

The Columbus Community Health Regional Sleep Disorders Center

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For more information, visit The Sleep Site www.thesleepsite.com.

INFORMATION ON EXCESSIVE DAYTIME SLEEPINESS (EDS)

Is excessive sleepiness anything to be concerned about?

Yes!

- IT OFTEN IS A SIGN OF A SERIOUS UNDERLYING BREATHING DISORDER DURING SLEEP -- one that can cause heart problems and strokes if it is not detected and treated.
- CHRONIC SLEEPINESS TENDS TO BE UNDERESTIMATED OR IGNORED BY THE PERSON WITH THE PROBLEM: SOMETIMES WITH DEVASTATING RESULTS. Sleepy individuals often underestimate or fail to recognize their impairment. As a result, excessive sleepiness is a major cause of highway fatalities and workplace injuries.
- IT ROBBS PEOPLE OF THEIR ABILITY TO LEAD A FULL LIFE. Chronic sleepiness can lead to job loss, school failures, loss of self-esteem, depression, social/marital problems and divorce. It also can lead to fears of dementia, because many afflicted people note memory problems long before they recognize sleepiness as its cause.

Can anything be done about it?

Yes. Treatable sleep disorders are responsible for the majority of cases.

What are some of the causes of EDS?

- SLEEP APNEA AND OTHER SLEEP-RELATED BREATHING DISORDERS, while not always associated with symptoms, are the commonest causes of severe, progressively worsening sleepiness in adults.

- NARCOLEPSY causes chronic, lifelong sleepiness and in some cases, symptoms related to disturbances of rapid eye movement (REM or “dream”) sleep. Many narcoleptics recall vivid dreaming that begins quickly after falling asleep and may even begin dreaming when not yet fully asleep. Narcoleptics are more likely than others to experience the paralysis characteristic of REM sleep when first dozing off or awakening (sleep paralysis). Cataplexy involves attacks of muscle weakness triggered by emotions like laughter, excitement or anger. Narcolepsy usually begins in the teens or twenties but occasionally develops later in life. It is treated by medicines and avoidance of aggravating factors.
- IDIOPATHIC HYPERSOMNIA probably can result from a number of different brain chemical imbalances with a similar end result: chronic sleepiness without the REM related symptoms typical of narcolepsy. It can begin at the same ages typical of narcolepsy, and its treatment is somewhat similar. However, it is less common and in fact, many patients diagnosed with idiopathic hypersomnia actually suffer instead from an easily overlooked and much more readily treated breathing disorder called Upper Airway Resistance Syndrome.
- OTHER CAUSES OF EDS include head injuries, other brain disorders, many prescribed and over the-counter drugs, chronic infections, and hypothyroidism. Treatable sleep disorders are often misdiagnosed as “chronic fatigue syndrome”.
- SEEMING LETHARGY AND CONFUSION NOT DUE TO TRUE SLEEPINESS sometimes occurs in people with low-grade seizure activity that causes episodic staring, inattention, or confused, sluggish behavior instead of convulsions. Other unusual symptoms (such as abnormal smells or tastes, feelings of unreality and frequent deja vu) may be noted.

If there are reasons to suspect that you may be abnormally prone to sleepiness, what should you do?

- ASK YOUR FAMILY, FRIENDS, SPOUSE OR BEDPARTNER WHAT THEY HAVE NOTICED ABOUT YOUR LEVELS OF ALERTNESS--AND WHAT THEY HAVE OBSERVED WHILE YOU SLEEP. Their observations may provide invaluable clues that will help pinpoint the cause of your problem, as well as clarifying its severity.
- IF YOUR SYMPTOMS SEEM QUITE SIGNIFICANT OR IF THEY ARE ACCOMPANIED BY ANY INDICATIONS OF SLEEP APNEA OR OTHER MAJOR SLEEP DISORDERS, CALL US AT (614) 443-7800 TO ARRANGE A SLEEP EVALUATION. Such is particularly important if you may have breathing problems during sleep or if you have dozed off while driving.