

NARCOLEPSY MEDICATIONS

treatment options. Also, be sure to report any side effects you personally experience to your physician, whether or not these side effects are listed in the prescribing information. Many times, it is possible to minimize side effects by adjusting the dosage, timing and/or formulation (i.e., immediate release vs. extended release, brand vs. generic) of the medication in question.

ADX-NO5, a new drug for the treatment of narcolepsy, is going through a series of testing in 2009 and will not be available for some time.

Disclaimer: No medication works equally well for every individual. In addition, narcolepsy is known to have more than one underlying cause. This discussion is intended to provide general information. Only your physician can determine what is right for you.

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The medications prescribed to treat narcolepsy fall into two broad categories: wakefulness medications intended to reduce excessive daytime sleepiness, and REM-suppressing medications intended to reduce the symptoms of cataplexy, hallucinations, and sleep paralysis. In the past decade, three medications have received FDA approval specifically to treat narcolepsy symptoms, and are considered by leading narcolepsy experts to be the first-line treatments for narcolepsy. They are:

PROVIGIL®

Provigil is a wake-promoting medication for treatment of excessive daytime sleepiness. Unlike other stimulant medications, Provigil has a milder and more targeted effect on the central nervous system. In addition, it is the only wakefulness medication available from any pharmacy that does not require a triplicate prescription. Provigil may be prescribed alone or in combination with other stimulants. In combination, Provigil can reduce the dosage of other stimulants needed to achieve wakefulness.

NUVIGIL®

Nuvigil is the latest FDA approved wakefulness medication for the treatment of excessive daytime sleepiness associated with narcolepsy, obstructive sleep apnea/hypopnea syndrome and “shift work” sleep disorder. Nuvigil (armodafinil) is a single-isomer formulation of modafinil, the active pharmaceutical ingredient contained in commonly prescribed Provigil (modafinil) tablets. Nuvigil was developed as a longer-acting stimulant.

XYREM®

Xyrem has been approved for the treatment of cataplexy and excessive daytime sleepiness associated with narcolepsy. It is a strong hypnotic medication, taken in two doses, at bedtime and 4 hours later. Xyrem helps to consolidate and improve the quality of nighttime sleep, which is of particular benefit to the many people with narcolepsy who suffer frequent nighttime awakenings. In addition, Xyrem provides relief of cataplexy during one's waking hours. Significant reduction in cataplexy is realized from the start, with effectiveness increasing over the first six months. Xyrem also significantly reduces daytime sleepiness, in patients with and without cataplexy. This makes Xyrem the only medication which treats both the REM and non-REM symptoms of narcolepsy. While Xyrem is a highly controlled substance, due to the unfortunate recreational abuse of GHB (a related substance), Xyrem has been shown to be safe when taken as prescribed for medicinal purposes.

OLDER MEDICATIONS

Prior to approval of Provigil and Xyrem, medications approved for other uses, including the treatment of ADHD and depression, were found to be effective to varying degrees in treating narcolepsy symptoms. Stimulants that have commonly been prescribed for treatment of excessive daytime sleepiness, in order of increasing strength, are:

- Ritalin® (methylphenidate)
- Dexedrine® (dextroamphetamine)
- Adderall® (amphetamine mixed salts)
- Desoxy® (methamphetamine)

Another medication, Cylert (pemoline), was frequently prescribed for daytime sleepiness in the past but has since been voluntarily taken off the market due to several instances of sudden and severe liver damage that were reported in patients taking pemoline despite stern warnings concerning its use.

For treatment of REM-related symptoms - cataplexy, hallucinations and sleep paralysis - tricyclic antidepressants such as imipramine, clomipramine and protryptilene were found decades ago to be helpful in reducing episodes of cataplexy. In recent years, Xyrem and newer generation antidepressants have largely replaced the older tricyclics as the preferred treatments for the REM-related symptoms of narcolepsy. One reason is that tricyclic antidepressants have many unpleasant side effects, including chronic dry mouth, which can lead to serious dental decay and loss of teeth. Newer anti-depressants have fewer and/or milder side effects, and have a more targeted action in the brain. Even among newer generation antidepressants, some have been found to have little effect on cataplexy, while others are mildly helpful and still others can be highly effective in relieving cataplexy and other REM symptoms of narcolepsy.

The two antidepressants most effective for treating cataplexy are Effexor (venlafaxine) and Strattera. Unlike the SSRIs (selective serotonin reuptake inhibitors), Effexor and Strattera enhance the brain chemical norepinephrine. Both of these medications usually have wake-promoting effects in patients who have cataplexy. A newer entrant to the market, Cymbalta, also holds the promise of treating both cataplexy and excessive daytime sleepiness, although further clinical evaluation is necessary to determine the usefulness of this medication and to identify possible adverse effects.

While Prozac has shown some benefit in treating cataplexy, it is generally effective only at very high doses.

All medications are known to produce side effects in at least some patients. Some cataplexy medications are not recommended in the presence of certain other medical conditions or in combination with certain other medications. We strongly recommend that patients discuss potential side effects of cataplexy medications with their physicians and pharmacists when considering