

HOT TOPICS IN MEDICINE: NOVEL THERAPIES FOR OBSTRUCTIVE SLEEP APNEA

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Disclosures

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Private consulting for Apnimed, ResMed, and Powell-Mansfield.

US Patents for drug therapy for sleep apnea pending.

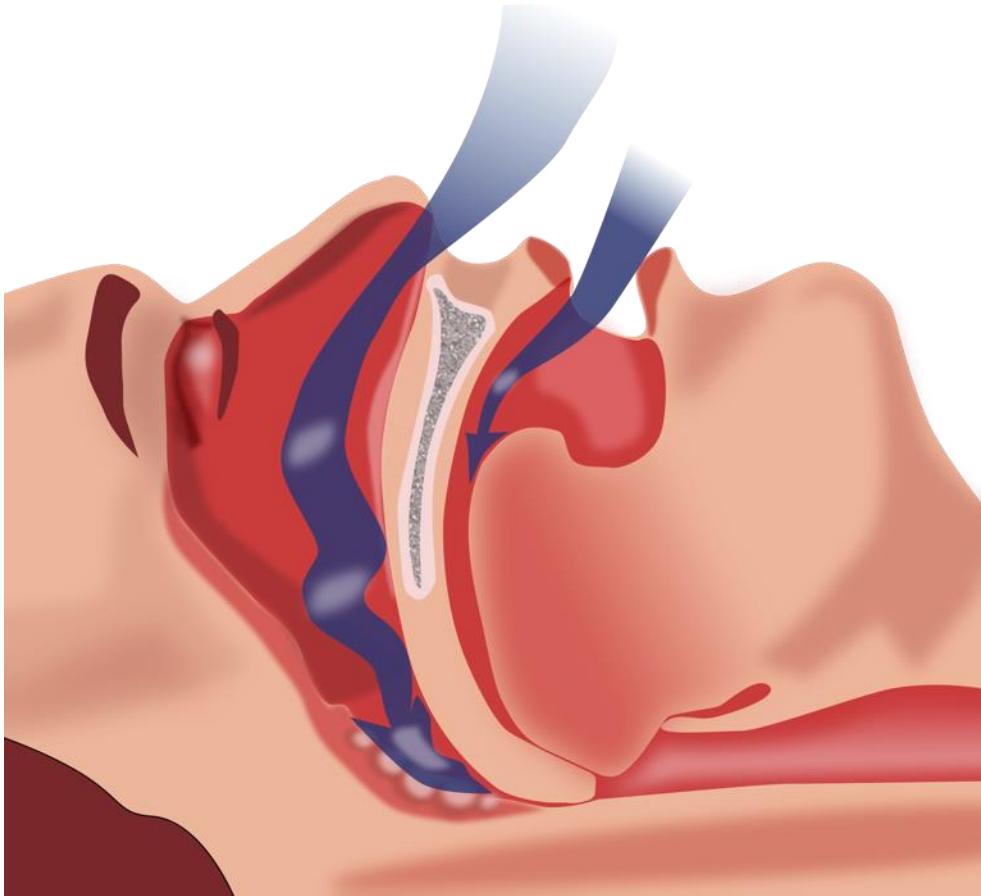
Outline

- OSA 101
- Current Treatment Options
- Emerging Therapies

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- **OSA 101**
- Current Treatment Options
- Emerging Therapies

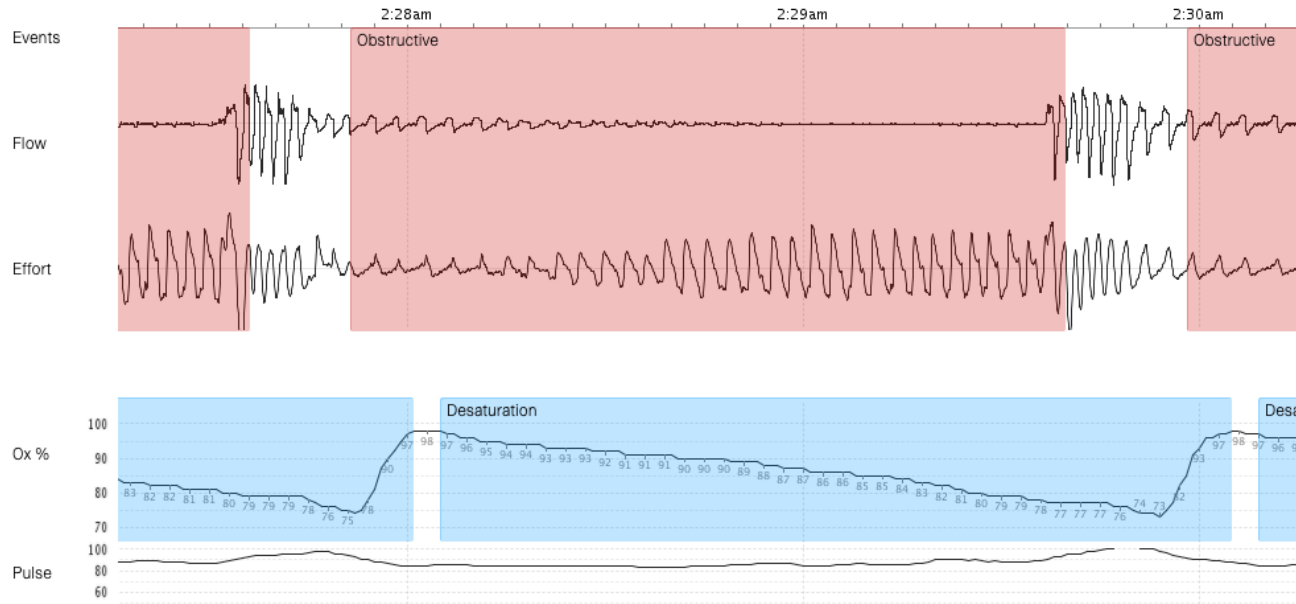
What is OSA?



Credits to Habib M'henni / Wikimedia Commons

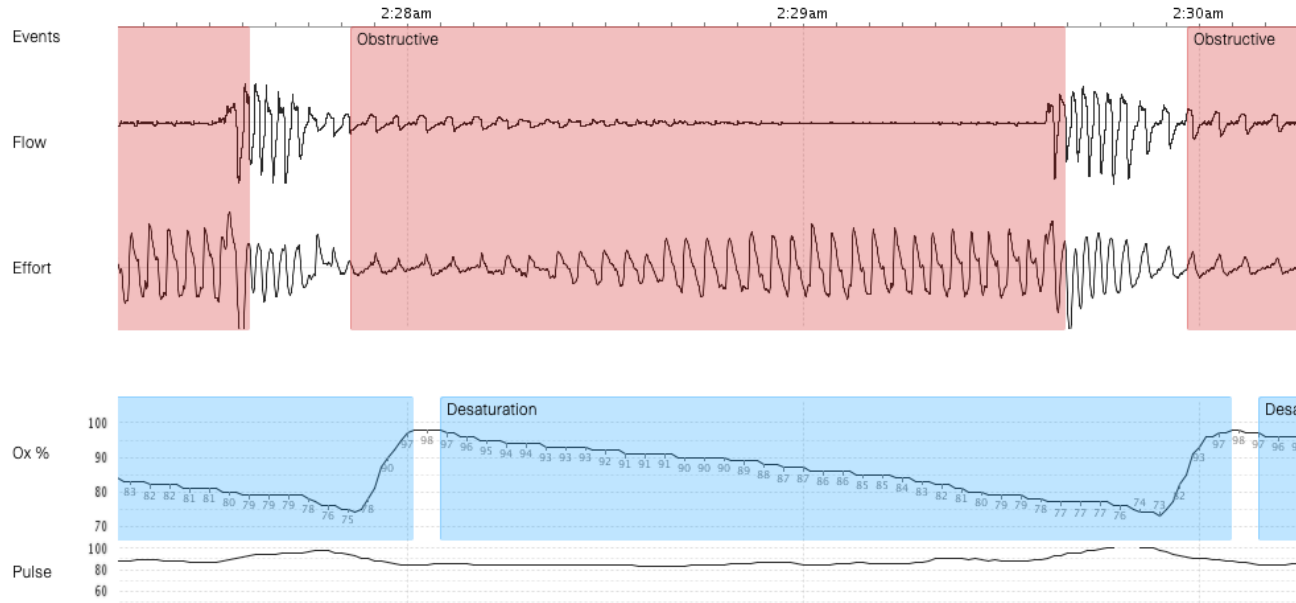
- Repetitive collapse of the upper airway during sleep causing
 - Arousals
 - Hypoxemia
 - Sympathetic surges

What is OSA?



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What is OSA?

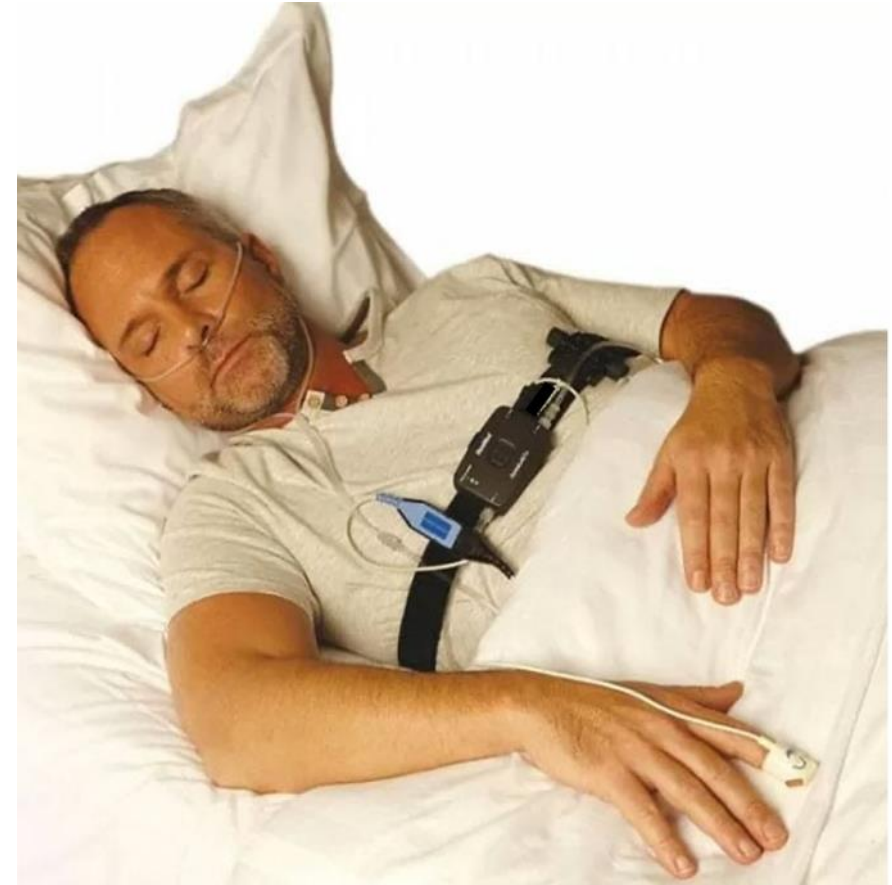


- Apnea-hypopnea index (AHI) $\geq 5/h$
 - Mild 5-15/h
 - Moderate/Severe $>15/h$

Diagnosing OSA

Home Sleep Apnea Test

- Airflow Channel
- Effort Channel
- Oximetry
- Heart rate



Diagnosing OSA



Picture by Kuyohong ([CC BY-SA 4.0](https://creativecommons.org/licenses/by-sa/4.0/))
<https://en.wikipedia.org/wiki/Polysomnography>

In-lab Polysomnography

- Respiratory Channels
- Oximetry
- Electroencephalogram (EEG)
- Electrocardiogram (ECG)
- Electromyogram (EMG)

Diagnosing OSA

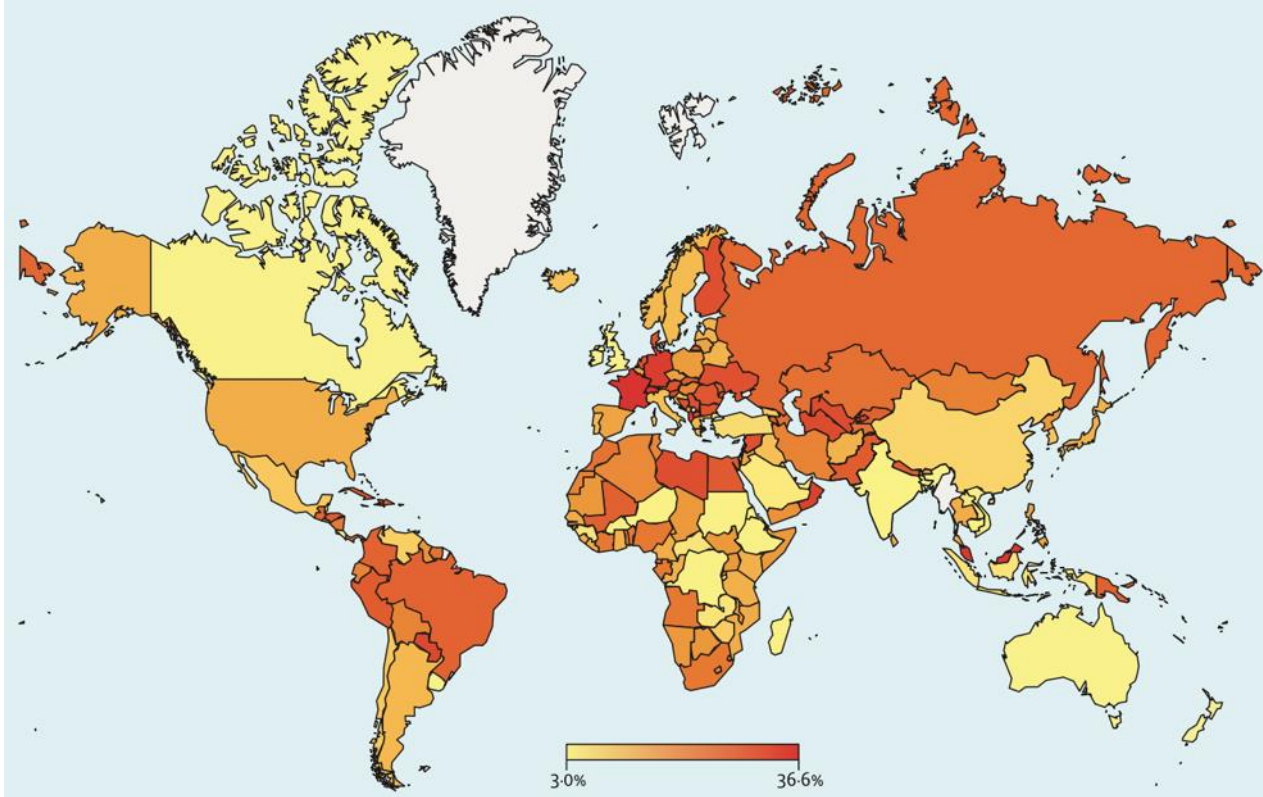
Home Sleep Apnea Test

- Cheaper
- “Faster”
- More comfortable
- Tends to underestimate OSA severity
- Not validated for complex patients (e.g. heart failure, neuromuscular disease)

