PAIN AND SLEEP

When you can't sleep and your head aches, or back hurts, what do you lose? A lot of sleep! The consequences of sleep deprivation can be significant including lack of energy, bad mood, poor general health, and trouble handling stress. What is even worse is that many sufferers don't realize what can be done about the problem.

How pain affects sleep

When pain makes it hard to sleep, falling asleep is often the greatest problem. However, some may wake up intermittently at night due to pain and some may be waking up earlier than desired time. Such lack of sleep (Insomnia) may be a problem for only for a few nights or may persist for weeks or months. When it lasts for months, doctors consider the problem chronic. In addition, many people who experience pain wake up feeling unrefreshed.

Understanding your pain

In some of the large surveys conducted in USA, back pain was the most common reason for sleeplessness, followed by headaches and muscular aches and pains. Whatever the kind of pain you experience, chances are that it accompanies your sleep problem from time to time. Here are some question to help you try to understand your pain and find relief.

1. Is your pain there only once in a while (occasional), rather than most of the time (chronic)?

2. Is your pain minor (i.e., headache, backache, muscular aches and pains, menstrual cramps) rather than severe (pain that is worse than experienced before or comes on suddenly and doesn't ease or lessen)?

3. When you have pain, do you also have difficulty falling asleep, staying asleep or waking earlier than you'd like?

4. Is it affecting the way you feel, think, and/or behave at home, at work, or when you are with family and friends?

5. Do you want to take action to control your pain and/or improve your sleep?

If you answered yes to all five questions, keep reading. If you answered no to the first two questions, you should consult your doctor or a pain specialist. If you don't get enough sleep, or your sleep is troubled, you (and those around you) may pay the price. This includes the danger of falling asleep while driving or at work. The good news is that there are actions you can take and/or medications to try to manage you problems. What you can do depends on the type of pain, when it occurs, and how willing you are to try something new.

Back Pain

While most back pain cases last less than two weeks, ten percent last longer. Back pain can return and worsen. The more severe the pain, the more likely it is to interfere with sleep. A recent study found that about two thirds of patients with chronic back pain suffered sleep trouble. This same study suggests that disrupted sleep seems to make the pain feel worse. Some pain medication may also make sleeping more difficult.

Headache, Arthritis and Muscle Pain

Headache is the second most common pain. One study found a sleep connection in half of those

with tension or migraine headaches. Migraines are marked by a throbbing pain and can last hours. Blood vessels tightening and opening give rise to the pain. Another type of headache is even worse. Cluster headaches, which as their name suggests, strike one after another in cycles. Blood vessel activity appears to play a role too. Cluster headaches may be related to sleep.

People with rheumatic or arthritic disorders often suffer from sleep problems. For example, people with osteoarthritis, especially of the hips and knees, tend to sleep lighter or have restless sleep. People with rheumatoid arthritis often have disturbed sleep with morning stiffness. Individuals with fibromyalgia, a condition of aches and pains throughout the body and many tender points, usually suffer from light and unrefreshing sleep, daytime fatigue and difficulty with thinking and mood. The poorer the sleep of those with fibromyalgia, the worse the pain and tenderness they feel.

Managing Pain & Sleep Problems

Pain is often considered one of the most poorly treated health problems. Sleep problems and disorders are often not recognized or treated properly either. Not surprisingly, there has not been much study of treatments for both sleep and pain. However, some studies suggest that proper medication, exercise and psychological approaches may help. Some of the psychological methods include:

- learning to relax one's muscles and free one's mind of stress (relaxation training)
- learning to control specific body functions involved in headaches or other sources of pain, such as temperature or muscle tension (biofeedback).
- therapies that focus on changing one's way of thinking about the pain experienced (cognitive therapy) or changing one's behaviour related to the pain (behavioural therapy). The results on the impact of these methods for back pain, arthritis and fibromyalgia, specifically, remain mixed.

Medications

When pain is minor and occasional, doctors and patients alike frequently consider over-the-counter (OTC) products. These products are relatively low cost, easy to get, and often effective. When the pain is joined by sleep difficulty, more than one product, or a combination sleep and pain product, may be considered. When these methods don't help, you should discuss with your doctor visiting a pain specialist / clinic and / or sleep specialist / center. Pain clinics use psychological, physical or drug treatment procedures to manage pain. Sleep centers are useful for diagnosing and treating sleep disorders.

Is the pain related to stress or depression?

