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https://reachmd.com/programs/cme/expert-consensus-on-how-oxybates-influence-cardiovascular-risk-in-narcolepsy-patients/17925/

Released: 01/12/2024
Valid until: 01/12/2025
Time needed to complete: 57m

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Expert Consensus on How Oxybates Influence Cardiovascular Risk in Narcolepsy Patients

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Dr. Trice:
Hi, I'm Dr. Kevin Trice. I'm here with Dr. Lee Surkin, an expert in narcolepsy and cardiovascular medicine. And we're here to talk about the Effect of Oxybates on Cardiovascular Risk in Narcolepsy Patients. Thanks, Dr. Surkin, for joining us.

Dr. Surkin:
Thank you very much, Dr. Trice. Pleasure to be here.

Dr. Trice:
So, Lee, great to have you. Tell me a little bit about oxybates in narcolepsy patients and the cardiovascular risk associated with them. What do you see?

Dr. Surkin:
Yeah, so obviously, oxybates are a great treatment for narcolepsy. And there's high sodium and low sodium availability. And there's pretty convincing documentation of strong associations between high sodium intake in general from whatever source and risk of cardiovascular disorders such as, obviously, the hallmark would be hypertension, then, you know, heart failure, heart attacks, stroke, that sort of thing. So, any increased level of sodium from any source may very well increase the long-term cardiovascular risk.

Dr. Trice:
And so, why do you think this sodium load is so important? And then how do you kind of mitigate that? Do you think that's more important to manage that? Or maybe manage the sleep fragmentation in somebody who may not be on an oxybate?

Dr. Surkin:
Yeah, so the increased sodium intake, which it's worldwide, in the United States, the average daily intake has over 3 grams, the recommendation is max at 2.3 or 2,300 mg. And you know, what we're seeing with high levels of sodium intake from diet and, you know, potential medication, are the development over a long-term period of time of major comorbidities, you know, hypertension, as I said, heart disease, kidney disease, there's even an increased risk of esophageal and gastric cancers associated with high sodium intake.

Dr. Trice:
And are you seeing these in patients with pre-existing cardiovascular disease? Or is this patients who don't have any necessarily pre-existing disease that are developing it just because of the sodium load?

Dr. Surkin:
Yeah, I mean, I would say it's dose-dependent, meaning that the longer you consume high amounts of sodium, the greater the long-term risk would be. And I am definitely seeing this in my patient population. And it's associated with - one of the variables that it's

associated with is sodium intake, for sure.

Dr. Trice:
So, how do you mitigate those risks in your patients? So, do you put them on low sodium diets? Do you not put them on certain medications? So, what are some of the strategies that we might look at in terms of reducing that cardiovascular risk in patients on oxybates?

Dr. Surkin:
Yeah, so, I educate my patients on, of course, when I use oxybates that are high in sodium, I very carefully lay out to them what the total sodium intake is going to be per dosing per evening or nighttime dose. And then really strongly recommend that my patients pay very close attention to all the food that they consume, read the labels, look at the sodium content, and do the best you can to try to reduce it. We know that in adolescent studies for every 1,000-mg reduction of sodium, that confers a reduction in blood pressure, which over a long-term basis is going to help reduce or mitigate cardiovascular risk.

Dr. Trice:
That's fantastic. Any other additional thoughts or kind of techniques you look at? You mentioned education, which of course is paramount for the patients as well as providers while we're here today, but any other things you can do other than just changing the diet? Are there any other medications you add? Or lifestyle changes you may add or suggest to your patients?

Dr. Surkin:
Yeah, so, when dealing with a narcolepsy patient, there are many medications that one can choose from. Obviously, as a clinician, you know as well as I that we are many times limited by the choice that we can make by the third-party insurance provider restrictions. I focus on - the really, really important part of this is lifestyle modification. That includes diet and exercise, following Life's Essential 8, the Heart Association.

Dr. Trice:
Absolutely.

Dr. Surkin:
And you know, that can have a significantly beneficial effect on reducing long-term cardiovascular risk.

Dr. Trice:
Awesome. Awesome. Thank you so much, Lee. I think you gave us some great ideas, some great advice on how to manage the patients, and some initial approaches to help kind of reduce that cardiovascular risk in patients, particularly those on oxybates. So, thank you again for your time and your information. That was fantastic.

Dr. Surkin:
You're welcome. Thank you very much.

Announcer:
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