

Effect of Daridorexant on Quality of Life and Work Productivity in Patients with Insomnia in a Canadian Real-World Setting

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Introduction

- Insomnia is the most common sleep disorder. In Canada, the prevalence of insomnia is estimated at 8.8%-16%^{1,2}
- Productivity loss is a major contributor to the economic burden of insomnia, accounting for 76% of insomnia-related costs in a Quebec-based study³
- Daridorexant has demonstrated improvement in both sleep and daytime functioning in patients with insomnia. Canadian real-world data on its impact on patient-reported outcomes (PROs), including quality of life (QoL) and work productivity, remain limited

Study objective

To assess the changes in QoL, work and activity impairment, and insomnia symptom severity in Canadian patients treated with daridorexant in a real-world setting.

Methods

- Study design:** A prospective, 3-month, observational, real-world study conducted in Canada.
- Population:** Adults (≥18 years) who received a first prescription of daridorexant 50 mg to treat insomnia from participating physicians across Canada. The study targeted recruitment of 100 patients.
- Data collection:** Patients completed questionnaires at baseline and each month for the next 3 months (±5 days) via the PROxy Network online platform. All data were self-reported and included demographics and disease characteristics.
- Adverse events were not systematically collected and were identified through participant discussions; results are descriptive only.
- Patients completed:**
- SF-36 questionnaire:** to assess health-related QoL
 - WPAI questionnaire:** to assess work productivity and activity impairment
 - ISI questionnaire:** to assess the nature, severity, and impact of insomnia symptoms
- Analysis:**
- At each timepoint, the statistical analysis included only participants who self-reported using daridorexant in the previous month
 - Among daridorexant users at the specific timepoint and for each questionnaire, change from baseline (CFB) was calculated at the individual participant level as the difference between the participant's score at that timepoint and their own baseline score. The reported CFB represents the mean of these individual
 - The 95% confidence intervals (95% CI) for the CFB and the p-values (p<0.05 was considered statistically significant) measured with a paired t-test were also reported

Results

Baseline Population

- This study was performed in 16 sites across Canada with 91 patients recruited between June 2024 and May 2026: 54 patients from 7 sites in Alberta, 32 from 6 sites in Ontario, 3 from 2 sites in Quebec, and 2 from 1 site in British Columbia

Table 1. Patients' and Insomnia Characteristics

Characteristics	N=91
Female, n (%)	60 (65.9)
Age, mean (SD) ^a	52.7 (14.2)
Employment or Educational Status, n (%)	
Work and/or school full-time	44 (48.4)
Work and/or school part-time	14 (15.4)
Unemployed or retired	25 (27.5)
Short- or long-term disability due to other reason than insomnia	8 (8.8)
Comorbidities, n (%) ^{b,c}	
No	9 (9.9)
Yes	82 (90.1)
Anxiety	54 (59.3)
Depression	44 (48.4)
Sleep apnea	31 (34.1)
Migraine	24 (26.4)
High Blood Pressure	26 (28.6)
Other ^d	45 (49.5)
Time since first experience of insomnia, n (%)	
<3 months	4 (4.4)
Between ≥3 months and <1 year	7 (7.7)
Between ≥1 and <3 years	13 (14.3)
Between ≥3 and <5 years	8 (8.8)
≥5 years	59 (64.8)
Number of nights of insomnia in the last month, n(%)	
0-1 night per week	4 (4.4)
2-3 nights per week	20 (22.0)
4-5 nights per week	28 (30.8)
6-7 nights per week	39 (42.9)
Treatment with cognitive behavioral therapy for insomnia, n (%)	
Tried CBT-I in the past	23 (25.3)
Never tried CBT-I	68 (74.7)
Use of insomnia treatment in the last month, n (%)	44 (48.4)
Drugs ^e	
Benzodiazepines	10 (22.7)
Z-Drugs	19 (43.2)
Antidepressants	10 (22.7)
OTC medication	12 (27.3)
Lemborexant	11 (25.0)
Other	11 (25.0)

Abbreviation: CBT-I: Cognitive Behavioral Therapy for Insomnia; OTC: Over the counter. SD : Standard deviation.
Note: ^aOne participant did not report a valid year of birth and was excluded from the calculation of the mean and age categories (n=90). ^bParticipants could choose multiple response options. ^cPercentages are presented for the entire population. ^dOther: diabetes (11%), cancer (3.3%), chronic obstructive pulmonary disease (2.2%), heart disease (2.2%), kidney disease (2.2%). ^eParticipants could choose multiple response options.

