{:}55.460 \dashrightarrow 00{:}47{:}56.465$ excessive day time sleepiness,

 $00:47:56.470 \longrightarrow 00:47:58.140$ of course using a wake

NOTE Confidence: 0.895783814285714

00:47:58.140 --> 00:47:59.476 promoting agent and then,

NOTE Confidence: 0.895783814285714

00:47:59.480 --> 00:48:00.344 like I mentioned,

NOTE Confidence: 0.895783814285714

 $00:48:00.344 \longrightarrow 00:48:02.072$ it may be helpful to check

NOTE Confidence: 0.895783814285714

 $00:48:02.072 \longrightarrow 00:48:03.500$ CSF hypocretin levels.

NOTE Confidence: 0.85464007

 $00:48:04.970 \longrightarrow 00:48:08.642$ OK, so does any. Are there any other

NOTE Confidence: 0.85464007

 $00:48:08.642 \longrightarrow 00:48:11.180$ questions that that people have?

NOTE Confidence: 0.8233188

 $00:48:14.110 \longrightarrow 00:48:16.990$ Hi this is a in where I put a question

NOTE Confidence: 0.8233188

 $00{:}48{:}17.066 \dashrightarrow 00{:}48{:}19.866$ in the talk but I was just wondering.

NOTE Confidence: 0.8233188

 $00:48:19.870 \longrightarrow 00:48:22.570$ I haven't had a chance to read the new

NOTE Confidence: 0.8233188

 $00:48:22.570 \longrightarrow 00:48:24.350$ guidelines that came out recently,

NOTE Confidence: 0.8233188

 $00{:}48{:}24.350 \dashrightarrow 00{:}48{:}26.450$ but I see that armor Daffodil is

NOTE Confidence: 0.8233188

 $00:48:26.450 \longrightarrow 00:48:27.746$ a conditional recommendation and

NOTE Confidence: 0.8233188

 $00:48:27.746 \longrightarrow 00:48:29.466$ monophony Liz a strong recommendation.

NOTE Confidence: 0.8233188

 $00:48:29.470 \longrightarrow 00:48:32.030$ Did they talk about why and the guidelines?

 $00:48:32.030 \longrightarrow 00:48:33.630$ They separated those two medicines

NOTE Confidence: 0.8233188

 $00:48:33.630 \longrightarrow 00:48:35.230$ out and one was strong.

NOTE Confidence: 0.8233188

 $00:48:35.230 \longrightarrow 00:48:37.470$ This woman was like a week or

NOTE Confidence: 0.8233188

 $00:48:37.470 \longrightarrow 00:48:38.110$ conditional recommendation.

NOTE Confidence: 0.8233188

 $00:48:38.110 \longrightarrow 00:48:40.030$ You know what Doctor we are?

NOTE Confidence: 0.8233188

 $00:48:40.030 \longrightarrow 00:48:41.970$ I would really have to

NOTE Confidence: 0.8233188

 $00:48:41.970 \longrightarrow 00:48:44.480$ get back to you on that.

NOTE Confidence: 0.8233188

00:48:44.480 --> 00:48:47.099 I did not see like why they would have,

NOTE Confidence: 0.8233188

00:48:47.100 --> 00:48:48.550 you know, made that difference,

NOTE Confidence: 0.8233188

00:48:48.550 --> 00:48:50.005 but yes, Ma definitely had

NOTE Confidence: 0.8233188

 $00{:}48{:}50.005 \dashrightarrow 00{:}48{:}50.878$ a strong recommendation.

NOTE Confidence: 0.8233188

 $00{:}48{:}50.880 \dashrightarrow 00{:}48{:}52.854$ I was going to have to get

NOTE Confidence: 0.8233188

 $00:48:52.854 \longrightarrow 00:48:54.669$ back to you on that one.

NOTE Confidence: 0.8233188

 $00{:}48{:}54.670 \dashrightarrow 00{:}48{:}56.120$ Yeah, it's probably 'cause there's

NOTE Confidence: 0.84397614

00:48:56.120 --> 00:48:57.866 just. I would imagine there's just

NOTE Confidence: 0.84397614

00:48:57.866 --> 00:48:59.903 not as much information, but you know,

00:48:59.903 --> 00:49:02.480 usually what we do is, you know, we have.

NOTE Confidence: 0.84397614

 $00:49:02.480 \longrightarrow 00:49:04.640$ If we're going to use Medaugh alarm adapter

NOTE Confidence: 0.84397614

 $00:49:04.702 \longrightarrow 00:49:06.886$ will have a conversation with the patient,

NOTE Confidence: 0.84397614

00:49:06.890 --> 00:49:08.340 will talk about the advantage,

NOTE Confidence: 0.84397614

00:49:08.340 --> 00:49:09.800 disadvantage of having the opportunity

NOTE Confidence: 0.84397614

 $00:49:09.800 \longrightarrow 00:49:12.033$ to take that dose at noon and and

NOTE Confidence: 0.84397614

 $00:49:12.033 \longrightarrow 00:49:13.461$ some people just want take one

NOTE Confidence: 0.84397614

 $00{:}49{:}13.461 \dashrightarrow 00{:}49{:}15.432$ pill and so just interesting 'cause

NOTE Confidence: 0.84397614

 $00{:}49{:}15.432 \dashrightarrow 00{:}49{:}16.776$ that potentially could change.

