WEBVTT

- NOTE duration:"00:59:22.1760000"
- NOTE language:en-us
- NOTE Confidence: 0.920546
- 00:00:05.530 --> 00:00:06.150 Alright.
- NOTE Confidence: 0.81509787
- $00:00:10.160 \longrightarrow 00:00:13.490$ Let's see, people are filing in. Perfect.
- NOTE Confidence: 0.81515574
- $00{:}00{:}20{.}570 \dashrightarrow 00{:}00{:}22{.}370$ Alright, well good afternoon every body.
- NOTE Confidence: 0.81515574
- $00{:}00{:}22.370$ --> $00{:}00{:}24.938$ My name is Andres in truck and thank NOTE Confidence: 0.81515574
- 00:00:24.938 --> 00:00:27.437 you again for joining us for yet
- NOTE Confidence: 0.81515574
- $00:00:27.437 \dashrightarrow 00:00:29.678$ another edition of the joint Yale
- NOTE Confidence: 0.81515574
- 00:00:29.678 --> 00:00:31.982 Harvard Tufts Sleep Seminars and in
- NOTE Confidence: 0.81515574
- $00{:}00{:}31.982 \dashrightarrow 00{:}00{:}34.484$ the setting of the Yale Sleep Center,
- NOTE Confidence: 0.81515574
- $00{:}00{:}34.484 \dashrightarrow 00{:}00{:}36.500$ there occurs at 2:00 PM and
- NOTE Confidence: 0.81515574
- 00:00:36.570 --> 00:00:38.520 every Wednesday and so today.
- NOTE Confidence: 0.81515574
- $00:00:38.520 \longrightarrow 00:00:40.674$ We are lucky to hear from
- NOTE Confidence: 0.81515574
- 00:00:40.674 --> 00:00:42.110 Doctor Auster from Tufts,
- NOTE Confidence: 0.81515574
- $00:00:42.110 \longrightarrow 00:00:44.258$ will be introduced by Doctor Grover.
- NOTE Confidence: 0.81515574
- $00:00:44.260 \longrightarrow 00:00:46.700$ But first I just want to take a

 $00:00:46.700 \rightarrow 00:00:49.056$ moment to ensure that everyone is

NOTE Confidence: 0.81515574

 $00{:}00{:}49.056$ --> $00{:}00{:}51.930$ muted who is not speaking during the.

NOTE Confidence: 0.81515574

 $00:00:51.930 \rightarrow 00:00:53.530$ Presentation if you are interested

NOTE Confidence: 0.81515574

 $00:00:53.530 \rightarrow 00:00:55.130$ in receiving credit for attendance,

NOTE Confidence: 0.81515574

 $00:00:55.130 \longrightarrow 00:00:57.038$ please see the chat room for

NOTE Confidence: 0.81515574

 $00{:}00{:}57.038 \dashrightarrow 00{:}00{:}59.078$ instructions and you can text the

NOTE Confidence: 0.81515574

 $00{:}00{:}59{.}078 \dashrightarrow 00{:}01{:}00{.}848$ unique ID for this conference

NOTE Confidence: 0.81515574

00:01:00.848 --> 00:01:03.074 anytime between 1:45 PM and 3:15 PM

NOTE Confidence: 0.81515574

 $00{:}01{:}03.074 \dashrightarrow 00{:}01{:}05.050$ to receive credit and if you're not

NOTE Confidence: 0.81515574

 $00:01:05.050 \rightarrow 00:01:06.970$ already registered with the DLC Me,

NOTE Confidence: 0.81515574

 $00{:}01{:}06{.}970 \dashrightarrow 00{:}01{:}09{.}250$ you will have to do that first and

NOTE Confidence: 0.81515574

 $00{:}01{:}09{.}250 \dashrightarrow 00{:}01{:}11{.}130$ for questions in your presentation,

NOTE Confidence: 0.81515574

00:01:11.130 --> 00:01:13.538 please make sure to use the chat rooms NOTE Confidence: 0.81515574

00:01:13.538 --> 00:01:15.672 throughout the hour and I will help

NOTE Confidence: 0.81515574

 $00:01:15.672 \rightarrow 00:01:17.560$ moderate the discussion just to let

- $00:01:17.560 \dashrightarrow 00:01:19.672$ you know that the recorded versions
- NOTE Confidence: 0.81515574
- $00{:}01{:}19.672 \dashrightarrow 00{:}01{:}21.370$ of these presentations are available
- NOTE Confidence: 0.81515574
- $00:01:21.370 \dashrightarrow 00:01:23.290$ online within a couple of weeks.
- NOTE Confidence: 0.81515574
- $00:01:23.290 \longrightarrow 00:01:26.926$ 2 weeks at the link provided in the chat.
- NOTE Confidence: 0.81515574
- 00:01:26.930 --> 00:01:27.480 So finally,
- NOTE Confidence: 0.81515574
- 00:01:27.480 --> 00:01:28.030 as usual,
- NOTE Confidence: 0.81515574
- $00:01:28.030 \longrightarrow 00:01:29.680$ please feel free to share the
- NOTE Confidence: 0.81515574
- $00:01:29.743 \longrightarrow 00:01:31.127$ announcements for this weekly
- NOTE Confidence: 0.81515574
- 00:01:31.127 --> 00:01:32.857 lecture series with anyone who
- NOTE Confidence: 0.81515574
- $00{:}01{:}32.857 \dashrightarrow 00{:}01{:}34.910$ you think might be interested or
- NOTE Confidence: 0.81515574
- $00:01:34.910 \dashrightarrow 00:01:36.560$ have them contact Debbie Lovejoy
- NOTE Confidence: 0.81515574
- $00:01:36.560 \longrightarrow 00:01:38.807$ to be added to our mailing list.
- NOTE Confidence: 0.81515574
- $00{:}01{:}38{.}810 \dashrightarrow 00{:}01{:}41{.}058$ And so this turns out to be our
- NOTE Confidence: 0.81515574
- 00:01:41.058 --> 00:01:43.300 last joint conference for the year,
- NOTE Confidence: 0.81515574
- $00{:}01{:}43{.}300 \dashrightarrow 00{:}01{:}46{.}190$ and so we're going to go out with a with
- NOTE Confidence: 0.81515574
- $00:01:46.262 \rightarrow 00:01:49.078$ a bang and looking forward to the talk,

- NOTE Confidence: 0.81515574
- $00{:}01{:}49{.}080 \dashrightarrow 00{:}01{:}51{.}432$ and so I will hand the mic over

 $00:01:51.432 \longrightarrow 00:01:53.249$ to Doctor Grover at Tufts.

NOTE Confidence: 0.80249673

00:01:55.360 --> 00:01:56.928 Hi good afternoon everyone.

NOTE Confidence: 0.80249673

 $00:01:56.928 \rightarrow 00:02:00.000$ It's my pleasure to introduce my colleague,

NOTE Confidence: 0.80249673

 $00:02:00.000 \longrightarrow 00:02:01.326$ Doctor Joe Lasker.

NOTE Confidence: 0.80249673

 $00:02:01.326 \longrightarrow 00:02:03.536$ Today he's an esteemed colleague

NOTE Confidence: 0.80249673

 $00:02:03.536 \dashrightarrow 00:02:06.919$ here at Tufts for many years and I'm

NOTE Confidence: 0.80249673

 $00:02:06.919 \rightarrow 00:02:09.290$ it's really great working with him.

NOTE Confidence: 0.80249673

 $00{:}02{:}09{.}290 \dashrightarrow 00{:}02{:}11.894$ It he's one of our adapter Oscar

NOTE Confidence: 0.80249673

 $00:02:11.894 \longrightarrow 00:02:14.046$ completed his medical degree from

NOTE Confidence: 0.80249673

 $00:02:14.046 \rightarrow 00:02:16.456$ Boston University School of Medicine.

NOTE Confidence: 0.80249673

 $00{:}02{:}16.460 \dashrightarrow 00{:}02{:}19.316$ He then went on to do his residency

NOTE Confidence: 0.80249673

 $00{:}02{:}19{.}316 \dashrightarrow 00{:}02{:}21{.}430$ at Tufts Medical Center and

NOTE Confidence: 0.80249673

 $00:02:21.430 \longrightarrow 00:02:24.058$ followed by a year of fellowship

NOTE Confidence: 0.80249673

 $00:02:24.058 \dashrightarrow 00:02:26.940$ in Neurology and now Fellowship.

 $00:02:26.940 \longrightarrow 00:02:29.555$ Add mass General Hospital in

NOTE Confidence: 0.80249673

 $00:02:29.555 \rightarrow 00:02:32.170$ epilepsy and e.g enable potentials.

NOTE Confidence: 0.80249673

00:02:32.170 - 00:02:35.733 He's he started his career at Leahy

NOTE Confidence: 0.80249673

00:02:35.733 --> 00:02:39.650 Clinic and he was there for some time

NOTE Confidence: 0.80249673

 $00{:}02{:}39.650 \dashrightarrow 00{:}02{:}43.203$ and then he's been a tough since

NOTE Confidence: 0.80249673

 $00{:}02{:}43{.}203 \dashrightarrow 00{:}02{:}47{.}270$ 2015 and he is a faculty associate

NOTE Confidence: 0.80249673

 $00{:}02{:}47.270 \dashrightarrow 00{:}02{:}51.860$ professor here at Tufts Medical Center.

NOTE Confidence: 0.80249673

00:02:51.860 --> 00:02:54.100 And he's also in neurology,

NOTE Confidence: 0.80249673

 $00{:}02{:}54{.}100 \dashrightarrow 00{:}02{:}56{.}788$ and he's the director of e.g.

NOTE Confidence: 0.80249673

 $00{:}02{:}56.790 \dashrightarrow 00{:}02{:}59.658$ And the intraop neurophysiology.

NOTE Confidence: 0.80249673

 $00{:}02{:}59{.}660 \dashrightarrow 00{:}03{:}01{.}916$ A clinic as well and he's,

NOTE Confidence: 0.80249673

 $00:03:01.920 \longrightarrow 00:03:04.755$ you know it's a pleasure to have

NOTE Confidence: 0.80249673

00:03:04.755 --> 00:03:07.347 a neurologist in our sleep center

NOTE Confidence: 0.80249673

 $00{:}03{:}07{.}347 \dashrightarrow 00{:}03{:}10{.}357$ whose sleep boarded and has been a.

NOTE Confidence: 0.80249673

 $00:03:10.360 \longrightarrow 00:03:12.215$ Important part of our fellowship

NOTE Confidence: 0.80249673

 $00:03:12.215 \longrightarrow 00:03:14.070$ and and without further ado,

- NOTE Confidence: 0.80249673
- $00{:}03{:}14.070 \dashrightarrow 00{:}03{:}16.296$ I'd like to introduce Doctor Auster.

00:03:18.080 --> 00:03:20.425 Thank you for that very kind introduction

NOTE Confidence: 0.89399046

 $00{:}03{:}20{.}425 \dashrightarrow 00{:}03{:}23{.}077$ and what an honor and privilege to be

NOTE Confidence: 0.89399046

 $00:03:23.077 \rightarrow 00:03:25.420$ here today to lecture at this joint.

NOTE Confidence: 0.89399046

 $00{:}03{:}25{.}420 \dashrightarrow 00{:}03{:}28{.}916$ Lecture series. As a.

NOTE Confidence: 0.89399046

 $00{:}03{:}28{.}916 \dashrightarrow 00{:}03{:}31{.}634$ Individual has primarily been a clinician.

NOTE Confidence: 0.89399046

 $00:03:31.640 \longrightarrow 00:03:34.090$ I really leaned on the.

NOTE Confidence: 0.89399046

 $00:03:34.090 \rightarrow 00:03:35.646$ Giants have great researchers,

NOTE Confidence: 0.89399046

 $00:03:35.646 \dashrightarrow 00:03:38.950$ many of whom may actually be joining the

NOTE Confidence: 0.89399046

 $00:03:38.950 \rightarrow 00:03:41.210$ session from the injunctive faculty.

NOTE Confidence: 0.8605837

 $00{:}03{:}43{.}310 \dashrightarrow 00{:}03{:}46{.}574$ With this team I mentioned their work in

NOTE Confidence: 0.8605837

00:03:46.574 --> 00:03:49.677 passing and to make everyone an expert

NOTE Confidence: 0.8605837

 $00:03:49.677 \dashrightarrow 00:03:52.296$ and maybe even a hypersomnia. Activist,

NOTE Confidence: 0.8605837

 $00:03:52.296 \dashrightarrow 00:03:54.376$ these patients are very interesting.

NOTE Confidence: 0.8605837

 $00:03:54.380 \rightarrow 00:03:56.690$ They're very challenging.

 $00:03:56.690 \rightarrow 00:04:00.540$ They deserve our compassion and.

NOTE Confidence: 0.8605837

 $00{:}04{:}00{.}540 \dashrightarrow 00{:}04{:}03{.}039$ To work with them is often difficult

NOTE Confidence: 0.8605837

00:04:03.039 --> 00:04:06.218 because of the lack of definitive the rapies,

NOTE Confidence: 0.8605837

 $00:04:06.220 \longrightarrow 00:04:08.980$ particularly for idiopathic hypersomnia.

NOTE Confidence: 0.8605837

 $00{:}04{:}08{.}980 \dashrightarrow 00{:}04{:}11{.}444$ And I will touch on those points

NOTE Confidence: 0.8605837

 $00:04:11.444 \dashrightarrow 00:04:13.190$ throughout the lecture and hopefully

NOTE Confidence: 0.8605837

 $00{:}04{:}13.190 \dashrightarrow 00{:}04{:}16.020$ leave you all with the state of the art.

NOTE Confidence: 0.8605837

 $00{:}04{:}16{.}020 \dashrightarrow 00{:}04{:}18{.}624$ What is known about the general

NOTE Confidence: 0.8605837

 $00:04:18.624 \rightarrow 00:04:20.360$ clinical aspects of hypersomnia?

NOTE Confidence: 0.8605837

 $00:04:20.360 \longrightarrow 00:04:22.047$ So in the upper left is a

NOTE Confidence: 0.8605837

 $00{:}04{:}22{.}047 \dashrightarrow 00{:}04{:}23{.}759$ shot of Tufts Medical Center.

NOTE Confidence: 0.8605837

00:04:23.760 --> 00:04:27.900 And I Chinatown area Boston and

NOTE Confidence: 0.8605837

 $00{:}04{:}27{.}900 \dashrightarrow 00{:}04{:}30{.}660$ hypersomnia is a particularly.

NOTE Confidence: 0.8605837

00:04:30.660 --> 00:04:33.740 Narcolepsy is a tetrad which is due

NOTE Confidence: 0.8605837

 $00{:}04{:}33.740 \dashrightarrow 00{:}04{:}35.542$ to inappropriate sleepiness and

NOTE Confidence: 0.8605837

 $00{:}04{:}35{.}542 \dashrightarrow 00{:}04{:}38{.}014$ then the other features that are

- NOTE Confidence: 0.8605837
- $00:04:38.014 \rightarrow 00:04:39.879$ the ancillary symptoms such as.

00:04:39.880 --> 00:04:42.005 Cataplexy from a strong emotion

NOTE Confidence: 0.8605837

 $00:04:42.005 \longrightarrow 00:04:42.855$ sleep paralysis.

NOTE Confidence: 0.8605837

00:04:42.860 --> 00:04:45.280 And here's my rendition of

NOTE Confidence: 0.8605837

 $00:04:45.280 \rightarrow 00:04:47.700$ neurotransmitters in the brain causing.

NOTE Confidence: 0.8605837

00:04:47.700 --> 00:04:48.502 Hypnagogic phenomenon,

NOTE Confidence: 0.8605837

 $00:04:48.502 \dashrightarrow 00:04:51.710$ but I was privileged to work on the

NOTE Confidence: 0.8605837

 $00:04:51.781 \dashrightarrow 00:04:54.409$ most up-to-date 3rd edition of Netter.

NOTE Confidence: 0.8605837

 $00{:}04{:}54{.}410 \dashrightarrow 00{:}04{:}56{.}426$ Neurology and this is from the chapter

NOTE Confidence: 0.8605837

 $00{:}04{:}56{.}426 \dashrightarrow 00{:}04{:}58{.}788$ that myself and my mentor Paul Gross at Co.

NOTE Confidence: 0.8605837

 $00:04:58.790 \longrightarrow 00:05:03.540$ Author. This is van Gogh's.

NOTE Confidence: 0.8605837

 $00{:}05{:}03.540 \dashrightarrow 00{:}05{:}08.600$ Rendition of Siesta after Malay, I believe.

NOTE Confidence: 0.8605837

 $00:05:08.600 \longrightarrow 00:05:10.780$ What struck?

NOTE Confidence: 0.8605837

 $00{:}05{:}10.780 \dashrightarrow 00{:}05{:}12.169$ Me was that.

NOTE Confidence: 0.8605837

 $00:05:12.169 \rightarrow 00:05:15.410$ It's somehow inappropriate with the flood of.

 $00:05:15.410 \rightarrow 00:05:18.014$ Yellow and and tinged orange shoes.

NOTE Confidence: 0.8605837

 $00{:}05{:}18{.}020 \dashrightarrow 00{:}05{:}20{.}258$ It seems that this sleep is

NOTE Confidence: 0.8605837

00:05:20.258 --> 00:05:21.377 somehow inappropriate midday.

NOTE Confidence: 0.7944309

00:05:25.990 --> 00:05:28.348 Disclosures I cannot.

NOTE Confidence: 0.7944309

 $00:05:28.350 \longrightarrow 00:05:29.830$ Co investigator or principal investigator.

NOTE Confidence: 0.7944309

 $00:05:29.830 \longrightarrow 00:05:31.014$ Number of epilepsy trials.

NOTE Confidence: 0.7944309

00:05:31.014 --> 00:05:32.198 None for Sleep Medicine.

NOTE Confidence: 0.7944309

 $00{:}05{:}32{.}200 \dashrightarrow 00{:}05{:}34{.}692$ I'm like coauthor in two editions of

NOTE Confidence: 0.7944309

 $00{:}05{:}34.692 \dashrightarrow 00{:}05{:}36.698$ the Native neurology book I served.

NOTE Confidence: 0.7944309

00:05:36.700 --> 00:05:38.660 As an advocacy and advocate on the

NOTE Confidence: 0.7944309

 $00:05:38.660 \dashrightarrow 00:05:40.140$ Epilepsy Foundation of New England.

NOTE Confidence: 0.8933252

00:05:42.210 --> 00:05:45.706 All my money is going to the institution. NOTE Confidence: 0.8933252

 $00:05:45.710 \longrightarrow 00:05:48.125$ So there is no commercial support and

NOTE Confidence: 0.8933252

 $00{:}05{:}48.125 \dashrightarrow 00{:}05{:}50.749$ there are no conflicts of interest.

NOTE Confidence: 0.8933252

 $00{:}05{:}50{.}750 \dashrightarrow 00{:}05{:}54{.}145$ I will overview the current research that

NOTE Confidence: 0.8933252

 $00:05:54.145 \rightarrow 00:05:56.517$ active on idiopathic hypersomnia and

- NOTE Confidence: 0.8933252
- $00:05:56.517 \rightarrow 00:05:59.837$ I'm going to touch on some off label.
- NOTE Confidence: 0.8933252
- 00:05:59.840 --> 00:06:01.646 Items I'm not advocating for them,
- NOTE Confidence: 0.8933252
- $00:06:01.650 \rightarrow 00:06:03.822$ I'm just describing I want people
- NOTE Confidence: 0.8933252
- $00:06:03.822 \rightarrow 00:06:05.520$ to understand the breath of.
- NOTE Confidence: 0.8933252
- $00:06:05.520 \longrightarrow 00:06:06.828$ The current state of the art
- NOTE Confidence: 0.8933252
- $00:06:06.828 \longrightarrow 00:06:08.060$ with regards to that entity.
- NOTE Confidence: 0.87053204
- $00:06:11.410 \longrightarrow 00:06:13.489$ So the learning objectives are to give
- NOTE Confidence: 0.87053204
- 00:06:13.489 --> 00:06:15.568 you a comprehensive review of hypersomnia.
- NOTE Confidence: 0.87053204
- $00:06:15.570 \dashrightarrow 00:06:17.170$ It's under recognized especially
- NOTE Confidence: 0.87053204
- $00:06:17.170 \longrightarrow 00:06:18.770$ as a primary disorder.
- NOTE Confidence: 0.87053204
- 00:06:18.770 --> 00:06:20.626 And I'm going to start with the case,
- NOTE Confidence: 0.87053204
- $00{:}06{:}20.630 \dashrightarrow 00{:}06{:}22.148$ and then I'm going to conclude
- NOTE Confidence: 0.87053204
- $00{:}06{:}22.148 \dashrightarrow 00{:}06{:}23.803$ with another case of how even
- NOTE Confidence: 0.87053204
- $00{:}06{:}23.803 \dashrightarrow 00{:}06{:}24.991$ seasons Sleep Medicine experts
- NOTE Confidence: 0.87053204
- $00:06:24.991 \rightarrow 00:06:26.880$ fail to recognize it in a patient.
- NOTE Confidence: 0.87053204

00:06:26.880 --> 00:06:28.930 Patients may not be adequately

NOTE Confidence: 0.87053204

 $00:06:28.930 \dashrightarrow 00:06:30.570$ evaluated for secondary causes.

NOTE Confidence: 0.87053204

 $00{:}06{:}30{.}570 \dashrightarrow 00{:}06{:}32{.}370$ Anne, this lecture will allow learners

NOTE Confidence: 0.87053204

 $00:06:32.370 \longrightarrow 00:06:34.270$ to understand both the neurobiology,

NOTE Confidence: 0.87053204

 $00{:}06{:}34{.}270 \dashrightarrow 00{:}06{:}36{.}454$ the clinical features of the primary

NOTE Confidence: 0.87053204

 $00{:}06{:}36{.}454 \dashrightarrow 00{:}06{:}38{.}900$ hypersomnia and those that are secondarily.

NOTE Confidence: 0.87053204

 $00:06:38.900 \rightarrow 00:06:41.224$ 'cause a middle ground disorder is epilepsy.

NOTE Confidence: 0.87053204

 $00:06:41.230 \longrightarrow 00:06:42.244$ Patients with epilepsy.

NOTE Confidence: 0.87053204

 $00{:}06{:}42.244 \dashrightarrow 00{:}06{:}44.610$ There is some debate as to whether

NOTE Confidence: 0.87053204

 $00{:}06{:}44.677 \dashrightarrow 00{:}06{:}46.603$ or not the sleep dysfunction and

NOTE Confidence: 0.87053204

 $00:06:46.603 \longrightarrow 00:06:48.602$ the sleepiness is part of the

NOTE Confidence: 0.87053204

 $00{:}06{:}48.602 \dashrightarrow 00{:}06{:}50.237$ primary disorder or whether it's

NOTE Confidence: 0.87053204

 $00{:}06{:}50{.}237 \dashrightarrow 00{:}06{:}53{.}728$ secondary due to the nature of the.

NOTE Confidence: 0.87053204

 $00:06:53.730 \rightarrow 00:06:55.178$ Pathways and the neurotransmitters

NOTE Confidence: 0.87053204

 $00{:}06{:}55{.}178 \dashrightarrow 00{:}06{:}56{.}626$ in the underlying substrate.

NOTE Confidence: 0.87053204

 $00:06:56.630 \rightarrow 00:06:57.116$ The brain.

 $00:06:57.116 \longrightarrow 00:06:59.060$ So the second point is this lecture will

NOTE Confidence: 0.87053204

 $00:06:59.115 \rightarrow 00:07:00.975$ review an overview of the neurobiology

NOTE Confidence: 0.87053204

00:07:00.975 --> 00:07:03.130 regarding sleep and weight normal substrates,

NOTE Confidence: 0.87053204

 $00:07:03.130 \rightarrow 00:07:06.208$ and I will rely heavily on work of others.

NOTE Confidence: 0.87053204

 $00{:}07{:}06.210 \dashrightarrow 00{:}07{:}08.280$ This lecture reviews the mechanisms that

NOTE Confidence: 0.87053204

00:07:08.280 --> 00:07:11.020 are known in primary and secondary insomnia,

NOTE Confidence: 0.87053204

 $00:07:11.020 \dashrightarrow 00:07:14.556$ and then I plan to review the actual.

NOTE Confidence: 0.87053204

 $00:07:14.560 \longrightarrow 00:07:16.390$ Relevant 8 ASM practice parameters

NOTE Confidence: 0.87053204

 $00{:}07{:}16.390 \dashrightarrow 00{:}07{:}17.488$ that are available.

NOTE Confidence: 0.87053204

 $00:07:17.490 \longrightarrow 00:07:21.510$ Many of them are quite of 13 or 15 years old.

NOTE Confidence: 0.87053204

 $00:07:21.510 \longrightarrow 00:07:24.438$ At this point there is a update up-to-date.

NOTE Confidence: 0.84189093

 $00{:}07{:}27.010 \dashrightarrow 00{:}07{:}28.945$ It was an up to date chat that was

NOTE Confidence: 0.84189093

 $00:07:28.945 \dashrightarrow 00:07:30.688$ generated to to the members to update

NOTE Confidence: 0.84189093

 $00{:}07{:}30.688 \dashrightarrow 00{:}07{:}32.260$ some of those practice parameters,

NOTE Confidence: 0.84189093

 $00:07:32.260 \longrightarrow 00:07:35.186$ but they're not yet on the site.

 $00{:}07{:}35{.}190 \dashrightarrow 00{:}07{:}37{.}344$ And this is particularly relevant because

NOTE Confidence: 0.84189093

00:07:37.344 --> 00:07:39.742 we will see how idiopathic hypersomnia

NOTE Confidence: 0.84189093

 $00:07:39.742 \rightarrow 00:07:42.878$ entity is evolving in the literature and.

NOTE Confidence: 0.84189093

00:07:42.880 --> 00:07:47.065 May need to be caught up in our society.

NOTE Confidence: 0.84189093

00:07:47.070 --> 00:07:47.926 Practice points.

NOTE Confidence: 0.84189093

 $00{:}07{:}47.926 \dashrightarrow 00{:}07{:}51.350$ So in Boston we like many other places,

NOTE Confidence: 0.84189093

 $00:07:51.350 \longrightarrow 00:07:53.234$ we have a number of higher

NOTE Confidence: 0.84189093

 $00:07:53.234 \rightarrow 00:07:54.490$ centers of higher learning,

NOTE Confidence: 0.84189093

 $00{:}07{:}54{.}490 \dashrightarrow 00{:}07{:}57{.}140$ and so we now have acquired a an array of

NOTE Confidence: 0.84189093

 $00{:}07{:}57{.}213$ --> $00{:}08{:}00{.}061$ young patients in their late teens and 20s

NOTE Confidence: 0.84189093

 $00{:}08{:}00{.}061 \dashrightarrow 00{:}08{:}02{.}656$ who suddenly have a problem such as this.

