Actigraphy as applied to clinical assessments in insomnia trials for recording multiple sleep parameters

Overview

In an insomnia study, there are many challenges involved in reliably capturing sleep/wake data:

- How to be certain that the time the subject spends in the sleep lab accurately represents the subject's sleep. A valid screening tool is a polysomnogram (PSG) which can provide a more complete picture of sleep architecture at important clinical end points. But, the PSG alone may not tell enough.
- How to be sure that the subject is being compliant with the sleep schedule in the protocol. A sleep diary is a "gold standard" measure of subjective endpoints, but the sleep diary alone may not tell enough.

In a review of actigraphy validation studies, agreement between actigraphic and PSG measures across most sleep indices is > 90%.^{1,2} In the largest study to date (n=84) — which looked at the validity of Actiwatch and the related Actiware software to record sleep in chronic primary and co-morbid insomniacs — Lichstein et al. demonstrated no significant differences between Actiwatch and PSG in measures of Total Sleep Time (TST), Wake After Sleep Onset (WASO), Sleep Efficiency (SE), and Number of Nocturnal Awakenings (NWAK).³

The value of the Actiwatch actigraphy system in an insomnia clinical trial is supported not only by its validation, but also by the substantial benefits that the Actiwatch brings to a study of insomnia. Actiwatch can deliver high-quality, objective data across all study phases of an insomnia trial by logging continuous, ambulatory sleep/wake activity data in each subject. Actigraphy, periodic PSG data and subjective sleep diaries are appropriate and complementary assessment tools that can be used at different points during clinical trials.



Subject screening

Actiwatch can be used to resolve the issues surrounding the screening and selection of subjects in an insomnia study.

- Multiple articles have asserted that the strength of actigraphy is that it provides a measure of sleep over several nights at home. And, that actigraphic measures are therefore strong, real-world indices of subjects' sleep. ⁴⁻⁶ Capturing real-world data can be critical to subject selection. In an insomnia study, two-thirds of the subjects slept better at home than in a lab and their night-by-night variability was higher at home. ⁷
- Actigraphic data helps identify underlying conditions in subjects with a complaint of insomnia. These include circadian rhythm disruptions, issues with poor sleep hygiene or other irregular sleep/wake behaviors, or the presence of periodic limb movements during sleep.¹
- Obtaining actigraphic data before a lab-based PSG provides a multiple-night record of a subject's SE and TST. Actigraphy also ensures the validity of a Multiple Sleep Latency Test (MSLT) by providing an objective view of sleep/wake behaviors such as chronic sleep deprivation that may not be identified through an MSLT alone.⁸
- Also critical to subject selection is early identification
 of noncompliance in subjects. An actigraphic record
 bolsters sleep diary inputs by objectively documenting
 schedule adherence, week after week, 9,10

The study timeline demonstrates how actigraphy is implemented throughout the phases of a typical insomnia trial.

Phase shift (transient insomnia protocols)

Many transient insomnia protocols use a phase shift to induce a disruption in sleep onset and sleep maintenance in normal sleeping subjects. Ensuring that the phase shift has occurred – resulting in the likelihood of the subject exhibiting insomnia symptoms on the following night of PSG testing in the sleep lab – is key to the success of a transient insomnia study.

- A phase-shift protocol requires that subjects adhere to an imposed sleep/wake schedule over five or more days and nights at home. Actigraphy provides a record of compliance to the protocol instructions during this important trial period.
- Actigraphy also objectively confirms that an induced phase-shift has been effective before scheduling a subject for an in-lab PSG. With the exception of serum and urinary melatonin sampling or 24-hour core body temperature monitoring, actigraphy is the only tool that can objectively document the success of a phase advance. This is because the transition of a subject's internal circadian phase can take multiple days to elicit.
 A PSG study cannot detect successful phase advances due to the typical single-night nature of the test.¹¹



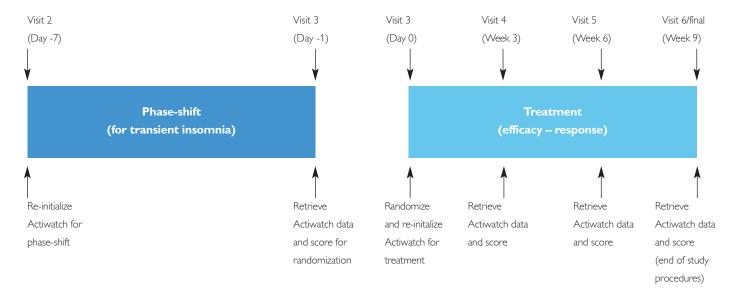
Treatment response

In an insomnia study, the typical methods for measuring ongoing therapeutic response may not provide a robust picture throughout the study period, particularly in capturing the subject's at-home sleep experience objectively and consistently, night after night.

Actiwatch can be used to complement and strengthen the quality of data collected from subjective self-reports (sleep diaries) and PSG.

