



Key Objective

To describe the patient journey, treatment experience, and unmet need in patients with narcolepsy type 1

Introduction

- Narcolepsy is a chronic, debilitating, neurological condition that dysregulates the sleep-wake cycle and is characterized clinically by excessive daytime sleepiness (EDS), cataplexy (narcolepsy type 1 [NT1] only; c. 70% of patients¹), hypnagogic/hypnopompic hallucinations, sleep paralysis, and disrupted nocturnal sleep^{2,3}
 - Narcolepsy has a substantial impact on quality of life, impairing social, professional, and physical functioning⁴
 - Patients with narcolepsy often require polypharmacy due to the burden of the multiple symptoms experienced⁵
- Narcolepsy is underrecognized and underdiagnosed, partially due to symptomatic overlap with more common sleep and psychiatric conditions such as sleep apnea and depression⁶

Methods

- To better understand the patient experience, burden of illness, and unmet needs for patients with narcolepsy, the Characterizing Patient Perspectives on Unmet Needs in Narcolepsy (CRESCENDO) survey was conducted from October to December 2023, involving adults diagnosed with NT1 who were currently taking US FDA-approved medication for the condition
- The survey comprehensively assessed the patient experience, including comorbidities, current medication use, symptom burden and impact on quality of life
 - Participants also completed assessments of subjective sleepiness (Epworth Sleepiness Scale; ESS), subjective cognitive function (British Columbia Cognitive Complaints Inventory; BC-CCI), and depression (Patient Health Questionnaire-8; PHQ-8)
- CRESCENDO was developed and executed in partnership with the patient advocacy organization Narcolepsy Network; a third-party research firm conducted the survey and ensured respondent privacy

References

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Disclosures

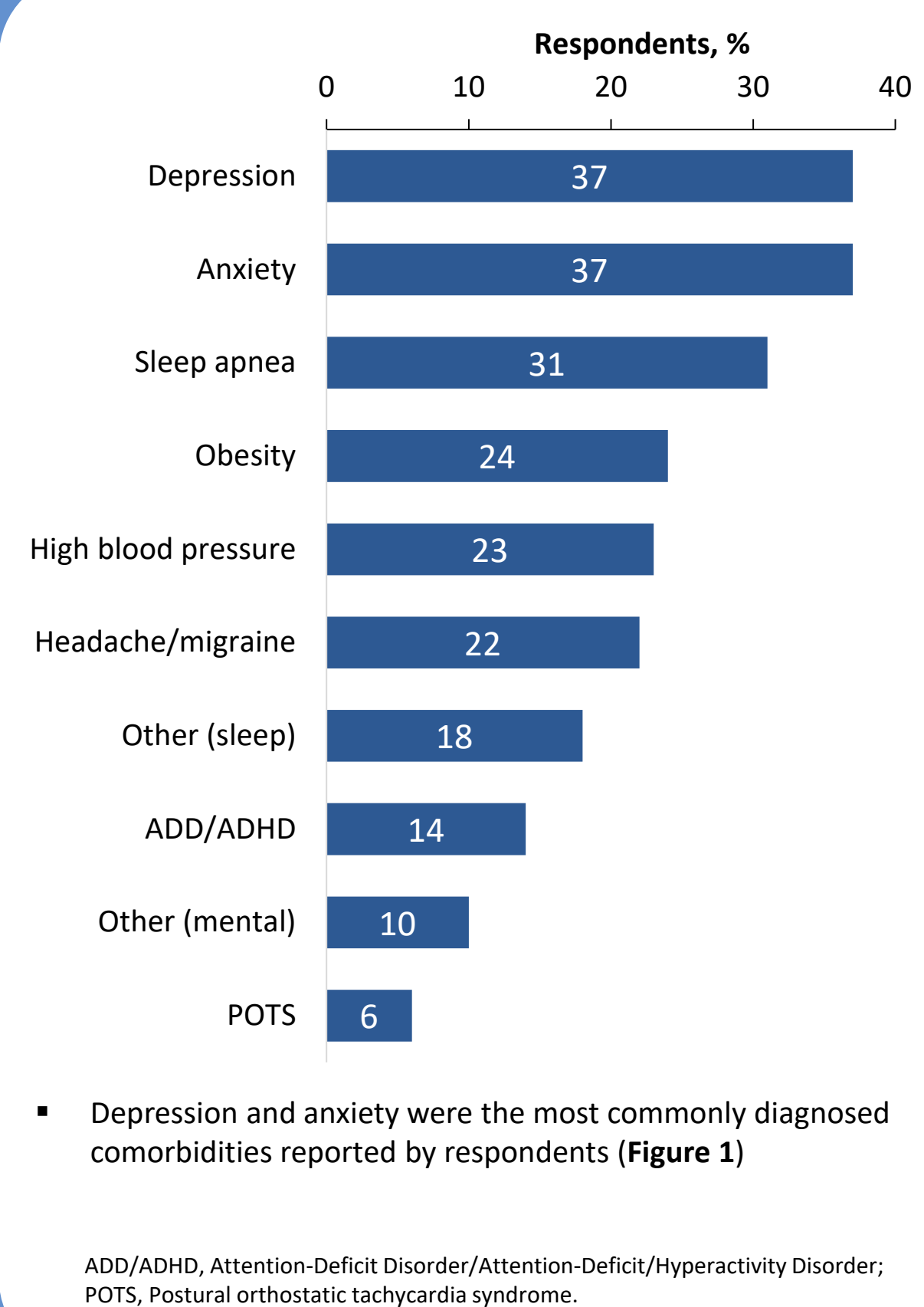
MJT serves as a consultant to Axsome Therapeutics. AK and KH are affiliated with Narcolepsy Network. EBL and GP are former employee of Axsome Therapeutics. SF and HT are current employees of Axsome Therapeutics.