NOTE Confidence: 0.84189093

 $00:08:02.660 \longrightarrow 00:08:04.924$ So I will describe a 22 year old

NOTE Confidence: 0.84189093

 $00:08:04.924 \rightarrow 00:08:06.796$ patient who has difficulty staying

NOTE Confidence: 0.84189093

 $00:08:06.796 \dashrightarrow 00:08:08.856$ awake during college even with

NOTE Confidence: 0.84189093

 $00:08:08.856 \longrightarrow 00:08:10.910$ nine hours of sleep at night.

NOTE Confidence: 0.84189093

 $00:08:10.910 \rightarrow 00:08:13.129$ Falls asleep in class at another time,

- NOTE Confidence: 0.84189093
- $00:08:13.130 \longrightarrow 00:08:15.542$ but notices curiously that he's refreshed

 $00{:}08{:}15{.}542 \dashrightarrow 00{:}08{:}18{.}519$ with a very brief 5 to 10 minute nap.

NOTE Confidence: 0.84189093

 $00:08:18.520 \longrightarrow 00:08:19.144$ More recently,

NOTE Confidence: 0.84189093

 $00:08:19.144 \rightarrow 00:08:21.328$ he would have to lean against something,

NOTE Confidence: 0.84189093

 $00:08:21.330 \longrightarrow 00:08:22.920$ especially if you became emotional

NOTE Confidence: 0.84189093

 $00:08:22.920 \longrightarrow 00:08:25.463$ in his legs or he'd have a feeling

NOTE Confidence: 0.84189093

 $00:08:25.463 \longrightarrow 00:08:26.938$ that his head might drop.

NOTE Confidence: 0.84189093

 $00:08:26.940 \dashrightarrow 00:08:29.481$ But sometimes it would be so subtle

NOTE Confidence: 0.84189093

 $00{:}08{:}29{.}481 \dashrightarrow 00{:}08{:}31{.}598$ that others might not detect it.

NOTE Confidence: 0.84189093

 $00:08:31.600 \rightarrow 00:08:33.120$ He emerges from his naps,

NOTE Confidence: 0.84189093

 $00:08:33.120 \longrightarrow 00:08:34.630$ unable to move and awake.

NOTE Confidence: 0.84189093

 $00:08:34.630 \longrightarrow 00:08:36.150$ It might see scary images,

NOTE Confidence: 0.84189093

 $00:08:36.150 \longrightarrow 00:08:37.053$ but he's paralyzed.

NOTE Confidence: 0.84189093

00:08:37.053 --> 00:08:37.956 He can't scream.

NOTE Confidence: 0.84189093

 $00:08:37.960 \longrightarrow 00:08:38.574$ Can't talk.

- $00:08:38.574 \rightarrow 00:08:39.188$ Units that,
- NOTE Confidence: 0.84189093
- $00:08:39.188 \dashrightarrow 00:08:41.030$ while he might have had sleepiness
- NOTE Confidence: 0.84189093
- $00:08:41.090 \longrightarrow 00:08:42.872$ as a youngster while in high
- NOTE Confidence: 0.84189093
- $00:08:42.872 \rightarrow 00:08:44.420$ school earlier the symptoms have
- NOTE Confidence: 0.84189093
- $00{:}08{:}44{.}420 \dashrightarrow 00{:}08{:}45{.}955$ become more manifest recently when
- NOTE Confidence: 0.84189093
- $00{:}08{:}45{.}955 \dashrightarrow 00{:}08{:}48{.}027$ he really needs to be a wake and
- NOTE Confidence: 0.84189093
- $00{:}08{:}48.027 \dashrightarrow 00{:}08{:}49.980$ concentrate and do his best the most.
- NOTE Confidence: 0.84189093
- $00:08:49.980 \longrightarrow 00:08:52.698$ And in one of these colleges.
- NOTE Confidence: 0.84189093
- $00{:}08{:}52.700 \dashrightarrow 00{:}08{:}55.530$ So Ted Cruz is going to give us a nice
- NOTE Confidence: 0.84189093
- $00:08:55.608 \dashrightarrow 00:08:58.740$ visual of what it looks like to be sleepy.
- NOTE Confidence: 0.84189093
- $00:08:58.740 \longrightarrow 00:08:59.583$ So you know,
- NOTE Confidence: 0.84189093
- $00{:}08{:}59{.}583 \dashrightarrow 00{:}09{:}01{.}550$ we can see a patient like this
- NOTE Confidence: 0.84189093
- $00:09:01.619 \longrightarrow 00:09:03.187$ in the neurology clinic,
- NOTE Confidence: 0.84189093
- $00:09:03.190 \dashrightarrow 00:09:04.780$ and the differential might be
- NOTE Confidence: 0.84189093
- 00:09:04.780 --> 00:09:06.052 myasthenia gravis or weakness.
- NOTE Confidence: 0.84189093
- 00:09:06.060 --> 00:09:08.244 But this was a this was a state

- NOTE Confidence: 0.84189093
- $00{:}09{:}08.244 \dashrightarrow 00{:}09{:}09.870$ of the Union address,
- NOTE Confidence: 0.84189093
- $00{:}09{:}09{.}870 \dashrightarrow 00{:}09{:}11.460$ where depends on what side
- NOTE Confidence: 0.84189093
- $00:09:11.460 \longrightarrow 00:09:13.050$ of the aisle you are,
- NOTE Confidence: 0.84189093
- $00{:}09{:}13.050 \dashrightarrow 00{:}09{:}14.640$ whether this sleeping this was
- NOTE Confidence: 0.84189093
- 00:09:14.640 --> 00:09:15.594 appropriate or inappropriate,
- NOTE Confidence: 0.84189093
- $00:09:15.600 \rightarrow 00:09:17.185$ but excessive daytime sleepiness is
- NOTE Confidence: 0.84189093
- 00:09:17.185 --> 00:09:18.453 generally an inappropriate response.
- NOTE Confidence: 0.84189093
- $00:09:18.460 \rightarrow 00:09:21.386$ That is time poorly to life circumstances.
- NOTE Confidence: 0.84189093
- $00{:}09{:}21.390 \dashrightarrow 00{:}09{:}23.575$ So based on the international
- NOTE Confidence: 0.84189093
- $00:09:23.575 \rightarrow 00:09:25.323$ classification of sleep disorders.
- NOTE Confidence: 0.84189093
- $00:09:25.330 \longrightarrow 00:09:27.466$ EDS or excessive daytime sleepiness is
- NOTE Confidence: 0.84189093
- $00{:}09{:}27.466 \dashrightarrow 00{:}09{:}29.777$ excessive when it causes a subjective
- NOTE Confidence: 0.84189093
- $00:09:29.777 \dashrightarrow 00:09:31.837$ complaint or interferes with function.
- NOTE Confidence: 0.84189093
- $00{:}09{:}31.840 \dashrightarrow 00{:}09{:}33.705$ And its inability to maintain
- NOTE Confidence: 0.84189093
- $00{:}09{:}33.705 \dashrightarrow 00{:}09{:}35.570$ wakefulness and alertness during the
- NOTE Confidence: 0.84189093

00:09:35.635 - > 00:09:38.011 major waking episodes of the day

NOTE Confidence: 0.84189093

 $00{:}09{:}38.011 \dashrightarrow 00{:}09{:}39.595$ with sleep occurring in appropriately.

NOTE Confidence: 0.84189093

 $00:09:39.600 \rightarrow 00:09:40.662$ Hypersonnia and hypersonnolence.

NOTE Confidence: 0.84189093

00:09:40.662 --> 00:09:41.016 No,

NOTE Confidence: 0.84189093

 $00:09:41.016 \rightarrow 00:09:43.939$ it's just someone who's just a minor nuances,

NOTE Confidence: 0.84189093

 $00{:}09{:}43{.}940 \dashrightarrow 00{:}09{:}46{.}096$ but it's used these these terms are

NOTE Confidence: 0.84189093

 $00:09:46.096 \rightarrow 00:09:48.410$ using to tame interchangeably when.

NOTE Confidence: 0.84189093

 $00:09:48.410 \longrightarrow 00:09:50.118$ Sleepiness occurs that's inappropriate.

NOTE Confidence: 0.84189093

 $00{:}09{:}50{.}118 \dashrightarrow 00{:}09{:}51{.}826$ When wakefulness is expected,

NOTE Confidence: 0.84189093

 $00:09:51.830 \rightarrow 00:09:54.819$ and hypersomnia is as a disorder is

NOTE Confidence: 0.84189093

 $00:09:54.819 \rightarrow 00:09:56.100$ characterized by hypersomnolence.

NOTE Confidence: 0.84189093

00:09:56.100 - 00:09:57.804 Fatigue is everything else.

NOTE Confidence: 0.84189093

 $00:09:57.804 \longrightarrow 00:09:59.508$ So there are cytokines.

NOTE Confidence: 0.84189093

00:09:59.510 --> 00:10:00.564 Inflammatory processes,

NOTE Confidence: 0.84189093

 $00:10:00.564 \rightarrow 00:10:02.672$ their psychiatric processes with

NOTE Confidence: 0.84189093

 $00:10:02.672 \rightarrow 00:10:05.616$ fatigue is the subjective lack of

- NOTE Confidence: 0.84189093
- $00:10:05.616 \rightarrow 00:10:07.541$ physical and mental energy with

 $00{:}10{:}07{.}541 \dashrightarrow 00{:}10{:}09{.}410$ a broad differential diagnosis.

NOTE Confidence: 0.84189093

 $00:10:09.410 \longrightarrow 00:10:12.068$ In the past, stimulants and sedatives,

NOTE Confidence: 0.84189093

 $00:10:12.070 \dashrightarrow 00:10:15.178$ awake and asleep, was a binary enterprise.

NOTE Confidence: 0.84189093

 $00:10:15.180 \longrightarrow 00:10:15.624$ However,

NOTE Confidence: 0.84189093

 $00:10:15.624 \rightarrow 00:10:18.732$ we learn from some of the great

NOTE Confidence: 0.84189093

00:10:18.732 --> 00:10:19.620 science behind,

NOTE Confidence: 0.84189093

 $00:10:19.620 \longrightarrow 00:10:21.876$ such as from Clifford Saper's lab

NOTE Confidence: 0.84189093

 $00:10:21.876 \rightarrow 00:10:24.217$ and and others that sleep maybe

NOTE Confidence: 0.84189093

 $00{:}10{:}24.217 \dashrightarrow 00{:}10{:}26.515$ a continuum where it's a dimmer

NOTE Confidence: 0.84189093

 $00{:}10{:}26{.}515 \dashrightarrow 00{:}10{:}27{.}281$ switch and

NOTE Confidence: 0.812052

 $00{:}10{:}27.353 \dashrightarrow 00{:}10{:}29.785$ the primary hypersomnia is

NOTE Confidence: 0.812052

 $00:10:29.785 \rightarrow 00:10:31.609$ particularly narcolepsy involved.

NOTE Confidence: 0.812052

00:10:31.610 --> 00:10:34.698 A loose dimmer switch where there is a

NOTE Confidence: 0.812052

 $00{:}10{:}34.698 \dashrightarrow 00{:}10{:}37.371$ continuum of promotion of wakefulness

 $00:10:37.371 \rightarrow 00:10:39.795$ versus promotion of sleepiness.

NOTE Confidence: 0.812052

 $00{:}10{:}39{.}800 \dashrightarrow 00{:}10{:}42{.}806$ And this talk will show you some of the

NOTE Confidence: 0.812052

 $00:10:42.806 \rightarrow 00:10:45.377$ biological substrates to give you much

NOTE Confidence: 0.812052

 $00:10:45.377 \rightarrow 00:10:47.547$ more rationality behind that analogy.

NOTE Confidence: 0.812052

 $00:10:47.550 \longrightarrow 00:10:49.854$ So sleep is a requisite for

NOTE Confidence: 0.812052

 $00{:}10{:}49.854 \dashrightarrow 00{:}10{:}51.390$ optimal function mune system.

NOTE Confidence: 0.812052

00:10:51.390 --> 00:10:52.922 The cardiac cardiac muscle

NOTE Confidence: 0.812052

 $00:10:52.922 \rightarrow 00:10:54.454$ requires it to rest,

NOTE Confidence: 0.812052

 $00{:}10{:}54{.}460 \dashrightarrow 00{:}10{:}56{.}890$ and optimal optimally function and model

NOTE Confidence: 0.812052

 $00:10:56.890 \dashrightarrow 00:10:59.070$ and remodel memories consolidate at night.

NOTE Confidence: 0.812052

00:10:59.070 -> 00:11:01.494 This pruning of the neurons and

NOTE Confidence: 0.812052

 $00{:}11{:}01{.}494 \dashrightarrow 00{:}11{:}03{.}591$ sprouting and numerous processes that

NOTE Confidence: 0.812052

 $00:11:03.591 \rightarrow 00:11:05.646$ occur verified by clinical studies

NOTE Confidence: 0.812052

 $00{:}11{:}05.646 \dashrightarrow 00{:}11{:}07.662$ and observation and sleep deck

NOTE Confidence: 0.812052

 $00:11:07.662 \rightarrow 00:11:09.818$ may be sub optimal to ones health,

NOTE Confidence: 0.812052

 $00:11:09.820 \rightarrow 00:11:12.660$ and it relates to the need for sleep

- NOTE Confidence: 0.812052
- $00:11:12.660 \rightarrow 00:11:15.938$ which will talk about from some of the

 $00{:}11{:}15{.}938 \dashrightarrow 00{:}11{:}18{.}210$ epidemiology belie wise and others.

NOTE Confidence: 0.812052

 $00{:}11{:}18{.}210 \dashrightarrow 00{:}11{:}20{.}125$ With characterized how that changes

NOTE Confidence: 0.812052

 $00:11:20.125 \rightarrow 00:11:22.040$ throughout the lifespan and sleep

NOTE Confidence: 0.812052

 $00{:}11{:}22{.}104 \dashrightarrow 00{:}11{:}23{.}909$ deprivation causes a physiological rebound

NOTE Confidence: 0.812052

 $00{:}11{:}23{.}909 \dashrightarrow 00{:}11{:}26{.}610$ in sleep patterns in a certain manner.

NOTE Confidence: 0.812052

00:11:26.610 --> 00:11:28.186 And then primary secondary

NOTE Confidence: 0.812052

 $00:11:28.186 \longrightarrow 00:11:30.550$ causes by alluded to May Co.

NOTE Confidence: 0.812052

 $00{:}11{:}30{.}550 \dashrightarrow 00{:}11{:}33{.}318$ Mingle with other disorders.

NOTE Confidence: 0.812052

 $00:11:33.320 \rightarrow 00:11:35.510$ So the epidemiology of hypersomnia

NOTE Confidence: 0.812052

 $00:11:35.510 \longrightarrow 00:11:36.824$ pathological sleepiness is

NOTE Confidence: 0.812052

00:11:36.824 --> 00:11:38.910 a major cause of mobility.

NOTE Confidence: 0.812052

 $00:11:38.910 \longrightarrow 00:11:40.630$ Job loss, poor attention,

NOTE Confidence: 0.812052

00:11:40.630 --> 00:11:41.920 impacts driving focus,

NOTE Confidence: 0.812052

00:11:41.920 --> 00:11:42.350 focus,

- $00:11:42.350 \longrightarrow 00:11:44.500$ social functioning and really a
- NOTE Confidence: 0.812052
- 00:11:44.500 --> 00:11:46.220 non quantifiable societal cost.
- NOTE Confidence: 0.812052
- $00:11:46.220 \rightarrow 00:11:49.230$ The prevalence varies in the literature up
- NOTE Confidence: 0.812052
- $00:11:49.230 \longrightarrow 00:11:54.390$ to 25% in US to one and 3300 or one in 5000.
- NOTE Confidence: 0.812052
- $00{:}11{:}54{.}390 \dashrightarrow 00{:}11{:}56{.}246$ In the United States.
- NOTE Confidence: 0.812052
- 00:11:56.246 --> 00:11:58.566 And it may actually vary
- NOTE Confidence: 0.812052
- $00:11:58.566 \longrightarrow 00:12:00.180$ throughout the lifespan,
- NOTE Confidence: 0.812052
- 00:12:00.180 --> 00:12:02.016 particularly in in women,
- NOTE Confidence: 0.812052
- $00{:}12{:}02.016 \dashrightarrow 00{:}12{:}04.311$ excessively daytime sleepiness has been
- NOTE Confidence: 0.812052
- $00:12:04.311 \rightarrow 00:12:07.007$ reported to decrease in age in some studies,
- NOTE Confidence: 0.812052
- 00:12:07.010 --> 00:12:10.594 and there is a general equal gender ratio
- NOTE Confidence: 0.812052
- $00{:}12{:}10.594 \dashrightarrow 00{:}12{:}14.125$ or female predominant up to two to one.
- NOTE Confidence: 0.812052
- $00:12:14.130 \rightarrow 00:12:16.626$ For women who developed excessive daytime
- NOTE Confidence: 0.812052
- $00{:}12{:}16.626 \dashrightarrow 00{:}12{:}19.459$ sleepiness and meet in a 10 year period,
- NOTE Confidence: 0.812052
- $00:12:19.460 \longrightarrow 00:12:21.746$ that's an 8% to EDS development.
- NOTE Confidence: 0.812052
- $00{:}12{:}21.750 \dashrightarrow 00{:}12{:}22.893$ 8% of women.

- NOTE Confidence: 0.812052
- 00:12:22.893 --> 00:12:24.798 The strongest independent risk factors

 $00{:}12{:}24.798 \dashrightarrow 00{:}12{:}26.706$ were insomnia, smoking and then,

NOTE Confidence: 0.812052

00:12:26.706 --> 00:12:28.230 less important, more anxiety,

NOTE Confidence: 0.812052

00:12:28.230 --> 00:12:29.370 depression, somatic symptoms,

NOTE Confidence: 0.812052

 $00:12:29.370 \longrightarrow 00:12:30.513$ snoring, and obesity.

NOTE Confidence: 0.812052

 $00{:}12{:}30{.}513 \dashrightarrow 00{:}12{:}32{.}799$ But depression and we sleep architecture.

NOTE Confidence: 0.812052

 $00:12:32.800 \longrightarrow 00:12:34.520$ In the neural pathways.

NOTE Confidence: 0.812052

 $00:12:34.520 \longrightarrow 00:12:36.240$ That immediately by depression

NOTE Confidence: 0.812052

 $00:12:36.240 \longrightarrow 00:12:38.551$ you'll see layers later in the

NOTE Confidence: 0.812052

 $00:12:38.551 \rightarrow 00:12:40.615$ talk are sharing somewhat of the

NOTE Confidence: 0.812052

 $00{:}12{:}40.689 \dashrightarrow 00{:}12{:}42.809$ same neurobiology and circuitry.

NOTE Confidence: 0.812052

 $00{:}12{:}42{.}810 \dashrightarrow 00{:}12{:}45{.}281$ So this is a an article that

NOTE Confidence: 0.812052

00:12:45.281 --> 00:12:47.266 highlights how total sleep time

NOTE Confidence: 0.812052

 $00{:}12{:}47.266 \dashrightarrow 00{:}12{:}49.810$ changes naps wake after sleep onset,

NOTE Confidence: 0.812052

 $00:12:49.810 \rightarrow 00:12:53.980$ me altering women throughout the lifespan.

00:12:53.980 --> 00:12:55.905 20,000 patients have narcolepsy United

NOTE Confidence: 0.812052

 $00:12:55.905 \longrightarrow 00:12:57.830$ States and about 3,000,000 worldwide.

NOTE Confidence: 0.812052

 $00:12:57.830 \longrightarrow 00:12:59.210$ This is an estimate.

NOTE Confidence: 0.812052

 $00{:}12{:}59{.}210 \dashrightarrow 00{:}13{:}01{.}280$ It's the number one cause of

NOTE Confidence: 0.812052

 $00:13:01.354 \dashrightarrow 00:13:03.609$ sleepiness in the United States.

NOTE Confidence: 0.812052

 $00:13:03.610 \rightarrow 00:13:06.568$ Is not narcolepsy success, it's OSA.

NOTE Confidence: 0.812052

00:13:06.570 --> 00:13:08.542 Narcolepsy is number 2.

NOTE Confidence: 0.812052

 $00:13:08.542 \rightarrow 00:13:10.448$ Approximately 5% of patients in

NOTE Confidence: 0.812052

00:13:10.448 --> 00:13:12.284 the sleep center have a primary

NOTE Confidence: 0.812052

00:13:12.284 --> 00:13:13.190 narcolepsy diagnosis,

NOTE Confidence: 0.812052

 $00{:}13{:}13{.}190 \dashrightarrow 00{:}13{:}15{.}410$ with comorbid occurrence with a number

NOTE Confidence: 0.812052

 $00:13:15.410 \rightarrow 00:13:17.560$ of other primary sleep disorders.

NOTE Confidence: 0.812052

 $00:13:17.560 \rightarrow 00:13:21.039 1/4$ of patients with narcolepsy have OSA.

NOTE Confidence: 0.812052

 $00:13:21.040 \longrightarrow 00:13:22.390$ The prevalence of narcolepsy is

NOTE Confidence: 0.812052

 $00{:}13{:}22{.}390 \dashrightarrow 00{:}13{:}24{.}101$ 20 to 67 per 100,000 worldwide

NOTE Confidence: 0.812052

 $00{:}13{:}24{.}101 \dashrightarrow 00{:}13{:}25{.}616$ and it occurs most often.

- NOTE Confidence: 0.812052
- $00:13:25.620 \longrightarrow 00:13:27.050$ The second decade of life.

 $00{:}13{:}27.050 \dashrightarrow 00{:}13{:}30.110$ Although the patient I showed you.

NOTE Confidence: 0.812052

00:13:30.110 --> 00:13:32.576 In attack in the early 3rd Decade of life,

NOTE Confidence: 0.812052

 $00:13:32.580 \rightarrow 00:13:34.218$ but the diagnosis is often delayed,

NOTE Confidence: 0.812052

 $00{:}13{:}34{.}220 \dashrightarrow 00{:}13{:}36{.}428$ as in this case.

NOTE Confidence: 0.812052

 $00{:}13{:}36{.}430 \dashrightarrow 00{:}13{:}38{.}410$ This is from the Seminole Paper

NOTE Confidence: 0.812052

 $00{:}13{:}38{.}410 \dashrightarrow 00{:}13{:}40{.}103$ that's on the practice parameter

NOTE Confidence: 0.812052

 $00:13:40.103 \longrightarrow 00:13:42.551$ of how to manage one of the two

NOTE Confidence: 0.812052

 $00{:}13{:}42.551 \dashrightarrow 00{:}13{:}44.508$ Seminole Papers on the ASM website.

NOTE Confidence: 0.812052

 $00:13:44.510 \longrightarrow 00:13:45.740$ Back in 20.

NOTE Confidence: 0.812052

 $00{:}13{:}45{.}740 \dashrightarrow 00{:}13{:}46{.}560$ Oh seven.

NOTE Confidence: 0.812052

 $00{:}13{:}46{.}560 \dashrightarrow 00{:}13{:}49{.}485$ There were 13 primary sleep

NOTE Confidence: 0.812052

 $00{:}13{:}49{.}485 \dashrightarrow 00{:}13{:}51{.}240$ disorders that are.

NOTE Confidence: 0.6970775

 $00{:}13{:}51{.}240 \dashrightarrow 00{:}13{:}54{.}750$ Identified in the category of hypersonnia.

NOTE Confidence: 0.6970775

 $00{:}13{:}54{.}750 \dashrightarrow 00{:}13{:}57{.}767$ If you go on the hypersomnia foundation.org

00:13:57.767 --> 00:13:59.848 website which mentions the ICS D3,

NOTE Confidence: 0.6970775

 $00{:}13{:}59.850 \dashrightarrow 00{:}14{:}02.196$ which is the most current classification

NOTE Confidence: 0.6970775

 $00{:}14{:}02{.}196 \dashrightarrow 00{:}14{:}04{.}546$ of sleep disorders, there are eight.

NOTE Confidence: 0.6970775

 $00{:}14{:}04{.}546 \dashrightarrow 00{:}14{:}06{.}114$ These include narcolepsy type,

NOTE Confidence: 0.6970775

00:14:06.120 --> 00:14:08.420 one with cataplexy, narcolepsy Type

NOTE Confidence: 0.6970775

 $00{:}14{:}08{.}420 \dashrightarrow 00{:}14{:}10{.}720$ 2 which doesn't have cataplexy.

NOTE Confidence: 0.6970775

00:14:10.720 --> 00:14:12.352 Idiopathic hypersomnia, which people

NOTE Confidence: 0.6970775

 $00:14:12.352 \longrightarrow 00:14:15.299$ wonder if it's not collapse E Type 3.

NOTE Confidence: 0.6970775

 $00{:}14{:}15{.}300 \dashrightarrow 00{:}14{:}17{.}620$ But many of those patients

NOTE Confidence: 0.6970775

 $00:14:17.620 \longrightarrow 00:14:18.548$ biologically heavy.

NOTE Confidence: 0.6970775

 $00{:}14{:}18.550 \dashrightarrow 00{:}14{:}20.296$ May have a normal hypocretin level,

NOTE Confidence: 0.6970775

 $00:14:20.300 \rightarrow 00:14:23.236$ so is it really just an alteration of

NOTE Confidence: 0.6970775

 $00:14:23.236 \longrightarrow 00:14:25.600$ different part of the pathway or not?

NOTE Confidence: 0.6970775

00:14:25.600 --> 00:14:26.216 Let's talk.

NOTE Confidence: 0.6970775

 $00:14:26.216 \longrightarrow 00:14:29.455$ I'm not going to spend a lot of time if

NOTE Confidence: 0.6970775

00:14:29.455 --> 00:14:31.905 at all inclined to live in syndrome,

- NOTE Confidence: 0.6970775
- $00:14:31.910 \rightarrow 00:14:33.765$ which is a truly remains an enigma

 $00:14:33.765 \rightarrow 00:14:35.414$ with these periods of hypersomnolence

NOTE Confidence: 0.6970775

 $00:14:35.414 \rightarrow 00:14:36.614$ and hyperphagia hypersomnia

NOTE Confidence: 0.6970775

 $00:14:36.614 \longrightarrow 00:14:38.214$ due to medical condition,

NOTE Confidence: 0.6970775

 $00{:}14{:}38{.}220 \dashrightarrow 00{:}14{:}40{.}460$ hypersomnia do a substance.

NOTE Confidence: 0.6970775

00:14:40.460 --> 00:14:43.260 Psychiatric condition and insufficient sleep.

NOTE Confidence: 0.6970775

 $00:14:43.260 \rightarrow 00:14:45.820$ Up to date you'll have a slightly different

NOTE Confidence: 0.6970775

00:14:45.820 --> 00:14:47.799 category if you subscribe to that,

NOTE Confidence: 0.6970775

 $00:14:47.800 \longrightarrow 00:14:51.504$ they break it down in this way.

