

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.^{1,2} 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.¹ However, even less obvious manifestations of EDS can have a substantial impact.^{2,3}

Listen carefully, and evaluate for:



Characteristics^{1,4}

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



More obvious EDS manifestations⁵

- 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^{1,3,5}

- 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^{1,5,6}

- 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^{1,5}

- 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.¹

Assessing cataplexy in your patients with narcolepsy



Cataplexy can be difficult to recognize in clinical settings.^{5,7} Patients may not report having cataplexy because they may not realize their muscle weakness is not a normal experience.^{8,9} 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.^{3,10}

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

Listen carefully, and evaluate for:



Pattern of muscle weakness^{3,5,8,12-14}

- 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^{5,7,8}

- 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^{5,7,8}

- 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^{8,14}

- 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.^{5,7}

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

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