



Hypersomnolence in children

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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