

# Efficacy and tolerability of tasipimidine in sleepless patients

<b>Submission date</b> 09/08/2023	<b>Recruitment status</b> Suspended	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 15/08/2023	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 22/08/2025	<b>Condition category</b> Nervous System Diseases	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Insomnia (sleeplessness) disorder is characterised by difficulties in initiating or maintaining sleep and can cause impairment in daytime functioning. It is a common condition, with an approximate general population prevalence of 10%. Cognitive behavioural therapy is currently recommended for insomnia as a first-line treatment, but not all insomnia patients benefit from it, and it might not be available for all. The available sleep medications can be modest in efficacy, can have abuse potential and have a risk of tolerance. Based on the mode of action, tasipimidine is expected to decrease arousal and cause sedation. The purpose of this study is to see if tasipimidine will help in the treatment of insomnia and how safe it is to use in people.

### Who can participate?

Adult patients with insomnia aged between 18 and 65 years old

### What does the study involve?

The trial consists of 2 consecutive parts and participants will be included either in Part 1 or Part 2. Part 2 will start only after Part 1 completion. Both parts include a screening period (up to 6 weeks), a treatment period (3 consecutive days and nights) and a post-treatment period (up to 10 days). Part 2 includes an additional 4-week extension part, where the participants take tasipimidine or placebo every evening at home and return to the sleep clinic for 2 last treatment nights. The study visits will take place in sleep centres where a sleep polysomnography (PSG) recording is done. The PSG will be done using equipment that records brain waves and other sleep parameters. Participants will use equipment to record sleep parameters also at home (Part 2) and a sleep diary is used.

### What are the possible benefits and risks of participating?

Tasipimidine may favour sleep but in this study, the study drug will be administered for 3 nights only in Part 1 and 4 weeks in Part 2. Patients may also experience benefits due to getting information on their health. Participation may help other insomnia people in the future. There are no costs to participants to be in the trial.

Tasipimidine has been well tolerated in a trial with healthy volunteers. Based on that trial and

the mode of action, tasipimidine may cause dizziness when standing up. To minimise the risk associated with taking part in the trial, patients are frequently monitored and evaluated for any side effects.

Where is the study run from?

Sleep centres in Finland, Poland, Germany and United States of America

When is the study starting and how long is it expected to run for?

October 2022 to December 2025

Who is funding the study?

Orion Corporation (Finland)

Who is the main contact?

clinicaltrials@orionpharma.com

## Contact information

### Type(s)

Public

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### Type(s)

Principal Investigator

### Contact name

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## Additional identifiers

### EudraCT/CTIS number

2022-502483-21-00

### IRAS number

### ClinicalTrials.gov number

NCT06956495

### Secondary identifying numbers

3110012

## Study information

### Scientific Title

Efficacy and tolerability of tasipimidine after 3 repeated bed-time doses in patients with insomnia disorder with a 4-week extension part

### Acronym

UNITAS

### Study objectives

Tasipimidine is superior to placebo assessed in patients with insomnia disorder.

### Ethics approval required

Ethics approval required

### Ethics approval(s)

1. Approved 24/05/2023, National Committee on Medical Research Ethics (Tukija) (Tukija, Valvira P.O. Box 43, Helsinki, FI-00521, Finland; +358 295209111; info@tukija.fi), ref: 2022-502483-21-00

2. Approved 29/05/2023, Office for Registration of Medicinal Products, Medical Devices and Biocidal Products (Al. Jerozolimskie 181C, Warsaw, 02-222, Poland; +48224921100; urpl@urpl.gov.pl), ref: 2022-502483-21-00

3. Approved 11/07/2024, Ethics Committee of the Bavarian State Medical Association (Mühlbauerstraße 16, Munich, 81677, Germany; +49894147165; ethikkommission@blaek.de), ref: B\_01899

### Study design

Multisite interventional double-blind randomized placebo-controlled trial

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Hospital

**Study type(s)**

Safety, Efficacy

**Participant information sheet**

See study outputs table

**Health condition(s) or problem(s) studied**

Insomnia

**Interventions**

Current interventions as of 13/05/2025:

The study drug, tasipimidine, is a highly specific  $\alpha_2$  adrenoceptor agonist, selective for  $\alpha_{2A}$  receptor subtype. In experimental animals, it induces typical  $\alpha_2$ -adrenoceptor agonist effects like sedation, analgesia, and relief of anxiety. In humans, it is expected to decrease arousal and cause sedation.