In-lab Polysomnography

- “Gold Standard”

Prevalence of moderate/severe OSA



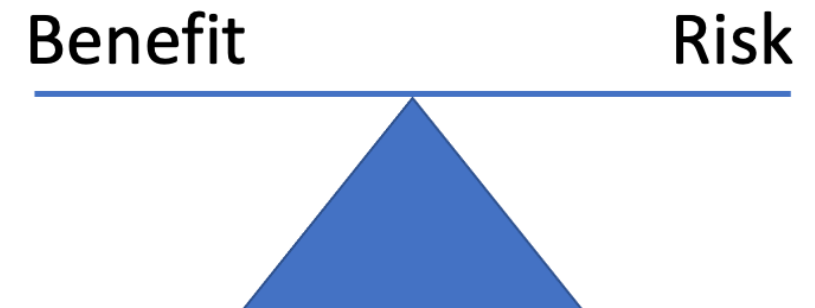
- Globally >400 million
- USA: ~10%
- ~80% undiagnosed

Potential Consequences of OSA

- Excessive Sleepiness, Car/Work accidents, Reduced QoL
- Elevated blood pressure
- ?Cardiovascular disease (e.g., arrhythmias, heart attacks, stroke)
- ?Neurological disorders (e.g., dementia, headaches)
- ?Pulmonary disorders (e.g., asthma/COPD, pHTN)
- ?Mood disorders (e.g., depression, anxiety)
- ?Metabolic disorders (e.g., DM, NAFLD)
- ?Urologic dysfunction (e.g., nocturia, ED)
- ?Perioperative risk

Potential Consequences of OSA

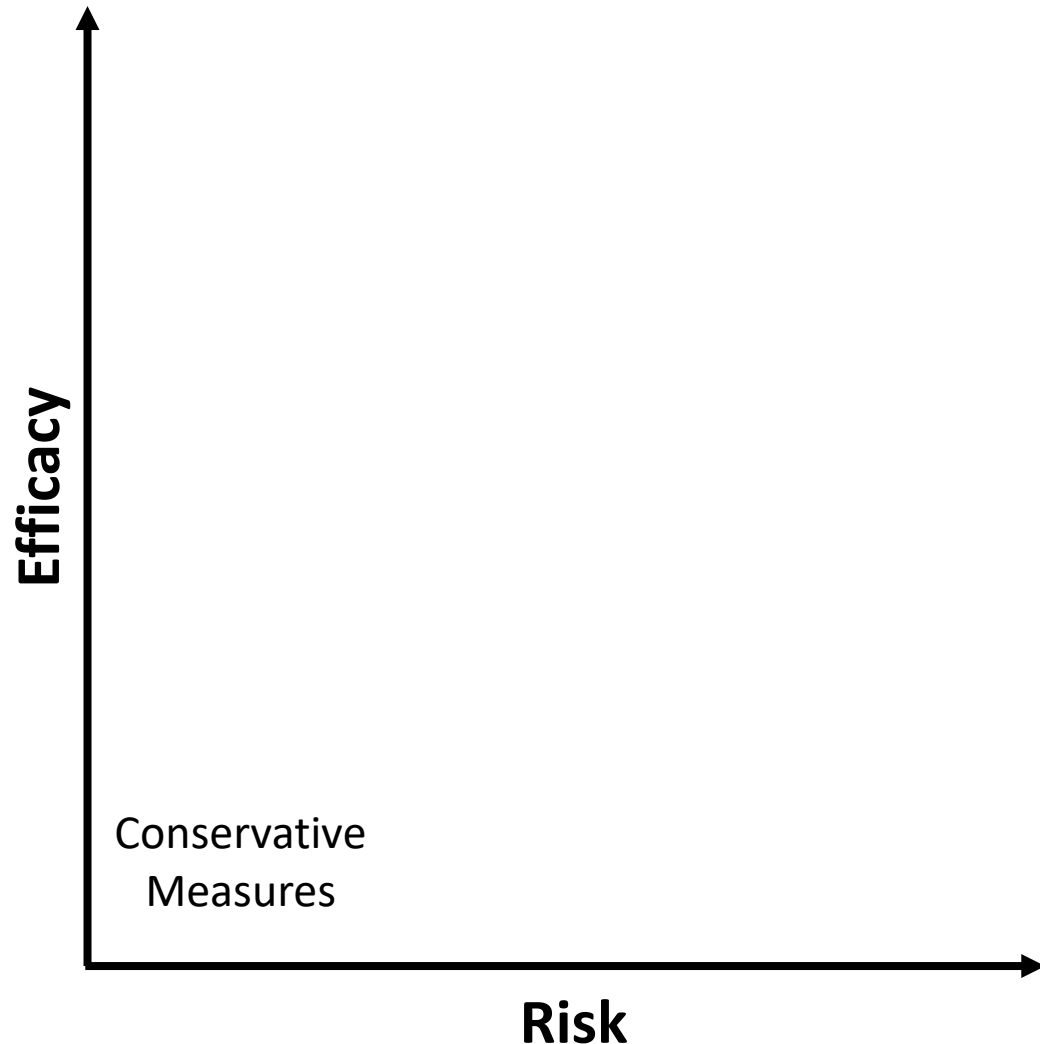
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Strong evidence for treatment benefit

Outline

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- **Current Treatment Options**
- Emerging Therapies

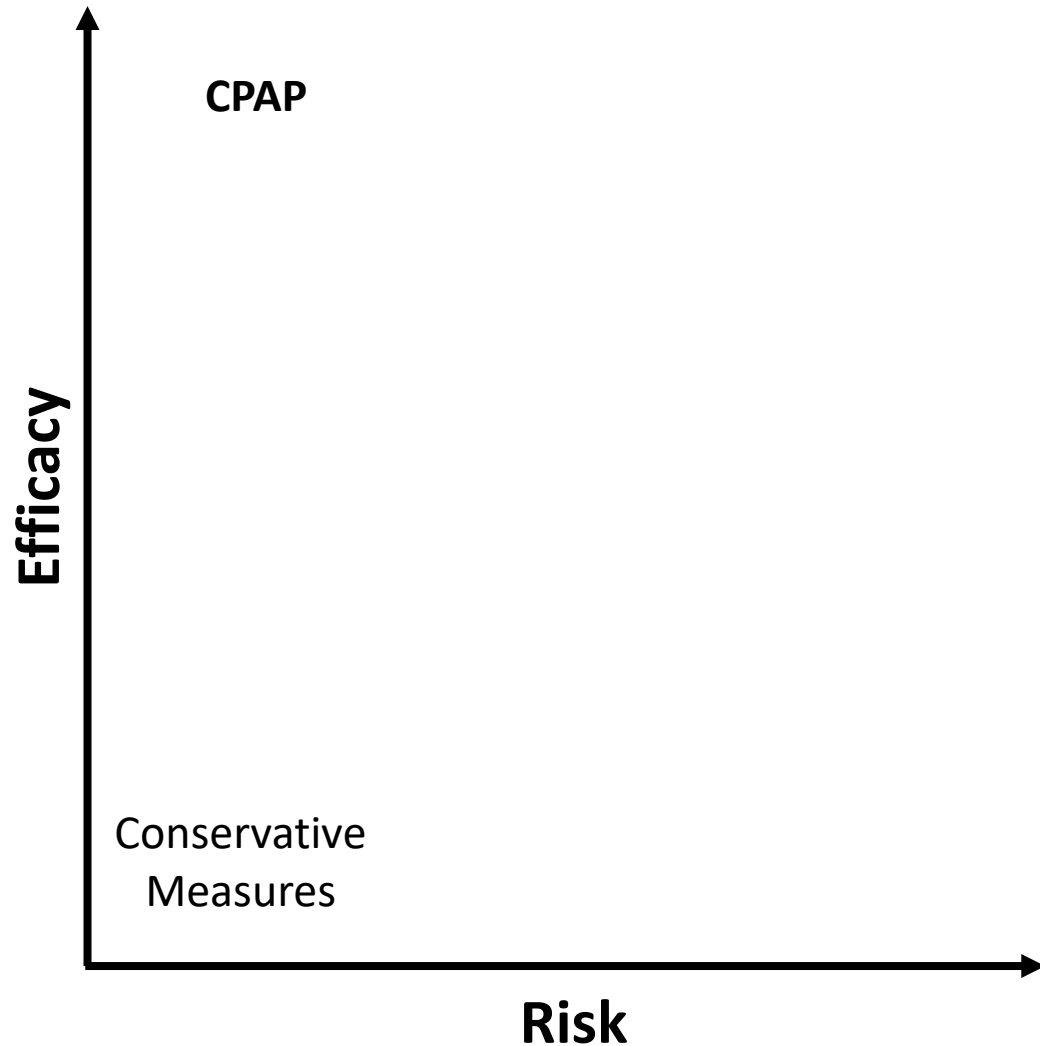


Asymptomatic, healthy, mild OSA

➤ Conservative measures

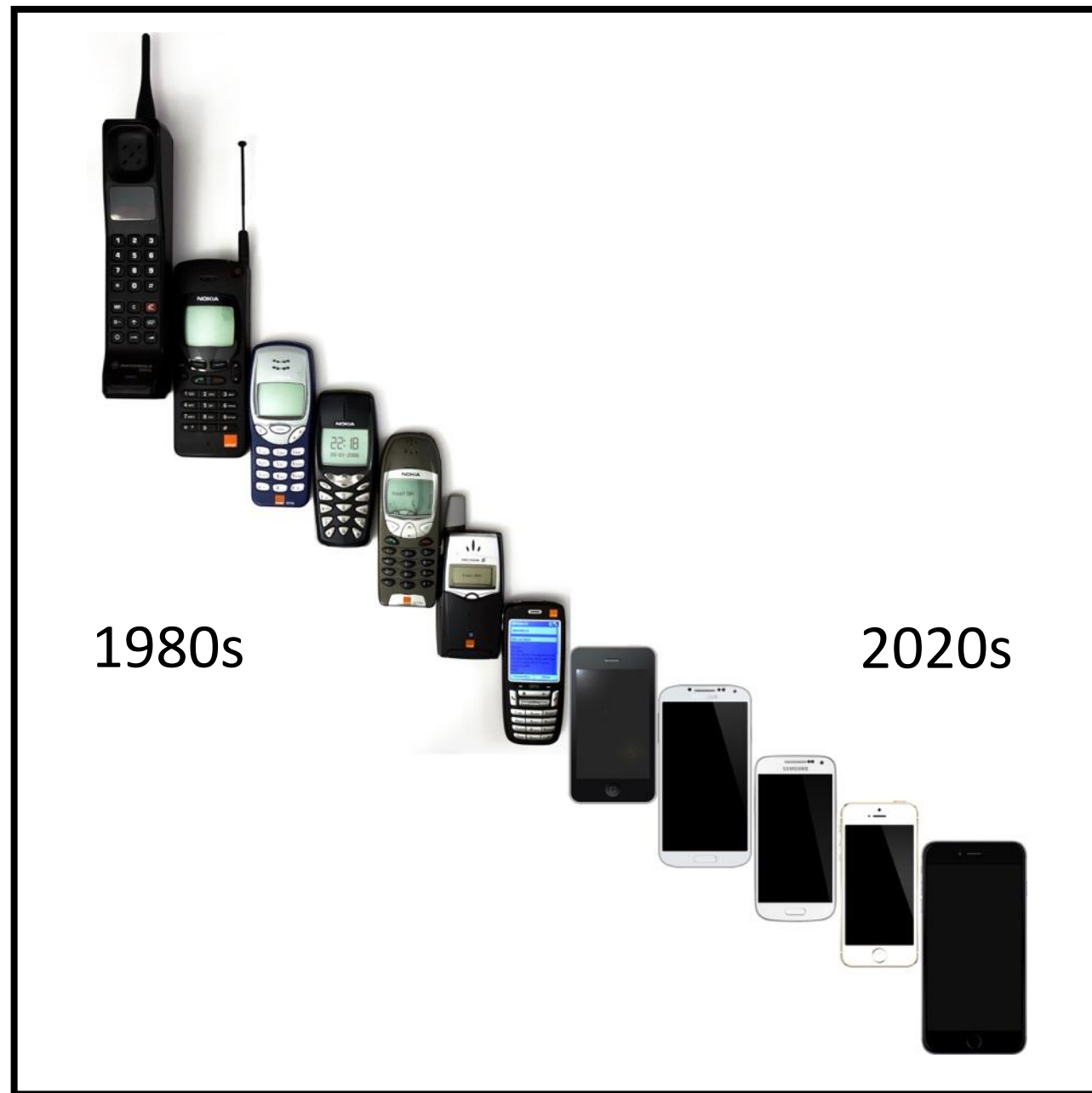
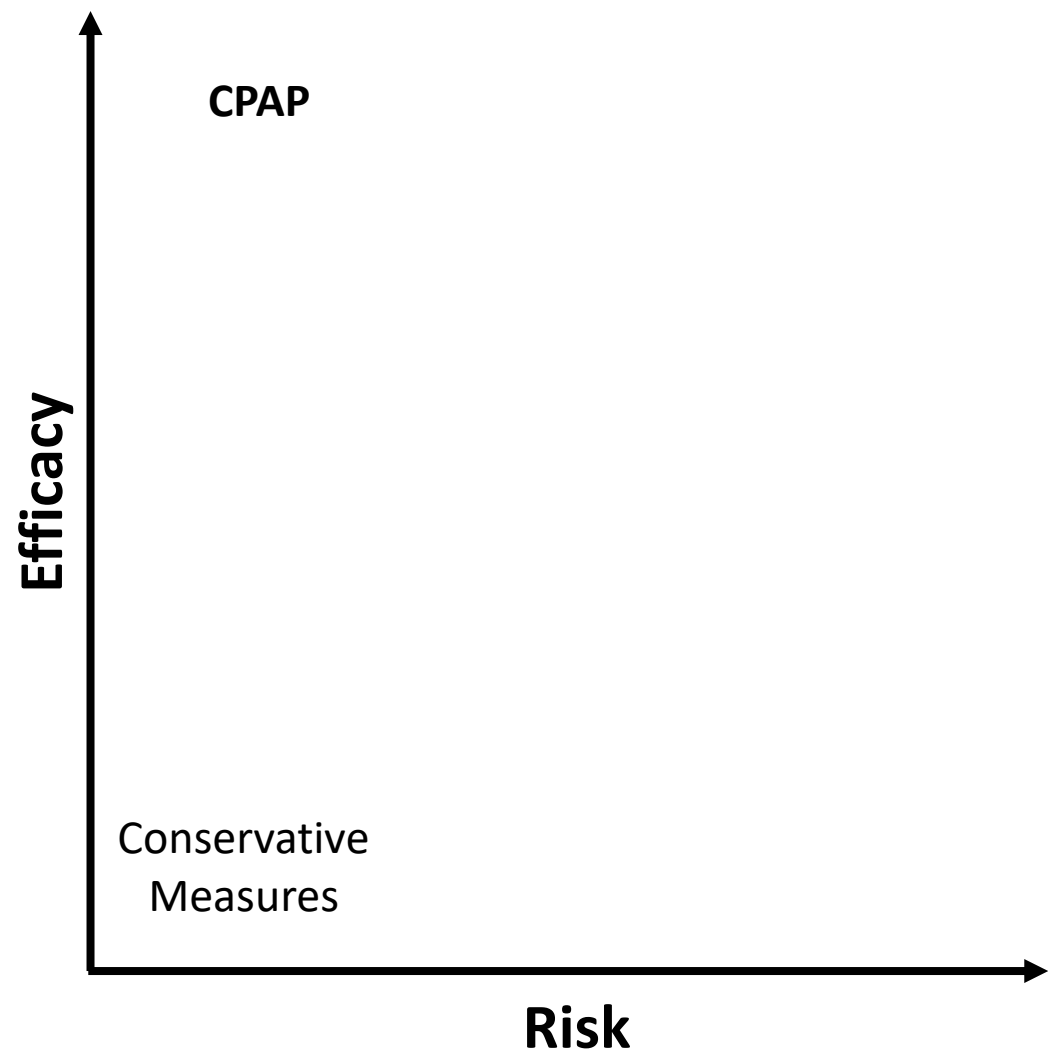
- Weight optimization (diet & exercise)
- Treat nasal congestion and GERD
- Avoiding sedatives (e.g., benzodiazepines) and alcohol
- Avoiding smoking
- Avoid supine sleep
- Get sufficient sleep
- Avoid drowsy driving

