

Table 1. Medications used in the treatment of narcolepsy

Drug	Starting daily dose (mg)	Maximum daily dose (mg)	Comments
Norepinephrine reuptake inhibitors, including SSRIs, SNRIs, and TCAs			Cardiovascular and sexual side effects
Venlafaxine	37.5	300	Rebound cataplexy can occur on discontinuation. Available in an extended release formulation
Atomoxetine	10	80	Usually given twice per day
Amphetamine salts (Adderall)	20	60	A combination of four amphetamine salts
Methamphetamine (Desoxyn)	15	60	The strongest amphetamine with strong abuse potential
Dextroamphetamine (Dexedrine)	30	60	Often used as PRN dosing for additive EDS benefit
Lisdexamfetamine (Vyvanse)	20	70	May be better tolerated than other amphetamines
Methylphenidate (Ritalin, Concerta/Methylin, Equasym XL)	30	60	Preferable before using amphetamines
Dexmethylphenidate (Focalin)	5	20	The <i>d-threo</i> -enantiomer of racemic methylphenidate
Modafinil (Provigil)	200	400	First-line medication for EDS
Armodafinil (Nuvigil)	150	250	First-line medication for EDS. Longer acting than modafinil
Sodium oxybate (Xyrem)	4.5 g/night	9.0 g/night	First line medication for either EDS or cataplexy
Selegiline (Eldepryl, Zelapar)	20	40	Used mainly in Europe. Breaks down to amphetamine derivatives. Needs a low tyramine diet
Mazindol	1	6	A tricyclic, anorectic, nonamphetamine stimulant
Pitolisant	10	40	Not available in the USA A selective histamine H3 receptor inverse agonist Not available in the USA

SNRIs serotonin–norepinephrine reuptake inhibitors, SSRIs selective serotonin reuptake inhibitors, TCAs tricyclic antidepressants

Treatment

Treatment decisions are driven by the presence of EDS alone or EDS with other REM-sleep phenomena and additional symptoms, since a single therapy that is effective for multiple symptoms is usually preferable than using different drugs for individual symptoms [28•]. Sodium oxybate is only approved in adults for EDS with or without cataplexy; however, evidence indicates its utility for DNS and as an option for other REM-sleep phenomena such as frequent disturbing dreams and nightmares, hypnagogic hallucinations, and sleep paralysis [18, 19].

EDS as the sole initial symptom

EDS is most often the presenting symptom, and when it occurs without cataplexy, the considerations include the use of modafinil/armodafinil or sodium