

Novel Biomarkers for Identifying Narcolepsy using the Body's Systemic Networks

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DESCRIPTION

Chronic narcolepsy is a neurological condition that impairs the brain's ability to regulate sleep-wake cycles. Individuals with narcolepsy might feel rested subsequent to waking experience exceptionally sluggish all through a large part of the day. In addition, a lot of people who have narcolepsy have trouble sleeping and often wake up in the middle of the night.

Narcolepsy can significantly influence day to day exercises. Even when engaged in activities such as driving, eating, or conversing, people may unintentionally fall asleep. Additional symptoms include vivid dreams or hallucinations, sleep paralysis, which is complete paralysis shortly before going to sleep or right after waking up, and cataplexy, which is a sudden weakness of the muscles that causes the person to go limp or be unable to move.

Who gets sleep apnea?

Male and female sufferers of narcolepsy are equally affected. Symptoms can appear at any time, but they typically begin in childhood, adolescence, or young adulthood (ages 7 to 25). Narcolepsy is thought to affect anywhere from 135,000 to 200,000 people in the United States. However, the number may be higher given that this condition is frequently misdiagnosed. It can take years for a person with narcolepsy to receive the correct diagnosis because they are frequently misdiagnosed with other conditions, such as psychiatric disorders or emotional issues.

What symptoms are present?

Narcolepsy is a problem that lasts a lifetime, but it rarely gets worse with age. Over time, symptoms may partially improve, but they will never completely disappear. Cataplexy, excessive daytime sleepiness, sleep paralysis, and hallucinations are the most common symptoms. Even though everyone experiences excessive daytime sleepiness, only 10 to 25 percent of those

affected will experience all of the other symptoms during their illness.

What kinds of narcolepsy are there?

There are two significant kinds of narcolepsy

Narcolepsy type 1 (formerly known as narcolepsy with cataplexy): This diagnosis is based on the individual reporting cataplexy and excessive daytime sleepiness on a special nap test or having low levels of a brain hormone called hypocretin.

Narcolepsy of type 2 (formerly known as narcolepsy without cataplexy): This condition causes excessive daytime sleepiness but rarely results in emotional-caused muscle weakness. They typically also have normal levels of the brain hormone hypocretin and exhibit symptoms that are typically less severe.

An injury to the hypothalamus, a deep part of the brain that helps regulate sleep, can lead to secondary narcolepsy. In addition to the usual signs and symptoms of narcolepsy, some people may also have serious neurological issues and sleep for a long time each night (more than 10 hours).

CONCLUSION

A person enters Rapid Eye Movement (REM) sleep after 60 to 90 minutes in a typical sleep cycle. REM sleep is when dreams happen, and during this stage of sleep, the brain keeps the muscles limber, which prevents people from acting out their dreams. Within 15 minutes of falling asleep, people with narcolepsy typically enter REM sleep. Additionally, REM sleep-induced muscle weakness or dream activity can occur during wakefulness or not during sleep. This helps to explain some narcolepsy symptoms. Narcolepsy can hinder academic, professional, and social activities as well as interfere with psychological, social, and cognitive development if it is not treated or diagnosed.

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