

APPA 2021 Spring Meeting Medical Student/Resident Poster Presentation

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Title: Psychiatric Comorbidities in Narcolepsy

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**Case Presentation:** A thirteen-year-old morbidly obese African American female came in for a consultation for ADHD, depression, and anxiety. On assessment, she was initially diagnosed with anxiety/depression and treated with Fluoxetine. However, her symptoms did not resolve and were persistent after three months of treatment. After more evaluation, the patient revealed cataplexic symptoms and excessive daytime sleepiness which subsequently led to the diagnosis of narcolepsy. Following initiation of Modafinil, the patient's anxiety and depressive symptoms showed significant positive improvements.

**Summary:** Two primary theories have been proposed to explain increased association between narcolepsy and depression. The first theory states that cognitive and social difficulties faced by patients with narcolepsy ultimately lead to depression. For example, hypersomnolence affects cognitive, social, and familial functioning. These struggles significantly disturb quality of life and may subsequently cause depression. However, the second theory proposes that deficiency in orexin, commonly seen in patients with narcolepsy, also causes depression. Orexin-A neurons have been shown in preclinical studies to be involved in regulation of several physiologic processes such as arousal, motivation, stress response, and cognitive processes, all of which are disturbed in depression.

**Discussion:** As seen in reported data, comorbid psychiatric disorders are more common in narcolepsy compared to the general population. Significant overlap in symptomatology may exist between narcolepsy and psychiatric disorders (Fig-1). Consequently, it may be difficult to differentiate between narcolepsy and depression in clinical settings. The relationship between psychiatric disorders and narcolepsy is multifactorial, with narcolepsy mimicking a psychiatric disorder as well as potentially causing one. Proper diagnosis of narcolepsy and appropriate management of comorbid psychiatric diagnosis has immense potential to improve patient satisfaction, quality of life, and performance. As a result, practitioners should always entertain diagnosis of narcolepsy in patients who are presenting with depression and hypersomnolence.

Medication management, psychological testing, individual and family counseling are important components of a treatment plan for these patients. Children may also need special accommodations at school to help optimize learning environments in order to reach full potential.

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