0815

TREATMENT SUCCESS IN A RESISTANT CASE OF INSOMNIA WITH AN IRREGULAR CIRCADIAN RHYTHM DISORDER

Marilyn Culp[1], Anna Wani2
Children's Health / University of Texas Southwestern Medical Center [1]

Introduction: A 19-year-old non-verbal male with history of CHARGE syndrome, severe autism, intellectual disability, coloboma with blindness OD and severely imparied vision OS, deafness, self-injurious and aggressive behavior, Tetralogy of Fallot status post repair, pulmonary valve replacement, hypertension, hypothyroidism, megacolon, gastrostomy tube dependence, eosinophilic esophagitis and chronic kidney disease with an irregular sleep cycle who has failed multiple medications for insomnia has shown treatment success with suvorexant.
Report of Cases: This patient's sleep schedule ranges from 1.5 to 5 hour segments at various times of day or night including naps at school with occasional longer periods of sleep up to 10 hours and longer periods of wakefulness up to 22 hours who has been treated with the following medications: trazodone, clonidine, hydroxyzine, diphenhydramine, quetiapine, gabapentin, mirtazapine, eszopiclone, melatonin and ramelteon. His behavioral problems have been treated with olanzapine. He continued to be aggressive and difficult to direct. His parents reported exhaustion. Then, suvorexant 5mg was added at bedtime while the following sleep medications were continued: gabapentin total daily dose of 1500mg (300mg in morning and 3pm; 900mg at bedtime, 300mg one hour later if still awake), ramelteon 8mg, mirtazapine 7.5mg and olanzapine 10mg at bedtime and bid prn aggressive behavior. He also takes the following daily medications: bisacodyl, polyethylene glycol, simethicone, hyoscyamine, cholecalciferol, aspirin, levothyroxine, hypoallergenic nutritional formula, starch and albuterol prn. With the addition of suvorexant 5mg, he had been able to get 9.5 hours of consolidated sleep at night with improvement in his behavior until he contracted Covid-19 and regressed. The suvorexant dose was increased to 10mg which again improved his insomnia and behavior.
Conclusion: Various medications have either not worked at all or have worked suboptimally for insomnia in this medically complex patient who has an irregular Circadian rhythm disorder. Adding an orexin receptor antagonist as a novel mechanism to his regimen has shown promise. At this time, this patient has been stable for one month with suvorexant 10mg at bedtime after regression on the 5mg dose that coincided with a Covid-19 infection. We are proceeding with cautious optimism.
Support (If Any):

0816

CHRONIC INSOMNIA SECONDARY TO SEVERE NOCTURNAL VISUAL HALLUCINATIONS IN CHARLES BONNET SYNDROME; A CHALLENGING CASE TO MANAGE

Cameron Barber[1], Robert Glidewell[2], Dylan Carroll[1], Kourtney Aylor-Lee[1]
Parkview Health System [1] The Insomnia Clinic [2]

Introduction: Over 1 million Americans are blind. Charles Bonnet syndrome (CBS), a parallel to phantom limb syndrome and also known as release hallucinations, describes visual hallucinations in patients with severe visual loss and blindness. The prevalence of release hallucinations, though likely underreported, is believed to be 12 to 20% of visually impaired persons.
Report of Cases: A 45-year-old male with past medical history of migraines presented to the hospital with what was determined to be a ruptured pituitary macroadenoma and as a result, lost complete visual function including pupillary reflexes. The patient subsequently experienced both simple and complex release hallucinations and was eventually diagnosed with Charles Bonnet syndrome. Most disturbing to the patient was the simple release hallucinations which was described as a bright white light in a honeycomb lattice predominately in his right visual field which lasted for hours. This phantom light was not consistently associated with any other symptoms and could occur at any time throughout the 24-hour day. Nocturnal symptoms occurred approximately 50% of nights and caused severe onset/maintenance insomnia and insufficient sleep duration. The patient tried therapy in addition to proper sleep hygiene without relief. He was trialed on several medications and the only one able to alleviate all but the worst of the phantom light was diazepam. The GABA-A receptor agonist finally allowed the patient an opportunity to sleep. His insomnia was then treated with once nightly temazepam, in addition to as needed diazepam. Approximately nine years after losing his vision, he was transitioned from temazepam to the tricyclic antidepressant amitriptyline, which offered improved relief from the phantom lights causing his insomnia. The patient continues to utilize once nightly amitriptyline with diazepam for breakthrough symptoms, though he still suffers significant impairment due to the phantom lights of his Charles Bonnet syndrome.
Conclusion: Treatment of Charles Bonnet syndrome is multifactorial and includes maintaining optimal eye care, stimulating senses, psychosocial therapy, and pharmacotherapy. Insomnia from release hallucinations remains difficult to manage, though GABA-A receptor agonists have shown some relief. Case reports of atypical antipsychotics and antidepressants, including melperone and agomelatine respectively, have demonstrated ability to improve release hallucinations.
Support (If Any): Charles Bonnet Syndrome FAQs. Charles Bonnet Syndrome Foundation (Australia). https://www.charlesbonnetsyndrome.org/index.php/cbs/faq. Accessed December 15, 2021.Hsu HC, Huang YS, Fan WX, Chen TC. Charles Bonnet Syndrome (CBS): Successful Treatment of Visual Hallucinations Due to Vision Loss with Agomelatine in Three Cases. European Psychiatry. 2017;41(S1):S172-S172. doi:10.1016/j.eurpsy.2017.01.2065Pelak VS. Visual release hallucinations (Charles Bonnet syndrome). UpToDate. Waltham, MA: UpToDate; June 7, 2016; https://www.uptodate.com/contents/visual-release-hallucinations-charles-bonnet-syndrome.

0817

CONQUERING TWO SLEEP BIRDS WITH ONE IRON STONE: THE CASE OF RESOLVED RESTLESS SLEEP DISORDER AND PARASOMNIA WITH IRON THERAPY

Zachary Richens[1], Sally Ibrahim[2]
University Hospitals Cleveland Medical Center [1] UH Rainbow Babies and Children's Hospital, UH Cleveland Medical Center [2]

Introduction: Restless Sleep Disorder (RSD) is characterized by frequent nocturnal movements of large muscle groups or a complaint of restless sleep by observers with associated daytime dysfunction.1 RSD, like other movement disorders of sleep, is associated with low iron