

# Narcolepsy

Psychology



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Narcolepsy Narcolepsy A brief of the topic Narcolepsy refers to the condition that involves a person's inability to control their sleep cycles. Individuals have been indicated to have irresistible drowsiness during the day and may even feel sleepy at any time (Dauvilliers, Arnulf & Mignot, 2007). They might not have the capability to control their sleep and may even record long periods of being awake.

An analysis of this fact clearly explains how narcolepsy can be a health risk to the patients. The condition may also disrupt the daily routines of an individual to a great extent, and even cause depression to the patients. As seen in the research conducted by Burrow, et al (2005), the management of the condition is a major issue as well, since the patients in question have to learn how to control the sleeping hours and even lead a normal life.

Thesis: Narcolepsy has adverse effects on the life of the patients suffering from the condition. Treatment and management of the condition can help the patients deal with the condition and even lead a normal life.

Annotated Bibliography:

Burrow, B. Burkle, C., David, W. & Chini, E. (2005). Postoperative outcome of patients with narcolepsy. A retrospective analysis. *Journal of clinical anesthesia*, 17 (1), 21-5. doi: 10. 1016/j. jclinane. 2004. 03. 007.

In this work, the authors aimed at determining the postoperative effect of narcolepsy patients since these patients have been indicated to be prone to high risks of complications after operation (Burrow, et al., 2005). The authors used a retrospective chart review design to collect its data in an academic medical center. The narcolepsy patients were treated pharmacologically at the Mayo Clinic. From the surgical treatment, the narcolepsy patients were indicated to be at no risks of complications after operations. The authors <https://assignbuster.com/narcolepsy/>

concluded that the pharmacological therapy for the narcolepsy patients should be continued since there is no increase for complications after operations (Burrow, et al., 2005).

Dauvilliers, Y., Arnulf, I. & Mignot, E. (2007). Narcolepsy with cataplexy. *Lancet*, 369 (9560), 499-511. doi: [http://dx.doi.org/10.1016/S0140-6736\(07\)60237-2](http://dx.doi.org/10.1016/S0140-6736(07)60237-2).

Dauvilliers, Arnulf & Mignot (2007) conducted their research on nine narcolepsy patients by transferring their IgG to mice. They then assessed the impact of contractile responses to cholinergic stimulation. Their research found out that the IgG from the narcolepsy boosted contractile responses to muscarinic agonist carbachol and acetylcholine. The conclusion relates to the fact that there exists autoimmune assumption of narcolepsy.

Smith, A., Jackson, M. W, Neufing, P., McEvoy, R. D. & Gordon, T. (2004). A functional autoantibody in narcolepsy. *Lancet* 364 (9451), 2122-4. doi: 10.1016/S0140-6736(04)17553-3.

In this work, Smith, et al (2004) write that narcolepsy is a disorder that affects that about 0.02% of the adults around the globe. With this alarming statistics, the authors indicate that there is treatment for the same. A treatment through the use of stimulant drugs such as sleep suppressors, antidepressants for cataplexy and hydroxybutyrate (Smith, et al., 2004). The authors also recommend for an early identification of any chances of sleepiness during day time. The authors also provide characteristics of narcolepsy that range from rapid movement of the eyes, sudden sleep, constant movements during sleep, gaining a lot of weight, waking up constantly while sleeping to hallucinations. If caution is not put, Smith, et al (2004) indicate that narcolepsy may persist throughout an individual's life. <https://assignbuster.com/narcolepsy/>

At times, the patients may suffer from neural loss as a great percentage of these patients have HLA DQB1\*0602 allele that makes them prone to the sleeping disorder (Smith, et al., 2004).

#### References

Burrow, B. Burkle, C., David, W. & Chini, E. (2005). Postoperative outcome of patients with narcolepsy. A retrospective analysis. *Journal of Clinical Anesthesia*, 17 (1), 21-5. doi: 10. 1016/j. jclinane. 2004. 03. 007.

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