NOTE Confidence: 0.84397614

 $00:49:16.780 \longrightarrow 00:49:18.350$ You know you would maybe.

NOTE Confidence: 0.84397614

 $00:49:18.350 \longrightarrow 00:49:21.386$ Say OK because of that recommendation

NOTE Confidence: 0.84397614

 $00:49:21.386 \longrightarrow 00:49:24.822$ we should be using more of a

NOTE Confidence: 0.84397614

 $00:49:24.822 \longrightarrow 00:49:26.578$ daffodil as the primary.

NOTE Confidence: 0.84397614

 $00:49:26.580 \longrightarrow 00:49:28.260$ Treatment if needed to be

NOTE Confidence: 0.84397614

 $00:49:28.260 \longrightarrow 00:49:29.604$ made for promoting medication.

 $00:49:29.610 \longrightarrow 00:49:30.618$ So just curious.

NOTE Confidence: 0.800938

 $00:49:30.620 \longrightarrow 00:49:32.642$ Yeah, and I don't know when

NOTE Confidence: 0.800938

 $00:49:32.642 \longrightarrow 00:49:33.653$ you're anxious parent.

NOTE Confidence: 0.800938

00:49:33.660 --> 00:49:36.348 In my vast one year sleep fellow experience.

NOTE Confidence: 0.800938

 $00:49:36.350 \longrightarrow 00:49:38.562$ Usually I find that patients have more

NOTE Confidence: 0.800938

00:49:38.562 --> 00:49:40.399 headaches on Modafinil and armodafinil,

NOTE Confidence: 0.800938

 $00:49:40.400 \longrightarrow 00:49:42.759$ so I don't know if that's if

NOTE Confidence: 0.800938

 $00:49:42.759 \longrightarrow 00:49:44.706$ you've seen that. But yes, I'm.

NOTE Confidence: 0.800938

 $00{:}49{:}44.706 {\:\dashrightarrow\:} 00{:}49{:}46.890$ It's probably because there is lack of

NOTE Confidence: 0.800938

00:49:46.950 --> 00:49:49.626 evidence for Arma definite that the

NOTE Confidence: 0.800938

 $00{:}49{:}49.626 \dashrightarrow 00{:}49{:}51.300$ recommendation was conditional. Yeah,

NOTE Confidence: 0.81212157

 $00:49:51.300 \longrightarrow 00:49:53.165$ I've seen it. Probably just

NOTE Confidence: 0.81212157

 $00:49:53.165 \longrightarrow 00:49:54.657$ an ecdotally about equally between

NOTE Confidence: 0.81212157

 $00:49:54.657 \longrightarrow 00:49:56.527$ the two and most of the time.

NOTE Confidence: 0.81212157

00:49:56.530 --> 00:49:59.464 If they can plow through a week of treatment,

NOTE Confidence: 0.81212157

 $00:49:59.470 \longrightarrow 00:50:01.110$ usually the headaches with inside,

 $00{:}50{:}01.110 \dashrightarrow 00{:}50{:}03.318$ so I kind of encourage them to continue

NOTE Confidence: 0.81212157

 $00:50:03.318 \longrightarrow 00:50:05.790$ for at least two weeks before they

NOTE Confidence: 0.81212157

00:50:05.790 --> 00:50:07.650 completely give up the medication,

NOTE Confidence: 0.81212157

 $00:50:07.650 \longrightarrow 00:50:09.280$ because the headaches but that,

NOTE Confidence: 0.81212157

 $00:50:09.280 \longrightarrow 00:50:10.261$ as you mentioned,

NOTE Confidence: 0.81212157

 $00:50:10.261 \longrightarrow 00:50:12.550$ that is a very common side effect

NOTE Confidence: 0.81212157

 $00:50:12.550 \longrightarrow 00:50:14.190$ with both of those pills.

NOTE Confidence: 0.81212157

00:50:14.190 --> 00:50:16.272 Yeah, yeah, it seems that Modafinil

NOTE Confidence: 0.81212157

00:50:16.272 --> 00:50:17.660 gives patients more flexibility

NOTE Confidence: 0.81212157

 $00:50:17.712 \longrightarrow 00:50:19.700$ as far as dosing as opposed to

NOTE Confidence: 0.81212157

 $00:50:19.700 \longrightarrow 00:50:21.130$ armodafinil there almost identical.

NOTE Confidence: 0.81212157

00:50:21.130 --> 00:50:23.290 Medications, as far as their

NOTE Confidence: 0.81212157

 $00{:}50{:}23.290 \dashrightarrow 00{:}50{:}25.450$ efficacy adjust the dose dependency

NOTE Confidence: 0.81212157

 $00:50:25.526 \longrightarrow 00:50:27.689$ so it's once you take the armor,

NOTE Confidence: 0.81212157

 $00:50:27.690 \longrightarrow 00:50:29.655$ definitely don't want to take

 $00:50:29.655 \longrightarrow 00:50:32.055$ the second dose because of the

NOTE Confidence: 0.81212157

 $00:50:32.055 \longrightarrow 00:50:34.271$ longer acting nature of it, so,

NOTE Confidence: 0.81212157

 $00:50:34.271 \dashrightarrow 00:50:36.677$ but definitely will be may be a

NOTE Confidence: 0.81212157

 $00{:}50{:}36.677 \dashrightarrow 00{:}50{:}38.306$ good starting medications and

NOTE Confidence: 0.81212157

00:50:38.306 --> 00:50:40.424 then perhaps switch over to Arma.

