

Address correspondence to Dr Michael Thorpy, Sleep-Wake Disorders Center, Montefiore Medical Center, 111 East 210th Street, Bronx, NY 10467, thorpy@aecom.yu.edu.

Relationship Disclosure: Dr Thorpy serves on the speakers bureaus and consults for Jazz Pharmaceuticals and Teva Pharmaceuticals and has provided expert witness testimony for a legal case on a sleepiness motor vehicle accident.

Unlabeled Use of Products/Investigational Use Disclosure:

Dr Thorpy reports no disclosure.

© 2013, American Academy of Neurology.

Patient Management Problem—Preferred Responses

Michael Thorpy, MD

Following are the preferred responses for the Patient Management Problem in this **CONTINUUM** issue. The case, questions, and answer options are repeated, and the preferred response is followed by an explanation and a reference with which you may seek more specific information. You are encouraged to review the responses and explanations carefully to evaluate your general understanding of the material. The comment and references included with each question are intended to encourage independent study.

Learning Objective

Upon completion of this activity, the participant will be able to:

- Describe an approach to the differential diagnosis, clinical evaluation, and management of a patient presenting with excessive daytime sleepiness.

Case

A 20-year-old female college student presents with lethargy and daytime sleepiness that interfere with her ability to study and have occurred for the past 4 years. She states that she falls asleep whenever she is inactive, especially during lectures, when watching television, or when reading. In addition she has difficulty sleeping at night. She lives in rural Connecticut with her parents and 18-year-old brother. At the age of 13, she was diagnosed with attention deficit hyperactivity disorder and was placed on methylphenidate; at age 16, she was placed on an antidepressant because of depression. The depression at times was severe, and she even received electroconvulsive therapy, which was temporarily effective. Because of her lethargy she has been seen by an endocrinologist and was found to have a hypothyroid condition; levothyroxine was prescribed. The only other medication she is taking is an oral contraceptive.

Further questioning reveals that the patient usually goes to bed between 2:00 AM and 3:00 AM, takes about 1 hour to fall asleep, and gets out of bed in the morning between 10:00 AM and 2:00 PM. On days when she has morning classes, she is either unable to get out of bed to get to school or she is very fatigued and easily falls asleep while at school. The patient does not have cataplexy or hallucinations, but she does have rare episodes of sleep paralysis. She dreams a lot at night and occasionally dreams during naps.