When emotional disturbance, such as stress or depression affects pain, a low-dose prescription drug aimed at depression (an antidepressant) may be effective even if you are not seriously depressed. Some of the newer antidepressants can cause or worsen insomnia. You should ask your physician or pharmacist for information about potential sleep problems that can be caused by any medications that you are taking.

What Drugs do you take?

Some drugs, such as transquilizers, can interact with your pain and sleep medications. This interaction can affect how either medication treats a specific problem (more or less effectively). And additional problem can develop when drugs interact with each other in your body. That's why individuals suffering from sleep problems should be sure to discuss with their physicians and

medications they are taking. For example, some antithypertensives (medication to control high blood pressure) can trigger sleep problems.

Nicotine can also harm sleep. While there are better known hazards of smoking, this lesser known fact may help convince smokers to give up smoking. Alcohol, like nictoine, causes sleeping problems. Worse, drinking alcohol while taking aspirin or nonsteroidal anti-inflammatory agents has been connected with stomach problems. Another reason to avoid alcohol or drink only in moderation: Heavy abuse of alcohol and excessive use of acetaminophen appear to increase the risk of damage to the liver.

CIRCADIAN RHYTHMS

Most biological and psychological processes vary according to a natural rhythm. Many of these variables (including sleep) have a cycle of about a day and are called circadian rhythms. Circadian rhythms influence body temperature, sleep and wakefulness, and a variety of hormonal changes. Sunlight and other time cues help to set circadian cycles so that they are consistent from day to day. Even if we didn't have time cues from the outside, fluctuations in circadian rhythms would continue to occur within a period of about one day. In most people, the naturally occurring circadian period is about 25 hours, slightly longer than a day! Some people find that their sleep/wake cycles cannot adjust to a 24-hour period, however hard they try. Bedtimes may be very irregular or continue to drift later and later, resulting in a variety of problems similar to those encountered with jet lag.

Circadian rhythms are coordinated by small centers at the base of the brain, the suprachiasmatic nuclei (SCN). This center has connections with other parts of the brain to control the body's temperature, hormone release, and many other functions. A pathway runs from the eye to the SCN, and light seems to play the largest role in setting the circadian clock. Interestingly, blind people often report problems with circadian rhythms, since it is difficult for them to get the time cues needed to set their circadian clocks. Other factors that may affect the SCN and the setting of the circadian clock include changes in body temperature and effects of a variety of medications.

In healthy people, the various circadian rhythms are "in tune" like the many instruments of an orchestra. Body temperature, for example, starts to rise during the last hours of sleep, just before waking up. This seems to promote a feeling of alertness in the morning. In the evening, body temperature decreases in preparation for sleep. A drop in temperature also occurs in most people between 2:00 and 4:00 p.m., which may explain why many people feel sleepy in the early afternoon. Although it has not been proven that changes in body temperature determine our sleep habits, there does appear to be a relationship between the two.

Disorders of circadian rhythms

Occasionally, certain circumstances or factors can cause the "circadian orchestra" to go out of sync.

Jet lag

The most widely experienced circadian problem is jet lag, which occurs when a person travels across several time zones. A typical flight from the United States to Europe, for example, often produces jet lag symptoms that can last for a week or longer. These include insomnia, daytime sleepiness, indigestion, irritability, and poor concentration. Some people require up to a week to adjust to new time cues; some adapt more quickly, depending on the number of time zones involved.

Circadian problems for shift workers

Shift workers are those who work nontraditional hours, such as night shifts or rotating shifts. These workers often face problems similar to jet lag without ever leaving home. People who work the night shift have to adjust to an unnatural schedule of working while others are sleeping and sleeping while others are awake. In addition, they may not get the same amount of sleep during the day as daytime workers do at night because of interruptions such as noise, sunlight, and increased room temperature.

People who work rotating shifts often find it difficult to get enough sleep, since their work schedules change frequently. Certain adjustments to the sleep schedule can help make this transition easier. On the last few days of the evening shift, workers should delay bedtimes and wake-up times by one to two hours. As the night shift begins, workers will already be well on the way to adapting to the new schedule.

Tips for coping with jet lag and shift work

1. Try to allow extra time for adjustment during a trip or when switching to a new work schedule. Don't skimp on time for resting.

2. Depending upon the new time zone, a short nap at a specific time of day can be useful in helping overcome jet lag.

3. The occasional use of a short-acting sleeping pill can help reduce the symptoms of circadian rhythm disorder. Check with a doctor before taking any medications, and never mix sleeping pills with alcohol or antihistamines.

It is generally not advisable to use a sleep aid for longer than three to four weeks, since the effectiveness wears off over time.

