

Hypersomnia: Therapeutic Procedure, Diagnosis and Evaluation

Tomoko Masui*

Department of Cell Biology, Tohoku University Hospital, Sendai, Japan

DESCRIPTION

Hypersomnia, a neurological disorder characterized by excessive daytime sleepiness, can significantly disrupt an individual's daily life, affecting their productivity, mood, and overall well-being. Fortunately, several therapeutic procedures are available to help manage and alleviate the symptoms of hypersomnia. In this article, we will explore the various treatment options and strategies that healthcare professionals employ to assist those affected by hypersomnia [1].

Diagnosis and evaluation

The first step in treating hypersomnia is a comprehensive diagnosis and evaluation. Healthcare professionals must distinguish hypersomnia from other sleep disorders like sleep apnea, narcolepsy, and circadian rhythm disorders. A thorough evaluation typically includes a detailed medical history, a physical examination, and sleep studies (polysomnography and multiple sleep latency tests) to measure the patient's sleep patterns and identify any underlying causes [2-4].

Lifestyle modifications

In many cases, making certain lifestyle modifications can significantly improve the management of hypersomnia. Healthcare providers often recommend the following changes:

Regular sleep schedule: Maintaining a consistent sleep schedule, even on weekends, can help regulate sleep patterns and reduce daytime sleepiness.

Healthy diet: Avoiding excessive caffeine and alcohol intake, as well as maintaining a balanced diet, can contribute to better sleep quality.

Physical activity: Engaging in regular physical activity can help improve sleep quality and reduce hypersomnia symptoms.

Stress management: Stress and anxiety can exacerbate hypersomnia. Relaxation techniques like meditation, yoga, and deep breathing exercises can be beneficial [4-6].

Medication

In some cases, medication may be prescribed to manage hypersomnia symptoms. The choice of medication depends on the underlying cause of the condition. Common medications used to treat hypersomnia include:

Stimulants: Central nervous system stimulants like modafinil and armodafinil are often prescribed to promote wakefulness and reduce daytime sleepiness.

Antidepressants: Some patients with hypersomnia may benefit from tricyclic antidepressants or Selective Serotonin Reuptake Inhibitors (SSRIs) to improve sleep quality and mood.

Sodium oxybate: In cases of narcolepsy with cataplexy, sodium oxybate can help control excessive daytime sleepiness and cataplexy episodes [6-8].

Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy for hypersomnia (CBT-I) is a non-pharmacological approach that focuses on improving sleep patterns and addressing the psychological aspects of hypersomnia. It can help individuals develop healthy sleep habits, manage stress, and cope with the emotional challenges of living with hypersomnia [9].

Lifestyle and environmental adjustments

Simple adjustments in one's living environment can have a positive impact on managing hypersomnia:

Scheduled naps: Planned short naps during the day can alleviate extreme sleepiness. Healthcare providers may recommend the optimal duration and timing of these naps.

Avoiding shift work: People with hypersomnia should avoid shift work or irregular work hours, as they can disrupt the body's natural sleep-wake cycle.

Bright light exposure: Light therapy, particularly in the morning, can help reset the circadian rhythm, making it easier to wake up and stay alert during the day [10].

Correspondence to: Tomoko Masui, Department of Cell Biology, Tohoku University Hospital, Sendai, Japan, E-mail: Masui0@gmail.com

Received: 14-Aug-2023, Manuscript No. JSDT-23-27726; **Editor assigned:** 16-Aug-2023, PreQC No. JSDT-23-27726 (PQ); **Reviewed:** 30-Aug-2023, QC No. JSDT-23-27726; **Revised:** 06-Sep-2023, Manuscript No. JSDT-23-27726 (R); **Published:** 14-Sep-2023, DOI: 10.35248/2167-0277.23.12.477.

Citation: Masui T (2023) Hypersomnia: Therapeutic Procedure, Diagnosis and Evaluation. J Sleep Disord Ther. 12:477.

Copyright: © 2023 Masui T. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

CONCLUSION

Hypersomnia can have a profound impact on an individual's life, affecting their ability to work, socialize, and maintain their overall health and well-being. Fortunately, a range of therapeutic procedures are available to help manage and alleviate hypersomnia symptoms. It is essential for individuals with hypersomnia to work closely with healthcare professionals to identify the most suitable treatment plan, which may involve lifestyle modifications, medication, cognitive behavioral therapy, or a combination of these approaches. With the right treatment and support, individuals with hypersomnia can lead more productive and fulfilling lives.

REFERENCES

1. Xie WY, Shen Y, Chen Y, Zhuang S, Wang YL, Jin H. REM sleep without atonia and vestibular-evoked myogenic potentials: Clinical brainstem dysfunction in early-stage Parkinson's disease and isolated REM sleep behavior disorder. *Sleep Med.* 2022; 89:122-129.
2. Zammit G, Mayleben D, Fietze I, Pain S, Gimona A, Kinter DS. Effects of daridorexant on Total Sleep Time (TST) and sleep stage proportions in patients with insomnia disorder. *Sleep Med.* 2022;100:S118.
3. Krishnan V, Collop N. Systemic and pulmonary hypertension and sleep.
4. Tiwari S, Arora D, Nagar V. Comparative approach to detect nocturnal frontal lobe epilepsy sleep disorder through frequency spectrum and its energy levels. *Proc Comp Sci.* 2023; 218:479-487.
5. Kobayashi I, Lavela J, Bell K, Mellman TA. The impact of posttraumatic stress disorder versus resilience on nocturnal autonomic nervous system activity as functions of sleep stage and time of sleep. *Physiology & behavior.* 2016; 164:11-18.
6. Hanly P. Sleep disorders and end-stage renal disease. *Current opinion in pulmonary medicine.* 2008;14(6):543-550.
7. Monegro A, Gawri K. Heart rate variability in children with sleep disordered breathing. *Pro Pediatr Cardiol.* 2023.
8. Sheibani M, Shayan M, Khalilzadeh M, Ghasemi M, Dehpour AR. Orexin receptor antagonists in the pathophysiology and treatment of sleep disorders and epilepsy. *Neuro.* 2023:102335.
9. Simor P, Horváth K, Ujma PP, Gombos F, Bódizs R. Fluctuations between sleep and wakefulness: Wake-like features indicated by increased EEG alpha power during different sleep stages in nightmare disorder. *Biologi psycho.* 2013;94(3):592-600.
10. Yan H, Huang Z, Lu Y, Qiu Y, Li M, Li J. Associations between metabolic disorders and sleep disturbance in patients with schizophrenia. *Compre Psychia.* 2023; 122:152369.