NOTE Confidence: 0.6970775

 $00:14:51.510 \longrightarrow 00:14:53.562$ We use the Epworth scale to

NOTE Confidence: 0.6970775

 $00:14:53.562 \rightarrow 00:14:54.930$ quantify level of sleepiness.

NOTE Confidence: 0.6970775

 $00{:}14{:}54{.}930 \dashrightarrow 00{:}14{:}57{.}054$ Is a validated scale that allows

NOTE Confidence: 0.6970775

 $00{:}14{:}57.054 \dashrightarrow 00{:}14{:}59.661$ you to really distill out from a

NOTE Confidence: 0.6970775

 $00{:}14{:}59.661 \dashrightarrow 00{:}15{:}01.157$ patient's history that they're

NOTE Confidence: 0.6970775

 $00{:}15{:}01{.}157 \dashrightarrow 00{:}15{:}03{.}263$ sleeping from a neurologic 'cause

 $00:15:03.263 \rightarrow 00:15:06.017$ they're not depressed they don't have.

NOTE Confidence: 0.6970775

00:15:06.020 - 00:15:07.675 Athenia they don't have tiredness

NOTE Confidence: 0.6970775

 $00{:}15{:}07.675 \dashrightarrow 00{:}15{:}09.330$ from from an inflammatory state.

NOTE Confidence: 0.6970775

 $00{:}15{:}09{.}330 \dashrightarrow 00{:}15{:}11.015$ The normal level of sleepiness

NOTE Confidence: 0.6970775

 $00{:}15{:}11.015 \dashrightarrow 00{:}15{:}12.970$ is a score less than 10.

NOTE Confidence: 0.6970775

00:15:12.970 --> 00:15:15.004 The maximum on these eight questions

NOTE Confidence: 0.6970775

 $00{:}15{:}15{.}004 \dashrightarrow 00{:}15{:}17{.}053$ is 24 patients who have sleep

NOTE Confidence: 0.6970775

 $00:15:17.053 \rightarrow 00:15:19.258$ apnea are often in the 11:50 range.

NOTE Confidence: 0.6970775

 $00{:}15{:}19{.}260 \dashrightarrow 00{:}15{:}21{.}246$ In those patients that are narcoleptic,

NOTE Confidence: 0.6970775

 $00:15:21.250 \rightarrow 00:15:23.230$ not not collect tix or really

NOTE Confidence: 0.6970775

 $00:15:23.230 \longrightarrow 00:15:23.890$ pathologically sleepy.

NOTE Confidence: 0.6970775

 $00{:}15{:}23.890 \dashrightarrow 00{:}15{:}25.210$ Or 15 and above.

NOTE Confidence: 0.6970775

 $00{:}15{:}25{.}210 \dashrightarrow 00{:}15{:}28{.}372$ We are not a good observer of when we

NOTE Confidence: 0.6970775

 $00{:}15{:}28{.}372 \dashrightarrow 00{:}15{:}30{.}948$ have seizures and when we have states

NOTE Confidence: 0.6970775

 $00:15:31.029 \rightarrow 00:15:34.326$ of partial awareness and when we're sleepy.

NOTE Confidence: 0.6970775

 $00:15:34.330 \longrightarrow 00:15:35.812$ 8 is borderline, but anything less

 $00:15:35.812 \longrightarrow 00:15:37.969$ than 8 to 10 is considered normal.

NOTE Confidence: 0.6970775

00:15:37.970 --> 00:15:39.370 Getting a good night's sleep

NOTE Confidence: 0.6970775

00:15:39.370 --> 00:15:40.210 across the lifespan.

NOTE Confidence: 0.6970775

 $00{:}15{:}40{.}210 \dashrightarrow 00{:}15{:}42{.}712$ The need varies from infancy to old age and

NOTE Confidence: 0.6970775

 $00{:}15{:}42.712 \dashrightarrow 00{:}15{:}45.248$ for a dults they can get by on less sleep,

NOTE Confidence: 0.6970775

 $00{:}15{:}45{.}250 \dashrightarrow 00{:}15{:}47{.}077$ but they're not at their best cognitively

NOTE Confidence: 0.6970775

 $00:15:47.077 \rightarrow 00:15:48.888$ unless you get the requisite amount,

NOTE Confidence: 0.6970775

 $00{:}15{:}48.890 \dashrightarrow 00{:}15{:}51.284$ so it needs to be continuous and have normal

NOTE Confidence: 0.6970775

00:15:51.284 --> 00:15:53.087 architecture and should contain all elements,

NOTE Confidence: 0.6970775

00:15:53.090 --> 00:15:54.490 including REM and slow wave.

NOTE Confidence: 0.6970775

 $00:15:54.490 \longrightarrow 00:15:56.180$ Yet patients who come to

NOTE Confidence: 0.6970775

 $00{:}15{:}56{.}180 \dashrightarrow 00{:}15{:}58{.}230$ the sleep lab we often see.

NOTE Confidence: 0.6970775

 $00{:}15{:}58{.}230 \dashrightarrow 00{:}15{:}59{.}714$ Reduced percentages of some

NOTE Confidence: 0.6970775

 $00{:}15{:}59{.}714 \dashrightarrow 00{:}16{:}00{.}827$ of these entities,

NOTE Confidence: 0.6970775

 $00{:}16{:}00{.}830 \dashrightarrow 00{:}16{:}03{.}170$ especially if they're an SSRI's

- $00:16:03.170 \longrightarrow 00:16:04.574$ that suppress these.
- NOTE Confidence: 0.6970775
- $00{:}16{:}04{.}580 \dashrightarrow 00{:}16{:}06{.}110$ And.

 $00:16:06.110 \longrightarrow 00:16:08.714$ Some what is a pseudo science behind

NOTE Confidence: 0.6970775

 $00:16:08.714 \rightarrow 00:16:11.070$ how significant that may or may not be?

NOTE Confidence: 0.6970775

00:16:11.070 -> 00:16:12.514 Why incremental knowledge is

NOTE Confidence: 0.6970775

00:16:12.514 --> 00:16:14.319 accumulated to why good night sleep

NOTE Confidence: 0.6970775

 $00:16:14.319 \longrightarrow 00:16:16.378$ is important across the lifespan?

NOTE Confidence: 0.6970775

 $00:16:16.380 \longrightarrow 00:16:19.278$ This is a very nice article from

NOTE Confidence: 0.6970775

00:16:19.278 --> 00:16:21.349 Max Herskowitz who I believe

NOTE Confidence: 0.6970775

00:16:21.349 --> 00:16:23.960 started out of Tufts before he had

NOTE Confidence: 0.6970775

 $00{:}16{:}23.960 \dashrightarrow 00{:}16{:}26.448$ a super illustrious career.

NOTE Confidence: 0.6970775

00:16:26.450 --> 00:16:26.738 All,

NOTE Confidence: 0.6970775

 $00{:}16{:}26.738 \dashrightarrow 00{:}16{:}29.042$ and this is a very nice article that

NOTE Confidence: 0.6970775

 $00{:}16{:}29.042 \dashrightarrow 00{:}16{:}30.800$ shows that Wausau increases over

NOTE Confidence: 0.6970775

00:16:30.800 - 00:16:33.210 time and there's a decrease in RAM,

NOTE Confidence: 0.6970775

 $00:16:33.210 \longrightarrow 00:16:35.786$ slow wave and an increase in stage one.

- NOTE Confidence: 0.6970775
- $00:16:35.790 \longrightarrow 00:16:38.688$ We think that stage one in Wausau.

00:16:38.690 --> 00:16:40.755 At least according to the blog Wise

NOTE Confidence: 0.6970775

 $00{:}16{:}40.755 \dashrightarrow 00{:}16{:}43.751$ and and that School of Epidemiology

NOTE Confidence: 0.6970775

 $00{:}16{:}43.751 \dashrightarrow 00{:}16{:}45.284$ represents sleep instability.

NOTE Confidence: 0.6970775

00:16:45.290 --> 00:16:47.606 And at the ASM last June,

NOTE Confidence: 0.6970775

 $00{:}16{:}47.610 \dashrightarrow 00{:}16{:}50.714$ which is virtual, a lot of those lectures,

NOTE Confidence: 0.6970775

00:16:50.720 --> 00:16:52.612 particularly by Doctor Masci,

NOTE Confidence: 0.6970775

 $00{:}16{:}52.612 \dashrightarrow 00{:}16{:}54.504$ indicated that some patients

NOTE Confidence: 0.6970775

 $00:16:54.504 \longrightarrow 00:16:55.450$ with pathological

NOTE Confidence: 0.7662612

 $00{:}16{:}55{.}515 \dashrightarrow 00{:}16{:}57{.}151$ sleepiness from a hypersomnia

NOTE Confidence: 0.7662612

00:16:57.151 --> 00:16:59.088 might have more. Stage one,

NOTE Confidence: 0.7662612

00:16:59.088 --> 00:17:01.566 and Wausau sleep has to be organized

NOTE Confidence: 0.7662612

 $00{:}17{:}01.566 \dashrightarrow 00{:}17{:}04.007$ so that we have a coordinated

NOTE Confidence: 0.7662612

 $00{:}17{:}04.007 \dashrightarrow 00{:}17{:}06.447$ endocrine and body response so that

NOTE Confidence: 0.7662612

 $00{:}17{:}06{.}447 \dashrightarrow 00{:}17{:}08{.}876$ we can be at our best physiologically

 $00:17:08.876 \rightarrow 00:17:12.310$ from a number of different plans.

NOTE Confidence: 0.7662612

00:17:12.310 --> 00:17:14.375 This is Doctor Robert Mccarley

NOTE Confidence: 0.7662612

 $00:17:14.375 \longrightarrow 00:17:16.440$ had the privilege to know.

NOTE Confidence: 0.7662612

 $00{:}17{:}16.440 \dashrightarrow 00{:}17{:}18.260$ He partially the adenosine

NOTE Confidence: 0.7662612

 $00:17:18.260 \longrightarrow 00:17:21.543$ hypothesis and he is one of the

NOTE Confidence: 0.7662612

 $00{:}17{:}21{.}543 \dashrightarrow 00{:}17{:}24{.}357$ most cited individuals for for the.

NOTE Confidence: 0.7662612

 $00{:}17{:}24.360 \dashrightarrow 00{:}17{:}26.405$ Findings in schizophrenia with the

NOTE Confidence: 0.7662612

00:17:26.405 --> 00:17:28.860 morphometry of the superior temporal gyrus.

NOTE Confidence: 0.7662612

 $00{:}17{:}28.860 \dashrightarrow 00{:}17{:}31.242$ But he also discovered portions of

NOTE Confidence: 0.7662612

 $00:17:31.242 \rightarrow 00:17:33.770$ the ram nucleus many decades ago,

NOTE Confidence: 0.7662612

 $00{:}17{:}33{.}770 \dashrightarrow 00{:}17{:}36{.}374$ and he also observed that a denosine in

NOTE Confidence: 0.7662612

 $00:17:36.374 \rightarrow 00:17:38.368$ the basil forebrain rose incrementally

NOTE Confidence: 0.7662612

 $00{:}17{:}38{.}368 \dashrightarrow 00{:}17{:}40{.}792$ while awake and therefore was believed

NOTE Confidence: 0.7662612

 $00:17:40.792 \longrightarrow 00:17:42.980$ to be responsible to increasing

NOTE Confidence: 0.7662612

 $00:17:42.980 \longrightarrow 00:17:45.160$ levels of sleepiness after being

NOTE Confidence: 0.7662612

 $00:17:45.160 \longrightarrow 00:17:47.267$ awake and with higher concentrations,

- NOTE Confidence: 0.7662612
- 00:17:47.267 --> 00:17:49.312 it may actually inhibit arousal

 $00:17:49.312 \longrightarrow 00:17:50.130$ cause sleepiness.

NOTE Confidence: 0.7662612

 $00:17:50.130 \rightarrow 00:17:53.310$ Anna decreases during sleep in that.

NOTE Confidence: 0.7662612

 $00:17:53.310 \longrightarrow 00:17:55.692$ Off my coffee is a noncompetitive

NOTE Confidence: 0.7662612

 $00{:}17{:}55{.}692 \dashrightarrow 00{:}17{:}58{.}209$ ant agonist of a denosine at the receptor.

NOTE Confidence: 0.7662612

00:17:58.210 --> 00:18:00.658 The adenosine receptor biology is known

NOTE Confidence: 0.7662612

00:18:00.658 --> 00:18:04.023 as it interacts with producing and Dom

NOTE Confidence: 0.7662612

00:18:04.023 --> 00:18:06.239 endogenous antigen from prostaglandins.

NOTE Confidence: 0.7662612

 $00:18:06.240 \longrightarrow 00:18:09.176$ An adenosine is either stored in a release

NOTE Confidence: 0.7662612

 $00{:}18{:}09{.}176 \dashrightarrow 00{:}18{:}12{.}035$ and start to be formed inside of cells.

NOTE Confidence: 0.7662612

 $00{:}18{:}12.040 \dashrightarrow 00{:}18{:}14.210$ Or or possibly on the surface and

NOTE Confidence: 0.7662612

 $00{:}18{:}14{.}210 \dashrightarrow 00{:}18{:}16{.}138$ and its proposed as a modulator,

NOTE Confidence: 0.7662612

 $00:18:16.140 \longrightarrow 00:18:18.345$ it may cause some days of dilate

NOTE Confidence: 0.7662612

00:18:18.345 --> 00:18:19.290 by basil dilation.

NOTE Confidence: 0.7662612

 $00{:}18{:}19{.}290 \dashrightarrow 00{:}18{:}21{.}310$ The weakness of this theory, however.

 $00:18:21.310 \longrightarrow 00:18:22.660$ Although it's observed,

NOTE Confidence: 0.7662612

 $00{:}18{:}22.660 \dashrightarrow 00{:}18{:}25.815$ you know there's no patient that we

NOTE Confidence: 0.7662612

00:18:25.815 --> 00:18:28.101 prescribe enough Red Bull and coffee

NOTE Confidence: 0.7662612

 $00:18:28.101 \rightarrow 00:18:30.909$ to mitigate the effects of hypersonnia,

NOTE Confidence: 0.7662612

 $00:18:30.910 \longrightarrow 00:18:33.406$ and this molecule doesn't really interact

NOTE Confidence: 0.7662612

 $00:18:33.406 \rightarrow 00:18:36.160$ with the known neurobiology of the circuitry,

NOTE Confidence: 0.7662612

00:18:36.160 - 00:18:38.578 such as at the ereckson receptor,

NOTE Confidence: 0.7662612

 $00:18:38.580 \longrightarrow 00:18:39.792$ the heterodimers formation,

NOTE Confidence: 0.7662612

00:18:39.792 --> 00:18:40.600 the VLP,

NOTE Confidence: 0.7662612

 $00:18:40.600 \rightarrow 00:18:42.620$ all which initiates sleep onset,

NOTE Confidence: 0.7662612

 $00{:}18{:}42.620 \dashrightarrow 00{:}18{:}44.236$ and the other pathways.

NOTE Confidence: 0.7662612

 $00:18:44.236 \rightarrow 00:18:46.660$ So it may be an epiphenomenon,

NOTE Confidence: 0.7662612

 $00:18:46.660 \rightarrow 00:18:50.228$ but it hasn't really led to a major

NOTE Confidence: 0.7662612

 $00:18:50.228 \longrightarrow 00:18:52.189$ insider inroad into those.

NOTE Confidence: 0.7662612

00:18:52.190 --> 00:18:53.360 Neuronal connectivity pathways,

NOTE Confidence: 0.7662612

 $00:18:53.360 \longrightarrow 00:18:55.700$ but adenosine is on the left.

- NOTE Confidence: 0.7662612
- $00:18:55.700 \longrightarrow 00:18:58.430$ Caffeine is on the right.

 $00:18:58.430 \longrightarrow 00:19:01.930$ These these articles written.

NOTE Confidence: 0.7662612

00:19:01.930 --> 00:19:07.670 About 20 plus years ago are or more are very,

NOTE Confidence: 0.7662612

 $00:19:07.670 \rightarrow 00:19:08.504$ very interesting.

NOTE Confidence: 0.7662612

 $00{:}19{:}08{.}504 \dashrightarrow 00{:}19{:}11{.}006$ So hypersomnia we know results when

NOTE Confidence: 0.7662612

00:19:11.006 --> 00:19:13.328 sleep at night is inefficient,

NOTE Confidence: 0.7662612

 $00:19:13.330 \longrightarrow 00:19:14.305$ fragmented or normal.

NOTE Confidence: 0.7662612

00:19:14.305 --> 00:19:15.605 Sleep architecture is disturbed

NOTE Confidence: 0.7662612

 $00{:}19{:}15{.}605 \dashrightarrow 00{:}19{:}17{.}234$ at secondary or there's an

NOTE Confidence: 0.7662612

 $00:19:17.234 \longrightarrow 00:19:18.430$ intrinsic problem for this.

NOTE Confidence: 0.7662612

 $00{:}19{:}18{.}430 \dashrightarrow 00{:}19{:}20{.}670$ And how do we evaluate this complaint?

NOTE Confidence: 0.7662612

00:19:20.670 --> 00:19:20.978 Well,

NOTE Confidence: 0.7662612

00:19:20.978 --> 00:19:23.442 I put this type of slide up because

NOTE Confidence: 0.7662612

 $00{:}19{:}23.442 \dashrightarrow 00{:}19{:}25.122$ there's nothing more gratifying to

NOTE Confidence: 0.7662612

 $00{:}19{:}25{.}122 \dashrightarrow 00{:}19{:}27{.}759$ a sleep Doctor Who sees a lot of

00:19:27.759 --> 00:19:29.595 OSA patients to see RAM rebound.

NOTE Confidence: 0.7662612

 $00{:}19{:}29{.}600 \dashrightarrow 00{:}19{:}31{.}448$ So this was a patient who suddenly

NOTE Confidence: 0.7662612

00:19:31.448 --> 00:19:33.545 had a very organized process after he

NOTE Confidence: 0.7662612

 $00{:}19{:}33.545 \dashrightarrow 00{:}19{:}36.209$ came in for a second night after a

NOTE Confidence: 0.7662612

00:19:36.209 --> 00:19:38.054 diagnostic sleep study or polysomnogram

NOTE Confidence: 0.7662612

 $00{:}19{:}38.054 \dashrightarrow 00{:}19{:}40.253$ where there was a very good.

NOTE Confidence: 0.7662612

 $00{:}19{:}40.253 \dashrightarrow 00{:}19{:}42.780$ REM, rebound and we all felt good.

NOTE Confidence: 0.7662612

 $00:19:42.780 \longrightarrow 00:19:44.112$ Wow, what a success.

NOTE Confidence: 0.7662612

00:19:44.112 $\operatorname{-->}$ 00:19:46.110 This patient had continuous sleep until

NOTE Confidence: 0.7662612

 $00{:}19{:}46{.}170 \dashrightarrow 00{:}19{:}48{.}663$ the helip ad landed and caused him to wake up.

NOTE Confidence: 0.7662612

 $00{:}19{:}48.670 \dashrightarrow 00{:}19{:}50.665$ And then he went back to sleep

NOTE Confidence: 0.7662612

 $00:19:50.665 \longrightarrow 00:19:52.080$ and lo and behold,

NOTE Confidence: 0.7662612

 $00{:}19{:}52.080 \dashrightarrow 00{:}19{:}54.908$ the patient was able to maintain sleep.

NOTE Confidence: 0.7662612

00:19:54.910 --> 00:19:57.297 But narcolepsy has a sleep wake instability.

NOTE Confidence: 0.7662612

 $00:19:57.300 \rightarrow 00:20:00.036$ An ram may intrude into the waking state.

NOTE Confidence: 0.7662612

 $00{:}20{:}00{.}040 \dashrightarrow 00{:}20{:}02{.}731$ Now this is what we see as the sort

 $00:20:02.731 \longrightarrow 00:20:05.056$ of gospel on the ASM where this

NOTE Confidence: 0.7662612

 $00{:}20{:}05{.}056 \dashrightarrow 00{:}20{:}07{.}977$ is the MSL T where we are right

NOTE Confidence: 0.7662612

00:20:07.977 --> 00:20:10.641 now when I'm giving my lecture at

NOTE Confidence: 0.7662612

 $00:20:10.641 \longrightarrow 00:20:12.687$ two or three in the afternoon,

NOTE Confidence: 0.79262733

 $00{:}20{:}12.690 \dashrightarrow 00{:}20{:}15.490$ we have the greatest tendency to be

NOTE Confidence: 0.79262733

 $00{:}20{:}15{.}490 \dashrightarrow 00{:}20{:}18{.}221$ falling a sleep on MSL T with the

NOTE Confidence: 0.79262733

 $00{:}20{:}18{.}221 \dashrightarrow 00{:}20{:}20{.}780$ sleep homeostatic drive or the OR the.

NOTE Confidence: 0.79262733

 $00{:}20{:}20{.}780 \dashrightarrow 00{:}20{:}22{.}410$ Homeostatic drive is at its

NOTE Confidence: 0.79262733

 $00{:}20{:}22{.}410 \dashrightarrow 00{:}20{:}24{.}558$ highest with the lowest of the

NOTE Confidence: 0.79262733

00:20:24.558 --> 00:20:26.350 circadian alerting sender signal,

NOTE Confidence: 0.79262733

 $00{:}20{:}26{.}350 \dashrightarrow 00{:}20{:}28{.}498$ so process and process C are

NOTE Confidence: 0.79262733

 $00{:}20{:}28{.}498 \dashrightarrow 00{:}20{:}30{.}430$ the most fire furthest apart.

NOTE Confidence: 0.79262733

 $00:20:30.430 \rightarrow 00:20:32.644$ It's interesting that with the understanding

NOTE Confidence: 0.79262733

 $00:20:32.644 \rightarrow 00:20:34.510$ of how fragmented sleep isn't,

NOTE Confidence: 0.79262733

 $00{:}20{:}34{.}510 \dashrightarrow 00{:}20{:}36{.}390$ how incontinent patients are of

 $00:20:36.390 \rightarrow 00:20:38.590$ their rent peers during the day,

NOTE Confidence: 0.79262733

 $00{:}20{:}38.590 \dashrightarrow 00{:}20{:}41.174$ that we really don't have a good diagram

NOTE Confidence: 0.79262733

 $00:20:41.174 \rightarrow 00:20:43.777$ of this for the primary hypersonnia.

NOTE Confidence: 0.79262733

00:20:43.780 --> 00:20:46.377 So maybe we will in the future,

NOTE Confidence: 0.79262733

 $00{:}20{:}46{.}380 \dashrightarrow 00{:}20{:}48{.}948$ and this is obviously someone that

NOTE Confidence: 0.79262733

 $00:20:48.948 \longrightarrow 00:20:50.660$ got there early evening.

NOTE Confidence: 0.79262733

 $00{:}20{:}50.660 \dashrightarrow 00{:}20{:}52.796$ No, I'm ram slow wave sleep such as

NOTE Confidence: 0.79262733

 $00:20:52.796 \longrightarrow 00:20:55.166$ you see in fleet recovery and they

NOTE Confidence: 0.79262733

 $00{:}20{:}55{.}166 \dashrightarrow 00{:}20{:}57{.}611$ got more or increasing periods of REM

NOTE Confidence: 0.79262733

 $00{:}20{:}57{.}611 \dashrightarrow 00{:}21{:}00{.}043$ throughout the night as the night went on.

NOTE Confidence: 0.79262733

 $00{:}21{:}00{.}050 \dashrightarrow 00{:}21{:}02{.}546$ But here's a patient on the bottom here.

NOTE Confidence: 0.79262733

00:21:02.550 --> 00:21:04.650 This hymn of what Naka Lefty looks

NOTE Confidence: 0.79262733

 $00{:}21{:}04.650 \dashrightarrow 00{:}21{:}07.220$ like and I would add I got this

NOTE Confidence: 0.79262733

 $00:21:07.220 \longrightarrow 00:21:08.496$ online so it's blurry.

NOTE Confidence: 0.79262733

00:21:08.500 --> 00:21:10.355 I want to give credit words do

NOTE Confidence: 0.79262733

 $00:21:10.355 \rightarrow 00:21:12.603$ but some of our patients they even

- NOTE Confidence: 0.79262733
- $00{:}21{:}12.603 \dashrightarrow 00{:}21{:}14.685$ have much more sleep onset REM's

 $00{:}21{:}14.751 \dashrightarrow 00{:}21{:}16.326$ during the day than this.

NOTE Confidence: 0.79262733

 $00{:}21{:}16{.}330 \dashrightarrow 00{:}21{:}17{.}840$ So narcolepsy hypersomnia is a

NOTE Confidence: 0.79262733

 $00{:}21{:}17.840 \dashrightarrow 00{:}21{:}20.080$ disease that spans a 24 hour period.

NOTE Confidence: 0.79262733

00:21:20.080 --> 00:21:21.900 That fragment sleep and fragments

NOTE Confidence: 0.79262733

 $00:21:21.900 \longrightarrow 00:21:23.356$ wake in these patients.

NOTE Confidence: 0.79262733

 $00{:}21{:}23{.}360 \dashrightarrow 00{:}21{:}25{.}585$ I have an unpredictable lifestyle

NOTE Confidence: 0.79262733

 $00{:}21{:}25{.}585 \dashrightarrow 00{:}21{:}26{.}920$ where neurotransmitters planktonic

NOTE Confidence: 0.79262733

 $00{:}21{:}26{.}920 \dashrightarrow 00{:}21{:}29{.}473$ roles that wax and wane and sleep

NOTE Confidence: 0.79262733

 $00:21:29.473 \rightarrow 00:21:31.078$ and wake are totally destabilized,

NOTE Confidence: 0.79262733

00:21:31.080 --> 00:21:33.950 like a very dysfunctional loose

NOTE Confidence: 0.79262733

 $00{:}21{:}33{.}950 \dashrightarrow 00{:}21{:}36{.}820$ dial on a dimmer switch.

NOTE Confidence: 0.79262733

00:21:36.820 --> 00:21:38.288 So major neurologic mechanisms

NOTE Confidence: 0.79262733

 $00{:}21{:}38{.}288 \dashrightarrow 00{:}21{:}39{.}756$ promote wakefulness from the

NOTE Confidence: 0.79262733

00:21:39.756 --> 00:21:40.860 reticular activating system,

 $00:21:40.860 \rightarrow 00:21:42.428$ with ascential choline glutamate,

NOTE Confidence: 0.79262733

 $00:21:42.428 \longrightarrow 00:21:43.604$ noradrenergic systems and

NOTE Confidence: 0.79262733

 $00:21:43.604 \rightarrow 00:21:45.259$ rim is parallel to that,

NOTE Confidence: 0.79262733

 $00:21:45.260 \longrightarrow 00:21:47.941$ and I'll show you more of that

NOTE Confidence: 0.79262733

 $00{:}21{:}47{.}941 \dashrightarrow 00{:}21{:}49{.}930$ as this lecture proceeds.

NOTE Confidence: 0.79262733

 $00:21:49.930 \rightarrow 00:21:54.898$ And termination phase is not simply.