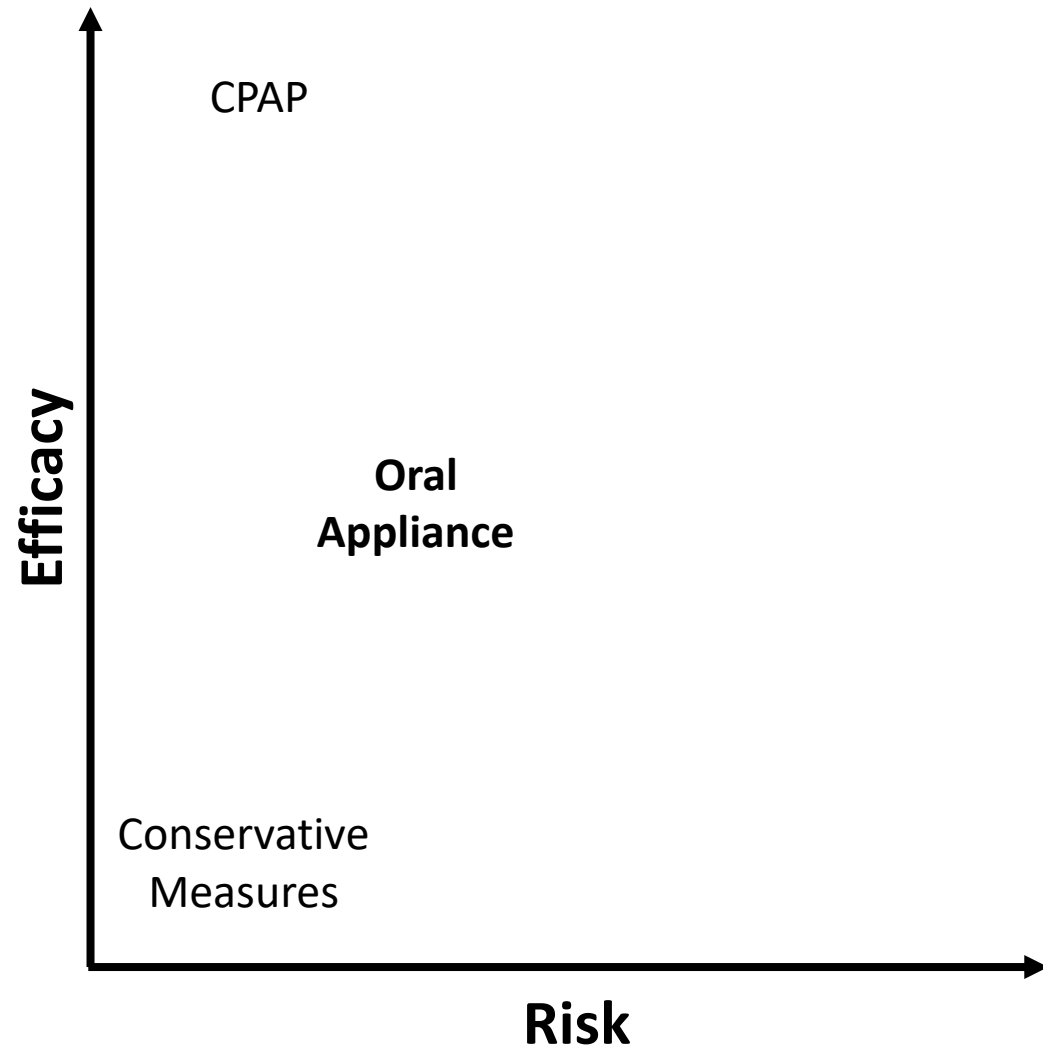
➤ Antihypertensive prn Pepin AJRCCM 2010



Continuous Positive Airway Pressure

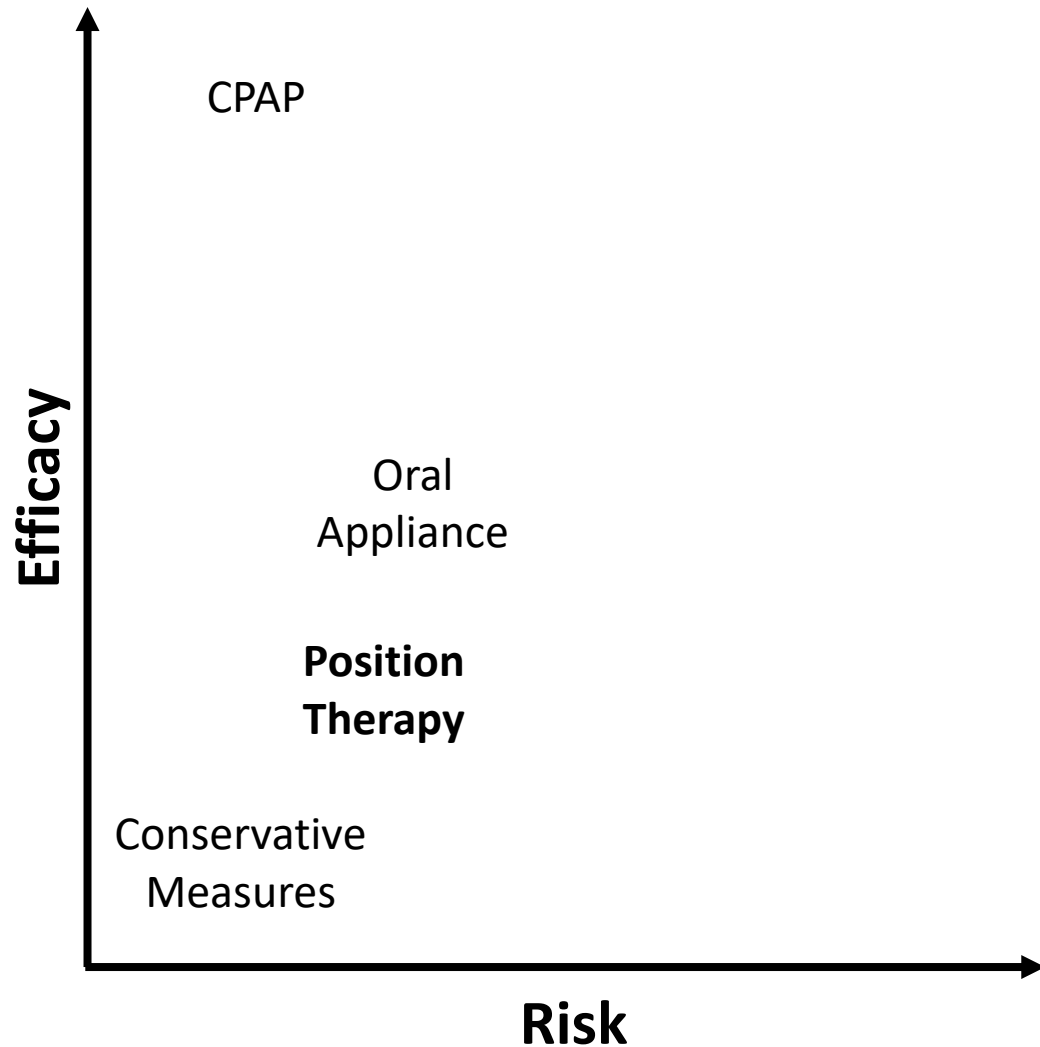
- Improves OSA by >90% (consistently)
- Low risk
- Live monitoring
- Variable Adherence





Oral Appliance Therapy (OAT)

- Improves OSA by ~50% (variable)
- Adherence/tolerance good
- Low-medium risk
- Sleep dentist (~6 months)



Position therapy (avoid supine sleep)

