

Daridorexant in the Treatment of Chronic Insomnia in Older adults: Real-World Data from a Retrospective Observational Study

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Introduction

Chronic insomnia disorder affects 30–50% of adults over 65 y.o. and is associated to a lower quality of life, memory loss, a higher risk of falls, and more use of healthcare services.¹

Benzodiazepines and Z-drugs are frequently prescribed for insomnia disorder, but in older adults they can be associated with tolerability issues such as drowsiness, memory problems, and increased risk of falls.²

Daridorexant is a dual orexin receptor antagonist, targeting the orexin system. Randomized controlled trials have shown its efficacy in improving both sleep onset and maintenance, with a favorable safety profile even in older adults.³

This observational study aimed to investigate the real-world effectiveness and safety of daridorexant in adults aged 65 y.o. and older affected by chronic insomnia disorder.

Methods

Patients included were aged ≥ 65 and initiated on-label daridorexant (50 mg/night) for their chronic insomnia disorder as part of common clinical practice at the Neurology Unit of the University Hospital of Rome Tor Vergata.

Baseline and 3-month follow-up (FU) assessments included:

1. Demographical and clinical characteristics;
2. Clinical Global Impression of Improvement scale (CGI-I);
3. Patient Global Impression of Improvement scale (PGI-I);
4. Sleep quality measured using a 100-point Visual Analog Scale (VAS).

Patients were categorized into two age subgroups (65–74 y.o. and ≥ 75 y.o.).

Results

Fifty-one patients initiated daridorexant 50mg/night (mean age 75.3 ± 5.95 years; 60.8% female). Of the 51 patients, 23 (5.1%) were aged between 65 and 74 years, while 28 (54.9%) were aged 75 years or older. At the 3-month FU, 15 (29.4%) patients discontinued treatment. No adverse events were recorded.

Figure 1. Clinician- and Patient-rated Improvement at 3-month Follow-up.

