

REM Sleep Labs Inc.

VOLUME I

FAST FACTS

- Positive emotions, specifically laughter, are most predictive of triggering cataplectic events.
- According to the National Institutes of Health, Cataplexy is present in nearly 75% of patients with Narcolepsy. In the US, of a million people, it is expected that about 550 are narcoleptics with about 14 new cases a year.
- The first symptoms for narcoleptics most commonly start between the ages of 10 and 20, while cataplexy often develops a few years later.
- In a 24-hour period, cataplectic attacks usually occur between the hours of 10 am and 9 pm. Attacks can last from a few seconds up to ten minutes, and may occur up to several times per week [4-6].
- A survey of 100 cataplectic patients from the Stanford Sleep Disorders Clinic (age range 14-24 years) reported that 93 percent of the attacks lasted less than two minutes, 6 percent reported events lasting up to five minutes, and 0.94 percent reported events lasting longer than five minutes.

SLEEP LABS IN YOUR AREA:

- Aliso Viejo
- Tustin
- Torrance
- San Diego
- Westlake Village

What is Cataplexy and do YOU have it?

What is it?

Cataplexy is a medical condition which often affects people who have Narcolepsy, a disorder whose principal signs are EDS (Excessive Day-time Sleepiness), sleep attacks, sleep paralysis, hallucinations and disturbed night-time sleep as a result of an absence of the hypocretine neurotransmitter in the hypothalamus. Cataplexy manifests itself as muscular weakness which may range from a barely perceptible slackening of the facial muscles to the dropping of the jaw or head, weakness at the knees, or a *total collapse*. Usually the speech is slurred, vision is impaired (double vision, inability to focus), but *hearing and awareness* remain normal.

What causes these attacks?

Cataplexy is commonly triggered by strong emotions such as exhilaration, anger, fear, surprise, orgasm, awe, embarrassment, and laughter. Cataplexy may be partial or complete, affecting a range of muscle groups, from those controlling facial features to (less commonly) those controlling the entire body.

How is it diagnosed?

Cataplexy is rarely observed in an office visit, and even if it does occur, only a trained specialist who is familiar with the condition often notices it. The onset of cataplexy is associated with the absence of deep tendon reflexes that comes back with the return of normal muscle tone. This is a simple test that differentiates cataplexy from other drop-attacks. In cases where cataplexy is mild or triggered by unusual emotions, it can be difficult to define whether the patient's description of the experience reflected a true cataplectic episode, or

rather physiological muscle weakness associated with intense laughter or other activity. Questionnaires that are specifically focused on emotional triggers and anatomical localization of attacks can significantly differentiate definitive cataplexy from other nonspecific episodes of muscle weakness.



Sudden attacks can leave patients embarrassed in social settings or at work.

What are the forms of treatment?

There are no behavioral treatments for cataplexy. Despite its relation to narcolepsy, in most cases, cataplexy must be treated differently and separate medication must be taken. The subject is lucid during this attack and it is important to recognize that consciousness is always maintained at the onset of cataplexy. For many years, cataplexy has been treated with tricyclic antidepressants such as imipramine, clomipramine, or protriptyline. However, these can have unpleasant side-effects and so have been generally replaced by newer drugs such as venlafaxine, a more recent antidepressant. Xyrem, has been shown to treat not only cataplectic attacks, but in narcoleptics, it has also been shown to reduce daytime sleepiness.

For more information on Cataplexy or if you would like to inquire about getting tested, please visit www.remsleeplabs.com or www.scholarpedia.org

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