- Effect depends on positionality
- Risk low but may be costly

\$0-50 Cheapest

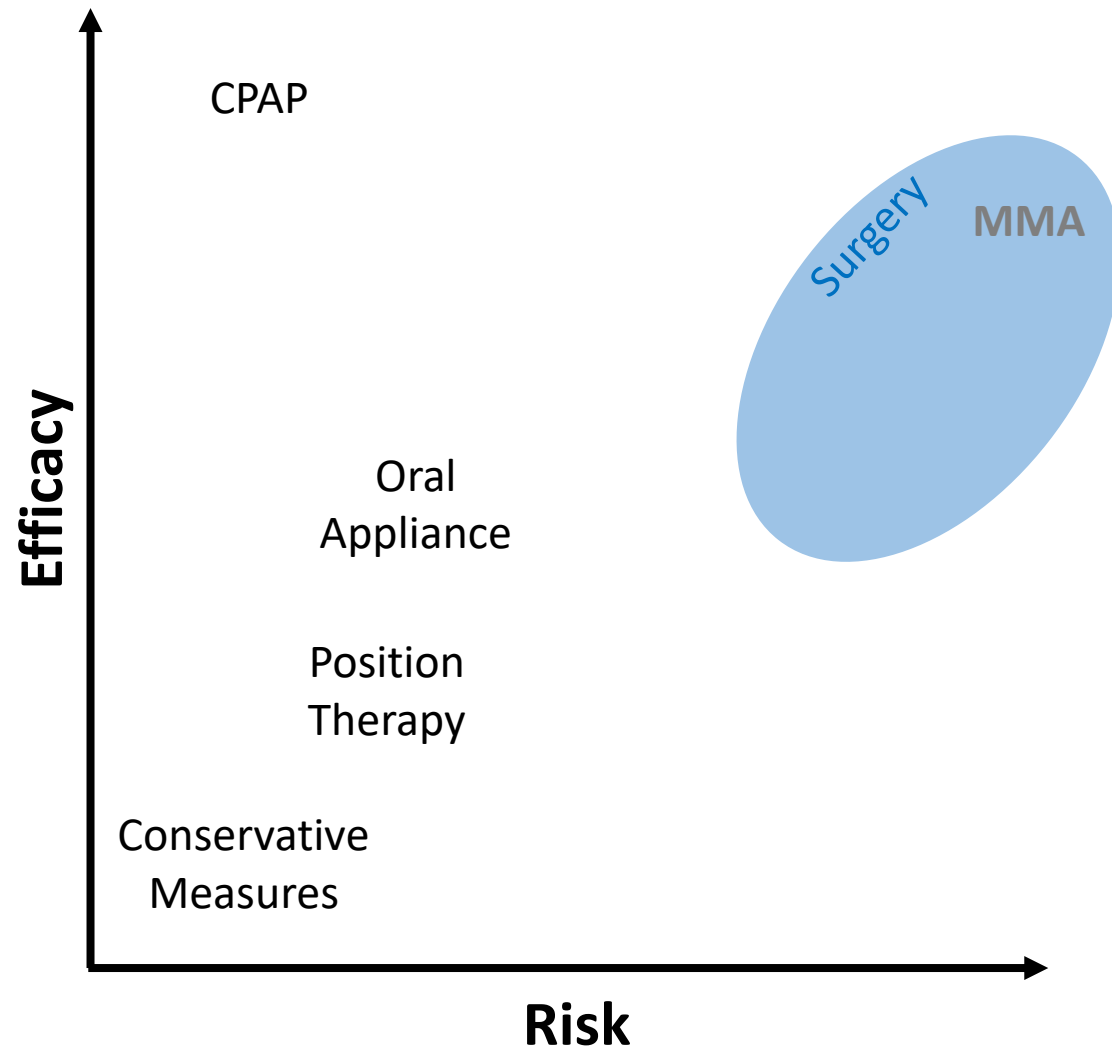


\$50-200 ?more reliable



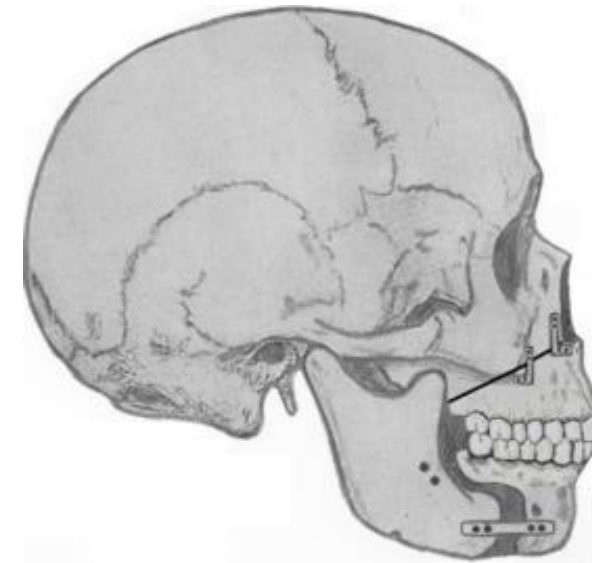
\$300-500 includes Monitoring





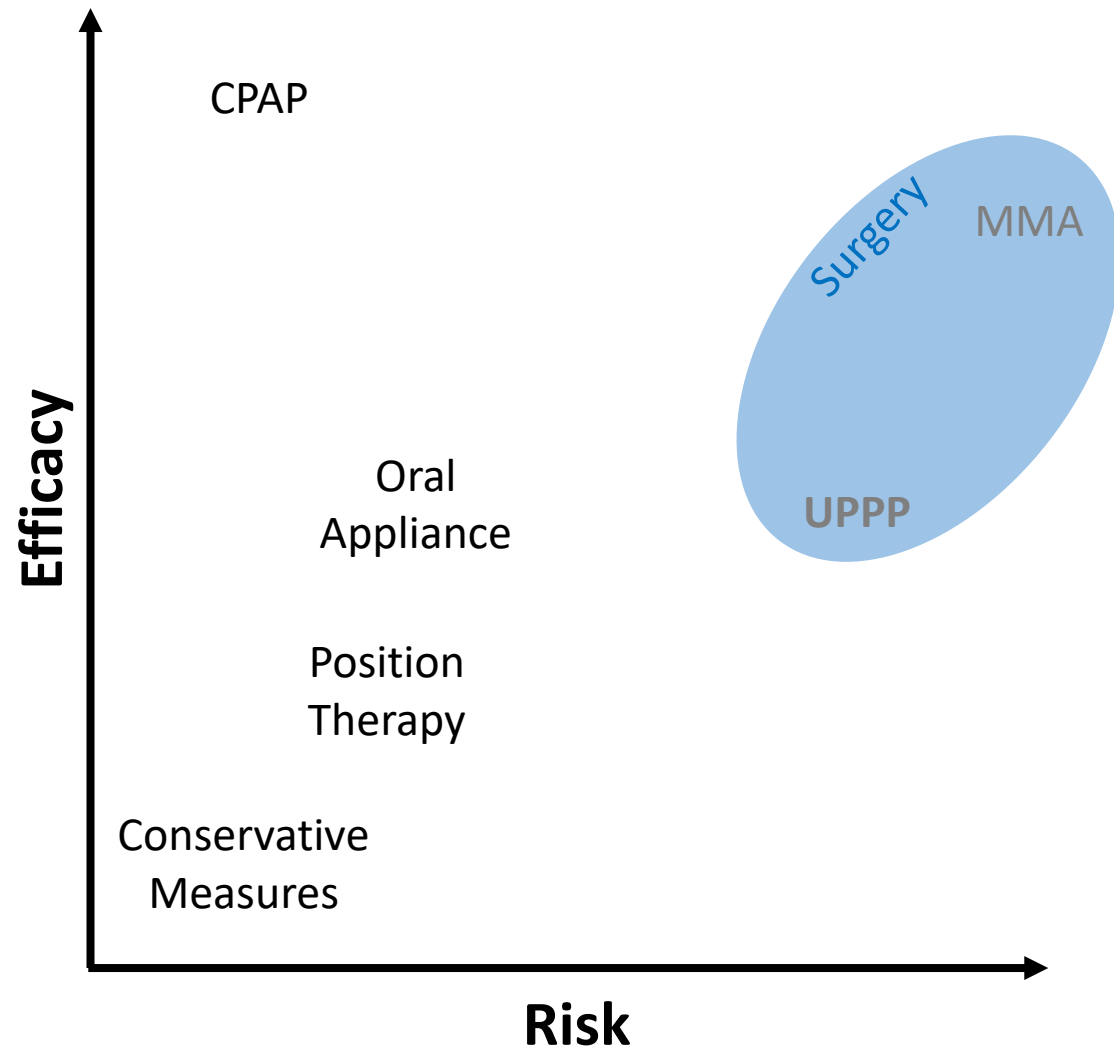
Maxillomandibular Advancement (MMA)

- Advance entire lower facial skeleton
- OSA improves ? 70-90%
 - adherence independent, no foreign body
- Surgical risks (major), paresthesia, cosmetic changes



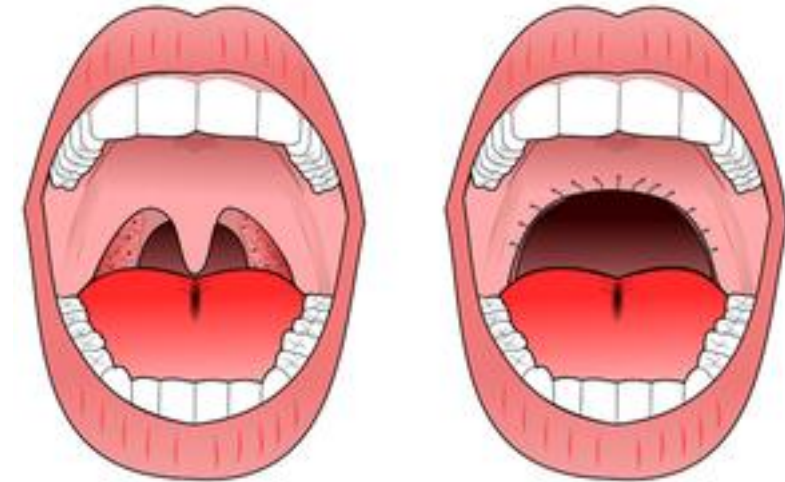
By Drcamachoent ([CC BY-SA 4.0](https://creativecommons.org/licenses/by-sa/4.0/))

https://en.wikipedia.org/wiki/Maxillomandibular_advancement

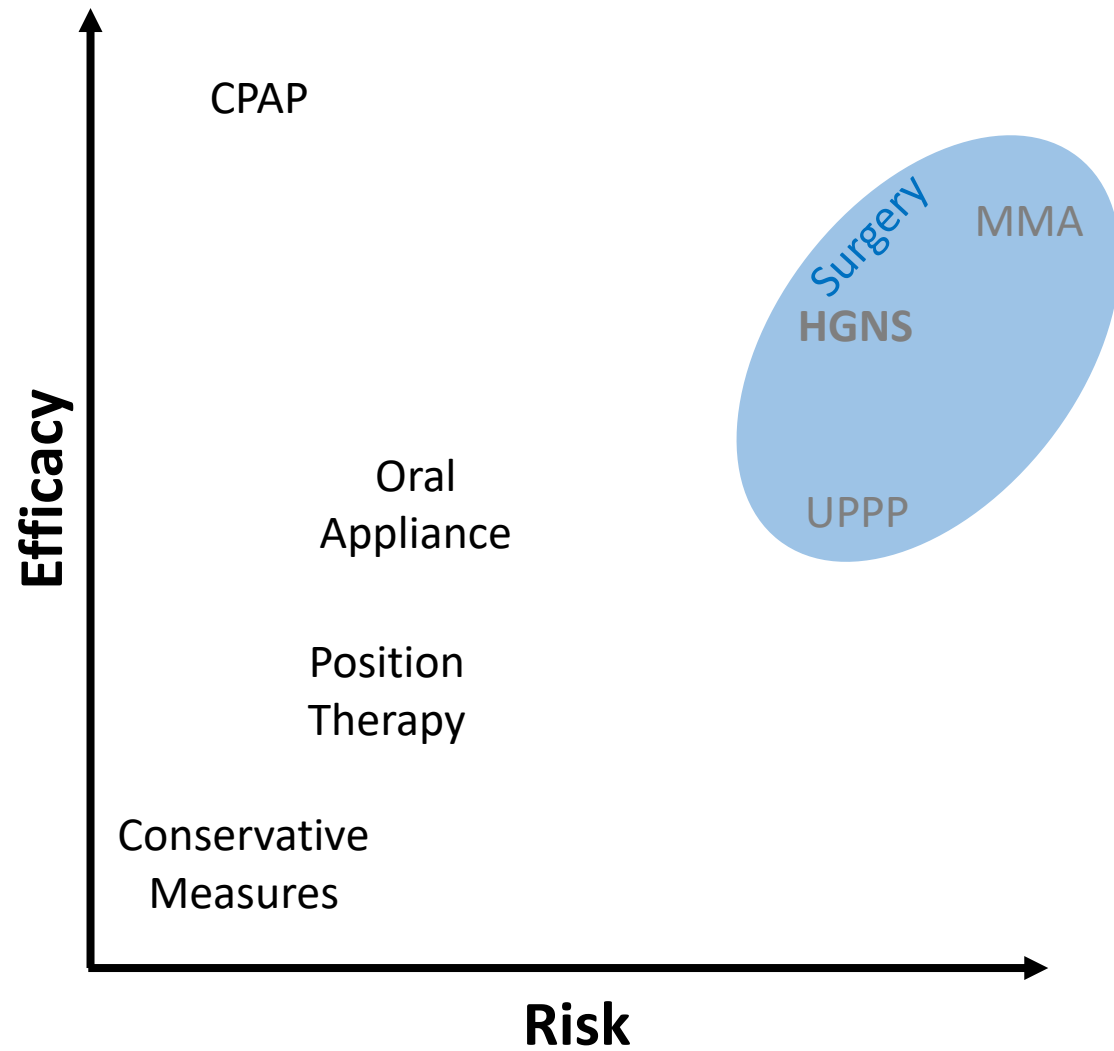


Uvulopalatopharyngoplasty (UPPP)

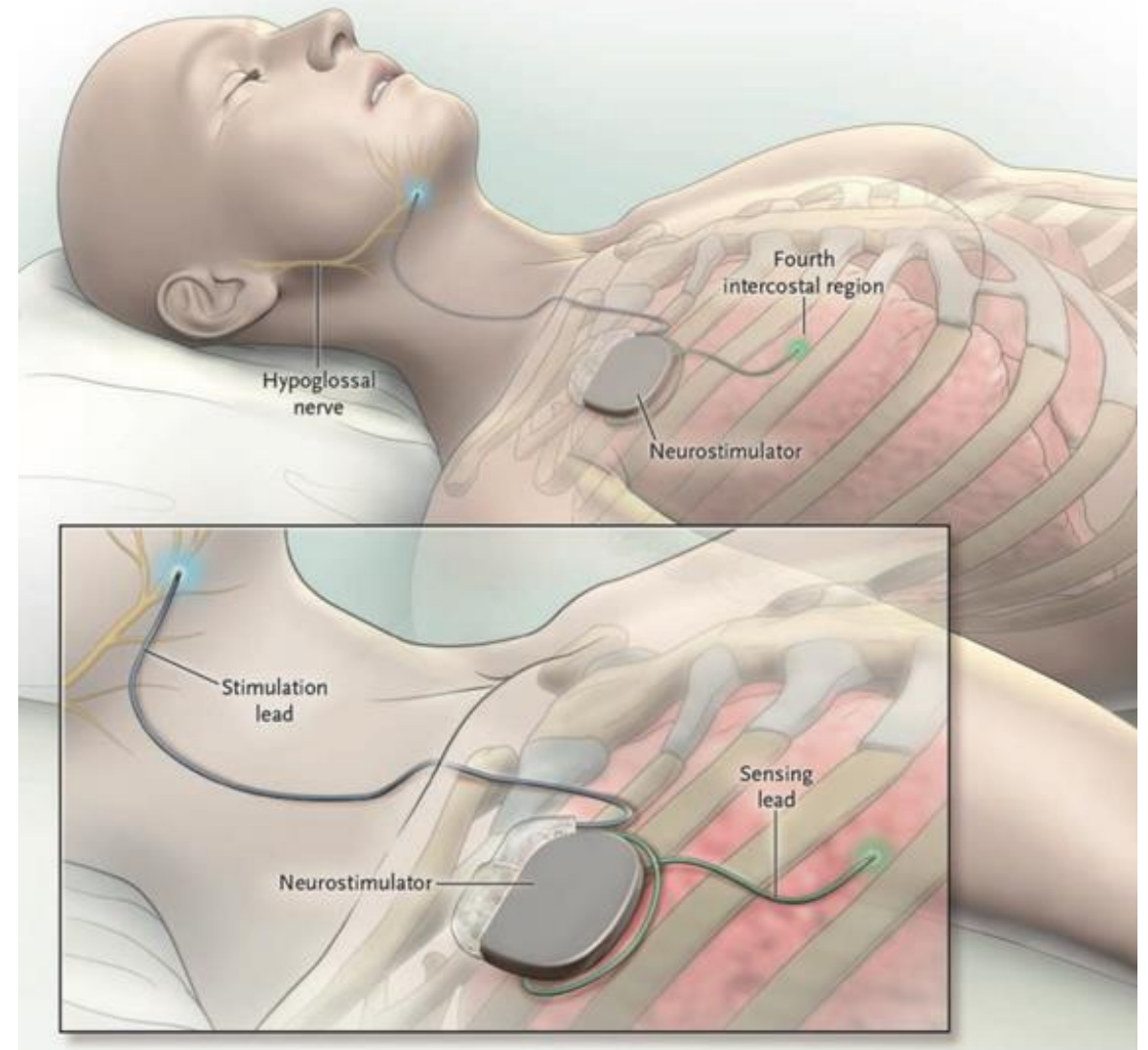
- Removal of posterior soft palate, uvula +/- tonsils
- Improves OSA by ~50% (variable)
 - adherence independent, no foreign body
- Surgical risks



Drcamachoent ([CC BY-SA 4.0](https://en.wikipedia.org/wiki/Uvulopalatopharyngoplasty)) <https://en.wikipedia.org/wiki/Uvulopalatopharyngoplasty>

