Could it be idiopathic hypersomnia (IH)?

Confidence in a diagnosis of IH remains challenging for several reasons[1]

Excessive daytime sleepiness (EDS) is a common symptom of many disorders

Ancillary symptoms overlap with other disorders

There is currently no validated biomarker for IH

Knowing the key symptoms and utilizing sleep testing can increase confidence in diagnosis of IH

Patient experienced EDS

EDS is an essential feature of IH[2]

Understanding key symptoms and other aspects of medical history are crucial when evaluating patients who present with EDS

Assess symptoms

In addition to EDS, patients with IH commonly report the following symptoms:

- **Severe and prolonged sleep inertia:** prolonged difficulty waking up, with repeated returns to sleep[2]
  Ask your patient: Is it extremely difficult for you, or even impossible, to wake up in the morning without several alarm clocks or the help of someone else?[3]
- **Long and unrefreshing naps:** of the patients who do nap during the day, the majority report taking naps longer than 60 minutes[2,4]
  Ask your patient: Do you feel refreshed after you nap?[3]
- **Prolonged sleep time:** ≥11 hours total sleep time per 24 hours[2]
  Ask your patient: If you had no obligations or commitments to consider, how long would you prefer to sleep at night?[3]
- **Cognitive dysfunction:** attention deficits, difficulty concentrating, memory loss[2,5]
  Ask your patient: Is it hard for you to sustain focus or remember things?[3,5]

Initiate sleep testing

If no clear cause of sleepiness is found or sleepiness persists after correction of other factors, sleep testing with polysomnography (PSG) and multiple sleep latency test (MSLT) should be considered.

PSG

PSG is important in the workup of patients with possible IH and is used to exclude other causes of EDS[2]

MSLT

If a patient has an MSL ≤8 min and <2 SOREMPs on the MSLT, consider a diagnosis of IH[2]

MSL, mean sleep latency; SOREMP, sleep onset rapid eye movement period.

More information on the *International Classification of Sleep Disorders* (3rd Edition, ICSD-3) diagnostic criteria for IH, including PSG and MSLT measures, can be found on the next page.

ICSD-3 Diagnostic Criteria

The ICSD-3 helps objectively diagnose patients and provides more information in developing an appropriate treatment plan.

For a diagnosis of idiopathic hypersomnia, the following must be met[2]

ICD-10-CM codes: G47.11 (with long sleep), G47.12 (without long sleep)

EDS daily for ≥3 months

Cataplexy is **NOT** present

MSLT shows <2 or no SOREMPs if the REM latency on the preceding PSG was ≤15 minutes

At least one of the following:

- MSLT shows a mean sleep latency of ≤8 minutes
- Total 24-hour sleep time is ≥660 minutes (typically 12-14 hours) on 24-hour PSG monitoring (performed after correction of chronic sleep deprivation), or by wrist actigraphy in association with a sleep log (averaged over at least 7 days with unrestricted sleep)

Insufficient sleep syndrome is ruled out

Hypersomnolence and/or MSLT findings are not better explained by another sleep disorder, other medical or psychiatric disorders, or use of drugs or medication

Additional supportive clinical features include[2]:

Severe and prolonged sleep inertia (trouble waking up in the morning)

High sleep efficiency (>90%)

Long, unrefreshing naps (>1 hour)

REM, rapid eye movement.

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US-SLE-2200071 Rev0522