NOTE Confidence: 0.81212157

00:50:40.430 --> 00:50:42.746 Definitely if they need consistently two

NOTE Confidence: 0.8370598

 $00:50:42.750 \longrightarrow 00:50:44.470$ dosing per day. Yeah,

NOTE Confidence: 0.8370598

 $00:50:44.470 \longrightarrow 00:50:47.050$ so the the original clinical

NOTE Confidence: 0.8370598

00:50:47.136 --> 00:50:49.922 trials done in in the US which

NOTE Confidence: 0.8370598

 $00:50:49.922 \longrightarrow 00:50:52.079$ led to registration by the FDA.

NOTE Confidence: 0.8370598

 $00:50:52.080 \longrightarrow 00:50:54.803$ The dosage was 400 milligrams of Modafinil

NOTE Confidence: 0.8370598

 $00:50:54.803 \longrightarrow 00:50:57.529$ and one shot in in the morning.

NOTE Confidence: 0.8370598

 $00:50:57.530 \longrightarrow 00:50:59.696$ In the rest of the world.

NOTE Confidence: 0.8370598

00:50:59.700 --> 00:51:01.878 They didn't do that, it was,

NOTE Confidence: 0.8370598

 $00:51:01.880 \longrightarrow 00:51:04.414$ it was sort of a BID thing.

NOTE Confidence: 0.8370598

00:51:04.420 --> 00:51:06.954 Half of the dose in the morning,

00:51:06.960 --> 00:51:08.780 half the dosage at lunchtime,

NOTE Confidence: 0.8370598

 $00:51:08.780 \longrightarrow 00:51:11.676$ and that seems to actually work fairly well.

NOTE Confidence: 0.8370598

00:51:11.680 --> 00:51:13.858 And just like Doctor Motion and

NOTE Confidence: 0.8370598

00:51:13.858 --> 00:51:15.676 just mentioned, patients are able

NOTE Confidence: 0.8370598

 $00:51:15.676 \longrightarrow 00:51:17.486$ to titrate themselves that way.

NOTE Confidence: 0.8370598

 $00:51:17.490 \longrightarrow 00:51:18.986$ And sometimes they'll be.

NOTE Confidence: 0.8370598

 $00:51:18.986 \longrightarrow 00:51:22.368$ They'll be able to take 200 in the morning.

NOTE Confidence: 0.8370598

 $00:51:22.370 \longrightarrow 00:51:24.974$ 100 lunchtime and maybe even another

NOTE Confidence: 0.8370598

00:51:24.974 --> 00:51:28.408 hundred at you know 4-5 o'clock in the

NOTE Confidence: 0.8370598

 $00:51:28.408 \longrightarrow 00:51:31.247$ evening if they're gonna be going to

NOTE Confidence: 0.8370598

 $00{:}51{:}31.247 \dashrightarrow 00{:}51{:}33.736$ a concert or driving in the evening,

NOTE Confidence: 0.8370598

 $00:51:33.736 \longrightarrow 00:51:36.576$ so Modafinil gives a lot more flexibility.

NOTE Confidence: 0.88766396

 $00{:}51{:}38.220 \dashrightarrow 00{:}51{:}39.648$ I have a question.

NOTE Confidence: 0.85349786

 $00:51:40.860 \longrightarrow 00:51:42.920$ So how do you

NOTE Confidence: 0.85349786

 $00:51:42.920 \longrightarrow 00:51:44.468$ know how and

 $00:51:44.470 \longrightarrow 00:51:48.016$ why the the? The app, the mean

NOTE Confidence: 0.8408915525

00:51:48.016 --> 00:51:50.190 sleep latency for the Ms Lt

NOTE Confidence: 0.80307263

 $00:51:50.190 \longrightarrow 00:51:55.000$ was said at 8 minutes. How and why

NOTE Confidence: 0.8954228

 $00:51:55.000 \longrightarrow 00:51:57.529$ that was chosen?

NOTE Confidence: 0.8954228

 $00:51:57.530 \longrightarrow 00:51:59.840$ And I always think about a

NOTE Confidence: 0.8954228

00:51:59.840 --> 00:52:00.998 term pathologic sleeping.

NOTE Confidence: 0.8954228

 $00:52:01.000 \longrightarrow 00:52:03.692$ This is being less than five minutes.

NOTE Confidence: 0.8954228

 $00:52:03.692 \longrightarrow 00:52:04.850$ Does anybody use

NOTE Confidence: 0.8584739

 $00:52:04.850 \longrightarrow 00:52:06.005$ that term? Well,

NOTE Confidence: 0.8584739

 $00:52:06.005 \longrightarrow 00:52:08.700$ it used to be less than five,

NOTE Confidence: 0.8584739

 $00{:}52{:}08.700 \dashrightarrow 00{:}52{:}11.542$ and it turns out that most narcolepsy

NOTE Confidence: 0.8584739

00:52:11.542 --> 00:52:14.468 patients are like way less than five an.