Patient-Reported Outcomes

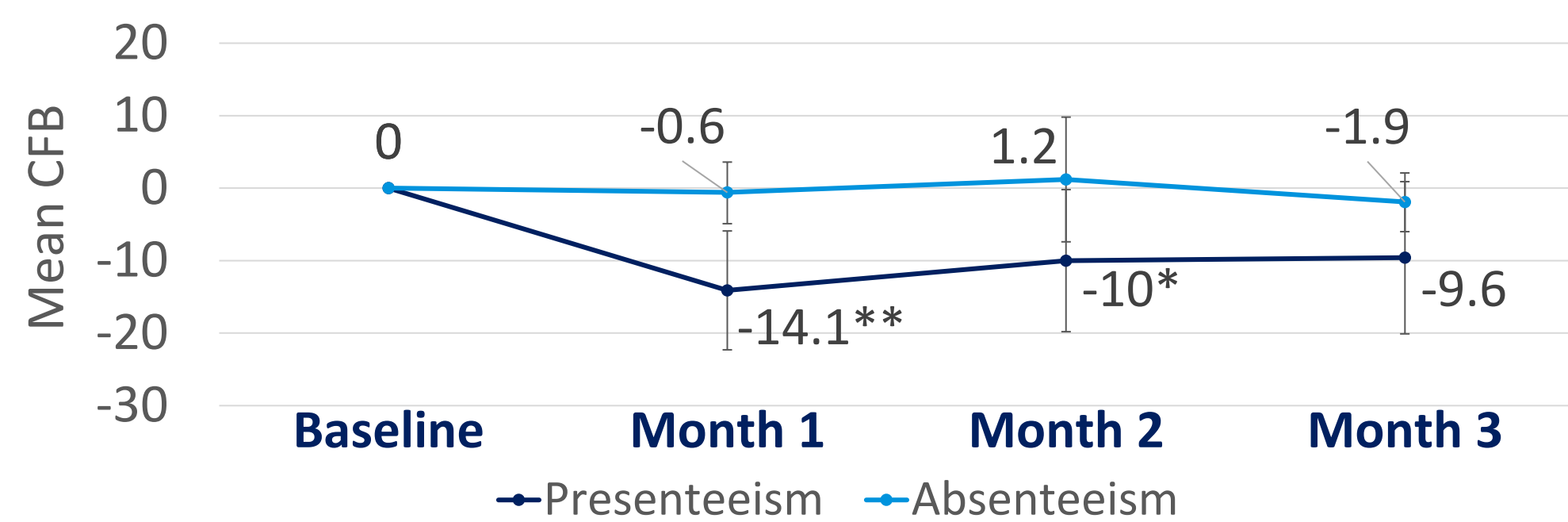
QoL Results

- Improvements in QoL, in particular the SF-36 Mental Component Summary (MCS) (Figure 1)
- SF-36 dimension scores mapped into the European Quality of Life 5 Dimensions (EQ-5D) utility index⁴: mean utility values improved, increasing from 0.71 to 0.76 during the 3-month follow-up period

WPAI Results

- Presenteeism - rapid and statistically significant improvement, with a mean reduction of 14.1 percentage points at Month 1 (p≤0.01) sustained through Month 3 (Figure 2)

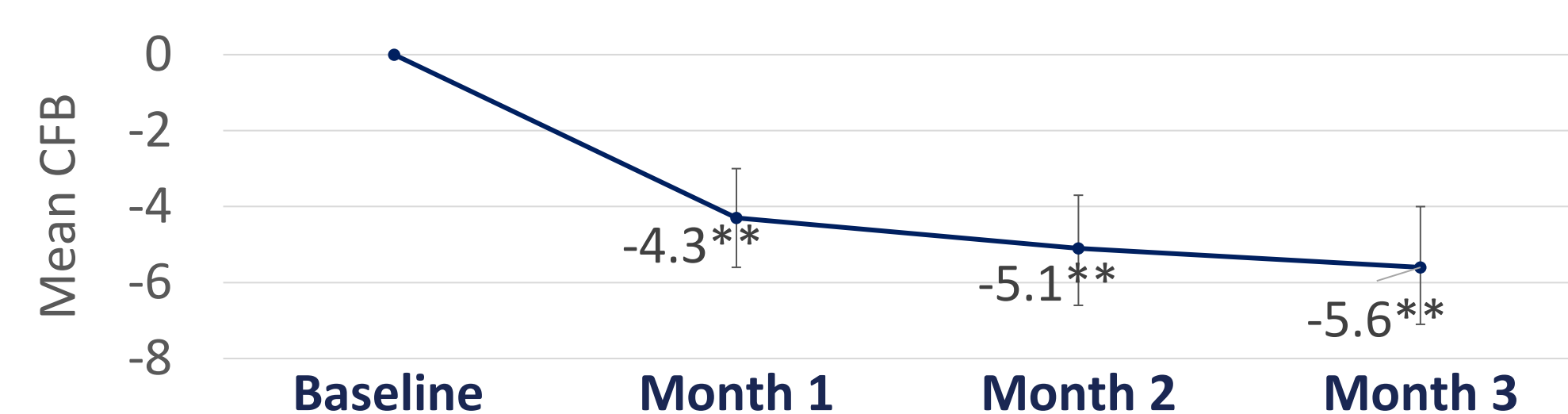
Figure 2. Absenteeism and Presenteeism Mean Changes from Baseline at Each Timepoint



