

# IDIOPATHIC HYPERSOMNIA



Idiopathic Hypersomnia (IH), sometimes referred to as Idiopathic Hypersomnolence, is a neurological sleep/wake disorder characterised by excessive sleep and daytime sleepiness. It is a debilitating condition often profoundly affecting work, education and relationships.

Most people can feel tired, fatigued and at times, excessively sleepy, particularly when they do not get enough sleep. However what sets people with IH apart, is that they experience extreme sleepiness despite getting adequate, or typically more than adequate, hours of sleep. Their sleep may be deep and uninterrupted, but it is not refreshing. Despite extraordinary amounts of good quality sleep people with IH are in an almost constant state of sleepiness.

**Symptoms.** The main symptom of IH is excessive deep sleep. Despite adequate and often extraordinary amounts of good quality sleep (eg: 11 hours or more per night) people with IH still feel excessively sleepy during the day. Other symptoms typically include:

- Chronic excessive daytime sleepiness often resulting in long daytime naps.
- Long and unrefreshing naps. Naps are usually more than one hour long and are typically not refreshing.
- Extreme and prolonged difficulty awakening from sleep, confusion, disorientation, irritability and poor coordination, with an uncontrollable desire to go back to sleep. It can also be accompanied by automatic behaviour (performing tasks without consciously knowing it and not remembering you have done them eg: turning off alarm clocks or answering your phone). This is clinically known as “sleep drunkenness”.
- Cognitive dysfunction (commonly referred to as 'brain fog'): problems with memory, automatic behaviour, concentration and attention.

Unlike in other sleep disorders, the sleep in patients with Idiopathic Hypersomnia is normal; there are no disturbances that can account for these symptoms.

**Diagnosis.** Diagnosing IH can be difficult as excessive daytime sleepiness can be caused by various disorders and/or conditions as well as numerous medications. A physical examination, medical tests and a comprehensive medical history are necessary to rule out all other possible causes, including insufficient sleep. Sleep studies involving a Polysomnography (PSG) followed immediately by a Multiple Sleep Latency Test (MSLT) are also carried out to exclude other sleep disorders such as sleep apnea.

**Treatment and Management.** There are no medications specifically for Idiopathic Hypersomnia. Medications used to treat Narcolepsy, including stimulants and wake-promoting medications, are prescribed to counter the daytime sleepiness, however there are no medications currently available that assist with cognitive dysfunction or extreme difficulty waking up and sleep drunkenness.

Stimulant and wake-promoting medications can be helpful to relieve sleepiness for some patients, however they are rarely effective long term. Some people with IH find a combination of medication and lifestyle changes are helpful in managing their symptoms. Lifestyles changes can be difficult to initiate (and maintain) for people with chronic illness and may need the assistance of a specialist therapist.

For more information, please refer to [Hypersomnolence Australia](#).

**DISCLAIMER - Information provided in this fact sheet is general in content and should not be seen as a substitute for professional medical advice. Concerns over sleep or other medical conditions should be discussed with your family doctor.**