NOTE Confidence: 0.8584739

00:52:14.470 --> 00:52:17.550 I don't recall why it went to 8,

NOTE Confidence: 0.8584739

 $00:52:17.550 \longrightarrow 00:52:20.630$ but it suddenly went to 8 from 5.

NOTE Confidence: 0.8584739

00:52:20.630 --> 00:52:22.940 Ann and Ann. I don't remember

NOTE Confidence: 0.8584739

 $00:52:22.940 \longrightarrow 00:52:25.250$ the reason for it. I think

 $00:52:25.250 \longrightarrow 00:52:27.560$ it's because of the balance between

NOTE Confidence: 0.8584739

 $00{:}52{:}27.560 \dashrightarrow 00{:}52{:}29.100$ the sensitivity and specificity,

NOTE Confidence: 0.8584739

 $00:52:29.100 \longrightarrow 00:52:30.363$ because if you.

NOTE Confidence: 0.8584739

00:52:30.363 --> 00:52:34.018 If you if you decrease it to five minutes,

NOTE Confidence: 0.8584739

00:52:34.020 --> 00:52:36.288 it's going to be more specific,

NOTE Confidence: 0.8584739

 $00:52:36.290 \longrightarrow 00:52:38.222$ but much less sensitive.

NOTE Confidence: 0.8584739

 $00:52:38.222 \longrightarrow 00:52:41.120$ And so the specificity of the

NOTE Confidence: 0.8584739

 $00:52:41.217 \longrightarrow 00:52:43.500$ test is like 95% the sensitivity

NOTE Confidence: 0.8584739

 $00:52:43.500 \longrightarrow 00:52:48.000$ is more like 70 to 80% so.

NOTE Confidence: 0.8584739

 $00:52:48.000 \longrightarrow 00:52:50.375$ You know combining those two

NOTE Confidence: 0.8584739

 $00:52:50.375 \longrightarrow 00:52:53.400$ features with those two numbers makes

NOTE Confidence: 0.8584739

 $00{:}52{:}53.400 \dashrightarrow 00{:}52{:}56.200$ it most sensitive and specific.

NOTE Confidence: 0.8584739

 $00:52:56.200 \longrightarrow 00:52:58.188$ That's the reason, so

NOTE Confidence: 0.7248151

 $00:52:58.190 \longrightarrow 00:53:00.680$ it's sort of a sophistical

NOTE Confidence: 0.7248151

 $00:53:00.680 \longrightarrow 00:53:03.670$ thing. OK, one other one other

 $00:53:03.670 \longrightarrow 00:53:06.158$ question, and I've heard Doctor

NOTE Confidence: 0.7248151

 $00:53:06.158 \longrightarrow 00:53:08.648$ Maggio mentioned at the onset

NOTE Confidence: 0.799982933333333

00:53:08.650 --> 00:53:12.480 of. Sleep of Ram in the overnight

NOTE Confidence: 0.799982933333333

 $00:53:12.480 \longrightarrow 00:53:15.230$ sleep test when it's less than

NOTE Confidence: 0.8150165

 $00:53:15.230 \longrightarrow 00:53:17.976$ 20 minutes, that alone is significant

NOTE Confidence: 0.8150165

 $00:53:17.976 \longrightarrow 00:53:20.258$ enough to make the diagnosis

NOTE Confidence: 0.8150165

 $00:53:20.260 \longrightarrow 00:53:24.140$ as far as he was concerned.

NOTE Confidence: 0.8354809

 $00:53:24.140 \longrightarrow 00:53:26.318$ So asleep on set run period,

NOTE Confidence: 0.8354809

 $00:53:26.320 \longrightarrow 00:53:28.952$ it is usually a onset of REM within

NOTE Confidence: 0.8354809

 $00:53:28.952 \longrightarrow 00:53:31.040$ 15 minutes of achieving sleep.

NOTE Confidence: 0.8354809

 $00{:}53{:}31.040 \dashrightarrow 00{:}53{:}33.936$ I haven't heard the the 20 minute criteria.

NOTE Confidence: 0.8354809

00:53:33.940 --> 00:53:36.327 It's usually with 15 and you should

NOTE Confidence: 0.8354809

 $00:53:36.327 \longrightarrow 00:53:39.388$ have two or more to make the diagnosis.

NOTE Confidence: 0.70982164

 $00{:}53{:}41.730 \to 00{:}53{:}45.694$ So if you only had a 15 minutes only on

NOTE Confidence: 0.70982164

 $00:53:45.700 \longrightarrow 00:53:48.478$ the overnight test, you still committed to

NOTE Confidence: 0.70982164

 $00:53:48.480 \longrightarrow 00:53:52.440$ doing an MSL MSL T.

 $00:53:52.440 \longrightarrow 00:53:54.080$ To establish the diagnosis?

NOTE Confidence: 0.70982164

 $00:53:54.080 \longrightarrow 00:53:57.360$ Yes, for PSG and MSL T findings yet.