Delayed sleep phase syndrome (DSPS)

Some people find that they are not able to fall asleep until 2:00 or 3:00 a.m., and that they then have trouble waking up in time for work or school. Few lifestyles allow for this kind of sleep/wake schedule. This problem - which is more common in young adults than in other age group - can interfere with employment and school, and can lead to psychological stress.

Advanced sleep phase syndrome (ASPS)

This syndrome is more common among older adults, and has only recently been recognized as a significant problem. Sleepiness usually begins in the early afternoon, and sufferers often wake up too early and then aren't able to go back to sleep. Because ASPS usually doesn't interfere with working hours, society is more tolerant of this problem than of DSPS. ASPS becomes a problem, however, when sleepiness interferes with plans for evening business or social commitments. As in DSPS, lack of sleep does little to remedy this problem. ASPS suffers would continue to wake up early even if they forced themselves to stay awake until later in the evening.

Weak or nonexistent circadian rhythms

Some people seem to have weak or nonexistent circadian cycles. They become sleepy after being awake only a few hours, and then may nap for a few hours. These napping sessions occur at random throughout the day. For these people, brief naps substitute for a full night's sleep.

1. In some cases, an abnormal sleep cycle can be a symptom of depression or of poor sleep habits. Evaluation by a professional can lead to proper treatment.

2. Bright-light therapy is being studied as a way to shift the circadian system and reset the body's clock. Properly timed exposure to bright lights may help advance the sleep cycle.

3. Chronotherapy can be used to "rest" the circadian system. This technique makes use of the natural 25-hour rhythm, employing later and later bedtimes until the patient has rotated bedtime completely around the clock and the desired bedtime is reached.

4. Some researchers have explored the use of supplemental melatonin, a naturally occurring substance that increases in the bloodstream during the night. Although this form of treatment is experimental, it is believed to help promote sleep onset.

SLEEP HYGIENE

These guidelines can be helpful in alleviating all types of sleep disorders. These suggestions will help most people sleep well.

- Get up about the same time every day.
- Go to bed only when sleep
- Establish relaxing pre - sleep rituals - such as a warm bath, light bedtime snack, or 10 minutes of reading.
- Exercising regularly. Confine vigorous exercise to early hours, at least six hours before bedtime and do mild exercise - such a simple stretching or walking- at least four hours prior to bedtime.
- Keep a regular schedule. Regular times for meals, medication, and other activities help keep the inner clock running smoothly.
- Avoid ingestion of caffeine with six hours of bedtime. Don't drink alcohol, especially when sleepy. Even small does of alcohol can have a potent effect when combined with tiredness.
- Avoid smoking close to bedtime.
- Try to nap at the same time every day; mid afternoon is the best time for most people
- Avoid sleeping pills, or use them conservatively. Most doctors avoid prescribing sleeping pills for periods longer than three weeks.

COPING WITH SHIFT WORK

Several million Indians work a shift other than a regular day shift and must face the problems of sleeping during the day and being alert on the job at night. Working a schedule different from most of the world can be challenging, but following some simple guidelines may help make shift work easier to live with - and safer, too.

Two particular sleep-related problems are associated with the shift work: difficulty sleeping during the day, and difficulty staying alert and night. There is evidence that shift work can result in significant social and family problems, and in an increased incidence of illness. Shift workers most affected are those who work nights (generally between 11:00 p.m. and 7.00 a.m.), and those who rotate shifts.

The body's circadian rhythm is its alternating cycle of sleeping and waking. In healthy adults, sleep

tends to occur during a particular phase of the circadian rhythm. Those who work the night shift must attempt to sleep when their bodies want to be awake, resulting in a contradictory relationship between sleep time and circadian rhythm.

Some researchers believe that complete adjustment to permanent irregular shifts may take as long as three years, and others believe the body never fully adjusts to an abnormal sleep/wake schedule. Whichever is true, night workers tend to be continually sleep-deprived. The average sleep cycle for a night shift worker sleeping during the day is two to four hours shorter than that of a day worker sleeping at night. Day sleep is light, fragmented, and more likely to be disrupted. Sleep deprivation and insomnia can be severe in shift workers.

Also, the sleep problems of shift workers are sometimes complicated by a sleep disorder (such as narcolepsy or sleep apnea) and/or a schedule that does not allow for sufficient sleep. A visit to a healthcare provider is required if you suspect you may have a sleep disorder.

