

Efficacy/Effectiveness of Orexin Antagonists in Treating Insomnia Associated with Traumatic Brain Injury

A Rapid Systematic Review

Prepared by	Dr. Craig Martin Manager Medical Services, Evidence-Based Practice Group
Date	February 2024

About this report

Efficacy/Effectiveness of Orexin Antagonists in Treating Insomnia Associated with Traumatic Brain Injury

Published: February 2024

About the Evidence-Based Practice Group

The Evidence-Based Practice Group was established to address the many medical and policy issues that WorkSafeBC officers deal with on a regular basis. Members apply established techniques of critical appraisal and evidence-based review of topics solicited from both WorkSafeBC staff and other interested parties such as surgeons, medical specialists, and rehabilitation providers.

Suggested citation

WorkSafeBC Evidence-Based Practice Group, Martin CW. Efficacy/Effectiveness of Orexin Antagonists in Treating Insomnia Associated with Traumatic Brain Injury. Richmond, BC: WorkSafeBC Evidence-Based Practice Group; February 2024.

Contact information

Address	Evidence-Based Practice Group WorkSafeBC PO Box 5350 Stn Terminal Vancouver BC V6B 5L5
Email	craig.martin@worksafebc.com
Phone	604 279-7417
Toll-free	1 888 967-5377 ext 7417

View other systematic reviews by the EBPB online at: <http://worksafebc.com/evidence>

Objectives

- To determine whether there is any evidence on the efficacy/effectiveness of orexin antagonists class of drugs in treating insomnia associated with traumatic brain injury.

Methods

- A comprehensive and systematic literature search was conducted on February 26, 2024.
- Combination of keywords were employed in this search. These keywords included:
 1. (orexin antagonists) **OR** (orexin receptor antagonists) OR suvorexant OR lemborexant **OR** daridorexant
 2. insomnia **OR** (sleep disturbance*)
 3. (traumatic brain injury)
 4. 1 **AND** 2 **AND** 3
- No limitation, such as on the language or date of publication, was implemented in this search.
- Manual search was also conducted on the references of the literatures that were retrieved in full.

Results

- Search results:
 - Thirteen (¹⁻¹³) published studies were identified from search #4.
 - Upon examination on the titles and abstracts of these 13 (¹⁻¹³) studies, six (^{1,5,7,8,10,13}) studies were thought to be relevant and were retrieved in full for further appraisal.
- None of the six (^{1,5,7,8,10,13}) studies retrieved in full provided data on the application of orexin antagonists drug class in treating insomnia post traumatic brain injury.

Summary

- At present, there is no study reporting the efficacy/effectiveness of orexin antagonist drug class to treat insomnia among patients diagnosed with traumatic brain injury.

References

1. Comparing Ketamine and Morphine in the Treatment of Acute Fracture Pain. 2015. [No additional source data available.].
2. Dexmedetomidine and Ketamine in VATS Surgery. 2018. [No additional source data available.].
3. Effect of Ketamine on Opioid-Induced Hyperalgesia. 2009. [No additional source data available.].
4. The Effect of Perioperative Intravenous Lidocaine Infusion on Opioid Consumption After Lumbar Spine Surgery. 2018. [No additional source data available.].
5. Intraoperative Ketamine on Chronic Pain After Mastectomy. 2015. [No additional source data available.].
6. Intraoperative Methadone Administration for Improved Pain Control in Spinal Fusion Patients. 2016. [No additional source data available.].
7. Intravenous Ketamine Infusion on Postoperative Analgesia of Living Liver Donors. 2022. [No additional source data available.].
8. Ketamine for Acute Painful Crisis in Sickle Cell Disease Patients. 2018. [No additional source data available.].
9. Ketamine's Efficiency in the Treatment of Chronic Pain: Kynurenin Pathway. 2018. [No additional source data available.].
10. Ketamine Sickle Cell Disease. 2018. [No additional source data available.].

Appendix 1

WorkSafeBC — Evidence-Based Practice Group levels of evidence (adapted from 1-6)

1	Experimental, randomized controlled trial (RCT), systematic review RCTs with or without meta-analysis.
2	Evidence from controlled trials without randomization (quasi-experimental studies) or systematic reviews of observational studies.
3	Evidence from cohort or case-control analytic studies, preferably from more than 1 centre or research group.
4	Evidence from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments.
5	Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees based on scientific evidence.

References

1. Canadian Task Force on the Periodic Health Examination: The periodic health examination. CMAJ. 1979;121:1193-1254.
2. Houston TP, Elster AB, Davis RM et al. The US Preventive Services Task Force Guide to Clinical Preventive Services, Second Edition. AMA Council on Scientific Affairs. American Journal of Preventive Medicine. May 1998;14(4):374-376.
3. Scottish Intercollegiate Guidelines Network (2001). SIGN 50: a guideline developers' handbook. SIGN. Edinburgh.
4. Canadian Task Force on Preventive Health Care. New grades for recommendations from the Canadian Task Force on Preventive Health Care. CMAJ. Aug 5, 2003;169(3):207-208.
5. (2014). Canadian task force on preventive health care procedure manual. Downloaded from <https://canadiantaskforce.ca/methods/> in May 12, 2022.
6. (2021). US Preventive Services Task Force. Procedure Manual. Downloaded from <https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/procedure-manual>, in May 12 2022.