NOTE Confidence: 0.8320436

 $00:53:59.930 \longrightarrow 00:54:02.640$ One thing that I always wonder about

NOTE Confidence: 0.8320436

 $00:54:02.640 \longrightarrow 00:54:04.961$ is whether or not cataplexy that

NOTE Confidence: 0.8320436

 $00{:}54{:}04.961 \dashrightarrow 00{:}54{:}06.509$ presses up cataplexy should

NOTE Confidence: 0.8320436

 $00:54:06.509 \longrightarrow 00:54:07.670$ be considered pathognomonic.

NOTE Confidence: 0.8320436

 $00:54:07.670 \longrightarrow 00:54:10.225$ Because when you look at the International

NOTE Confidence: 0.8320436

 $00{:}54{:}10.225 \dashrightarrow 00{:}54{:}11.930$ Classification for Sleep Disorders,

NOTE Confidence: 0.8320436

 $00:54:11.930 \longrightarrow 00:54:14.662$ that's actually not part of their criteria.

NOTE Confidence: 0.8320436

 $00{:}54{:}14.662 \dashrightarrow 00{:}54{:}17.068$ But there are sources outside of

NOTE Confidence: 0.8320436

 $00{:}54{:}17.068 \dashrightarrow 00{:}54{:}19.666$ that that do suggest that it should

NOTE Confidence: 0.8320436

 $00:54:19.670 \longrightarrow 00:54:20.828$ be a pathognomonic

NOTE Confidence: 0.8320436

 $00:54:20.830 \longrightarrow 00:54:21.988$ criterion. You know,

NOTE Confidence: 0.8320436

00:54:21.990 --> 00:54:23.920 if the patient has cataplexy,

NOTE Confidence: 0.8320436

 $00:54:23.920 \longrightarrow 00:54:26.247$ then narcolepsy is the definite diagnosis.

00:54:26.247 --> 00:54:28.568 What do you think about that?

NOTE Confidence: 0.8177311

 $00:54:29.590 \longrightarrow 00:54:31.150$ I actually agree with that,

NOTE Confidence: 0.8177311

 $00:54:31.150 \longrightarrow 00:54:33.327$ specially with what we were talking about.

NOTE Confidence: 0.8177311

 $00:54:33.330 \longrightarrow 00:54:35.514$ The sensitivity and specificity of Ms Lt.

NOTE Confidence: 0.8177311

 $00:54:35.520 \longrightarrow 00:54:37.158$ I mean if the patient has

NOTE Confidence: 0.8177311

00:54:37.158 --> 00:54:38.950 kind of clear cut cataplexy,

NOTE Confidence: 0.8177311

 $00:54:38.950 \dashrightarrow 00:54:42.379$ the MSL team not being such a great test.

NOTE Confidence: 0.8177311

00:54:42.380 --> 00:54:44.894 I think you know, treating them

NOTE Confidence: 0.8177311

 $00:54:44.894 \longrightarrow 00:54:47.710$ as a narcolepsy type one is valid.

NOTE Confidence: 0.840593

 $00:54:50.920 \longrightarrow 00:54:53.552$ The only thing I would just say with

NOTE Confidence: 0.840593

 $00{:}54{:}53.552 \dashrightarrow 00{:}54{:}56.885$ that I think that to me that makes sense,

NOTE Confidence: 0.840593

 $00:54:56.890 \longrightarrow 00:54:58.018$ except that remember,

NOTE Confidence: 0.840593

 $00:54:58.018 \longrightarrow 00:55:00.274$ the cataplexy is basically a subjective

NOTE Confidence: 0.840593

 $00:55:00.274 \longrightarrow 00:55:02.069$ finding that the patient gives you

NOTE Confidence: 0.840593

00:55:02.069 --> 00:55:04.276 right so and now you're dealing with

NOTE Confidence: 0.840593

 $00{:}55{:}04.276 \to 00{:}55{:}06.628$ a very rare condition with controlled

 $00:55:06.628 \longrightarrow 00:55:08.437$ substance medications which you know

NOTE Confidence: 0.840593

 $00{:}55{:}08.437 \dashrightarrow 00{:}55{:}10.132$ include you know amphetamines and

NOTE Confidence: 0.840593

 $00:55:10.132 \longrightarrow 00:55:11.980$ other potential medications of abuse.

NOTE Confidence: 0.840593

00:55:11.980 --> 00:55:15.142 So I think you should still have, you know,

NOTE Confidence: 0.840593

 $00:55:15.142 \longrightarrow 00:55:17.248$ objective testing to confirm the diagnosis,

NOTE Confidence: 0.840593

 $00:55:17.250 \longrightarrow 00:55:18.694$ even with the obvious

NOTE Confidence: 0.840593

00:55:18.694 --> 00:55:19.777 cataplexy DAG cataplexy.

