

## OTHER ADULT NEUROLOGY

## P.047

**Effect of lemborexant on sleep architecture in subjects with comorbid insomnia and mild obstructive sleep apnea from a phase 3 trial**

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**Background:** Lemborexant (LEM), a dual-orexin-receptor-antagonist approved to treat adults with insomnia, increases total sleep time (TST) and rapid eye movement (REM) sleep. Patients with obstructive sleep apnea (OSA) or co-morbid insomnia and OSA (COMISA) report sleeping difficulties and reduced REM, therefore sleep architecture was analyzed during LEM treatment. **Methods:** Study E2006-G000-304 (NCT02783729) was a 1-month, randomized, double-blind, placebo (PBO)- and active-comparator zolpidem-ER 6.25mg (ZOL)-controlled study in adults  $\geq 55$ y with insomnia disorder. Subjects received PBO, LEM 5mg (LEM5), 10mg (LEM10), or ZOL. Least-square-mean duration of each sleep stage (minutes) was compared from pooled data on Nights (NT)1/2 and NT29/30 for mild OSA subjects (apnea hypopnea index  $\geq 5$  to  $<15$  events/h). Treatment-emergent adverse events (TEAEs) were recorded. **Results:** Of 409 subjects with mild OSA (LEM5=114/LEM10=105/ZOL=112/PBO=78) change from baseline (CFB) in TST and REM sleep was significantly larger with both LEM doses versus ZOL/PBO on both nights. CFB for total nonREM sleep was significantly higher ( $P<0.0001$ ) with both LEM doses versus PBO on both nights. LEM5 showed significantly higher ( $P<0.05$ ) nonREM sleep versus ZOL at NT29/30. Most TEAEs were mild/moderate. **Conclusions:** LEM significantly increased TST, REM, and non-REM sleep versus PBO in subjects with insomnia and mild OSA. Data support LEM treatment in the COMISA population.

## P.048

**Monitoring and managing gastrointestinal events with sodium phenylbutyrate and ursodocoltaurine for the treatment of Amyotrophic Lateral Sclerosis**

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**Background:** Sodium phenylbutyrate and ursodocoltaurine/taurursodiol (PB&TURSO) is indicated for the treatment of amyotrophic lateral sclerosis (ALS) in Canada and the U.S. In the CENTAUR trial, a phase 2 U.S. multicenter trial in ALS, PB&TURSO was generally well-tolerated. The most common adverse reactions were gastrointestinal (GI) and occurred most often during the first three weeks of therapy. Although the occurrence of GI events in people living with ALS (PLWALS) and treated with PB&TURSO are recognisable and generally manageable, many of the symptoms are often not managed proactively. We sought to develop an evidence-based tool to

help guide clinicians on managing diarrhea and abdominal pain in PLWALS and treated with PB&TURSO. **Methods:** Three ALS specialized neurologists and one gastroenterologist combined their clinical experience, research, and each Medications respective product monograph, to develop a patient-centric GI tool. **Results:** A guide to monitoring and managing potential GI events with PB&TURSO was developed. The tool provides clinicians a proactive, step-by-step guide to help manage diarrhea and abdominal pain in PLWALS treated with PB&TURSO. **Conclusions:** The GI tool has the potential to improve monitoring, recognition, and treatment of GI events in PLWALS treated with PB&TURSO. Proactively managing GI events may aid medication adherence and improve patient quality of life.

## P.049

**Neurologists' attitudes and perceptions on palliative care: a Canadian perspective**

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**Background:** Despite significant advances in the treatment of neurological disorders, many conditions remain palliative. Neurologists are in a unique position as they are integral in providing patient centered care, understanding neurologic disease and illness trajectory, and how disease can affect patients' sense of self and values. Currently, little is known about neurologists' perceptions and challenges in care planning and palliative care for their patients. **Methods:** A qualitative approach was utilized with semi-structured interviews of ten neurologists. Data was analyzed using a constant comparative method (constructivist grounded theory). **Results:** Participants represented a broad spectrum of neurologist experience and subspecialties. Four theories were identified: (1) care planning and palliative care are high priorities, (2) neurologic diseases uniquely affect patients and require a dynamic, patient-centered care plan, (3) a care gap exists in providing palliative care for neurologic patients with multifactorial barriers, and (4) opportunities to improve care exist with continuing education, collaboration, and health system support. **Conclusions:** Neurologists have a key role in care planning and palliative care for patients with chronic neurological diseases. Our findings show that there is a gap in the provision of palliative care. Future directions may include exploring educational opportunities and dedicated health systems to improve care management.

## P.050

**Effect of lemborexant on sleep architecture in adult and elderly subjects with mild to severe obstructive sleep apnea**

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**Background:** Obstructive sleep apnea (OSA) may be associated with sleep difficulties and decreased rapid eye movement