EXCESSIVE DAYTIME SLEEPINESS (p.1)

Second to the complaint of “I can’t sleep” (insomnia), the next biggest complaint is of “I’m too sleepy during the day”, “I fall asleep when I do not want to”, or “I can fall asleep anytime, anywhere”…..EDS

1. The “costs” of EDS
   are many, to the individual, to the greater society
   lowered vigilance, less clear thinking, less emotional control,
   increased irritability
   increased accidents, hospital errors, poor data entry, poorer school performance, poorer social relationships, etc.

2. Are we aware of our EDS?
   Often the answer is NO!
   a failure to appreciate the degree of our EDS is very common…
   which increases the risks because precautions are not taken
   Can doctor rely on patient’s answer to “Are you sleepy?”…No!
   When we are aware of being “sleepy”, why do we ignore it?
   What is EDS? = the increased tendency to “fall asleep”, lose consciousness, show altered EEG frequencies, become mentally “detached” from environmental stimuli, etc.

3. Need for formal evaluation of EDS
   need a formal, empirical test of EDS
   must be reliable, valid, sensitive, inexpensive, easily administered, & rapid…true of all measurement techniques

4. Types of assessment for “sleepiness”
   a. clinical history
   b. subjective self-report questionnaires (paper&pencil tests)
   c. performance tests
   of vigilance, in simulations, during actual performance
   d. physiological measurements
   MSLT, MWT, pupillometry, actigraphy, other?
EXCESSIVE DAYTIME SLEEPINESS (cont.) (p.2)

5. **Other related issues**
   - sleep hygiene
   - use of caffeine, nicotine, ETOH (dietary stimulants & sed-hypnotics)
   - current medications (e.g. antidepressants, stimulants, tranquilizers, asthma medications, antihistamines, etc.)
   - amount/quality of sleep the prior night
   - amount of naps during the prior day
   - time of last meal and quantity/type of food eaten

(read the “10 best things to say if your boss catches you sleeping at your desk at work”)