NOTE Confidence: 0.840593

 $00{:}55{:}19.780 \dashrightarrow 00{:}55{:}21.628$ Symptom because I will tell you

NOTE Confidence: 0.840593

00:55:21.628 --> 00:55:22.860 just from personal experience,

NOTE Confidence: 0.840593

 $00:55:22.860 \longrightarrow 00:55:25.425$ I will see a lot of patients for second

NOTE Confidence: 0.840593

 $00{:}55{:}25.425 \dashrightarrow 00{:}55{:}27.926$ opinion who want me to prescribe them

NOTE Confidence: 0.840593

 $00{:}55{:}27.926 \dashrightarrow 00{:}55{:}29.959$ controlled substance and they give a

NOTE Confidence: 0.840593

 $00{:}55{:}29.959 \dashrightarrow 00{:}55{:}32.095$ great story and then when I tell them

NOTE Confidence: 0.840593

00:55:32.100 --> 00:55:34.032 that before I'm going to prescribe

NOTE Confidence: 0.840593

 $00:55:34.032 \longrightarrow 00:55:36.311$ any medicines I need to see objective

00:55:36.311 --> 00:55:38.481 testing or we need to repeat testing

NOTE Confidence: 0.840593

 $00{:}55{:}38.545 \dashrightarrow 00{:}55{:}40.414$ and then I never see them again.

NOTE Confidence: 0.840593

 $00:55:40.420 \longrightarrow 00:55:42.876$ So you just gotta be careful with that.

NOTE Confidence: 0.840593

 $00:55:42.880 \longrightarrow 00:55:45.580$ But I think if you have if you have that

NOTE Confidence: 0.840593

 $00:55:45.650 \longrightarrow 00:55:48.418$ diagnosis then just in terms of the rent,

NOTE Confidence: 0.840593

 $00:55:48.420 \longrightarrow 00:55:49.740$ suppression and and and.

NOTE Confidence: 0.840593

00:55:49.740 --> 00:55:50.730 Medications you know.

NOTE Confidence: 0.840593

00:55:50.730 --> 00:55:52.620 I personally will not do Ms,

NOTE Confidence: 0.840593

 $00{:}55{:}52.620 \dashrightarrow 00{:}55{:}54.468$ Lt and narcolepsy work up with

NOTE Confidence: 0.840593

00:55:54.468 --> 00:55:56.070 someone who's on our rent.

NOTE Confidence: 0.840593

00:55:56.070 --> 00:55:56.698 Suppressive medication.

NOTE Confidence: 0.840593

00:55:56.698 --> 00:55:58.896 In the absence of a cataplexy symptom,

NOTE Confidence: 0.840593

 $00:55:58.900 \longrightarrow 00:56:00.629$ because I just find that it gets

NOTE Confidence: 0.840593

00:56:00.629 --> 00:56:02.750 very muddy and you have a potential

NOTE Confidence: 0.840593

 $00:56:02.750 \longrightarrow 00:56:04.405$ false negatives and even potentially

NOTE Confidence: 0.840593

00:56:04.405 --> 00:56:06.239 false positives if they just

 $00:56:06.239 \longrightarrow 00:56:07.683$ abruptly stopped the medication.

NOTE Confidence: 0.840593

 $00:56:07.690 \longrightarrow 00:56:09.568$ So gets a little dicey there.

NOTE Confidence: 0.840593

00:56:09.570 --> 00:56:11.140 But I know, you know,

NOTE Confidence: 0.840593

 $00:56:11.140 \longrightarrow 00:56:12.396$ sometimes you really stuck.

NOTE Confidence: 0.840593

 $00:56:12.396 \longrightarrow 00:56:14.280$ You want to help these patients,

NOTE Confidence: 0.840593

 $00:56:14.280 \longrightarrow 00:56:16.701$ but it gets a little dicey when you have

NOTE Confidence: 0.840593

00:56:16.701 --> 00:56:18.988 him on a REM suppressing medication.

NOTE Confidence: 0.8400476

 $00:56:21.280 \longrightarrow 00:56:22.950$ Alright, so one

NOTE Confidence: 0.8400476

 $00:56:22.950 \longrightarrow 00:56:26.960$ more question there, go ahead.

NOTE Confidence: 0.8400476

 $00:56:26.960 \longrightarrow 00:56:30.292$ You can come across any kind of

NOTE Confidence: 0.8400476

 $00{:}56{:}30.292 \dashrightarrow 00{:}56{:}33.426$ mention of doing urine testing for

NOTE Confidence: 0.8400476

 $00:56:33.426 \longrightarrow 00:56:37.171$ either pro waking drugs to evade the

NOTE Confidence: 0.8400476

 $00{:}56{:}37.276 \dashrightarrow 00{:}56{:}40.546$ effect of SLT or actually taking.

NOTE Confidence: 0.8400476

 $00:56:40.550 \longrightarrow 00:56:42.078$ Kind of asleep promoting

NOTE Confidence: 0.8400476

 $00:56:42.078 \longrightarrow 00:56:43.988$ agents prior to the testing.

 $00:56:46.060 \longrightarrow 00:56:48.166$ So say that again, Doctor Moses.

NOTE Confidence: 0.7948765

 $00:56:48.170 \longrightarrow 00:56:51.338$ So like doing drug testing prior to the MSL

NOTE Confidence: 0.794876500000001

 $00:56:51.340 \longrightarrow 00:56:53.916$ team. Yeah, I think we used to do

NOTE Confidence: 0.794876500000001

 $00:56:53.916 \longrightarrow 00:56:56.360$ urine test before MSL tear the Knights

NOTE Confidence: 0.794876500000001

 $00:56:56.360 \longrightarrow 00:56:59.282$ of PSG just to make sure that they

NOTE Confidence: 0.794876500000001

 $00{:}56{:}59.282 \dashrightarrow 00{:}57{:}01.900$ are not on any either wake promoting

NOTE Confidence: 0.794876500000001

 $00:57:01.900 \longrightarrow 00:57:03.308$ or sleep promoting medications.

