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## Key Differences Among the Clinical Manifestations of Narcolepsy Symptoms in Children Versus Adults

### Announcer:

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### Dr. Brown:

Hi everyone, this is CME on ReachMD and I'm Dr. Brown. And we're gonna be talking about the key differences in clinical manifestations in narcolepsy between children versus adults. Now here are some clues to childhood narcolepsy. In younger children especially, you may start to see that they have earlier bedtime, they have elongation of their nighttime sleep or they tend to have longer daytime naps. In older children where you would've expected them to have overcome their naps, they may start to resume naps or start to have what we call sleep attacks because typically at this age they should be more alert and awake. You also might start to see more mood swings in attentiveness and hyperactivity. Now with the hypersomnolence in pediatric narcolepsy, it tends to be worse in sedentary situations, but it can also occur even when they're active. And compared to adults, you may not necessarily see discrete sleep attacks, you may just see this ongoing low level of sleepiness.

And again, you may start to see more of those longer naps or resumption of naps, which is something you really need to be aware of. Now, when it comes to cataplexy, you might have partial or complete loss of muscle tone and it may potentially be bilateral, it may be unilateral and usually builds up and lasts a few seconds. I mean, if you are having cataplexy episodes over five minutes, that's typically unusual. And just like in adults, you do not expect that there's a loss of consciousness or amnesia. The patient is very much aware. Now, there are various things that can trigger cataplexy. So the strong emotions, the laughter, playing sports and suddenly about to score, those are things that you may notice. And very common areas that are affected are knees the head and the jaw. So their knees may buckle, the head may go down, they may start to have that open mouth facies.

When children are sleepy, they're more sleepy. This tends to trigger more cataplexy episodes and some of the most subtle symptoms of cataplexy you might see in children may be again, sort of that sagging mouth and that open mouth posture. You may notice that their speech is slurred or lost. They may have some jerking or twitching of specific parts of their face. And one other common one that I see in my practice is just passive tongue protrusion. And so sometimes the family may tell you, well, you know what? I notice that he's often very clumsy, seems to be very inattentive, may seem to be, you know, maybe they're having a seizure. And so those are some times when we wonder if this really is cataplexy. So there are various challenges when it comes to diagnosing children with narcolepsy. The first is that sometimes those classic symptoms are a lot more subtle.

And then if you think about a child who's still within that normal napping period or maybe a little bit older but still napping sometimes will feel like it's still within the expected. And so this may delay their diagnosis. Many times again, we see that the inattentiveness, the poor or decreased attention or poor or decreased school performance is related to ADHD. And many times these kids are on medications for ADHD for a while before they're finally diagnosed. Another reason why you may notice a challenge is again, the cataplexy symptoms

are not as overt. And the thing about it also is that evolution of these symptoms occur as they get older, which makes it sometimes challenging to be able to make that diagnosis. So between the lack of awareness of their symptoms, between the fact that it's hard to make that diagnosis because there's so many other mimics, and also because there's sometimes limited healthcare access to these children with variability in the knowledge and the tools and the approaches in different sleep centers, we may end up noticing that there's a delay to diagnosis.

And so what we need is a multidisciplinary approach involving the pediatrician, the neurologist, the sleep experts, the psychologists, and also schools. It is so critical that we use this framework to approach the diagnosis of children with narcolepsy. And so this has been another short micro discussion on narcolepsy and I hope to see you next time.

**Announcer:**

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