NOTE Confidence: 0.79262733

 $00{:}21{:}54{.}900 \dashrightarrow 00{:}21{:}58{.}076$ A switch it's a dialing up of wakefulness

NOTE Confidence: 0.79262733

 $00:21:58.076 \rightarrow 00:22:01.579$ and a dialing down of the sleepiness.

NOTE Confidence: 0.79262733

 $00{:}22{:}01.580 \dashrightarrow 00{:}22{:}03.458$ So anything that fragments this process,

NOTE Confidence: 0.79262733

 $00{:}22{:}03.460 \dashrightarrow 00{:}22{:}04.088$ such as.

NOTE Confidence: 0.79262733

 $00:22:04.088 \rightarrow 00:22:06.286$ Here's a ramp period where you're paralyzed,

NOTE Confidence: 0.79262733

00:22:06.290 --> 00:22:08.488 and if you're on your back supine,

NOTE Confidence: 0.79262733

 $00:22:08.490 \longrightarrow 00:22:10.086$ you have an airway that's closed

NOTE Confidence: 0.79262733

 $00{:}22{:}10.086 \dashrightarrow 00{:}22{:}12.318$ and you have an arousal 'cause you

NOTE Confidence: 0.79262733

 $00:22:12.318 \rightarrow 00:22:13.802$ can't breather these fragmentations

NOTE Confidence: 0.79262733

00:22:13.802 --> 00:22:16.145 of your sleep will lead to profound

- NOTE Confidence: 0.79262733
- 00:22:16.145 --> 00:22:17.903 EDS during the day or excessive

 $00:22:17.910 \longrightarrow 00:22:19.570$ daytime sleepiness.

NOTE Confidence: 0.79262733

 $00:22:19.570 \longrightarrow 00:22:22.584$ As an EG I like to show a parallel

NOTE Confidence: 0.79262733

 $00{:}22{:}22{.}584 \dashrightarrow 00{:}22{:}24{.}931$ between EG and sleep and the brain

NOTE Confidence: 0.79262733

 $00{:}22{:}24{.}931 \dashrightarrow 00{:}22{:}27{.}903$ from time of life to the time of death

NOTE Confidence: 0.79262733

00:22:27.903 - > 00:22:30.388 is never offline on the upper left.

NOTE Confidence: 0.79262733

 $00:22:30.390 \rightarrow 00:22:33.086$ This is wakefulness, where you have a post,

NOTE Confidence: 0.79262733

 $00{:}22{:}33.090 \dashrightarrow 00{:}22{:}35.002$ your predominant alpha rhythm

NOTE Confidence: 0.79262733

 $00{:}22{:}35{.}002 \dashrightarrow 00{:}22{:}37{.}870$ reaching 8 to 8 more Hertz.

NOTE Confidence: 0.79262733

 $00:22:37.870 \longrightarrow 00:22:39.520$ On the right is drows iness.

NOTE Confidence: 0.79262733

 $00:22:39.520 \longrightarrow 00:22:41.830$ Is that the same isn't in Fenton

NOTE Confidence: 0.79262733

 $00:22:41.830 \rightarrow 00:22:43.810$ Cefal Opathy, where there stay there,

NOTE Confidence: 0.79262733

 $00:22:43.810 \longrightarrow 00:22:45.460$ or fragmentation of the alpha.

NOTE Confidence: 0.79262733

 $00:22:45.460 \longrightarrow 00:22:48.100$ Sleep is by no means a passive process.

NOTE Confidence: 0.79262733

 $00{:}22{:}48.100 \dashrightarrow 00{:}22{:}50.086$ Look at how active these posts

 $00:22:50.086 \rightarrow 00:22:51.730$ are beginning of stage two.

NOTE Confidence: 0.79262733

00:22:51.730 --> 00:22:53.710 Stage two is very busy with

NOTE Confidence: 0.79262733

 $00:22:53.710 \longrightarrow 00:22:55.030$ spindles and K complexes.

NOTE Confidence: 0.79262733

 $00:22:55.030 \rightarrow 00:22:56.680$ Stajan 3 is not flat,

NOTE Confidence: 0.79262733

 $00{:}22{:}56{.}680 \dashrightarrow 00{:}22{:}58{.}642$ but it's slow with this delta

NOTE Confidence: 0.79262733

 $00{:}22{:}58.642 \dashrightarrow 00{:}23{:}00.882$ and ram it becomes active again

NOTE Confidence: 0.79262733

 $00:23:00.882 \rightarrow 00:23:02.606$ with these eye movements.

NOTE Confidence: 0.79262733

 $00{:}23{:}02{.}610 \dashrightarrow 00{:}23{:}04{.}758$ And low voltage e.g paraments not

NOTE Confidence: 0.79262733

00:23:04.758 --> 00:23:07.554 quite like wait but it is fast and

NOTE Confidence: 0.79262733

 $00{:}23{:}07{.}554 \dashrightarrow 00{:}23{:}09{.}498$ it's mediated by almost the same.

NOTE Confidence: 0.79262733

00:23:09.500 --> 00:23:09.785 Neurotransmitters,

NOTE Confidence: 0.79262733

 $00{:}23{:}09{.}785 \dashrightarrow 00{:}23{:}11{.}780$ but in a different location and nuclei

NOTE Confidence: 0.79262733

 $00{:}23{:}11.780 \dashrightarrow 00{:}23{:}14.370$ in the brain, which we talk about.

NOTE Confidence: 0.79262733

 $00:23:14.370 \rightarrow 00:23:16.495$ With encephalopathies or up foundation,

NOTE Confidence: 0.77301455

 $00:23:16.500 \longrightarrow 00:23:18.112$ the pathways are different.

NOTE Confidence: 0.77301455

 $00:23:18.112 \longrightarrow 00:23:20.127$ The classical awake or arousal

00:23:20.127 --> 00:23:21.897 system is involved in sleep,

NOTE Confidence: 0.77301455

 $00:23:21.900 \rightarrow 00:23:24.609$ but it also involved in self allopathy.

NOTE Confidence: 0.77301455

 $00{:}23{:}24.610 \dashrightarrow 00{:}23{:}27.210$ Is there is a impact of the thal amus

NOTE Confidence: 0.77301455

 $00{:}23{:}27{.}210 \dashrightarrow 00{:}23{:}29{.}167$ where there is obtundation that

NOTE Confidence: 0.77301455

00:23:29.167 --> 00:23:31.232 occurs which disrupts that pathway

NOTE Confidence: 0.77301455

 $00{:}23{:}31{.}232 \dashrightarrow 00{:}23{:}34{.}157$ and in the cases of metabolic ensup

NOTE Confidence: 0.77301455

 $00{:}23{:}34{.}157 \dashrightarrow 00{:}23{:}36{.}875$ allopathy they may be triphasic waves.

NOTE Confidence: 0.77301455

 $00{:}23{:}36.875 \dashrightarrow 00{:}23{:}40.300$ Furthermore, when there's this organ.

NOTE Confidence: 0.77301455

 $00{:}23{:}40{.}300 \dashrightarrow 00{:}23{:}42{.}532$ Damage or there's Frank.

NOTE Confidence: 0.77301455

00:23:42.532 --> 00:23:44.206 Quarter to excitability.

NOTE Confidence: 0.77301455

 $00:23:44.210 \longrightarrow 00:23:46.556$ Some of these waves actually involve

NOTE Confidence: 0.77301455

 $00{:}23{:}46.556 \dashrightarrow 00{:}23{:}49.481$ the hours for other source of the

NOTE Confidence: 0.77301455

 $00:23:49.481 \longrightarrow 00:23:51.197$ cortex that involve epilepsy,

NOTE Confidence: 0.77301455

 $00{:}23{:}51{.}200 \dashrightarrow 00{:}23{:}55{.}120$ and we have a continuum from these long

NOTE Confidence: 0.77301455

 $00{:}23{:}55{.}120 \dashrightarrow 00{:}23{:}57{.}920$ probability of ictal patterns too.

 $00:23:57.920 \rightarrow 00:23:59.236$ Suppression versus versa question,

NOTE Confidence: 0.77301455

 $00{:}23{:}59{.}236 \dashrightarrow 00{:}24{:}01{.}570$ which I'm not showing on this slide.

NOTE Confidence: 0.77301455

00:24:01.570 --> 00:24:02.898 These triphasic waves and

NOTE Confidence: 0.77301455

 $00:24:02.898 \rightarrow 00:24:03.894$ then epileptiform discharges.

NOTE Confidence: 0.77301455

 $00{:}24{:}03{.}900 \dashrightarrow 00{:}24{:}06{.}510$ But sleep is a completely

NOTE Confidence: 0.77301455

00:24:06.510 --> 00:24:07.554 different circuitry.

NOTE Confidence: 0.77301455

 $00{:}24{:}07{.}560 \dashrightarrow 00{:}24{:}08{.}884$ Here are epileptiform discharges

NOTE Confidence: 0.77301455

 $00:24:08.884 \rightarrow 00:24:10.870$ from her on the bottom panels.

NOTE Confidence: 0.77301455

 $00{:}24{:}10.870 \dashrightarrow 00{:}24{:}13.187$ These are continuous here on the left.

NOTE Confidence: 0.77301455

 $00:24:13.190 \rightarrow 00:24:16.390$ These are on one side on the right.

NOTE Confidence: 0.77301455

 $00{:}24{:}16{.}390 \dashrightarrow 00{:}24{:}19{.}574$ The upper left is the a brain that

NOTE Confidence: 0.77301455

 $00{:}24{:}19{.}574 \dashrightarrow 00{:}24{:}21{.}831$ has diffuse cortical damage and

NOTE Confidence: 0.77301455

 $00{:}24{:}21{.}831 \dashrightarrow 00{:}24{:}25{.}037$ is flat line or brain dead and the

NOTE Confidence: 0.77301455

00:24:25.130 --> 00:24:28.245 upper right shows birth suppression

NOTE Confidence: 0.77301455

 $00:24:28.245 \rightarrow 00:24:31.360$ that's induced by pharmaco therapies

NOTE Confidence: 0.77301455

 $00:24:31.360 \longrightarrow 00:24:34.800$ such as propofol or or.

- NOTE Confidence: 0.77301455
- $00:24:34.800 \rightarrow 00:24:35.508$ Other senators,
- NOTE Confidence: 0.77301455
- $00:24:35.508 \rightarrow 00:24:37.986$ but this is a very different circuitry,
- NOTE Confidence: 0.77301455
- $00:24:37.990 \longrightarrow 00:24:39.398$ a very different look,
- NOTE Confidence: 0.77301455
- $00:24:39.398 \longrightarrow 00:24:40.454$ very different pattern,
- NOTE Confidence: 0.77301455
- $00{:}24{:}40{.}460 \dashrightarrow 00{:}24{:}42{.}693$ and a very set of different pathways
- NOTE Confidence: 0.77301455
- $00{:}24{:}42.693 \dashrightarrow 00{:}24{:}44.883$ other than those that that involve
- NOTE Confidence: 0.77301455
- $00:24:44.883 \rightarrow 00:24:46.838$ sleeping wake as a epileptologist.
- NOTE Confidence: 0.77301455
- $00{:}24{:}46{.}840 \dashrightarrow 00{:}24{:}47{.}761$ I would digress.
- NOTE Confidence: 0.77301455
- $00:24:47.761 \longrightarrow 00:24:49.910$ At this point a little bit to
- NOTE Confidence: 0.77301455
- $00:24:49.986 \rightarrow 00:24:52.350$ talk about epilepsy and sleep and
- NOTE Confidence: 0.77301455
- $00:24:52.350 \longrightarrow 00:24:54.270$ patients with epilepsy or pwe.
- NOTE Confidence: 0.77301455
- $00{:}24{:}54{.}270 \dashrightarrow 00{:}24{:}55{.}582$ There's a high end,
- NOTE Confidence: 0.77301455
- $00{:}24{:}55{.}582 \dashrightarrow 00{:}24{:}57{.}550$ higher incidence of sleep disorders in
- NOTE Confidence: 0.77301455
- $00{:}24{:}57.613 \dashrightarrow 00{:}25{:}00.688$ this population, with 13% of patients.
- NOTE Confidence: 0.77301455
- 00:25:00.688 --> 00:25:01.230 Also,
- NOTE Confidence: 0.77301455

 $00{:}25{:}01{.}230 \dashrightarrow 00{:}25{:}03{.}470$ having always say in the moderate to

NOTE Confidence: 0.77301455

 $00{:}25{:}03{.}470$ --> $00{:}25{:}05{.}623$ severe range and the hypoxemia and

NOTE Confidence: 0.77301455

 $00{:}25{:}05{.}623 \dashrightarrow 00{:}25{:}07{.}879$ arous al that occurs in those patients,

NOTE Confidence: 0.77301455

 $00{:}25{:}07{.}880 \dashrightarrow 00{:}25{:}09{.}752$ either from their epilepsy or and

NOTE Confidence: 0.77301455

00:25:09.752 --> 00:25:12.229 often their OSA may cause pseudo or

NOTE Confidence: 0.77301455

 $00{:}25{:}12.229 \dashrightarrow 00{:}25{:}14.179$ sudden unexplained death in epilepsy.

NOTE Confidence: 0.77301455

 $00{:}25{:}14.180 \dashrightarrow 00{:}25{:}17.620$ But OSA is a very highly treatable entity.

NOTE Confidence: 0.77301455

 $00:25:17.620 \longrightarrow 00:25:20.588$ Lack of sleep is one of the most

NOTE Confidence: 0.77301455

 $00{:}25{:}20{.}588 \dashrightarrow 00{:}25{:}22{.}590$ important triggers of seizures with

NOTE Confidence: 0.77301455

 $00{:}25{:}22{.}590 \dashrightarrow 00{:}25{:}24{.}948$ a third of patients in particular

NOTE Confidence: 0.77301455

 $00:25:24.948 \longrightarrow 00:25:27.170$ who may fly under the radar,

NOTE Confidence: 0.77301455

 $00{:}25{:}27{.}170 \dashrightarrow 00{:}25{:}29{.}844$ and so you ask the question along

NOTE Confidence: 0.77301455

 $00{:}25{:}29{.}844 \dashrightarrow 00{:}25{:}31{.}858$ with alcohol, stress medication,

NOTE Confidence: 0.77301455

 $00{:}25{:}31.858 \dashrightarrow 00{:}25{:}33.730$ noncompliance, missed doses.

NOTE Confidence: 0.77301455

00:25:33.730 --> 00:25:34.633 Sleep fragmentation might

NOTE Confidence: 0.77301455

00:25:34.633 --> 00:25:35.837 actually decrease your TST,

- NOTE Confidence: 0.77301455
- $00:25:35.840 \rightarrow 00:25:36.740$ leading to seizures,

 $00:25:36.740 \longrightarrow 00:25:37.640$ total sleep time,

NOTE Confidence: 0.77301455

 $00:25:37.640 \longrightarrow 00:25:40.237$ and anything that can lead to the

NOTE Confidence: 0.77301455

 $00:25:40.237 \longrightarrow 00:25:41.350$ bus increase seizures.

NOTE Confidence: 0.77301455

 $00{:}25{:}41{.}350 \dashrightarrow 00{:}25{:}44{.}185$ This is a little rectal discharge where.

NOTE Confidence: 0.77301455

 $00:25:44.190 \longrightarrow 00:25:45.246$ The sharp part.

NOTE Confidence: 0.77301455

 $00:25:45.246 \longrightarrow 00:25:47.006$ Anything that looks like it

NOTE Confidence: 0.77301455

00:25:47.006 -> 00:25:49.258 would hurt if you sat on it like

NOTE Confidence: 0.77301455

 $00{:}25{:}49{.}258 \dashrightarrow 00{:}25{:}50{.}970$ a thumbtack is a sharp you.

NOTE Confidence: 0.77301455

 $00{:}25{:}50{.}970 \dashrightarrow 00{:}25{:}53{.}532$ After going slow wave may actually be

NOTE Confidence: 0.77301455

 $00{:}25{:}53{.}532 \dashrightarrow 00{:}25{:}54{.}630$ mostly hyperpolarization protective.

NOTE Confidence: 0.77301455

 $00{:}25{:}54{.}630 \dashrightarrow 00{:}25{:}56{.}715$ But these are typical interictal

NOTE Confidence: 0.77301455

 $00{:}25{:}56{.}715 \dashrightarrow 00{:}25{:}59{.}182$ discharges which are seen when the

NOTE Confidence: 0.77301455

 $00{:}25{:}59{.}182 \dashrightarrow 00{:}26{:}01{.}048$ patient is not having a seizure

NOTE Confidence: 0.77301455

 $00:26:01.048 \rightarrow 00:26:02.450$ and lack of sleep.

 $00:26:02.450 \longrightarrow 00:26:04.050$ Causes an increase of this.

NOTE Confidence: 0.77301455

 $00{:}26{:}04.050 \dashrightarrow 00{:}26{:}05.660$ An interactive discharges are distributed

NOTE Confidence: 0.77301455

 $00:26:05.660 \rightarrow 00:26:07.570$ differently in different stages of sleep.

NOTE Confidence: 0.77301455

 $00:26:07.570 \longrightarrow 00:26:09.607$ The highest rates are in these rolling

NOTE Confidence: 0.77301455

 $00{:}26{:}09{.}607 \dashrightarrow 00{:}26{:}11{.}728$ delta waves which are highly synchronous.

NOTE Confidence: 0.77301455

 $00{:}26{:}11.730 \dashrightarrow 00{:}26{:}14.426$ So impious traitor and stage in three and

NOTE Confidence: 0.77301455

 $00:26:14.426 \rightarrow 00:26:17.485$ four much more in the stage two in stage one,

NOTE Confidence: 0.77301455

 $00:26:17.490 \longrightarrow 00:26:19.296$ it's very rare to have an

NOTE Confidence: 0.77301455

00:26:19.296 --> 00:26:20.500 interactive discharge in REM

NOTE Confidence: 0.77301455

 $00:26:20.560 \rightarrow 00:26:22.290$ because of the hyper synchrony,

NOTE Confidence: 0.77301455

 $00{:}26{:}22{.}290 \dashrightarrow 00{:}26{:}25{.}216$ but circadian effects may play a role.

NOTE Confidence: 0.77301455

00:26:25.220 --> 00:26:25.626 Anne.

NOTE Confidence: 0.77301455

00:26:25.626 --> 00:26:27.656 Less than 1% of seizures

NOTE Confidence: 0.77301455

00:26:27.656 --> 00:26:29.680 actually come out of RAM.

NOTE Confidence: 0.77301455

 $00:26:29.680 \longrightarrow 00:26:31.260$ The less synchronous the EG,

NOTE Confidence: 0.7533789

00:26:31.260 - 00:26:33.953 such as when you're awake, are in REM.

- NOTE Confidence: 0.7533789
- 00:26:33.953 -> 00:26:35.437 The less likely depolarization

 $00:26:35.437 \longrightarrow 00:26:36.990$ or seizures will occur.

NOTE Confidence: 0.7533789

 $00:26:36.990 \rightarrow 00:26:38.286$ In temporal lobe epilepsy,

NOTE Confidence: 0.7533789

 $00:26:38.286 \longrightarrow 00:26:39.582$ there's a tendency for

NOTE Confidence: 0.7533789

 $00{:}26{:}39{.}582 \dashrightarrow 00{:}26{:}41{.}119$ hours and then a seizure,

NOTE Confidence: 0.7533789

 $00:26:41.120 \longrightarrow 00:26:43.213$ and this is usually in the late

NOTE Confidence: 0.7533789

 $00:26:43.213 \rightarrow 00:26:44.939$ afternoon with frontal lobe seizures.

NOTE Confidence: 0.7533789

 $00{:}26{:}44{.}940 \dashrightarrow 00{:}26{:}46{.}902$ There are often brief events with

NOTE Confidence: 0.7533789

 $00{:}26{:}46{.}902 \dashrightarrow 00{:}26{:}48{.}759$ tonic motor components out of sleep,

NOTE Confidence: 0.7533789

 $00:26:48.760 \longrightarrow 00:26:50.656$ with little to no postictal phase,

NOTE Confidence: 0.7533789

 $00{:}26{:}50{.}660 \dashrightarrow 00{:}26{:}52{.}310$ and some syndromes are time locked

NOTE Confidence: 0.7533789

 $00:26:52.310 \rightarrow 00:26:54.100$ somehow and we don't understand the

NOTE Confidence: 0.7533789

 $00{:}26{:}54{.}100 \dashrightarrow 00{:}26{:}55{.}700$ neurobiology for the wait period

NOTE Confidence: 0.7533789

 $00{:}26{:}55.700 \dashrightarrow 00{:}26{:}57.660$ such as juvenile myoclonic epilepsy,

NOTE Confidence: 0.7533789

 $00:26:57.660 \rightarrow 00:26:59.550$ where there's a myoclonic jerk or

 $00{:}26{:}59{.}550 \dashrightarrow 00{:}27{:}01{.}663$ series of falls in coordination in

NOTE Confidence: 0.7533789

 $00{:}27{:}01.663 \dashrightarrow 00{:}27{:}04.027$ the morning with grand Mal epilepsy.

NOTE Confidence: 0.7533789

 $00:27:04.030 \longrightarrow 00:27:05.590$ Benign Epileptiform central temple

NOTE Confidence: 0.7533789

 $00:27:05.590 \rightarrow 00:27:07.150$ central temporal epilepsy with

NOTE Confidence: 0.7533789

 $00{:}27{:}07{.}150 \dashrightarrow 00{:}27{:}08{.}998$ spikes or rolandic seizures are

NOTE Confidence: 0.7533789

 $00{:}27{:}08{.}998 \dashrightarrow 00{:}27{:}10{.}688$ typically seen in the morning,

NOTE Confidence: 0.7533789

 $00:27:10.690 \rightarrow 00:27:14.020$ yet we have more rain periods in the morning,

NOTE Confidence: 0.7533789

 $00{:}27{:}14.020 \dashrightarrow 00{:}27{:}16.096$ so that violates the principle in

NOTE Confidence: 0.7533789

 $00{:}27{:}16.096 \dashrightarrow 00{:}27{:}18.829$ a way that that RAM is protective,

NOTE Confidence: 0.7533789

 $00:27:18.830 \rightarrow 00:27:21.420$ but this may be an independent entity,

NOTE Confidence: 0.7533789

00:27:21.420 --> 00:27:22.104 Landau kleffner,

NOTE Confidence: 0.7533789

 $00{:}27{:}22.104 \dashrightarrow 00{:}27{:}24.498$ which is one of the catastrophic seizure

NOTE Confidence: 0.7533789

 $00{:}27{:}24.498 \dashrightarrow 00{:}27{:}26.229$ syndromes of childhood catastrophic,

NOTE Confidence: 0.7533789

00:27:26.230 --> 00:27:28.348 especially if you miss it because

NOTE Confidence: 0.7533789

 $00{:}27{:}28{.}348 \dashrightarrow 00{:}27{:}30{.}669$ these brains are busy seizing away.

NOTE Confidence: 0.7533789

 $00:27:30.670 \rightarrow 00:27:32.202$ You may have microcephaly,

- NOTE Confidence: 0.7533789
- $00:27:32.202 \longrightarrow 00:27:34.500$ and when the brain is busy.

 $00:27:34.500 \longrightarrow 00:27:35.824$ Seizing particularly in posterior

NOTE Confidence: 0.7533789

 $00{:}27{:}35{.}824 \dashrightarrow 00{:}27{:}38{.}229$ temporal area on the left with the

NOTE Confidence: 0.7533789

 $00:27:38.229 \rightarrow 00:27:39.677$ language development areas are.

NOTE Confidence: 0.7533789

 $00{:}27{:}39.680 \dashrightarrow 00{:}27{:}41.490$ And these patients have continuous

NOTE Confidence: 0.7533789

 $00:27:41.490 \longrightarrow 00:27:43.300$ spike and wave and sleep.

NOTE Confidence: 0.7533789

00:27:43.300 --> 00:27:46.336 These patients have profile language delays.

NOTE Confidence: 0.7533789

 $00:27:46.340 \rightarrow 00:27:48.300$ But epilepsy patients commonly complain

NOTE Confidence: 0.7533789

 $00{:}27{:}48.300 \dashrightarrow 00{:}27{:}50.740$ of EDS with the medication burden.

NOTE Confidence: 0.7533789

 $00{:}27{:}50{.}740 \dashrightarrow 00{:}27{:}53{.}540$ Many of them are on rescue medications

NOTE Confidence: 0.7533789

 $00:27:53.540 \longrightarrow 00:27:54.740$ that are benzodia zepine's.

NOTE Confidence: 0.7533789

 $00{:}27{:}54{.}740 \dashrightarrow 00{:}27{:}56{.}744$ This significant weight gain that can

NOTE Confidence: 0.7533789

 $00{:}27{:}56{.}744 \dashrightarrow 00{:}27{:}59{.}539$ lead to OSA and confounding variables.

NOTE Confidence: 0.7533789

 $00{:}27{:}59{.}540 \dashrightarrow 00{:}28{:}01{.}946$ Depression may also be a comorbid

NOTE Confidence: 0.7533789

 $00{:}28{:}01{.}946 \dashrightarrow 00{:}28{:}03{.}991$ complication and changes the sleep

 $00:28:03.991 \rightarrow 00:28:06.205$ architecture and REM density and so

NOTE Confidence: 0.7533789

 $00{:}28{:}06{.}205 \dashrightarrow 00{:}28{:}08{.}738$ for th and other other other features.

NOTE Confidence: 0.7533789

00:28:08.740 --> 00:28:11.568 And after daytime seizures is a decrease

NOTE Confidence: 0.7533789

 $00{:}28{:}11.568 \dashrightarrow 00{:}28{:}14.018$ in RIM increased in REM latency

NOTE Confidence: 0.7533789

 $00{:}28{:}14.018 \dashrightarrow 00{:}28{:}16.334$ and more and one in fragmentation,

NOTE Confidence: 0.7533789

 $00{:}28{:}16{.}340 \dashrightarrow 00{:}28{:}17{.}744$ probably law so.

NOTE Confidence: 0.7533789

00:28:17.744 --> 00:28:18.680 Epilepsy itself,

NOTE Confidence: 0.7533789

 $00:28:18.680 \rightarrow 00:28:21.560$ even in the absence of Aedes and OSA,

NOTE Confidence: 0.7533789

00:28:21.560 --> 00:28:24.120 may cause sleep fragmentation so.

NOTE Confidence: 0.7533789

 $00:28:24.120 \longrightarrow 00:28:25.176$ Epilepsy might actually represent

NOTE Confidence: 0.7533789

00:28:25.176 --> 00:28:25.968 a primary hypersomnia,

NOTE Confidence: 0.7533789

00:28:25.970 --> 00:28:28.877 but the verdict is out and that's why I

NOTE Confidence: 0.7533789

 $00{:}28{:}28{.}877 \dashrightarrow 00{:}28{:}31{.}218$ included at the beginning of the talk.

