# Article information:

Clinical Impact of Pitolisant on Excessive Daytime Sleepiness and Cataplexy in Adults With Narcolepsy: An Analysis of Randomized Placebo-Controlled Trials | SpringerLink
<https://link.springer.com/article/10.1007/s40263-021-00886-x>

# Article summary:

1. This post-hoc analysis evaluated the clinical impact of pitolisant, a selective histamine 3 receptor antagonist/inverse agonist, for the reduction in excessive daytime sleepiness or cataplexy in adults with narcolepsy.

2. The analysis incorporated data from two randomized placebo-controlled trials and found that Cohen’s d effect size values were 0.61 (HARMONY 1) and 0.86 (HARMONY CTP) based on changes in ESS scores, and 0.86 (HARMONY CTP) based on changes in weekly rate of cataplexy.

3. The results of this analysis demonstrate the robust efficacy of pitolisant for the reduction in both excessive daytime sleepiness and cataplexy, providing further evidence supporting its use as a first-line treatment for adults with narcolepsy.

# Article rating:

Appears well balanced: The article presents the information in a reliable and balanced way, without biases and prejudices. The claims made in the article are well supported and, where applicable, all sides of the argument are given opportunity to present their point of view. The article appears trustworthy and reliable.

# Article analysis:

This article is an analysis of two randomized placebo-controlled trials evaluating the clinical impact of pitolisant on excessive daytime sleepiness and cataplexy in adults with narcolepsy. The article is well written and provides a clear overview of the study design, methods used, results obtained, and conclusions drawn from the data. The authors have provided detailed information about the study population, including demographic characteristics such as age and gender distribution, as well as baseline characteristics such as ESS scores and weekly rate of cataplexy at baseline. Furthermore, they have provided detailed information about the study medication (e.g., titration schedule), efficacy measures (e.g., ESS scores), response criteria (e.g., reduction in ESS score ≥ 3 or final ESS score ≤ 10), and effect size metrics used to assess efficacy (e.g., Cohen’s d).

The article does not appear to be biased or one-sided; it presents both sides equally by providing an overview of both studies included in the analysis as well as their respective results and conclusions drawn from them. Furthermore, all claims made are supported by evidence presented within the article itself or referenced external sources; there are no unsupported claims or missing points of consideration present within this article that could potentially lead to bias or partiality towards one side over another. Additionally, all possible risks associated with taking pitolisant are noted throughout the article; however, it should be noted that these risks may vary depending on individual patient characteristics such as age or comorbidities which were not discussed within this article but should be taken into consideration when prescribing pitolisant to patients with narcolepsy.

In conclusion, this article appears to be trustworthy and reliable; it provides a comprehensive overview of two randomized placebo-controlled trials assessing the clinical impact of pitolisant on excessive daytime sleepiness and cataplexy in adults with narcolepsy without any apparent bias or partiality towards either side being presented more favorably than another

# Topics for further research:

* Narcolepsy treatment options
* Pitolisant side effects
* Narcolepsy comorbidities
* Excessive daytime sleepiness assessment
* Cataplexy management
* Randomized placebo-controlled trials

# Report location:

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