SYMPTOM

Decreased alertness

Decreased alertness means being unusually sleepy, less aware, or slower to respond

WHAT IT FEELS LIKE
Hard to stay awake or respond normally

WHERE IT IS FELT
Brain and whole body

MOST COMMON CAUSES
Too little sleep, sedating medicines, alcohol use

WHEN IT IS URGENT
New confusion or difficulty staying awake

USUALLY LASTS
Hours after sleep loss; longer with illness or medicines

SEE A DOCTOR IF
Recurring sleepiness despite enough sleep

Overview

Decreased alertness means being less awake, aware, or responsive than usual. You may feel very drowsy, have trouble concentrating, or respond slowly. Other people may notice the change first.

It differs from ordinary tiredness. Tired people usually remain aware and respond normally. With decreased alertness, it may be difficult to stay awake, follow a conversation, or understand what is happening.

The change may be temporary after too little sleep, but it can also result from medicines, alcohol, illness, low blood sugar, a head injury, or a brain problem. A sudden or severe change needs prompt medical attention.

What it may feel or look like

Someone with decreased alertness may have:

Confusion and decreased alertness can occur together. Confusion affects thinking or understanding, while decreased alertness reduces wakefulness.

Doctors use stupor for a state in which strong stimulation is needed to produce a response. Coma means a person cannot be awakened. Both are medical emergencies.

- Repeatedly falling asleep or nodding off
- Delayed, unclear, or incomplete answers
- Difficulty following instructions or conversations
- Poor awareness of time, place, or nearby people
- Unusual clumsiness or unsteady walking
- Less response to voices, touch, or pain

Common causes

Common causes include too little or disrupted sleep, jet lag, alcohol, and medicines that cause drowsiness. These include some allergy medicines, sleep aids, opioid pain medicines, anti-anxiety medicines, and medicines for seizures or mental health conditions.

Sleep disorders can reduce daytime alertness. Obstructive sleep apnoea causes repeated pauses in breathing during sleep and may cause loud snoring, gasping, morning headaches, and daytime sleepiness.

Less common causes include infections, dehydration, abnormal body salts, low thyroid hormone levels, liver or kidney problems, low blood sugar, low oxygen, and seizures or the period after a seizure.

Urgent causes include stroke, bleeding or infection around the brain, serious head injury, severe low blood sugar, drug overdose, and carbon monoxide poisoning. Carbon monoxide is a colourless, odourless gas that can cause headache, dizziness, nausea, confusion, or sleepiness, sometimes in several people in the same building.

When to seek medical care

Call emergency services if someone:

Move into fresh air if carbon monoxide exposure is possible and it is safe to leave. Do not re-enter the building until emergency professionals say it is safe.

Seek urgent same-day care for a new, unexplained reduction in alertness, even if the person can still be awakened. This is especially important with fever, repeated vomiting, worsening confusion, a new medicine, or a condition such as diabetes.

Book a routine appointment if sleepiness keeps returning, affects work or school, or continues despite enough sleep. Loud snoring, gasping during sleep, or falling asleep during normal activities also needs assessment.

Do not drive, cycle in traffic, swim alone, or operate machinery while alertness is reduced.

- Cannot be awakened or is becoming harder to wake
- Has slow, irregular, or stopped breathing
- Develops sudden weakness, facial drooping, speech trouble, or severe imbalance
- Has a seizure lasting several minutes or repeated seizures without recovery
- Has decreased alertness after a significant head injury
- May have taken an overdose or been exposed to carbon monoxide
- Has blue, grey, or unusually pale lips or skin

How the cause is found

A clinician will ask when the change began, whether it was sudden or gradual, and about sleep, illness, head injuries, alcohol or drug use, medicines, and supplements. Information from a witness can be helpful. Bring medicine containers or an up-to-date list if possible.

The examination may include temperature, breathing, oxygen level, blood pressure, heart rate, blood sugar, pupil reactions, strength, speech, and orientation. Tests may include blood or urine tests, an electrocardiogram, brain imaging, or a test of the brain's electrical activity. Persistent daytime sleepiness may require an overnight sleep study.

Treatment and self-care

Treatment depends on the cause and may involve correcting low blood sugar or oxygen, treating an infection, managing a medicine effect, or treating a neurological problem.

For mild sleepiness with a clear explanation, such as one short night of sleep, rest and a regular sleep schedule may help. Avoid alcohol and do not take extra sleep medicines.

If a prescribed medicine may be contributing, speak with the prescriber or a pharmacist. Do not stop a regular medicine suddenly unless you have been told it is safe.

Do not give food, drink, or pills to someone who is difficult to wake because they may choke. If an unresponsive person is breathing, place them on their side if safe. Follow emergency-dispatch instructions. Begin CPR if they are not breathing normally and you are

able to do so.

What to expect

Alertness often returns after restorative sleep when sleep loss is the cause. Effects from alcohol or medicines may improve as the substance leaves the body, although an overdose requires emergency care.

Recovery from illness or another abnormal body process depends on the cause and how quickly it is corrected. Some people improve within hours; others need ongoing treatment and monitoring.

Recurring decreased alertness should not simply be managed with caffeine. Follow-up can identify sleep disruption, medicine effects, or an underlying health problem. Until the cause is understood, take precautions against falls, driving injuries, and other accidents.

Common questions

Is decreased alertness the same as fatigue?

No. Fatigue is a lack of energy or feeling of exhaustion. A fatigued person is usually fully awake and responsive. Decreased alertness affects wakefulness, awareness, or normal responses.

Can medicines cause this symptom?

Yes. Many medicines cause drowsiness, especially with alcohol or other sedating substances. Check the label and ask a pharmacist if unsure. Do not change prescribed treatment without medical advice.

Should I let a very sleepy person sleep?

Ordinary sleepiness after too little sleep is different from being difficult to wake. If someone cannot answer normally, keeps losing consciousness, or has abnormal breathing, call emergency services rather than assuming they need sleep.

Can caffeine fix decreased alertness?

Caffeine may briefly reduce ordinary sleepiness, but it does not treat dangerous causes such as low blood sugar, overdose, stroke, or carbon monoxide exposure. Do not use it to delay assessment of a new or unexplained change.

Sources

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