Rapid Effect of Suvorexant on COVID-19 Associated Delirium: A Retrospective Study

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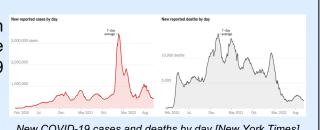
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INTRODUCTION

In the context of more than 12 billion administered vaccines, there are emerging **new cases** of coronavirus 2019 (COVID-19) daily across the world. There are also continued resulting deaths.



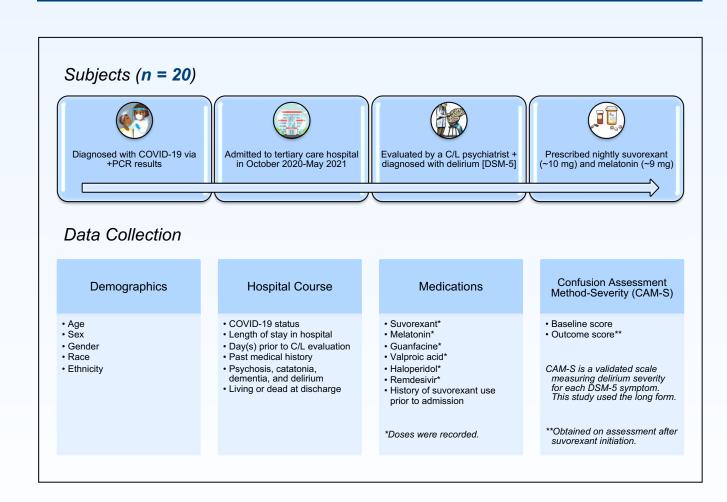
COVID-19 typically presents with respiratory symptoms, and presentations range from asymptomatic to fatal. The variety in expression of the infection may be attributed to the widespread presence of the angiotensin-conversion enzyme 2 receptor – including bronchial epithelial cells and **neurons**.

Delirium in patients with COVID-19 is associated with a **threefold increase in mortality risk**. But there are limited reports of COVID-19 induced delirium.

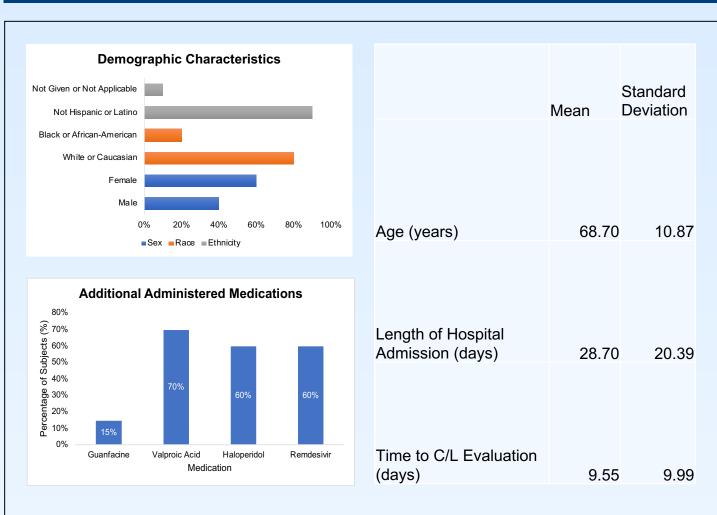
One case report [Sher 2020] proposed **combined nightly use of suvorexant**, an orexin dual-receptor antagonist (DORA), and **high-dose melatonin**.

We add to their findings by examining twenty patients with COVID-19 induced delirium who were treated with nightly suvorexant and melatonin.

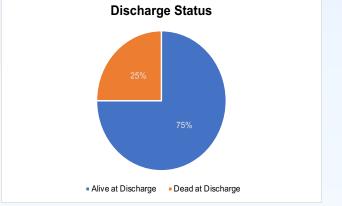
METHODS

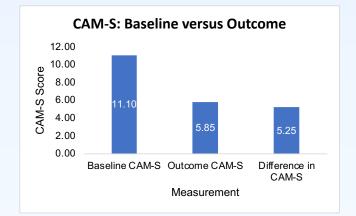


RESULTS



Outcome Measurements





Paired sample t-test (baseline versus outcome CAM-S scores) was performed, resulting in t(19) = 8.31, p < 0.001 with a Cohen's d = 1.51 effect size (large).

	Mean	Standard	l Deviation
Time to Resolution of Delirium		3.2	2.07

A linear regression analysis with **predictor variables** (days to suvorexant administration and prior psychiatry history) and **control variables** (age, gender, baseline CAM-S score, average dose of suvorexant, average dose of melatonin, and inclusion of valproic acid, haloperidol, guanfacine, or remdesivir) found **none of the variables were significantly associated with the change in CAM-S score**.

CONCLUSIONS

Main Findings

The combination of suvorexant and high-dose melatonin is associated with a statistically significant decrease in COVID-19 induced delirium severity.

The course of delirium typically improves over time especially as its underlying etiology is addressed. Our study finds the average time to resolution was 3.2 days – shorter than previously reported times to resolution (3-7 days).

Discussion

There is no widely accepted protocol to safely and effectively treat COVID-19 induced delirium, which is heterogenous in its pathogenesis. Interventions for delirium often address circadian rhythm desynchrony and impaired sleep. This includes melatonin, which decreases inflammation.

Suvorexant acts on the hypothalamus. It induces sleep by **regulating transitions** from wake to rapid eye movement (REM) sleep and non-REM to REM sleep. As a DORA, it promotes sleep **by dampening wakefulness**.

Neither suvorexant nor melatonin impact respiratory drive, which is often compromised in COVID-19 infections. They may also synergistically provide **anti-inflammatory** effects.



FUTURE DIRECTIONS

The exact pathophysiology of COVID-19's neuropsychiatric complications is yet to be defined although there are many currently proposed theories.

Our study provides **support for the inclusion of suvorexant** as part of a much-needed systematic approach to treating COVID-19 induced delirium.

Further studies are needed to **elucidate the mechanism** of suvorexant and the **extent of its efficacy** in treating COVID-19 induced delirium.