NOTE Confidence: 0.794876500000001

 $00{:}57{:}03.310 \dashrightarrow 00{:}57{:}06.030$ Yeah, and some some labs will do also

NOTE Confidence: 0.794876500000001

 $00{:}57{:}06.030 \dashrightarrow 00{:}57{:}08.589$ like active ticker fee or sleep Diaries

NOTE Confidence: 0.794876500000001

 $00:57:08.589 \longrightarrow 00:57:11.486$ just to ensure that they are not sleep

NOTE Confidence: 0.794876500000001

 $00:57:11.486 \longrightarrow 00:57:14.231$ deprived as well and then the urine testing

NOTE Confidence: 0.794876500000001

 $00:57:14.231 \longrightarrow 00:57:17.119$ before the the PSG MSL T to ensure.

NOTE Confidence: 0.794876500000001

 $00{:}57{:}17.120 \dashrightarrow 00{:}57{:}18.772$ That there are no other substances that

NOTE Confidence: 0.794876500000001

 $00:57:18.772 \longrightarrow 00:57:20.856$ could kind of taint the results of the test.

NOTE Confidence: 0.79100525

00:57:21.640 --> 00:57:23.712 Yeah, and do you do any urine

NOTE Confidence: 0.79100525

 $00:57:23.712 \longrightarrow 00:57:25.529$ testing at your sleep center?

00:57:27.390 --> 00:57:29.790 So at Norwalk it's it's absolutely

NOTE Confidence: 0.8342321

 $00:57:29.790 \longrightarrow 00:57:32.106$ mandatory that they all get drug

NOTE Confidence: 0.8342321

00:57:32.106 --> 00:57:34.360 testing the morning of the MSL T,

NOTE Confidence: 0.8342321

00:57:34.360 --> 00:57:36.195 and I would strongly strongly

NOTE Confidence: 0.8342321

 $00:57:36.195 \longrightarrow 00:57:37.663$ caution not doing that.

NOTE Confidence: 0.8342321

 $00:57:37.670 \longrightarrow 00:57:39.500$ 'cause that just seems so.

NOTE Confidence: 0.8342321

00:57:39.500 --> 00:57:42.436 We picked up positive we picked up cocaine.

NOTE Confidence: 0.8342321

 $00:57:42.440 \longrightarrow 00:57:43.904$ We picked up benzos.

NOTE Confidence: 0.8342321

 $00:57:43.904 \longrightarrow 00:57:45.368$ We picked up opiates.

NOTE Confidence: 0.8342321

 $00:57:45.370 \dashrightarrow 00:57:48.050$ We picked up all sorts of stuff and so I

NOTE Confidence: 0.8342321

 $00:57:48.125 \longrightarrow 00:57:50.880$ think that's really absolutely necessary.

NOTE Confidence: 0.8342321

 $00:57:50.880 \dashrightarrow 00:57:53.001$ Those are very nice study that looked

NOTE Confidence: 0.8342321

 $00:57:53.001 \longrightarrow 00:57:55.727$ at in the pediatric population and they

NOTE Confidence: 0.8342321

 $00:57:55.727 \longrightarrow 00:57:58.355$ found that essentially if someone was.

NOTE Confidence: 0.8342321

00:57:58.360 --> 00:58:01.080 Under 13 it was very very low yield,

 $00:58:01.080 \longrightarrow 00:58:03.446$ so we generally will not do it

NOTE Confidence: 0.8342321

 $00:58:03.446 \longrightarrow 00:58:05.684$ for anyone who's 3rd, 12 or under.

NOTE Confidence: 0.8342321

00:58:05.684 --> 00:58:08.784 But the 13 to 18 year old range you you

NOTE Confidence: 0.8342321

00:58:08.784 --> 00:58:11.960 you know there was a number of positives,

NOTE Confidence: 0.8342321

 $00:58:11.960 \longrightarrow 00:58:13.928$ and especially what I've seen is

NOTE Confidence: 0.8342321

 $00:58:13.928 \longrightarrow 00:58:15.649$ we've seen tremendous amount of

NOTE Confidence: 0.8342321

 $00:58:15.649 \longrightarrow 00:58:17.399$ positive marijuana because it's now,

NOTE Confidence: 0.8342321

00:58:17.400 --> 00:58:18.114 you know,

NOTE Confidence: 0.8342321

 $00:58:18.114 \longrightarrow 00:58:19.899$ approved and medical marijuana and

NOTE Confidence: 0.8342321

 $00:58:19.899 \longrightarrow 00:58:22.157$ they may not tell you about it.

NOTE Confidence: 0.8342321

 $00:58:22.160 \longrightarrow 00:58:24.540$ So I I definitely think that is.

NOTE Confidence: 0.8342321

 $00:58:24.540 \longrightarrow 00:58:26.240$ I could tell you many,

NOTE Confidence: 0.8342321

 $00:58:26.240 \longrightarrow 00:58:28.280$ many stories of positive urine drug

NOTE Confidence: 0.8342321

 $00:58:28.280 \longrightarrow 00:58:30.270$ screens that changed the diagnosis.

