Narcolepsy Type 2

Without cataplexy

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There are two types of narcolepsy: narcolepsy type 1 (NT1) and narcolepsy type 2 (NT2). NT1 is associated with a major reduction in orexin (hypocretin) and is characterised by genuine cataplexy, although a low cerebrospinal fluid (CSF) orexin level can confirm NT1 before cataplexy is recognised or develops. NT2 does not have the same cause as NT1. People with NT2 do not have cataplexy and generally have normal orexin levels. NT2 is less well understood than NT1. Researchers believe that NT2 may represent more than one underlying condition. This factsheet focuses on NT2. [1–3]

What is narcolepsy type 2?

Narcolepsy type 2 (NT2), sometimes called narcolepsy without cataplexy, is a chronic neurological sleep-wake disorder characterised by excessive daytime sleepiness. Unlike NT1, the cause of NT2 is unknown. [1,2]

The clinical pattern varies, and there is overlap between NT2 and Idiopathic Hypersomnia. Current testing cannot reliably separate them. [1–3]

Symptoms of narcolepsy type 2

- **Excessive daytime sleepiness:** A persistent struggle to remain awake, an irresistible need to sleep or unintended episodes of sleep during the day. Short naps may be refreshing for some people, but not for others. [1,2]
- **Sleep paralysis:** A temporary inability to move or speak when falling asleep or waking up. Sleep paralysis can occur in NT2, but many people do not experience it. [1]
- **Sleep-related hallucinations:** Hypnagogic hallucinations occur while falling asleep, and hypnopompic hallucinations occur while waking up. These vivid sensory experiences may involve seeing, hearing or feeling something that is not present. They can occur in NT2, but many people do not experience them. [1]
- **Sleep pattern:** People with NT2 do not share one consistent sleep pattern. Naps may be short and refreshing, but prolonged nighttime sleep, sleep inertia, unrefreshing naps and disrupted nighttime sleep are also reported. [1–3]

Narcolepsy type 2 in children and adolescents

In children and adolescents, sleepiness may appear as irritability, hyperactivity, inattention, behavioural change or declining school performance. Insufficient sleep and delayed sleep timing are common in young people and can also affect sleep study results, so careful assessment by a clinician familiar with paediatric central disorders of hypersomnolence is important. [2,9]

Diagnosis

Diagnosis begins with a detailed clinical history, including the pattern and onset of sleepiness, sleep duration, sleep inertia, naps, nighttime sleep, sleep schedule, medications and other factors that may contribute to sleepiness.

Before NT2 is diagnosed, other possible causes of sleepiness need to be considered and ruled out. These include insufficient sleep, circadian rhythm sleep-wake disorders, sleep apnea, medication or substance effects, and other medical, neurological or mental health conditions. [1,2]

An overnight sleep study, called polysomnography, is followed the next day by a Multiple Sleep Latency Test (MSLT). The MSLT measures how quickly a person falls asleep and whether REM sleep occurs soon after sleep onset. Under

current diagnostic criteria, NT2 depends on a mean sleep latency of eight minutes or less, and at least two sleep-onset REM periods across the overnight study and MSLT, with no cataplexy. If orexin is measured, it is not low. [1,2]

The MSLT has important limitations.

MSLT results are much less stable in NT2 than NT1. On repeat testing, people diagnosed with NT2 often no longer meet the same MSLT criteria. They may instead meet the criteria for Idiopathic Hypersomnia or no longer meet the MSLT criteria for either disorder. A single MSLT result needs to be considered alongside the clinical history, adequate prior sleep, medication effects and other possible causes of sleepiness. [1,4–6]

Treatment and management

There is currently no cure for NT2. Treatment is individualised and focuses mainly on managing excessive daytime sleepiness. [7]

- **Daytime sleepiness:** Wake-promoting and stimulant medicines used in Australia include dexamphetamine, modafinil and armodafinil.
- **Sodium oxybate:** Registered in Australia in July 2026 for the treatment of narcolepsy in adults and in children and adolescents aged seven years and older. Access and subsidy arrangements should be discussed with the treating specialist. [10]
- **Daily management:** Planned brief naps and a regular sleep–wake schedule may help some people manage symptoms. Improvement in general health and wellbeing through healthy sleep practices, nutrition, and fitness can help improve overall quality of life for people with narcolepsy.

Important information about modafinil and armodafinil

These medicines can reduce the effectiveness of hormonal contraception. The TGA also advises against using modafinil and armodafinil during pregnancy because these medicines are suspected to cause birth defects and miscarriage. Discuss contraception, pregnancy planning and medication safety with the prescribing doctor or pharmacist. [11]

Living with narcolepsy type 2

Living with narcolepsy type 2 can affect education, work, driving, relationships, independence and overall quality of life. Appropriate adjustments at school, university or work may be needed. Medication can improve symptoms, but it may not restore normal alertness or address every impact of the condition. Reliable information and connection with others who understand can help people live better with NT2. Hypersomnolence Australia's website provides practical information and resources, as well as opportunities to connect with the narcolepsy community through our Living with Narcolepsy Community Group. [7,8]

References

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Hypersomnolence Australia resources

Visit the Hypersomnolence Australia Resources page for reliable information and practical guidance, including:

- Driving with Narcolepsy in Australia
- Top Tips for Living with Hypersomnia
- Information about medications used in Australia

hypersomnolenceaustralia.org.au/resources

Living with Narcolepsy community group

Hypersomnolence Australia's Living with Narcolepsy community group brings people diagnosed with narcolepsy together to share conversation, connection and lived experience. The group meets online each month and is guided by an experienced facilitator.

Learn more and register

About Hypersomnolence Australia

Hypersomnolence Australia is a health promotion charity dedicated to driving awareness, education and research to improve outcomes for people living with Idiopathic Hypersomnia and Narcolepsy. HA receives no funding and charges no membership.
hypersomnolenceaustralia.org.au

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