NOTE Confidence: 0.7533789

 $00:28:31.220 \longrightarrow 00:28:33.544$ This is a patient of ours that

NOTE Confidence: 0.7533789

 $00:28:33.544 \rightarrow 00:28:35.750$ has a responsive neurostimulator,

NOTE Confidence: 0.7533789

 $00:28:35.750 \rightarrow 00:28:38.120$ and these patients are so refractory

- NOTE Confidence: 0.7533789
- $00:28:38.120 \rightarrow 00:28:40.637$ that they are either failed surgery

 $00:28:40.637 \longrightarrow 00:28:41.927$ or they require.

NOTE Confidence: 0.82937264

00:28:43.980 --> 00:28:45.660 Italian of approach to their care,

NOTE Confidence: 0.82937264

 $00{:}28{:}45.660 \dashrightarrow 00{:}28{:}47.340$ so these patients we do neurostimulation

NOTE Confidence: 0.82937264

00:28:47.340 - 00:28:49.607 in any part of the pathway where the

NOTE Confidence: 0.82937264

00:28:49.607 -> 00:28:51.251 discharge is in the most robust,

NOTE Confidence: 0.82937264

 $00:28:51.260 \longrightarrow 00:28:53.171$ and this is a patient that not

NOTE Confidence: 0.82937264

 $00:28:53.171 \rightarrow 00:28:55.199$ only has a cyclical pattern.

NOTE Confidence: 0.82937264

 $00:28:55.200 \rightarrow 00:28:57.348$ Of the surrogate marker of irritability,

NOTE Confidence: 0.82937264

 $00:28:57.350 \longrightarrow 00:28:58.487$ these these devices.

NOTE Confidence: 0.82937264

 $00{:}28{:}58{.}487{\:}{-}{>}00{:}29{:}00{.}761$ These many computers delineate in eracle

NOTE Confidence: 0.82937264

 $00{:}29{:}00.761 \dashrightarrow 00{:}29{:}02.718$ discharges throughout the day and night.

NOTE Confidence: 0.82937264

 $00{:}29{:}02{.}720 \dashrightarrow 00{:}29{:}05{.}282$ This patient has up to 3000 them

NOTE Confidence: 0.82937264

 $00{:}29{:}05{.}282 \dashrightarrow 00{:}29{:}07{.}728$ through the through the day and night,

NOTE Confidence: 0.82937264

 $00{:}29{:}07{.}730 \dashrightarrow 00{:}29{:}10{.}236$ and this patient can be noted to

00:29:10.236 --> 00:29:11.310 have electrographic seizures,

NOTE Confidence: 0.82937264

 $00{:}29{:}11{.}310 \dashrightarrow 00{:}29{:}13{.}458$ but when we activate these devices,

NOTE Confidence: 0.82937264

 $00{:}29{:}13.460 \dashrightarrow 00{:}29{:}15.602$ and this has become accepted in

NOTE Confidence: 0.82937264

 $00:29:15.602 \longrightarrow 00:29:17.034$ the literature, there isn't.

NOTE Confidence: 0.82937264

 $00:29:17.034 \rightarrow 00:29:19.533$ It has been evolving literature on this.

NOTE Confidence: 0.82937264

 $00{:}29{:}19{.}540$ --> $00{:}29{:}22{.}011$ You change the distribution of when the NOTE Confidence: 0.82937264

 $00:29:22.011 \rightarrow 00:29:23.494$ interactive discharges and seizures

NOTE Confidence: 0.82937264

 $00:29:23.494 \rightarrow 00:29:25.708$ and long episodes of those interactive

NOTE Confidence: 0.82937264

 $00{:}29{:}25.708 \dashrightarrow 00{:}29{:}27.779$ discharges occur into the night period.

NOTE Confidence: 0.82937264

 $00{:}29{:}27.780 \dashrightarrow 00{:}29{:}29.588$ So from 10:00 PM.

NOTE Confidence: 0.82937264

 $00:29:29.588 \longrightarrow 00:29:30.944$ To 5:00 AM.

NOTE Confidence: 0.82937264

 $00:29:30.950 \longrightarrow 00:29:32.430$ So this is relatively new.

NOTE Confidence: 0.82937264

 $00:29:32.430 \rightarrow 00:29:34.134$ How this impacts sleep tiredness doesn't

NOTE Confidence: 0.82937264

 $00{:}29{:}34{.}134 \dashrightarrow 00{:}29{:}35{.}690$ ameliorate the sleepiness of epilepsy.

NOTE Confidence: 0.82937264

 $00:29:35.690 \rightarrow 00:29:37.755$ The verdict is yet to be found.

NOTE Confidence: 0.82937264

 $00:29:37.760 \longrightarrow 00:29:39.580$ We have about 13 or 14 these

- NOTE Confidence: 0.82937264
- 00:29:39.580 --> 00:29:41.309 patients at our Medical Center,
- NOTE Confidence: 0.82937264
- $00:29:41.310 \longrightarrow 00:29:43.722$ and most of them have converted to have their
- NOTE Confidence: 0.82937264
- 00:29:43.722 --> 00:29:45.447 interactive discharges during the evening,
- NOTE Confidence: 0.82937264
- $00:29:45.450 \rightarrow 00:29:47.226$ which is convenient because if you
- NOTE Confidence: 0.82937264
- $00{:}29{:}47{.}226 \dashrightarrow 00{:}29{:}49{.}627$ have a seizure at night in your own
- NOTE Confidence: 0.82937264
- 00:29:49.627 -> 00:29:51.367 bed rather than at the workplace,
- NOTE Confidence: 0.82937264
- $00:29:51.370 \longrightarrow 00:29:52.850$ it may actually be beneficial.
- NOTE Confidence: 0.82937264
- $00:29:52.850 \rightarrow 00:29:55.810$ But is there a higher risk or not of SUDEP?
- NOTE Confidence: 0.82937264
- $00{:}29{:}55{.}810 \dashrightarrow 00{:}29{:}57{.}418$ But some of those studies are
- NOTE Confidence: 0.82937264
- $00:29:57.418 \longrightarrow 00:29:59.209$ showing that these devices to improve
- NOTE Confidence: 0.82937264
- 00:29:59.209 --> 00:30:00.549 student or stunned unexplained,
- NOTE Confidence: 0.82937264
- $00:30:00.550 \longrightarrow 00:30:02.470$ definitely.
- NOTE Confidence: 0.82937264
- $00:30:02.470 \longrightarrow 00:30:04.966$ I was very fortunate as I may have
- NOTE Confidence: 0.82937264
- $00{:}30{:}04{.}966 \dashrightarrow 00{:}30{:}06{.}079$ alluded to to Co.
- NOTE Confidence: 0.82937264
- $00:30:06.080 \dashrightarrow 00:30:08.378$ Author with my mentor Paul Gross
- NOTE Confidence: 0.82937264

 $00:30:08.378 \longrightarrow 00:30:10.759$ and a chapter and the third.

NOTE Confidence: 0.82937264

00:30:10.760 --> 00:30:13.400 Nether Neurology Group and I'm going

NOTE Confidence: 0.82937264

 $00:30:13.400 \rightarrow 00:30:15.612$ to give you neurotransmitter 101

NOTE Confidence: 0.82937264

 $00:30:15.612 \rightarrow 00:30:17.874$ for the clinical sleep doctor here,

NOTE Confidence: 0.82937264

 $00{:}30{:}17.880 \dashrightarrow 00{:}30{:}19.995$ so you'll have some understanding

NOTE Confidence: 0.82937264

 $00{:}30{:}19{.}995 \dashrightarrow 00{:}30{:}21{.}687$ of the neurotransmitters involved

NOTE Confidence: 0.82937264

 $00:30:21.687 \rightarrow 00:30:23.749$ in the primary master switch.

NOTE Confidence: 0.82937264

00:30:23.750 --> 00:30:24.992 If you will.

NOTE Confidence: 0.82937264

 $00:30:24.992 \dashrightarrow 00:30:28.360$ Of sleep onset depends on on VLP.

NOTE Confidence: 0.82937264

 $00{:}30{:}28{.}360 \dashrightarrow 00{:}30{:}30{.}802$ Oh which I'll show in another

NOTE Confidence: 0.82937264

 $00:30:30.802 \dashrightarrow 00:30:33.516$ slide in the which identifies get

NOTE Confidence: 0.82937264

 $00:30:33.516 \dashrightarrow 00:30:36.504$ which which is social with GABA.

NOTE Confidence: 0.82937264

00:30:36.510 - > 00:30:38.006 And the posterior thalamus,

NOTE Confidence: 0.82937264

 $00:30:38.006 \rightarrow 00:30:40.940$ which is closer to the reticular formation,

NOTE Confidence: 0.82937264

 $00{:}30{:}40{.}940 \dashrightarrow 00{:}30{:}42{.}960$ is how I remember it.

NOTE Confidence: 0.82937264

 $00:30:42.960 \rightarrow 00:30:45.378$ These are the pathways that promote

- NOTE Confidence: 0.82937264
- $00:30:45.378 \rightarrow 00:30:46.990$ wakefulness and the wakefulness,

 $00:30:46.990 \dashrightarrow 00:30:49.005$ consciousness and REM are mainly

NOTE Confidence: 0.82937264

00:30:49.005 --> 00:30:50.617 assets you're calling dependent,

NOTE Confidence: 0.82937264

 $00{:}30{:}50.620 \dashrightarrow 00{:}30{:}52.625$ but there are contributions from

NOTE Confidence: 0.82937264

00:30:52.625 --> 00:30:56.039 norepinephrine, glutamate and serotonin.

NOTE Confidence: 0.82937264

 $00{:}30{:}56{.}040 \dashrightarrow 00{:}30{:}58{.}815$ The basil forebrain involved with

NOTE Confidence: 0.82937264

 $00:30:58.815 \rightarrow 00:31:01.035$ acetal choline poster hypothalamus

NOTE Confidence: 0.82937264

 $00:31:01.035 \longrightarrow 00:31:03.220$ system in or exin hypocretin.

NOTE Confidence: 0.82937264

00:31:03.220 --> 00:31:04.756 It prints the brainstem,

NOTE Confidence: 0.82937264

00:31:04.756 --> 00:31:06.294 the roster lens, norepinephrine,

NOTE Confidence: 0.82937264

00:31:06.294 --> 00:31:07.446 dopamine, glutamate, serotonin,

NOTE Confidence: 0.82937264

 $00:31:07.446 \dashrightarrow 00:31:08.598$ both wides pread projections

NOTE Confidence: 0.82937264

 $00:31:08.598 \longrightarrow 00:31:09.750$ through the brain,

NOTE Confidence: 0.82937264

 $00:31:09.750 \dashrightarrow 00:31:11.286$ including the forebrain cortex

NOTE Confidence: 0.82937264

 $00{:}31{:}11{.}286$ --> $00{:}31{:}13{.}384$ reticular activating system, non REM.

- 00:31:13.384 --> 00:31:14.328 Involves Gallup,
- NOTE Confidence: 0.82937264
- $00:31:14.328 \longrightarrow 00:31:15.715$ GABA, and the VLP.
- NOTE Confidence: 0.82937264
- $00:31:15.715 \rightarrow 00:31:17.240$ Oh and the answer hypothalamus,
- NOTE Confidence: 0.82937264
- $00{:}31{:}17{.}240 \dashrightarrow 00{:}31{:}19{.}580$ basal forebrain and there are reciprocal
- NOTE Confidence: 0.82937264
- 00:31:19.580 --> 00:31:22.132 innovations and REM has at least four
- NOTE Confidence: 0.82937264
- $00{:}31{:}22.132 \dashrightarrow 00{:}31{:}24.302$ parts which are new to another slide.
- NOTE Confidence: 0.82937264
- $00{:}31{:}24{.}310 \dashrightarrow 00{:}31{:}27{.}256$ So sleep iness away from this relatively
- NOTE Confidence: 0.82937264
- $00{:}31{:}27.256 \dashrightarrow 00{:}31{:}29.220$ controlled bitonic influences of
- NOTE Confidence: 0.82937264
- $00{:}31{:}29{.}288 \dashrightarrow 00{:}31{:}31{.}468$ these circuits that are dynamic.
- NOTE Confidence: 0.82937264
- $00:31:31.470 \rightarrow 00:31:34.398$ Throughout the day and night periods.
- NOTE Confidence: 0.82937264
- 00:31:34.400 --> 00:31:34.753 Pearls,
- NOTE Confidence: 0.82937264
- $00:31:34.753 \dashrightarrow 00:31:36.165$ fan economy encephalitis lesion
- NOTE Confidence: 0.82937264
- 00:31:36.165 --> 00:31:38.510 at the junction of the midbrain,
- NOTE Confidence: 0.82937264
- $00:31:38.510 \longrightarrow 00:31:40.664$ which is looks like a Mickey
- NOTE Confidence: 0.82937264
- $00{:}31{:}40.664 \dashrightarrow 00{:}31{:}42.681$ Mouse sign and the dience phalon
- NOTE Confidence: 0.82937264
- $00:31:42.681 \rightarrow 00:31:45.166$ which is the thalamus.

- NOTE Confidence: 0.82937264
- $00:31:45.170 \longrightarrow 00:31:49.658$ And legions of that.
- NOTE Confidence: 0.82937264
- $00:31:49.660 \rightarrow 00:31:52.420$ See the VLP oh is very interior car.
- NOTE Confidence: 0.82937264
- $00{:}31{:}52{.}420 \dashrightarrow 00{:}31{:}55{.}480$ That's the master switch as I think of it as
- NOTE Confidence: 0.7331184
- $00{:}31{:}55{.}557 \dashrightarrow 00{:}31{:}57{.}519$ sleep onset a lesion there is
- NOTE Confidence: 0.7331184
- $00:31:57.519 \dashrightarrow 00:31:59.670$ going to cause an unbalanced.
- NOTE Confidence: 0.75146556
- $00:32:02.230 \dashrightarrow 00:32:04.370$ Operation of the wake pathways
- NOTE Confidence: 0.75146556
- $00:32:04.370 \longrightarrow 00:32:06.510$ which are posterior so involved,
- NOTE Confidence: 0.75146556
- 00:32:06.510 --> 00:32:07.364 conomo encephalitis,
- NOTE Confidence: 0.75146556
- $00:32:07.364 \longrightarrow 00:32:09.926$ a lesion of the anterior region,
- NOTE Confidence: 0.75146556
- 00:32:09.930 --> 00:32:11.226 would cause insomnia,
- NOTE Confidence: 0.75146556
- $00:32:11.226 \rightarrow 00:32:13.386$ whereas lesions of the posterior
- NOTE Confidence: 0.75146556
- $00:32:13.386 \longrightarrow 00:32:15.500$ hypothalamus which these these promote,
- NOTE Confidence: 0.75146556
- 00:32:15.500 00:32:17.516 wakefulness allow the sleepy
- NOTE Confidence: 0.75146556
- $00{:}32{:}17{.}516 \dashrightarrow 00{:}32{:}20{.}036$ pathways to to take over.
- NOTE Confidence: 0.75146556
- $00{:}32{:}20{.}040 \dashrightarrow 00{:}32{:}21{.}517$ So these are the neural switches that
- NOTE Confidence: 0.75146556

 $00:32:21.517 \rightarrow 00:32:23.129$ are that are shut off or turned on,

NOTE Confidence: 0.75146556

00:32:23.130 --> 00:32:24.565 but it's not like a master switch,

NOTE Confidence: 0.75146556

 $00:32:24.570 \longrightarrow 00:32:26.210$ although I put one here.

NOTE Confidence: 0.75146556

 $00:32:26.210 \longrightarrow 00:32:27.858$ It's more like cliffs.

NOTE Confidence: 0.75146556

 $00{:}32{:}27{.}858 \dashrightarrow 00{:}32{:}30{.}330$ Papers work where there is a

NOTE Confidence: 0.75146556

 $00{:}32{:}30{.}411 \dashrightarrow 00{:}32{:}32{.}711$ a tendency for these pathways NOTE Confidence: 0.75146556

 $00:32:32.711 \longrightarrow 00:32:35.443$ to either be wake promoting or

NOTE Confidence: 0.75146556

 $00{:}32{:}35{.}443 \dashrightarrow 00{:}32{:}37{.}525$ sleep promoting and then I put

NOTE Confidence: 0.75146556

00:32:37.525 --> 00:32:40.098 in a very simple cartoon that I

NOTE Confidence: 0.75146556

00:32:40.098 --> 00:32:42.390 took from a drug package insert

NOTE Confidence: 0.75146556

 $00:32:42.465 \longrightarrow 00:32:44.337$ or another package insert.

NOTE Confidence: 0.75146556

 $00:32:44.340 \longrightarrow 00:32:45.988$ But about a website.

NOTE Confidence: 0.7833902

 $00:32:48.320 \dashrightarrow 00:32:51.500$ But simplifies this even further.

NOTE Confidence: 0.7833902

00:32:51.500 --> 00:32:52.817 Histamine promotes wakefulness

NOTE Confidence: 0.7833902

00:32:52.817 --> 00:32:54.573 because histamine neurons activate

NOTE Confidence: 0.7833902

 $00:32:54.573 \rightarrow 00:32:56.330$ the cortical subcortical neurons,

- NOTE Confidence: 0.7833902
- $00:32:56.330 \rightarrow 00:32:58.520$ including a wake promoting neurons

 $00{:}32{:}58{.}520 \dashrightarrow 00{:}33{:}00{.}272$ outside of the hypothalamus.

NOTE Confidence: 0.7833902

 $00:33:00.280 \rightarrow 00:33:02.908$ But it does something quite different.

NOTE Confidence: 0.7833902

 $00{:}33{:}02{.}910$ --> $00{:}33{:}05{.}712$ It modulates and stabilizes the tendency

NOTE Confidence: 0.7833902

 $00:33:05.712 \rightarrow 00:33:08.619$ for the wake circuitry to take over.

NOTE Confidence: 0.7833902

00:33:08.620 --> 00:33:11.588 The predominant background of.

NOTE Confidence: 0.7833902

00:33:11.590 --> 00:33:16.388 Of of of. Flow if you will.

NOTE Confidence: 0.7833902

 $00{:}33{:}16{.}388 \dashrightarrow 00{:}33{:}19{.}665$ I don't know what word to use a of

NOTE Confidence: 0.7833902

 $00{:}33{:}19.665 \dashrightarrow 00{:}33{:}21.945$ the activity of the awake pathway.

NOTE Confidence: 0.7833902

00:33:21.950 --> 00:33:23.138 So, histamine neurons inhibit

NOTE Confidence: 0.7833902

 $00{:}33{:}23.138 \dashrightarrow 00{:}33{:}25.330$ the RAM in the non REM sleep,

NOTE Confidence: 0.7833902

 $00{:}33{:}25{.}330 \dashrightarrow 00{:}33{:}27{.}226$ promoting neurons and prevent

NOTE Confidence: 0.7833902

 $00:33:27.226 \dashrightarrow 00:33:30.070$ REM intrusion at the wrong time.

NOTE Confidence: 0.7833902

 $00{:}33{:}30{.}070 \dashrightarrow 00{:}33{:}32{.}674$ And these are the sleep promoting pathways.

NOTE Confidence: 0.7833902

 $00{:}33{:}32{.}680 \dashrightarrow 00{:}33{:}35{.}333$ So this work really allows us to

 $00{:}33{:}35{.}333 \dashrightarrow 00{:}33{:}38{.}770$ think of sleep more as a dial with a

NOTE Confidence: 0.7833902

 $00{:}33{:}38{.}770 \dashrightarrow 00{:}33{:}41{.}628$ continuum where it's not a binary on off.

NOTE Confidence: 0.7833902

 $00{:}33{:}41.630 \dashrightarrow 00{:}33{:}44.042$ There's a tonic continue of a wake

NOTE Confidence: 0.7833902

 $00:33:44.042 \rightarrow 00:33:46.077$ and sleep neurobiology based on

NOTE Confidence: 0.7833902

 $00:33:46.077 \rightarrow 00:33:48.219$ the circuitry by these very elegant

NOTE Confidence: 0.7833902

 $00{:}33{:}48{.}219 \dashrightarrow 00{:}33{:}50{.}588$ diagrams which I use with this team.

NOTE Confidence: 0.7833902

 $00:33:50.590 \longrightarrow 00:33:51.763$ From these researchers,

NOTE Confidence: 0.7833902

 $00{:}33{:}51{.}763 \dashrightarrow 00{:}33{:}54{.}690$ the ram nucleus contains a somewhat of a.

NOTE Confidence: 0.7833902

 $00{:}33{:}54.690 \dashrightarrow 00{:}33{:}57.294$ It's like a brain within a brain.

NOTE Confidence: 0.7833902

 $00:33:57.300 \rightarrow 00:33:59.230$ There are four predominant glue

NOTE Confidence: 0.7833902

 $00:33:59.230 \longrightarrow 00:34:01.160$ groups of neurons in this.

NOTE Confidence: 0.7833902

00:34:01.160 --> 00:34:03.990 Core we sub cerulea's nucleus

NOTE Confidence: 0.7833902

 $00:34:03.990 \longrightarrow 00:34:07.240$ with is the glutamate ram on.

NOTE Confidence: 0.7833902

00:34:07.240 --> 00:34:08.900 Circuitry which causes muscle

NOTE Confidence: 0.7833902

 $00{:}34{:}08{.}900 \dashrightarrow 00{:}34{:}10{.}560$ paralysis and cortical activation.

NOTE Confidence: 0.7833902

 $00:34:10.560 \rightarrow 00:34:13.890$ So you're paralyzed, but someone awake.

- NOTE Confidence: 0.7833902
- 00:34:13.890 --> 00:34:15.610 The sub cerulea's nucleus

 $00{:}34{:}15.610 \dashrightarrow 00{:}34{:}17.760$ projects to the lateral medulla,

NOTE Confidence: 0.7833902

00:34:17.760 --> 00:34:19.924 releasing, releasing the GABA.

NOTE Confidence: 0.7833902

 $00{:}34{:}19{.}924 \dashrightarrow 00{:}34{:}23{.}780$ But it's the this this activation of

NOTE Confidence: 0.7833902

 $00:34:23.780 \rightarrow 00:34:26.894$ that pathway that causes the descending.

NOTE Confidence: 0.7833902

 $00{:}34{:}26{.}900 \dashrightarrow 00{:}34{:}28{.}796$ Inhibitory neurotransmitter glycine

NOTE Confidence: 0.7833902

 $00{:}34{:}28.796 \dashrightarrow 00{:}34{:}31.956$ onto the motor neuron pathways.

NOTE Confidence: 0.7833902

 $00{:}34{:}31{.}960 \dashrightarrow 00{:}34{:}34{.}612$ Where people are paralyzed by the

NOTE Confidence: 0.7833902

00:34:34.612 --> 00:34:36.866 reticulospinal tract and the ram

NOTE Confidence: 0.7833902

00:34:36.866 --> 00:34:39.715 timing is mediated by GABA in the

NOTE Confidence: 0.7833902

 $00:34:39.715 \dashrightarrow 00:34:41.599$ periaqueductal Gray in the dorsal.

NOTE Confidence: 0.7833902

 $00{:}34{:}41.600 \dashrightarrow 00{:}34{:}44.580$ Para gigantis cellular reticular nucleus.

NOTE Confidence: 0.7833902

 $00:34:44.580 \longrightarrow 00:34:46.233$ In these regions,

NOTE Confidence: 0.7833902

 $00{:}34{:}46{.}233 \dashrightarrow 00{:}34{:}49{.}539$ and so the breakdown is that

NOTE Confidence: 0.7833902

00:34:49.539 --> 00:34:51.160 narcolepsy cataplexy.

 $00:34:51.160 \longrightarrow 00:34:54.124$ Is a inappropriate muscle

NOTE Confidence: 0.7833902

 $00{:}34{:}54{.}124 \dashrightarrow 00{:}34{:}57{.}829$ paralysis with the xrem on.

NOTE Confidence: 0.7833902

 $00{:}34{:}57{.}830 \dashrightarrow 00{:}34{:}59{.}800$ Centers activated and REM behavioral

NOTE Confidence: 0.7833902

 $00:34:59.800 \dashrightarrow 00:35:01.770$ disorders when they are failed

NOTE Confidence: 0.7833902

 $00:35:01.836 \rightarrow 00:35:03.780$ to inhibit that pathway at night.

NOTE Confidence: 0.7833902

 $00:35:03.780 \longrightarrow 00:35:05.690$ Leading 2.

NOTE Confidence: 0.7833902

 $00:35:05.690 \rightarrow 00:35:08.012$ Patients acting out their dreams now

NOTE Confidence: 0.7833902

 $00:35:08.012 \rightarrow 00:35:10.650$ disease that involves these accumulations of,

NOTE Confidence: 0.7833902

 $00{:}35{:}10.650 \dashrightarrow 00{:}35{:}11.474$ for example,

NOTE Confidence: 0.7833902

 $00:35:11.474 \rightarrow 00:35:12.710$ synucleinopathies and pathology,

NOTE Confidence: 0.7833902

 $00{:}35{:}12.710 \dashrightarrow 00{:}35{:}16.014$ such as in the BRAC stages of Parkinson's.

NOTE Confidence: 0.7833902

 $00:35:16.020 \rightarrow 00:35:18.512$ They're sort of infiltrate all this and

NOTE Confidence: 0.7833902

 $00{:}35{:}18.512 \dashrightarrow 00{:}35{:}20.970$ caused the REM behavioral disorder,

NOTE Confidence: 0.7833902

 $00:35:20.970 \longrightarrow 00:35:21.918$ we think,

NOTE Confidence: 0.7833902

 $00:35:21.918 \longrightarrow 00:35:25.710$ but that's beyond the scope of this talk.

NOTE Confidence: 0.7833902

 $00:35:25.710 \longrightarrow 00:35:29.125$ Alzheimer's disease is thought to

- NOTE Confidence: 0.7833902
- $00:35:29.125 \longrightarrow 00:35:31.174$ be ameliorated by.

00:35:31.180 --> 00:35:32.290 Increasing.

NOTE Confidence: 0.82964194

 $00:35:34.540 \longrightarrow 00:35:39.188$ Sleep continuity an in particularly a small

NOTE Confidence: 0.82964194

 $00:35:39.188 \rightarrow 00:35:43.669$ study involving drug suvorexant showed that.

NOTE Confidence: 0.82964194

 $00{:}35{:}43.670 \dashrightarrow 00{:}35{:}46.295$ That the tower in the pathological proteins

NOTE Confidence: 0.82964194

 $00{:}35{:}46.295 \dashrightarrow 00{:}35{:}48.204$ in Alzheimer's disease is accumulated

NOTE Confidence: 0.82964194

 $00:35:48.204 \rightarrow 00:35:50.376$ less when there was sleep promotion.

NOTE Confidence: 0.82964194

 $00:35:50.380 \rightarrow 00:35:52.456$ I don't believe there's any neurobiology

NOTE Confidence: 0.82964194

 $00:35:52.456 \rightarrow 00:35:54.315$ indicated these patients with primary

NOTE Confidence: 0.82964194

 $00:35:54.315 \rightarrow 00:35:55.979$ hypersomnia have less Alzheimer's,

NOTE Confidence: 0.82964194

 $00:35:55.980 \dashrightarrow 00:35:58.584$ and I'm not indicating that's the case.

