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A case of unrecognized obstructive sleep apnea manifested with depressive and neuro behavioral symptoms

52-year-old male, retired HR manager, ex-smoker with past medical history of obesity, type 2 diabetes, dyslipidemia and hypertension was presented with two years history of fatigue, poor concentration, persistent depressive symptoms insomnia, anxiety and morning headache. His insomnia is described as difficulty maintaining a good sleep due to sudden frequent arousals; he denied history of choking or severe gastroesophageal symptoms. He has history of prolonged snoring. He was against using any long-term sedatives. The following examination conducted showed the results as follows: 1. Physical exam was significant for BM 31. 2. GDS 6/10, HAMD was 6, SLUMS 25/30. 3. Impaired attention and track A/B test; PHQ10 score: 6 without functional impairment. 4. ESS was 11 and the insurance declined sleep studies. 5. Sleep diary average: 2-3 hours interrupted total sleep at night. After one year, he was noted to have worsening of his fatigue, memory, insomnia and mood. A request for polysomnography was finally approved and revealed sever, OSA with AHI above 48, the patient was placed on CPAP and his sleep quality improved on his sleep diary with average of 6 hours per night, his insomnia and depressive symptoms improved as well as his blood pressure control. his follow up PHQ10 is almost 1; his SLUMS test improved to 27; his GDS is 01/15; attention and track A/B test improved. Sleep apnea and depression can be bidirectional and depressive symptoms may pose a huge impact on compliance to CPAP treatment and subsequently on depressive symptoms control. Depressive symptoms and insomnia can overlap with sleep apnea diagnosis; physicians may fail to recognize OSA during clinic visits. Failure to identify and treat sleep apnea would put the patient at risk for cardiovascular, cerebrovascular complication and resistant to treat depression. Several studies showed improvement in depressive and neuro behavioral symptoms in addition to improvement in metabolic markers with CPAP therapy.

Recent Publications

1. Vincent Yi Fong Su et al. (2015) Sleep apnea and risk of panic disorder. Ann. Fam Med. 13(4):325-330. Doi: 10.1370/afm.1815.
2. Epstein LJ et al. (2009) Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. J Clin. Sleep Med. 5(3):263-276.
3. Ou Q et al. (2015) Continuous positive airway pressure treatment reduces mortality in elderly patients with moderate to severe obstructive severe sleep apnea: a cohort study. PLoS One. 10(6):e0127775.

Biography

Hanan Sheikh Ibrahim received her MD from Damascus University, Syria where she specialized in Pulmonary Medicine then she moved to US where she completed her residency in Internal Medicine at the University of Pittsburgh School of Medicine in Pittsburgh, Pennsylvania, US. She completed her Fellowship in Geriatric Medicine at Cleveland Clinic, Ohio, USA and is board certified in Internal & Geriatrics Medicine. She is a Clinical Assistant Professor at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, Ohio (USA), a Consultant Physician, Quality Officer and Academic Lead at the Cleveland Clinic Abu Dhabi. She was trained at Cleveland Clinic in Ohio, USA under the tutelage of Doctor Robert Palmer, concept originator of the Acute Care of Elderly (ACE) unit which was modeled internationally. She pioneered in the geriatric care in the UAE by establishing the first MACE unit and the first Geriatric Core Curriculum for resident physicians in training.

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