

# Clinical Interview Strategies for Identifying Ongoing Symptoms

## Assessing excessive daytime sleepiness (EDS) in your patients with narcolepsy



EDS can cause changes in wakefulness that may be difficult to recognize.<sup>1,2</sup> People with EDS may use vague terms to describe their sleepiness, such as being “tired all the time,” “fatigue,” a “lack of energy” or that they have “brain fog.” They may not recognize the extent of their sleepiness and may even deny being sleepy.<sup>1</sup> However, even less obvious manifestations of EDS can have a substantial impact.<sup>2,3</sup>

### Listen carefully, and evaluate for:



#### Characteristics<sup>1,4</sup>

- How often do you experience EDS?
- Since it started, has there been any freedom from EDS?



#### More obvious EDS manifestations<sup>5</sup>

- How often do you need to take naps during the day?
- Do you ever fall asleep without warning?
- How long do planned or unplanned naps last?
- Do you ever do things or have conversations with people and not remember them happening?



#### Less obvious EDS manifestations<sup>1,3,5</sup>

- How would you describe what sleepiness feels like to you?
- Do you experience fatigue?
- Have you had any difficulties with your mood, like irritability?
- Do you find you have trouble remembering things or concentrating?



#### Propensity for sleepiness or dozing in different situations<sup>1,5,6</sup>

- Do you tend to experience EDS when you are sitting still/inactive?
- Do you ever experience EDS in more active situations, like when you are talking or eating?



#### Impact of EDS<sup>1,5</sup>

- Are there activities you avoid because of your EDS?
- How has EDS affected your daily life?
- What is the impact of EDS on your quality of life?

### CONSIDER THIS

It is important when talking to your patients about their sleepiness to take into account the perspectives of family members and friends.<sup>1</sup>

# Assessing cataplexy in your patients with narcolepsy



Cataplexy can be difficult to recognize in clinical settings.<sup>5,7</sup> Patients may not report having cataplexy because they may not realize their muscle weakness is not a normal experience.<sup>8,9</sup> Cataplexy may also appear years after the onset of excessive daytime sleepiness, so it is important to explore cataplexy with patients on more than one occasion.<sup>3,10</sup>

The severity of cataplexy is multifaceted and should not be based solely on the clinical features of cataplexy attacks themselves.<sup>8</sup> It is also important to consider psychosocial consequences and limitations on daily life that may occur as a result of cataplexy.<sup>11</sup>

## Listen carefully, and evaluate for:



### Pattern of muscle weakness<sup>3,5,8,12-14</sup>

- Do you ever experience any complete attacks of collapse?
- Do your knees ever buckle or give out?
- Do you experience any sagging or muscle weakness in your face or neck, like slurred speech, sagging of the jaw, or head dropping?
- Do you feel like you are clumsy or drop things a lot?
- Do you ever feel any odd muscle sensations, like tingling or twitching?



### Emotional triggers<sup>5,7,8</sup>

- Do you ever experience muscle weakness with certain emotions?
- What types of emotions trigger your cataplexy? Happiness? Laughter/humor? Anger? Excitement? Stress or anxiety? Tension? Anticipation? Embarrassment?



### Situational triggers<sup>5,7,8</sup>

- Do you ever experience muscle weakness when you are in certain situations?
- What types of situations trigger your cataplexy? Telling or hearing a joke? Making a witty remark? Being tickled? Being the center of attention? Unexpectedly encountering a friend or acquaintance? Being startled? Remembering happy or emotional events? Intimate moments? Romantic thoughts or moments? Experiencing an orgasm?



### Impact of cataplexy<sup>8,14</sup>

- Do you ever suppress your emotions or are withdrawn from family and friends?
- Do you avoid situations that may trigger a cataplexy attack?

## CONSIDER THIS

During clinical evaluation, including someone who knows the patient well can help as this person may have noticed less obvious signs of cataplexy.<sup>5,7</sup>

Visit [KnowNarcolepsyhcp.com](https://www.knownarcolepsyhcp.com) for more tools and resources

**References:** 1. Ahmed IM, Thorpy MJ. In: Thorpy MJ, Billiard M, eds. *Sleepiness: Causes, Consequences and Treatment*. Cambridge, UK: Cambridge University Press; 2011:36-47. 2. Overeem S et al. *Sleep Med Clin*. 2012;7:263-281. 3. Thorpy M, Morse AM. *Sleep Med Clin*. 2017;12(1):61-71. 4. Thorpy MJ, Dauvilliers Y. *Sleep Med*. 2015;16(1):9-18. 5. American Academy of Sleep Medicine. 3rd ed. Darien, IL: *American Academy of Sleep Medicine*; 2014. 6. Johns M, Hocking B. *Sleep*. 1997;20(10):844-849. 7. Anic-Labat S et al. *Sleep*. 1999;22(1):77-87. 8. Overeem S. In: Baumann CR, Bassetti CL, Scammell TE, eds. *Narcolepsy: Pathophysiology, Diagnosis, and Treatment*. Springer-Verlag New York; 2011:283-290. 9. Heidebreder A et al. *Curr Treat Options Neurol*. 2020;22:13. 10. Sturzenegger C, Bassetti CL. *J Sleep Res*. 2004;13(4):395-406. 11. Maski K et al. *J Clin Sleep Med*. 2017;13(3):419-425. 12. Dauvilliers Y et al. *Nat Rev Neurol*. 2014;10(7):386-395. 13. Pelayo R, Lopes MC. *Narcolepsy*. In: Lee-Chiong, TL, ed. *Sleep: A Comprehensive Handbook*. Hoboken, NJ: John Wiley & Sons; 2006:145-149. 14. Overeem S et al. *Sleep Med*. 2011;12(1):12-18. 15. Broughton R et al. *Can J Neurol Sci*. 1981;8(4):299-304.



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