Hypersomnolence in children

M Maldonado MD
Hypersomnolence

- Some children have normally a higher need for sleep
- At the end of the continuum of need for sleep, e.g. 13 – 14 hrs per 24 hr period
- Most common cause is
- Deprivation of sleep, particularly restorative sleep (III and IV phases)
Hypersomnia/ Narcolepsy

- Described a 100 years ago
- Occurs in children and adolescents
- Dysregulation of periods of sleep and wakefulness
- Hypersomnia during the day *plus*
- Sleep attacks, REM type during awake states
Narcolepsy. characteristics

- **Sleep Paralysis.** (one thinks one is awake, but cannot move)
- **Cataplexy.** Muscular weakness, child may fall down, sit down, lie down suddenly
- **Hypnagogic hallucinations**
- May be brought on by strong emotions, i.e. laughter, sadness.
Diagnosis

- Differential diagnosis with
- Idiopathic hypersomnolence
  (in which naps are not restorative of energy or person does not feel refreshed)
- Kleine Levine syndrome (hypersexuality, excessive appetite, irritability, emotional changes, confusional states)
Narcolepsy diagnosis

- Clinical picture
- Naps are restorative. Person goes into REM too soon
- Multiple Sleep Latency Test
- Treatment often with psychostimulants, I.e. methyphenidate, amphetaminics