The trial consists of 2 consecutive parts and participants will be included either in Part 1 or Part 2. In Part 1 of the trial, escalating dose levels of tasipimidine will be administered to sequential cohorts of subjects. Subjects will be allocated at random to tasipimidine and placebo groups by the IVRS system. The study drug is given by the study site personnel as an oral liquid on 3 consecutive nights. Study subjects will stay at the study site for 3 consecutive nights and days from the evening of Day 1 until the afternoon of Day 4. Part 2 includes an additional 4-week extension part, where the participants take tasipimidine or placebo every evening at home and return to the sleep clinic for 2 last treatment nights.

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Previous interventions:

The study drug, tasipimidine, is a highly specific  $\alpha_2$  adrenoceptor agonist, selective for  $\alpha_{2A}$  receptor subtype. In experimental animals, it induces typical  $\alpha_2$ -adrenoceptor agonist effects like sedation, analgesia, and relief of anxiety. In humans, it is expected to decrease arousal and cause sedation. In this study, the effect of tasipimidine on sleep is investigated in a sleep laboratory setting.

Three escalating adaptive dose levels of tasipimidine are planned to be administered to 3 sequential cohorts of subjects and the placebo will be randomised into each dose level in a 1:3 ratio. Subjects will be allocated at random to tasipimidine and placebo groups by the IVRS system. After each cohort, the Data and Safety Monitoring Board will evaluate the data and agree on the dose level for the next cohort. The study drug is given by the study site personnel

as an oral liquid on 3 consecutive nights. Study subjects will stay at the study site for 3 consecutive nights and days from the evening of Day 1 until the afternoon of Day 4.

## **Intervention Type**

Drug

## **Pharmaceutical study type(s)**

Pharmacokinetic, Pharmacodynamic, Dose response, Pharmacogenetic, Pharmacogenomic

## **Phase**

Phase II

## **Drug/device/biological/vaccine name(s)**

Tasipimidine

## **Primary outcome measure**

Effect on sleep is measured using sleep polysomnography measurement on 2 baseline nights and on 2 treatment nights

## **Secondary outcome measures**

Current secondary outcome measures as of 13/05/2025:

1. Effect on sleep measured using sleep polysomnography measurement on 2 last treatment nights and home EEG device on 5 nights during both screening and treatment period in Part 2 of the trial.
2. Safety and tolerability measured by collecting adverse events throughout the trial, vital signs on study visits, morning sleepiness and daytime symptom scales throughout the trial, safety laboratory tests on screening, Day 1, Day 4 and end-of-study visit. Additionally, safety laboratory tests on Day 14 and Day 29 in Part 2 of the trial
3. Pharmacokinetics (PK) measured by collecting samples for PK analysis during Night 3 and Day 4

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Previous secondary outcome measures:

1. Safety and tolerability measured by collecting adverse events throughout the study, vital signs on study visits, morning sleepiness scale after each of the 3 nights, safety laboratory tests on screening, Day 1, Day 4 and end-of-study visit
2. Pharmacokinetics (PK) measured by collecting samples for PK analysis during Night 3 and Day 4

## **Overall study start date**

01/10/2022

## **Completion date**

31/12/2025

## **Eligibility**

### **Key inclusion criteria**

#### Current inclusion criteria as of 13/05/2025:

1. Signed informed consent (IC) for participation in the study.
2. Male or female subjects with age between 18 and 65 years (inclusive) at screening visit.
3. Insomnia disorder according to Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision (DSM-5-TR®).
4. Self-reported history of the following on at least 3 nights per week and for at least 3 months prior to the screening:  $\geq 30$  minutes to fall asleep, subjective total sleep time (sTST)  $\leq 6$  hours at screening visit.
5. Insomnia Severity Index® (ISI®) score  $\geq 15$  in Part 1 and  $\geq 11$  in Part 2.
6. Usual bedtime between 21:00 and 02:00.
7. Regular time in bed between 6 and 9 hours.
8. Meeting the following sleep parameter criteria in PSG on the 2 screening PSG nights: mean latency to persistent sleep (LPS)  $\geq 25$  minutes (with none of the 2 nights  $< 15$  minutes) and mean total sleep time (TST)  $\leq 6$  h in Part 1 and  $\leq 6.5$  h in Part 2.
9. Female subjects with fertile male partner, and male subjects with female partners of childbearing potential, must adhere to a highly effective form of contraception, if sexually active and not permanently sterilised (see section 5.7 for more information). Additionally, women who are postmenopausal (1 year since last menstrual cycle) are considered not to be reproductive and can be included.

