

ARE YOU TIRED?

Statistics:

- Affects 1 in 200 Americans
- Between 50% and 80% Remain Undiagnosed
- Symptoms Appear at age 10-25 some don't experience symptoms until age 35-45 or as late as age 55
- Affects men and women equally

Special points of interest:

- Narcolepsy is severely under-diagnosed.
- In order to be diagnosed with Narcolepsy, you must have a PSG and MSLT done.
- It can be very dangerous as it causes people to fall asleep at inopportune times such as when driving a car .
- The first and most common symptom is excessive daytime sleepiness.
- Narcolepsy can not be cured, but can be treated with drugs.
- Cataplexy is defined as brief episodes of muscle weakness or paralysis upon waking. It affects approximately 70% of people with narcolepsy.

Narcolepsy is a chronic neurological disorder caused by the brain's inability to regulate sleep-wake cycles normally. People with narcolepsy experience fleeting urges to sleep. People may involuntarily fall asleep while doing everyday activities; most dangerously, when driving an automobile.

Narcoleptic sleep episodes can be very disabling and dangerous.

SYMPTOMS:

Besides the presence of excessive sleepiness (EDS), which usually is the first symptom noted, the person suffering from narcolepsy may experience individualized patterns of REM sleep disturbances, cataplexy (see special points of interest), sleep paralysis and hallucination patterns. Only 10 to 25 percent of patients, however, display all four of these major symptoms. People with narcolepsy suffer from sleep apnea more often than the general population, although apnea is not a core feature of the disorder.

CAUSES:

Abnormalities in parts of the brain that regulate REM sleep appear to contribute to symptom development. People with Narcolepsy will reach REM sleep after only a few minutes of sleep.



TESTING:

Two tests are considered essential in confirming a diagnosis of narcolepsy: the polysomnogram (PSG) and the multiple sleep latency test (MSLT). The PSG is an overnight test that takes multiple measurements while a patient is asleep to document abnormalities in the sleep cycle. A PSG can help reveal whether REM sleep occurs at abnormal times in the sleep cycle. The MSLT is used to measure the time it takes from the start of a daytime nap period to the first signs of sleep. It is a series of nap studies that are performed primarily during the day and shortly after the sleep study.

TREATMENTS:

Drugs that stimulate the central nervous system are the primary treatment for narcolepsy. Modafinil (Provigil), a newer stimulant, isn't as addictive and doesn't produce the highs and lows often associated with older stimulants. Also, Doctors may prescribe anti-depressant medications, which suppress REM sleep, to help alleviate the symptoms of cataplexy, hypnagogic hallucinations and sleep paralysis. These medications include: protriptyline (Vivactil) and imipramine (Tofranil). Sodium oxybate (Xyrem) is another drug that controls cataplexy in people with narcolepsy. Sodium oxybate helps to improve nighttime sleep.

I HAVE NARCOLEPSY

"I knew since I was about 15 that something was wrong. Horrible daytime sleepiness, no energy, poor sleep, achiness and it was every day. I'm 48 and was diagnosed 1 1/2 years ago after many doctors blew off my symptoms including cataplexy (bad enough

that I've fallen off the porch and off chairs). I'm already on the max amount of the strongest drug, lots of side effects and no where to go. If I don't take the meds, at this point, I sleep about 20 hours a day." By: wakeupillsuzi

If you need more information see:

- www.remsleeplabs.com
- www.experienceproject.com
- www.ninds.nih.gov
- www.sleepdisorders.lifetips.com
- www.crescentlife.com
- www.mayoclinic.com