

Our advice in parallel with the treatment

In the case of narcolepsy, specialized medical care is essential for optimal treatment.

Alongside your treatment, find our advice below to improve your daily comfort:

- 1 Maintain a regular sleep schedule, even on weekends, to stabilize your circadian rhythm
- 2 Schedule short naps of 15-20 minutes during the day to manage sleepiness
- 3 Practice regular physical activity - it improves alertness, mood, and the quality of nighttime sleep
- 4 Avoid screens in the 2 hours before going to bed (disruptive blue light)
- 5 Limit caffeine and alcohol at the end of the day
- 6 Inform those around you (family, friends, colleagues) about your condition

The Sleep Blog

Get information, learn how to recognise the main symptoms of various pathologies and find practical advice on sleep.

- > new articles on sleep every month
- > practical advice

www.cenas.ch/blog

You believe you might be suffering from narcolepsy ?

If you experience excessive daytime sleepiness or uncontrollable sleep episodes, it is important to talk to your doctor. You can also obtain information or arrange a consultation with a specialist doctor in one of our sleep centers.

The diagnosis of narcolepsy is mainly based on a detailed clinical interview with a specialist. Additional tests such as polysomnography and the Multiple Sleep Latency Test (MSLT) can confirm the diagnosis.

Bulle

Sleep center

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bulle@cenas.ch

Chêne-Bourg

Sleep center

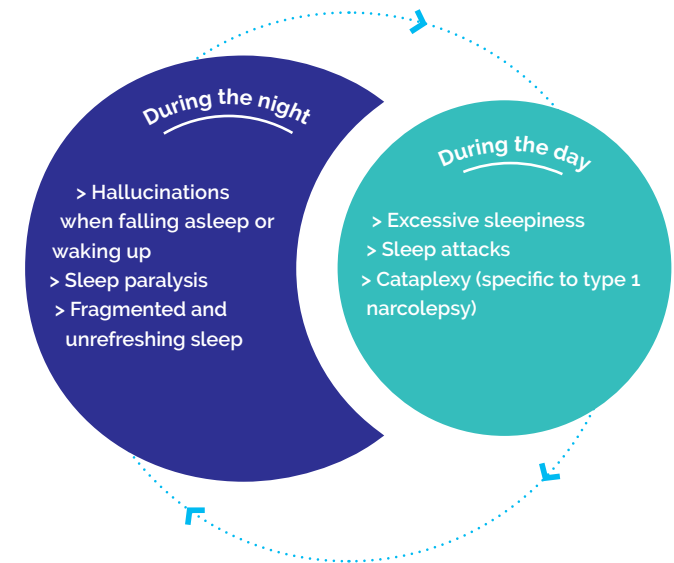
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OBJECTIVE SLEEP

Narcolepsy

Learn how to identify symptoms :



Important : not all patients present all of these symptoms.

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Médecine du sommeil

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CENTRE DU SOMMEIL DE FLORIMONT

Did you know ?

Narcolepsy is a rare neurological disorder that affects the regulation of the sleep-wake cycle.

0,05 % This is the prevalence of narcolepsy in the general population, or about 1 person in 2,000.

15 years The average age of onset of the first symptoms. Two peaks are observed: around age 15 and around age 35, although symptoms can appear at any age.

10 years The average delay before diagnosis. A delay that can seriously impact school and professional life.

2 There are two types of narcolepsy: type 1 narcolepsy (with cataplexy) and type 2 narcolepsy (without cataplexy).

The causes of narcolepsy

NARCOLEPSY TYPE 1 (NT1) :

- > **Autoimmune factor:** a reaction of the immune system destroys the neurons producing hypocretin in the hypothalamus
- > **Genetic predisposition:** presence of the HLA-DQB1*06:02 gene in 95% of patients
- > **Triggering factors:** infections (especially flu, streptococcus), vaccinations, intense stress, head trauma, or hormonal changes can trigger the disease in predisposed individuals

NARCOLEPSY TYPE 2 (NT2) :

- > The mechanisms are different and still imperfectly understood.

Understanding the mechanism of narcolepsy

Narcolepsy is characterized by the brain's inability to properly regulate sleep-wake cycles - affected individuals experience excessive daytime sleepiness and can fall asleep at any time of day, sometimes in the middle of a meal, while driving, or at work. Narcolepsy is a chronic disorder that can persist throughout life.

Type 1 narcolepsy results from a deficiency in hypocretin (or orexin), an essential neurotransmitter for regulating wakefulness and sleep. Caused by autoimmune destruction of the neurons that produce it in the hypothalamus, this leads to excessive daytime sleepiness and episodes of cataplexy (loss of muscle tone during emotions).

In type 2 narcolepsy, patients do not have cataplexy and hypocretin levels are often normal.

- > Risk of road* and workplace accidents
- > Social isolation
- > Learning and memory difficulties
- > Eating disorders and weight gain
- > Depression and anxiety
- > Impact on personal relationships

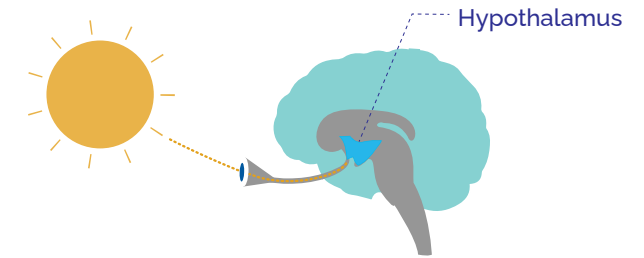
**The question of driving must be discussed individually with the specialist doctor, depending on symptom control.*

Existing treatments

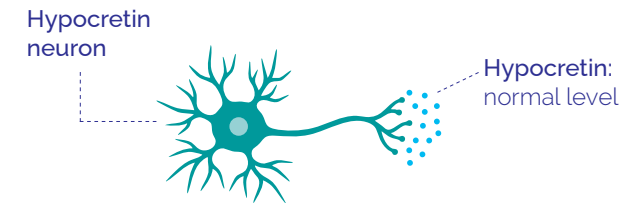
Several approaches can effectively manage symptoms:

- Stimulants: to reduce daytime sleepiness (e.g., modafinil, methylphenidate, pitolisant, solriamfetol)
- Antidepressants: to control cataplexy and other symptoms
- Sodium oxybate: to improve nighttime sleep and reduce cataplexy and daytime sleepiness
- Hypnotics: to promote better quality nighttime sleep

DESTRUCTION OF HYPOCRETIN NEURONS (TYPE 1 NARCOLEPSY)



NON-NARCOLEPTIC SUBJECT



NARCOLEPTIC SUBJECT