Consequences of circadian rhythm disorder

The circadian rhythm affects job performance, since people are generally sleepiest between 2:00 and 5:00 a.m., even after years of working nights. Numerous laboratory studies, as well as field studies, demonstrate that sleepiness affects an individual's performance, memory, intellectual capacity, motor coordination, and mood.

Example abound of serious accidents that appear to be secondary to insufficient sleep and consequent sleepiness among night workers: the Three Mile Island nuclear power plant incident and the Exxon Valdez grounding are among these. The cost of sleep-related accidents to society is enormous. The consequences of shift work are clearly not trivial.

Shift workers must also cope with the social problems that result from working while the rest of the world is in bed, and sleeping while the rest of the world is at work or engaged in leisure activities. Many night workers complain that they don't have enough time to spend with family and friends, to relax, make appointments, run errands, and so on. Since most activities are planned according to the schedule of a typical day worker, a shift worker may feel alienated and frustrated by the differences between his or her personal schedule and that of the rest of the world.

Treatment Strategies

A variety of treatment strategies are necessary because work settings vary considerably, and the ideal strategy for workers in a hospital, for example, may not be desirable for workers on an assembly line. Also, some people are better suited to shift work than others. "Night people" adjust to the night shift better than "morning people". Older workers on the whole find it increasingly difficult to work nights and rotating shifts. Several strategies appear to benefit the problems of shift work; the approach likely to be most helpful depends upon the individual worker and the circumstances.

Work Schedules

A work schedule that allows employees to sleep when they are off duty and be alert when on duty is ideal. The best distribution of schedules for shift work operations varies by industry and by job within an industry. Work scheduling changes that accommodate the circadian rhythm by rotating clockwise from day to evening to night - are helpful. Studies have shown that changes in the work schedule that consider circadian factors are likely to lead workers to be more productive and feel more satisfied, and to reduce accidents. An ideal schedule in a particular situation must be individually determined.

Breaks schedule during work may enhance alertness

Breaks scheduled during work hours may enhance alertness. There is some evidence that brief rest periods in certain types of jobs may reduce fatigue without reducing output; in fact, breaks may actually

increase productivity and worker satisfaction. Employers are encouraged to investigate scheduling changes that may benefit employees and productivity.

Sleep Schedules

Permanent night workers should maintain a regular (day) sleep schedule seven days a week, even on days off work. Reverting to a typical day schedule during time off will simply make it harder to sleep during the day after returning to work.

Those who rotate shifts can adjust sleep schedules so that they will be able to adapt more easily to the new shift. On the last few days of the evening shift, for example, bedtimes and arise times should be delayed one to two hours. Workers can then begin their stint on the night shift already well on the way to being adapted to the new schedule. Family and social considerations, of course, may make it difficult or impossible to follow these suggestions to delay sleep. Returning to a normal day/night schedule on days off can lose any advantage gained by using this technique.

Workers who are subject to on-call shifts will recognize that their sleep problems are somewhat different from those of night and rotating shift workers. Because on-call workers usually can't predict work schedules far enough in advance to plan an appropriate sleep/wake schedule, they should try to be well rested at all times. They may find naps helpful.

Although there is some evidence that sleep obtained in a single stretch is preferable to the same amount of sleep obtained in several segments, shift workers who can't maintain their sleep during the day may increase the overall number of hours they sleep by napping. Napping can benefit shift workers in terms of both the sleep problems and the performance difficulties associated with their schedules. Brief naps taken during a work shift may only temporarily enhance alertness, since performance can be hindered briefly as a result of sleep inertia. Sleep inertia is the body's tendency to want to remain at rest for 15 minutes to an hour after awakening. The effects of sleep inertia on the employee's responsibilities must be considered, especially if there is a need to wake up quickly and react immediately to a job situation.

Naps taken off-shift at an appropriate point in a worker's circadian rhythm can help offset the sleep loss associated with poor daytime sleep. While naps are not a substitute for a regular schedule of adequate sleep, they can help people who are sleep-deprived reduce their sleep debt and improve alertness, at least temporarily.

Prescription Medication

Shift workers to override the circadian rhythm in order to induce sleep, often use ‘Sleeping tablets’. There are disadvantages to using these medications, including side effects in some individuals. The long-term use of medication should be avoided because its effectiveness wears off over time and dependency on the drug may develop. Most important, however, is the evidence that improving daytime sleep with the use of hypnotics only marginally improves alertness and performance on the subsequent night shift. Although sleeping pills may provide relief, and may be appropriate in conjunction with other measures, they do not address the actual cause of the shift worker's sleep difficulties, since sleeping pills cannot reset the internal clock. If you think you may benefit from taking a sleeping pill occasionally, talk with your doctor.

Stimulants

Research has shown that the occasional use of stimulants such as caffeine, can significantly reduce sleepiness and improve your ability to be alert on the night shift. However, caffeine should be avoided within four hours of the desired bedtime since it can cause insomnia.

Melatonin

Our brain's natural production of melatonin also has a circadian rhythm that appears to affect our sleep/wake cycle. Melatonin is a chemical produced by the pineal gland in the brain at night during sleep. Research has recently begun to investigate the possibility that giving a synthetic form of melatonin to night workers in the morning may help shift their circadian rhythms so they can during the day and be alert at night.

Bright light therapy

There is some evidence that timed exposure to bright light can help adjust the sleep cycle quickly. Just as the sun helps set the body's clock, exposure to bright light may actually have the effect of shifting the circadian phase, reversing the sleep/wake schedule of night shift workers so that they are able to sleep during the day and be alert on the job at night. It is important to discuss the proper timing of light exposure with your doctor. Along the same lines, workers should wear sunglasses on the trip home from the night shift in order to minimize the effect of sunlight on their body clocks.

Sleep hygiene

All shift workers can benefit by following the guidelines of good sleep hygiene, especially the need to sleep in a dark, quiet room. Proper sleep hygiene requires using the bedroom only for sleep and sexual activity (nor for watching TV or balancing the checkbook), keeping the room temperature cool land comfortable, relaxing before falling asleep, and having a regular routine for bed preparations, such as brushing teeth, putting on pajamas, and so on. It may also be helpful to buy dark curtains for the bedroom windows and also block out external noise as best as possible. Turning off the phone (yes, that includes your cell phone which is usually on 24 X 7) and disconnecting the doorbell or putting up a "Do not disturb" sign can also help.

Workplace conditions

Lighting levels, temperature, and job responsibilities in the workplace are among the factors likely to play a role in the alertness levels of shift workers. The workplace should be cool rather than warm, and should be bright to promote worker alertness. Employers should be sure that night workers have plenty of affricated beverages available, and that they can choose foods other than those typically available form vending machines. The setup of the workplace will determine how best to control these factors to promote alertness on the job. In general employers and employees should education themselves about the effects of shift work in their workplace and should encourage safety and efficiency.

Other measures

Diet may also play a role in good sleep; shift workers should eat meals that are high in protein and carbohydrates, and should avoid fried or hard - to - digest foods. It is not advisable for a shift worker (or anyone else) to go to bed when hungry or immediately after eating a large meal.

LIVING WITH NARCOLEPSY

Narcolepsy is a chronic (long - lasting) neurological (affecting the brain or nerves) disorder that involves your body's central nervous system. The central nervous system is the "highway" of nerves that carries messages from your brain to other parts of your body. For people with narcolepsy, the message about when to sleep and when to be awake sometimes hit road blocks or detours and arrive in the wrong place at the wrong time. This is why someone who has narcolepsy not managed by medication may fall asleep while eating dinner or driving a car - or at times when he or she wants to be awake.

Narcolepsy is a genetic disorder, meaning it runs in families. However, what causes narcolepsy is not yet known. About one in 2,000 people suffers from narcolepsy. It affects both men and women of any age, but its symptoms are usually noticed after puberty begins. For the majority of persons with narcolepsy, their first symptoms appear between the ages of 15 and 30. Often 10 - 15 years pass between the onset of symptoms and diagnosis.

Major symptoms

Excessive daytime sleepiness is usually the first symptom to appear, and often the most troubling. It is an overwhelming and recurring need to sleep at times when you want to be awake. In addition to sleepiness, key symptoms of narcolepsy can include regular episodes of:

- Cataplexy - a sudden loss of muscle control ranging from slight weakness to total collapse. It is commonly triggered by intense emotion (laughter, anger) or strenuous athletic activity. Most persons with narcolepsy have some degree of cataplexy.

- Sleep paralysis - being unable to talk or move for a brief period when falling asleep or waking up. Many people with narcolepsy suffer short-lasting partial or complete sleep paralysis.

- Hypnagogic hallucinations - vivid and often scary dreams and sounds reported when falling asleep. People without narcolepsy may experience hypnagogic hallucinations and sleep paralysis as well.

- Automatic behaviour - familiar, routine or boring tasks performed without full awareness or later memory of them.