NOTE Confidence: 0.82964194

 $00:35:58.590 \dashrightarrow 00:36:01.668$ I'm just merely raising the question.

NOTE Confidence: 0.82964194

 $00:36:01.670 \longrightarrow 00:36:04.654$ So cataplexy, we think occurs when those rim

NOTE Confidence: 0.82964194

 $00{:}36{:}04{.}654{\:}-{\:}>{\:}00{:}36{:}06{.}770$ centers activating this muscle paralysis,

NOTE Confidence: 0.82964194

 $00:36:06.770 \rightarrow 00:36:08.720$ and there's evidence that cataplexy

 $00:36:08.720 \dashrightarrow 00:36:10.670$ is instituted from an emotional

NOTE Confidence: 0.82964194

 $00:36:10.729 \rightarrow 00:36:12.649$ stimulus from the right amygdala,

NOTE Confidence: 0.82964194

 $00{:}36{:}12.650 \dashrightarrow 00{:}36{:}14.605$ in particularly that acts on

NOTE Confidence: 0.82964194

 $00{:}36{:}14.605 \dashrightarrow 00{:}36{:}16.169$ the sub cerulea's nucleus,

NOTE Confidence: 0.82964194

 $00:36:16.170 \longrightarrow 00:36:18.970$ and causes that paralysis.

NOTE Confidence: 0.82964194

 $00{:}36{:}18{.}970 \dashrightarrow 00{:}36{:}21{.}805$ So we wake promoting agents and the

NOTE Confidence: 0.82964194

 $00:36:21.805 \dashrightarrow 00:36:24.205$ sleep promoting age is the newer

NOTE Confidence: 0.82964194

 $00:36:24.205 \longrightarrow 00:36:26.413$ one which will get too involved.

NOTE Confidence: 0.82964194

 $00{:}36{:}26{.}420 \dashrightarrow 00{:}36{:}27{.}521$ These other neurotransmitters,

NOTE Confidence: 0.82964194

 $00:36:27.521 \longrightarrow 00:36:29.723$ the H3 receptors have effect on

NOTE Confidence: 0.82964194

00:36:29.723 --> 00:36:31.119 excessive daytime sleepiness,

NOTE Confidence: 0.82964194

 $00:36:31.120 \rightarrow 00:36:33.466$ particularly some of the newer agents.

NOTE Confidence: 0.82964194

 $00{:}36{:}33{.}470 \dashrightarrow 00{:}36{:}36{.}377$ The one newer agent that I know of that's

NOTE Confidence: 0.82964194

 $00{:}36{:}36{.}377 \dashrightarrow 00{:}36{:}39{.}534$ approved it causes an increase in the

NOTE Confidence: 0.82964194

00:36:39.534 --> 00:36:40.914 presynaptic histamine availability,

NOTE Confidence: 0.82964194

 $00:36:40.920 \rightarrow 00:36:43.790$ causing you to be have more neurotransmitter

 $00:36:43.790 \rightarrow 00:36:46.020$ transmitters and keep you awake more.

NOTE Confidence: 0.82135816

00:36:48.680 --> 00:36:51.570 So. This sleep fragmentation, though,

NOTE Confidence: 0.82135816

 $00{:}36{:}51{.}570 \dashrightarrow 00{:}36{:}54{.}237$ is not unique to narcoleptics and and

NOTE Confidence: 0.82135816

 $00{:}36{:}54{.}237 \dashrightarrow 00{:}36{:}56{.}609$ patients with primary sleep instability.

NOTE Confidence: 0.82135816

 $00{:}36{:}56{.}610 \dashrightarrow 00{:}37{:}00{.}124$ An elderly person also may have a

NOTE Confidence: 0.82135816

00:37:00.124 --> 00:37:03.552 similar hypnogram to some some of our

NOTE Confidence: 0.82135816

 $00:37:03.552 \rightarrow 00:37:06.940$ medical residents that are up at night.

NOTE Confidence: 0.82135816

 $00:37:06.940 \longrightarrow 00:37:10.486$ I'm call sleep will look like.

NOTE Confidence: 0.82135816

 $00:37:10.490 \longrightarrow 00:37:12.884$ Like this, we often don't do a

NOTE Confidence: 0.82135816

 $00:37:12.884 \dashrightarrow 00:37:15.699$ daytime MSL T in our in our cohorts.

NOTE Confidence: 0.82135816

00:37:15.700 --> 00:37:17.776 Of these, these types of individuals,

NOTE Confidence: 0.82135816

 $00{:}37{:}17.780 \dashrightarrow 00{:}37{:}19.856$ but we wonder if sleep intrusion

NOTE Confidence: 0.82135816

 $00{:}37{:}19.856 \dashrightarrow 00{:}37{:}20.894$ would also occur.

NOTE Confidence: 0.82135816

 $00{:}37{:}20{.}900 \dashrightarrow 00{:}37{:}22{.}868$ So our testing is never diagnostic

NOTE Confidence: 0.82135816

 $00{:}37{:}22.868 \dashrightarrow 00{:}37{:}25.408$ unless you get a hypo cretin level,

 $00:37:25.410 \rightarrow 00:37:27.792$ or you can actually visualize what

NOTE Confidence: 0.82135816

 $00:37:27.792 \longrightarrow 00:37:30.459$ part of the sleep Wake pathway.

NOTE Confidence: 0.82135816

00:37:30.460 --> 00:37:34.709 Anatomically. Is involved, so we use MSLT.

NOTE Confidence: 0.82135816

 $00:37:34.710 \longrightarrow 00:37:37.070$ The multiple sleep latency test

NOTE Confidence: 0.82135816

 $00{:}37{:}37{.}070 \dashrightarrow 00{:}37{:}39{.}932$ versus the MSLMLMWT as a surrogate

NOTE Confidence: 0.82135816

 $00{:}37{:}39{.}932 \dashrightarrow 00{:}37{:}42{.}823$ marker as to how sleepy they are

NOTE Confidence: 0.82135816

 $00{:}37{:}42.823 \dashrightarrow 00{:}37{:}45.973$ and we accept this based on these

NOTE Confidence: 0.82135816

00:37:45.973 - 00:37:49.278 papers from around 20 plus years ago.

NOTE Confidence: 0.82135816

00:37:49.278 - 00:37:53.550 This is from the ASM website Twenty 05.

NOTE Confidence: 0.82135816

 $00{:}37{:}53{.}550 \dashrightarrow 00{:}37{:}53{.}991$ Anne.

NOTE Confidence: 0.82135816

 $00{:}37{:}53{.}991 \dashrightarrow 00{:}37{:}56{.}196$ These patients with narcolepsy have

NOTE Confidence: 0.82135816

 $00:37:56.196 \longrightarrow 00:37:59.324$ to have a mean sleep latency of

NOTE Confidence: 0.82135816

 $00:37:59.324 \rightarrow 00:38:01.892$ less than eight with two sirens.

NOTE Confidence: 0.82135816

 $00:38:01.900 \rightarrow 00:38:02.668$ Anything else?

NOTE Confidence: 0.82135816

00:38:02.668 --> 00:38:03.820 Once I went,

NOTE Confidence: 0.82135816

 $00:38:03.820 \rightarrow 00:38:06.430$ no sound is idiopathic hypersomnia.

 $00:38:06.430 \longrightarrow 00:38:08.173$ And if you don't have a decreased

NOTE Confidence: 0.82135816

 $00{:}38{:}08{.}173 \dashrightarrow 00{:}38{:}09{.}638$ mean sleep latency in that level,

NOTE Confidence: 0.82135816

 $00:38:09.640 \longrightarrow 00:38:11.225$ it's debatable whether or not

NOTE Confidence: 0.82135816

 $00:38:11.225 \rightarrow 00:38:12.176$ you actually have.

NOTE Confidence: 0.82135816

 $00:38:12.180 \longrightarrow 00:38:14.390$ Pathological sleepiness to that degree,

NOTE Confidence: 0.82135816

 $00{:}38{:}14{.}390 \dashrightarrow 00{:}38{:}17{.}334$ but MSL TMWT is a marker of degrees

NOTE Confidence: 0.82135816

 $00:38:17.334 \rightarrow 00:38:19.720$ of sleepiness that's supportive or

NOTE Confidence: 0.82135816

 $00:38:19.720 \longrightarrow 00:38:22.345$ maybe supportive under the right

NOTE Confidence: 0.82135816

00:38:22.345 --> 00:38:25.280 circumstances of particularly narcolepsy.

NOTE Confidence: 0.82135816

 $00{:}38{:}25{.}280 \dashrightarrow 00{:}38{:}28{.}104$ We are not able to assess ourselves when

NOTE Confidence: 0.82135816

 $00:38:28.104 \rightarrow 00:38:31.590$ we are having excessive daytime sleepiness,

NOTE Confidence: 0.82135816

 $00{:}38{:}31{.}590 \dashrightarrow 00{:}38{:}34{.}296$ we cannot access our assess ourselves.

NOTE Confidence: 0.82135816

 $00:38:34.300 \dashrightarrow 00:38:38.370$ Sometimes when we have seizures.

NOTE Confidence: 0.82135816

 $00{:}38{:}38{.}370 \dashrightarrow 00{:}38{:}42{.}087$ In particularly as we give a talk to our

NOTE Confidence: 0.82135816

 $00:38:42.087 \rightarrow 00:38:44.896$ residents when they come in on safety,

 $00:38:44.900 \rightarrow 00:38:47.348$ there are more errors and residents

NOTE Confidence: 0.82135816

00:38:47.348 --> 00:38:48.980 may almost reprobate Epworth

NOTE Confidence: 0.82135816

 $00:38:49.044 \rightarrow 00:38:51.019$ score in the narcoleptic range,

NOTE Confidence: 0.82135816

 $00:38:51.020 \rightarrow 00:38:53.869$ but even brief naps may promote alertness,

NOTE Confidence: 0.82135816

 $00:38:53.870 \rightarrow 00:38:56.580$ but nothing substitute for sleep.

NOTE Confidence: 0.82135816

 $00:38:56.580 \longrightarrow 00:38:59.286$ Other than sleep.

NOTE Confidence: 0.82135816

00:38:59.286 --> 00:39:01.532 Idiopathic hypersomnia is

NOTE Confidence: 0.82135816

 $00:39:01.532 \longrightarrow 00:39:04.184$ an entity which we end up.

NOTE Confidence: 0.82135816

00:39:04.190 $\operatorname{-->}$ 00:39:05.960 Seeing a lot of these patients

NOTE Confidence: 0.82135816

 $00{:}39{:}05{.}960 \dashrightarrow 00{:}39{:}08{.}989$ who come to us who do not meet the

NOTE Confidence: 0.82135816

 $00:39:08.989 \rightarrow 00:39:10.764$ criteria for narcolepsy on testing

NOTE Confidence: 0.82135816

00:39:10.831 $\operatorname{-->}$ 00:39:12.996 and it's a management problem

NOTE Confidence: 0.82135816

 $00:39:12.996 \rightarrow 00:39:14.728$ because pharmacotherapy is often

NOTE Confidence: 0.82135816

 $00:39:14.728 \longrightarrow 00:39:16.634$ off label for these individuals,

NOTE Confidence: 0.82135816

 $00:39:16.634 \rightarrow 00:39:18.098$ or confined to PROVIGIL.

NOTE Confidence: 0.82135816

 $00:39:18.100 \dashrightarrow 00:39:20.090$ NUVIGIL which the society ASM

- NOTE Confidence: 0.82135816
- 00:39:20.090 --> 00:39:21.682 practice standards indicate may
- NOTE Confidence: 0.82135816
- $00:39:21.682 \longrightarrow 00:39:23.828$ be options for those patients.
- NOTE Confidence: 0.82135816
- $00:39:23.830 \longrightarrow 00:39:25.434$ But type one narcolepsy.
- NOTE Confidence: 0.82135816
- $00:39:25.434 \rightarrow 00:39:27.439$ There's there's all these features,
- NOTE Confidence: 0.82135816
- $00:39:27.440 \longrightarrow 00:39:29.846$ with the exception of sleep drunkenness,
- NOTE Confidence: 0.82135816
- $00:39:29.850 \longrightarrow 00:39:31.450$ which is very prominent.
- NOTE Confidence: 0.82135816
- 00:39:31.450 -> 00:39:32.250 Idiopathic hypersomnia.
- NOTE Confidence: 0.82135816
- $00{:}39{:}32{.}250 \dashrightarrow 00{:}39{:}34{.}260$ There's no cataplexy in narcolepsy,
- NOTE Confidence: 0.82135816
- $00{:}39{:}34.260 \dashrightarrow 00{:}39{:}37.050$ two or IH.
- NOTE Confidence: 0.82135816
- $00:39:37.050 \rightarrow 00:39:39.647$ An naps a very refreshing and narcolepsy
- NOTE Confidence: 0.82135816
- $00:39:39.647 \dashrightarrow 00:39:43.020$ one sometimes not into, but rarely if at all.
- NOTE Confidence: 0.82135816
- $00{:}39{:}43.020 \dashrightarrow 00{:}39{:}44.796$ In IH.
- NOTE Confidence: 0.82135816
- $00{:}39{:}44.796 \dashrightarrow 00{:}39{:}47.460$ So these are.
- NOTE Confidence: 0.82135816
- $00{:}39{:}47.460 \dashrightarrow 00{:}39{:}48.300$ Some of the.
- NOTE Confidence: 0.7164064
- $00:39:51.880 \rightarrow 00:39:54.886$ The Coop so Coco Curring percentages
- NOTE Confidence: 0.7164064

00:39:54.886 --> 00:39:56.890 of cataplexy in narcolepsy.

NOTE Confidence: 0.7164064

00:39:56.890 - 00:39:59.830 Up to 50% triggered by emotionally

NOTE Confidence: 0.7164064

 $00:39:59.830 \rightarrow 00:40:02.382$ triggered things in sleep paralysis

NOTE Confidence: 0.7164064

 $00:40:02.382 \longrightarrow 00:40:06.273$ occurs in about 4080% of these patients,

NOTE Confidence: 0.7164064

 $00{:}40{:}06{.}273 \dashrightarrow 00{:}40{:}08{.}757$ along with the hypnopompic

NOTE Confidence: 0.7164064

 $00{:}40{:}08.757 \dashrightarrow 00{:}40{:}10.090$ hall ucinations. The.

NOTE Confidence: 0.77883375

00:40:12.540 --> 00:40:14.874 Pathologic mechanism is thought to be the

NOTE Confidence: 0.77883375

 $00{:}40{:}14.874 \dashrightarrow 00{:}40{:}16.649$ deficiency of the hypocretin mechanism

NOTE Confidence: 0.77883375

 $00{:}40{:}16.649 \dashrightarrow 00{:}40{:}19.055$ and signaling caused by selective loss

NOTE Confidence: 0.77883375

 $00{:}40{:}19.055 \dashrightarrow 00{:}40{:}21.306$ of hypocretin producing neurons in the

NOTE Confidence: 0.77883375

 $00{:}40{:}21.306 \dashrightarrow 00{:}40{:}23.274$ hypothalamus and it may be autoimmune.

NOTE Confidence: 0.77883375

 $00{:}40{:}23.280 \dashrightarrow 00{:}40{:}25.860$ There's a clinical trial for those

NOTE Confidence: 0.77883375

 $00:40:25.860 \longrightarrow 00:40:28.240$ that have post traumatic type of.

NOTE Confidence: 0.77883375

00:40:28.240 --> 00:40:28.866 I've narcolepsy.

NOTE Confidence: 0.77883375

 $00{:}40{:}28.866 \dashrightarrow 00{:}40{:}31.057$ I tried to publish a case years

NOTE Confidence: 0.77883375

00:40:31.057 --> 00:40:33.068 ago and was rejected summarily

- NOTE Confidence: 0.77883375
- $00:40:33.068 \rightarrow 00:40:34.696$ by many different channels.

 $00{:}40{:}34{.}700 \dashrightarrow 00{:}40{:}37{.}300$ 'cause it was like an evidence it's good

NOTE Confidence: 0.77883375

 $00:40:37.300 \longrightarrow 00:40:40.449$ to see that that constant may be emerging,

NOTE Confidence: 0.77883375

 $00:40:40.450 \longrightarrow 00:40:42.778$ but genetic factors which

NOTE Confidence: 0.77883375

 $00{:}40{:}42.778 \dashrightarrow 00{:}40{:}45.106$ involved the QB one.

NOTE Confidence: 0.77883375

 $00{:}40{:}45{.}110 \dashrightarrow 00{:}40{:}48{.}398$ Star0602 are involved in the header dimer

NOTE Confidence: 0.77883375

 $00{:}40{:}48{.}398 \dashrightarrow 00{:}40{:}51{.}619$ which may be dysfunctional along with

NOTE Confidence: 0.77883375

 $00{:}40{:}51{.}619 \dashrightarrow 00{:}40{:}53{.}931$ environmental factors that contributed

NOTE Confidence: 0.77883375

 $00{:}40{:}53{.}931 \dashrightarrow 00{:}40{:}57{.}698$ to the development occurrence of these.

NOTE Confidence: 0.77883375

00:40:57.700 --> 00:41:01.970 Semiologie, zven T1 and T2.

NOTE Confidence: 0.77883375

 $00:41:01.970 \longrightarrow 00:41:04.675$ This I took from the

NOTE Confidence: 0.77883375

 $00{:}41{:}04.675 \dashrightarrow 00{:}41{:}06.839$ Internet from an article.

NOTE Confidence: 0.77883375

 $00:41:06.840 \longrightarrow 00:41:08.820$ Showing that the selective

NOTE Confidence: 0.77883375

 $00:41:08.820 \longrightarrow 00:41:10.800$ loss of hypocretin erection.

NOTE Confidence: 0.77883375

 $00{:}41{:}10.800 \dashrightarrow 00{:}41{:}13.495$ In these areas around the third ventricle.

- $00{:}41{:}13.500 \dashrightarrow 00{:}41{:}17.320$ A comic. From the.
- NOTE Confidence: 0.77883375
- 00:41:17.320 --> 00:41:20.779 Tetrad of narcolepsy.
- NOTE Confidence: 0.77883375
- 00:41:20.780 --> 00:41:23.625 The DSM Diagnostic Statistical Manual
- NOTE Confidence: 0.77883375
- $00:41:23.625 \rightarrow 00:41:27.610$ 5 allows you to define narcolepsy.
- NOTE Confidence: 0.77883375
- $00{:}41{:}27.610 \dashrightarrow 00{:}41{:}30.664$ Cataplexy, as long as his recurrent
- NOTE Confidence: 0.77883375
- $00{:}41{:}30.664 \dashrightarrow 00{:}41{:}33.479$ episodes of irrepressible need to sleep.
- NOTE Confidence: 0.77883375
- $00{:}41{:}33{.}480 \dashrightarrow 00{:}41{:}35{.}215$ Occurring at least three times
- NOTE Confidence: 0.77883375
- $00:41:35.215 \rightarrow 00:41:36.950$ a week over three months,
- NOTE Confidence: 0.77883375
- $00{:}41{:}36{.}950 \dashrightarrow 00{:}41{:}40{.}064$ but there needs to be one of these entities,
- NOTE Confidence: 0.77883375
- 00:41:40.070 --> 00:41:41.114 such as cataplexy,
- NOTE Confidence: 0.77883375
- 00:41:41.114 --> 00:41:41.810 hypocretin deficiency,
- NOTE Confidence: 0.77883375
- $00:41:41.810 \longrightarrow 00:41:43.853$ and a positive.
- NOTE Confidence: 0.77883375
- $00{:}41{:}43.853 \dashrightarrow 00{:}41{:}47.939$ Quite diagnostic on label and SLT.
- NOTE Confidence: 0.77883375
- $00{:}41{:}47{.}940 \dashrightarrow 00{:}41{:}49{.}725$ I been sleep rating RAM latency in
- NOTE Confidence: 0.77883375
- $00:41:49.725 \longrightarrow 00:41:51.909$ less than 15 minutes increase seating.
- NOTE Confidence: 0.77883375
- 00:41:51.910 --> 00:41:53.626 Polysomnogram is also helpful.

- NOTE Confidence: 0.77883375
- $00:41:53.626 \rightarrow 00:41:55.771$ There are many decision making

 $00{:}41{:}55{.}771 \dashrightarrow 00{:}41{:}57{.}284$ algorithms that are in the

NOTE Confidence: 0.77883375

 $00:41:57.284 \longrightarrow 00:41:59.120$ literature on what to do if you.

NOTE Confidence: 0.77883375

 $00:41:59.120 \longrightarrow 00:42:01.364$ Have a patient that doesn't quite

NOTE Confidence: 0.77883375

 $00:42:01.364 \longrightarrow 00:42:03.580$ satisfy that MSL T criteria.

NOTE Confidence: 0.77883375

00:42:03.580 --> 00:42:03.989 Well,

NOTE Confidence: 0.77883375

 $00{:}42{:}03{.}989 \dashrightarrow 00{:}42{:}06{.}443$ some of these slides come from

NOTE Confidence: 0.77883375

 $00:42:06.443 \rightarrow 00:42:08.556$ studies of residual sleepiness that

NOTE Confidence: 0.77883375

 $00:42:08.556 \longrightarrow 00:42:10.968$ may be based on industry where

NOTE Confidence: 0.77883375

 $00:42:10.968 \longrightarrow 00:42:13.786$ a market was created to give a

NOTE Confidence: 0.77883375

 $00{:}42{:}13.786 \dashrightarrow 00{:}42{:}15.721$ drug after patients are treated

NOTE Confidence: 0.77883375

 $00{:}42{:}15.730 \dashrightarrow 00{:}42{:}18.160$ with CPAP for treatment of OSA.

NOTE Confidence: 0.77883375

 $00:42:18.160 \longrightarrow 00:42:20.840$ But the neurobiology which is.

NOTE Confidence: 0.77883375

 $00{:}42{:}20{.}840 \dashrightarrow 00{:}42{:}23{.}688$ Runs comment all these types of studies that.

NOTE Confidence: 0.77883375

 $00:42:23.690 \longrightarrow 00:42:26.804$ There is deep Gray and white

- 00:42:26.804 --> 00:42:29.360 matter problems changes in DWI,
- NOTE Confidence: 0.77883375
- 00:42:29.360 --> 00:42:31.930 DTI diffusion, weighted not diffusion,
- NOTE Confidence: 0.77883375
- $00:42:31.930 \longrightarrow 00:42:34.744$ tensor imaging as well as loss
- NOTE Confidence: 0.77883375
- 00:42:34.744 --> 00:42:37.600 of of bold signal coupling.
- NOTE Confidence: 0.77883375
- $00{:}42{:}37.600 \dashrightarrow 00{:}42{:}41.040$ In many of these.
- NOTE Confidence: 0.77883375
- $00{:}42{:}41.040 \dashrightarrow 00{:}42{:}44.085$ Areas where I showed you slides about
- NOTE Confidence: 0.77883375
- $00:42:44.085 \rightarrow 00:42:47.088$ typically in the brainstem RAM areas,
- NOTE Confidence: 0.77883375
- $00:42:47.090 \longrightarrow 00:42:48.485$ reticular activating systems
- NOTE Confidence: 0.77883375
- $00{:}42{:}48{.}485 \dashrightarrow 00{:}42{:}49{.}880$ and their projections,
- NOTE Confidence: 0.77883375
- $00:42:49.880 \longrightarrow 00:42:52.200$ so the extrapolation is involved,
- NOTE Confidence: 0.77883375
- $00:42:52.200 \longrightarrow 00:42:54.064$ that there is degeneration,
- NOTE Confidence: 0.77883375
- $00:42:54.064 \rightarrow 00:42:54.530$ arousal,
- NOTE Confidence: 0.77883375
- $00:42:54.530 \longrightarrow 00:42:55.075$ neurons,
- NOTE Confidence: 0.77883375
- $00:42:55.075 \rightarrow 00:42:57.255$ and chronic sleep disruption
- NOTE Confidence: 0.77883375
- $00{:}42{:}57{.}255 \dashrightarrow 00{:}42{:}59{.}435$ for these residual patients
- NOTE Confidence: 0.77883375
- $00:42:59.435 \longrightarrow 00:43:02.089$ with residual sleep apnea as a.

- NOTE Confidence: 0.77883375
- $00{:}43{:}02.090 \dashrightarrow 00{:}43{:}04.762$ As a as a form of verifying their

 $00{:}43{:}04{.}762 \dashrightarrow 00{:}43{:}07{.}719$ complaint and looking for a treatment for it,

NOTE Confidence: 0.77883375

 $00{:}43{:}07{.}720 \dashrightarrow 00{:}43{:}11.896$ and you can find these all over the Internet.

NOTE Confidence: 0.77883375

 $00:43:11.900 \rightarrow 00:43:14.350$ There is a form of idiopathic hypersomnia.

NOTE Confidence: 0.78540814

 $00:43:16.890 \longrightarrow 00:43:18.822$ That has long sleep time and

NOTE Confidence: 0.78540814

 $00:43:18.822 \rightarrow 00:43:20.110$ particularly long sleep time.

NOTE Confidence: 0.78540814

 $00:43:20.110 \rightarrow 00:43:21.720$ It's weekly associated with evening

NOTE Confidence: 0.78540814

 $00:43:21.720 \rightarrow 00:43:23.976$ chronotypes and young age, and it's not

NOTE Confidence: 0.78540814

 $00{:}43{:}23.976 \dashrightarrow 00{:}43{:}25.908$ adequately diagnosed using the Ms Lt.

NOTE Confidence: 0.78540814

00:43:25.910 --> 00:43:28.510 Perhaps because it's time drunk.

NOTE Confidence: 0.78540814

 $00:43:28.510 \longrightarrow 00:43:31.642$ But we need to analyze these

NOTE Confidence: 0.78540814

 $00{:}43{:}31{.}642 \dashrightarrow 00{:}43{:}33{.}092$ patients further. Unfortunately,

NOTE Confidence: 0.78540814

00:43:33.092 --> 00:43:35.906 this is the list of FDA approved,

NOTE Confidence: 0.78540814

 $00:43:35.910 \longrightarrow 00:43:37.514$ approved, indicated drugs and

NOTE Confidence: 0.78540814

 $00{:}43{:}37{.}514 \dashrightarrow 00{:}43{:}39{.}118$ the rapies for idiopathic hypersomnia.

 $00:43:39.120 \longrightarrow 00:43:41.526$ You see him there aren't any.

NOTE Confidence: 0.78540814

 $00:43:41.530 \longrightarrow 00:43:44.140$ It's very frustrating.

NOTE Confidence: 0.78540814

 $00:43:44.140 \longrightarrow 00:43:46.190$ Uhm? If you go on the.

