CASE ON INSOMINIA

Mr S, a 53-year-old man, is referred to a sleep disorders clinic for evaluation of insomnia and daytime somnolence. He has been struggling with depression and anxiety, for which he is being treated.

Mr S reports that he has had insomnia for many years and that it had gotten worse in the past 10 years. He has trouble with sleep initiation—it often takes him more than an hour to get to sleep. Once he is asleep, he wakes up multiple times then struggles to get back to sleep. He tosses and turns in bed until morning and gets up feeling tired and exhausted.

His primary care physician prescribed zolpidem, but this caused sleepwalking episodes, so Mr S discontinued it. Mirtazapine was tried, but it caused weight gain and was also discontinued. He takes trazodone for insomnia and fluoxetine for depression. This combination has been helpful, but he still has persistent symptoms of insomnia and depression. His wife reports that he snores and there have been occasions when he stopped breathing while sleeping. He has comorbid type 2 diabetes mellitus, hypertension, and gastroesophageal reflux disease.

The primary diagnosis is DSM-5 insomnia disorder. Given the comorbid symptoms of depression and obstructive sleep apnea, it would be difficult to evaluate whether Mr S has DSM-IV primary insomnia; DSM-5 allows the clinician to make a causal attribution between insomnia and comorbid depression and obstructive sleep disorder.

Comorbid obstructive sleep apnea is diagnosed on the basis of clinical and polysomnographic evaluations. Mr S is treated with continuous positive airway pressure. He reports improvement in his energy level during daytime, but he continues to struggle with insomnia. His nighttime awakenings decreased to 2 or 3 times and nocturia is diminished as well. Despite these improvements, he still struggles with insomnia. An increase in the dose of trazodone by 75 mg and initiation of cognitive-behavioral therapy for insomnia (CBT-I) helped him significantly. Mr S is sleeping bet- ter and continues CBT-I; treatment with trazodone continues, with a slow and gradual taper