NOTE Confidence: 0.8342321

 $00:58:30.270 \longrightarrow 00:58:31.974$ Where if you didn't have that

NOTE Confidence: 0.8342321

00:58:31.974 --> 00:58:33.600 test result of positive cocaine,

 $00:58:33.600 \longrightarrow 00:58:35.840$ you would have given the person narcolepsy

NOTE Confidence: 0.8342321

 $00:58:35.840 \longrightarrow 00:58:37.849$ diagnosis and then also a Tigger free.

NOTE Confidence: 0.8342321

 $00:58:37.850 \longrightarrow 00:58:39.956$ In my opinion is mandatory and

NOTE Confidence: 0.8342321

 $00:58:39.956 \longrightarrow 00:58:41.360$ strongly recommended because again

NOTE Confidence: 0.8342321

 $00{:}58{:}41.421 \dashrightarrow 00{:}58{:}43.234$ in sufficient sleep and and I can also

NOTE Confidence: 0.8342321

00:58:43.234 --> 00:58:45.216 give you a bunch of other stories

NOTE Confidence: 0.8342321

 $00:58:45.216 \longrightarrow 00:58:47.242$ of people doing things that in the

NOTE Confidence: 0.8342321

 $00:58:47.242 \longrightarrow 00:58:49.054$ middle of the night that didn't.

NOTE Confidence: 0.8342321

00:58:49.060 --> 00:58:50.842 They don't want their parents to

NOTE Confidence: 0.8342321

00:58:50.842 --> 00:58:52.762 know about and they would have

NOTE Confidence: 0.8342321

 $00:58:52.762 \longrightarrow 00:58:54.110$ been diagnosed with narcolepsy

NOTE Confidence: 0.8342321

00:58:54.110 --> 00:58:56.029 if we didn't have to take a

NOTE Confidence: 0.825312652

 $00{:}58{:}56.030 \dashrightarrow 00{:}58{:}59.000$ break. I agree with you.

NOTE Confidence: 0.825312652

 $00{:}58{:}59.000 \dashrightarrow 00{:}59{:}01.964$ I think you're in testing at

NOTE Confidence: 0.825312652

00:59:01.964 --> 00:59:05.162 minimum should be done in in the

 $00:59:05.162 \longrightarrow 00:59:07.487$ era of drug abuse and overuse.

NOTE Confidence: 0.825312652

00:59:07.487 --> 00:59:10.168 Absolutely, I is it. Dan McNally.

NOTE Confidence: 0.825312652

00:59:10.170 --> 00:59:13.305 We we do drug testing on everybody

NOTE Confidence: 0.825312652

 $00:59:13.305 \longrightarrow 00:59:15.940$ and we also are very careful

NOTE Confidence: 0.825312652

 $00:59:15.940 \longrightarrow 00:59:18.340$ about not just looking by sleep

NOTE Confidence: 0.825312652

00:59:18.340 --> 00:59:20.138 Diaries or preferably actigraphy

NOTE Confidence: 0.825312652

 $00:59:20.138 \longrightarrow 00:59:22.238$ for their insufficient sleep,

NOTE Confidence: 0.825312652

 $00:59:22.240 \longrightarrow 00:59:25.370$ but also because of sleep phase delay.

NOTE Confidence: 0.825312652

 $00{:}59{:}25.370 \dashrightarrow 00{:}59{:}27.263$ The individuals again, a dolescence.

NOTE Confidence: 0.825312652

00:59:27.263 --> 00:59:29.668 With sleep phase delay shifting

NOTE Confidence: 0.825312652

00:59:29.668 --> 00:59:32.106 that Clock over to those morning

NOTE Confidence: 0.825312652

 $00{:}59{:}32.106 \dashrightarrow 00{:}59{:}34.590$ hours makes you much more likely

NOTE Confidence: 0.825312652

 $00:59:34.590 \longrightarrow 00:59:37.140$ to have a REM sleep episode.

NOTE Confidence: 0.825312652

 $00:59:37.140 \longrightarrow 00:59:40.110$ That doesn't mean narcolepsy on your testing.

NOTE Confidence: 0.8703814

00:59:43.590 --> 00:59:45.796 Alright, so it's already past

NOTE Confidence: 0.8703814

 $00:59:45.796 \longrightarrow 00:59:48.460$ 3:00 o'clock and an I'd like

 $00{:}59{:}48.557 \dashrightarrow 00{:}59{:}52.547$ to thank Linda for a wonderful presentation.

NOTE Confidence: 0.8703814

 $00{:}59{:}52.550 \dashrightarrow 00{:}59{:}56.214$ And you have another 12 or 13 minutes

NOTE Confidence: 0.8703814

 $00:59:56.214 \longrightarrow 00:59:59.658$ to register your for your CME credits.

NOTE Confidence: 0.8703814

 $00:59:59.660 \longrightarrow 01:00:02.030$ So anyways, have a great

NOTE Confidence: 0.8703814

01:00:02.030 --> 01:00:04.400 week and thank you again,

NOTE Confidence: 0.8703814

 $01:00:04.400 \longrightarrow 01:00:07.720$ Glenda for a fantastic job. Thank you.