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#### Previous inclusion criteria:

1. Signed informed consent (IC) for participation in the study
2. Male or female subjects aged between 18 and 65 years (inclusive) at the screening visit
3. Insomnia disorder according to Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision (DSM-5-TR®)
4. Self-reported history of the following on at least 3 nights per week and for at least 3 months prior to the screening:  $\geq 30$  minutes to fall asleep, subjective total sleep time (sTST)  $\leq 6$  hours.
5. Insomnia Severity Index® (ISI®) score  $\geq 15$
6. Usual bedtime between 21:00 and 02:00
7. Regular time in bed between 6 and 9 hours
8. Meeting the following sleep parameter criteria on the 2 screening PSG nights: mean latency to persistent sleep (LPS)  $\geq 25$  minutes (with none of the 2 nights  $< 15$  minutes) and mean total sleep time (TST)  $\leq 6$  h
9. Female subjects with fertile male partners, and male subjects with female partners of childbearing potential, must adhere to a highly effective form of contraception, if sexually active and not permanently sterilised. Additionally, women who are postmenopausal (1 year since the last menstrual cycle) are considered not to be reproductive and can be included.

#### **Participant type(s)**

Patient

#### **Age group**

Adult

#### **Lower age limit**

18 Years

## Upper age limit

65 Years

## Sex

Both

## Target number of participants

The planned maximum number of subjects is in total 272 for both parts together (128 in Part 1 and 144 in Part 2).

## Key exclusion criteria

Current exclusion criteria as of 13/05/2025:

1. A predictable poor compliance or inability to understand and comply with protocol requirements, instructions and protocol-stated restrictions, or communicate well with the investigator.
2. Body mass index below 18.5 or above 40.0 kg/m<sup>2</sup>.
3. Self-reported usual daytime napping  $\geq 1$  hour per day, and  $\geq 3$  days per week.
4. Shift work within 2 weeks prior to the screening visit, or planned shift work during the study.
5. Travel across  $\geq 3$  time zones within 2 weeks prior to the screening visit, or planned travel across  $\geq 3$  time zones during the study.
6. Use of medications with known relevant alpha-2 AR affinity (e.g. mirtazapine, mianserine, dexmedetomidine, clonidine, guanfacine or tizanidine) or known strong or moderate CYP2D6 inhibitors (e.g. in Part 1 paroxetine, fluoxetine, bupropion, in both parts quinidine) within 14 days or 5 times the half-life, whichever is longer, prior to the 1st screening PSG. As an exception, antidepressants listed in section 5.6.2 are allowed in Part 2.
7. Use of benzodiazepines, z-drugs (zolpidem, zopiclone, eszopiclone, zaleplon), melatonin, sedative H1 antagonists, sedative antidepressants (e.g. doxepine and trazodone), orexin receptor antagonists (e.g. daridorexant) or antipsychotics within 7 days or 5 times the half-life, whichever is longer, prior to 1st screening PSGs.
8. Use of amphetamine derivatives like methylphenidate, dexamphetamine and lisamphetamine within 14 days, or 5 times the half-life, whichever is longer, prior to the 1st screening PSG.
9. Use of other CNS-active drugs, including over-the-counter or herbal medicines, for 7 days or 5 times the half-life, whichever is longer, prior to the 1st screening PSG. In Part 2 the use of one of the following antidepressants is allowed: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, bupropion, duloxetine, milnacipran, venlafaxine, vortioxetine, providing that the dose has been stable at least 4 weeks prior to the 1st screening PSG and planned to be stable throughout the study.
10. Start of other new chronic medication within 14 days or 5 times the half-life, whichever is longer, prior to the 1st screening PSG and in Part 2 also a planned change to an ongoing chronic medication during the study.
11. Cognitive behavioural therapy (CBT) for any indication is allowed only if the CBT started at least 1 month prior to the 1st screening PSG and the subject agreed to continue the CBT throughout the study.
12. Any lifetime history of a diagnosed sleep-related breathing disorder, including chronic obstructive pulmonary disease and sleep apnoea.
13. Acute or unstable psychiatric conditions as judged by the investigator (including but not restricted to current bipolar disorder, schizophrenia or obsessive compulsive disorder) that are diagnosed by the Mini International Neuropsychiatric Interview© (MINI©) or that require pharmacological treatment for these disorders. N.B.: subjects with a history of major depressive disorder or anxiety disorder that are currently stable, and without requiring

pharmacological treatment are eligible. In Part 2 antidepressants specified in exclusion criterion 9 and section 5.6.2 are allowed.

