

Guidelines at-a-Glance

ADAPTED FROM

Morgenthaler TI; Kapur VK; Brown TM; Swick TJ; Alessi C; Aurora RN; Boehlecke B; Chesson AL; Friedman L; Maganti R; Owens J; Pancer J; Zak R; Standards of Practice Committee of the AASM. Practice parameters for the treatment of narcolepsy and other hypersomnias of central origin. *SLEEP* 2007;30(12):1705-1711

Practice Parameters for the Treatment of Narcolepsy and other Hypersomnias of Central Origin

AASM LEVELS OF RECOMMENDATIONS

TERM	DEFINITION
STANDARD	This is a generally accepted patient-care strategy, which reflects a high degree of clinical certainty. The term standard generally implies the use of Level I Evidence, which directly addresses the clinical issue, or overwhelming Level II Evidence.
GUIDELINE	This is a patient-care strategy, which reflects a moderate degree of clinical certainty. The term guideline implies the use of Level II Evidence or a consensus of Level III Evidence.
OPTION	This is a patient-care strategy, which reflects uncertain clinical use. The term option implies either inconclusive or conflicting evidence or conflicting expert opinion.

GENERAL RECOMMENDATIONS

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| 1 | An accurate diagnosis of a specific hypersomnia disorder of central origin should be established. The evaluation should include a thorough evaluation of other possible contributing causes of excessive daytime sleepiness. | STANDARD |
| 2 | Treatment objectives should include control of sleepiness and other sleep related symptoms when present. | STANDARD |

RECOMMENDATIONS FOR TREATING NARCOLEPSY

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| 3a | Modafinil is effective for treatment of daytime sleepiness due to narcolepsy | STANDARD |
| 3b | Sodium oxybate is effective for treatment of cataplexy, daytime sleepiness, and disrupted sleep due to narcolepsy | STANDARD |
| | Sodium oxybate may be effective for treatment of hypnagogic hallucinations and sleep paralysis | OPTION |
| 3c | Amphetamine, methamphetamine, dextroamphetamine, and methylphenidate are effective for treatment of daytime sleepiness due to narcolepsy | GUIDELINE |
| 3d | Selegiline may be an effective treatment for cataplexy and daytime sleepiness. | OPTION |
| 3e | Ritanserin may be effective treatment of daytime sleepiness due to narcolepsy | OPTION |

RECOMMENDATIONS FOR TREATING NARCOLEPSY (CONTINUED)

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| 3g | Pemoline has rare but potentially lethal liver toxicity, is no longer available in the United States, and is no longer recommended for treatment of narcolepsy | OPTION |
| 3h | Tricyclic antidepressants, selective serotonin reuptake inhibitors (SSRIs), venlafaxine, and reboxetine may be effective treatment for cataplexy | GUIDELINE |
| 3i | Tricyclic antidepressants, selective serotonin reuptake inhibitors (SSRIs), and venlafaxine may be effective treatment for treatment of sleep paralysis and hypnagogic hallucinations. | OPTION |

RECOMMENDATIONS FOR TREATING IDIOPATHIC HYPERSONMIA

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| 4 | Modafinil may be effective for treatment of daytime sleepiness due to idiopathic hypersomnia. | OPTION |
| 7 | The following medications may be effective for treatment of daytime sleepiness in idiopathic hypersomnia (with and without long sleep time), recurrent hypersomnia, and hypersomnia due to a medical condition: amphetamine, methamphetamine, dextroamphetamine, methylphenidate, and modafinil. | OPTION |

RECOMMENDATIONS FOR TREATING SPECIFIC TYPES OF HYPERSONMIAS DUE TO A MEDICAL CONDITION

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| 5a | Modafinil may be effective for treatment of daytime sleepiness due to Parkinson's disease. | OPTION |
| 5b | Modafinil may be effective for treatment of daytime sleepiness due to myotonic dystrophy. | OPTION |
| 5c | Methylphenidate may be effective for treatment of daytime sleepiness due to myotonic dystrophy. | OPTION |
| 5d | Modafinil may be effective for treatment of daytime sleepiness due to multiple sclerosis | GUIDELINE |
| 7 | The following medications may be effective for treatment of daytime sleepiness in idiopathic hypersomnia (with and without long sleep time), recurrent hypersomnia, and hypersomnia due to a medical condition: amphetamine, methamphetamine, dextroamphetamine, methylphenidate, and modafinil. | OPTION |

RECOMMENDATIONS FOR TREATING RECURRENT HYPERSOMNIA AND BEHAVIORAL SYMPTOMS DUE TO KLEINE-LEVIN SYNDROME

- 6 | Lithium carbonate may be effective for treatment of recurrent hypersomnia and behavioral symptoms due to Kleine-Levin syndrome. OPTION

RECOMMENDATIONS FOR TREATING HYPERSOMNIAS OF CENTRAL ORIGIN

- 8a | Combinations of long- and short-acting forms of stimulants may be indicated and effective for some patients. OPTION
- 8b | Treatment of hypersomnias of central origin with methylphenidate or modafinil in children between the ages of 6 and 15 appears to be relatively safe. OPTION
- 8c | Regular follow-up of patients with hypersomnia of central origin is necessary to monitor response to treatment, to respond to potential side effects of medications, and to enhance the patient's adaptation to the disorder. STANDARD

RECOMMENDATIONS FOR RECURRING HYPERSOMNIA

- 7 | The following medications may be effective for treatment of daytime sleepiness in idiopathic hypersomnia (with and without long sleep time), recurrent hypersomnia, and hypersomnia due to a medical condition: amphetamine, methamphetamine, dextroamphetamine, methylphenidate, and modafinil. OPTION