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Results

Table 1. Baseline Characteristics	Total (N=203)
Age, mean (range)	41 (18-82)
Age at symptom onset, mean (range)	18 (1-63)
Age at diagnosis, mean (range)	28 (8-67)
Gender, n (%)	
Female	130 (64)
Male	32 (16)
Transgender, Gender Variant/Non-Conforming, or Other	10 (5)
Decline to answer	31 (15)
Hispanic/Latino, n (%)	
Yes	10 (5)
No	159 (78)
Decline to answer	34 (17)
Race, n (%)	
White	143 (70)
Decline to Answer	34 (17)
Multiple	12 (6)
Black or African American	9 (4)
Other	3 (2)
Asian	2 (1)

Figure 1. Diagnosed Comorbidities Occurring in ≥5% of Participants



- Depression and anxiety were the most commonly diagnosed comorbidities reported by respondents (Figure 1)

Figure 2. Medication Usage Patterns

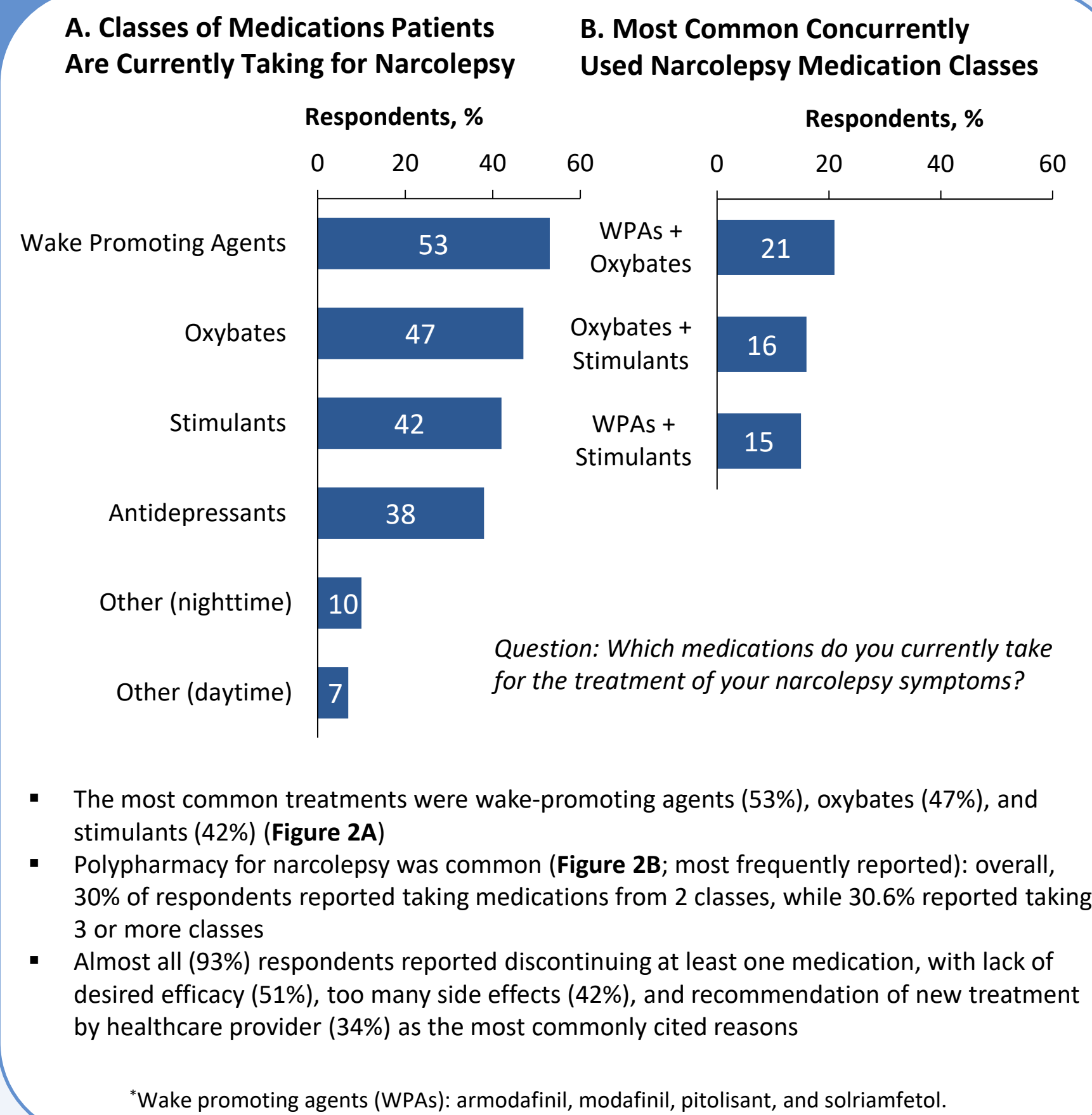
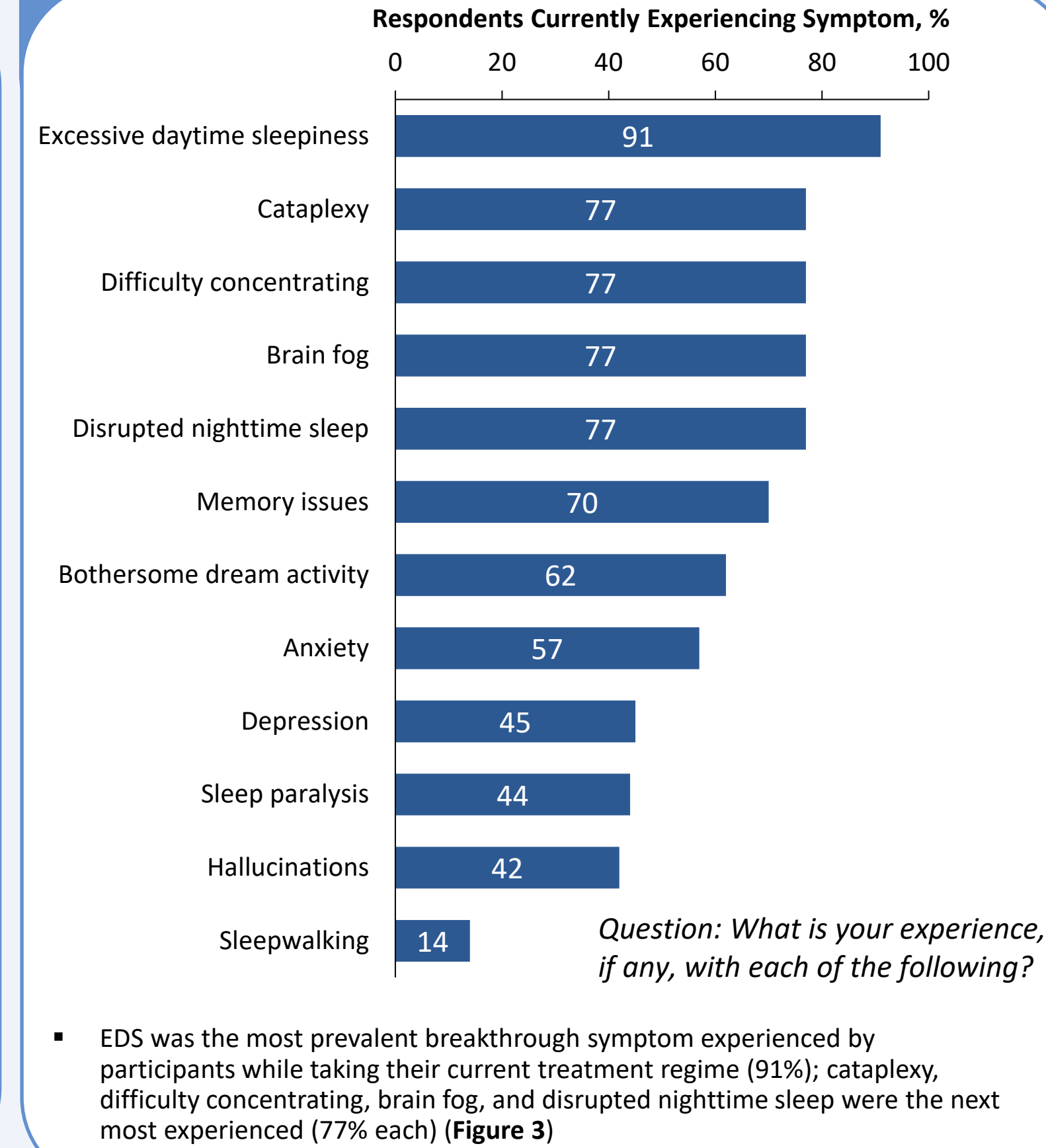


