

Assessing Ongoing Symptoms in Your Patients With Narcolepsy

Narcolepsy impacts approximately 165,000 people in the US, but recognizing ongoing symptoms may be challenging.¹⁻⁴

The questions on the following pages may help you evaluate how excessive daytime sleepiness (EDS) or cataplexy may be interfering with your patients' daily lives.



[Learn more](#) about EDS and cataplexy

Excessive Daytime Sleepiness (EDS)

ICSD-3 diagnostic criteria for narcolepsy describe various manifestations of EDS that may interfere with patients' daily lives.^{4,5}

- Inability to stay awake and alert⁴
- Lapses in vigilance or concentration⁴
- Irrepressible need for sleep⁴
- Unintended lapses into drowsiness or sleep⁴

Ask your patients:

Do you...



Fight to stay awake and alert throughout the day?⁴



Feel a constant need to sleep that you just can't shake?⁴



Feel likely to doze off in everyday situations, like when you are at work, or riding in a car?^{4,6}



Wake up feeling refreshed, but it doesn't last?⁴

If your patients answer yes to any of these questions...

Consider using the Epworth Sleepiness Scale (ESS) to assess their daytime sleep propensity.⁶



The AASM recommends assessing sleepiness with a validated scale, such as the ESS, at every visit and documenting any change from baseline.^{7,8}

Cataplexy

Cataplexy occurs in up to two-thirds of people with narcolepsy, but manifestations may differ widely among patients.^{4,9}

Research indicates that involvement of facial muscles is an early and reliable marker of cataplexy in patients with narcolepsy, regardless of age.^{10,11}

- Abrupt interruption of smile or facial expression
- Drooping of eyelids (ptosis)
- Facial hypotonia
- Mouth opening
- Tongue protrusion
- Positive motor phenomena (facial jerks, grimaces)

Ask your patients:

Do you...



Experience sudden periods of muscle weakness with strong emotions or certain situations?^{4,11}



Notice weakness in your face or neck, like mouth opening or droopy eyelids?^{4,10}



Ever feel your knees buckle or give out?¹²



Sometimes drop things or feel clumsy?^{3,12}

If your patients answer yes to any of these questions...

Talk to them about what cataplexy is and assess how cataplexy might be affecting their daily lives.



Psychophysiological studies suggest that people with narcolepsy may suppress their own emotions to avoid triggering cataplexy.^{13,14}



Talk to your patients with narcolepsy about how their symptoms like **excessive daytime sleepiness (EDS)** or **cataplexy** are affecting them

Access the ESS and additional resources

References

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