Sleep SMART: Sleep for Stroke Management And Recovery Trial

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Design

- Phase 3, multicenter
- Prospective randomized open-, blindedendpoint (PROBE)
- Controlled: aPAP vs usual care
- Secondary prevention with embedded recovery trial
- Ischemic strokes, high risk TIAs (ABCD² ≥4)
- Randomize ~3,000 participants



Aims

- Determine whether treatment of OSA with positive airway pressure starting shortly after acute ischemic stroke or high risk TIA:
 - (1) reduces recurrent stroke, acute coronary syndrome, and all-cause mortality 6 months after the event
 - (2) improves stroke outcomes at 3 months (among those with ischemic stroke)



Inclusion

- Age ≥18
- TIA with ABCD² ≥4 or ischemic stroke



Exclusion

- pre-event inability to perform all of own basic ADLs
- unable to obtain informed consent of subject or representative
- incarcerated
- known pregnancy
- current mechanical ventilation or tracheostomy
- current or recent use of positive airway pressure
- anatomical or dermatologic barrier to CPAP use
- severe bullous lung disease

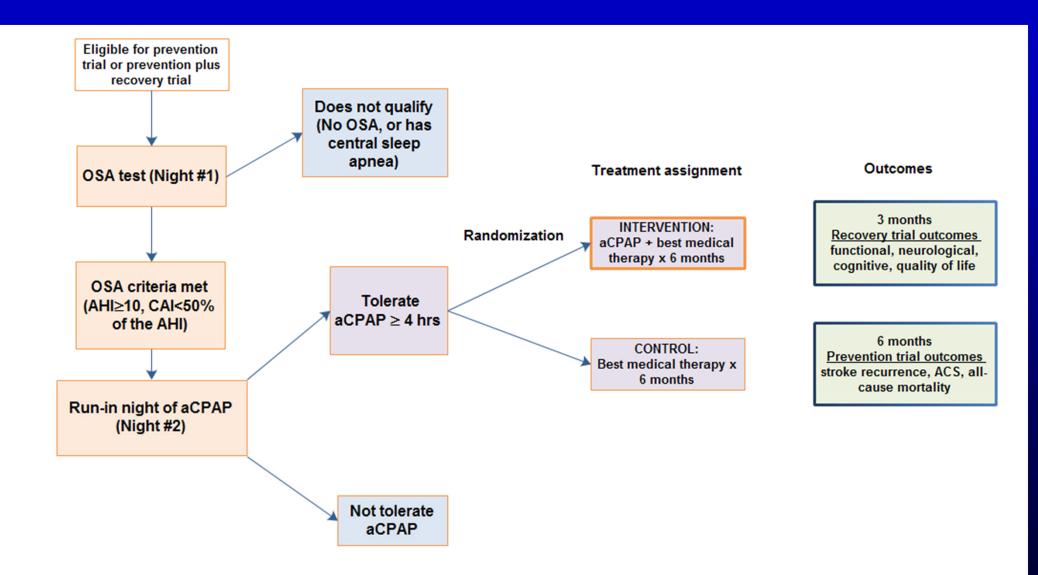


Exclusion, cont

- history of spontaneous pneumothorax
- hypotension requiring pressors
- patient-specific medical risk of harm from CPAP
- history of massive epistaxis
- cranial surgery or head trauma in past 6 months, with possible CSF leak or pneumocephalus
- recent hemicraniectomy or suboccipital craniectomy



Schema



Assessments

	Baseline with reference to pre- stroke period	Baseline	3 months	6 months
Demographics		Х		
Stroke risk factors		Χ		
Medical history (height, weight, etc)		Χ		
Informant-based prestroke cognitive status (IQCODE)	X			
Pre-stroke modified Rankin Scale (mRS)	X			
Pre-stroke depression (Patient Health Questionnaire-2 (PHQ-2))	X			
Post-stroke depression (Patient Health Questionnaire-2 (PHQ-2))			Х	Χ
Blood pressure		Χ	Х	Χ
Epworth Sleepiness Scale	X		Χ	Χ
SF-12 and sleep specific QOL measure (FOSQ-10)			Χ	Χ
General Morisky Medication Adherence			Χ	Χ
Functional outcome (mRS)			Χ	Χ
Neurological outcome (NIHSS)		Χ	Х	Χ
Cognitive outcome (mini MoCA)			Χ	Χ
Quality of life outcome (short SSQOL)			X	Χ
Assessment for recurrent stroke, ACS, death			Х	Χ



Nox T3





aCPAP





Telemedicine

- Partnering with a sleep health company
- Leverage technology to provide state-of-theart telemedicine care to our subjects
- aCPAP remotely monitored
- Care manager
 - technology team
 - respiratory therapy team
 - sleep medicine physicians



Site selection

- N=110
- Exclusions for obvious problems:
 - No 24 hr RT coverage
 - Poor coordinator coverage
 - Lack of enthusiasm for the trial



Preliminary timeline





THANK YOU: NINDS (Claudia Moy, Scott Janis), NCC (Joe Broderick, Jamey Frasure, Judy Spilker), NDMC (Valerie Durkalski, Yuko Palesch, Jessica Griffin), PREVENTION **WORKING GROUP** (Marc Chimowitz, Tom Brott), FusionHealth (Jeff Durmer)

