

Better sleep for living better

Hypnagogic and hypnopompic hallucinations are vivid, frightening dreamlike experiences, which happen in 80% of people with narcolepsy when they're falling asleep (hypnagogic) or waking up (hypnopompic). The images appear very real and may be highly upsetting.

Sleep paralysis is a brief inability to talk or move when falling asleep or waking up, which roughly 80% of people with narcolepsy experience. The paralysis can last from a few seconds to several minutes. Although not dangerous, sleep paralysis tends to frighten people who are not yet aware of their condition, especially when accompanied by hypnagogic hallucinations.

Diagnosing narcolepsy

There are a few objective tests that are commonly performed, usually by a sleep specialist, to diagnose narcolepsy. These are the polysomnogram, multiple sleep latency test, and maintenance of wakefulness test.

A polysomnogram continuously records brain waves as well as nerve and muscle activity during nighttime sleep. This test is also helpful in detecting other sleep disorders that cause daytime sleepiness.

In the multiple sleep latency test, the time taken to reach each phase of sleep is noted while the person being tested is given a chance to sleep every 2 hours during normal wake times. The purpose of this test is to determine how soon REM sleep begins.

The maintenance of wakefulness test is a polysomnographic test given during the daytime and is used to determine a person's ability to stay awake while resting in a nonstimulating environment.

A subjective test used in diagnosing narcolepsy is the Epworth Sleepiness Scale. This is a simple questionnaire a person fills out to assess general levels of daytime sleepiness in 8 sedentary situations.

Leading a more normal life with proper treatment

There is no cure for narcolepsy; however, treatment options are available to control the symptoms experienced by those who suffer from it. Treatment varies upon the individual and the severity of the condition, and it does take time for an optimal regimen to be determined.

There are a number of effective medications and behavioral techniques your doctor or sleep specialist can use to treat your condition. These can go a long way toward helping you return to a more productive and fulfilling life.



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Narcolepsy

What you learn
can **help you**

Narcolepsy – What is it?

Narcolepsy is a chronic sleep disorder in which a person is overcome by sudden, uncontrollable attacks of sleep. It is believed to affect approximately 1 in every 2000 people of both sexes and all races (about 200,000 persons in Europe). There is no known cause for the time being.

Narcolepsy is often mistaken for depression (a mood disorder), epilepsy (a condition where people lose consciousness and muscle control), or the side effects of medications. Evidence suggests that narcolepsy may run in families; 8% to 12% of people with narcolepsy have a close relative with the disease.

Many people with narcolepsy find that it affects their psychological well-being. Narcolepsy negatively affects their self-esteem, job stability, and relationships, including marriage and sexual function.

A disturbance during the sleep process

Results of electroencephalogram (EEG) tests, which measure activity in the brain, illustrate that normally brain waves have a regular rhythm when people are awake. Brain waves become slower and less regular when people first fall asleep. This phase is called non-rapid eye movement (NREM) sleep. After about 1 hour, brain waves become more active again. This phase, called REM sleep, is marked by rapid bursts of eye movement and is when people dream.

In narcolepsy, the sleep phases happen in the wrong order, for the incorrect length of time. For example, REM or dream sleep occurs too early, before NREM sleep. Some aspects of REM sleep may also occur during waking hours, causing cataplexy, vivid dreams, and sleep paralysis (see symptoms associated with narcolepsy).

Symptoms associated with narcolepsy

The most common symptom of narcolepsy is an excessive and overwhelming daytime sleepiness that comes on regardless of the amount of nighttime sleep a person gets. It usually begins to affect people when they are teenagers or young adults. Other classic symptoms of narcolepsy, which don't necessarily occur in all patients, include cataplexy, disrupted or fragmented nighttime sleep, hypnagogic and hypnopompic hallucinations, and sleep paralysis (defined below).

Excessive Daytime Sleepiness (EDS) means feeling drowsy and tired with a need to sleep during the day, even after getting enough nighttime sleep. It occurs in 100% of people with narcolepsy. People who experience EDS fall asleep at times when they don't want to or shouldn't sleep – e.g. while talking, walking, driving, working, or eating. They can fall asleep in situations where they need to be fully awake and alert. Daytime sleep attacks can occur without any warning and can happen repeatedly in a single day. Naps can help relieve EDS, but only for a few hours at best.

By causing poor memory, reduced concentration or attention, and irritability, EDS can impair people's ability to perform everyday tasks, like working, doing bills, or holding a meaningful conversation.

EDS can also be a symptom of disorders other than narcolepsy, like sleep apnea. Therefore, a person with EDS usually must have another symptom such as cataplexy to have a confirmed diagnosis of narcolepsy.

Cataplexy is the second most common symptom of narcolepsy. It's described as a sudden, brief loss of muscle strength that happens in 60% to 90% of people with narcolepsy. The forms of cataplexy vary in severity and include weakness in the knees, sagging facial muscles, dropping head, slurred speech, arm weakness, and generalized weakness leading to complete collapse. Sudden emotional reactions like laughter, anger, surprise, grief, frustration, embarrassment, elation, or sexual arousal can trigger an attack of cataplexy, which lasts anywhere from a few seconds to several minutes. The person is usually aware of what's happening during the episode even though they're unable to talk.

Symptoms of cataplexy become noticeable in people between 15 and 30 years of age, usually after symptoms of EDS. The frequency of attacks ranges from many each day to only a few per year, but 75% of all people with cataplexy report at least one episode every day.

Cataplexy attacks may cause people to alter their daily routines and shy away from social activities in an effort to avoid triggering an attack. This can be harmful to overall emotional health, and can interfere with their personal, professional, or social interactions; these attacks are however not life-threatening.

Narcolepsy patients typically have **disrupted or fragmented nocturnal sleep**, awakening many times every night and hardly ever experiencing the restorative deep stages of sleep also referred to as slow wave sleep. Disrupted sleep with frequent awakenings is reported in 60% to 80% of people with narcolepsy.