UNDERSTANDING YOUR DIAGNOSIS

Hypersomnolence

Also called Hypersomnolence Disorder

You sleep long and hard and still wake up exhausted. This is a real sleep disorder, not a lack of willpower.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 100 adults	Late teens to early 20s	Yes - medicines help most	Men and women equally

What this is

- You sleep at least **7 hours**, often 9 or more, and still feel heavily sleepy all day. The sleep just does not restore you.
- Waking up is the worst part. You come out of sleep confused, groggy, and irritable, sometimes for an hour or longer.
- This is not depression, and it is not laziness, though almost everyone gets told one or the other first.
- It is diagnosed with a home sleep tracker for a week or two, then an overnight sleep study and a set of daytime nap tests.

What it can look and feel like

- You need several alarms across the room, or another person, just to get you out of bed in the morning.
- For the first stretch after waking you are foggy and clumsy, and later you barely remember what you said or did.
- Naps are long, often over an hour, and you wake from them feeling no better than before you lay down.
- You drift off in class, in meetings, at the movies, and most frighteningly for a second or two at the wheel.
- Your memory and concentration have slipped, and grades or job reviews have gone down with them.
- You get lightheaded standing up, your hands and feet run cold, and headaches are common.
- You do not have collapse spells from laughter, and that absence is one thing that separates this from narcolepsy.

What is happening in your brain and body

- Sleep pressure builds through the day and normally drains away overnight. In this condition it seems to drain far too slowly.
- The brain chemical that is missing in narcolepsy, **orexin**, is at normal levels here, so something different is going on.
- In some people the spinal fluid seems to boost the brain's own calming signal, keeping the sleep brake on into the daytime.
- Sleep studies show you fall asleep quickly and sleep efficiently. The problem is quality of alertness, not quantity of sleep.
- Untreated sleepiness raises your crash risk several times over, which is why driving safety is part of the treatment plan.

What can make it more likely

- About a third of people have a relative with something similar, so there is likely a genetic piece, though no single gene explains it.
- It often starts in the late teens or early twenties, sometimes after an infection, a head injury, or a long illness.
- Some cases turn out to be caused by another problem: thyroid trouble, low iron, sleep apnea, or simply not enough sleep.
- Many medicines cause the same picture: sedating antidepressants, antihistamines, gabapentin, opioids, and cannabis.

What to expect

- This tends to stay steady over the years rather than getting worse, and medicines bring real improvement for most people.
- Finding the right medicine takes a few tries. Give each one a fair trial before deciding whether it is working.
- Getting the label right is often a relief in itself, after years of being told you were unmotivated or depressed.
- Accommodations at school or work, like a later start and protected rest breaks, matter as much as the prescription.

What helps

Treatment works. Most people get better.

Talking therapies

- **Talk therapy** here is practical: morning routines, planning the day around your best hours, and unpicking years of self-blame.
- Behavioral sleep work sets one fixed wake time. Staying in bed longer usually makes the grogginess worse, not better.
- Bringing family, teachers, or an employer into a session reframes this as a brain condition and gets accommodations moving.
- If low mood is part of your picture, treat it too, using activating medicines rather than sedating ones where possible.
- A peer group helps. This condition is poorly known, and meeting others who get it cuts the isolation quickly.

Medicines

- **Wake-promoting medicines** such as modafinil or armodafinil are usually tried first and help many people considerably.
- **Stimulants** like methylphenidate or amphetamine salts are the next step when the first group is not enough.
- **Solriamfetol** and **pitolisant** are newer wake-promoting options your prescriber may use, sometimes off-label.
- **Lower-sodium oxybate**, a liquid taken at night, is approved for this kind of sleepiness and needs careful monitoring.
- Modafinil can make birth control pills less reliable. All doses and choices are worked out with your prescriber.

Everyday things that help

- Keep one wake time every day, and resist the urge to stretch sleep out. Extra hours in bed usually deepen the fog.
- Plan demanding work for your sharpest window, and build in a real buffer for the slow start to your morning.
- Be strict about driving. If you feel foggy or you have been microsleeping, do not get in the car.
- Review every medicine and supplement with your prescriber. Sedating ones are a very common hidden cause.
- Ask for written accommodations: a later start time, flexible scheduling, and protected breaks to rest.

Get help right away if

- Falling asleep or microsleeping while driving is an emergency. Stop driving and call your clinician.
- Sudden severe sleepiness with fever, headache, or confusion needs emergency care now.
- If you feel hopeless or think about ending your life, call or text **988** or go to the nearest ER.

Questions to ask your care team

- *Have we ruled out sleep apnea, thyroid problems, and low iron?*
- *Are any of my current medicines adding to this sleepiness?*
- *Which medicine do we start with, and how long is a fair trial?*
- *What should I put in writing for school or work accommodations?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.