

EUROPEAN GUIDELINE:

Management of Narcolepsy in Adults & Children

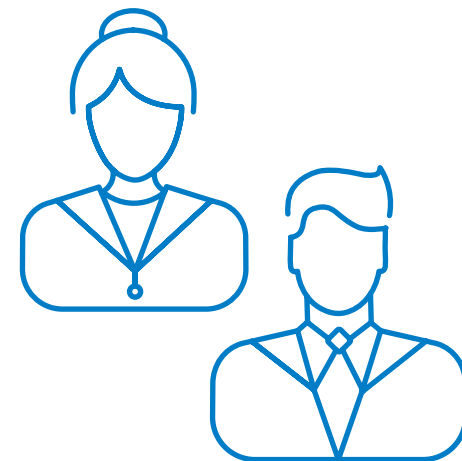
Written by EAN, ESRS and EU-NN

NARCOLEPSY is an uncommon disorder of presumed autoimmune origin that usually requires lifelong treatment. Narcolepsy typically has a pleomorphic clinical presentation and produces a considerable variety of different symptoms with a variable clinical course.

TREATMENT RECOMMENDATION

The management of narcolepsy involves non-pharmacological and pharmacological approaches, with an increasing number of symptomatic treatment options for adults and children.

ADULTS



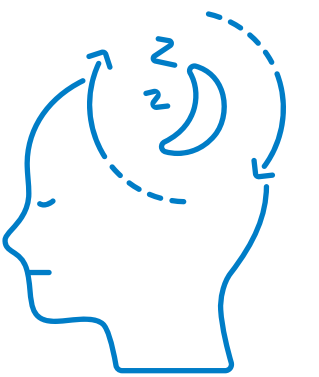
Excessive daytime sleepiness

/ Disturbed nocturnal sleep

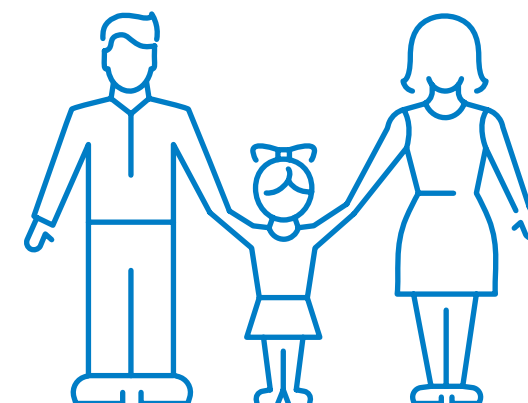
- Regular sleep-wake schedule & scheduled daytime naps (strong recommendation)
- Wake promoting agents during the day: Modafinil, pitolisant & solriamfetol (strong recommendation)
- Sodium oxybate during the night (strong recommendation)
- Wake promoting during the day: Methylphenidate & amphetamine-derivates (weak recommendation)

Cataplexy

- Sodium oxybate during the night (strong recommendation)
- Venlafaxine & clomipramine during the day (strong recommendation)
- Pitolisant during the day (weak recommendation)



CHILDREN



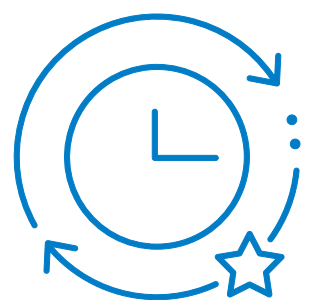
Excessive daytime sleepiness

/ Disturbed nocturnal sleep

- Regular sleep-wake schedule & scheduled daytime naps (strong recommendation)
- Sodium oxybate during the night (strong recommendation)
- Wake promoting during the day: Modafinil, methylphenidate, pitolisant & amphetamine-derivates during the day (weak recommendation)

Cataplexy

- Sodium oxybate during the night (strong recommendation)
- Antidepressants during the day (weak recommendation)



Read the full guideline in the *European Journal of Neurology*: <https://doi.org/10.1111/ene.14888>

When using GRADE, panels make strong recommendation when most clinicians and patients would choose the recommended course of action. Weak recommendation indicates that clinicians and patients should consider the recommended course of action, but the final decision should be based on discussion, case-by-case risks and preferences.



Treatment choices should be tailored to each patient's symptoms, needs, comorbidities and risk of potential drug interactions.