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Review Article

Cognitive behavioral treatment for narcolepsy: can it complement pharmacotherapy?



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ABSTRACT

Sleep medicine in general and psychology in particular have recently developed cognitive behavioral treatment for narcolepsy (CBT-N). Despite a growing interest in this topic, most studies since 2007 have reviewed CBT applications for other sleep disorders. Currently, 6 reviews have been published on narcolepsy, with an expert consensus being reached that CBT represented an important adjunctive treatment for the disease. The current paper reviews the need for CBT applications for narcolepsy by generalizing the application of multicomponent treatments and performing studies that extrapolate the results obtained from multicenter studies. Nineteen studies were found in which the need-for-treatment guidelines identified the use of CBT for narcolepsy. Three additional studies were identified that evaluated the effectiveness of cognitive behavioral measures and multicomponent treatments for which treatment protocols have been proposed.

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1. Introduction

Narcolepsy is a disabling sleep disorder that significantly affects overall patient functioning. One study reported that this disease affects 1 in 2000 individuals [1]. Narcolepsy consists of a set of core symptoms known by many authors as “narcoleptic tetrad”. These symptoms include excessive daytime sleepiness (EDS; i.e., sudden sleep attacks during the day), cataplexy (i.e., the loss of muscle tone during intense emotions), sleep paralysis (i.e., feeling unable to move when waking up), hypnagogic hallucinations (i.e., active hallucinations prior to the onset of sleep), and dream pattern alterations [2] as well as secondary symptoms that accompany the disorder, such as automatic behaviors and cognitive deficits [3–6].

Different consequences of narcolepsy have been described [7,8]. Because this disease is chronic, patients and their families have trouble coping with it. Furthermore, narcolepsy is associated with an increased risk of work-related and transit accidents [9], sexual dysfunctions [10], neuropsychological alterations [9,11,12] (increased reaction time, decreased executive functioning), and an overall significant reduction in quality of life [10,13–15].

The treatment of choice for narcolepsy consists of prescribing stimulants to control EDS and antidepressants to treat parasomnias and associated cataplexy. Drug therapy has been highly recommended and supported by well-designed research that shows its effectiveness.

Conversely, the implementation of CBT (i.e., the systematic application of the principles and learning techniques needed to evaluate and improve behavior) has not been well studied with regard to narcolepsy, most likely because

- the studies performed have specific methodological weaknesses or are case reports;
- the low prevalence of narcolepsy draws little attention from psychologists; and
- psychologists have limited interest in working with patients who have diseases that “are the exclusive domain of medical doctors”.

As Fig. 1 shows, however, 32.4% of psychologists who are trained in CBT are interested in applying it to cases of narcolepsy (American Association of Sleep Medicine AASM, [16]). This figure

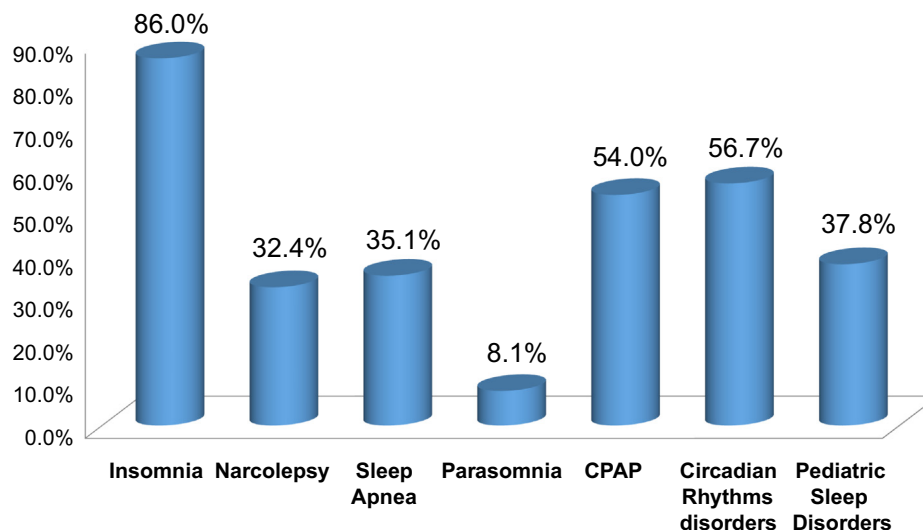


Fig. 1 – Training rates by interest in cognitive behavioral intervention for sleep disorders in the United States 2007.

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