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Case Report

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A Case Study of Parasomnia with Concurrent Insomnia and Zolpidem Sensitivity

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ABSTRACT

A 42-year-old male patient presenting to sleep clinic with 122-year history of sleep onset insomnia and soliloquy was studied. Following assessment, the patient was referred for CBTi therapy intervention. The all night polysomnogram did not capture the soliloquy but 3-4 episodes per week and more in times of stress were confirmed by the patient's bed partner. Sleep log data indicated a reduction in insomnia by week six. Exposure therapy sessions were incorporated following two extreme stress conditions followed by repeated soliloquy episodes with increased wakefulness with an increase in the prescribed zolpidem prescription from 5mg HS to 10 mg HS.

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The patient presented with soliloquy episodes that were precipitated by partial arousals 1-3 hours after sleep onset. Structured clinical interview findings indicated a co-occurrence of increased work stress and new onset of taking z-hypnotic presentation. The patient denied a childhood/adolescent history of sleep disorder/parasomnia. The clinical interview ruled out psychopathology although some adjustment disorder with Anxiety DSM5-TR criteria were met. The patient stated the reason for referral was difficulty falling asleep. He stated that the Insomnia was at sleep onset with intervals of forty to ninety minutes to fall asleep for the two months prior to intake. And, concurrently, he had just received a promotion at work that moderately increased his responsibilities and time commitment to work related tasks. He reported feeling ambivalent about the new job in that he had to reduce his time with his two school-aged children, time with his wife and family in the evening and bike rides. No medical history, illness or other prescription was reported by the patient. Thus, his referral reason also included situational stress. The patient had received a three-month prescription of Zolpidem 10mg HS the day before the intake interview and stated that he planned to take the medication. Weekly session of Cognitive Behavior Therapy was started and included sleep log, tracking of prescription with heavy focus on Insomnia and stress management. One specific intervention was the teaching of Mindfulness meditation for the patient to use as a strategy to relax for sleep and to dissipate the workday stress.

Disruptions in sleep that occur alongside sleep are termed parasomnias [1]. Non-Rapid Eye Movement (nREM) parasomnia disorder typically evokes from Stage 3/4 deep sleep. Complex, clinical behaviors occur during these arousals. Table 1 lists the NREM parasomnia and associated behavior.

Table 1: Non-REM Parasomnia Description

Non-REM Parasomnia	Features
Confusional Arousals	Sitting up in bed, looking around/ searching
Somnambulism	Walk, searching behavior, jumping out of bed
Sleep-Related Eating Disorder	Consumes food, consumes non-food items (e.g., plant soil)
Night Terrors	Intense scream followed by fear responses
Sexomnia	Sexual arousal, attempting/forcing sexual activity
Soliloquy	Vocalizations, words, speech

Clinical Findings

The patient responded to the CBTi intervention. He reported satisfaction in learning the strategy and found the application of mindfulness meditation to be effective and satisfying. Table 2 reflects the patient's sleep log and prescription monitoring within the context of soliloquy disruptions in sleep. Thus, a focus of what additional factors may be or had been activating, perturbing within the first week of CBT when he was concurrently taking the Zolpidem prescription. It has been considered that an activity circumstance was occurring. Researchers have identified, in basic research, a possible activating component of Zolpidem as inhibiting cortical signals may be occurring [2,3].

Table 2: Patient Parasomnia Symptom, Sleep Efficiency

	Rx	Rx	Rx	Rx																
	:	:	:	:																
	:	:	:	:																
Soliloquy Episodes[1]	3	3	3	3	2	2	1	1	1	2	1	1	1	1	1	2	1	1	0	1
	:	:	:	:																
	:	:	:	:																
	:	:	:	:																
Sleep Efficiency (%)	:	:	55	:	61			69			71		88		77			81	80	
Use of Mindfulness	no	no	no	no	yes	no	yes	no	yes	yes	yes	yes	yes	yes	yes	no	no	yes	yes	
	:	:	:	:																
	:	:	:	:																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	:				:			Treatment Week					:			:		:		:
	:				:								:			:		:		:
Rx	Zolpidem 5 mg HS				Zolpidem 10 mg HS								Zolpidem 5 mg HS			Zolpidem 5 mg HS 4x/wk		Zolpidem 5 mg HS 2x/wk		Zolpidem 5 mg

R_x = 10 mg Zolpidem prescription taken at hour of sleep
1 = Bed partner report
- Conditioned wakefulness

Conclusion

A possible activating effect from the prescribed Ambien in a patient referred for Insomnia treatment is considered as a compensatory response to the initial hypnotic state induced by the pharmakinetics of the medicine. Further, it seems that the arousal from stress that the patient, is, as it commonly occurs, a twenty-four-hour response and thus the sopheric effect of the prescribed Ambien was only sufficient for sleep induction as intended and then nighttime arousals, once freed from the pharmacological bridle, set forth. This patient responded well to the mindfulness relaxation training in the CBT approach to his care. A lesson of this clinical case is a reminder of the twenty-four states of psychological conditions-a daily tension ridden day and night where peaceful restorative sleep is perturbed by arousals in this patient's case, soliloquy vocalizations [4].

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