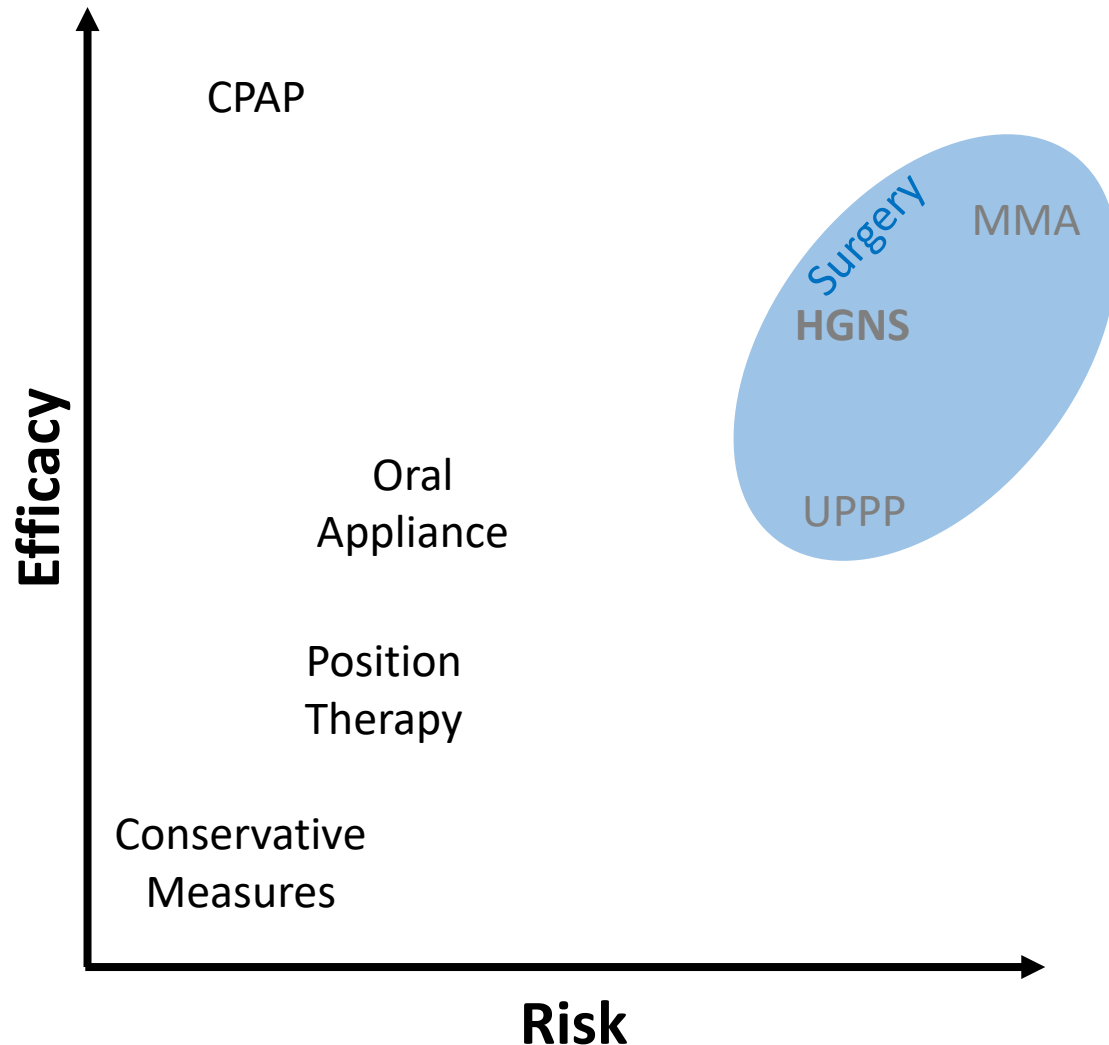


Hypoglossal Nerve Stimulation (HGNS)



Inspire HGNS – How It Works





Hypoglossal Nerve Stimulation (HGNS)

- For select patients with moderate-severe OSA, BMI<40 who failed CPAP

Potential Benefits:

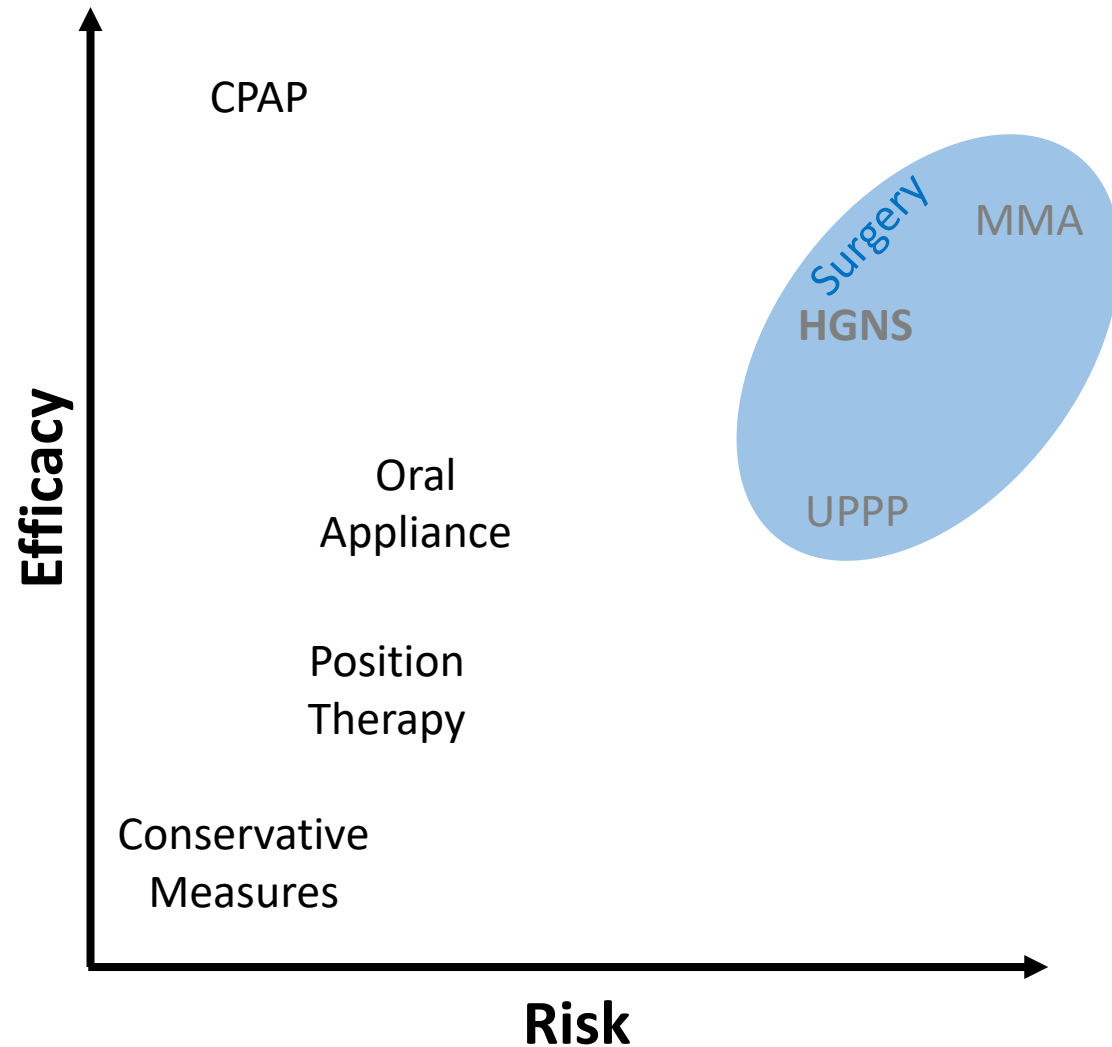
- 60-70% improvement of OSA (variable)
- Good adherence (5.7 [4-7] h/night)

Potential Risks/Downsides:

- Surgical risks; Repeat surgery ~5% over 5y
- Neuropraxia (~20%), discomfort
- Adherence-dependent (insomnia!)
- Cost, MRI, Logistics



Dr Schalch

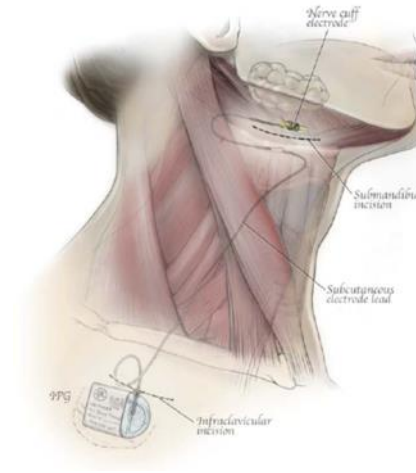


Hypoglossal Nerve Stimulation (HGNS)

- 2 new devices in the pipeline

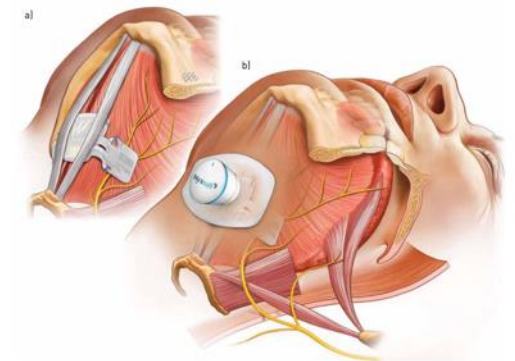
ImThera/LivaNova (Aura6000)

- Lateral branch, no sensing lead
- No DISE



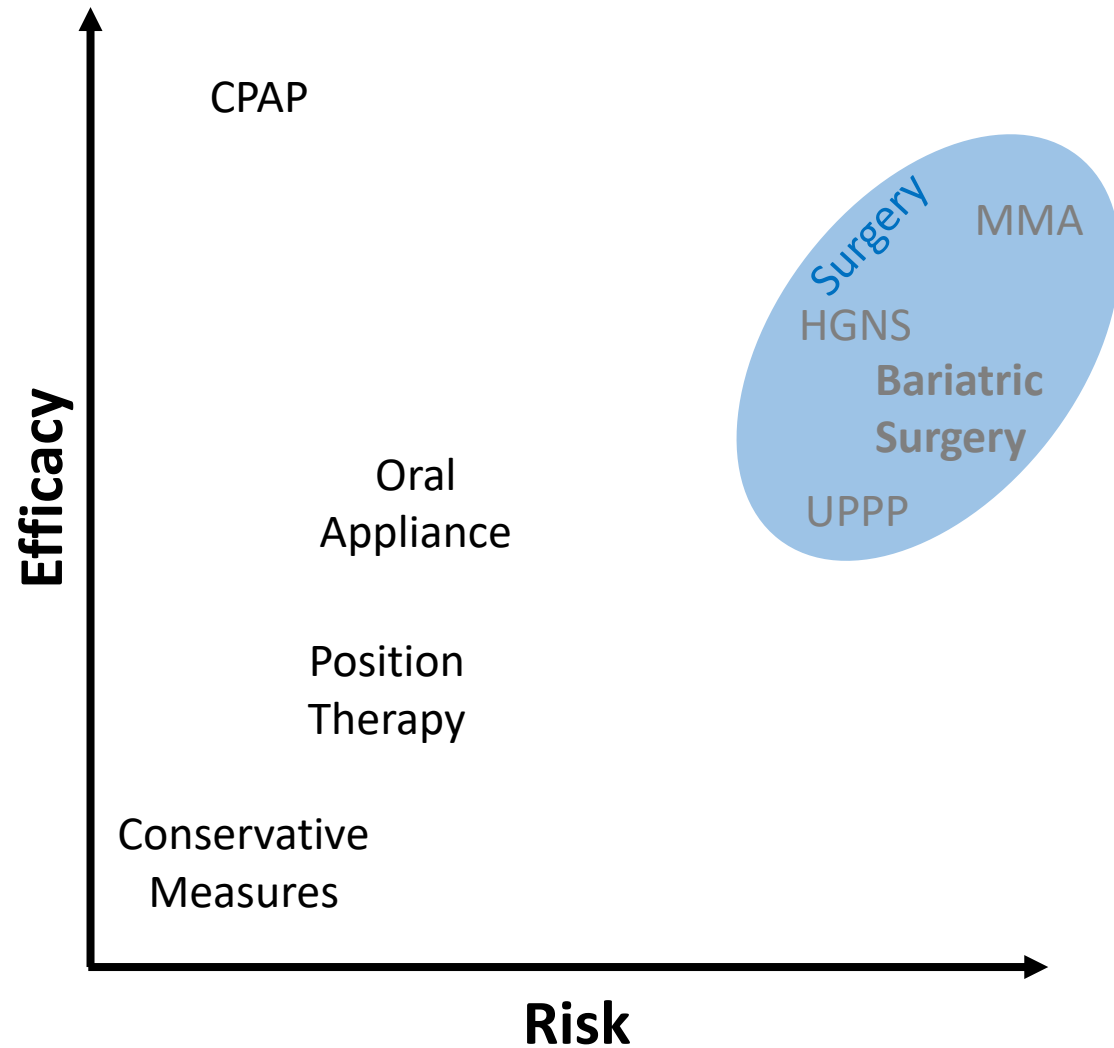
Nyxoah (Genio System)

- Bilateral medial branch
- External battery
- No DISE



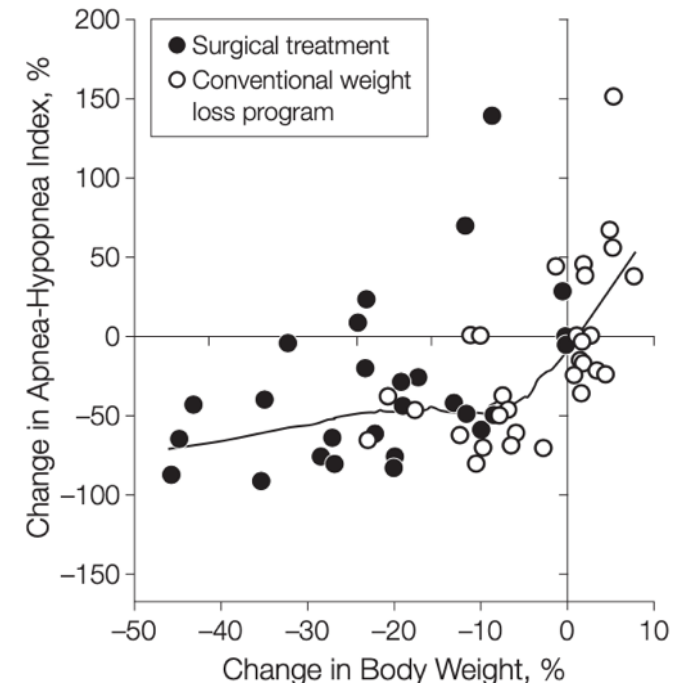
Eastwood ERJ 2020, Lewis LIO 2019,
NCT03868618, NCT05592002

