

aggressive DEB. Discontinuation of MS resulted in clinical resolution of DEB.

Conclusion: The data sheds more light on the potential role of β -blockers, in general, and MS, in particular, in precipitating DEB in susceptible individuals with RWA. While MS is an uncommon cause of visual hallucinations, the data here indicates that it might increase susceptibility to DEB in those who are at risk (RWA). Potential mechanisms include the following: β -blockers bind to serotonin receptors and precipitate DEB in the setting of RWA. β -blockers may also precipitate DEB by suppressing melatonin release via specific inhibition of central beta-adrenoreceptors culminating in sleep instability and DEB as a consequence. This case illustrates a clinically important role of the β -blocker MS, in precipitating DEB, and the need to avoid these agents in the setting of injurious parasomnias. We recommend that clinicians keep a vigilant eye for the exacerbation of DEB in people with RBD who are prescribed β -blockers.

Support (If Any):

0800

DOZING OFF IS A PROBLEM, AS IS A TOE FALLING OFF - METHYLPHENIDATE INDUCED RAYNAUD'S PHENOMENON.

Maneesh Gaddam¹, Rajesh Zacharias¹, Wei He¹, Joel Oster¹, Peter Ostrow¹, Greg Schumaker¹, Aarti Grover¹
Tufts Medical Center¹

Introduction: Narcolepsy is a clinical syndrome characterized by a constellation of symptoms including excessive daytime sleepiness, cataplexy, sleep paralysis and sleep hallucinations. Stimulants are commonly used to treat hypersomnolence associated with narcolepsy. Common adverse reactions reviewed with patients prior to initiation of amphetamines include decreased appetite, nausea, xerostomia, headache, insomnia, tachycardia and hypertension. A relatively rare concern with stimulants is development of peripheral vasculopathy including Raynaud's phenomenon.

Report of Cases: A 25-year-old female with past medical history of anxiety, depression and obstructive sleep apnea in childhood was treated with tonsillectomy and adenoidectomy. Over the years, she continued to have persistent hypersomnolence, auditory hypnagogic hallucinations with no symptoms of sleep paralysis or cataplexy. She had a polysomnography (PSG) along with multiple sleep latency test (MSLT). PSG did not show evidence of sleep apnea with an AHI of 0.96 per hour. MSLT confirmed the diagnosis of Narcolepsy, Type 2, with a mean sleep onset latency of 3.6 minutes and five sleep-onset REM periods (SOREMPs). She was started on 400mg daily of Modafinil and 20mg daily of Methylphenidate. After a month of using methylphenidate, she noticed purplish discoloration of her digits, sometimes with exposure to cold, other times with no obvious triggers, consistent with development of Raynaud's phenomenon. The proposed mechanism is that use of methylphenidate causes excessive release of catecholamines due to inhibition of the reuptake of dopamine and norepinephrine, leading to peripheral vasoconstriction. As the patient's hypersomnolence persisted, she was started on sodium oxybate and the dosage of methylphenidate was decreased to 10mg daily and eventually

discontinued. With reduction in the dosage and discontinuation of methylphenidate, symptoms of Raynaud's phenomenon improved.

Conclusion: Dose-related peripheral vasculopathy including Raynaud's phenomenon has been reported in several case reports with the use of methylphenidate. Awareness of this relatively rare adverse effect is imperative among sleep physicians as it could cause significant delay in the diagnosis, management of Raynaud's phenomenon and its complications including critical digital ischemia and gangrene. Dose adjustments and discontinuation of methylphenidate should be considered in the treatment course of the patients with such concern.

Support (If Any):

0801

MELATONIN INDUCED AUTOIMMUNE HEPATITIS IN THE SETTING OF THE MANAGEMENT OF REM SLEEP BEHAVIOR DISORDER

Mahtab Moshtagh-Sisan¹, Kayvon Sarrami¹, Jay Patel¹, Brian Harris¹, Alon Avidan¹
David Geffen School of Medicine at UCLA¹

Introduction: Melatonin is a neurohormone that serves a key role in human circadian physiology. It is widely used in the United States as an over-the-counter (OTC) sleep aid for managing insomnia, circadian rhythm disorders, and parasomnias. The US Food and Drug do not regulate it as a dietary supplement. However, insufficient data currently exist about formulations and overall safety for long-term usage. While serious adverse events with melatonin are rare, we describe a patient in whom clinical, laboratory, and biopsy features of autoimmune-mediated hepatitis developed in temporal association with time-release melatonin (MLTR) therapy for the treatment of dream enactment behaviors in the setting of REM-sleep behavior disorder (RBD).

Report of Cases: A 78-year-old female was referred to our clinic to manage disruptive dream enactment in the setting of RBD. The patient had been previously treated with Clonazepam, Diazepam, and Temazepam but remained refractory. Management with MLTR at 5 mg achieved clinical improvement and titration over a month up to 10 and 15 mg fully controlled dream enactment. Unfortunately, during this time, the patient developed swollen and erythematous joints and abdominal pain. Liver biopsy demonstrated lymphoplasmacytic infiltrate with rosette formation consistent with autoimmune hepatitis consistent with idiosyncratic drug-induced hepatitis associated with elevated liver function enzymes [AST 184 (H) (NL <39U/L), ALT 395 (H) (NL <56 U/L), Bilirubin, Direct= 0.3 (H) (NL <=0.2 mg/dL)]. Melatonin was discontinued achieving complete resolution of symptoms and normalization of liver function indicating its causal association with hepatitis.

Conclusion: This unusual report of melatonin-induced autoimmune hepatitis is uncommon but points to intriguing immunostimulatory effects of melatonin. Our case highlights an important and sometimes overlooked attribute of melatonin that prescribers and patients must recognize. While melatonin is often viewed as a safe dietary supplement, its use, particularly among people with autoimmune disorders, should be documented and monitored with care.

Support (If Any):