

Hypersomnolence Disorder

When Exhaustion Becomes the Excuse to Self-Medicate



What is Hypersomnolence Disorder?

Hypersomnolence Disorder is a neurological condition marked by excessive sleepiness despite getting adequate or even prolonged sleep. People with this disorder may sleep 10+ hours a night yet still feel exhausted, struggle to wake up, and fight overwhelming drowsiness throughout the day.

What Does it Look Like?

- > **Excessive Daytime Sleepiness**
Even with sleep, they're fighting to stay awake during conversations, meals, and activities that matter.
- > **Difficulty Waking Up**
Morning routines become battles. They may be disoriented, irritable, or confused for hours after waking.
- > **Unrefreshing Sleep**
A full night's rest doesn't help. Naps don't help. Nothing seems to restore their energy.
- > **Functional Impairment**
Jobs are lost, relationships suffer, and daily responsibilities fall apart due to inattention.

How Does it Contribute to Relapse?

For someone with hypersomnolence, the overwhelming need to function despite crushing fatigue drives them toward anything that promises to help them stay awake.

- 1) **Stimulants Become Survival**
Caffeine and energy drinks stop working. Cocaine and amphetamines offer them a form of relief.
- 2) **Short-Term Programs Miss the Cycle**
Detox addresses the substance, but not the sleepiness that drove its use. Within weeks of leaving, exhaustion returns.
- 3) **Without Treating Hypersomnolence, Relapse is Likely**
They return to life with the same fatigue, inability to function, and the desperation for something to keep them awake.

Prevalence:

4-6% of U.S. adults¹

Co-Occurrence:

36% develop an alcohol use disorder²

23% develop other substance use disorder in their lifetime²

Relapse Risk:

3.6x more likely to have an SUD than the general population³

Sources: ¹ Ohayon MM. *Sleep Medicine Reviews*. (2008); NIMH *Sleep Disorders Statistics*. ² Breslau et al., *Biological Psychiatry*; Ford & Kamerow. *JAMA*. ³ *Lifetime history of insomnia and hypersomnia symptoms as correlates of substance use*. *PMC*

Long-Term Treatment for Hypersomnolence and Addiction

The medications used to treat hypersomnolence are often the same substances being abused. Someone who turned to stimulants to fight crushing fatigue cannot stabilize in 30 days. They need extended time to address both the sleep disorder and the dependence it created.

Our **long-term, progress-based model** provides a spectrum of medical and therapeutic support. Clients advance when they demonstrate genuine change in **managing fatigue** without returning to substance use.



“The nature of hypersomnolence means stimulant use isn’t recreational, but compensatory. Treatment requires careful medical management alongside addiction work, and that takes more than a few weeks to coordinate.”



Dr. Leslie Secrest, MD
Medical Director, Burning Tree Ranch

Dual Diagnosis Treatment for Hypersomnolence

When hypersomnolence and stimulant dependence occur together, treating only the addiction can lead to relapse. The person returns to the same crushing fatigue that first drove substance use.

- **Treating Both Conditions Together**
Without addressing the disorder, the drive to use stimulants remains.
- **Medical Management Over Time**
Finding the right balance of treatment for the sleep disorder while managing addiction requires careful, extended medical oversight.
- **Building Sustainable Coping Skills**
Learning to manage energy, accept limitations, and structure life around the condition takes more than a few weeks.

Dual Diagnosis:

The presence of **both a substance use disorder and a mental health condition** occurring together. Effective treatment for dual-diagnosis addictions must address both aspects simultaneously.



Have Other Treatment Programs Missed the Deeper Issues?

Burning Tree Ranch is the Nation’s only authentic long-term treatment program for chronic relapse. Call us at (866) 287-2877 or visit us online at www.BurningTree.com.

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