- Actigraphic data can be used to measure the effects
 of benzodiazepine and non-benzodiazepine hypnotics,
 as well as histamine receptor antagonists, in normal
 healthy subjects. In several studies that evaluated
 hypnotic effects, actigraphy was able to document
 significant differences in sleep parameters between
 hypnotic and placebo treatment (agents included
 midazolam, triazolam, flunitrazepam, flurazepam,
 temazapam and zolpidem).¹²⁻¹⁷
- Other studies in healthy subjects have demonstrated the ability of actigraphy to record treatment **withdrawal effects** and measures of activity related to the **hangover effects** of benzodiazepine hypnotics. ^{18,19}

- Actigraphy has been used in combination with sleep diaries and PSG in studies to objectively document changes in sleep parameters in chronic primary insomnia and comorbid insomnia.²⁰ In a study of elderly subjects with comorbid insomnia, actigraphy assessed significant treatment responses in SE and TST, SOL, Fragmentation Index (FI), NWAK and WASO.²¹ Actigraphy is particularly suited to elderly subjects, a population in which collecting consistent self-reporting measures can be a challenge.
- In addition to recording treatment response effects, actigraphy has been used to assess compliance to prescribed cognitive behavioral therapy.²²



References

- Ancoli-Israel S, et al. The role of actigraphy in the study of sleep and circadian rhythms. Sleep. 2003 May 1;26(3):342-92.
- ² Edinger JD, et al. Behav Sleep Med. 2004;2:41-49.
- ³ Lichstein KL, et al. Sleep. 2006;29:232-239.
- ⁴ Vallieres A, Morin CM. Sleep. 2003;26:902-906.
- Usui A, et al. Psychiatry Clin Neurosci. 2000;54:374-376.
- ⁶ Cole RJ, et al. Sleep. 1992;15:461-469.
- ⁷ Hauri PJ, Wisbey J. Sleep. 1992;15:293-301.
- ⁸ Roehrs T, Turner, Roth T. Sleep. 2000 Sep 15;23(6):793-7.
- ⁹ Carney C, Lajos L, Waters W. Behav Sleep Med. 2004:2(3):134-143.
- Fallone G, Seifer R, Acebo C, Carskadon MA. Sleep. 2002 Nov 1;25(7):739-45.
- ¹¹ Nagtegaal JE, et al. J Sleep Res. 1998;7:135-143.
- Mattmann P, Loepfe M, Scheitlin T, Schmidlin D, Gerne M, Strauch I, Lehmann D, Borbely AA. Day-time residual effects and motor activity after three benzodiazepine hypnotics. Arzneimittelforschung. 1982;32(4):461-5.
- ¹³ Borbely AA, Loepfe M, Mattmann P, Tobler I. Midazolam and triazolam: hypnotic action and residual effects after a single bedtime dose. *Arzneimittelforschung*. 1983;33(10):1500-2.
- ¹⁴ Borbely AA, Mattmann P, Loepfe M, Fellmann I, Gerne M, Strauch I, Lehmann D.A single dose of benzodiazepine hypnotics alters the sleep EEG in the subsequent drugfree night. Eur J Pharmacol. 1983 Apr 22;89(1-2):157-61.
- Borbely AA, Mattmann P, Loepfe M. Hypnotic action and residual effects of a single bedtime dose of temazepam. Arzneimittelforschung. 1984;34(1):101-3.

- ¹⁶ Borbely AA, Youmbi-Balderer G, Jaggi-Schwarz K. Zolpidem (10 and 20 mg): hypnotic action and residual effects after a single bedtime dose. In Imidazopyridines in Sleep Disorders, Sauvanet JP, Langer SZ, Moreselli PL (eds.) Raven Press: New York 205-210. Arzneimittelforschung. 1984;34(1):101-3.
- Tobler I, Dijk DJ, Jaggi K, Borbely AA. Effects on night-time motor activity and performance in the morning after midazolam intake during the night. Arzneimittelforschung. 1991 Jun;41(6):581-3.
- Denise P, Bocca ML. Effects of zolpidem 10 mg, zopiclone 7.5 mg and flunitrazepam 1 mg on night-time motor activity. Eur Neuropsychopharmacol. 2003 Mar;13(2):111-5.
- ¹⁹ Takahashi T, Okajima Y, Otsubo T, Shinoda J, Mimura M, Nakagome K, Kamijima K. Comparison of hangover effects among triazolam, flunitrazepam and quazepam in healthy subjects: a preliminary report. *Psychiatry Clin Neurosci.* 2003 Jun;57(3):303-9.
- ²⁰ Pat-Horenczyk R, Hacohen D, Herer P, Lavie P.The effects of substituting zopiclone in withdrawal from chronic use of benzodiazepine hypnotics. *Psychopharmacology* (Berl). 1998 Dec;140(4):450-7.
- ²¹ Garfinkel D, Laudon M, Zisapel N. Improvement of sleep quality by controlled-release melatonin in benzodiazepinetreated elderly insomniacs. *Arch Gerontol Geriatr*. 1997 Mar-Apr;24(2):223-31.
- ²² Vallieres, A. and C. M. Morin (2003). Actigraphy in the assessment of insomnia. *Sleep* 26(7): 902-6.

Respironics and Actiwatch are trademarks of Respironics, Inc. and its affiliates. All rights reserved.



©2009 Koninklijke Philips Electronics N.V. All rights are reserved

Philips Healthcare reserves the right to make changes in specifications and/or to discontinue any product at any time without notice or obligation and will not be liable for any consequences resulting from the use of this publication.

CAUTION: US federal law restricts these devices to sale by or on the order of a physician.

Printer SB 08/11/09 MCI 4102684

Philips Healthcare is part of Royal Philips Electronics

Respironics Asia Pacific +65 6298 1088 Respironics Australia +61 (2) 9666 4444 Respironics Europe, Middle East, Africa +33 1 47 52 30 00 Respironics United Kingdom +44 800 1300 845 Philips Respironics 20300 Empire Ave., Bldg. B-3 Bend, OR 97701

Customer Service +1 541 598 3800 +1 800 685 2999 (toll free, US only) www.philips.com/clinicaltrials