14. Part 1: positive answer to item 4 or 5 on the Colombia-Suicide Severity Rating Scale (CSSRS) or current risk of suicide based on the investigator's judgement at screening visit.

Part 2: positive answer to item 4 or 5 in the past 6 months or any suicidal behaviour in the past 10 years or current risk of suicide based on the investigator's judgement at screening visit.

15. Diagnosis of alcohol or substance use disorder within 2 years prior to the screening visit or inability to refrain from drinking alcohol for at least 3 consecutive days.

16. Myocardial infarction or other clinically significant ischemic cardiac disease, heart failure, sick-sinus syndrome or arrhythmia tendency within the past 2 years.

17. History of clinically significant orthostatic hypotension, syncope or syncopal attacks within the past 2 years.

18. Any other clinically significant cardiovascular, pulmonary, gastrointestinal, hepatic, renal, neurological (e.g. epilepsy or dementia) or psychiatric disorder or any other major concurrent illness that in the opinion of the investigator may interfere with the interpretation of the study results or constitute a health risk for the subject if he/she takes part in the study.

19. Heavy tobacco use (at least one pack of cigarettes a day or corresponding heavy use of other nicotine containing products or inability to refrain from smoking during the night).

20. Caffeine consumption  $\geq 600$  mg per day or regular caffeine consumption after 4 p.m.

21. Supine HR  $< 50$  bpm or  $> 100$  bpm after a 5-minute rest at screening visit.

22. Systolic blood pressure (SBP)  $< 100$  or  $> 160$  mmHg or diastolic blood pressure (DBP)  $< 50$  or  $> 100$  mmHg after a 5-minute rest at screening visit.

23. Orthostatic hypotension (decrease of 20 mmHg for SBP or decrease of 10 mmHg for DBP) or dizziness in orthostatic test at screening visit.

24. Abnormal 12-lead ECG finding of clinical relevance at the screening visit, (after 5 min rest in supine position, confirmed by a repeat measurement) for example:

QTc (calculated through the Fridericia's formula) repeatedly  $> 450$  ms in males or  $> 470$  ms in females at screening visit. Pacemaker rhythm as such does not need to lead to exclusion. (If QTc interval measured by the ECG machine algorithm is  $> 450$  ms, 2 additional recordings will be done and QTcF values confirmed)

2° or 3° AV block.

25. AST and/or ALT  $> 2 \times$  ULN and/or direct bilirubin  $> 1.5 \times$  ULN.

26. Positive urine drug screen or presence of alcohol in exhaled breath at screening visit, screening PSG nights or on Day 1.

27. Any other abnormal value in laboratory tests, vital signs or 12-lead ECG which may in the opinion of the investigator interfere with the interpretation of the study results or cause a health risk for the subject if he/she takes part in the study.

28. Pre-planned elective surgery for the study period.

29. Known hypersensitivity to the active substance or to any of the excipients of the study treatment.

30. Pregnant or lactating females.

31. Blood donation or loss of significant amount of blood within 60 days prior to the screening.

32. Participation in a drug study within 60 days prior to the screening or earlier participation in clinical study with tasipimidine.

33. Periodic limb movement disorder with arousal index (PLMAI)  $\geq 15$ /h (assessed on the 1st screening PSG night), restless legs syndrome, circadian rhythm disorder, REM behaviour disorder, or narcolepsy.

34. Apnoea/hypopnea index (AHI)  $\geq 15$ /h according to American Academy of Sleep Medicine criteria or event associated with blood oxygen saturation level by pulse oximetry (SpO<sub>2</sub>)  $< 80\%$ , as assessed on the 1st screening PSG night.

35. Any other condition that in the opinion of the investigator may interfere with the interpretation of the study results or constitute a health risk for the subject if he/she takes part



in the study.

