

This brochure is designed to help you understand the symptoms of narcolepsy, so you can discuss any symptoms you may be having with your sleep specialist.



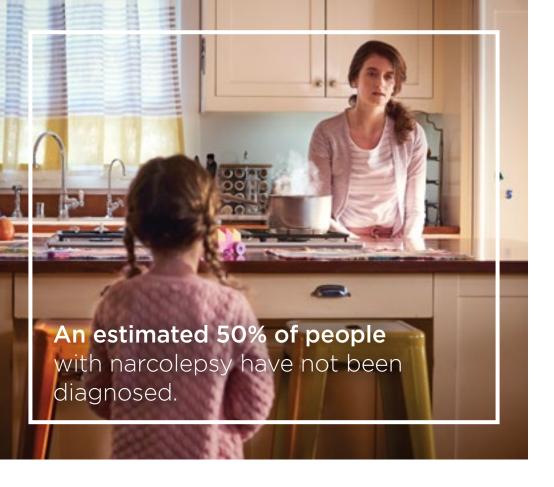


The **More Than Tired** campaign was created to help improve awareness, recognition, screening, and diagnosis of narcolepsy. By providing education, information, and resources for people who may be experiencing symptoms of narcolepsy, More Than Tired hopes to encourage and empower them to seek a diagnosis and get the help they need.

To learn more about narcolepsy and find a sleep specialist, visit MoreThanTired.com

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### **Overview of Narcolepsy**

Narcolepsy is a chronic, life-disrupting neurologic disorder (involving nerve cells and chemicals in the brain) in which the brain is not able to control sleep-wake cycles normally.

- Narcolepsy symptoms often start between ages 10 and 25
- Getting the right diagnosis can take more than 10 years
- Many disorders have some of the same symptoms
- People can have an average of 6 doctor visits before diagnosis

A narcolepsy diagnosis should be made by a sleep specialist, who will review your symptoms and conduct appropriate sleep laboratory testing.

#### The 5 Major Symptoms of Narcolepsy



**Excessive daytime sleepiness** makes you feel an irresistible urge to sleep during the day, making it hard to stay awake and alert.



**Cataplexy** is sudden muscle weakness triggered by strong emotions like embarrassment, laughter, surprise, or anger.



**Disrupted nighttime sleep** is when you often fall asleep quickly but wake up frequently during the night.



**Sleep paralysis** is a brief inability to move or speak while falling asleep or waking up.



Hypnagogic/hypnopompic hallucinations are vivid dreamlike experiences that seem real, are often frightening, and occur while falling asleep (hypnagogic) or waking up (hypnopompic).

These symptoms are described in more detail in this brochure. You don't need to have all of these symptoms to be diagnosed with narcolepsy. Likewise, having any of these symptoms doesn't necessarily mean that you have narcolepsy.

It is important to tell your sleep specialist about all your symptoms and all the medications you are taking. It may be helpful that he or she speaks with someone who knows you well. This person may notice subtle symptoms that you might not see yourself.

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### **Causes of Narcolepsy Symptoms**

#### **Normal Sleep and Wake States**

Stable sleep and wakefulness require the proper boundaries between the brain's wake- and sleep-promoting systems.

**Normal wake:** Wake has characteristics that do not normally occur during sleep, such as alertness and muscle control.

**Normal sleep:** Sleep has characteristics that do not normally occur during wake, such as dreaming and the inability to move most muscles while dreaming, which keeps us from acting out our dreams.

Normally, there are strong boundaries that keep the characteristics of one of these states from occurring in the other.

### **WAKE**

**SLEEP** 

#### **Abnormal Sleep and Wake States**

Narcolepsy is a chronic neurologic condition (involving nerve cells and chemicals in the brain) in which the brain is not able to control sleep-wake cycles normally.

**During the day:** Certain brain signals that promote wakefulness may be decreased, resulting in some of the symptoms of narcolepsy.

