

Case History 1

Case History 1

Primary Information: The patient is a female in her mid-20s. She reports difficulty staying awake while away at college. In fact, while in high school, her teachers complained of her falling asleep during class. Her mother also had this problem, although she never sought help from a specialist.

The patient feels excessively sleepy during the day. She also reports that her dreams are very vivid, especially during naps. At times, she's not sure if she's dreaming or if something is actually happening to her. Additionally, she describes feeling like she's glued to her bed when she first wakes in the morning. Finally, she mentions that she feels weak when she laughs or is tickled.

Case History 1

Secondary Information: When examined in a sleep laboratory, it was found that this patient fell asleep relatively quickly and entered into REM sleep within 10 minutes after sleep onset.

Case History 1

Discussion Questions

1. Why is it important to consider that the patient's mother reportedly had a similar problem?
2. Of what significance is it that this patient's problems began during her teen years?
3. Is it important that this patient experienced feeling weak when laughing or being tickled?

Case History 2

Case History 2

Primary Information: The patient is the CEO of a large corporation. He reports that he suffers from excessive fatigue and sleepiness during the day. He often has had difficulty concentrating and performing his routine tasks. He has even dozed off in the early afternoon while sitting at his computer. His wife reports that he snores, although she indicated that his breathing appears normal during sleep. She has never witnessed any unusual events during the night. He is seeking help because he is concerned about being sleepy during his afternoon work hours.

Case History 2

Secondary Information: A physical exam of this patient reveals no significant problems. With further questioning, the patient discloses that he drinks several cups of coffee and has several diet colas in the afternoon to increase alertness. He also states that he often drinks an alcoholic beverage or two before bedtime. He sleeps soundly during the first part of the night, but he then awakens and has difficulty going back to sleep.

Case History 2

Discussion Questions

1. Why is it important that the patient's wife confirms that, although he snores, his breathing is normal during sleep?
2. The wife never witnessed any unusual events while the patient was asleep. What "unusual events" might she have noticed?
3. How would you suggest that this patient improve his sleep hygiene?

Case History 3

Case History 3

Primary Information: This patient is a female in her early 30s. Her medical history is unremarkable for any major problems or diseases. She indicates that she has no sleep problems of which she is aware, although she did sleepwalk as a child but not beyond age 10. She falls asleep readily, does not believe she snores, and generally awakens feeling refreshed. She has no bed partner to provide confirmation of sleep behaviors. She seeks help because of two recent incidents. In the first, she awoke at 3:30 a.m. to find herself on the roof of her house, apparently having climbed a ladder to get there. She stated that during the day she had been concerned about a tree branch that was rubbing on her roof but had forgotten about it that night. When she awoke on the roof, she thought she had just dreamed about climbing a ladder and inspecting the tree branch. The second incident occurred five weeks later. The patient reported having a good day and falling asleep readily. She awoke at 4:00 a.m. sitting under a favorite tree in a nearby park and drinking a glass of wine. Upon awakening in the park, she thought she had been dreaming about being on a picnic with her boyfriend.

Case History 3

Secondary Information: Patient history indicates no injuries to the head, no seizures, and no fainting. Her childhood and teen years were normal in all regards. No family members have ever had sleep-related experiences similar to hers. She is deeply concerned about her safety and the safety of others. What if she were to “dream” that she was driving a car?

Case History 3

Discussion Questions

1. The patient reports these episodes occurring at 3:30 a.m. and 4:00 a.m. Is this important?
2. In general terms, what would you expect this patient's EMG during sleep to look like if she is experiencing REM motor behavior disorder and not sleepwalking?

Case History 4

Case History 4

Primary Information: This patient is a male in his early 30s. His wife has made him seek help, although he doesn't see the need. He reports that he has no trouble falling asleep. However, he has multiple awakenings during the night and does not know why. He awakes feeling unrefreshed. He experiences excessive daytime sleepiness. A physical exam is performed. This patient is 6 feet tall and weighs 255 pounds. His neck measures 21 inches. Two years ago, he weighed 200 pounds.

Case History 4

Secondary Information: The patient indicates that he does snore and that he awakens with his mouth feeling very dry. An interview with the patient's wife reveals that the patient will stop breathing for up to 30 seconds. This is followed by a loud snort. The patient is also known to snore when lying flat, lying on his side, or sitting up.

Case History 4

Discussion Questions

1. Why is it significant that the patient has gained 55 pounds in the past two years?
2. Why do patients with sleep apnea wake up feeling unrefreshed?
3. Would you expect naps to be helpful in treating obstructive sleep apnea?

Case History 5

Case History 5

Primary Information: The patient is an 18-year-old male who reportedly has trouble sitting in class. He complains of feeling tired during the day and of not being able to get to sleep at night. His mother reports that he does not settle down at night to do his homework. His teachers consider him to be bored, hyperactive, and disruptive in class.

Case History 5

Secondary Information: The patient complains that he feels like bugs are crawling under his skin on his arms and legs.

Case History 5

Discussion Question

1. Why is it significant that the patient has difficulty in the classroom?