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#### Previous exclusion criteria:

1. A predictable poor compliance or inability to understand and comply with protocol requirements, instructions and protocol-stated restrictions, or communicate well with the investigator
2. Body mass index below 18.5 or above 40.0 kg/m<sup>2</sup>
3. Self-reported usual daytime napping  $\geq 1$  hour per day, and  $\geq 3$  days per week
4. Shift work within 2 weeks prior to the screening visit, or planned shift work during the study
5. Travel across  $\geq 3$  time zones within 2 weeks prior to the screening visit, or planned travel across  $\geq 3$  time zones during the study
6. Use of medications with known relevant alpha-2 AR affinity (e.g. mirtazapine, mianserine, dexmedetomidine, clonidine, guanfacine or tizanidine) or known strong or moderate CYP2D6 inhibitors (e.g. paroxetine, fluoxetine, bupropion, quinidine) within 14 days or 5 times the half-life, whichever is longer, prior to the 1st screening PSG
7. Use of benzodiazepines, z-drugs (zolpidem, zopiclone, eszopiclone, zaleplon), melatonin, sedative H1 antagonists, sedative antidepressants (e.g. doxepine and trazodone), orexin receptor antagonists (e.g. daridorexant) or antipsychotics within 14 days or 5 times the half-life, whichever is longer, prior to 1st screening PSGs
8. Use of amphetamine derivatives like methylphenidate, dexamphetamine and lisamphetamine within 14 days, or 5 times the half-life, whichever is longer, prior to the 1st screening PSG
9. Use of other CNS-active drugs, including over-the-counter or herbal medicines, for 14 days or 5 times the half-life, whichever is longer, prior to the 1st screening PSG
10. Start other new chronic medication within 14 days or 5 times the half-life, whichever is longer, prior to the 1st screening PSG
11. Cognitive behavioural therapy (CBT) for any indication is allowed only if the CBT started at least 1 month prior to the 1st screening PSG and the subject agreed to continue the CBT throughout the study
12. Any lifetime history of sleep-related breathing disorders, including chronic obstructive pulmonary disease and sleep apnoea
13. Acute or unstable psychiatric conditions as judged by the investigator (including but not restricted to current bipolar disorder, schizophrenia or obsessive-compulsive disorder) that are diagnosed by the Mini International Neuropsychiatric Interview© (MINI©) or that require pharmacological treatment for these disorders. N.B.: subjects with a history of major depressive disorder or anxiety disorder that are currently stable, and without requiring pharmacological treatment are eligible
14. Positive answer to item 4 or 5 on the Colombia-Suicide Severity Rating Scale (C-SSRS) or current risk of suicide based on the investigator's judgement at the screening visit
15. Diagnosis of alcohol or substance use disorder within 2 years prior to the screening visit or inability to refrain from drinking alcohol for at least 3 consecutive days.
16. Myocardial infarction or other clinically significant ischemic cardiac disease, heart failure, sick sinus syndrome or arrhythmia tendency within the past 2 years
17. History of clinically significant orthostatic hypotension, syncope or syncopal attacks within the past 2 years
18. Any other clinically significant cardiovascular, pulmonary, gastrointestinal, hepatic, renal, neurological (e.g. epilepsy or dementia) or psychiatric disorder or any other major concurrent illness that in the opinion of the investigator may interfere with the interpretation of the study results or constitute a health risk for the subject if he/she takes part in the study
19. Heavy tobacco use (at least one pack of cigarettes a day or inability to refrain from smoking

during the night)

20. Caffeine consumption  $\geq 600$  mg per day or regular caffeine consumption after 4 p.m.

21. Supine HR  $< 50$  bpm or  $> 100$  bpm after a 5-minute rest at the screening visit

22. Systolic blood pressure (SBP)  $< 100$  or  $> 160$  mmHg or diastolic blood pressure (DBP)  $< 50$  or  $> 100$  mmHg after a 5-minute rest at screening visit

23. Orthostatic hypotension (decrease of  $\geq 20$  mmHg for SBP or decrease of  $\geq 10$  mmHg for DBP) or dizziness in orthostatic test at screening visit

24. Abnormal 12-lead ECG finding of clinical relevance at the screening visit, (after 5 min rest in the supine position, confirmed by a repeat measurement) for example: QTc (calculated through the Fridericia's formula) repeatedly  $> 450$  ms in males or  $> 470$  ms in females at the screening visit. Pacemaker rhythm as such does not need to lead to exclusion. (If the QTc interval measured by the ECG machine algorithm is  $> 450$  ms, 2 additional recordings will be done and QTcF values confirmed) -2° or 3° AV block.