NOTE Confidence: 0.7949511

 $00{:}43{:}48{.}400 \dashrightarrow 00{:}43{:}51{.}388$ Internet you can find all the new drugs that

NOTE Confidence: 0.7949511

 $00{:}43{:}51{.}388 \dashrightarrow 00{:}43{:}54{.}499$ are approved and the older drugs are there.

NOTE Confidence: 0.7949511

 $00{:}43{:}54{.}500 \dashrightarrow 00{:}43{:}56{.}936$ There's only only sodium oxybate is

NOTE Confidence: 0.7949511

 $00{:}43{:}56{.}936 \dashrightarrow 00{:}43{:}59{.}670$ approved as an anti cataplex tick.

NOTE Confidence: 0.7949511

00:43:59.670 --> 00:44:04.146 Uhm? In idiopathic hypersomnia,

NOTE Confidence: 0.7949511

 $00{:}44{:}04{.}146 \dashrightarrow 00{:}44{:}07{.}314$ the symptoms are quite.

NOTE Confidence: 0.7949511

 $00{:}44{:}07{.}320 \dashrightarrow 00{:}44{:}08{.}852$ Disabling these are hypersomnia

NOTE Confidence: 0.7949511

 $00:44:08.852 \rightarrow 00:44:11.158$ complaints at their worst, brain fog,

NOTE Confidence: 0.7949511

 $00:44:11.158 \rightarrow 00:44:13.846$ poor memory you need for multiple alarms,

NOTE Confidence: 0.7949511

 $00{:}44{:}13.850 \dashrightarrow 00{:}44{:}15.382$ intentional naps and non

NOTE Confidence: 0.7949511

 $00{:}44{:}15{.}382 \dashrightarrow 00{:}44{:}17{.}297$ refreshing with daily launch sleep.

NOTE Confidence: 0.7949511

00:44:17.300 --> 00:44:19.700 In many of these patients

NOTE Confidence: 0.7949511

 $00:44:19.700 \longrightarrow 00:44:22.100$ that have long sleep time.

- NOTE Confidence: 0.7949511
- 00:44:22.100 --> 00:44:26.699 And comparing. Uhm?

 $00:44:26.700 \longrightarrow 00:44:28.188$ Longer sleep time too.

NOTE Confidence: 0.7949511

 $00:44:28.188 \rightarrow 00:44:30.868$ Those without long sleep time you can

NOTE Confidence: 0.7949511

 $00:44:30.868 \rightarrow 00:44:33.472$ see that the long sleep time patients

NOTE Confidence: 0.7949511

 $00:44:33.472 \rightarrow 00:44:35.115$ have fireworks pathology subjectively

NOTE Confidence: 0.7949511

 $00{:}44{:}35{.}115 \dashrightarrow 00{:}44{:}38{.}411$ and none of these are in the diagnostic

NOTE Confidence: 0.7949511

00:44:38.420 --> 00:44:41.456 criteria for making a diagnosis hypersomnia.

NOTE Confidence: 0.7949511

 $00:44:41.460 \longrightarrow 00:44:43.370$ Uhm?

NOTE Confidence: 0.7949511

 $00{:}44{:}43{.}370 \dashrightarrow 00{:}44{:}46{.}790$ These are the current.

NOTE Confidence: 0.7949511

 $00{:}44{:}46.790 \dashrightarrow 00{:}44{:}49.605$ Trials available in studies that

NOTE Confidence: 0.7949511

 $00{:}44{:}49{.}605 \dashrightarrow 00{:}44{:}52{.}420$ are on the hypersomnia.org website.

NOTE Confidence: 0.7949511

 $00{:}44{:}52{.}420 \dashrightarrow 00{:}44{:}54{.}838$ And there are some new studies

NOTE Confidence: 0.7949511

 $00{:}44{:}54{.}838 \dashrightarrow 00{:}44{:}57{.}405$ looking at Tak 925 which is

NOTE Confidence: 0.7949511

 $00:44:57.405 \longrightarrow 00:44:59.580$ an erection Type 2 receptor.

NOTE Confidence: 0.7949511

 $00{:}44{:}59{.}580 \dashrightarrow 00{:}45{:}03{.}857$ Agonist in patients with narcolepsy Type 1.

 $00{:}45{:}03.860 \dashrightarrow 00{:}45{:}06.340$ There was, there was.

NOTE Confidence: 0.7949511

 $00{:}45{:}06{.}340 \dashrightarrow 00{:}45{:}08{.}110$ A study with Modafinil for

NOTE Confidence: 0.7949511

00:45:08.110 --> 00:45:08.818 idiopathic hypersomnia,

NOTE Confidence: 0.7949511

 $00:45:08.820 \longrightarrow 00:45:10.944$ which seems to improve it but

NOTE Confidence: 0.7949511

 $00{:}45{:}10{.}944 \dashrightarrow 00{:}45{:}12{.}360$ doesn't mitigate safety risks.

NOTE Confidence: 0.8017105

 $00:45:15.140 \longrightarrow 00:45:16.964$ There are some studies looking there's

NOTE Confidence: 0.8017105

00:45:16.964 --> 00:45:19.039 a study looking at sodium oxybate.

NOTE Confidence: 0.8017105

00:45:19.040 --> 00:45:20.198 Pretty pathic hypersomnia

NOTE Confidence: 0.8017105

 $00{:}45{:}20.198 \dashrightarrow 00{:}45{:}21.742$ compared to patients narcolepsy

NOTE Confidence: 0.8017105

 $00:45:21.742 \longrightarrow 00:45:23.649$ which may have some benefit.

NOTE Confidence: 0.8017105

 $00{:}45{:}23.650 \dashrightarrow 00{:}45{:}26.530$ All this is off label. Not advocating.

NOTE Confidence: 0.8017105

 $00:45:26.530 \rightarrow 00:45:28.450$ I'm just describing clarithromycin.

NOTE Confidence: 0.8017105

 $00:45:28.450 \longrightarrow 00:45:29.938$ May provide some benefit.

NOTE Confidence: 0.8017105

 $00:45:29.938 \longrightarrow 00:45:31.426$ It was a trial.

NOTE Confidence: 0.8017105

 $00{:}45{:}31{.}430 \dashrightarrow 00{:}45{:}35{.}240$ There's a trial of stimulation.

NOTE Confidence: 0.8017105

 $00:45:35.240 \rightarrow 00:45:37.544$ Which I believe was shut down to the meeting.

- NOTE Confidence: 0.8017105
- $00:45:37.550 \longrightarrow 00:45:38.894$ Lack of meeting primary

 $00:45:38.894 \longrightarrow 00:45:40.238$ endpoints and or funding.

NOTE Confidence: 0.8017105

00:45:40.240 --> 00:45:41.364 Levothyroxine and idiopathic hypersomnia,

NOTE Confidence: 0.8017105

 $00:45:41.364 \rightarrow 00:45:42.769$ with long sleep time may

NOTE Confidence: 0.8017105

 $00:45:42.769 \longrightarrow 00:45:43.910$ be somewhat beneficial,

NOTE Confidence: 0.8017105

 $00{:}45{:}43{.}910 \dashrightarrow 00{:}45{:}46{.}358$ but I don't think these are our fabricated,

NOTE Confidence: 0.8017105

 $00:45:46.360 \longrightarrow 00:45:48.510$ but they are mentioned in

NOTE Confidence: 0.8017105

 $00{:}45{:}48{.}510 \dashrightarrow 00{:}45{:}49{.}800$ an evolving literature.

NOTE Confidence: 0.8017105

 $00{:}45{:}49{.}800 \dashrightarrow 00{:}45{:}51{.}570$ I put up the practice parameters

NOTE Confidence: 0.8017105

00:45:51.570 -> 00:45:53.183 for the treatment of narcolepsy

NOTE Confidence: 0.8017105

 $00{:}45{:}53{.}183 \dashrightarrow 00{:}45{:}55{.}048$ and hypersomnia is from our

NOTE Confidence: 0.8017105

 $00{:}45{:}55{.}048 \dashrightarrow 00{:}45{:}56{.}877$ twen ty 07 morganthaler paper and

NOTE Confidence: 0.8017105

 $00{:}45{:}56.877 \dashrightarrow 00{:}45{:}58.545$ these are just the high points.

NOTE Confidence: 0.8017105

 $00{:}45{:}58.550 \dashrightarrow 00{:}46{:}00.488$ There's drugs on there that aren't

NOTE Confidence: 0.8017105

00:46:00.488 --> 00:46:02.748 even available, such as root answering,

 $00:46:02.748 \longrightarrow 00:46:05.160$ which I believe was only used

NOTE Confidence: 0.8017105

00:46:05.238 --> 00:46:06.678 as a research drug.

NOTE Confidence: 0.8017105

 $00{:}46{:}06{.}680 \dashrightarrow 00{:}46{:}09{.}443$ But we're left with all the older drugs here.

NOTE Confidence: 0.8017105

 $00:46:09.450 \longrightarrow 00:46:11.606$ The newer ones are not here yet.

NOTE Confidence: 0.8017105

 $00:46:11.610 \longrightarrow 00:46:13.640$ Perhaps in the updated practice

NOTE Confidence: 0.8017105

 $00:46:13.640 \longrightarrow 00:46:15.264$ parameters they will be.

NOTE Confidence: 0.8017105

00:46:15.270 --> 00:46:18.822 A need for peer reviewed literature

NOTE Confidence: 0.8017105

 $00:46:18.822 \rightarrow 00:46:20.598$ involving special populations.

NOTE Confidence: 0.8017105

 $00{:}46{:}20.600 \dashrightarrow 00{:}46{:}21.566$ Is it knowledge?

NOTE Confidence: 0.8017105

 $00:46:21.566 \rightarrow 00:46:23.820$ And in this slide from that era,

NOTE Confidence: 0.8017105

 $00:46:23.820 \longrightarrow 00:46:25.108$ sodium oxybate for examples,

NOTE Confidence: 0.8017105

 $00:46:25.108 \longrightarrow 00:46:27.040$ categories categorized as a Schedule B.

NOTE Confidence: 0.8017105

00:46:27.040 --> 00:46:28.328 Right now it's it's.

NOTE Confidence: 0.8017105

 $00:46:28.328 \longrightarrow 00:46:30.260$ It's thought to be cause harm,

NOTE Confidence: 0.8017105

 $00{:}46{:}30{.}260 \dashrightarrow 00{:}46{:}33{.}480$ but doesn't have a definite I believe.

NOTE Confidence: 0.8017105

 $00:46:33.480 \longrightarrow 00:46:34.546$ And then.

- NOTE Confidence: 0.8017105
- $00:46:34.546 \longrightarrow 00:46:36.678$ Thinking of the new.

 $00:46:36.680 \rightarrow 00:46:39.650$ Drugs that are out there to send versus soul,

NOTE Confidence: 0.8017105

 $00:46:39.650 \longrightarrow 00:46:41.890$ solar and fettle which are.

NOTE Confidence: 0.8017105

 $00:46:41.890 \longrightarrow 00:46:43.816$ Wake promoting agents.

NOTE Confidence: 0.8017105

00:46:43.816 --> 00:46:47.668 One being a H3 receptor antagonist.

NOTE Confidence: 0.8017105

 $00:46:47.670 \longrightarrow 00:46:51.168$ Soul reaffirm federal.

NOTE Confidence: 0.8017105

00:46:51.170 --> 00:46:52.802 Can cause cutey changes,

NOTE Confidence: 0.8017105

00:46:52.802 --> 00:46:53.210 insomnia,

NOTE Confidence: 0.8017105

 $00{:}46{:}53{.}210 \dashrightarrow 00{:}46{:}54{.}418$ nausea, anxiety.

NOTE Confidence: 0.8017105

00:46:54.418 --> 00:46:57.438 It's going to just metabolise

NOTE Confidence: 0.8017105

 $00{:}46{:}57{.}438 \dashrightarrow 00{:}46{:}59{.}250$ or al contraceptives and

NOTE Confidence: 0.8017105

 $00{:}46{:}59{.}339 \dashrightarrow 00{:}47{:}01{.}669$ anticoagulants potentially.

NOTE Confidence: 0.8017105

 $00{:}47{:}01.670 \dashrightarrow 00{:}47{:}04.025$ Limited in hepatic and renal

NOTE Confidence: 0.8017105

 $00{:}47{:}04.025$ --> $00{:}47{:}05.909$ conditions and the half-life.

NOTE Confidence: 0.8017105

 $00{:}47{:}05{.}910 \dashrightarrow 00{:}47{:}08{.}955$ Or or maybe up to 20 hours.

 $00:47:08.960 \longrightarrow 00:47:11.036$ This one is not a controlled.

NOTE Confidence: 0.8017105

 $00{:}47{:}11{.}040 \dashrightarrow 00{:}47{:}13.696$ The Mrs Patel assigned on the left on

NOTE Confidence: 0.8017105

 $00{:}47{:}13.696 \dashrightarrow 00{:}47{:}16.199$ the right so knows these are scheduled NOTE Confidence: 0.8017105

 $00:47:16.199 \rightarrow 00:47:19.100$ 4 which is a dopamine norepinephrine.

NOTE Confidence: 0.8017105

00:47:19.100 --> 00:47:21.326 Meaning DNR I which has reduced

NOTE Confidence: 0.8017105

 $00{:}47{:}21.326 \dashrightarrow 00{:}47{:}23.230$ or no interaction with ocps.

NOTE Confidence: 0.8017105

 $00{:}47{:}23.230 \dashrightarrow 00{:}47{:}25.105$ It's also has the indication

NOTE Confidence: 0.8017105

 $00{:}47{:}25.105 \dashrightarrow 00{:}47{:}26.980$ for residual sleepiness and OSA.

NOTE Confidence: 0.8017105

 $00{:}47{:}26{.}980 \dashrightarrow 00{:}47{:}29{.}980$ If you've had it more than a month,

NOTE Confidence: 0.8017105

 $00{:}47{:}29{.}980 \dashrightarrow 00{:}47{:}33{.}459$ it's half life is about 7 hours.

NOTE Confidence: 0.8017105

 $00{:}47{:}33{.}460 \dashrightarrow 00{:}47{:}36{.}116$ So how do we evaluate our initial case?

NOTE Confidence: 0.8017105

 $00:47:36.120 \longrightarrow 00:47:38.022$ We do a careful history of

NOTE Confidence: 0.8017105

 $00:47:38.022 \rightarrow 00:47:39.707$ physical looking for all the

NOTE Confidence: 0.8017105

 $00{:}47{:}39{.}707 \dashrightarrow 00{:}47{:}41{.}789$ secondary causes that we can treat.

NOTE Confidence: 0.8017105

 $00{:}47{:}41.790 \dashrightarrow 00{:}47{:}44.782$ We want to make sure that there aren't

NOTE Confidence: 0.8017105

 $00:47:44.782 \rightarrow 00:47:46.566$ any environmental or other causes

- NOTE Confidence: 0.8017105
- $00:47:46.566 \longrightarrow 00:47:49.256$ we want to do a supportive proof of

00:47:49.256 --> 00:47:51.888 pathology through an MSL team ornament WT.

NOTE Confidence: 0.8017105

 $00:47:51.890 \longrightarrow 00:47:54.014$ We want to make sure we

NOTE Confidence: 0.8017105

 $00:47:54.014 \rightarrow 00:47:55.076$ inventory the environment.

NOTE Confidence: 0.8017105

 $00{:}47{:}55{.}080 \dashrightarrow 00{:}47{:}58{.}260$ The behavioral aspects of the case.

NOTE Confidence: 0.8017105

 $00:47:58.260 \longrightarrow 00:48:00.645$ Do it as much supportive testing if we can.

NOTE Confidence: 0.8017105

 $00:48:00.650 \rightarrow 00:48:02.818$ In the past we had a problem getting

NOTE Confidence: 0.8017105

 $00:48:02.818 \rightarrow 00:48:04.377$ the hypocretin levels in the CSF,

NOTE Confidence: 0.8017105

 $00{:}48{:}04{.}380 \dashrightarrow 00{:}48{:}05{.}484$ so I'm calling about.

NOTE Confidence: 0.8017105

 $00{:}48{:}05{.}484 \dashrightarrow 00{:}48{:}08{.}097$ I don't want to say about 8 to 10 years

NOTE Confidence: 0.8017105

 $00{:}48{:}08.097 \dashrightarrow 00{:}48{:}10.499$ of not being able to get a CSF hypocretin.

NOTE Confidence: 0.8017105

 $00{:}48{:}10.500 \dashrightarrow 00{:}48{:}12.004$ Apparently it's now available

NOTE Confidence: 0.8017105

 $00{:}48{:}12.004 \dashrightarrow 00{:}48{:}13.508$ at the male clinic.

NOTE Confidence: 0.8017105

 $00{:}48{:}13.510 \dashrightarrow 00{:}48{:}15.706$ We want to treat the excessive

NOTE Confidence: 0.8017105

 $00{:}48{:}15.706 \dashrightarrow 00{:}48{:}17.170$ day time sleepiness complaint in

 $00:48:17.230 \rightarrow 00:48:19.118$ these patients and particularly.

NOTE Confidence: 0.8017105

 $00:48:19.120 \longrightarrow 00:48:21.696$ As much of the athletes symptoms as possible,

NOTE Confidence: 0.8017105

 $00:48:21.700 \longrightarrow 00:48:23.305$ we schedule naps to give

NOTE Confidence: 0.8017105

00:48:23.305 - 00:48:24.268 them refreshing apps,

NOTE Confidence: 0.8017105

 $00:48:24.270 \rightarrow 00:48:27.510$ especially if they have not collected Type 1.

NOTE Confidence: 0.79400045

 $00:48:27.510 \dashrightarrow 00:48:28.858$ We give them stimulants,

NOTE Confidence: 0.79400045

 $00{:}48{:}28{.}858 \dashrightarrow 00{:}48{:}30{.}880$ we give them tricyclics and SSR

NOTE Confidence: 0.79400045

 $00:48:30.940 \longrightarrow 00:48:33.070$ eyes to inhibit the rim nucleus

NOTE Confidence: 0.79400045

00:48:33.070 --> 00:48:34.851 type of descending pathways onto

NOTE Confidence: 0.79400045

 $00:48:34.851 \longrightarrow 00:48:36.951$ the motor tracts and we treat any

NOTE Confidence: 0.79400045

00:48:36.951 --> 00:48:38.924 disorder in the evening or otherwise

NOTE Confidence: 0.79400045

 $00{:}48{:}38{.}924 \dashrightarrow 00{:}48{:}40{.}970$ that fragment sleep that can lead

NOTE Confidence: 0.79400045

 $00:48:41.035 \rightarrow 00:48:42.919$ to EDS that can trigger attacks.

NOTE Confidence: 0.79400045

 $00{:}48{:}42{.}920 \dashrightarrow 00{:}48{:}45{.}167$ 'cause these patients are ready at the

NOTE Confidence: 0.79400045

 $00{:}48{:}45{.}167 \dashrightarrow 00{:}48{:}48{.}314$ get go to have rim or sleeping continents NOTE Confidence: 0.79400045

 $00:48:48.314 \rightarrow 00:48:51.030$ in an inappropriate time during the day.

 $00{:}48{:}51{.}030 \dashrightarrow 00{:}48{:}53{.}649$ So with our initial case are 22 year old

NOTE Confidence: 0.79400045

 $00{:}48{:}53{.}649 \dashrightarrow 00{:}48{:}56{.}457$ we excluded other causes of sleepiness.

NOTE Confidence: 0.79400045

 $00{:}48{:}56{.}460 \dashrightarrow 00{:}48{:}58{.}064$ We. Finding normal polysomnogram NOTE Confidence: 0.79400045

 $00{:}48{:}58{.}064 \dashrightarrow 00{:}49{:}00{.}953$ we found a very diagnostic MSL T

NOTE Confidence: 0.79400045

00:49:00.953 --> 00:49:03.023 with sorum's and sleep incontinence

NOTE Confidence: 0.79400045

 $00{:}49{:}03{.}023 \dashrightarrow 00{:}49{:}05{.}128$ REM incontinence during the day

NOTE Confidence: 0.79400045

 $00{:}49{:}05{.}128 \dashrightarrow 00{:}49{:}07{.}420$ and we treated with wake promoting

NOTE Confidence: 0.79400045

 $00{:}49{:}07{.}420 \dashrightarrow 00{:}49{:}09{.}048$ agents Modafinil than armodafinil,

NOTE Confidence: 0.79400045

 $00:49:09.048 \rightarrow 00:49:12.394$ which is a slightly longer half life.

NOTE Confidence: 0.79400045

 $00:49:12.400 \longrightarrow 00:49:14.275$ And the patients to contain

NOTE Confidence: 0.79400045

00:49:14.275 --> 00:49:15.400 complained of cataplexy,

NOTE Confidence: 0.79400045

 $00{:}49{:}15{.}400 \dashrightarrow 00{:}49{:}17{.}650$ which may often not be recognized.

NOTE Confidence: 0.79400045

 $00{:}49{:}17.650 \dashrightarrow 00{:}49{:}19.900$ These patients also are somewhat reclusive.

NOTE Confidence: 0.79400045

 $00{:}49{:}19{.}900 \dashrightarrow 00{:}49{:}21{.}780$ They're a fraid of social interaction,

NOTE Confidence: 0.79400045

 $00{:}49{:}21.780 \dashrightarrow 00{:}49{:}24.573$ and there also have an adverse aerial

 $00{:}49{:}24{.}573 \dashrightarrow 00{:}49{:}27.066$ relationship with many of their doctors

NOTE Confidence: 0.79400045

 $00:49:27.066 \rightarrow 00:49:29.508$ because they asked basically for them.

NOTE Confidence: 0.79400045

 $00:49:29.510 \longrightarrow 00:49:30.238$ From them,

NOTE Confidence: 0.79400045

 $00{:}49{:}30{.}238 \dashrightarrow 00{:}49{:}32{.}058$ these controlled substances which leads

NOTE Confidence: 0.79400045

 $00{:}49{:}32.058 \dashrightarrow 00{:}49{:}35.148$ to all sorts of of tough adverse aerial

NOTE Confidence: 0.79400045

 $00{:}49{:}35.148 \dashrightarrow 00{:}49{:}37.083$ head-to-head interactions in the office.

NOTE Confidence: 0.79400045

 $00{:}49{:}37.090 \dashrightarrow 00{:}49{:}38.980$ So these patients often don't

NOTE Confidence: 0.79400045

 $00:49:38.980 \longrightarrow 00:49:41.255$ volunteer the full plate of their

NOTE Confidence: 0.79400045

00:49:41.255 --> 00:49:43.439 existence was not only do they fail

NOTE Confidence: 0.79400045

 $00:49:43.439 \longrightarrow 00:49:46.187$ to be believed by multiple providers,

NOTE Confidence: 0.79400045

 $00{:}49{:}46{.}190 \dashrightarrow 00{:}49{:}49{.}214$ they lack faith that it will be recognized.

NOTE Confidence: 0.79400045

 $00:49:49.220 \rightarrow 00:49:51.551$ So it took some controlling to get

NOTE Confidence: 0.79400045

 $00{:}49{:}51{.}551 \dashrightarrow 00{:}49{:}53{.}770$ to the hypnagogic phenomena patient,

NOTE Confidence: 0.79400045

 $00{:}49{:}53.770 \dashrightarrow 00{:}49{:}56.339$ really thought that they were going to

NOTE Confidence: 0.79400045

 $00:49:56.339 \rightarrow 00:49:58.688$ be diagnosed with a mental disorder,

NOTE Confidence: 0.79400045

 $00:49:58.690 \longrightarrow 00:49:59.065$ but.

 $00{:}49{:}59{.}065 \dashrightarrow 00{:}50{:}02{.}065$ When we preempted by telling them that we

NOTE Confidence: 0.79400045

 $00{:}50{:}02.065 \dashrightarrow 00{:}50{:}04.808$ expect you probably have this and may be

NOTE Confidence: 0.79400045

 $00:50:04.808 \longrightarrow 00:50:07.580$ you didn't mention to us they opened

NOTE Confidence: 0.79400045

 $00:50:07.580 \rightarrow 00:50:10.303$ right up an SSRI emulated those systems.

NOTE Confidence: 0.79400045

 $00{:}50{:}10.310 \dashrightarrow 00{:}50{:}13.070$ So we want to recognize all the subtle

NOTE Confidence: 0.79400045

 $00{:}50{:}13.070 \dashrightarrow 00{:}50{:}14.895$ manifestations of these types of

NOTE Confidence: 0.79400045

 $00{:}50{:}14.895 \dashrightarrow 00{:}50{:}17.037$ disorders and truly advocate for this

NOTE Confidence: 0.79400045

 $00{:}50{:}17.037 \dashrightarrow 00{:}50{:}19.862$ niche of patients that may be truly

NOTE Confidence: 0.79400045

 $00{:}50{:}19.862 \dashrightarrow 00{:}50{:}21.462$ reclusive and somewhat marginalized

NOTE Confidence: 0.79400045

 $00{:}50{:}21.470 \dashrightarrow 00{:}50{:}23.594$ from mainstream medical care.

