Narcolepsy and Idiopathic Hypersomnia in Women: Clinical Insights and Considerations

Narcolepsy and **idiopathic hypersomnia** are central disorders of hypersomnolence with debilitating symptoms that impact patients **24 hours a day**[1-4]

Narcolepsy symptoms include: Excessive daytime sleepiness, cataplexy (narcolepsy type 1), disrupted nighttime sleep, sleep paralysis, hypnagogic/hypnopompic hallucinations

Idiopathic hypersomnia symptoms include: Prolonged, nonrestorative sleep, severe sleep inertia, excessive daytime sleepiness, long and unrefreshing naps, cognitive impairment

Gender Implications in Narcolepsy and Idiopathic Hypersomnia

Some research suggests that women with narcolepsy may experience **differences in symptom manifestations**, such as earlier appearance of cataplexy and increased objective sleepiness as measured by MSLT[5]

Longer diagnostic delays and increased frequency of misdiagnosis are also reported in women with narcolepsy[6]

Both narcolepsy and idiopathic hypersomnia have an age of onset and/or are diagnosed in adolescence or early adulthood,[1,7,8] which can have **additional implications for females of child-bearing age**

Some studies have suggested a **higher prevalence of idiopathic hypersomnia in women**, particularly in idiopathic hypersomnia with long sleep duration[1,5]

Comorbidity Burden in Women With Sleep Disorders[9]

A retrospective study utilizing the Optum® Market Clarity™ database[a] from January 1, 2017, to December 31, 2023, assessed the demographic and clinical characteristics of people with **narcolepsy**[b] and people with **idiopathic hypersomnia**[c]

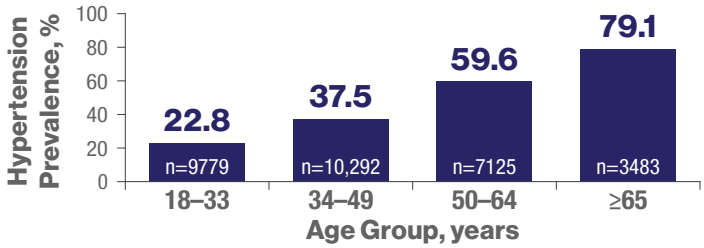
People With Narcolepsy

People Identified	Mean (SD) Age	Sex Distribution
47,518	44.5 (16.5) years	64.6% female

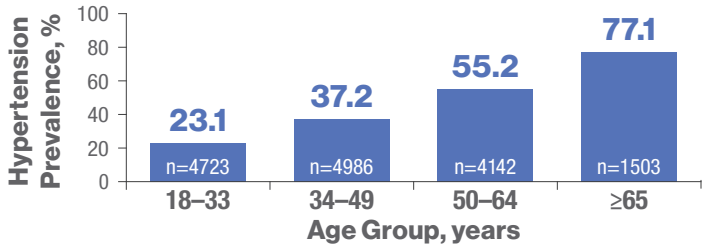
People With Idiopathic Hypersomnia

People Identified	Mean (SD) Age	Sex Distribution
23,392	45.0 (15.9) years	65.6% female

Hypertension Prevalence in Women With Narcolepsy



Hypertension Prevalence in Women With Idiopathic Hypersomnia



- The observed prevalence of hypertension in women with narcolepsy or idiopathic hypersomnia increased consistently and substantially across age groups[9]
- In young women (aged 18–33 years) with narcolepsy or idiopathic hypersomnia, the prevalence of hypertension in this study (≈23%)[9] was higher than that observed in NHANES data for the same demographic group in the overall US population (9.7%)[10]
- The prevalence of hypertension in women 18–33 years of age in the present study was also higher than for men in the same age group (≈15% and ≈18% for men with narcolepsy and idiopathic hypersomnia, respectively)[9]

The clinical comorbidity and 24-hour symptom burden should be considered in the diagnosis and management of women with narcolepsy and idiopathic hypersomnia, and continued research in this area is warranted

[a]A linked electronic health records and claims database. [b]Narcolepsy diagnosis was defined as the first occurrence of 2 medical claims ≥1 day apart with International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes. [c]Idiopathic hypersomnia diagnosis was defined as any medical claim with ICD-9-CM or ICD-10-CM diagnosis codes. [d]Demographic characteristics were assessed at index; comorbidities, defined by diagnosis claims (hypertension: diagnosis or antihypertensive medication use), were assessed in the 365-day period before index.

MSLT, Multiple Sleep Latency Test; NHANES, National Health and Nutrition Examination Survey; SD, standard deviation; US, United States.

References: 1. American Academy of Sleep Medicine. *International Classification of Sleep Disorders*. 3rd ed, Text Revision. 2023. **2.** Barateau L, et al. *CNS Drugs*. 2016;30:369-379. **3.** Stevens J, et al. *Nat Sci Sleep*. 2023;15:593-606. **4.** Acquavella J, et al. *J Clin Sleep Med*. 2020;16:1255-1263. **5.** Nevsimalova S, et al. *Brain Sci*. 2022;12:1491. **6.** Fernandes M, et al. *Sleep Med*. 2025;130:43-47. **7.** Thorpy MJ, Krieger AC. *Sleep Med*. 2014;15:502-507. **8.** Leu-Semenescu S, et al. *Rev Neurol (Paris)*. 2017;173:32-37. **9.** Somers VK, et al. Poster presented at Associated Professional Sleep Societies; June 8-11, 2025; Seattle, WA. Poster 536. **10.** Jaeger BC, et al. *Hypertension*. 2023;80:1311-1320.

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