

- **Shelly Foster**

-

- **Manage Discussion Entry**

- **What is your working diagnosis?**

- **Sleep-Wake Disorder: Persistent Insomnia Disorder:**

- A predominant complaint of dissatisfaction with sleep quantity or quality, associated with one or more of the below:
- Difficulty initiating sleep: I will need to clarify if Marc has difficulty initiating sleep, he does say he goes to be at 10pm and 12am, so he is not consistently going to bed at the same time every night.
- Difficulty maintaining sleep, characterized by frequent awakenings or problems returning to sleep after awakenings. **Meets criteria**-gets up at 3am every night and is unable to return back to sleep.
- Early-morning awakening with inability to return to sleep- **Meets criteria**-wakes up at 3am and unable to return back to sleep.
- The sleep difficulty is present for at least 3 months- **Meets criteria**-this has been ongoing "on and off for years"
- The sleep disturbance causes clinically significant distress or impairment in social, occupational, educational, academic, behavioral, or other important areas of functioning-**Meets criteria**- Marc's wife seems frustrated that Marc does not spend time doing activities with her such as watching movies or going to concerts, appears to be affecting his marriage.
- The sleep difficulty occurs at least 3 nights per week- **Meets criteria**-nightly occurrence
- The sleep difficulty occurs despite adequate opportunity for sleep- **meets criteria**-appears that Marc has the opportunity for sleep, he can "work" when he wants and is able to go to bed by 10pm.
- The insomnia is not better explained by and does not occur exclusively during the course of another sleep-wake disorder- I will need to clarify with additional questions.
- Coexisting mental disorders and medical conditions do not adequately explain the predominant complaint of insomnia- does not appear that he has a psychiatric diagnosis, at least never formally diagnosed. Will need to clarify and ask follow-up questions.

- The insomnia is not attributable to the physiological effects of a substance- denies use of alcohol, cigarettes or illicit substances. However, will need to discuss OTC medications and caffeine.

- (APA, 2013)

What is your list of rule out diagnoses?

Generalized Anxiety Disorder (GAD): Marc is suffering from multiple symptoms related to anxiety. He meets certain aspects of the DSM-V diagnostic criteria including; excessive worry and anxiety occurring more days than not over the past 6 months (wakes up and reports he worries about work, ongoing for the past year). He also finds it difficult to control this worry, as it keeps him awake at 3am. His anxiety has increased over the past year. Sleep disturbance (he wakes up worrying about work, finding it difficult to maintain sleep). His symptoms may be causing distress in his home life, as his wife describes him as “dull”. His symptoms do not appear to be attributed to substance use or a medical condition at this time and the disturbance is not explained by another psychiatric disorder (APA, 2013).

Breathing-related sleep disorders: Central Sleep Apnea:

Marc’s wife reports he does not snore at night, but he continues to wake up at 3am every night and does not appear fully rested. Central sleep apnea is a disorder in which breathing stops and starts during sleep, similar to obstructive sleep apnea. However, unlike obstructive sleep apnea one does not snore as the airway is not blocked or obstructed (Malhotra & Owens, 2010). Therefore, I would have Marc fill out an ROI, speak to his PCP and refer Marc for a polysomnography to determine if Marc has Central Sleep Apnea.

- **What is 1 specific additional question you have for Marc?**

- There are many additional questions I would like to ask Marc and it was difficult to condense it to one question.

I would like to ask Marc if something in his life has changed in the past year since he reported his symptoms have worsened in the past year such as; Are co-sleeping with your children? Do you get up to help with nighttime feedings? Do you try to go back to sleep or do you get up in the middle of the night and start working? Have you increased your caffeine intake/quantity? Do you take any OTC medications? Do you often have headaches?

References

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC

Malhotra, A., & Owens, R. L. (2010). What is central sleep apnea?. Respiratory care, 55(9), 1168–1178.

<https://pubmed.ncbi.nlm.nih.gov/20799999>

- [\(Links to an external site.\)](#)

- [Reply](#)

- [Reply to Comment](#)

- [Collapse Subdiscussion](#)

- [Kathy Boyd](#)

- **Kathy Boyd**

-

- [Manage Discussion Entry](#)

- My working diagnosis is Insomnia Disorder. Based on the American Psychiatric Association (APA) criteria, I suspect he meets criteria (APA, 2013). He meets Criteria A given his inability to maintain sleep and his early morning waking, he meets criteria C, D, and E based on the fact that he has had symptoms for years and appears to allow at least 8 hours for sleep each night. There is no current indication for a medical condition (Criteria H) or clear indication of another sleep-wake condition (Criteria F). At this point, I cannot rule out a sleep-wake disorder related to the effects of a substance as there is no clear discussion around caffeine use (Criteria F). We have also not discussed herbal supplements or other OTC products he may be using. My list of rule out diagnoses would be considerable as there is no indication that we have ruled out pain or other medical conditions, sleep hygiene concerns (is blue light the problem here?), the use of caffeine, or discussed other behavioral symptoms that could provide information around other conditions. Given that he states he is “worried about work” when he lays down at night, I would want to explore that further. To narrow the list down to two potential rule out diagnoses I would want to rule out a substance induced sleep disorder specific to caffeine use and I would want to explore the possibility for a circadian rhythm sleep-wake disorder as he wakes around the same time daily.

I would want to focus on caffeine use given how commonly people use caffeine and how benign people assume it to be. I find that it is likely that Marc meets criteria for Circadian Rhythm Sleep-Wake Disorder with advanced sleep phase type with morning insomnia. He likely meets Criteria A, which is a persistent or recurrent pattern of sleep disruption that is primarily due to an alteration of the circadian system or to a misalignment between the endogenous circadian rhythm and the sleep-wake scheduled required by an individual's physical environment or social/professional schedule. Criteria B (excessive sleepiness or insomnia) appears to met as Marc presents for

evaluation. The gray area of this diagnosis is Criteria C, which is the presence of clinically significant distress or impairment in functioning. There is no clear indication that Marc has had any impairment in functioning based on the presented information. Further discussion around functioning and sleep history is warranted.

A complete medical and psychiatric review of systems (ROS) would be pertinent in this case. Following a ROS, one additional question that I would ask Marc would be: Have you ever tried anything (medication, herbal remedies, changes in behavior or routine) to address your sleep concerns? Was anything particularly helpful or not helpful?

References:

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.).

Reply