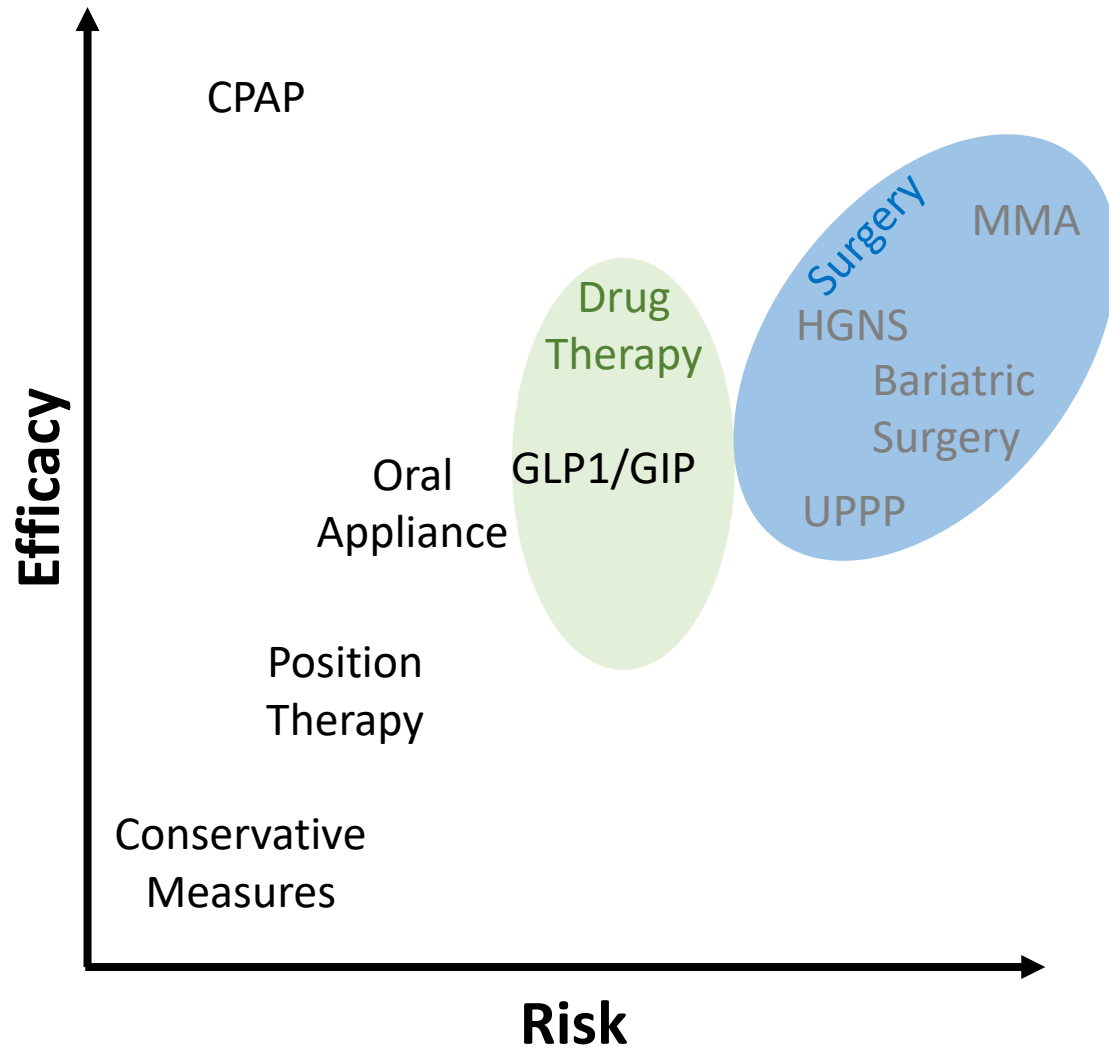
Mwenge ERJ 2013, Friedman Laryn 2016,
NCT02263859



Bariatric Surgery

- ~50% of OSA attributable to overweight
- 20-30% ↓ BW → 50-60% ↓ OSA (variable)





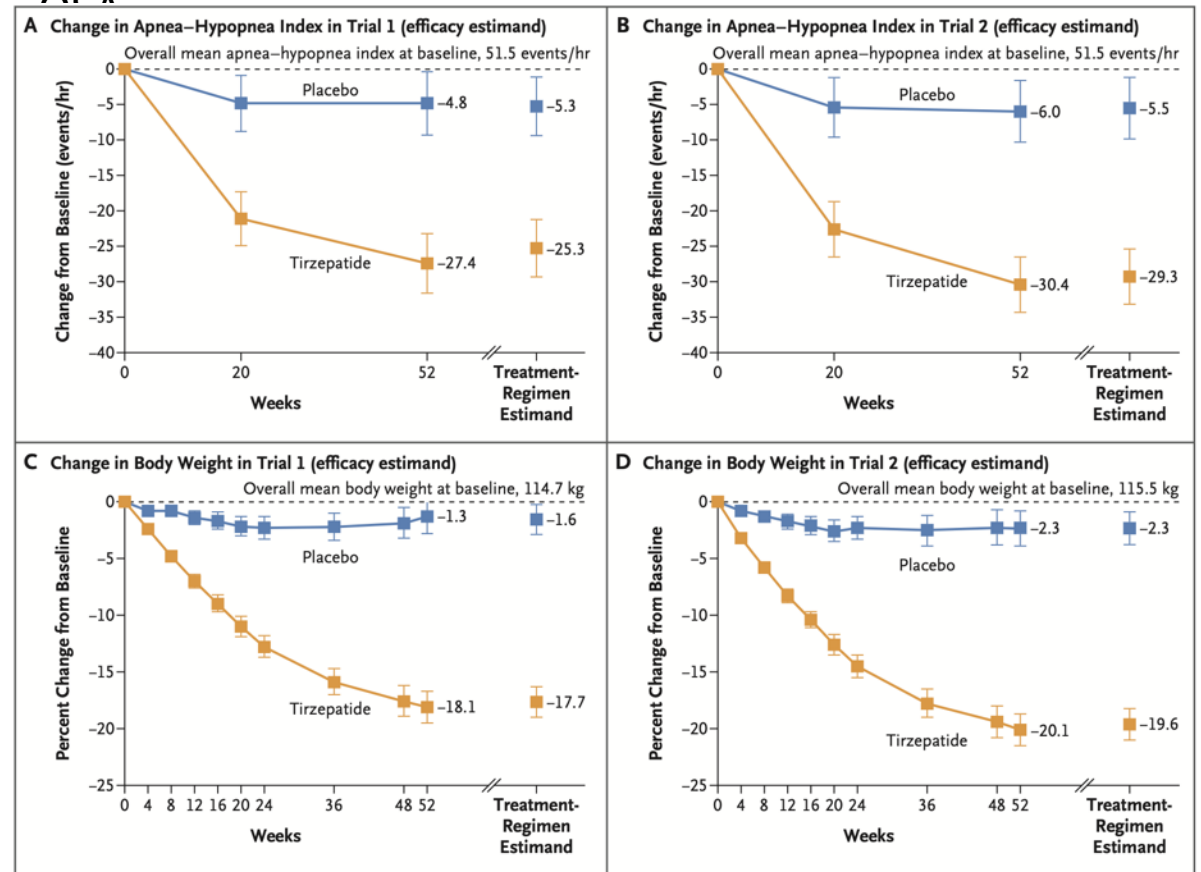
Tirzepatide

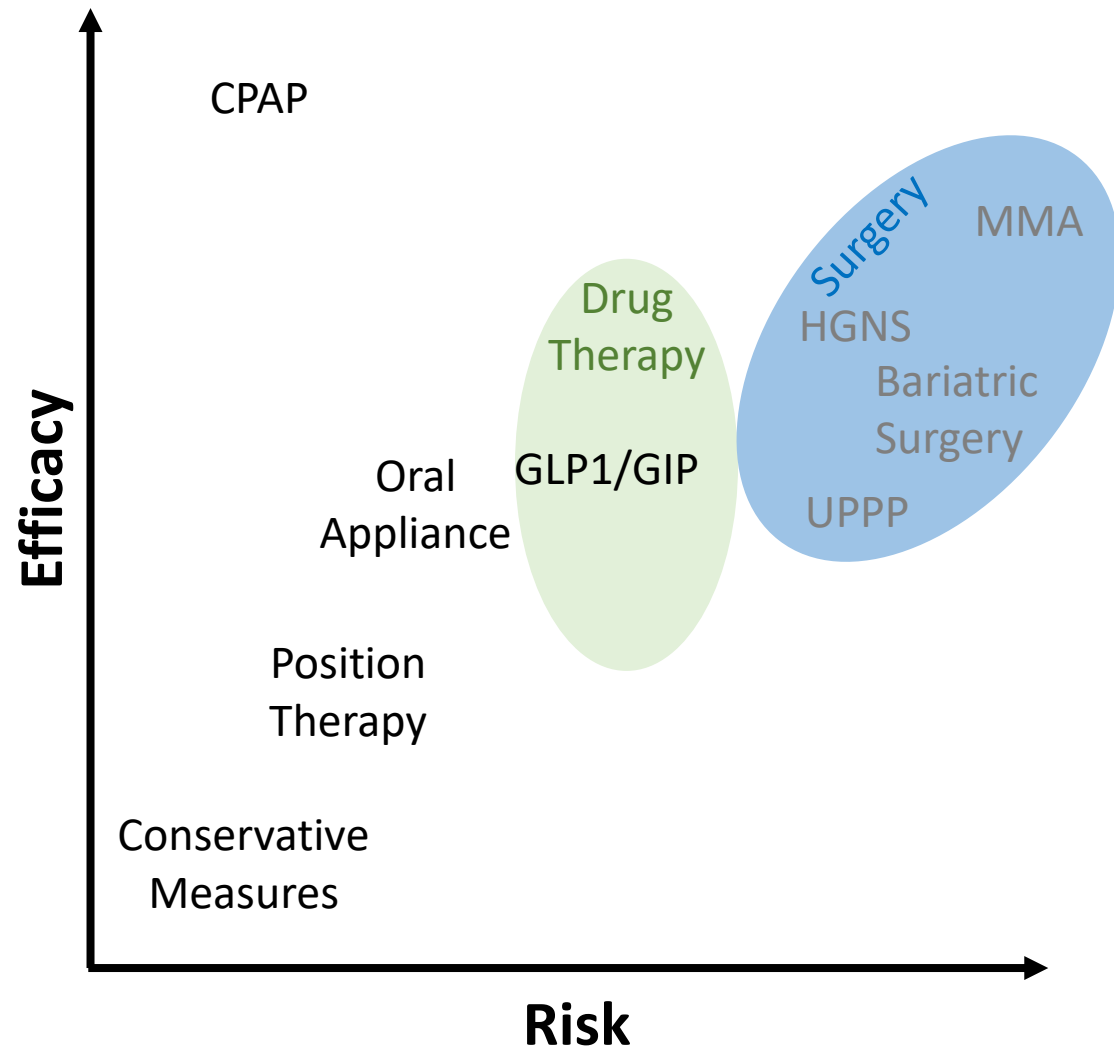
➤ GLP1/GIP-RA -> ↑Satiety

➤ ~20% ↓BW -> ~55% ↓OSA _{SURMOUNT-}



Atul Malhotra





Tirzepatide

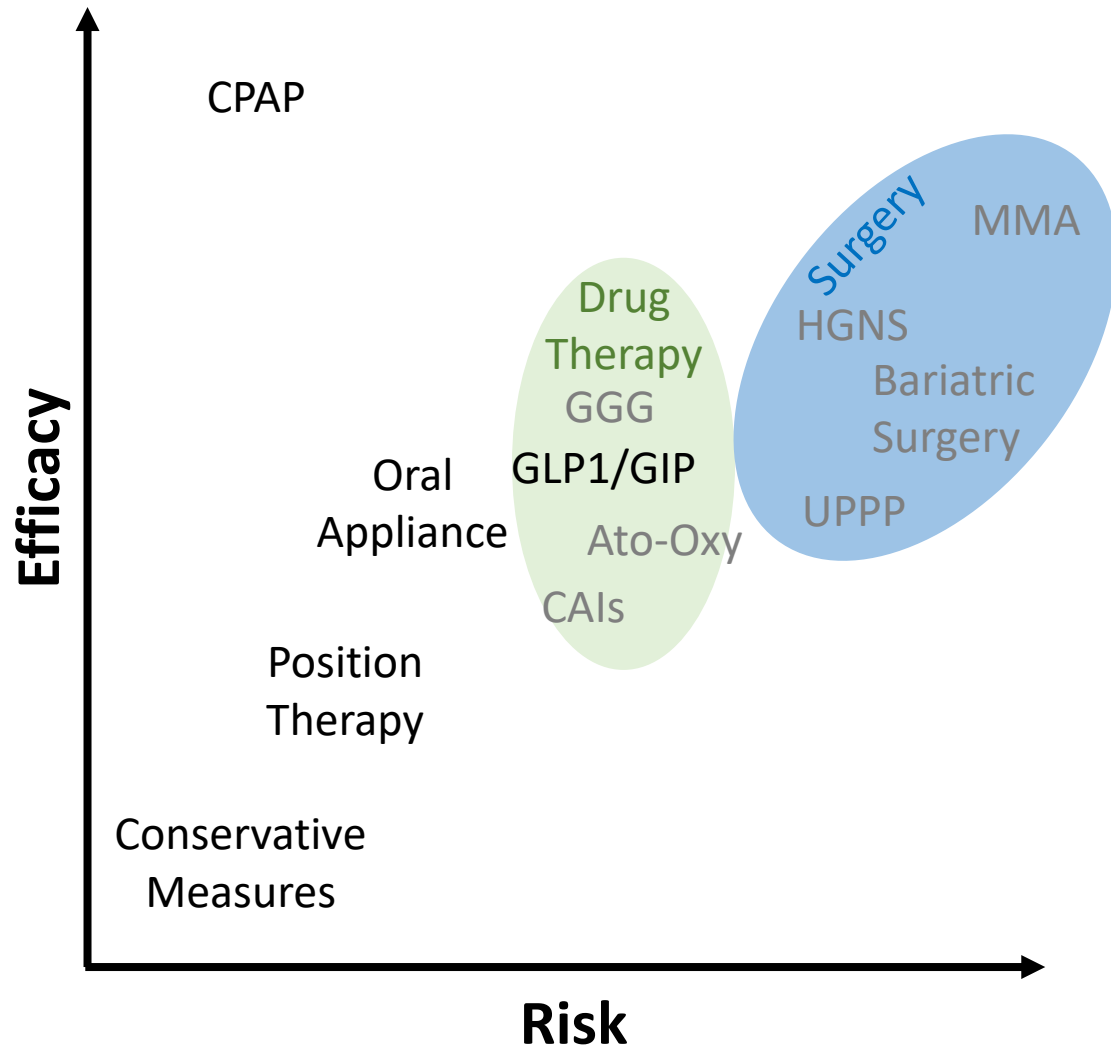
➤ GLP1/GIP-RA -> ↑Satiety

➤ ~20% ↓BW -> ~55% ↓OSA_{SURMOUNT-OSA}

➤ “Statin” for sleep providers?



