Pharmacological Management of REM Behaviour Disorder (RBD)

Note: Except for **sodium oxybate and agomelatine**, treatments noted in this pathway are **APC Amber 2 category** – initiation and minimum 3 months' supply by the sleep centre (specialising in REM Behaviour Disorder). GPs are **not** expected to initiate these treatments but may be asked to take on prescribing in line with APC recommendations (patients will have individual management plans in place). Sodium oxybate and agomelatine are APC **RED** category (**hospital only**) for RBD – initiation and ongoing prescribing will be by the sleep service.

Diagnosis of:
- REM Behaviour Disorder

All patients:
- Reinforce good sleep hygiene
- Identify and treat potential triggering sleep pathology

Ongoing recommendation of treatment regimen.

Consider referral to Complex Sleep Service for non-pharmacological therapy.

Referral made by specialist physician within sleep centre.

First line therapy:
- Modified release melatonin 0.5-16mg nocte

(quarter 2mg M/R tablet using pill cutter provided for accurate dosing)

Review by specialist in 3-6 months
Regular follow up in clinic or via telephone by the sleep pharmacist between consultant appointments.

No significant improvement or adverse reaction to melatonin:

- Clonazepam 0.25-4mg nocte (may be used first line in cases where parasomnia behaviours place patient or others at risk of harm)

Review by specialist in 3-6 months
Regular follow up in clinic or via telephone by the sleep pharmacist between consultant appointments.

No significant improvement or adverse reaction:
1. Stop ineffective/not tolerated treatment
2. Consider combination therapy *(melatonin & clonazepam)*

* Consider **third line monotherapy** options as appropriate:
(decision of agent will be based on patient symptoms and relevant factors)

- **Alternative** benzodiazepine/BZRA
  - Diazepam 2-10mg nocte
  - Zopiclone 3.75-15mg nocte
- Dopamine agonists:
  - Rotigotine patch 1-3mg/24hr od
  - Pramipexole 88-540micrograms nocte
- Others: (last line therapy if all other above options have failed/not tolerated)
  - Sodium Oxybate (Xyrem® 4.5–9g at night in TWO divided doses*
  - Agomelatine 25-50mg nocte*
  - Donepezil 5-10mg nocte

***red** - for secondary or tertiary care initiation and long-term maintenance of prescribing.

Review by specialist in 3-6 months
Regular follow up in clinic or via telephone by the sleep pharmacist between consultant appointments.

Appendix 1:
Important Administration Instructions
Patients should take the first dose of sodium oxybate (Xyrem®) at least 2 hours after eating because food significantly reduces the bioavailability of sodium oxybate.
Patients should prepare both doses of sodium oxybate prior to bedtime. Prior to ingestion, each dose of sodium oxybate should be diluted with approximately approximately 60 mL of water in the empty pharmacy vials provided.
Patients should take both doses of sodium oxybate while in bed and lie down immediately after dosing as sodium oxybate may cause them to fall asleep abruptly without first feeling drowsy. Patients will often fall asleep within 5 minutes of taking sodium oxybate, and will usually fall asleep within 15 minutes, though the time it takes any individual patient to fall asleep may vary from night to night. Patients should remain in bed following ingestion of the first and second doses, and should not take the second dose until 2.5 to 4 hours after the first dose. Patients may need to set an alarm to awaken for the second dose. Rarely, patients may take up to 2 hours to fall asleep.