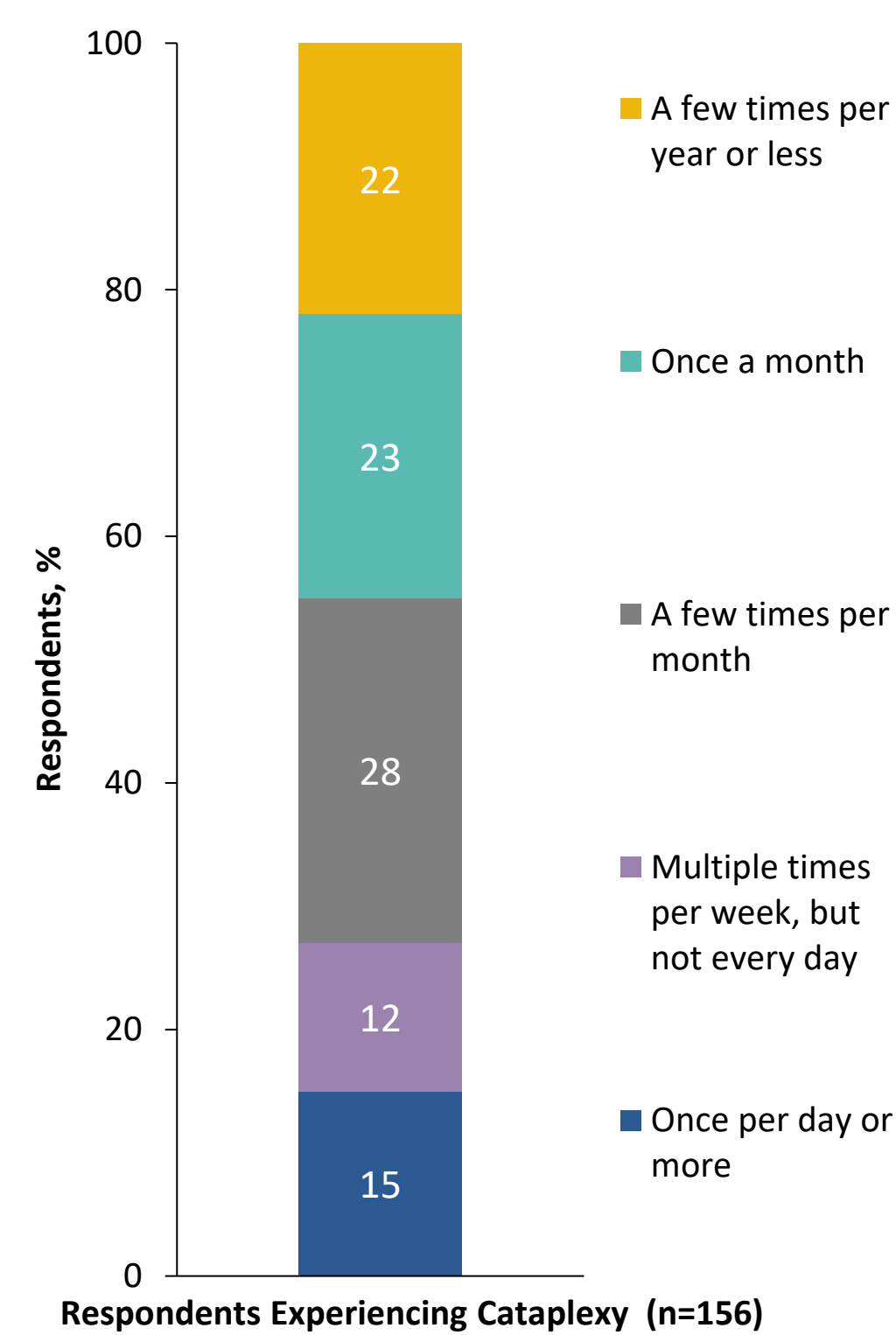
Figure 3. Prevalence of Breakthrough Symptoms Experienced Despite Treatment