Atul Malhotra



Other Drug Therapies in The Pipeline

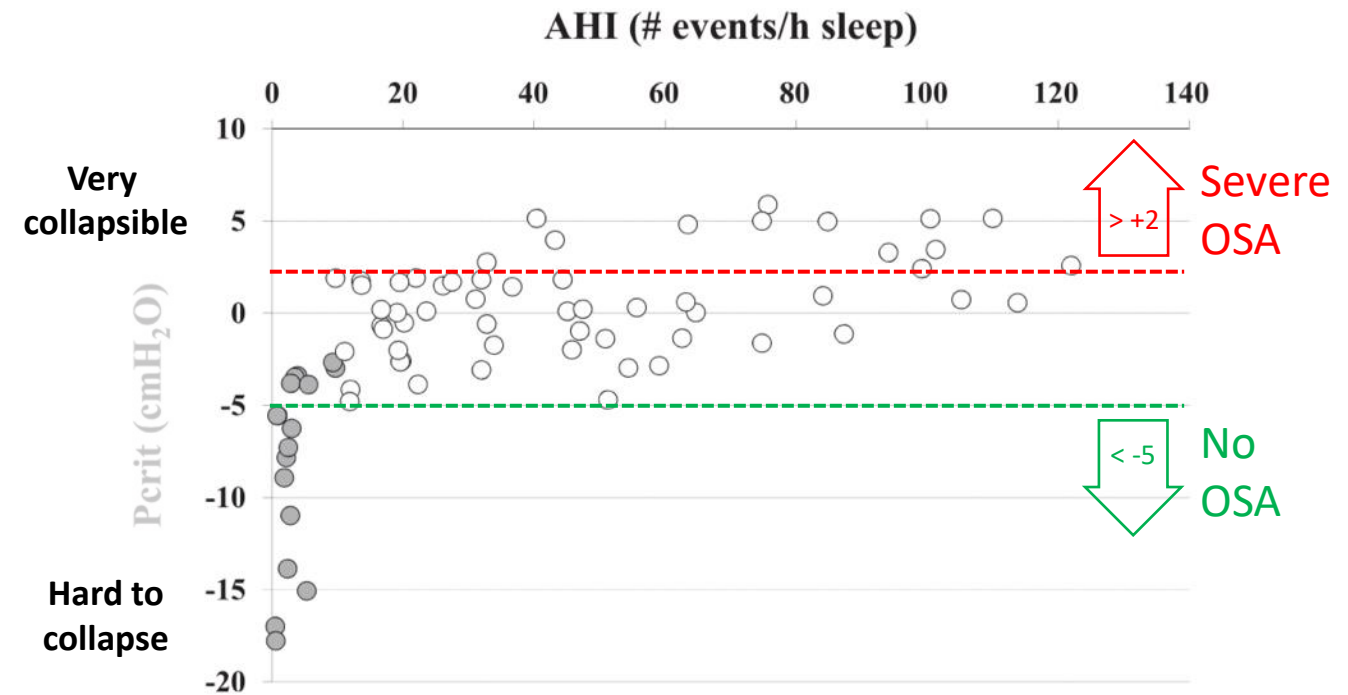
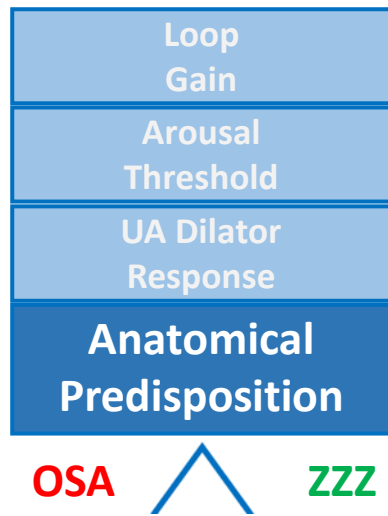
- Next-generation weight loss drugs (e.g., GGG-agonist) -> greater weight loss, easier administration
- Drugs targeting non-anatomical factors underlying OSA
 - Atomoxetine-Oxybutynin (AD109)
 - Carbonic Anhydrase Inhibitors (CAIs)

Outline

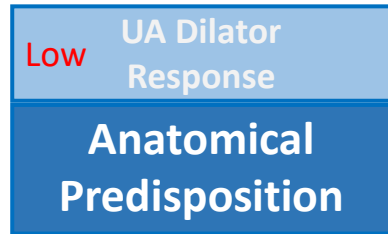
- OSA 101
- Current Treatment Options
- **Emerging Therapies**

Endotype

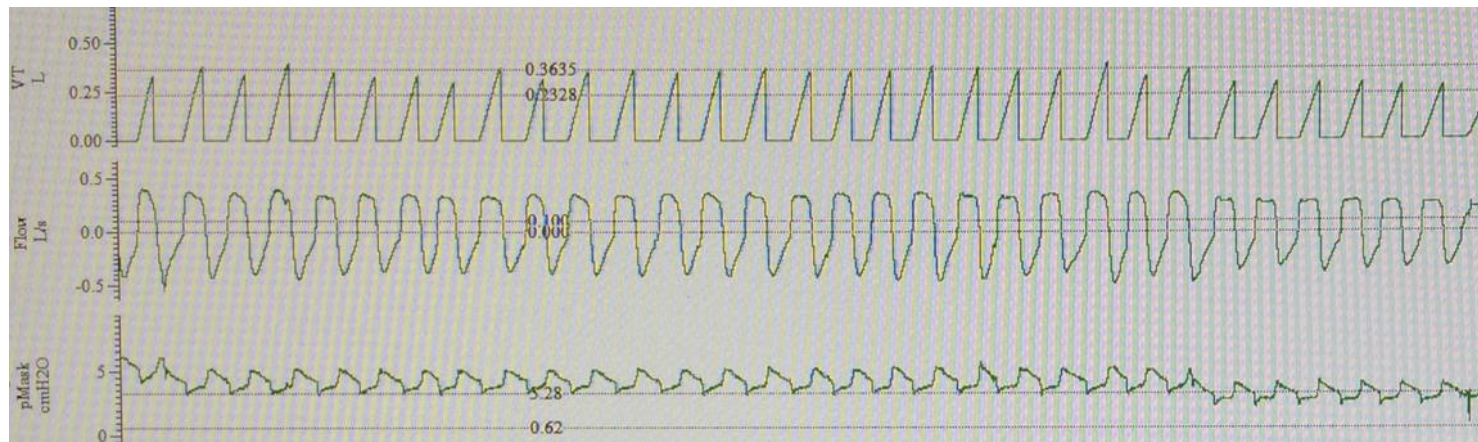
- A subgroup of patients who share a pathophysiological mechanism.

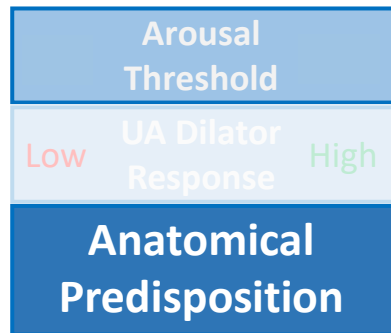


Eckert et al. AJRCCM 2013



OSA ZZZ





OSA  ZZZ



ArTH

Drive



| Loop Gain | | |
|---------------------------|---------------------|------|
| Low | Arousal Threshold | High |
| Low | UA Dilator Response | High |
| Anatomical Predisposition | | |

$$\frac{\Delta \text{Drive}}{\Delta \text{Ventilation}}$$

OSA



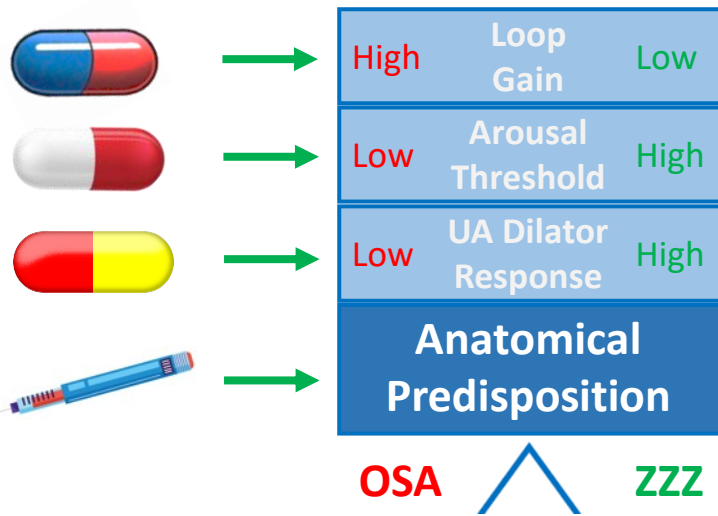
ZZZ



ArTH

Drive

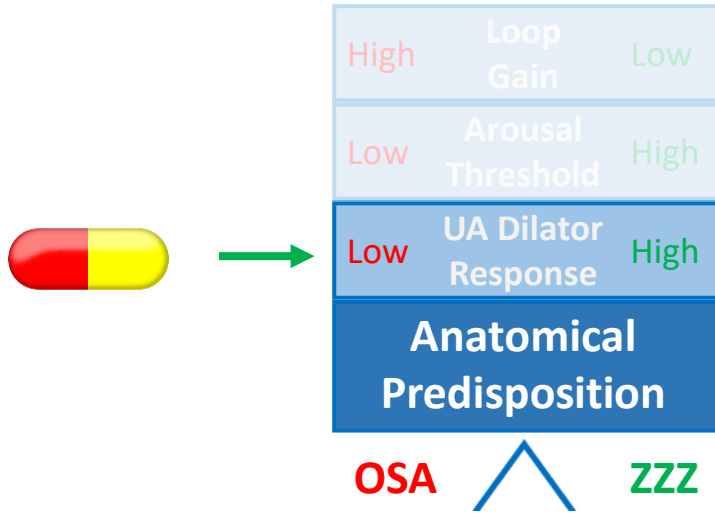




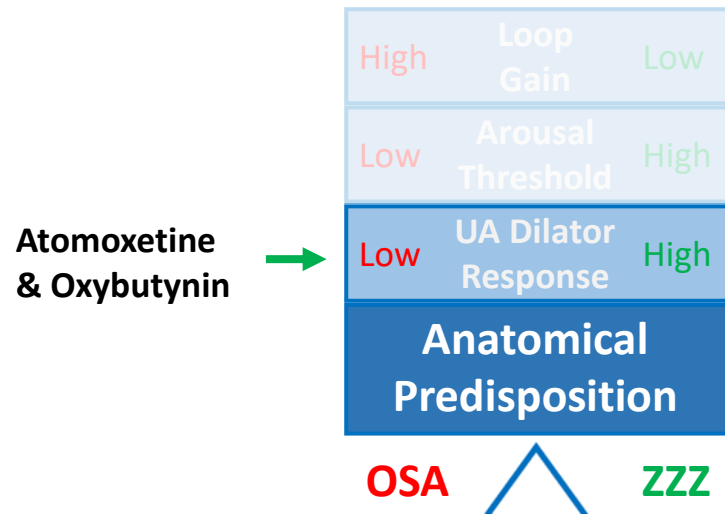
Endotype-Targeted Drug Therapy

Endotypical traits can be estimated from routine PSG/HST data.

Sands AJRCCM 2018, Terrill ERJ 2015, Orr AJRCCM 2018

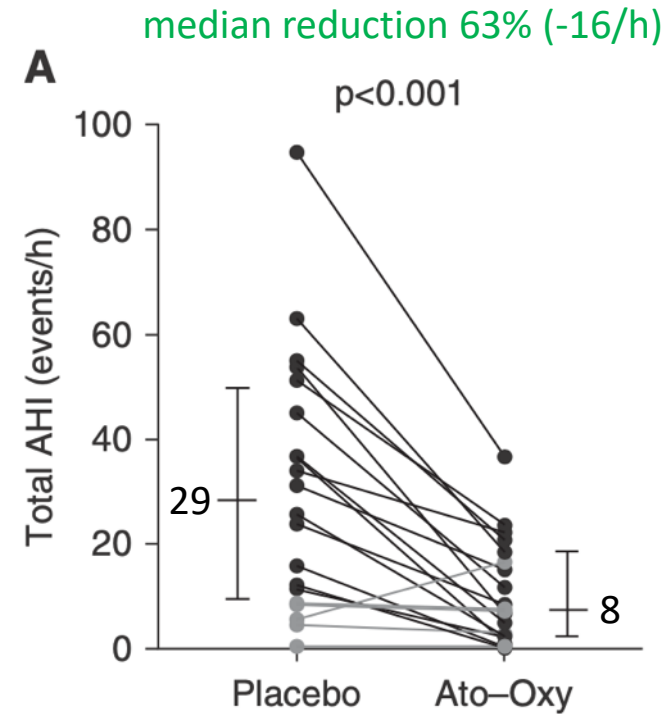


- ?Low UA Dilator Tone in Sleep due to:
- drop in noradrenergic tone in NREM
 - cholinergic (muscarinic) inhibition in REM



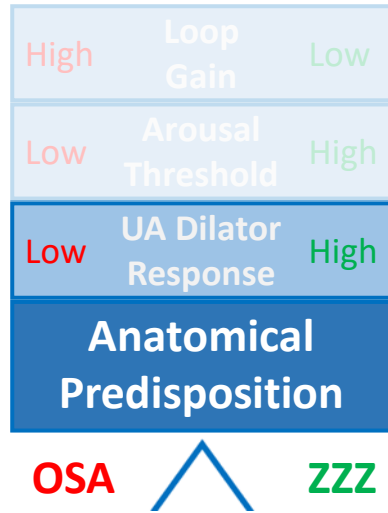
?Low UA Dilator Tone in Sleep due to:

- drop in noradrenergic tone in NREM
- cholinergic (muscarinic) inhibition in REM



- Improvement in O₂ and sleep architecture
- Increase in heart rate and ?BP

Atomoxetine
& Aroxbutynin



Phase IIb (MARIPOSA), N=211 Schweitzer AJRCCM 2023

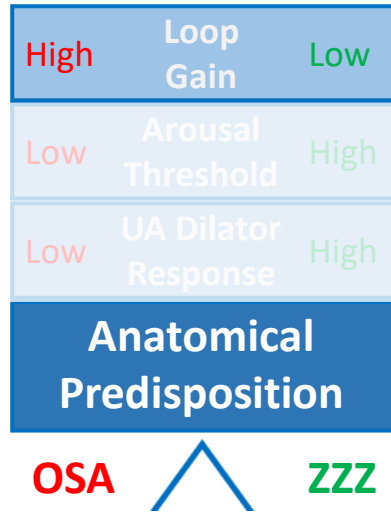
- Ato-ArOxy 75/2.5mg vs placebo x1month
- AHI: 47% reduction
- Fatigue improved, no change in other PROs
- AEs:
 - 25% Dry mouth, insomnia
 - 7% urinary hesitancy
 - HR +5bpm, DBP +4mmHg

