RECENT ADVANCES IN THE TREATMENT AND MANAGEMENT OF EXCESSIVE DAYTIME SLEEPINESS

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ABSTRACT

Excessive daytime sleepiness (EDS) is a prevalent complaint among patients in psychiatric care. Patients with conditions of EDS have often been misdiagnosed with depression due to their complaints of lack of energy, poor concentration, memory disturbance, and a reduced interest in life. Impaired alertness associated with EDS can be detrimental to a person's quality of life by causing decreased work performance, self-consciousness, low self esteem, and social isolation. Excessive sleepiness is also associated with various health problems, comorbid medical and psychiatric conditions, and fatal accidents occurring after the driver has fallen asleep at the wheel. Contributing factors leading to EDS range from insufficient sleep hours to central nervous system-mediated debilitating hypersomnolence. Circadian rhythm disorders, sleep disorders such as obstructive sleep apnea and narcolepsy, and medications that cause sleepiness may also contribute to symptoms of EDS. Recognition of the symptoms of sleep deprivation is essential, as many such patients do not have a clear awareness of their own sleepiness. Treatment options, depending upon the condition, include light therapy or appropriate airway management techniques such as nasal continuous positive airway pressure (CPAP). Occasionally, wakefulness-promoting medications are necessary, particularly in patients with narcolepsy.

In this expert roundtable supplement, Stephen P. Duntley, MD, reviews the definition and prevalence of EDS and discusses the contributing factors and consequences of daytime sleepiness. Next, Richard K. Bogan, MD, FCCP, gives an overview of the differential diagnosis of EDS and the assessment tools available for identifying sleepiness in symptomatic patients. Finally, Mary B. O'Malley, MD, PhD, reviews treatment of EDS, including counseling on sleep hygiene and duration of sleep, mechanical treatments, bright-light therapy, and wake-promoting medications.

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CNS Spectrums' editorial mission is to address relevant neuropsychiatric topics, including the prevalence of comorbid diseases among patients, and original research and reports that emphasize the profound diagnostic and physiologic connections made within the neurologic and psychiatric fields. The journal's goal is to serve as a resource to psychiatrists and neurologists seeking to understand and treat disturbances of cognition, emotion, and behavior as a direct consequence of central nervous system disease, illness, or trauma.

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Accreditation Statement

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This activity has been peer reviewed and approved by Eric Hollander, MD, Klingenstein Chair of Psychiatry at The Mount Sinai School of Medicine. Review Date: January 5, 2007.

Statement of Need and Purpose

Excessive daytime sleepiness (EDS) is a prevalent problem in medical practice and in society that is associated with profound physical, mental, and social effects. Hypersomnia includes a group of disorders in which EDS is the primary complaint. Classification of the sleep disorders is necessary to improve understanding of the symptoms, etiology, pathophysiology, and treatment of impaired alertness. Impaired alertness due to poor sleep quality can be remedied with appropriate treatment. The understanding of the sleep state has increased exponentially, and sleep medication is now safer. Tricylic antidepressants, selective serotonin reuptake inhibitors, and a combination of agents have been used to treat narcolepsy. The recent availability of sodium oxybate represents a significant advance in the treatment of narcolepsy. Clinicians need to be aware of current advances in sleep research to effectively manage and treat this complex patient population.

Target Audience

This activity is designed to meet the educational needs of psychiatrists and neurologists.

Goal of the Activity

- To provide physicians with an understanding of the scope of the problem of excessive daytime sleepiness (EDS) and provide them with essential information on the evaluation and treatment of conditions contributing to this problem.

Learning Objectives

- Review the pathophysiology, causes, and consequences of excessive daytime sleepiness (EDS).
- Discuss evaluation methods and differential diagnosis of sleep disorders associated with EDS.
- Recognize the importance of comorbid management of EDS with psychiatric and medical disorders.
- Evaluate the safety and efficacy of current treatment options for EDS.

Faculty Disclosures

Jed Black, MD, has received research support from Cephalon and Jazz Pharmaceuticals; and honoraria for lectures, papers, and/or teaching from Boehringer-Ingelheim, GlaxoSmithKline, and Takeda.

Richard K. Bogan, MD, FCCP, is a consultant to Cephalon, GlaxoSmithKline, and Jazz Pharmaceuticals; is on the speaker's bureaus of Boehringer Ingelheim, Cephalon, GlaxoSmithKline, King, sanofi-aventis, Sepracor, and Takeda; has conducted industry-funded research for Alza, Arena, AstraZeneca, Boehringer Ingelheim, Cephalon, Eli Lilly, Evotec, GlaxoSmithKline, Jazz Pharmaceuticals, Merck, Neurogen, Novartis, Pfizer, sanofi-aventis, Schwarz, Sepracor, Takeda, Vanda, and Xenoport; and owns stock in SleepMed.

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Mary B. O'Malley, MD, PhD, is a consultant/advisor to and receives honoraria for lectures, papers, and/or teaching from Cephalon.

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Peer Reviewers

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David L. Ginsberg, MD, receives honoraria for lectures, papers, and/or teaching from AstraZeneca and GlaxoSmithKline.

To Receive Credit for this Activity

Read this supplement, reflect on the information presented, and complete the CME quiz and evaluation on pages 15 and 16. To obtain credit, you should score 70% or better.

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The estimated time to complete this activity is 1 hour.