Abbreviation: CFB: change from baseline
Note: Sample size (n) in each timepoint analysis: Absenteeism (M1/M2/M3): 34/30/27; Presenteeism (M1/M2/M3): 34/29/27 (same as the baseline n for each timepoint, as CFB was calculated at the individual participant level). Lower value means greater improvement in absenteeism and presenteeism. *Paired T-test statistically significant (p≤0.05)**Paired T-test statistically significant (p≤0.01)

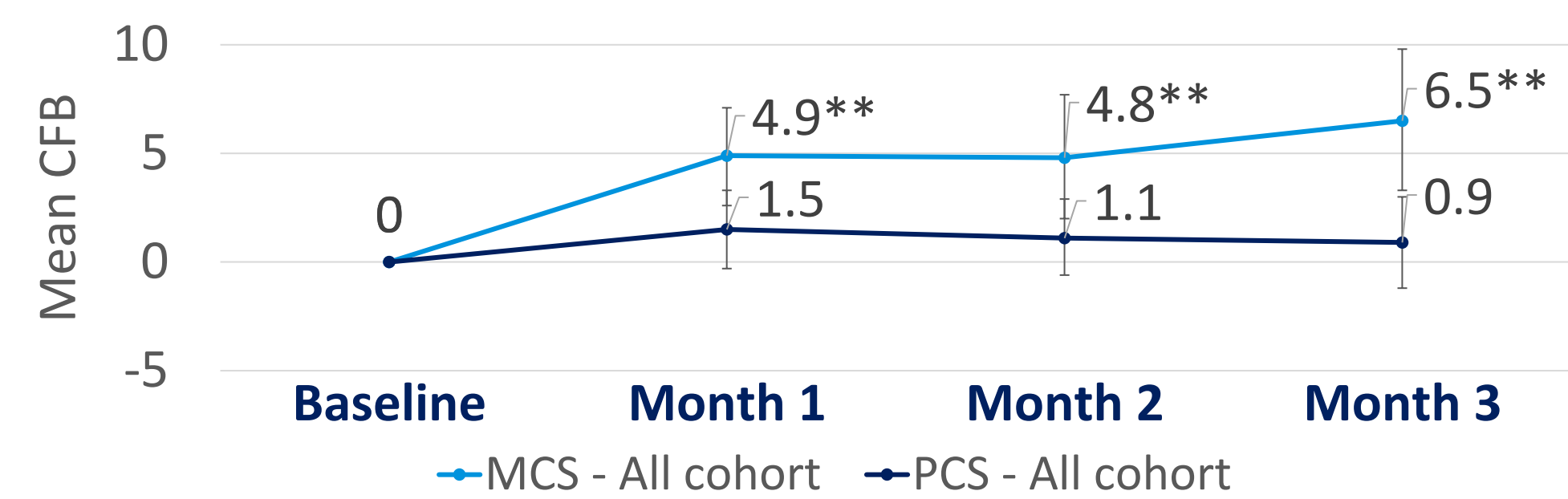
ISI Results

Figure 4. Mean Change from Baseline and each Timepoint in Total ISI Score for Daridorexant Users



Abbreviations: CFB: change from baseline, ISI: Insomnia Severity Index
Note: Sample size (n) in each timepoint analysis (M1/M2/M3): 63/54/49 (same as the baseline n for each timepoint, as CFB was calculated at the individual participant level). Lower value means greater improvement in insomnia severity. **Paired T-test statistically significant (p≤0.01)