25. AST and/or ALT  $> 2 \times$  ULN and/or direct bilirubin  $> 1.5 \times$  ULN

26. Positive urine drug screen or presence of alcohol in an exhaled breath at screening visit, screening PSG nights or on Day 1

27. Any other abnormal value in laboratory tests, vital signs or 12-lead ECG which may in the opinion of the investigator interfere with the interpretation of the study results or cause a health risk for the subject if he/she takes part in the study

28. Pre-planned elective surgery for the study period

29. Known hypersensitivity to the active substance or to any of the excipients of the study treatment

30. Pregnant or lactating females

31. Blood donation or loss of a significant amount of blood within 60 days prior to the screening

32. Participation in a drug study within 60 days prior to the screening

33. Periodic limb movement disorder with arousal index (PLMAI)  $\geq 15$ /h (assessed on the 1st screening PSG night), restless legs syndrome, circadian rhythm disorder, REM behaviour disorder, or narcolepsy

34. Apnoea/hypopnea index (AHI)  $\geq 15$ /h according to American Academy of Sleep Medicine criteria or event associated with blood oxygen saturation level by pulse oximetry (SpO<sub>2</sub>)  $< 80\%$ , as assessed on the 1st screening PSG night

35. Any other condition that in the opinion of the investigator may interfere with the interpretation of the study results or constitute a health risk for the subject if he/she takes part in the study

#### **Date of first enrolment**

28/07/2023

#### **Date of final enrolment**

30/12/2025

## **Locations**

#### **Countries of recruitment**

Finland

Germany

Poland

**Study participating centre**  
**Terveystalo Helsinki Uniklinikka**  
Valimotie 21  
Helsinki  
Finland  
00380

**Study participating centre**  
**Lääkärikeskus Aava Helsinki Kamppi**  
Annankatu 32  
Helsinki  
Finland  
00100

**Study participating centre**  
**Lääkärikeskus Aava Kuopio**  
Koljonniemenkatu 2  
Kuopio  
Finland  
70100

**Study participating centre**  
**University of Turku, Sleep Research Centre**  
Lemminkäisenkatu 3 b  
Turku  
Finland  
20520

**Study participating centre**  
**Klinika Zaburzen Afektywnych i Psychotycznych**  
Ul. Czechoslowacka 8/10  
Lodz  
Poland  
92-216

**Study participating centre**  
**Osrodek BadanKlinicznych CROMED**  
ul. Starolecka 42A  
Poznan  
Poland  
61-360

**Study participating centre**  
**Centrum Badan Klinicznych PI-House**  
ul. Na Zaspie 3  
Gdansk  
Poland  
80-546

**Study participating centre**  
**MTZ Clinical Research Powered by Pratia**  
ul. Gładka 22  
Warszawa  
Poland  
02-172

**Study participating centre**  
**Specjalistyczne Gabinety**  
Plac Lasoty 4  
Krakow  
Poland  
30-539

**Study participating centre**  
**University Hospital Giessen and Marburg**  
Baldingerstraße 1  
Marburg  
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**Study participating centre**  
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10115

**Study participating centre**  
**Velocity Clinical Research Berlin**  
Ansbacher Straße 17-19

Berlin  
Germany  
10787

**Study participating centre**

**Siteworks GmbH**

Niemeyerstr. 21  
Hannover  
Germany  
30449

**Study participating centre**

**Zentrum für Schlaf- und Telemedizin**

Tüschener Weg 40  
Essen  
Germany  
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**Study participating centre**

**Charité Campus Benjamin Franklin**

Hindenburgdamm 30  
Berlin  
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12203

**Study participating centre**

**Advanced Sleep Research GmbH**

Ulica Pana Tadeusza 2  
Kraków  
Poland  
30-727

## **Sponsor information**

**Organisation**

Orion Corporation (Finland)

**Sponsor details**

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Espoo  
Finland  
02200  
+358104261  
clinicaltrials@orionpharma.com

### **Sponsor type**

Industry

### **Website**

<http://www.orion.fi/en>

### **ROR**

<https://ror.org/0296s4x19>

## **Funder(s)**

### **Funder type**

Industry

### **Funder Name**

Orion Corporation

## **Results and Publications**

### **Publication and dissemination plan**

Planned publication in a high-impact peer-reviewed journal

### **Intention to publish date**

31/05/2026

### **Individual participant data (IPD) sharing plan**

Data sharing statement to be made available at a later date

### **IPD sharing plan summary**

Data sharing statement to be made available at a later date

### **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>		16/12/2022	15/08/2023	No	Yes
<a href="#">Participant information sheet</a>	Part 2	25/09/2024	14/05/2025	No	Yes