

Table 23-1  
**Clinical Features of Narcolepsy**

*Excessive Daytime Sleepiness*

- Initial symptom
- Refreshing sleep attacks
- Naps involve dreams
- Occur during rest or activity

*Cataplexy*

- Usually occurs after onset of excessive daytime sleepiness
- Rapid onset and offset with good memory of the event
- Sparring of the diaphragm and ocular muscles

*Hypnagogic and Hypnopompic Hallucinations*

- Tend to diminish with age
- Vivid visual or auditory experiences
- Worsened by fatigue and emotion

*Sleep Paralysis*

- Brief episodes of paralysis at sleep onset or offset
- Persistence of REM atonia at wakefulness
- Respiratory and ocular muscles are spared
- Patient aware of the episode
- Distressing

The clinical features of narcolepsy are outlined in Table 23-1. Almost all patients with narcolepsy will have hypersomnia<sup>1</sup> and this is most often the presenting complaint. It may be associated with an irresistible urge to sleep, known as *sleep attacks*. These can occur any time and are usually brief in duration and refreshing for the patient. During these episodes, they may exhibit semi-purposeful or automatic behavior. Other symptoms are cataplexy, sleep paralysis, hypnagogic/hypnopompic hallucinations, and disrupted sleep. Cataplexy is an abrupt loss of muscle tone precipitated by a strong emotion—usually laughter—and is the second most common symptom after hypersomnia. Loss of muscle tone can range from localized sagging of the face, eyelids, or jaw to blurred vision, knee buckling, to complete collapse. During the cataplectic episode, the individual maintains consciousness, and memory is not impaired. It can last from a few seconds to minutes, with complete recovery. It may be confused with atonic seizures, especially in children younger than 5 years. It is rarely the first symptom, but often develops within the first year after the onset of excessive daytime sleepiness. Hypnagogic (sleep onset)/hypnopompic (sleep offset) hallucinations involve vivid auditory or visual hallucinations, often described as dreams. They may be accompanied by sleep paralysis, which is the inability to move or speak for a few seconds at sleep onset or offset. Both of these symptoms can also occur in patients without narcolepsy and represent the intrusion of REM sleep into wakefulness. In addition to these symptoms, nighttime