

KNOW**narcolepsy**[®]*There's More to Know!*

A Quick Guide for Evaluating the Impact of Narcolepsy

Narcolepsy can be socially disabling and isolating.^{1,2}

Narcolepsy can have a significant impact on the lives of your patients. People living with narcolepsy may experience problems with employment and work productivity, interpersonal relationships, and psychological well-being.² These questions may help you gain insight into the impact of symptoms on your patients who are living with narcolepsy.



What is the impact of narcolepsy on daily activities?^{3,4}

- Hygiene and self care (e.g., bathing)^{3,5}
- Watching a program or movie without dozing^{3,4}
- Sitting and reading without feeling sleepy^{2,3}
- Falling asleep during a conversation⁶



What is the impact of narcolepsy on neurocognitive functioning?^{2,5}

- Remembering things or concentrating⁷
- Making poor decisions²
- Ability to stay focused on a task^{2,8}



What is the impact of narcolepsy on driving or occupational safety?^{1,5}

- Operating a motor vehicle/driving^{1,5}



What is the impact of symptoms on mood or mental health?^{2,6}

- History of psychiatric symptoms (e.g., depression, anxiety, or ADHD)^{9,10}
- Mood (e.g., sadness, embarrassment, or irritability)^{4,5}
- Ability to experience a full range of emotions⁵



What is the impact of symptoms on social functioning?^{5,9}

- Interacting with family and friends⁵
- Making and keeping plans¹¹
- Interpersonal or intimate relationships⁴



What is the impact of narcolepsy on productivity?^{2,5}

- Academic performance⁶
- Employment and career⁶

Tell your patients there's more to know about the impact of their symptoms at [KnowNarcolepsy.com](https://www.knownarcolepsy.com)

1. American Academy of Sleep Medicine. *International Classification of Sleep Disorders*. 3rd ed. 2014. 2. Thorpy M, Morse AM. Reducing the clinical and socioeconomic burden of narcolepsy by earlier diagnosis and effective treatment. *Sleep Med Clin*. 2017;12(1):61-71. 3. Johns M, Hocking B. A new method for measuring daytime sleepiness: the Epworth Sleepiness Scale. *Sleep*. 1991;14(6):540-545. 4. Daniels E, King MA, Smith IE, Shneerson JM. Health-related quality of life in narcolepsy. *J Sleep Res*. 2001;10(1):75-81. 5. Maski K, Steinhart E, Williams D, et al. Listening to the patient voice in narcolepsy: diagnostic delay, disease burden, and treatment efficacy. *J Clin Sleep Med*. 2017;13(3):419-425. 6. Ahmed IM, Thorpy MJ. Clinical evaluation of the patient with excessive sleepiness. In: Thorpy MJ, Billiard M, eds. *Sleepiness: Causes, Consequences and Treatment*. Cambridge University Press; 2011: 36-47. 7. Ahmed I, Thorpy M. Clinical features, diagnosis and treatment of narcolepsy. *Clin Chest Med*. 2010;31(2):371-381. 8. Fronczek R, Middelkoop HA, van Dijk JG, Lammers GJ. Focusing on vigilance instead of sleepiness in the assessment of narcolepsy: high sensitivity of the Sustained Attention to Response Task (SART). *Sleep*. 2006;29(2):187-191. 9. Thorpy MJ, Dauvilliers Y. Clinical and practical considerations in the pharmacologic management of narcolepsy. *Sleep Med*. 2015; 16(1):9-18. 10. Filardi M, Pizza F, Tonetti L, Antelmi E, Natale V, Plazzi G. Attention impairments and ADHD symptoms in adult narcoleptic patients with and without hypocretin deficiency. *PLoS One*. 2017;12(8):e0182085. 11. Broughton RJ, Guberman A, Roberts J. Comparison of the psychosocial effects of epilepsy and narcolepsy/cataplexy: a controlled study. *Epilepsia*. 1984;25(4):423-433.