Introduction

Narcolepsy and Excessive Daytime Sleepiness: From the Bench to the Bedside

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Narcolepsy is a chronic, neurologic sleep disorder resulting from the dysregulation of sleep-wake cycles.[1,2] Narcoleptic patients experience excessive daytime sleepiness, cataplexy, sleep paralysis, and hypnagogic hallucinations. Narcolepsy is about as prevalent as multiple sclerosis, and can be as disabling in its consequences,[3] yet it is underrecognized and underdiagnosed. Because (narcoleptic) undesired sleep episodes can occur at any time, they have severe detrimental effects on daily functions, safety, and work. Patients may fall asleep involuntarily while at work or school, during social activities, or while driving or operating hazardous machinery.[1] Suffering many psychosocial and work-related problems, narcoleptic patients face a lifetime of poorer health and quality of life than people without narcolepsy (Figure 1).[3,4] Whereas no cure is available for narcolepsy, treatment of its symptoms can help minimize its harmful effects.

Although the exact etiology of narcolepsy is still mostly unknown, clinical understanding of the underlying causes, as well as treatment options, have increased in the last decade. This supplement will review the epidemiology, diagnosis, pathophysiology, pharmacology, and treatment strategies for narcolepsy and is intended to provide a current, evidence-based examination of narcolepsy from "the bench to the bedside."

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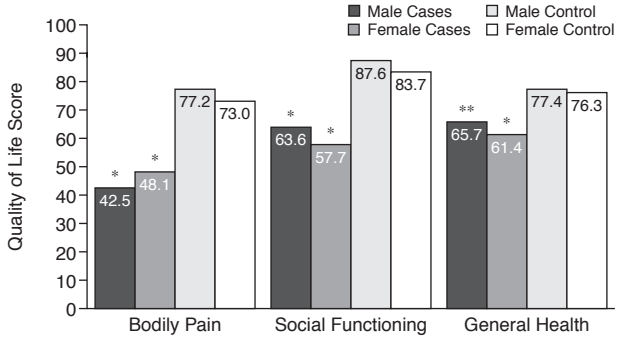
Figure 1. Negative Effect of Narcolepsy on Quality of Life Domains[a]



[a]Reprinted with permission from Ervik et al.[4] Health-related quality of life for 77 Norwegian patients who had narcolepsy with cataplexy (male, n = 22; female, n = 55) was compared with data from the general population (male, n = 1072; female, n = 1111). Health-related quality of life was assessed with the Medical Outcomes Study Short Form-36 survey (SF-36). Men and women with narcolepsy had lower scores in all SF-36 domains, except vitality.
*p = .0001.
**p = .04.