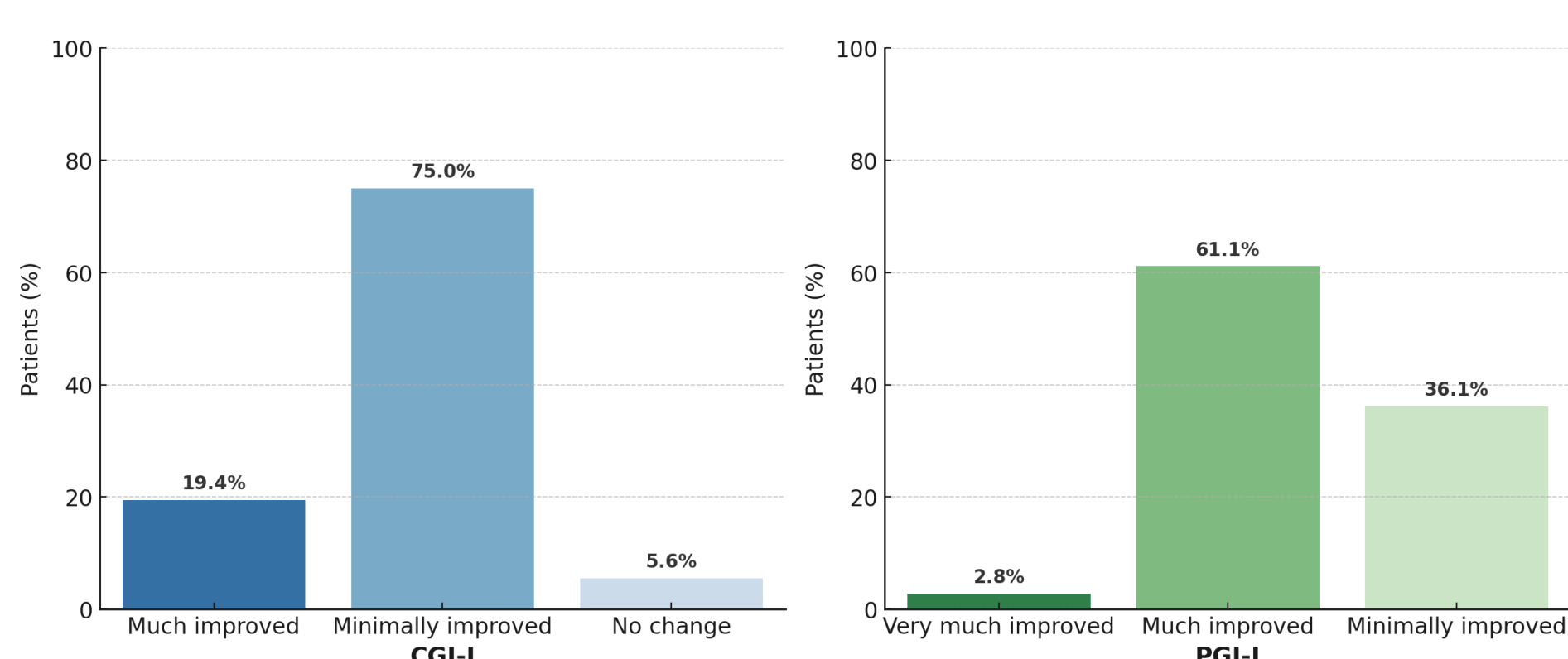


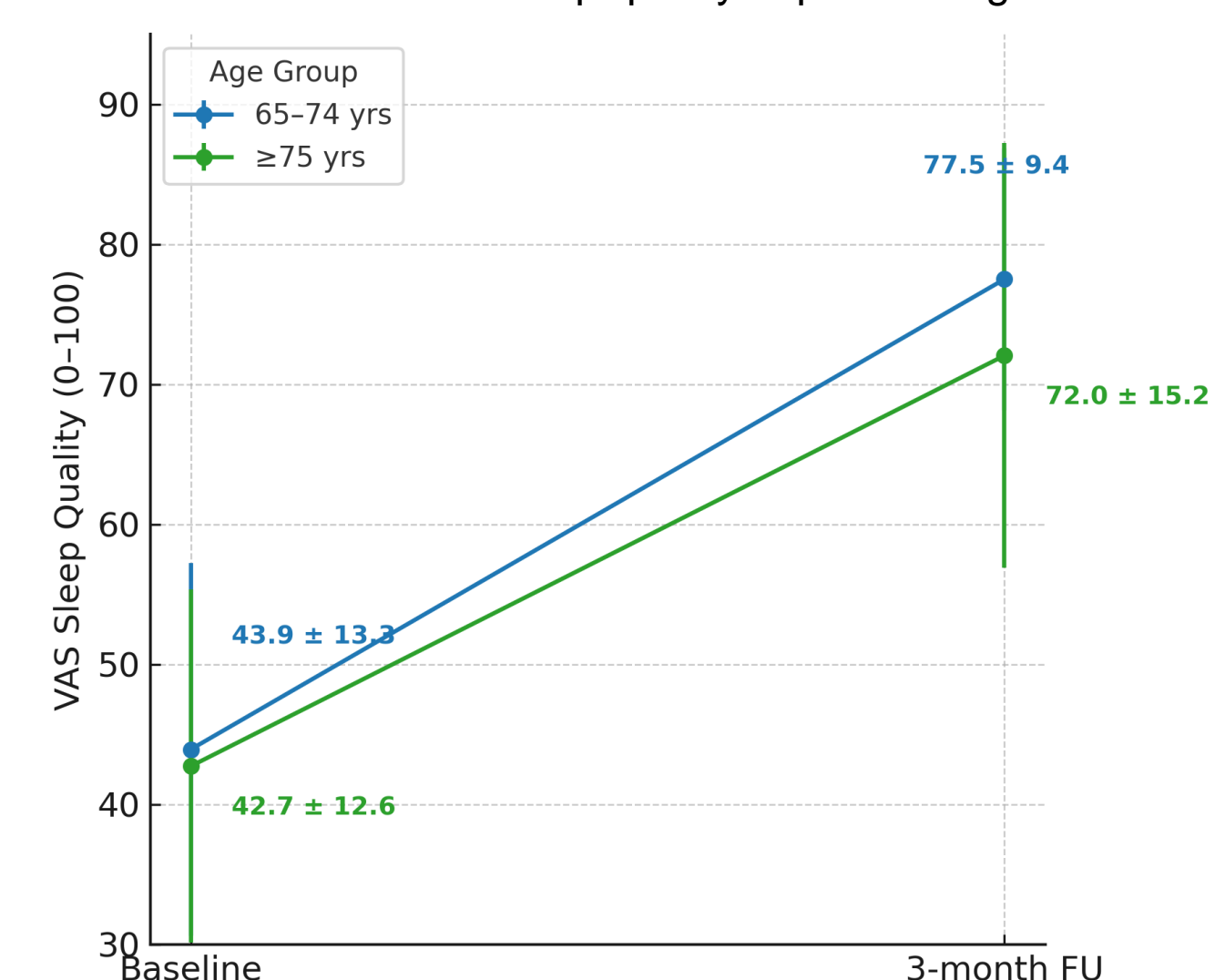
Table 1. Patients' Demographic and Clinical Information among older adults with Insomnia Disorder.

