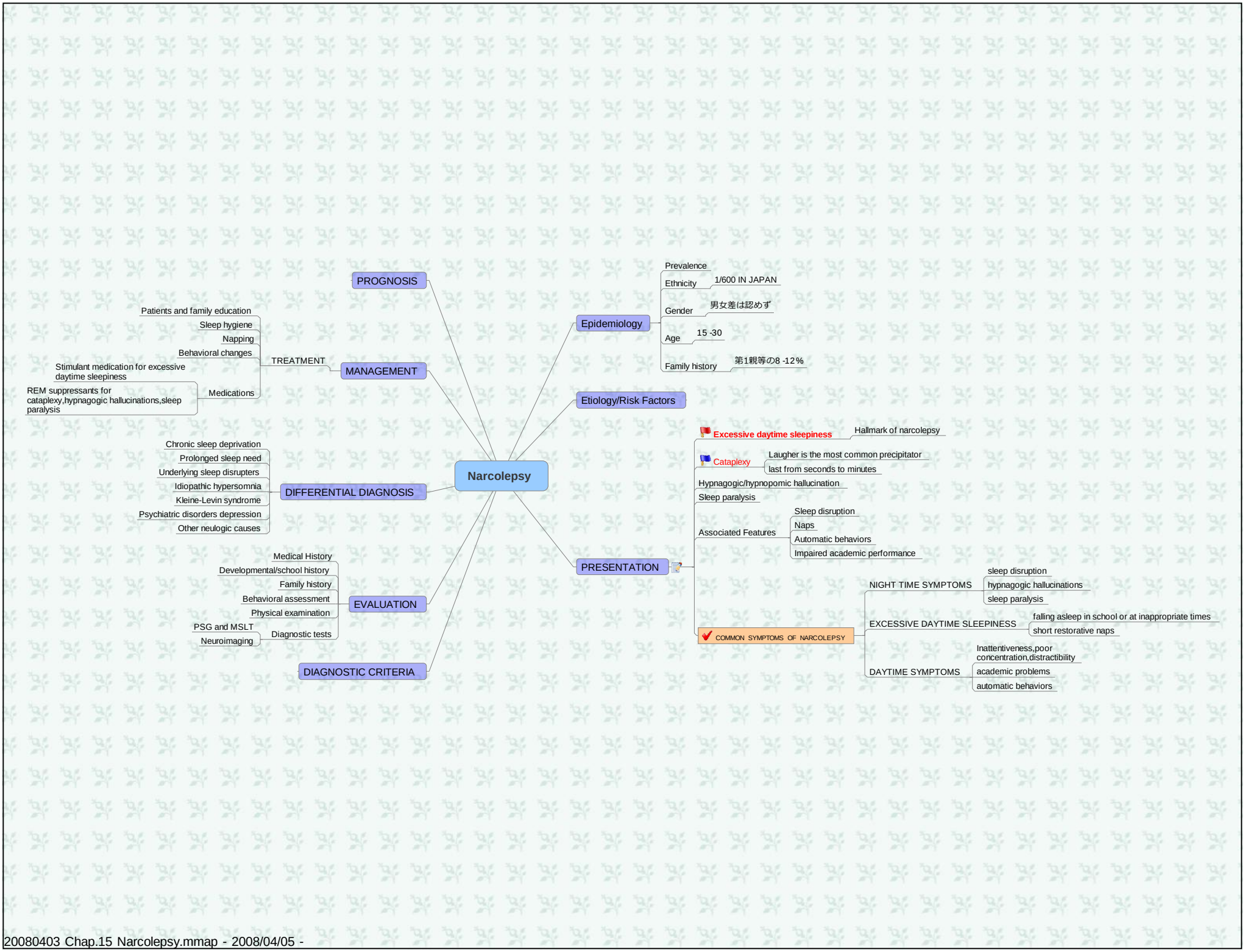
Narcolepsy
PROGNOSIS
MANAGEMENT
TREATMENT
Patients and family education
Sleep hygiene
Napping
Behavioral changes
Stimulant medication for excessive daytime sleepiness
Medications
REM suppressants for cataplexy,hypnagogic hallucinations,sleep paralysis
DIFFERENTIAL DIAGNOSIS
Chronic sleep deprivation
Prolonged sleep need
Underlying sleep disrupters
Idiopathic hypersomnia
Kleine-Levin syndrome
Psychiatric disorders depression
Other neulogic causes
EVALUATION
Medical History
Developmental/school history
Family history
Behavioral assessment
Physical examination
Diagnostic tests
PSG and MSLT
Neuroimaging
DIAGNOSTIC CRITERIA
Epidemiology
Prevalence
Ethnicity
1/600 IN JAPAN
Gender
男女差は認めず
Age
15 -30
Family history
第1親等の8 -12%
Etiology/Risk Factors
PRESENTATION
Excessive daytime sleepiness
Hallmark of narcolepsy
Cataplexy
Laugher is the most common precipitator
last from seconds to minutes
Hypnagogic/hypnopomic hallucination
Sleep paralysis
Associated Features
Sleep disruption
Naps
Automatic behaviors
Impaired academic performance
COMMON SYMPTOMS OF NARCOLEPSY
NIGHT TIME SYMPTOMS
sleep disruption
hypnagogic hallucinations
sleep paralysis
EXCESSIVE DAYTIME SLEEPINESS
falling asleep in school or at inappropriate times
short restorative naps
DAYTIME SYMPTOMS
Inattentiveness,poor concentration,distractibility
academic problems
automatic behaviors