

Poster

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Poster 34

[P-34-07] Between Sleep and Sorrows: Case Report on Narcolepsy

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Objective: To explore the clinical presentation, diagnosis, and treatment of a 20-year-old female with overlapping depressive symptoms and excessive daytime sleepiness, cataplexy, fragmented sleep, vivid dreams and sleep-related hallucinations.

Methodology: This case study follows Mikan, a Filipino first-year college student, who first sought consultation in June 2023 at the Adult Outpatient Section. Detailed history taking was conducted. Polysomnography (PSG), test of wakefulness and mean sleep latency tests (MSLT) were done revealing Narcolepsy due to the presence of sleep onset REM periods (SOREMP) and short mean sleep latency of about 5 minutes². Other tests include the HLA-DQB1*06:02 genetic marker testing and the cerebrospinal fluid levels of Hypocretin which are not available in the country². She was started on Methylphenidate 10 mg/tablet 1 tablet and Fluoxetine 20 mg/capsule 1 capsule in the morning. Her repeat post-treatment sleep studies showed resolution of SOREMP but still with MSLT of about 5 minutes showing improvement.

Results: The patient's depressive symptoms such as persistent sadness, poor concentration and appetite, anhedonia, fatigue and suicidal ideations, began at age 11. Social withdrawal and academic decline were evident. By age 13, excessive daytime sleepiness became prominent, with involuntary sleep episodes, cataplexy, vivid dreams, hypnagogic and hypnopompic hallucinations, and fragmented nighttime sleep. Despite extended sleep durations and frequent naps, fatigue persisted. Depressive symptoms remitted partially over time, but the unresolved sleep issues significantly impaired functioning. With the medications prescribed, she was able to resume functioning and experience relief of symptoms.

Conclusion: Mikan's case underscores the interplay between psychiatric and sleep disorders, demonstrating how untreated sleep conditions can exacerbate or mimic mental health issues. **Psychiatric disorders are commonly overlapping with symptoms of narcolepsy including the timeline of symptoms which makes diagnosis challenging. Analysis of other studies regarding Narcolepsy revealed association with psychiatric illnesses¹.** Early multidisciplinary evaluation, including sleep studies and psychiatric assessment, is essential for accurate diagnosis and treatment. This case emphasizes the need for increased education about sleep disorders to prevent long-term psychosocial and functional impairment.

References:

1. Black, J., Reaven, N. L., Funk, S. E., McGaughey, K., Ohayon, M. M., Guilleminault, C., & Ruoff, C. (2017). Medical comorbidity in narcolepsy: findings from the Burden of Narcolepsy Disease (BOND) study. *Sleep medicine*, 33, 13–18. <https://doi.org/10.1016/j.sleep.2016.04.004>

2. Sateia M. J. (2014). International classification of sleep disorders-third edition: highlights and modifications. *Chest*, 146(5), 1387–1394. <https://doi.org/10.1378/chest.14-0970>