Excessive Daytime Sleepiness

More Information

Rare disorders of excessive daytime sleepiness include; narcolepsy, idiopathic hypersomnolence, Kleine-Levin syndrome, among others. There may be excessive sleepiness associated with genetic disorders e.g. Smith-Magenis syndrome.

Specialised testing is undertaken for these disorders in the department of sleep medicine.

What is Narcolepsy?

Narcolepsy was first described in 1880. It is characterised by an abnormal desire to sleep, often in inappropriate situations. Nocturnal sleep is often disturbed.

How common is narcolepsy?

Classic narcolepsy is rare but it has many different variations which are much more common. It is generally estimated that between 20-50 people per 100,000 have it.

Narcolepsy can occur at any age from infancy to old age, but most commonly comes to attention in late childhood or adolescence. Narcolepsy is now known to be due to an absolute deficiency of the substance orexin (hypocretin) resulting from destruction of the orexin neurones in the lateral hypothalamus. The symptoms of narcolepsy can also occur after various insults to the brain and in association with other diseases of the brain and spinal cord but this is very rare.

What are the symptoms of narcolepsy?

1. Excessive daytime sleepiness. People with narcolepsy can have anywhere from 2 - 30 episodes of uncontrollably falling asleep during the day. Each sleeping attack can be as short as a few seconds up to 20 minutes in duration
2. Cataplexy. Cataplexy is muscular weakness caused by strong emotions or excitement such as laughter. Cataplexy attacks commonly occur in situations involving perfectly normal emotions such as humour (hearing or telling a joke); competitiveness (bidding in a game of bridge); excitement (viewing, or especially participating in a sports event); and stress or self-assertion.
3. Sleep paralysis. This is a short period of inability to move at the start of sleep. It is due to loss of postural muscle tone without all the usual features of dreaming sleep.
4. Hypnagogic hallucinations. Hypnagogic hallucinations are best described as a visual hallucination (“awake dreaming”) which can occur at the start of sleep.
5. Disrupted and often unrefreshing nocturnal sleep.

NOTE: Sleep paralysis and hypnogogic hallucinations occur in isolation in 30% of the population. If infrequent and not in the context of EDS, they are considered to be within the normal range.

At what age does Narcolepsy start?

Narcolepsy usually starts between 15 and 30 years of age; sometimes it can start before the age of 10 and may not be recognised until someone is over 50 years of age or even older. It is a lifelong illness.
The mild symptoms of narcolepsy may cause no more than minor inconveniences. If they are severe, however, symptoms can cause significant disruptions in social and professional lives and may become profoundly disabling. Parents, teachers, spouses and employers can often mistake sleepiness for lack of interest, or as a sign of hostility, rejection or laziness.

How is Narcolepsy treated?

The sleepiness associated with narcolepsy can generally be greatly improved by the regular use of stimulant medication. At present, these stimulant medications are the only drugs available. For cataplexy, antidepressant medication can be very helpful. Sodium oxybate can also be useful in instances of severe cataplexy. All medication for narcolepsy and rare disorders of EDS should be initiated after specialised investigation in the sleep department on consultant advice.