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Idiopathic hypersomnia: a study of 77 cases.

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Cette étude est intéressante car elle porte sur un grand nombre de patients et forme une population assez homogène de patients atteints d'hypersomnie idiopathique. Cette article compare ce groupe à une groupe de patients narcoleptiques.

On peut y retrouver les résultats suivants : les patients hypersomniaques ont plus souvent de longues siestes non récupératrices, plus de sommeil lent profond, une latence d'endormissement moyenne au TILE plus longue. Une histoire familiale était retrouvée dans cette population. Un élément intéressant est la stabilité des symptômes chez la majorité des patients; cependant ils ont noté 11% de guérison spontanée ce qui n'est pas trouvée dans la narcolepsie.

Les 2/3 des patients étaient améliorés par leur traitement stimulant (modafinil, ritaline, dexaméne...) mais un tiers d'entre eux nécessitait une combinaison médicamenteuse.

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Résumé en anglais
STUDY OBJECTIVES: To review the clinical and polysomnographic characteristics of idiopathic hypersomnia as well as the long-term response to treatment. **SETTING:** The Respiratory Support and Sleep Centre at Papworth Hospital, Cambridge, UK. **PATIENTS AND DESIGN:** A large database of more than 6000 patients with sleep disorders was reviewed. A retrospective study of the clinical and polysomnographic characteristics of 77 patients with idiopathic hypersomnia was performed. Comparison with a similar group of patients with narcolepsy was performed. The response to drug treatment was assessed in 61 patients over a mean follow-up of 3.8 years. **MEASUREMENTS AND RESULTS:** Idiopathic hypersomnia was 60% as prevalent as narcolepsy. Comparison with a similar group of patients with narcolepsy showed that those with idiopathic hypersomnia were more likely to have prolonged unrefreshing daytime naps, a positive family history, increased slow-wave sleep, and a longer sleep latency on the Multiple Sleep Latency Test. The results of the Multiple Sleep Latency Test were not helpful in predicting disease severity or treatment response. The clinical features were heterogeneous and of variable severity. The majority of patients with idiopathic hypersomnia had symptoms that remained stable over many years, but 11% had spontaneous remission, which was never seen in narcolepsy. Two thirds of patients with idiopathic hypersomnia had a sustained improvement in daytime somnolence with medication, although a third needed high doses or combinations of drugs. **CONCLUSIONS:** Idiopathic hypersomnia has characteristic clinical and polysomnographic features but the prolonged latency on the Multiple Sleep Latency Test raises doubt about the validity of this test within the current diagnostic criteria. The disease often responds well to treatment and a substantial minority of patients appear to spontaneously improve.