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Pediatric Narcolepsy: Psychological and Social Comorbidities

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Maski:

This is CME on ReachMD, and I'm Kiran Maski. We will discuss the psychological and social components of pediatric narcolepsy.

Oftentimes, patients will have comorbid behavior and psychiatric problems. So attention deficit hyperactivity disorder presents a nearly a third of patients. Cognitive problems are commonly reported, although on standardized IQ testing, usually they have normal results. There have been reports of difficulties with a sustained attention and working memory based on objective testing and mood disorders occur in nearly 25% of patients.

That could include depression, anxiety, social phobia, or more severe psychiatric symptoms like schizophrenia like presentation. So the, again, these comorbidities that can occur can sometimes detract from a primary diagnosis of, narcolepsy if they're sort of the focus. And so we've certainly seen children diagnosed with primary attention deficit hyperactivity disorder treated with stimulants. They actually improve because that's helps their sleepiness, but eventually the severity of their sleepiness becomes more clear, and we recognize that narcolepsy is the primary diagnosis, and attention deficit problems might be secondary. So, in essence, when we're evaluating patients for narcolepsy, we first wanna assess the severity of the daytime sleepiness. we oftentimes use scales such as the Epworth Sleepiness Scale for children. And typically, if a child has a, a level greater than 15, I start worrying personally about narcolepsy or another CNS disorder of hypersomnolence.

So certainly narcolepsy symptoms can have impact on both family and social dynamics for the child. for the families, parents oftentimes have to act as very hands-on caregivers to ensure that patients are having, a normal sleep schedule, are getting naps, that their sleep time is protected. And this, of course, can be a burden when there's other activities, other children vacation times it certainly puts that burden on the family altogether, because of the sleepiness. Sometimes kids are very emotionally labile and can pick fights with other siblings, pick fights with parents as well. And so that can alter family dynamics.

And also because of the sleepiness, sometimes the, the patients are more withdrawn, less likely to help. We need constant reminders to do things forgetful, to do chores, things like that, which can also put strain on the family in social settings. Oftentimes our patients tell us that they have to prioritize school and, just being able to stay awake to do their homework, and that doesn't leave a lot of time to do extra act activities after school or hang out with friends. And as a result of that, there can be some social withdrawal. Those relationships start to fade and isolation can develop.

Well, this was a brief, but great discussion. Hopefully you can put some of these tips into your practice tomorrow. And thank you again for your listening.

Announcer:

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