NOTE Confidence: 0.79400045

00:50:23.594 --> 00:50:24.656 In particularly,

NOTE Confidence: 0.79400045

 $00{:}50{:}24.660 \dashrightarrow 00{:}50{:}26.760$ these young patients with hypersomnia

NOTE Confidence: 0.79400045

 $00{:}50{:}26.760 \dashrightarrow 00{:}50{:}29.200$ idiopathic hypersomnia after ASM last year,

NOTE Confidence: 0.79400045

 $00{:}50{:}29{.}200 \dashrightarrow 00{:}50{:}31{.}928$ I wanted to study a cohort of these

NOTE Confidence: 0.79400045

 $00{:}50{:}31{.}928 \dashrightarrow 00{:}50{:}34{.}923$ and these patients who have idiopathic

- $00{:}50{:}34{.}923 \dashrightarrow 00{:}50{:}37{.}708$ hypersomnia and narcolepsy not group.
- NOTE Confidence: 0.79400045
- $00:50:37.710 \longrightarrow 00:50:39.840$ There.
- NOTE Confidence: 0.79400045
- $00:50:39.840 \longrightarrow 00:50:43.440$ Waso time rivals that of.
- NOTE Confidence: 0.79400045
- $00:50:43.440 \longrightarrow 00:50:46.860$ Mild, moderate OSA.
- NOTE Confidence: 0.79400045
- $00{:}50{:}46.860 \dashrightarrow 00{:}50{:}49.317$ And this data is still being analyzed
- NOTE Confidence: 0.79400045
- $00:50:49.317 \longrightarrow 00:50:51.505$ in under analysis for to be presented
- NOTE Confidence: 0.79400045
- 00:50:51.505 00:50:53.560 the ASM in a couple of weeks.
- NOTE Confidence: 0.79400045
- $00:50:53.560 \longrightarrow 00:50:54.832$ So on that note,
- NOTE Confidence: 0.79400045
- 00:50:54.832 --> 00:50:56.104 I want to close.
- NOTE Confidence: 0.79400045
- $00{:}50{:}56{.}110 \dashrightarrow 00{:}50{:}58{.}654$ I want us all to recognize these patients.
- NOTE Confidence: 0.79400045
- $00:50:58.660 \rightarrow 00:51:01.516$ There is a well developed neurobiology
- NOTE Confidence: 0.79400045
- $00:51:01.516 \rightarrow 00:51:04.229$ that's being understood by some very.
- NOTE Confidence: 0.79400045
- $00:51:04.230 \longrightarrow 00:51:06.620$ Detailed.
- NOTE Confidence: 0.79400045
- $00:51:06.620 \rightarrow 00:51:08.870$ Neurobiology that is well beyond the
- NOTE Confidence: 0.79400045
- $00:51:08.870 \longrightarrow 00:51:11.047$ scope and breadth of Emir clinician
- NOTE Confidence: 0.79400045
- 00:51:11.047 --> 00:51:13.876 like myself and so I I site and cut

- NOTE Confidence: 0.79400045
- $00{:}51{:}13.876 \dashrightarrow 00{:}51{:}15.904$ and pasted these with the steam.
- NOTE Confidence: 0.79400045
- $00:51:15.910 \longrightarrow 00:51:18.493$ These state of the art for idio
- NOTE Confidence: 0.79400045
- 00:51:18.493 > 00:51:20.430 hypersomnia is an evolution.
- NOTE Confidence: 0.79400045
- $00:51:20.430 \rightarrow 00:51:24.358$ And at this point I'll conclude and openly.
- NOTE Confidence: 0.79400045
- $00:51:24.360 \rightarrow 00:51:26.208$ Remaining part of the talk to discussion.
- NOTE Confidence: 0.811176799999999
- $00:51:29.980 \longrightarrow 00:51:31.296$ Great, well thank you.
- NOTE Confidence: 0.811176799999999
- 00:51:31.296 --> 00:51:33.270 Thank you very much like roster
- NOTE Confidence: 0.811176799999999
- $00{:}51{:}33{.}337 \dashrightarrow 00{:}51{:}34{.}952$ and appreciate a wonderful talk
- NOTE Confidence: 0.811176799999999
- $00{:}51{:}34{.}952 \dashrightarrow 00{:}51{:}37{.}436$ and thanks for a nice overview of
- NOTE Confidence: 0.811176799999999
- $00:51:37.436 \longrightarrow 00:51:39.446$ sleepiness and the general population
- NOTE Confidence: 0.811176799999999
- $00:51:39.446 \longrightarrow 00:51:42.720$ through the ages as well as the
- NOTE Confidence: 0.811176799999999
- $00{:}51{:}42.720 \dashrightarrow 00{:}51{:}44.780$ various causes of hypersomnia.
- NOTE Confidence: 0.811176799999999
- $00{:}51{:}44{.}780 \dashrightarrow 00{:}51{:}47{.}388$ And sort of thinking of things that we
- NOTE Confidence: 0.811176799999999
- $00{:}51{:}47{.}388 \dashrightarrow 00{:}51{:}50{.}267$ beyond what you think about his sleep clinic.
- NOTE Confidence: 0.811176799999999
- $00{:}51{:}50{.}270 \dashrightarrow 00{:}51{:}52{.}496$ I've seen in the past couple Sonia
- NOTE Confidence: 0.811176799999999

 $00:51:52.496 \longrightarrow 00:51:54.718$ and so I have a question.

NOTE Confidence: 0.811176799999999

 $00:51:54.720 \dashrightarrow 00:51:57.663$ I was hoping you could help us with and

NOTE Confidence: 0.811176799999999

00:51:57.663 --> 00:52:00.867 I see there's also a few in the chat,

NOTE Confidence: 0.811176799999999

 $00:52:00.870 \rightarrow 00:52:03.078$ so in your experience of treating

NOTE Confidence: 0.811176799999999

 $00{:}52{:}03.078 \dashrightarrow 00{:}52{:}04.550$ these patients other particular

NOTE Confidence: 0.811176799999999

 $00{:}52{:}04{.}607 \dashrightarrow 00{:}52{:}06{.}623$ drugs that tend to work better for

NOTE Confidence: 0.811176799999999

00:52:06.623 --> 00:52:08.399 a specific cause of hypersomnia,

NOTE Confidence: 0.811176799999999

 $00:52:08.400 \longrightarrow 00:52:10.344$ so idiopathic Arbor summer Snorkel FC

NOTE Confidence: 0.811176799999999

 $00{:}52{:}10{.}344 \dashrightarrow 00{:}52{:}12{.}763$ versus that that may perhaps be residual

NOTE Confidence: 0.811176799999999

 $00:52:12.763 \rightarrow 00:52:14.887$ in somebody who has chronic epilepsy.

NOTE Confidence: 0.8446158

 $00:52:15.570 \longrightarrow 00:52:17.020$ It's a very good question.

NOTE Confidence: 0.8446158

 $00{:}52{:}17{.}020 \dashrightarrow 00{:}52{:}18{.}676$ Recently this came up and we

NOTE Confidence: 0.8446158

00:52:18.676 --> 00:52:20.132 actually went outside our center

NOTE Confidence: 0.8446158

 $00{:}52{:}20{.}132 \dashrightarrow 00{:}52{:}21{.}926$ to pull someone at another center.

NOTE Confidence: 0.8446158

 $00:52:21.930 \longrightarrow 00:52:23.770$ It's very difficult to tell

NOTE Confidence: 0.8446158

 $00:52:23.770 \dashrightarrow 00:52:26.540$ because a lot of the stimulants.

- NOTE Confidence: 0.8446158
- $00:52:26.540 \rightarrow 00:52:28.058$ Provoke epileptiform discharges.

 $00{:}52{:}28.058 \dashrightarrow 00{:}52{:}31.600$ It's felt without a lot of without

NOTE Confidence: 0.8446158

 $00{:}52{:}31{.}679 \dashrightarrow 00{:}52{:}34{.}259$ a lot of authoritative evidence that

NOTE Confidence: 0.8446158

 $00:52:34.259 \rightarrow 00:52:36.970$ may be Modafinil and armodafinil.

NOTE Confidence: 0.8446158

 $00:52:36.970 \longrightarrow 00:52:39.050$ Might be the safest.

NOTE Confidence: 0.8446158

 $00{:}52{:}39{.}050 \dashrightarrow 00{:}52{:}40{.}786$ But there's little authoritative

NOTE Confidence: 0.8446158

 $00:52:40.786 \longrightarrow 00:52:42.956$ literature on what to do,

NOTE Confidence: 0.8446158

 $00{:}52{:}42{.}960 \dashrightarrow 00{:}52{:}44{.}644$ which presents a problem.

NOTE Confidence: 0.8446158

 $00{:}52{:}44.644 \dashrightarrow 00{:}52{:}48.900$ We always want to be on label and you know,

NOTE Confidence: 0.8446158

 $00:52:48.900 \rightarrow 00:52:51.660$ we at the same time.

NOTE Confidence: 0.8446158

 $00:52:51.660 \longrightarrow 00:52:53.232$ With these conditions.

NOTE Confidence: 0.8446158

 $00:52:53.232 \rightarrow 00:52:56.900$ There's a real potential to induce seizures,

NOTE Confidence: 0.8446158

 $00{:}52{:}56{.}900 \dashrightarrow 00{:}52{:}59{.}618$ even in the.

NOTE Confidence: 0.8446158

 $00:52:59.620 \rightarrow 00:53:01.951$ General population for drugs such as well

NOTE Confidence: 0.8446158

 $00{:}53{:}01{.}951 \dashrightarrow 00{:}53{:}04{.}159$ builtron which is treating depression.

 $00:53:04.160 \longrightarrow 00:53:06.746$ So there is some cortical excitability,

NOTE Confidence: 0.8446158

 $00:53:06.750 \longrightarrow 00:53:08.910$ but what to do authoritatively?

NOTE Confidence: 0.8446158

 $00:53:08.910 \longrightarrow 00:53:12.430$ Is we generally start.

NOTE Confidence: 0.8446158

 $00{:}53{:}12{.}430 \dashrightarrow 00{:}53{:}15{.}300$ These noncardiac talks and not noncardiac

NOTE Confidence: 0.8446158

 $00{:}53{:}15{.}300 \dashrightarrow 00{:}53{:}17{.}290$ talks stimulants in young patients

NOTE Confidence: 0.8446158

 $00{:}53{:}17{.}348 \dashrightarrow 00{:}53{:}19{.}322$ in particular because they have a

NOTE Confidence: 0.8446158

 $00:53:19.322 \rightarrow 00:53:21.499$ whole trajectory of life ahead of them,

NOTE Confidence: 0.8446158

 $00:53:21.500 \longrightarrow 00:53:23.855$ so we generally don't reach

NOTE Confidence: 0.8446158

 $00{:}53{:}23.855 \dashrightarrow 00{:}53{:}25.268$ for Dexedrine spansule's.

NOTE Confidence: 0.8446158

 $00:53:25.270 \rightarrow 00:53:28.270$ Also, there's an addiction potential.

NOTE Confidence: 0.8446158

 $00:53:28.270 \longrightarrow 00:53:31.224$ We try to use drugs that have

NOTE Confidence: 0.8446158

 $00{:}53{:}31{.}224 \dashrightarrow 00{:}53{:}33{.}649$ a smoother but lower peak.

NOTE Confidence: 0.8446158

00:53:33.650 --> 00:53:35.892 Type of. PK,

NOTE Confidence: 0.8446158

 $00{:}53{:}35{.}892 \dashrightarrow 00{:}53{:}39{.}826$ which may mitigate sleepiness longer but not.

NOTE Confidence: 0.8446158

 $00{:}53{:}39{.}830 \dashrightarrow 00{:}53{:}41.756$ Cars addiction and may not cause

NOTE Confidence: 0.8446158

 $00:53:41.756 \longrightarrow 00:53:45.079$ cortical irritability, but this is.

- NOTE Confidence: 0.8446158
- $00:53:45.080 \longrightarrow 00:53:45.796$ Not authoritative,

 $00{:}53{:}45.796 \dashrightarrow 00{:}53{:}47.586$ but there's little neurobiology and

NOTE Confidence: 0.8446158

00:53:47.586 --> 00:53:49.730 research that verifies it's very complicated,

NOTE Confidence: 0.8446158

 $00:53:49.730 \longrightarrow 00:53:52.594$ so the weird guy that looks at squiggles,

NOTE Confidence: 0.8446158

 $00{:}53{:}52{.}600 \dashrightarrow 00{:}53{:}54{.}390$ I mean me, the epileptologist.

NOTE Confidence: 0.8446158

 $00{:}53{:}54{.}390 \dashrightarrow 00{:}53{:}56{.}525$ The neurologist usually gets these

NOTE Confidence: 0.8446158

 $00:53:56.525 \rightarrow 00:53:58.660$ patients in the sleep clinic.

NOTE Confidence: 0.8446158

 $00:53:58.660 \rightarrow 00:53:59.698$ It's very tough.

NOTE Confidence: 0.8446158

 $00:53:59.698 \rightarrow 00:54:01.774$ We try to advocate and help,

NOTE Confidence: 0.8446158

 $00:54:01.780 \longrightarrow 00:54:04.160$ but we are bound by.

NOTE Confidence: 0.8446158

 $00:54:04.160 \longrightarrow 00:54:06.666$ The forces of our lack of understanding.

NOTE Confidence: 0.79853874

00:54:08.080 --> 00:54:10.540 Thank you, thank you very much,

NOTE Confidence: 0.79853874

 $00{:}54{:}10{.}540 \dashrightarrow 00{:}54{:}13{.}000$ Doctor Robert Thomas from Beth Israel,

NOTE Confidence: 0.79853874

 $00{:}54{:}13.000 \dashrightarrow 00{:}54{:}16.280$ lifting and then no new biology of sleep,

NOTE Confidence: 0.79853874

 $00:54:16.280 \longrightarrow 00:54:18.350$ wake, explain, or even perhaps we

 $00{:}54{:}18{.}350 \dashrightarrow 00{:}54{:}21{.}276$ can speculate on the long sleep or

NOTE Confidence: 0.79853874

00:54:21.276 --> 00:54:23.248 hypersomnia seasonal affective disorder,

NOTE Confidence: 0.79853874

00:54:23.250 - 00:54:25.300 bipolar and depression. In short,

NOTE Confidence: 0.79853874

 $00:54:25.300 \longrightarrow 00:54:27.760$ no sleep with bipolar and mania.

NOTE Confidence: 0.8187289

 $00{:}54{:}28{.}910 \dashrightarrow 00{:}54{:}30{.}182$ It's really interesting and

NOTE Confidence: 0.8187289

 $00:54:30.182 \longrightarrow 00:54:32.090$ then the obverse or the inverse.

NOTE Confidence: 0.8187289

 $00:54:32.090 \longrightarrow 00:54:34.556$ With client 11 you know that.

NOTE Confidence: 0.8187289

 $00:54:34.560 \longrightarrow 00:54:36.036$ What pathways what?

NOTE Confidence: 0.8187289

00:54:36.036 --> 00:54:38.988 Parallel pathways what part of the

NOTE Confidence: 0.8187289

 $00:54:38.988 \rightarrow 00:54:41.587$ pathways are involved not involved?

NOTE Confidence: 0.8187289

 $00:54:41.590 \longrightarrow 00:54:44.229$ Are yet to be figured out we.

NOTE Confidence: 0.8187289

 $00:54:44.230 \rightarrow 00:54:47.526$ Really still don't understand a lot of these.

NOTE Confidence: 0.8187289

 $00{:}54{:}47{.}530 \dashrightarrow 00{:}54{:}50{.}620$ Diseases, processes, conditions.

NOTE Confidence: 0.8187289

00:54:50.620 --> 00:54:55.870 Very deep. Question of which I hope.

NOTE Confidence: 0.8187289

 $00{:}54{:}55{.}870 \dashrightarrow 00{:}54{:}58{.}390$ As we do more research.

NOTE Confidence: 0.8187289

 $00{:}54{:}58{.}390 \dashrightarrow 00{:}54{:}59{.}350$ You can answer.

 $00:54:59.350 \longrightarrow 00:55:02.339$ I don't know if anyone else has it better.

NOTE Confidence: 0.8187289

 $00:55:02.340 \longrightarrow 00:55:03.510$ Understanding about.

NOTE Confidence: 0.90408134

 $00{:}55{:}05{.}980 \dashrightarrow 00{:}55{:}09{.}314$ You know what is? Idiopathic hypersomnia

NOTE Confidence: 0.90408134

 $00{:}55{:}09{.}314 \dashrightarrow 00{:}55{:}11{.}970$ we have a normal hypocretin level or or

NOTE Confidence: 0.90408134

 $00:55:12.031 \rightarrow 00:55:14.063$ a third or greater than 1/3 of normal,

NOTE Confidence: 0.90408134

 $00{:}55{:}14.070 \dashrightarrow 00{:}55{:}16.177$ but no cataplexy. What part of the

NOTE Confidence: 0.90408134

 $00:55:16.177 \rightarrow 00:55:17.983$ pathway mediates that, if at all?

NOTE Confidence: 0.90408134

 $00:55:17.983 \rightarrow 00:55:20.090$ Or is it a completely separate entity?

NOTE Confidence: 0.90408134

00:55:20.090 --> 00:55:22.360 I just. You just don't know

NOTE Confidence: 0.90408134

 $00:55:22.360 \longrightarrow 00:55:23.500$ and then how do you treat it?

NOTE Confidence: 0.90408134

 $00:55:23.500 \longrightarrow 00:55:24.792$ Because there are no.

NOTE Confidence: 0.90408134

 $00:55:24.792 \longrightarrow 00:55:26.730$ Or I'm legal drugs for that?

NOTE Confidence: 0.90408134

 $00:55:26.730 \longrightarrow 00:55:30.018$ Will you do so we push?

NOTE Confidence: 0.90408134

 $00{:}55{:}30{.}020 \dashrightarrow 00{:}55{:}31{.}612$ Treating this comorbid psychiatric

NOTE Confidence: 0.90408134

 $00{:}55{:}31{.}612 \dashrightarrow 00{:}55{:}33{.}204$ conditions and behavioral the rapy,

 $00:55:33.210 \longrightarrow 00:55:35.098$ we ally, fortunately enough,

NOTE Confidence: 0.90408134

 $00:55:35.098 \rightarrow 00:55:37.930$ with a very quick cognitive behavioral.

NOTE Confidence: 0.90408134

 $00:55:37.930 \longrightarrow 00:55:39.710$ Provider who saves the day.

NOTE Confidence: 0.90408134

 $00{:}55{:}39{.}710 \dashrightarrow 00{:}55{:}42{.}391$ Many of the times because often these

NOTE Confidence: 0.90408134

 $00:55:42.391 \rightarrow 00:55:45.251$ young patients with hypersomnia they have a

NOTE Confidence: 0.90408134

 $00:55:45.251 \rightarrow 00:55:48.050$ very significant phase delay and they are.

NOTE Confidence: 0.90408134

 $00:55:48.050 \rightarrow 00:55:51.182$ Propagating that and they have self

NOTE Confidence: 0.90408134

 $00:55:51.182 \rightarrow 00:55:53.270$ propagating factors of precipita

NOTE Confidence: 0.90408134

 $00{:}55{:}53{.}347 \dashrightarrow 00{:}55{:}55{.}419$ or perpetuating factors of.

NOTE Confidence: 0.90408134

 $00:55:55.420 \longrightarrow 00:55:56.746$ Of sleep dysfunction.

NOTE Confidence: 0.90408134

00:55:56.746 --> 00:55:58.956 Insomnia, commingled with these disorders.

NOTE Confidence: 0.90408134

 $00:55:58.960 \longrightarrow 00:56:00.736$ So the borderland between

NOTE Confidence: 0.90408134

 $00:56:00.736 \longrightarrow 00:56:02.068$ psychiatry and neurology.

NOTE Confidence: 0.90408134

 $00{:}56{:}02.070 \dashrightarrow 00{:}56{:}02.513$ I,

NOTE Confidence: 0.90408134

 $00:56:02.513 \rightarrow 00:56:06.500$ I think about Mccarley and what he stood for,

NOTE Confidence: 0.90408134

 $00:56:06.500 \rightarrow 00:56:08.720$ although his adenosine pathway doesn't

- NOTE Confidence: 0.90408134
- $00:56:08.720 \rightarrow 00:56:11.436$ quite have relevance in industry and

 $00{:}56{:}11{.}436 \dashrightarrow 00{:}56{:}13{.}810$ maybe an effort epiphenomenon, but it's.

NOTE Confidence: 0.90408134

 $00:56:13.810 \longrightarrow 00:56:15.485$ It's a marker of something

NOTE Confidence: 0.90408134

 $00:56:15.485 \rightarrow 00:56:17.540$ we have yet to understand,

NOTE Confidence: 0.90408134

 $00:56:17.540 \longrightarrow 00:56:19.136$ so that was a very rambly,

NOTE Confidence: 0.90408134

 $00:56:19.140 \longrightarrow 00:56:20.475$ long winded answer to that

NOTE Confidence: 0.90408134

 $00:56:20.475 \longrightarrow 00:56:21.543$ question or lack of.

NOTE Confidence: 0.83281165

 $00{:}56{:}23.620 \dashrightarrow 00{:}56{:}27.390$ I am and so I think we have time for just

NOTE Confidence: 0.83281165

 $00{:}56{:}27{.}480 \dashrightarrow 00{:}56{:}30{.}819$ one more and there is a related

NOTE Confidence: 0.83281165

 $00:56:30.819 \rightarrow 00:56:33.380$ question to intersection two in

NOTE Confidence: 0.83281165

 $00{:}56{:}33{.}380 \dashrightarrow 00{:}56{:}35{.}460$ psychiatric disorders and hypersomnia

NOTE Confidence: 0.83281165

 $00{:}56{:}35{.}460 \dashrightarrow 00{:}56{:}39{.}064$ and is there any relationship between

NOTE Confidence: 0.83281165

00:56:39.064 --> 00:56:41.790 psychosis and hypersomnia? Well,

NOTE Confidence: 0.760667662727273

00:56:41.790 --> 00:56:46.824 yes, I believe. William Dimension Stanford

NOTE Confidence: 0.760667662727273

 $00{:}56{:}46.824 \dashrightarrow 00{:}56{:}50.770$ pioneered those studies years ago.

00:56:50.770 --> 00:56:54.018 I don't want to misspeak, but I remember.

NOTE Confidence: 0.87383723

 $00{:}56{:}57{.}050 \dashrightarrow 00{:}56{:}59{.}546$ When they took graduate students and.

NOTE Confidence: 0.87383723

 $00{:}56{:}59{.}550 \dashrightarrow 00{:}57{:}02{.}530$ Sweet deprive them, and they did. You know?

NOTE Confidence: 0.68480396

 $00{:}57{:}04.880 \dashrightarrow 00{:}57{:}07.465$ Persistence of wakefulness tests in

NOTE Confidence: 0.68480396

 $00:57:07.465 \longrightarrow 00:57:11.102$ their site. Piper reaction time,

NOTE Confidence: 0.68480396

00:57:11.102 --> 00:57:13.909 but if you really sleep deprived someone

NOTE Confidence: 0.68480396

 $00:57:13.909 \rightarrow 00:57:16.970$ you can produce an affective psychosis so.

NOTE Confidence: 0.68480396

 $00:57:16.970 \rightarrow 00:57:21.860$ Where does the circuitry? For that.

NOTE Confidence: 0.68480396

 $00{:}57{:}21.860 \dashrightarrow 00{:}57{:}23.408$ Coming on these pathways in the

NOTE Confidence: 0.68480396

 $00:57:23.408 \longrightarrow 00:57:25.739$ frontal lobes, we don't know.

NOTE Confidence: 0.68480396

 $00{:}57{:}25.740 \dashrightarrow 00{:}57{:}27.321$ Take over become unleashed.

NOTE Confidence: 0.68480396

 $00:57:27.321 \rightarrow 00:57:30.483$ Where does the neurobiology of of.

NOTE Confidence: 0.68480396

 $00{:}57{:}30{.}490 \dashrightarrow 00{:}57{:}32{.}730$ From having a normal sleep wake period

NOTE Confidence: 0.68480396

 $00:57:32.730 \longrightarrow 00:57:35.495$ to one that sleep deprived where you

NOTE Confidence: 0.68480396

 $00{:}57{:}35{.}495 \dashrightarrow 00{:}57{:}37{.}665$ become like fatal familial insomnia.

NOTE Confidence: 0.68480396

 $00:57:37.670 \longrightarrow 00:57:38.918$ These patients.

- NOTE Confidence: 0.68480396
- 00:57:38.918 --> 00:57:43.286 Profoundly deranged and I don't know about.

00:57:43.290 --> 00:57:44.418 More appropriate medical term,

NOTE Confidence: 0.68480396

 $00:57:44.418 \rightarrow 00:57:46.110$ but they the more sleep deprived

NOTE Confidence: 0.68480396

 $00:57:46.162 \longrightarrow 00:57:47.059$ you are chronically,

NOTE Confidence: 0.68480396

 $00{:}57{:}47.060 \dashrightarrow 00{:}57{:}49.090$ the more tendency for psychosis do is,

NOTE Confidence: 0.68480396

 $00:57:49.090 \longrightarrow 00:57:51.910$ I think that's accepted.

NOTE Confidence: 0.68480396

 $00:57:51.910 \rightarrow 00:57:54.038$ That's why this area is so fascinating.

NOTE Confidence: 0.68480396

 $00:57:54.040 \rightarrow 00:57:55.560$ Maybe 50 years from now.

NOTE Confidence: 0.68480396

 $00:57:55.560 \longrightarrow 00:57:56.631$ Some other condition.

NOTE Confidence: 0.68480396

00:57:56.631 - 00:57:58.059 It is very demanding.

NOTE Confidence: 0.68480396

00:57:58.060 - 00:57:58.988 Patients will have answer.

NOTE Confidence: 0.82595694

 $00{:}58{:}00{.}800 \dashrightarrow 00{:}58{:}02{.}104$ Great, well thank you.

NOTE Confidence: 0.82595694

 $00{:}58{:}02{.}104 \dashrightarrow 00{:}58{:}04{.}060$ Thank you for a wonderful talk

NOTE Confidence: 0.82595694

 $00:58:04.130 \longrightarrow 00:58:06.412$ and for giving us a chance to

NOTE Confidence: 0.82595694

 $00{:}58{:}06{.}412 \dashrightarrow 00{:}58{:}08{.}014$ think about hypersomnia and a

 $00:58:08.014 \rightarrow 00:58:09.676$ little bit of a different way.

NOTE Confidence: 0.82595694

 $00:58:09.680 \rightarrow 00:58:11.012$ They were traditionally approach

NOTE Confidence: 0.82595694

 $00{:}58{:}11.012 \dashrightarrow 00{:}58{:}13.656$ it and so with this I'd like to

NOTE Confidence: 0.82595694

 $00{:}58{:}13.656 \dashrightarrow 00{:}58{:}15.402$ close the conference and say that

NOTE Confidence: 0.82595694

 $00{:}58{:}15{.}402 \dashrightarrow 00{:}58{:}17{.}597$ this is our last joint yell sleep.

NOTE Confidence: 0.82595694

00:58:17.600 --> 00:58:18.844 Harvard Tufts Seminar will

NOTE Confidence: 0.82595694

 $00:58:18.844 \longrightarrow 00:58:20.399$ resume our meetings next fall

NOTE Confidence: 0.82595694

 $00:58:20.399 \longrightarrow 00:58:22.040$ this coming fall in September.

NOTE Confidence: 0.82595694

 $00{:}58{:}22.040 \dashrightarrow 00{:}58{:}23.958$ And then we still have a couple

NOTE Confidence: 0.82595694

 $00:58:23.958 \longrightarrow 00:58:25.832$ of meetings left for the Yale

NOTE Confidence: 0.82595694

 $00{:}58{:}25{.}832 \dashrightarrow 00{:}58{:}27{.}156$ regularly seminars that occur

NOTE Confidence: 0.82595694

 $00:58:27.156 \longrightarrow 00:58:29.010$ at 2:00 o'clock on Wednesdays.

NOTE Confidence: 0.82595694

00:58:29.010 --> 00:58:32.180 And so if you do wish to receive CME credit,

NOTE Confidence: 0.82595694

 $00:58:32.180 \dashrightarrow 00:58:35.820$ please go ahead and text the code.

NOTE Confidence: 0.82595694

 $00:58:35.820 \longrightarrow 00:58:37.100$ To the CME number,

NOTE Confidence: 0.82595694

 $00:58:37.100 \rightarrow 00:58:39.449$ and we look forward to seeing you

 $00{:}58{:}39{.}449 \dashrightarrow 00{:}58{:}41{.}567$ guys again in the next Wednesday.

NOTE Confidence: 0.82595694

 $00{:}58{:}41{.}570 \dashrightarrow 00{:}58{:}43{.}260$ Take care every body thank you.

NOTE Confidence: 0.82595694

00:58:43.260 --> 00:58:43.930 Bye bye.