Sleepy students are not uncommon. Many factors contribute to this, from natural changes in teen sleep patterns to early school start times. Sleep disorders like narcolepsy can be a factor as well, but are often the last thing parents and educators consider when dealing with a struggling student.

Narcolepsy is a chronic neurological disorder in which the sleep/wake cycle is severely disrupted. It affects about 1 in 2000 people in the United States, and symptoms usually begin in adolescence, but it can take years for people with narcolepsy (PWNs) to be properly diagnosed. Some symptoms of narcolepsy are also common in other conditions such as ADD and depression. As a result, narcolepsy is frequently misdiagnosed.

Excessive Daytime Sleepiness (EDS) and chronic sleep deprivation associated with narcolepsy can severely impact students’ daily lives and academic performance, and cannot be overcome without proper treatment. Academic accommodations, support, medications and lifestyle changes can help PWNs succeed in school.

Early diagnosis and treatment leads to better outcomes. Increasing awareness of narcolepsy and sleep disorders in school is the first step towards this goal. Educators can play an important role in identifying students when the symptoms of narcolepsy first appear.

Narcolepsy Network® is a national nonprofit organization dedicated to increasing early diagnosis of narcolepsy, advocating for and supporting persons with narcolepsy and their families, and promoting critical research for treatment and a cure.

For more information, visit www.narcolepsynetwork.org.
**Students with Narcolepsy**

**Narcolepsy Symptoms**

Narcolepsy is caused by the loss of brain cells that produce hypocretin, the chemical that regulates sleeping and waking. Symptoms include:

- **Excessive Day Time Sleepiness (EDS):** “recurrent periods of an irresistible need to sleep, […] regardless of whether or not the time and place are appropriate.” (DSM V)
- **Cataplexy:** Sudden loss of muscle tone, often triggered by strong emotions, such as laughter or anger. Only occurs in Narcolepsy Type 1.
- **Hypnagogic/Hypnopompic Hallucinations:** vivid, life-like “waking dreams” that occur on the edge of sleeping and waking and can be hard to distinguish from reality.
- **Sleep Paralysis:** Temporary inability to move or speak while falling asleep or waking up.
- **Disrupted Nighttime Sleep:** Difficulty falling asleep and staying asleep at night; vivid, often frightening dreams may occur. Can lead to sleep deprivation.

There are two types of narcolepsy. Cataplexy does not occur in Type 2, which is less common.

**EDS In the Classroom**

EDS is more than just feeling tired or sleepy at inappropriate times. Other issues associated with EDS and sleep deprivation include:

- **Microsleep and automatic behavior**
  “It’s like sleeping with my eyes open”
  During microsleep episodes, a student’s brain is effectively “asleep”, but he or she may continue their activity automatically. If this happens while taking notes, for example, the student may look as though they are writing, but the handwriting will be illegible, and they will have no memory of the episode.

- **“Brain Fog”**
  “It feels like there’s a fuzzy barrier between you and the rest of the world”
  Brain fog makes it difficult to concentrate and pay attention. Information is difficult to process, and it can feel “like the brain is running at half-speed.”

- **Memory and focus problems**
  “I feel scatterbrained all the time”
  Sleep deprivation can impact memory, especially short term memory. EDS also makes it harder to stay focused, particularly if the task is boring or repetitive.

- **Disorganization**
  EDS is a major source of academic problems for PWN. Many of the subtle signs of EDS are easy to overlook, as students often develop unconscious coping mechanisms to mask their symptoms. Fidgeting or excessive talking or movement may be an unconscious strategy to stay awake.

**Other Symptoms**

In addition to EDS, other symptoms of narcolepsy that might show up in the classroom can include:

- **Cataplexy**
  Full-body collapses from cataplexy are rare. It more commonly manifests as “feeling weak in the knees” or other muscle weakness during laughter or strong emotion. Children may also make “funny faces” (ex. Fluttering eyelids or odd jaw and mouth movements), or the head may drop forward. Some PWNs learn to repress their emotions to try to prevent cataplexy attacks, which can have negative social repercussions.

- **Weight gain**
  Sudden weight gain is common. Students may also seem to lose interest in activities due to lack of energy or cataplexy.

**Accommodations**

Narcolepsy is a hidden disability, like dyslexia or ADD, and PWNs are legally entitled to academic accommodations. Helpful accommodations include: extended time on tests and quizzes, modified homework assignments, starting school later, etc.