

stores.² Children with RSD have increased NREM sleep instability and a propensity for parasomnia.² No reports to date have demonstrated the use of iron therapy for parasomnia in patients with RSD. Furthermore, studies are limited in very young children with this disorder as they currently fall outside proposed diagnostic criteria.¹

Report of Cases: A 2 year-old male presented to the sleep clinic with parental complaints of nightly sleep initiation and maintenance difficulty, mild snoring, restless sleep, episodes of sleep-walking and night terrors multiple times per week. Symptoms worsened over 6 months and were associated with daytime irritability and behavioral problems. Sleep quality measures assessed progress between visits: the PROMIS Sleep Disturbance (PROMIS SD) and Sleep Related Impairment (PROMIS SRI). Serum ferritin was initially 20ug/L. Polysomnogram demonstrated no significant sleep related breathing disorder, a large muscle group movement index of 14, periodic limb movement index of 3. Initial treatment included oral iron therapy, scheduled awakenings, and hypnotic dose melatonin. The sleep psychologist addressed limit setting and negative sleep associations with improved insomnia symptoms but parasomnia and restless sleep continued. The parent noted reduction in both movements and parasomnia frequency after one month of iron therapy. After a 3 month period on treatment, the parent reported complete cessation of the parasomnia, drastic reduction in restlessness, and near resolution of insomnia. Sleep quality measure PROMIS SD improved by 11, demonstrating reduced sleep disturbance. PROMIS SRI did not change. Ferritin level increased to 47ug/L.

Conclusion: RSD in a very young child with NREM parasomnia responded to oral iron therapy improving overall sleep quality. This case demonstrates the relationship between relative iron deficiency, RSD and associated parasomnia.

Support (If Any): 1. DelRosso LM, Ferri R, Allen RP, et al. Consensus diagnostic criteria for a newly defined pediatric sleep disorder: restless sleep disorder(RSD).*SleepMed.*2020;75:335-340. 2. Leung W, Singh I, McWilliams S, Stockler S, Ipsiroglu OS. Iron deficiency and sleep - A scoping review. *SleepMedRev.*2020;51:101274

0818

PSYCHOSIS ASSOCIATED WITH SODIUM OXYBATE

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Introduction: Sodium oxybate is commonly used to treat narcolepsy with cataplexy. At the approved doses, the most common side effects are typically described as nausea, vomiting, dizziness, hypersomnia, urinary disturbances, and weight loss. Cases of medication-induced psychosis have been reported in the literature but remain exceedingly rare. We present a case of rapid-onset psychosis in a patient with systemic lupus erythematosus, which added complexity to the evaluation, treatment and clinical course.

Report of Cases: The patient is a 42 year old woman with a past history of fibromyalgia, lupus and a prior diagnosis of narcolepsy evaluated for daytime hypersomnia and poor night time sleep. Prior medications included sodium oxybate which was effective; and modafinil and amphetamines which created intolerable side effects. Prior sleep studies were not available and a repeat PSG/MSLT were performed. PSG did not show sleep disordered breathing or nocturnal movements and MSLT showed an average sleep latency of 5.4 minutes and 4 SOREMs. HLA DQB10602 was positive. The patient was reinitiated on sodium oxybate and titrated to 4.5g twice nightly. A few weeks later the patient

developed visual hallucinations, persecutory delusions, and insomnia for 3 days. She was admitted for an evaluation to rule out lupus cerebritis, and auto-immune vs. infectious encephalitis. MRI/MRA, lumbar puncture, as well as inflammatory markers and rheumatologic and infectious work up were unrevealing. Sodium oxybate was discontinued on the day of admission and the patient's mentation returned to baseline over the next few days. Discharge diagnosis was psychosis secondary to sodium oxybate.

Conclusion: Psychosis is an extremely rare side effect of sodium oxybate therapy among patients treated for cataplectic narcolepsy. It remains a diagnosis of exclusion, and any alternative diagnoses must be explored prior to making the diagnosis of psychosis secondary to sodium oxybate, particularly in the medically complex patient.

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0819

RESTLESS SLEEP, SNORING, EXCESSIVE DAYTIME SLEEPINESS, AND ATAXIA: A PEDIATRIC QUANDARY

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Introduction: Central sleep apnea in pediatrics is inherently complex, often going undiagnosed and untreated. Signs and symptoms of central nervous system dysfunction may be attributed to more common childhood conditions. We aim to educate on the diagnosis and treatment of central sleep apnea in this vulnerable patient population.

Report of Cases: A 12-year-old girl presents for initial sleep visit with global developmental delay, borderline obesity, chronic headaches, early morning tremors, and insulin resistance. She has history of snoring and restless sleep for years with severe daytime sleepiness for the past three months with worsening over two to four weeks. She is unable to stay awake in school. Epworth sleepiness scale (ESS) score is twenty-one. There is history of recurrent Strep but no history of infectious mononucleosis or influenza infection. Primary sleep disorders or CNS hypersomnia are suspected, and polysomnogram with MSLT is ordered. MRI of the brain is pending. The patient presents to the emergency department ten days later with frontal headaches, ataxia, altered speech, and oral aversion. CT head is normal. Hematology, neurology, and neurosurgery are consulted. MRI of the brain shows thrombosis of the superior sagittal sinus, the right transverse sinus, the right sigmoid sinus, the right jugular bulb, as well as cortical veins overlying both cerebral hemispheres, and she is started on anticoagulation for suspected stroke. A polysomnogram shows a severe degree of central sleep apnea with a central apnea index of 49.9 events per hour. There is significant periodic breathing present. There is no nonapneic hypoxemia or sleep hypoventilation present, and the patient is scheduled for an oxygen titration study.

Conclusion: Central sleep apnea is more prevalent in older male individuals and may affect patients with heart failure¹. Pediatricians and subspecialists must remain vigilant as children are also susceptible to medical conditions which result in central nervous system dysfunction.

Support (If Any): 1.) Donovan LM, Kapur VK. Prevalence and Characteristics of Central Sleep Apnea Compared to Obstructive Sleep Apnea: Analyses from the Sleep Heart Health Study Cohort. *Sleep.* 2016;39(7):1353-1359. Published 2016 Jul 1. doi:10.5665/sleep.5962