

# Assessing Ongoing Symptoms in Your Patients With Narcolepsy



Narcolepsy impacts approximately

**170,000**  
people in the US,

but recognizing ongoing symptoms  
may be challenging<sup>1-4</sup>

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

[Learn more](#) about EDS and cataplexy

# Excessive Daytime Sleepiness

EDS may manifest in different ways and interfere with patients' daily lives<sup>4,5</sup>

- Inability to stay awake and alert throughout the day<sup>4</sup>
- Lapses in concentration<sup>4,6</sup>
- Patients may describe as "tiredness" or "fatigue"<sup>4,6</sup>
- Constant need for sleep<sup>4</sup>
- Unintended lapses into drowsiness or sleep<sup>4</sup>
- Automatic behaviors associated with microsleep episodes (eg, writing gibberish)<sup>4,7</sup>

## Ask your patients: Do you...



Fight to stay awake and alert throughout the day?<sup>4</sup>



Feel a constant need to sleep that you just can't shake?<sup>4</sup>



Feel like you'll doze off in everyday situations, like when you're at work, or riding in a car?<sup>4,8</sup>



Wake up feeling refreshed, but it doesn't last?<sup>4</sup>

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

**Consider using the Epworth Sleepiness Scale (ESS)  
to assess their daytime sleep propensity<sup>8</sup>**



**The AASM recommends assessing sleepiness with a validated scale, such as the ESS, at every visit and documenting any change from baseline<sup>9,10</sup>**

# Cataplexy

Cataplexy occurs in up to two-thirds of people with narcolepsy, but manifestations may differ widely among patients<sup>4,11,12</sup>

Examples of cataplexy may include:

- Drooping of the eyelids<sup>13</sup>
- Muscle weakness in the face or neck<sup>4,13</sup>
- Mouth opening or tongue sticking out<sup>13</sup>
- Facial jerks/grimaces<sup>4,13</sup>
- Knee buckling<sup>4,14</sup>
- Patients may describe as “losing muscle control,” “clumsiness,” or loss of grip<sup>3,14,15</sup>

## Ask your patients: Do you...



Experience sudden periods of muscle weakness with strong emotions or in certain situations?<sup>4,16,17</sup>



Notice weakness in your face or neck, like jaw sagging or eyelids drooping?<sup>4,13</sup>



Ever feel your knees buckle or give out?<sup>4,18</sup>



Sometimes drop things or feel clumsy?<sup>3,18</sup>

*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 with cataplexy may suppress their own emotions to avoid triggering cataplexy<sup>19,20</sup>



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

[Find tips](#) for living with narcolepsy to share with your patients

## References

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