Conclusions

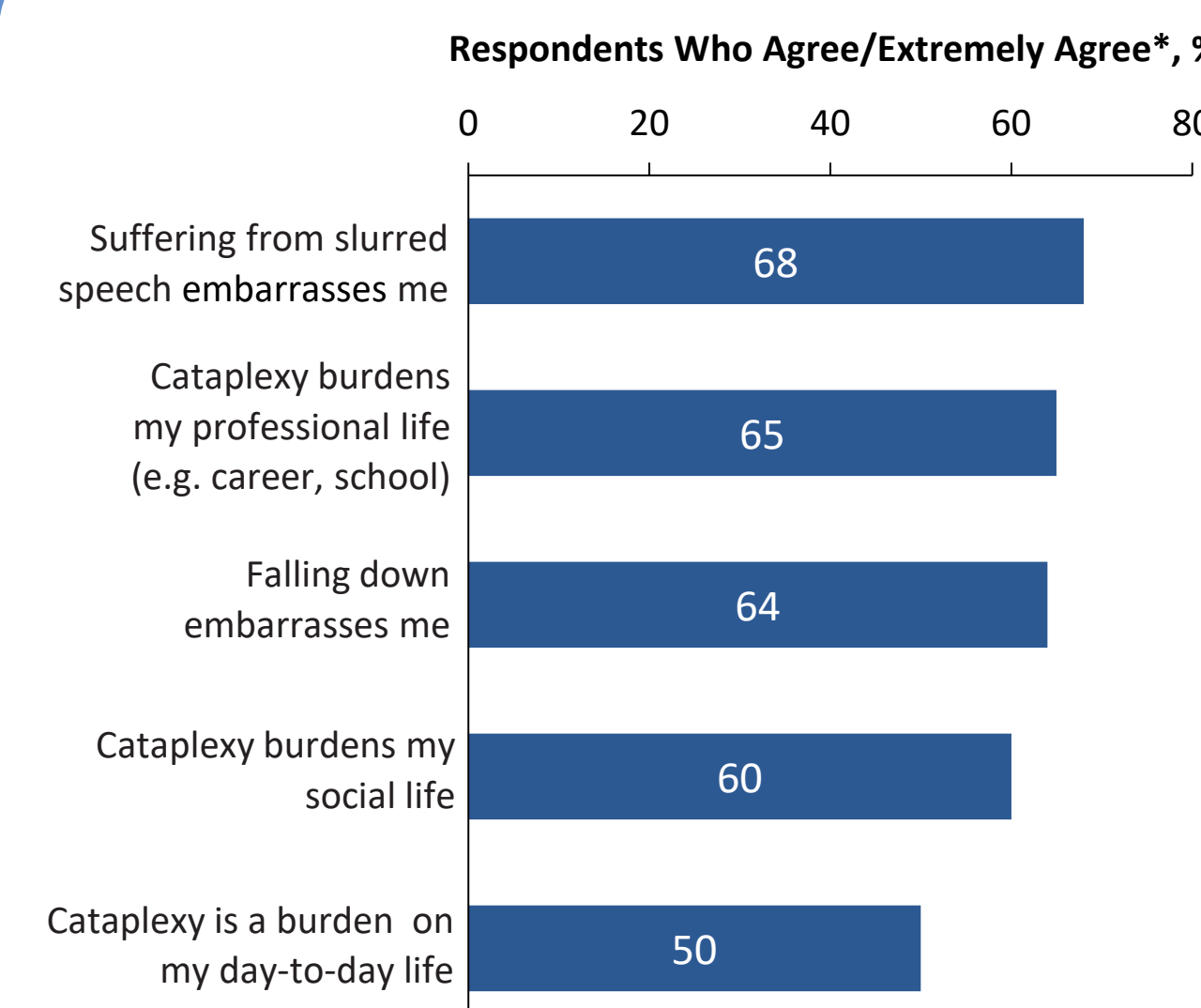
- The CRESCENDO survey provides valuable patient-generated insights into the burden of illness in persons with NT1
- Despite ongoing treatment, patients reported a wide range of persistent symptoms including cataplexy, EDS, and impaired cognition
- Breakthrough cataplexy was reported by most patients, substantially impacting their quality of life
- The majority of patients reported impacts on their work, home, and social lives from cognitive complaints and depressive symptoms
- These results highlight the significant unmet treatment needs of this patient population

Figure 4. Frequency of Cataplexy Attacks in Patients Experiencing Breakthrough Cataplexy



- Of the respondents reporting breakthrough cataplexy, 43% reported experiencing it daily or multiple times per week (Figure 4)

Figure 5. Impacts of Cataplexy on Quality of Life



Question: Thinking of your cataplexy on a typical day, please indicate how much you agree or disagree with each of the following statements?

- When asked about their typical day, a majority of respondents currently experiencing cataplexy despite receiving treatment felt that this symptom caused them embarrassment and impacted their professional and social life (Figure 5)

*Of the 156 currently experiencing cataplexy.

