Perampanel in chronic insomnia: a case control study.

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INTRODUCTION

Insomnia is one of the most frequent reasons for consultation in the Sleep Units. Perampanel is an antiepileptic also effective on the structure of sleep, and in restless legs syndrome.

We describe the response to treatment in biterapia with perampanel in patients with chronic insomnia in our Multidisciplinary Unit.

CONCLUSIONS

The combination of Perampanel with an antidepressant, or an anxiolytic, significantly improves the quality of sleep measured by ISI and Pittsburgh scales, and the number of hours of sleep in patients with chronic insomnia, probably due to its antagonistic action on glutamate. A clinical trial compared with placebo would be necessary to corroborate these results.

PATIENTS AND METHODS

Observational retrospective case-control study of 33 patients with chronic insomnia. All patients attended in Neurology or Psychiatry Consultation, from November 2017 to November 2018. All patients with more than 4 previous treatments tested, during more than 4 years. We reviewed age, sex, insomnia etiology, years of evolution, number of tested treatments, and the results of perampanel for insomnia after 3 months of treatment, measured by the improvement of 3 or more points in the ISI and Pittsburgh scales, as well as the average of hours of sleep gained. All controls were matched with this variables, but never treated with perampanel.

RESULTS

33 patients with chronic insomnia, 20 women (60%), 13 men (40%). Average age 53.48 years, average time of evolution: 11.25 years. At least 4 treatments previously tested in the 33 patients (100%). Figure 1.

-Main etiology: depression 13 cases (40%). After the combination of perampanel 2-4 mg (100%) with antidepressants (17 cases, 51.5%) or anxiolytics (12 cases, 36.36%) along 3 months: the total number of hours of sleep improves in 2.5 hours, the scale ISI improves by 6 points on average (+/- 2.1 standard deviation DE, $p < 0.02$), and Pittsburgh scale improves in 4 points (+/- 1.7 SD, $p < 0.04$). In controls, the improvement of the ISI scale was 2.2 points (+/- 0.8 SD, $p < 0.06$), on the Pittsburgh scale was 1.6 points (+/- 0.5 SD, $p < 0.01$). Figure 2.

-The main adverse effect was irritability in 3 patients, without withdrawal perampanel. The treatment was abandoned by 4 patients (12.12%): 1 due to persistent irritability (3%), 2 due to lack of efficacy (6%), 1 due to desire for pregnancy (3%).

FIGURE 1: ENROLLED PATIENTS:

FIGURE 2:IMPROVEMENT OF SLEEP IN CASES AND CONTROLS (ISI, PITTSBURGH SCALES, AND TOTAL SLEEP HOURS).

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