

EXCESSIVE DAYTIME SLEEPINESS

FINDING THE CAUSE

Do you feel tired all the time no matter how much sleep you get?

Daytime sleepiness has a significant impact on quality of life. People with daytime sleepiness struggle with social, academic and work demands, they are at risk of motor vehicle and workplace accidents and generally have poorer health than comparable adults.

Accurate diagnosis is important, not only because of the negative impacts of sleepiness and its root causes on health and social function but because excessive sleepiness is generally remediable with appropriate treatment [1]. The list of possible causes of excessive daytime sleepiness spans virtually every major area of medicine, neurology and psychiatry. A clear, detailed history is invaluable in negotiating these numerous diagnostic considerations [2].

To assist patients and doctors when considering the cause of daytime sleepiness we have compiled a list of known causes and routine tests. Please note: there are numerous possible causes, this is by no means a complete list. It is only intended as a guide to assist you and your doctor find the cause of your excessive daytime sleepiness.



SLEEP DISORDERS		MEDICAL CONDITIONS
Behavioural sleep deprivation	The most common cause of daytime sleepiness is insufficient sleep/poor sleep hygiene.	Including head trauma, stroke, cancer, inflammatory conditions, encephalitis, neurodegenerative conditions eg: Parkinson Disease, myotonic dystrophy etc, Chronic Fatigue Syndrome, Fibromyalgia, Hypothyroidism (Hashimotos), Ehlers-Danlos Syndrome, Arnold-Chiari Malformation, Multiple Sclerosis.
Sleep-related breathing disorders	Sleep apnea. Residual sleepiness in treated obstructive sleep apnea. Upper Airway Resistance Syndrome.	Other medical conditions that are associated with poor sleep can also result in daytime sleepiness, including:
Other sleep disorders	Includes circadian rhythm sleep disorders (eg: Delayed Sleep Phase Syndrome, shift work disorder), REM Sleep Behaviour Disorder and other Parasomnias. Post-traumatic hypersomnia (following head trauma or illness) Insomnia, Narcolepsy. Also sleep-related movement disorders (Periodic Limb Movement Disorder, Restless Legs Syndrome)	arthritis, spondylosis, chronic pain, nocturnal angina, epilepsy, asthma, chronic obstructive pulmonary disease, alcoholism, urinary dysfunction and gastrointestinal disorders (e.g. peptic ulcer disease), gastro-oesophageal reflux and irritable bowel syndrome.

PSYCHIATRIC		OTHER CONSIDERATIONS
Mental health conditions	Including Depression, Anxiety, Bipolar Disorder	<p>Hypersomnia that develops after a viral infection including mononucleosis (glandular fever/mono), or Guillain-Barre syndrome.</p> <p>People may experience fatigue and hypersomnolence and can sleep most of the 24-hour day. The outcome tends to be favourable; however, the resolution may take months or even years [3]. Long sleepers, also called “healthy hypersomniacs”, are people who require more sleep at night than normal. They may be misdiagnosed with idiopathic hypersomnia because of extremely long sleep episodes at night. These subjects are normally alert, however, once they have obtained their required amount of sleep [4].</p>
Medication effects	Includes prescription, non-prescription, and drugs of abuse. <i>*refer to list of medications below</i>	

Medication classes commonly associated with daytime sleepiness

- Alpha-adrenergic blocking agents
- Anticonvulsants (eg; hydantoins, succinimides)
- Antidepressants (monoamine oxidase inhibitors, tricyclics, selective serotonin reuptake inhibitors)
- Antidiarrhea agents
- Antiemetics
- Antihistamines
- Antimuscarinics and antispasmodics
- Antiparkinsonian agents
- Antipsychotics
- Antitussives
- Barbiturates
- Benzodiazepines, other aminobutyric acid affecting agents, and other anxiolytics
- Beta-adrenergic blocking agents
- Genitourinary smooth muscle relaxants
- Opiate agonists and partial opiate agonists
- Skeletal muscle relaxants



Routine tests to consider for causes of daytime sleepiness

- Thyroid tests should include: TSH, Free T3 (FT3), Free T4 (FT4), Reverse T3 (rT3), and thyroid antibodies for Hashimoto’s Thyroiditis
 - Nutrient deficiencies including vitamin D (25-Hydroxy), B12 and serum folate, magnesium, zinc, iodine and selenium
- Iron studies: Iron, TIBC, %Sat, Ferritin
- Carnitine panel: free, total, esterified, esterified/free
- C-Reactive Protein
- Complete Blood Count
- Complete Metabolic Panel (glucose, sodium, creatinine, etc)
- Cortisol (preferably 8 am spot cortisol or 24-hr urinary cortisol)

Excessive daytime sleepiness affects at least 20% of the population and identifying the underlying cause can often prove difficult. While it may be tempting for a doctor to diagnose Idiopathic Hypersomnia in cases of excessive daytime sleepiness of unknown cause this does a gross disservice to the many patients that in fact do not meet the clinical definition of Idiopathic Hypersomnia.

Idiopathic Hypersomnia is a neurological disorder diagnosed by identifying key clinical features and by a thorough exclusion process. Unfortunately, a lack of awareness and proper understanding of what these key clinical features are and a less than thorough exclusion process can result in misdiagnosis and unnecessary prescription of stimulant medications. It can also result in the underlying cause remaining unidentified and untreated [5].

1, 2. <http://brain.oxfordjournals.org/content/124/8/1482.long>
3, 4, 5. <http://www.beatcfsandfms.org/references/IdiopathicHypersomnia.html>

DISCLAIMER - The content of this factsheet is for information purposes only and is not a substitute for professional medical advice. Any concerns you may have about your health should be discussed with your doctor.

ABOUT US

Hypersomnolence Australia is Australia's only registered Health Promotion Charity specifically dedicated to being a strong advocate, to raising awareness and educating others about Idiopathic Hypersomnia.

We do not receive funding and we do not charge membership fees. Our small staff work on a volunteer basis. Your support is vital to our continued operation.

Go to our **Get Involved** page on our website for ways to donate or

**DONATE
NOW**

Hypersomnolence Australia has full DGR Item 1 status. Donations are tax deductible. ABN: 19662120036



PO Box 5278, Algester Qld 4115, Australia
Email: info@hypersomnolenceaustralia.org.au

FOLLOW US



© 2018 Hypersomnolence Australia

hypersomnolenceaustralia.org.au