The Effects of Narcolepsy on Breastfeeding

by Marie L. Bosco, BSN, RNC, IBCLC

Narcolepsy can be challenging to treat in women who are pregnant or breastfeeding. This condition affects as many as 200,000 Americans, although fewer than 50,000 are diagnosed. Unfortunately, narcolepsy is a disease that is not well understood. Oftentimes, the condition is mistaken for depression, epilepsy or even an adverse side effect from medication. Narcolepsy can affect both men and women at any age, but is diagnosed most often between 35 and 45 years of age. This debilitating disease has been seen in children from age 3 years through teens. There is no research establishing narcolepsy as a hereditary condition, however, approximately 8-12% of people diagnosed also have a close relative with the disease.

The primary symptom of narcolepsy is excessive and overwhelming daytime sleepiness that occurs even after adequate nighttime sleep. Cataplexy, sleep paralysis and hypnagogic hallucination are also characteristic symptoms of the condition, though these symptoms are not always present in every case. Cataplexy is a sudden episode of loss of muscle function, which could range from mild weakness to a complete body collapse. Sudden emotional reactions like laughter, anger or fear can trigger these episodes, which can last a few seconds or several minutes. Sleep paralysis is a temporary inability to talk or move when falling asleep or waking up. Hypnagogic hallucinations are vivid dreams that are often frightening and occur when falling asleep.

There is currently no cure for narcolepsy, but the primary method of treatment is with medications that help control the symptoms. The control of these maternal symptoms is very important as narcolepsy poses possible safety risks for both mothers and their infants, including falling asleep during breastfeeding and dropping the newborn. Central nervous system stimulants such as methylphenidate, amphetamine salts, modafinil, antidepressants, or sodium oxybate are often used for treatment. During pregnancy, these medications are usually discontinued unless
risks of foregoing treatment outweigh the risks of exposing the fetus to such medications. Amphetamines used during pregnancy can lead to premature delivery, congenital malformations and low birthweight. Following birth, infants whose mothers were prescribed amphetamines during pregnancy need to be monitored for withdrawal symptoms such as jitteriness, respiratory distress or drowsiness. Most women resume their narcolepsy treatment after delivery in an effort to prevent symptoms and ensure that they can care for their newborn.

If a mother with narcolepsy chooses to breastfeed, some medications are better than others based on how much of the drug is transferred into mother’s breast milk. Modafinil use is not advised in breastfeeding mothers. While there is no data on the use of this medication during breastfeeding, based on modafinil’s molecular size and lipid solubility, the drug will likely be excreted in breast milk. Also, this medication could prevent the release of oxytocin in the mother which inhibits let-down of her milk. A better alternative is methylphenidate, which has a relatively small dose that transfers to mother’s milk. No adverse effects have been seen in infants exposed to this medication during breastfeeding. However, these infants should be monitored for symptoms of agitation and adequate weight gain.

References: