

OBJECTIVES

We present the case of a non-24-hr-sleep-wake rhythm disorder (N24SWD) in a patient without visual impairment nor severe comorbidities.

CONCLUSIONS

N24SWD is exceptional in sighted people, treatment with strategic exposure to light and melatonin may be effective in these patients.

RESULTS

A 17-year-old male patient consults for recurring periods of hypersomnia. He regularly goes to bed at 00:00. However, there are periods of 2-3 days in which he cannot sleep until early morning and sleeps in, and periods in which he wakes up at 4:00-5:00 feeling rested. He has never fallen asleep in public or had cataplexy, hypnagogic or hypnopompic hallucinations or sleep paralysis. He had recently developed depression and dropped out of school. He did not have hyperphagia, hypersexuality nor behavioral alterations. Fluoxetine improved his mood but not his sleep. Examinations were normal.

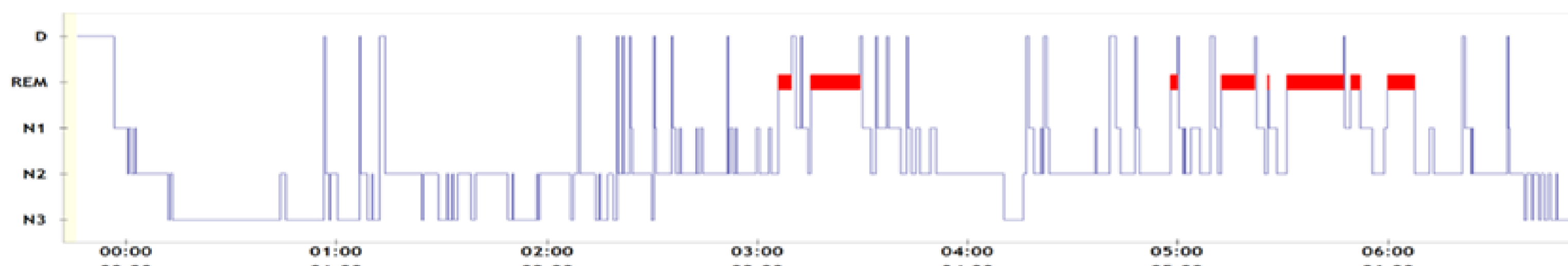
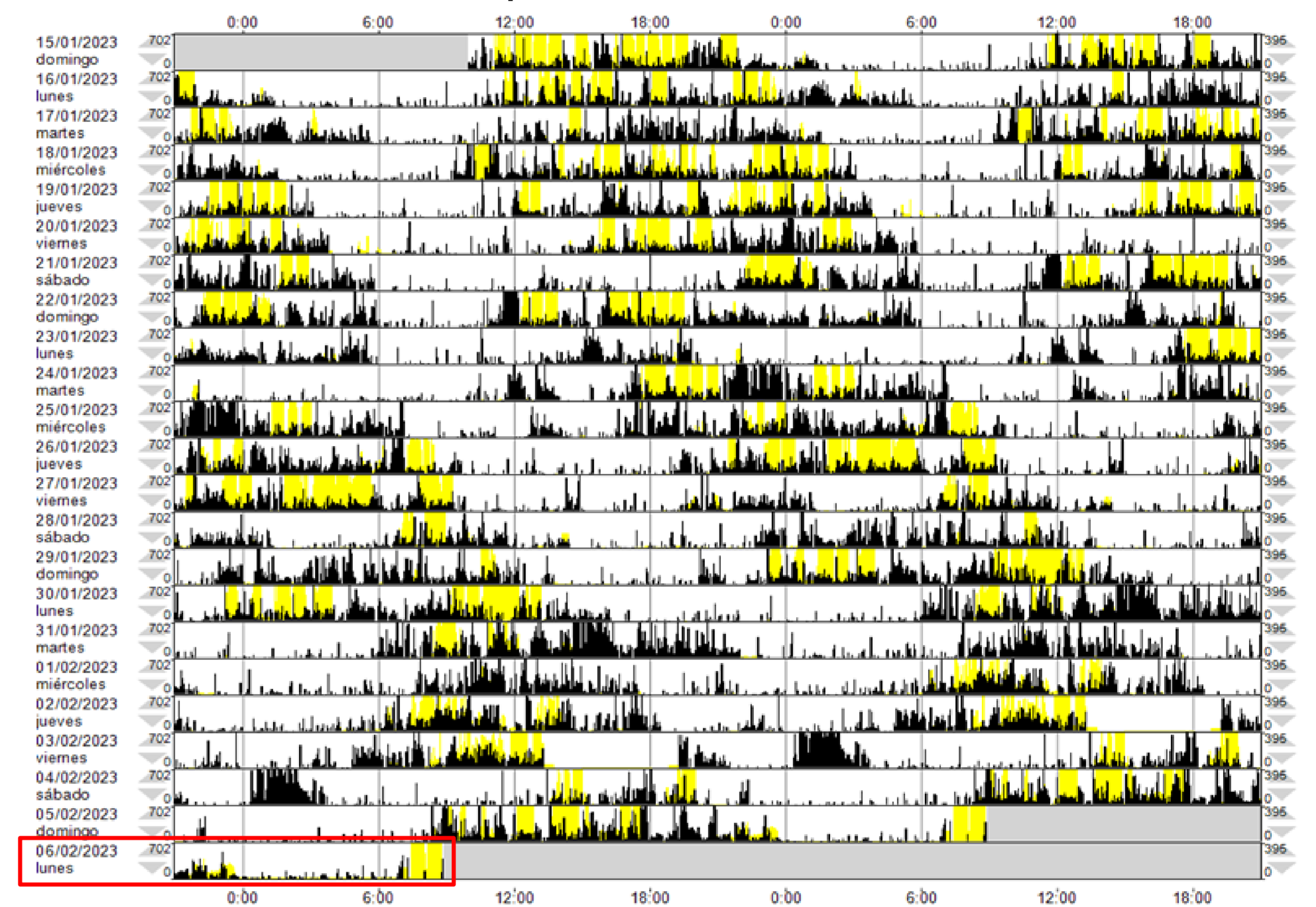


Figure 1. Video-polysomnographic study shows normal architecture and sleep efficiency when his sleep-wake rhythm is aligned with a regular bedtime schedule.

Figure 2. The actimetry on a free running schedule is compatible with N24SWD, with a tau period of 25 hours. In red, the date of his Video-polysomnographic study.



After a period on a free running schedule until the desired sleep schedule is spontaneously reached, treatment was started with cognitive behavioral therapy, morning light exposure (8:30) and melatonin 1.9 mg administered four hours before (19:30) the desired time of sleep initiation (23:30).

24 hour Actogram

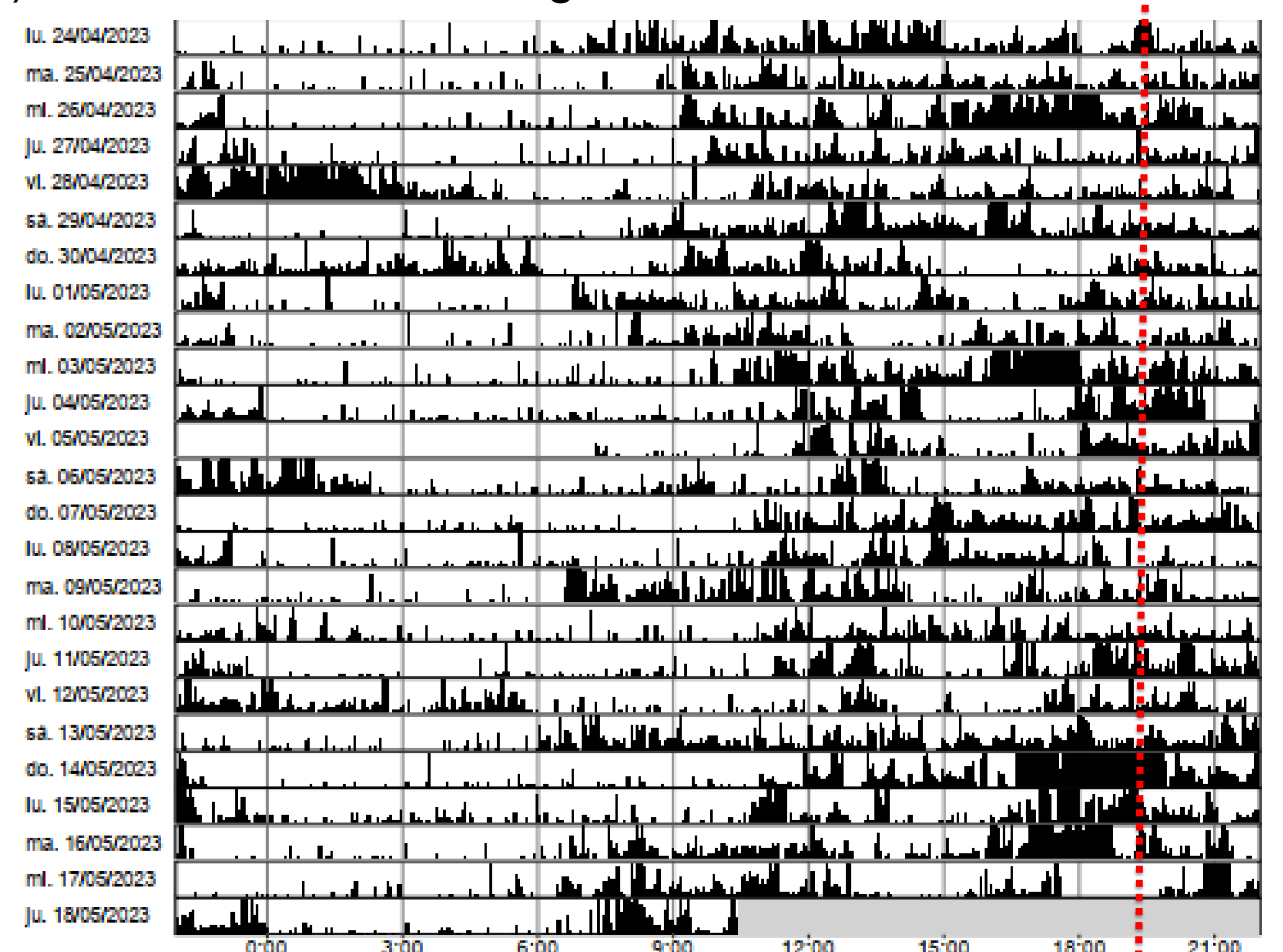
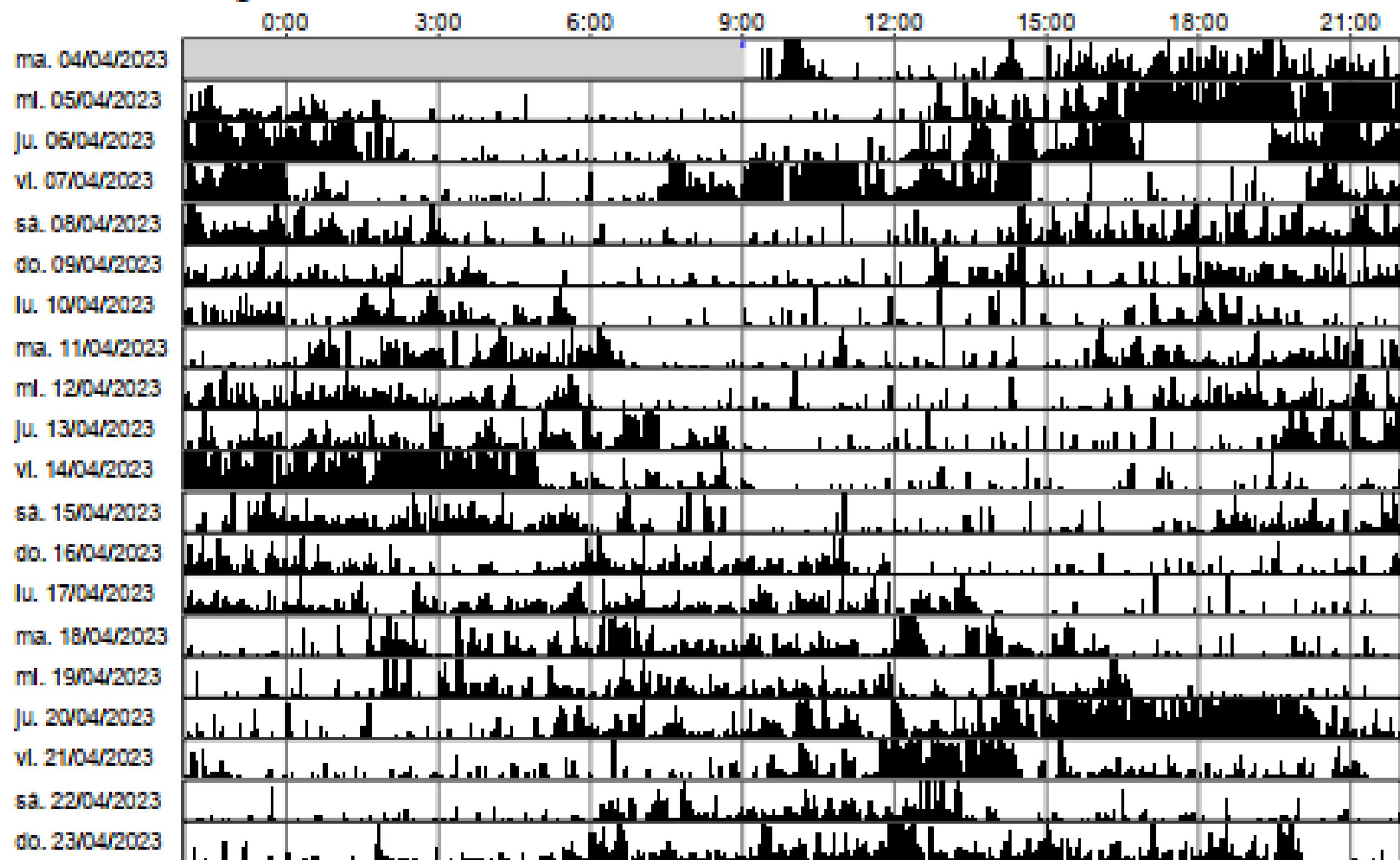


Figure 3. The actimetry on a free running schedule until a desired sleep schedule is reached (left) and after treatment (right, melatonin intake in red) show that the measures proved effective to maintain the sleep window at night during one month of treatment, with isolated days of nocturnal social activity and daytime sleep which did not displace the cycle.

REFERENCES

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