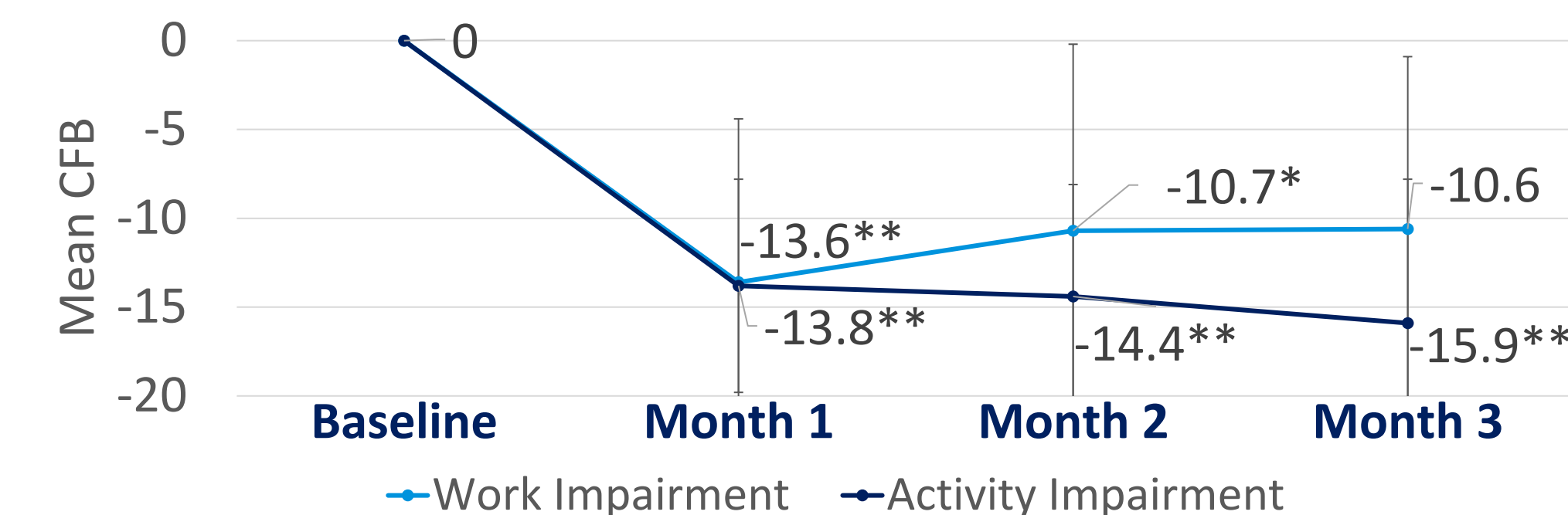
Figure 1. Mean Changes from Baseline at Each Timepoint in SF-36 Summary Scores for Daridorexant Users



Abbreviations: CFB: change from baseline, MCS: Mental Component Summary, PCS: Physical Component Summary
Note: Sample size (n) in each timepoint (M1/M2/M3): 64/54/49 (same as the baseline n for each timepoint, as CFB was calculated at the individual participant level). Higher values mean greater improvement in quality of life. **Paired T-test statistically significant (p≤0.01) MCS and PCS are standardized summary scores.

- Work and Activity impairment - rapid and statistically significant improvement at Month 1, with sustained improvement until Month 3 (Figure 3)

Figure 3. Work and Activity Impairment Mean Change from Baseline at Each Timepoint



Abbreviation: CFB: change from baseline
Note: Sample size (n) in each timepoint analysis: Work impairment (M1/M2/M3): 34/29/27; Activity impairment (M1/M2/M3): 63/54/49 (same as the baseline n for each timepoint, as CFB was calculated at the individual participant level). Lower value means greater improvement in work impairment and activity impairment. *Paired T-test statistically significant (p≤0.05)**Paired T-test statistically significant (p≤0.01)

- Rapid and significant improvement in ISI, sustained throughout the 3-month follow-up period
- A reduction of at least 6-point threshold achieved in 45% of cases at Month 3

References

- Hafner M, Romanelli RJ, Yerushalmi E, Troxel WM. The societal and economic burden of insomnia in adults: An international study. RAND Corporation; 2023.
- Morin CM, Vézina-im L-A, Chen S-J, et al. Prevalence of insomnia and use of sleep aids among adults in Canada. Sleep Medicine. 2024;124:338-345
- Daley M, Morin CM, LeBlanc M, Grégoire JP, Savard J. The economic burden of insomnia: direct and indirect costs for individuals with insomnia syndrome, insomnia symptoms, and good sleepers. Sleep. Jan 2009;32(1):55-64.
- Ara R, Brazier J. Deriving an algorithm to convert the eight mean SF-36 dimension scores into a mean EQ-5D preference-based score from published studies (where patient level data are not available). Value in Health. 2008;11(7):1131-1143

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Conclusions

- Daridorexant was associated with improvements in QoL, work and activity impairment, and insomnia symptom severity in a real-world Canadian setting.
- Improvements were observed as early as 1 month after treatment initiation and sustained over the 3-month follow-up
- These real-world data show that the value of daridorexant translates beyond sleep into better daytime functioning