Figure 6. Assessment of Cognitive Complaints, Sleepiness, and Depression

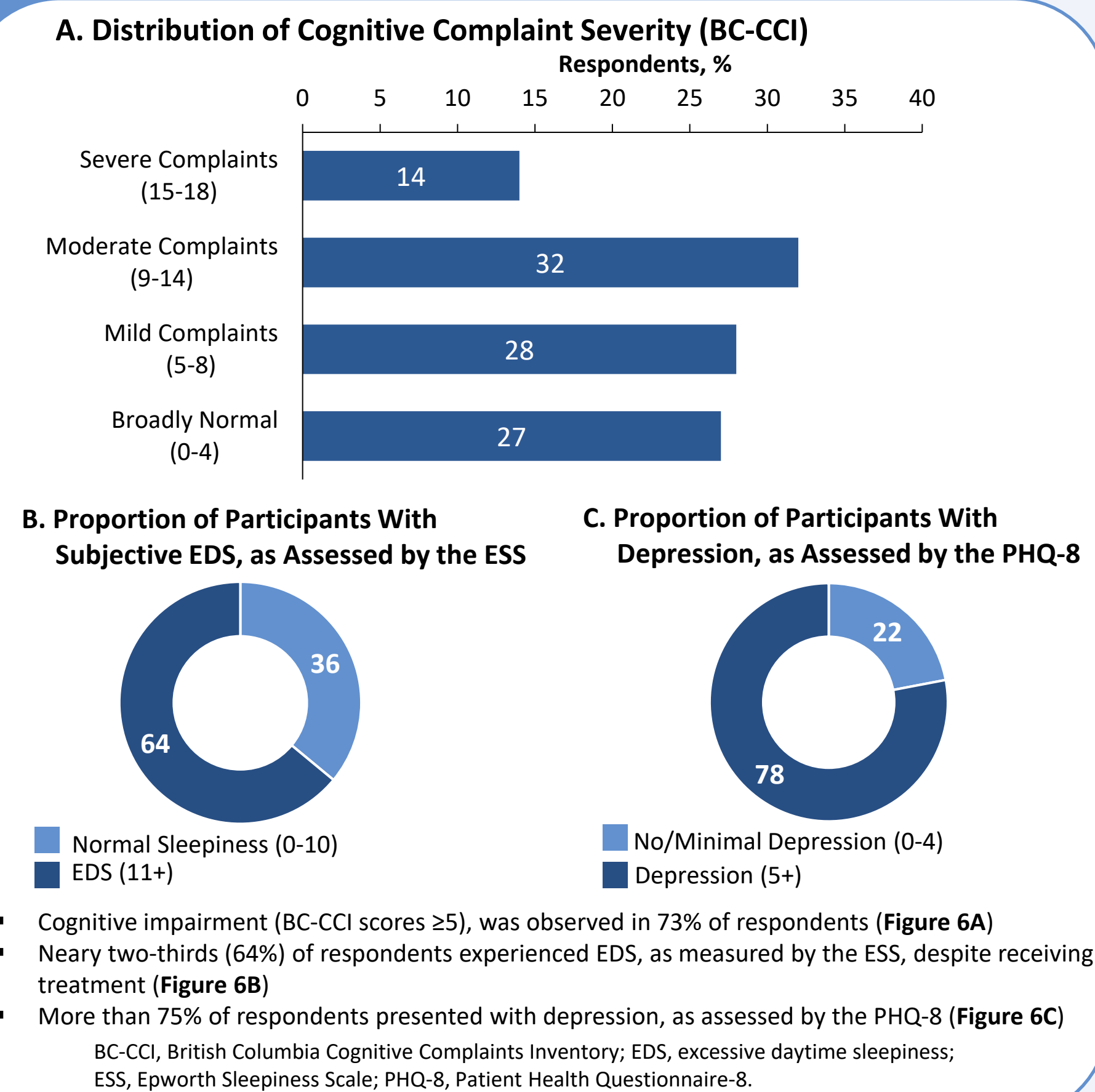


Figure 7. Quality of Life Impact of Cognitive Complaints and Depressive Symptoms

