

Narcolepsy and Anxiety:
Independent diseases or comorbidities?

Abstract

Background:

Psychiatric comorbidities mostly mentioned in patients with narcolepsy are major depressive disorder and increased risk of suicide is also reported. Psychiatric comorbidities impair quality of life not only for patient but also for caretaker. However, anxiety disorder is not well discussed in patient with narcolepsy.

Case Presentation:

The patient was a 27-year-old female patient who presented with hypersomnia since senior high school. Poor attention, daytime sleepiness, abrupt and irresistible sleepiness, hypnopompic hallucination, irregular diet circadian rhythm, and dreamful sleep were mentioned but there was no sleep paralysis or snoring. There was no systemic disease or operation history. There was no neurological or psychiatric family history. Thyroid function and cortisol level were checked and there was no evidence of endocrine disorder. Polysomnogram with multiple sleep latency test was performed and type 2 narcolepsy was impressed. Scheduled nap was educated and Modafinil with antidepressant was given successively. Finally, the patient came back to work and there were less abrupt and irresistible sleepiness and hypnopompic hallucination.

Discussion:

Anxiety is a high co-morbidity for psychiatric disease but delay in diagnosis in narcolepsy patients. Anxiety and narcolepsy shared the same mechanism of hypocretin deficiency. In addition, it may be a result of a perceived loss of personal control due to cataplectic event and a fragmented perception of reality due to experienced hallucinations. Behavioral approaches such as recognition and discussion of these symptoms, scheduled nap, care counseling, patient support groups are helpful. From other case sharing, selective serotonin reuptake inhibitor is also suggested.

Conclusion:

Anxiety in narcolepsy maybe a direct consequence of the neuropathophysiology of the disease. Not only non-pharmacological but also pharmacological treatment needed to be considered for anxiety. Autonomic nervous system test and biofeedback training are suggested for those patients. Selective serotonin reuptake inhibitor to treat anxiety is also suggested spontaneously with Modafinil for narcolepsy.

中文題目：猝睡症與焦慮症：獨立疾病或共病？

作者：賴柏亘*¹；呂宗樺^{2,4}；林政佑^{3,4} (報告者請以*表示)

服務單位：¹義大醫院家庭暨社區醫學部；²成大醫院精神部；³成大醫院耳鼻喉部；⁴成大醫院睡眠中心