| Patients enrolled | All Patients (N=51) | Patients between 65-74 years old (N=23) | Patients ≥ 75 years old (N=28) |
|--|---------------------|---|-------------------------------------|
| Sex, n (%) | | | |
| Male | 20 (39.2%) | 11 (47.8%) | 9 (32.1%) |
| Female | 31 (60.8%) | 12 (52.2%) | 19 (67.9%) |
| Age, years | | | |
| Mean \pm SD | 75.3 \pm 5.95 | 72.0 \pm 6.78 | 78.0 \pm 3.32 |
| CID duration, months | | | |
| Mean \pm SD | 119 \pm 140 | 151 \pm 151 | 92.2 \pm 126 |
| Number of previous insomnia medications, n (%) | | | |
| 0 | 17 (33.3%) | 6 (26.1%) | 11 (39.3%) |
| 1 | 14 (27.5%) | 7 (30.4%) | 7 (25.0%) |
| 2 | 8 (15.7%) | 5 (21.7%) | 3 (10.7%) |
| 3 | 6 (11.8%) | 1 (4.3%) | 5 (17.9%) |
| 4 or more | 6 (11.8%) | 4 (17.4%) | 2 (7.1%) |
| At least one | 34 (66.7%) | 17 (73.9%) | 17 (60.7%) |
| Patients switching to daridorexant, n (%) | 12 (23.5%) | 7 (30.4%) | 5 (17.9%) |
| Patients using daridorexant as an add-on, n (%) | 30 (58.8%) | 14 (60.9%) | 16 (57.1%) |
| Number of comorbidities, n (%) | | | |
| 0 | 28 (54.9%) | 13 (56.5%) | 15 (53.6%) |
| At least 1 | 15 (29.4%) | 8 (34.8%) | 7 (25.0%) |
| At least 2 | 8 (15.7%) | 2 (8.7%) | 6 (21.4%) |
| Most common comorbidities, n (%) | | | |
| Depression | 11 (21.6%) | 5 (21.7%) | 6 (21.4%) |
| Mild cognitive impairment or dementia | 11 (21.6%) | 5 (21.7%) | 6 (21.4%) |
| Anxiety | 5 (9.8%) | 2 (8.7%) | 3 (10.7%) |
| Epilepsy | 3 (5.9%) | 0 (0.0%) | 3 (10.7%) |

No significant differences in improvement rates were found based on age, sex, comorbidities, or number of previous insomnia medications.

Repeated measures ANOVA showed that subjective sleep quality assessed through VAS significantly improved from baseline to FU ($F(1,34) = 139.69$, $p < 0.001$). The improvement was similar in both age groups ($F(1,34) = 0.89$, $p = 0.360$).

Figure 2. Baseline and 3-month VAS sleep quality in patients aged 65–74 and ≥ 75 years.



Conclusions

In this real-world study, 3-month daridorexant treatment for chronic insomnia disorder significantly improved subjective sleep quality in elderly patients, supporting the effectiveness and tolerability of the drug also in older adults with chronic insomnia disorder. Similar effectiveness was observed in patients aged 65–74 years as well as those ≥ 75 years. The 29% dropout rate, however, emphasizes the necessity of investigating barriers to long-term adherence and treatment continuation.

In conclusion, daridorexant seems to be an effective and safe treatment for older adults with chronic insomnia. Longer-term results and adherence strategies in this group should be further studied.

References

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