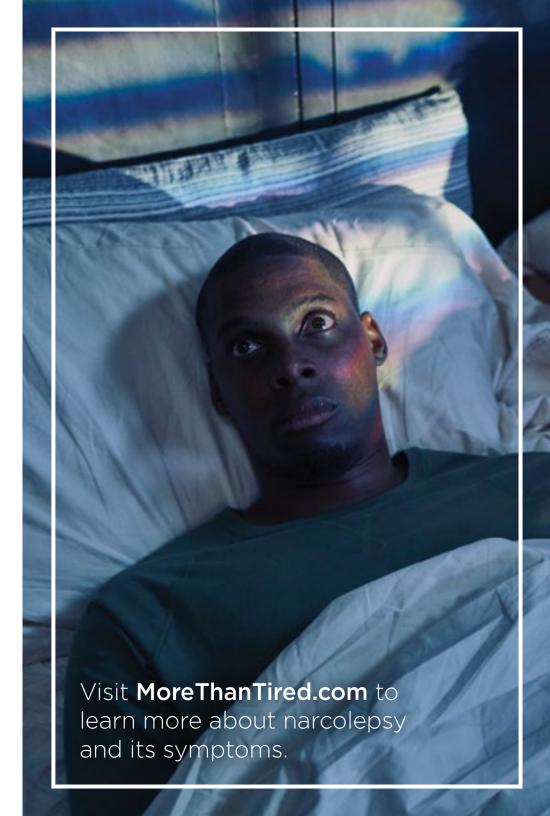
## WAKE

**SLEEP** 

**At night:** Characteristics of wakefulness can occur during sleep, causing frequent awakenings and poor-quality sleep.

### WAKE

SLEEP



### **Narcolepsy Symptoms**

#### **Excessive Daytime Sleepiness**

Excessive daytime sleepiness, or EDS, is the inability to stay awake and alert during the day, resulting in unintended lapses into drowsiness or sleep.

- Every patient with narcolepsy has EDS, and it is often the first symptom.
- When describing this symptom, patients may say that they:
- Have a hard time staying awake while doing everyday things
- Are tired or fatigued
- Have trouble concentrating or staying focused
- Are forgetful or have poor memory
- Have mood changes or get upset easily
- EDS may be disabling because of the high risk of falling asleep—or having a "sleep attack"—while you are doing everyday things, such as:
- Sitting and reading
- Riding in a car
- Stopped in traffic while driving a car
- Talking to someone
- You may take daytime naps, but these naps likely only help you feel refreshed for a short period of time.

#### THE EPWORTH SLEEPINESS SCALE (ESS)

can help rate your level of EDS. Take the ESS screener at MoreThanTired.com.

#### **Cataplexy**

Cataplexy is a sudden, brief loss of muscle strength or control triggered by strong emotions.

- Cataplexy may cause a sudden feeling of weakness.
- Cataplectic attacks are not the same in everyone.
- Usually, attacks affect only certain muscle groups, such as the arms, neck, or face. You may not even recognize these subtle attacks, but your friends or family may notice them.
- Less commonly, you can have weakness in your whole body and fall to the ground.
- The type of cataplexy attack experienced by one person is usually the same (eg, head dropping).
- Attacks are often triggered by:
- Sudden, strong emotions such as happiness, laughter, surprise, or anger
- Hearing or telling a joke
- These attacks usually last for only a short time—from a few seconds to several minutes.
- All people with cataplexy do not have the same number of attacks. For some people, they are rare. Other people have many attacks each day.

#### THE SWISS NARCOLEPSY SCALE (SNS)

can help find out if you have narcolepsy with cataplexy. Take the SNS screener at **MoreThanTired.com.** 

#### **Disrupted Nighttime Sleep**

It's normal to wake up during the night once in a while. But when you have disrupted sleep associated with narcolepsy, it means you often fall asleep quickly but wake up frequently throughout the night.

- With disrupted nighttime sleep, you may:
- Fall asleep easily but have trouble staying asleep for long periods of time
- Report poor-quality sleep

#### **Sleep Paralysis**

Sleep paralysis is the brief inability to move or speak while falling asleep or waking up. This can be a distressing or terrifying experience.

During sleep paralysis, you can experience:

- Eye fluttering
- Moaning
- Limb numbness or tingling
- Rapid or strong heartbeat
- Sweating
- Sensation of struggling to move
- Chest pressure
- Difficulty breathing

Episodes usually last seconds to minutes and can end by themselves or from being touched, shaken, or spoken to, or after trying hard to move.

Sleep paralysis sometimes accompanies hypnagogic or hypnopompic hallucinations, other symptoms of narcolepsy.

