

Narcolepsy

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1 Narcolepsy is a chronic disorder characterized by excessive daytime sleepiness¹

The cause is a deficiency of the orexin (hypocretin) neuropeptide,¹ which regulates wakefulness. Narcolepsy negatively affects all aspects of patients' lives. The global prevalence is 25–50 per 100 000 people with typical onset during adolescence, although a second peak can occur at ages 30–39 years.¹

2 Cataplexy can occur in people with narcolepsy and is frequently misdiagnosed

Cataplexy is a phenomenon during wakefulness characterized by brief, sudden loss of muscle tone, often focal to the face or hands, without loss of consciousness; episodes are triggered by emotion.² Type 1 narcolepsy often includes a pentad of excessive daytime sleepiness, cataplexy, sleep paralysis, hallucinations while falling asleep and fragmented sleep.¹ Not all symptoms in the pentad may be present, and cataplexy is absent in type 2 narcolepsy.¹ Symptoms may be vague and may lead to poor school or job performance, relationship difficulties and worsened mood.¹ Although short naps are refreshing, excessive sleepiness recurs after several hours.

3 People with suspected narcolepsy should be referred to a sleep medicine physician

Thresholds for referral include symptoms persisting for more than 3 months or any episodes of cataplexy. Symptoms should not be better explained by another sleep disorder, medication or substance use, or mood disorder.²

4 Multiple sleep latency testing (MSLT) is the first-line diagnostic test

Diagnostic testing for narcolepsy includes overnight polysomnography followed by a next-day MSLT, which determines if the patient has an abnormal propensity to fall asleep and enter rapid eye movement (REM) sleep.³ The MSLT consists of providing 5 monitored daytime nap opportunities, scheduled 2 hours apart.³

5 Treatment is lifelong and requires adjustments with fluctuations in disease severity

Treatment includes optimizing napping and sleep hygiene;¹ patient and family education;¹ and wake-promoting, sleep-consolidating and cataplexy-suppressing medications.⁴ With treatment, many people with narcolepsy can regain near-normal function;⁵ they may be eligible to drive once symptoms have been controlled for 12 months.⁶

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