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Burden of Disease – Narcolepsy

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Kushida:

This is CME on ReachMD, and I'm Dr. Clete Kushida. Here with me today is Dr. Michael Thorpy. Today, we're considering the disease burden of narcolepsy.

So, Michael, maybe you can start off by talking about the impact of narcolepsy on employment and work quality.

Dr. Thorpy:

Well, yes, Clete. Narcolepsy has a major impact on the employment, and it's associated with increased short-term disability costs. Patients miss days at work, so there's absenteeism. There's reduced work quality, presenteeism. Employees also feel that their salaries are lower because they have narcolepsy. Of course, there is a lower employment rate amongst patients with narcolepsy.

Both the employer recognizes that there are issues regarding absenteeism and presenteeism in their employees with narcolepsy, and the patient, of course, is concerned about this as well.

There's also healthcare costs associated with it. Clete, have you seen this in your patient population?

Dr. Kushida:

Oh, yes, because oftentimes the patients have a lot of comorbidities such as depression and anxiety that can also significantly affect their status at work and in the home environment. But, you know, if you take a deeper dive, maybe you can go into a little bit of the cost of the medical resources and the decreased work productivity that sort of fits in with what we were just discussing.

Dr. Thorpy:

Yeah. Well, 46% of these patients have required psychological behavioral therapy. 61% have an average of 51 sick days per year. Many of these patients are on treatments for other disorders, and they're even on antibiotics. There's a fairly high rate of antibiotic use in narcoleptics. And 1 in 3 have been hospitalized for some cause, and so this all contributes to greater use and cost of healthcare resources. And some of the reasons for that was, as you mentioned, Clete, it's because of the comorbidities. Depression and anxiety is much more common in these patients. They can also have sleep apnea and they can have psychiatric disorders such as bipolar disorder, which tend to be all a little bit more common in patients.

But in addition to that, they have an increase in cardiovascular issues. Can you tell us a little bit about that, Clete?

Dr. Kushida:

There's been a number of studies that have looked at it. One of the more prominent ones is the CV-BOND, study, which looked at the cardiovascular burden of narcolepsy. And what that showed was that there were some conditions like stroke, heart failure, ischemic

stroke, even dysrhythmias that were at greater risk for those in patients that have narcolepsy.

Dr. Thorpy:

There are a number of autonomic disturbances that occur in patients with narcolepsy. Headaches, migraines, for example, are more common. And then there are conditions like postural orthostatic hypertension that occurs in patients with narcolepsy.

So there is a major burden on these patients with narcolepsy and it does affect their employment, and it affects their healthcare costs enormously.

Dr. Kushida:

Thank you, Michael. Well, this has been a great discussion and our time is up. Thanks for listening.

Announcer:

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