SYMPTOM

Drowsiness

Drowsiness is an unusually strong feeling of sleepiness or difficulty staying alert.

WHAT IT FEELS LIKE
Struggling to keep your eyes open or stay alert

WHERE IT IS FELT
Eyes, head, and whole body

MOST COMMON CAUSES
Too little sleep, disrupted sleep, sedating medicines

WHEN IT IS URGENT
Sudden drowsiness with confusion or difficulty staying awake

USUALLY LASTS
Hours to longer, based on sleep and underlying cause

SEE A DOCTOR IF
Frequent daytime sleepiness disrupts driving, work, or daily life

Overview

Drowsiness means feeling unusually sleepy or having trouble staying awake and alert. It may happen at an expected time, such as late at night, or during the day when you would normally be awake.

It differs from fatigue, which is a lack of physical or mental energy. You can feel exhausted without being able to sleep. With drowsiness, you are more likely to nod off.

Occasional drowsiness often follows poor sleep, shift work, travel, or illness. Repeated or severe drowsiness can be related to a medicine, sleep disorder, or another health condition.

What it may feel or look like

Drowsiness may develop gradually or suddenly. Signs include:

Very brief, unintended episodes of sleep are called microsleeps. You may not realise they happened. They are especially dangerous while driving, cycling in traffic, working at height, or operating machinery.

Loud snoring, choking during sleep, morning headaches, or waking unrefreshed may suggest

disrupted breathing. Sudden sleep attacks, temporary muscle weakness triggered by emotion, or vivid dream-like experiences around sleep may need assessment for narcolepsy.

- Heavy eyelids, yawning, or repeated blinking
- Difficulty concentrating or following a conversation
- Slower reactions or more mistakes
- Nodding off while reading, watching television, or sitting quietly
- Irritability, low motivation, or mental "fog"
- Falling asleep unintentionally

Common causes

Common causes include too little sleep, irregular schedules, jet lag, shift work, and repeated nighttime interruptions. Stress, pain, noise, caring responsibilities, and an uncomfortable sleep environment can reduce sleep quality.

Some allergy medicines, sleep aids, strong pain medicines, anxiety medicines, antidepressants like sertraline or fluoxetine , anti-seizure medicines, and other treatments can cause sleepiness. Alcohol and cannabis also impair alertness, particularly when combined with medicines or other substances.

Less common causes include sleep disorders. Obstructive sleep apnoea repeatedly narrows or blocks breathing during sleep. Restless legs syndrome can disrupt sleep, while narcolepsy affects the control of sleeping and waking.

Infections, anaemia, an underactive thyroid, depression, kidney or liver problems, and blood-glucose changes may also cause drowsiness.

Urgent causes include head injury, seizure, stroke, drug overdose, severe infection, very low blood glucose, and carbon monoxide exposure.

When to seek medical care

Call emergency services if someone is difficult to wake, loses consciousness, has a seizure, or has drowsiness with:

If carbon monoxide may be present, move into fresh air without putting yourself at risk and call emergency services. If low blood glucose is possible and the person cannot safely swallow, do not give food or drink.

Seek same-day medical advice for new, severe, or unexplained drowsiness that makes staying awake difficult. Also seek prompt advice if it begins after starting or changing a medicine.

Book a routine appointment if daytime sleepiness keeps returning, lasts several weeks, affects work or study, or causes unintended sleep. Arrange assessment for loud snoring, choking, or pauses in breathing during sleep.

Do not drive or use dangerous equipment when struggling to stay awake. Opening a window, playing music, or relying on caffeine does not make drowsy driving safe.

- Trouble breathing, blue or grey lips, or very slow breathing
- New facial drooping, one-sided weakness, or difficulty speaking
- A sudden severe headache, severe confusion, or collapse
- A significant head injury
- A suspected overdose, poisoning, or carbon monoxide exposure

How the cause is found

A healthcare professional may ask when the drowsiness began, how often it occurs, and how much sleep you get. They may also ask about shift work, snoring, breathing pauses, restless legs, mood, illness, alcohol or drug use, and medicines or supplements.

For one or two weeks, a sleep diary can record bedtimes, waking times, naps, nighttime awakenings, and daytime sleepiness. Information from someone who sees you sleep may help.

Depending on your symptoms, you may need an examination, blood tests, or a sleep study. A sleep study records breathing, oxygen levels, heart rate, movement, and sometimes brain activity. Additional daytime testing may be used if narcolepsy is suspected.

Treatment and self-care

Treatment depends on the cause. When drowsiness follows a schedule change, allowing enough sleep may help. Keep consistent sleep and waking times, use a quiet and dark bedroom, and limit late-evening alcohol.

If a medicine may be contributing, talk to a pharmacist or prescriber. Do not stop a prescribed medicine suddenly unless told it is safe. Its dose, timing, or type may need review.

Sleep disorders and medical conditions require treatment of the underlying problem. A short nap may temporarily improve alertness, but frequent or long naps can disrupt nighttime sleep.

Caffeine may briefly reduce sleepiness, but it does not replace sleep.

What to expect

Drowsiness from a late night, travel, or brief illness often improves after restorative sleep. Medicine-related sleepiness may continue while the medicine is active or until treatment is adjusted.

Long-term drowsiness may improve after a sleep disorder or health condition is treated. Tracking when you become sleepy can reveal useful patterns.

Follow up if symptoms continue despite enough time for sleep, become more frequent, or interfere with safe daily activities. Seek reassessment if new symptoms appear.

Common questions

Is drowsiness the same as being tired?

No. Drowsiness is a tendency to fall asleep. Tiredness or fatigue mainly means low energy, although they can occur together.

Can dehydration cause drowsiness?

Dehydration may contribute to tiredness, poor concentration, and sleepiness, especially when severe. Do not assume it explains sudden, intense, or persistent drowsiness.

Why am I sleepy even after a full night in bed?

Time in bed does not guarantee restful sleep. Breathing problems, frequent awakenings, pain, restless legs, alcohol, medicines, or an irregular schedule can reduce sleep quality.

Should I use caffeine to stay awake while driving?

Caffeine cannot reliably prevent microsleeps. If you are drowsy, stop somewhere safe and arrange another way to travel.

Sources

- MedlinePlus Medical Encyclopedia: Drowsiness , U.S. National Library of Medicine
- NHS: Excessive daytime sleepiness , National Health Service
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- Sleep Apnea: Symptoms , National Heart, Lung, and Blood Institute
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