Apnimed

COI: consulting

Phase III: Ato-ArOxy 75/2.5mg vs placebo

- SynAIRgy (NCT05813275): x6months, N=740
- LunAIRo (NCT05811247): x12month, N=660



Carbonic Anhydrase Inhibitors



Bicarbonate Diuresis



Metabolic Acidosis



Increase in Ventilation



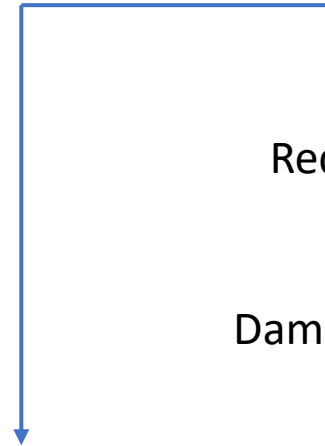
Reduces efficiency of CO₂ excretion



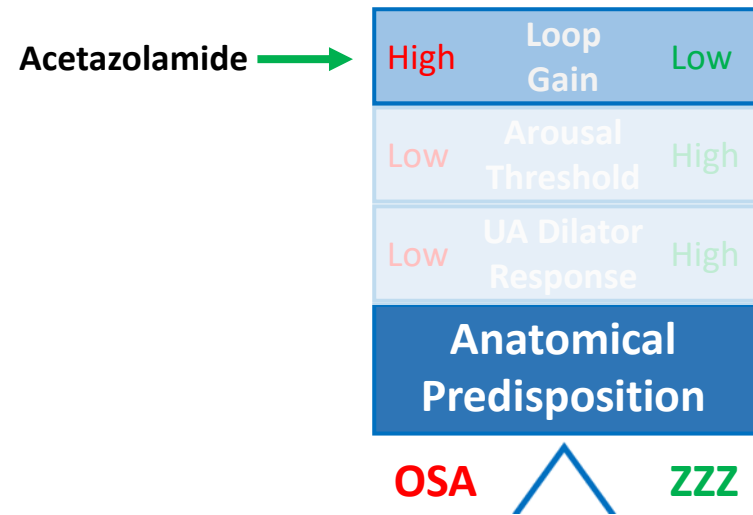
Dampens fluctuation in CO₂ (i.e., drive)



Lower loop gain

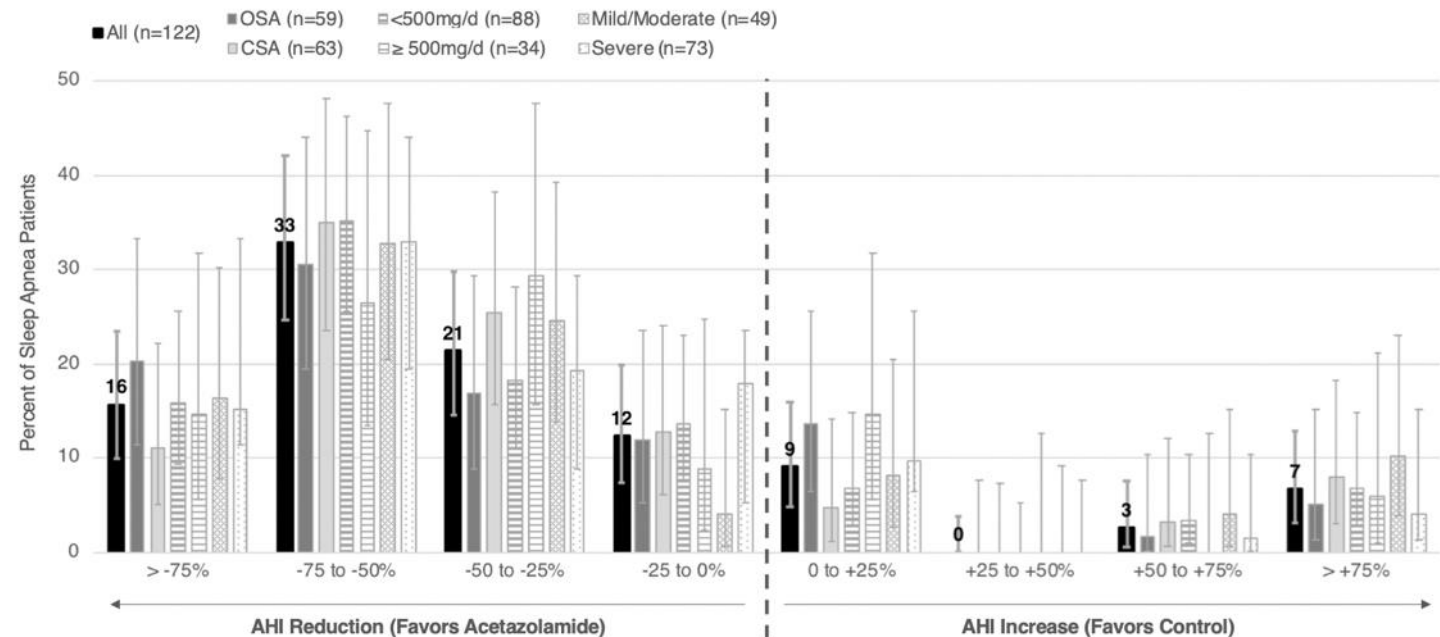


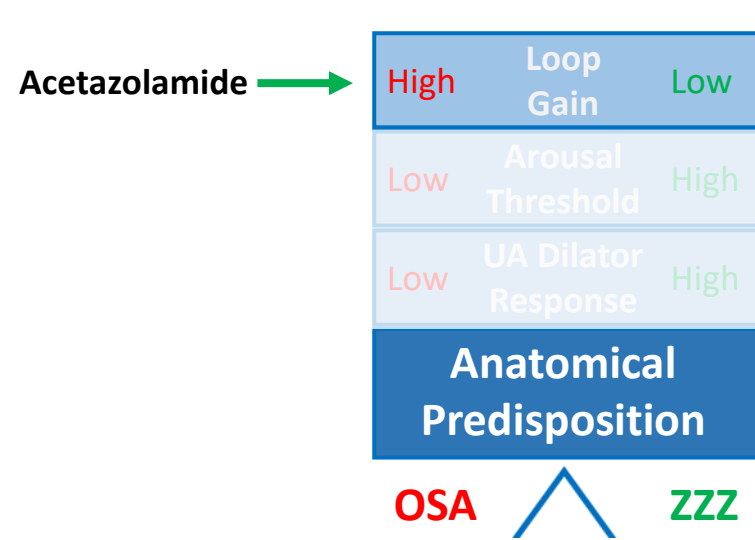
Reduces UA collapsibility



Acetazolamide ($N_{\text{Studies}}=26$)

- AHI reduction by 30-40%
 - Variable Response
 - Long-term effects unclear
 - Large effect on BP (-8/-4 mmHg) – but evidence for clinically important outcomes limited & low quality





Acetazolamide ($N_{\text{Studies}}=26$)

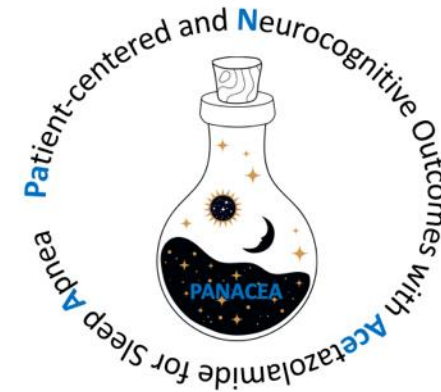
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➤ Two cross-over RCTs of acetazolamide vs placebo for OSA

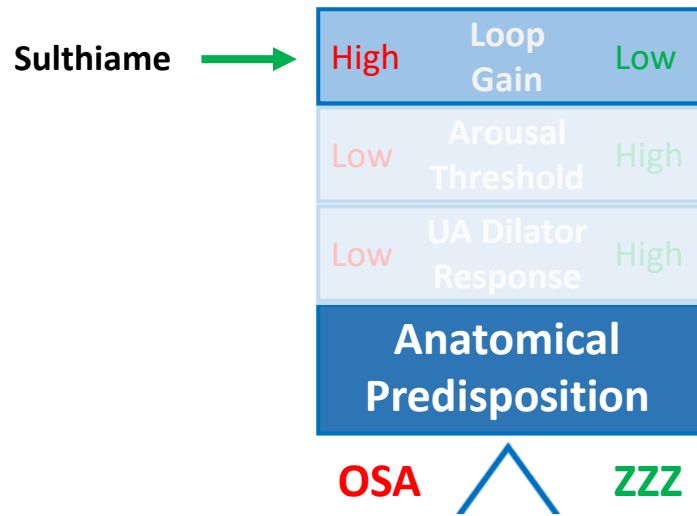


Acetazolamide for
Obstructive Sleep Apnea to
Improve Heart Health
(ACE-Of-HEARTs)

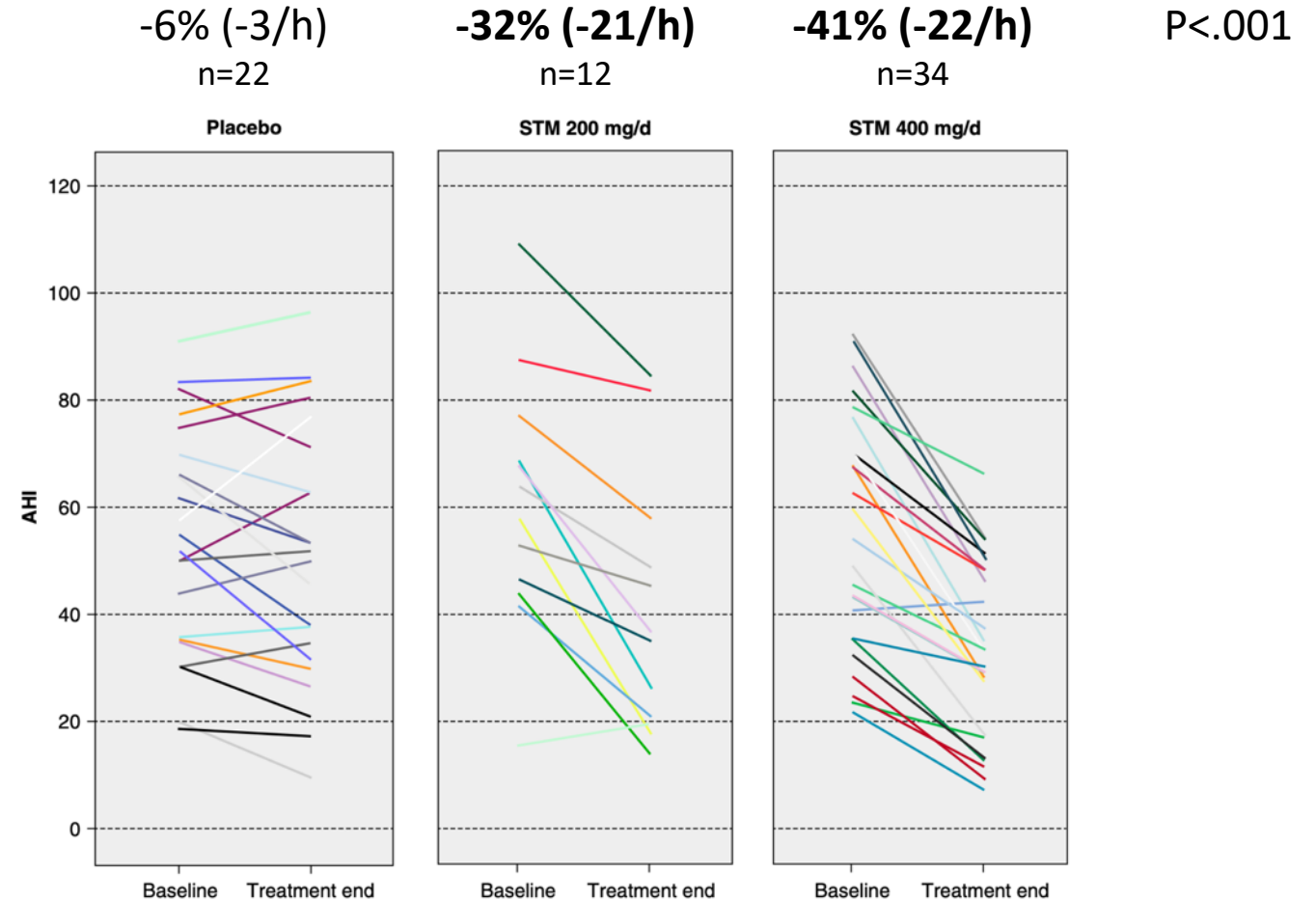
Supported by AHA Foundation
Career Development Grant (#940501; PI Schmickl)
NCT05616260 (N=46)



Supported by NHLBI
K23HL161336 (PI Schmickl)
NCT05804084 (N=60)



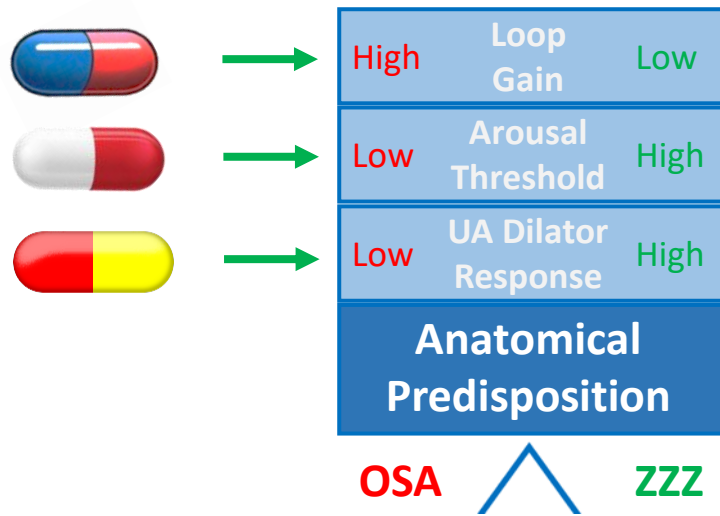
Phase II RCT: Sulthiame vs Placebo x 4 weeks (n=68)



Large absolute effect, very consistent across individuals, ok tolerated

-> Large Phase 2 Trial including ~300 patients completed

(<https://www.clinicaltrialsregister.eu/ctr-search/trial/2021-002926-26/ES>)



Single-Trait Therapy Often only Partially Effective

The future of OSA care likely consists of combination therapy targeting 2+ mechanisms simultaneously

Take Home Messages

- OSA is very common
 - PCPs: ask about sleep problems; HSTs can be falsely negative
- There is more than just CPAP
 - For select patients, Inspire hypoglossal nerve stimulation or tirzepatide can be a good option
- Exciting time to be in sleep medicine

Thank you!

Any Questions?

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