Diagnosing Narcolepsy

In addition to a medical history and physician examination, a diagnosis is made from tests in an overnight sleep laboratory to measure brain waves and body movements as well as nerve and muscle function. A diagnosis also includes the results of the Multiple Sleep Latency Test (MSLT), which measures the time it takes to fall asleep and to go into deep sleep while taking several naps over a period of time.

Treatment options

The best treatment plan is the one that works for you. Treatment with medications is the first line of defense. Changes in behaviour combined with drug treatment have helped most persons with narcolepsy improve their alertness and enjoy an active lifestyle.

Common medication

Doctor generally prescribe stimulants to improve alertness and antidepressants to control cataplexy, hypnagogic hallucinations and sleep paralysis. Some of the most common side effects of stimulants are headache, irritability, nervousness, insomina, irregular heart beat and mood changes.

A new wake-promoting drug, modafinil, has been approved for use in treating the excessive daytime sleepiness associated with narcolepsy. Studies have shown that modafinil is effective in improving alertness with few side effects and low abuse potential. Several classes of antidepressants are prescribed to treat cataplexy, hypnagogic hallucinations and sleep paralysis.

Narcolepsy patients who have other health conditions (like high blood pressure, heart disease or

diabetes) should ask their doctor or pharmacist how medications for those conditions may interact with those taken for narcolepsy. If you take over-the-counter cold and allergy medications, keep in mind that they may make you sleepy.

Sleep hygiene and naps

Doctors generally agree that drug treatment is only one element of narcolepsy management. Changes in behaviour to encourage good nighttime sleep are important too. Try to

- Avoid caffeine, nictoine and alcohol in the later afternoon or evening,
- Exercise regularly, but at least three hours before bedtime.
- Not use your bed for any waking or unrelaxing activities,
- Establish a routine time for going to bed and getting and follow it regularly, and more importantly, enough sleep at night.

Some sleep specialists recommend several short daily naps along with drug treatment to help control excessive sleepiness and sleep attacks. This is specifically for patients with narcolepsy and contradictory to what is generally advised to other patients. If naps help you, set aside at least 20 - 40 minutes for sleep. Be sure you have time to wake up fully. Remember no studies have shown that daytime naps and good nighttime sleep are as effective as stimulants or other wake-promoting drugs for people with narcolepsy.

Living with narcolepsy

The symptoms of narcolepsy can often be effectively managed so that you do not miss the normal activities of life.

- Discuss any changes in your symptoms and possible side effects of medications with your doctor.
- Develop your own ways to cope with symptoms and cataplexy triggers.
- Schedule regular nap times.
- Seek out counselling, alone or with your family (A mental health professional may prove very helpful if your symptoms or emotions are overwhelming).

Learning with narcolepsy

- Because symptoms of narcolepsy may appear as early as age ten, some persons with narcolepsy must learn early on how to deal with the disorder while in school. With a good treatment plan and support from family, friends, and teachers, persons with narcolepsy can do well in school. Educating teachers and classmates can help. Parents can help by bringing their child's needs to the attention of school personnel (teachers, principal, or guidance counselor) as needed.

Working with narcolepsy

Persons with narcolepsy can find career success and job satisfaction. Persons treated for narcolepsy have successfully worked as doctors, lawyers, researchers and in other professional opportunities. Look for jobs that keep you active and busy, let you interact with others, keep you on the move, and allow a flexible schedule.

Narcolepsy and driving

You may need to drive to school or work, or as part of your job. The good news is that diagnosed and medically treated persons with narcolepsy appear no more at risk for crashes than the general public. However, like all drivers, narcoleptics should also be concerned about sleepiness behind the wheel.

- Do not drive or operate dangerous equipment if you are sleepy.
- Take a nap before driving, if possible.
- If you need a nap while on the road, find a safe place to pull over.
- Schedule trips to occur soon after you have taken your stimulant or wake promoting medication.
- Stimulating food and drink (chocolate, coffee, cola) may provide a short-term boost in alertness.

Narcolepsy and personal life

The symptoms of (and some of the drugs taken for) narcolepsy may affect your sex life or decision about having children. Sexual problems, such as low sex drive and impotency, may result from severe sleepiness, depression, medications or cataplectic attacks. These problems, especially any resulting from a new medication or changed dosage, should be discussed with your doctor.

A woman with narcolepsy who is pregnant (or is thinking about becoming pregnant) should speak to her doctor about the possible effects of her medication on the fetus. The emotional, physical and psychological demands of having a child should also be considered. Keep in mind that many women with narcolepsy do have healthy children and manage parenting successfully.