A Case of Depression with Narcolepsy

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Introduction

Narcolepsy is a condition characterized by episodes of attacks of irresistible sleep, followed by feeling refreshed. Patient may also develop symptoms like cataplexy, sudden onset of weakness, often in association with expression of emotion of anger or laughter, sleep paralysis and hypnagogic and hypnopompic hallucinations [1,2]. Many patients of narcolepsy also have comorbid dysthymia and in many narcolepsy co-exists with syndromal depression [2,3]. We report an unusual case where symptoms of narcolepsy appeared briefly in a patient of depression.

Case Report

A 33 year old male reported with a history of low mood, undue apprehension, lack of self confidence, inability to concentrate, difficulty in comprehending simple tasks, indecisiveness, disturbed sleep and appetite of about three months duration. The illness was apparently precipitated by a road accident in which his car was badly damaged but he escaped unhurt. There was past history of acid peptic disease in the year 2003. Psychiatric evaluation revealed features of moderate depressive episode. All essential investigations including thyroid function and neuro-imaging were normal. He was managed with Doxepin 150 mg daily and psychotherapy, with which he responded over a period of six weeks. During review after six months, he gave history of paroxysmal attacks of uncontrollable somnolence and sleep paralysis. These attacks used to last between five minutes to about half an hour. Patient was taking Doxepin 150 at night during this period. There was no family history of narcolepsy. There was no feature of anxiety or depression. Physical examination was within normal limits. Investigations including electroencephalograph, Holter monitoring and HUTT were normal. He became asymptomatic with change of medication to Sertraline 100 mg daily. He was followed up for about 1½ years and there is no recurrence of narcolepsy or depression. He is not on any psychotropic medicines in last one year.

Discussion

Treatment of narcolepsy is primarily

dopaminomimetics like amphetamine, methylphenidates, pemoline and atypical stimulant modafinil [4]. REM suppressing agents such as tricyclic antidepressants (TCA) like Doxepin and specific serotonin reuptake inhibitors (SSRI), such as Sertraline may benefit cataplexy [5]. This patient was not offered any psychostimulants. Doxepin was replaced empirically by Sertraline as the former has sedating effect whereas the later is known to reduce normal sleep duration. It is difficult to comment on what exactly helped the patient. Comorbid narcolepsy and depression have been reported. Usually there is appearance of depressive episodes or dysthymia in patients who are chronically suffering from narcolepsy. Appearance of brief narcoleptic symptoms in a patient whose is in remission of depression and it's response to change of medication from TCA to SSRI makes this case interesting.

Conflicts of Interest

None identified

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