Hypersomnia - Hypersomnolence

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Hypersomnia, also known as hypersomnolence, refers to a condition of excessive sleepiness, which inhibits the ability of an individual to participate in everyday activities as normal. The symptoms most commonly present during adolescence or early adulthood, although an individual can develop symptoms of hypersomnia at any age.

Symptoms

The defining symptom of hypersomnia is excessive sleepiness during the day, which makes it difficult for individuals to stay awake and compels them to take frequent naps that provide little relief. Patients typically sleep for more than 10 hours each night but continue to have difficulty waking up and feel drowsy and confused in the morning.

The frequent daytime napping can disrupt everyday activities and can be dangerous in some instances, such as when the individual is driving. The naps can also interfere with social commitments or performance at work or in studies. The drowsiness can affect energy levels and have a negative effect on memory and cognition.

Resulting from this, many patients develop secondary symptoms related to mental health, such as anxiety or depression.

Causes

Hypersomnia can present as a result of various underlying health conditions and other causes, including:

- Narcolepsy
- Sleep apnea
- Restless legs syndrome
- Sleep deprivation
- Depression
- Tranquilizer medication use
- Drug or alcohol misuse

Idiopathic or primary hypersomnia refers to symptoms of excessive sleepiness without an underlying cause and despite getting adequate sleep at nighttime.

Diagnosis

When an individual presents with symptoms that may be indicative of hypersomnia, it is useful to gather information about their sleeping habits to aid diagnosis.

A sleep diary is a useful tool for the patient and health practitioner to record information about sleeping habits. This may include information about the duration and quality of sleep at night, and the frequency of naps or the desire to nap during the day.

There are also a number of tests that can be carried out with the help of a sleep specialist to investigate the cause and characteristics of the condition.

- A polysomnography is a nighttime sleep test that monitors the sleep patterns of an individual over the course of an entire night. This is useful in the differential diagnosis to rule out other conditions, such as narcolepsy or sleep apnea.
- A multiple sleep latency test monitors the time to fall asleep and stay asleep when an individual is asked to take several naps throughout the day. A patient with hypersomnia can readily fall asleep during the day, usually in less than eight minutes.

Idiopathic hypersomnia is distinct from narcolepsy, as it is not associated with loss of muscle control with strong emotions or vivid dreams and hallucinations. Additionally, daytime naps do not provide any lasting relief from symptoms.

Management
Adequate management of hypersomnia is essential to reduce the symptoms of the condition and increase the quality of life of the individual.

As most individuals with hypersomnia have good sleeping habits and get adequate sleep at night, lifestyle changes to improve symptoms are not usually effective. Nonetheless, patients should make sure to avoid consuming caffeine, alcohol or nicotine close to bedtime and maintain a regular sleep schedule.

If hypersomnia symptoms present secondary to an underlying cause or health condition, this should be managed first. For example, antidepressants can help to manage emotional or psychological problems that may interfere with sleep. In some cases, this provides effective relief alone, although further techniques may be required.

While there are no medications targeted for the treatment of idiopathic hypersomnia, several medications used in the management of other sleeping disorders such as narcolepsy can be effective.

Stimulant medications such as modafinil, dexamphetamine and methylphenidate can help to increase alertness and reduce drowsiness during the day. Flumazenil is an emerging treatment for hypersomnia, although further research in this area is required.

References
- https://www.sleepassociation.org/patients-general-public/hypersomnia/

Further Reading
- Hypersomnia Management

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