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Case Report

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Case Report: Sleepless For 168 Hours Straight. (7 Days): A Case of a Young Man unable to Sleep Abhinav S*

Introduction

A young and healthy 23-year-old man presented with an acute inability to sleep for 7 consecutive days and nights. Prior to his first consultation with us he was prescribed zolpidem 5 mg by the emergency room, Trazodone up to 150 mg and Valium 5 mg over the course of 3 weeks by his primary care physician with minimal relief and continued acute sleep loss. He described staying awake and being "aware" all night. He was unable to nap during the day and denied daytime sleepiness or irresistible sleep episodes during the day. He did report feeling tired and somewhat "wired" through the day. He and his parents were extremely worried about his continuous sleep loss. Patient was tearful in clinic as he was convinced (after his own research) that he had contracted a terminal prion related illness called Fatal Familial Insomnia 1.

Pertinent negative history included absence of mood and thought disorders such as anxiety, other sleep disorders such as restless legs, snoring, head injury, seizure or illicit substance abuse.

Family history, Social, Medical and Surgical History were noncontributory.

Physical Exam: Within normal limits.

Objective Data

- o **Epworth sleepiness scale 2:** 0 (Suggesting no daytime sleepiness).
- STOP BANG score 3: 1 of 8 (Ruling out suspicion for significant Obstructive Sleep Apnea).
- o Sleep log data: Prior to Consultation (Figure 1).
- o **Tests ordered:** After careful consideration, an overnight in lab attended polysomnography was ordered at an accredited facility.

OPSG (Overnight Polysomnography) Data

Findings

Sleep log suggested multiple nights of absolute sleep loss and 2-3 hours of sleep on some nights reported by the parents but patient was convinced that he did not sleep (Figures 2 and 3).

Polysomnography data showed fairly normal sleep latency and

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TWO WEEK SLEEP DIARY V=vite School, Day Off, o Fri. School Sal. Off Sun. Off Mon. Schoo Tues. School Wed. School Thus. School Fri School S.J. OFF Μ off Sin Mon Off Tuca School Wed. School Thur. School

Figure 1: Two-week sleep diary. (Sleep Log).



cycling of sleep stages with nearly 5 hrs of sleep recorded. Slight reduction in sleep efficiency, likely attributed to lab effect. Overall far more true sleep recorded compared to patient's complaints, Absence of OSA or leg movements [1,2].

Final diagnosis

Paradoxical Insomnia, F51.03 ICD -10 (previously called sleep – state misperception).

Case outcome

Patient was counseled about the findings and the diagnosis,

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reassured and after a quick taper of his benzodiazepines, has continued to do well.

Discussion

Insomnia is the most common sleep disorder and accounts for 5 million office visits a year and has higher prevalence in the Primary Care population 4 compared to the general population. 69% (50% report occasional and 19% report chronic Insomnia) of the primary care population report insomnia. The International classification of sleep disorders 3rd edition, (ICSD-3) has simplified the insomnia classification to Acute (<3 months), Chronic (>3 months) and Other Insomnias.

Diagnostic criteria5 for Paradoxical Insomnia includes one or more of the following:

(1) Little or no sleep on most nights reported by the patient with rare nights of relatively normal sleep

(2) Sleep log data showing very short average sleep time, often with no sleep some nights and typically no daytime napping

(3) A consistent marked mismatch between subjective sleep estimates (self-report or sleep diary) and simultaneous objective findings (polysomnography or actigraphy). Often considered to be an extreme variant of Insomnia, Paradoxical Insomnia, (previously called sleep state misperception) is a rare and distinct scenario where a PSG may be useful in distinguishing the exaggerated wakeful state, being reported by the patient, from what is often a near normal true sleep pattern. This condition is seen in young adulthood to middle age and if left untreated it can potentially lead to true insomnia, mood disorders and potential long term prescriptions of habit forming sedative-hypnotics or stimulants. Prevalence of this condition in the general population remains largely unknown. Given very similar presentation as insomnia, it is important to assess for this close mimic, to avoid misdiagnosis [3-5].

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Clinical pearl

Not all insomnias are made equal. Careful history and evaluation of insomnia symptoms helps navigate towards the correct diagnosis and avoid unnecessary and often habit forming prescriptions; namely sedative hypnotics or stimulants.

References

- 1. Schenkein J, Montagna P (2006) Self management of fatal familial insomnia. Part 1: what is FFI? MedGenMed 8: 65.
- Johns MW (1994) Sleepiness in different situations measured by the Epworth Sleepiness Scale. Sleep 17: 703-710.
- Chung F, Abdullah HR, Liao P (2016) STOP-Bang Questionnaire: A Practical Approach to Screen for Obstructive Sleep Apnea. Chest 149: 631-638.
- Shochat T, Umphress J, Israel AG, Ancoli-Israel S (1999) Insomnia in primary care patients. Sleep 22 Suppl 2: S359-365.
- American Academy of Sleep Medicine (2005) The International Classification of Sleep Disorders: Diagnostic and Coding Manual, American Academy of Sleep Medicine, USA.

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