

## Getting referred

The Edinburgh Sleep Centre accepts referrals from general practitioners and medical specialists. In addition, we consider referrals directly from self-funding patients. We are recognised by all of the UK private health care companies, and by the major international health insurance companies.

If you require any further, no-obligation information, please do not hesitate to contact us



### How to get to us

The Edinburgh Sleep Centre is situated on the east section of Heriot Row. It is well served by public transport and road links.

### Parking

Metered parking is available directly opposite the Centre. This is free between the hours of 6.30pm and 8.30am.

### Public Transport

The Centre is within walking distance of Edinburgh Waverley train station and St. Andrews Street bus station. The centre is served by Lothian Buses numbers 13, 23, and 27, which stop at the Dundas Street end of Heriot Row, and numbers 24, 29 and 42, which stop at the Howe Street end.

### The Edinburgh Sleep Centre

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the  
edinburghsleepcentre

Narcolepsy and  
Excessive Daytime  
Sleepiness

**Narcolepsy is a serious but relatively uncommon disorder characterized by uncontrollable excessive daytime sleepiness. Patients may also experience cataplexy (sudden loss of muscle tone associated with emotion), hallucinations on waking or falling asleep and sleep paralysis.**

Sufferers often unexpectedly fall asleep in the middle of important activities including driving and even while playing sports. This can be dangerous for themselves and others. In addition, they can fall asleep during conversations and at work, harming their personal and professional relationships. Young people with narcolepsy may underachieve at school or university.

Research to date reveals that narcolepsy appears to affect the part of the central nervous system that controls sleep and wakefulness. While there is no "cure" yet, recent advances in medicine, technology, and pharmacology allow those with narcolepsy to lead nearly normal lives. The finding by researchers that the brain protein orexin or hypocretin is deficient in patients with narcolepsy is bringing hope of a cure.

Diagnosing narcolepsy needs to be done in a clinic that is familiar with sleep medicine. The patient's complete medical history is considered and the patient is given a thorough physical examination. Most often, patients are also given two tests, a polysomnogram and a multiple sleep latency test (MSLT) to confirm a suspected diagnosis and also to determine the severity of the condition.

Excessive Daytime Sleepiness (EDS) is an essential part of the diagnosis of narcolepsy but may have a variety of other causes including Obstructive Sleep Apnoea/Hypopnoea Syndrome (OSAHS), Restless Legs Syndrome (RLS), circadian rhythm disorder and the syndrome of primary hypersomnolence.

The symptom of EDS is important because it is associated with feeling drowsy and tired; having an overwhelming need to sleep during the day, being unable to stay awake in the daytime, even after getting a good night's sleep, and falling asleep at times you need to be fully awake and alert.

It could mean ineffective work performance or danger whilst driving and interference with a person's ability to concentrate or perform daily tasks or routines. Some people affected by EDS often feel frustration and anger about being misunderstood and being regarded as unintelligent, lazy or not interested in personal growth or learning. They often have low self-esteem and/or poor personal relationships as a result.

New and effective treatments have recently been licensed for the disabling daytime sleepiness associated with narcolepsy. These non-amphetamine medicines, such as Modafinil, (Provigil®), have made a dramatic positive change to the way patients with narcolepsy live and work.

If you require further information, please contact us or visit our website:

[www.edinburghsleepcentre.com](http://www.edinburghsleepcentre.com).