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Dr. Dacelin St. Martin
Sleep Clinic of America
1980 N. Prospect Ave.
Lecanto, FL 34461
(352) 527-6673

Sleep Attacks...and How to Fight Back

Everyone has a sleepy day now and then, but ongoing excessive sleepiness is cause for concern, and needs to be discussed with your physician. Full disclosure of sleep habits and experiences are an important part of the diagnosis process. Often patients don't realize that one little annoying symptom that isn't disclosed could have been a defining factor in their diagnosis of a specific sleep disorder. This is especially true in the case of people with narcolepsy. Narcolepsy is a chronic sleep disorder that affects approximately one in every two-thousand people. Narcolepsy is made up of sleep attacks, cataplexy, sleep paralysis, and occasional hallucinations.

Sleep attacks are a major component to a diagnosis of narcolepsy, occurring several times daily for narcoleptics that are not receiving treatment. People without narcolepsy fall asleep in stages, moving from a lighter sleep known as NREM to the deepest level of sleep where dreams occur (REM). Narcoleptics tend to either spend only a few minutes in NREM or fall directly into REM, which is what causes sleep attacks. In some circumstances, normally while doing something repetitive or second-nature, narcoleptics will continue functioning during a sleep attack, an occurrence known as automatic behavior. This may seem to be an enviable trait to some, but performance during a sleep attack will drop significantly. A person with narcolepsy that uses automatic behavior will wake up with no memory of the time that they were asleep.

About seventy percent of narcoleptics experience cataplexy as a symptom. Cataplexy is a sudden loss of muscle functioning, often occurring during times of intense emotion, especially laughter. Examples of cataplexy range from a simple drooping head

or eyelids to dropping things or collapsing. A narcoleptic that is sleep deprived will suffer from cataplexy much more often, and it will often be more severe. Cataplexy often develops well after the initial onset of the sleepiness associated with narcolepsy.

Two other symptoms that are associated with narcolepsy are sleep paralysis and hallucinations. Sleep paralysis is similar to the temporary paralysis of the human body during REM sleep, only it occurs just before a person falls asleep or directly after they wake up. Sleep paralysis lasts for around a minute, and can be alarming. A person experiencing sleep paralysis may be conscious but completely unable to move or speak. While sleep paralysis is a symptom of narcolepsy it can also appear in people without narcolepsy. Hallucinations occur in much the same way as sleep paralysis, appearing just before or just after sleep. Hypnagogic hallucinations are what occur just before the body falls asleep, and hypnopompic hallucinations are experienced as one wakes up. As narcoleptics sometimes slip instantly into REM sleep, where dreams occur, the body sometimes begins dreaming before it is entirely asleep, causing the narcoleptic to experience their dreams vividly as reality. Approximately twenty to forty percent of narcoleptics experience these hallucinations. In some cases, a narcoleptic will experience sleep paralysis and hallucinations at the same time, a terrifying event for the narcoleptic.

The actual cause of narcolepsy is a mystery. Men and women are equally affected by narcolepsy, and symptoms normally start to appear between the ages of seven and twenty-five. Diagnosis is often delayed by 10 or more years. About ten percent of people with narcolepsy have a close relative that also has it, but in most cases, narcolepsy simply appears. It is suspected that narcolepsy originates due to illness, hormonal changes, or an autoimmune disorder. Research has recently linked narcolepsy with low levels of the protein hypocretin in the brain. This has sparked theories that narcolepsy is actually an autoimmune disorder, meaning that the brain is attacking the body's hypocretin-producing cells for some unknown reason.

Narcolepsy is normally diagnosed through sleep studies. The multiple sleep latency test (MSLT) and the polysomnogram (PSG) tests are given to patients in a

standard sleep study facility. A PSG test monitors a patient overnight and records any and all abnormalities in the patient's sleep cycle. This test eliminates the possibility that the patient's sleepiness could be caused by another disorder such as sleep apnea. The MSLT test is given during the day, monitoring the patient's tendency to slip into REM sleep throughout the course of the day. During this test, the patient must take short naps every two hours. The normal sleep latency is twelve minutes, and if the patient's latency is at eight minutes or less, narcolepsy is suggested. Also, if the patient was to enter REM sleep during two or more of the scheduled naps, he or she has narcolepsy

Narcolepsy is treated by a variety of medications, but, while the medications help to keep patients awake, they do not actually eliminate all symptoms at all times. Many narcoleptics make it a priority to take a few short naps throughout the course of the day. It is also recommended that narcoleptics avoid alcohol and caffeine at night, avoid smoking, maintain a normal sleep schedule, keep a comfortable sleeping environment, and take measures to relax before bed. Exercise is also recommended, as it improves sleep quality and can help narcoleptics to lose or keep off those extra pounds that can be gained with the disorder.

Narcolepsy is a devastating disorder without treatment, but with a proper diagnosis, medication and steady sleep schedules, most narcoleptics can lead a happy and normal life.

Dr. Dacelin St. Martin is board-certified in sleep, internal, and pediatric medicine. He is the medical director of the "Sleep Clinic of America" in Lecanto, which is accredited by the American Academy of Sleep Medicine. If you have any questions, contact him at Sleep Clinic of America, 1980 N. Prospect Ave., Lecanto, FL 34461, call 352-52SNORE (527-6673), or visit www.SleepClinicAmerica.com.