#### Hypnagogic/Hypnopompic Hallucinations

Hypnagogic hallucinations are vivid dreamlike experiences that occur while you are falling asleep. When they occur while waking up, they are called hypnopompic hallucinations.

- These hallucinations may be mistaken for nightmares.
- These hallucinations may also occur with "sleep paralysis."
- You may have experiences such as:
- Hearing sounds or words when drifting off to sleep
- Having a strong feeling that someone or something is in the room
- Seeing people or creatures near you or even lying in your bed
- These events are usually frightening or disturbing.
- Anyone can have one of these hallucinations at some time in his or her life. However, if you have them regularly, it could be a sign of narcolepsy.

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### **Getting a Diagnosis**

#### What Else Will Your Sleep Specialist Want to Know?

Your sleep specialist will likely ask you many questions to find out about and understand all your symptoms. You may also be asked to complete a screener.

To determine whether you have narcolepsy, your sleep specialist will likely perform sleep laboratory testing in addition to taking a detailed history of your health and symptoms. The sleep tests used to diagnose narcolepsy are not performed at your home and generally require an overnight stay at a sleep laboratory.

#### 2 Tests Used to Diagnose Narcolepsy



Polysomnography (PSG): PSG is performed during an overnight stay in a sleep lab.

 Records brain waves, blood oxygen level, heart rate, breathing, and eye and leg movements while you are asleep



**Multiple sleep latency test (MSLT):** An MSLT is performed the morning following a PSG.

- Used to diagnose narcolepsy and to measure your degree of daytime sleepiness
- You will be asked to nap for 20 minutes every 2 hours throughout the day
- Measures how quickly you fall asleep during the day and how quickly and how often you enter rapid eye movement (REM) sleep

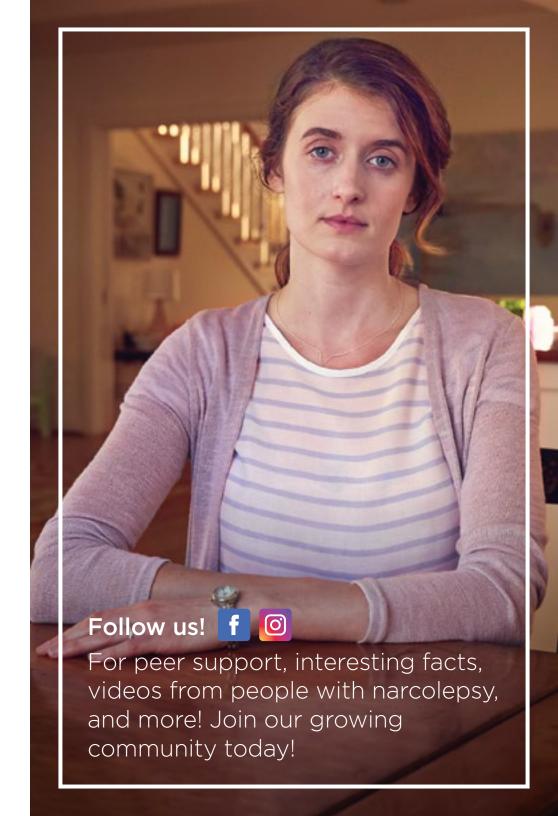


### **Questions to Ask the Sleep Specialist**

Below are a few key questions to discuss with the sleep specialist. You may have additional questions or concerns that you want to address at your visit. Be sure to write down all the questions, concerns, or expectations you have and share them at your visit.

- What causes narcolepsy and its symptoms?
- What do my ESS and SNS scores mean? (Take a screener at MoreThanTired.com and bring your scores to your visit)
- How is narcolepsy diagnosed?
- How do narcolepsy symptoms differ among different people?
- What is the difference between narcolepsy type 1 and type 2?
- How does cataplexy differ among different people?
- What else do I need to know about narcolepsy?

Visit **MoreThanTired.com** and download the Narcolepsy Conversation Starter to help you have a more informed discussion with a sleep specialist.





# Visit MoreThanTired.com for more information about narcolepsy

- Take a screener
- Find a sleep specialist near you and set up an appointment
- Watch videos of patients talking about their experiences with narcolepsy symptoms
- Access links to other websites containing information about narcolepsy