

Behavioral Therapy for Catatrenia (Clinical Case)

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Catatrenia is a chronic, benign sleep disorder, a form of parasomnia that is characterized by exhaling moans that may be accompanied by sounds during the REM phase. Patients themselves rarely notice symptoms, Wake up from them, and get a normal sleep. This is a rare condition that is often confused with stridor, nocturnal laryngospasm, sleep apnea, Central sleep apnea, and nocturnal asthma. Catatrenia is usually not associated with any long-term negative consequences, but in some patients we observe excessive daytime sleepiness, fatigue. To this day, there are no recommendations for the treatment of this disorder.

Clinical case

The patient is 19 years old, the patient's girlfriend turned to the appointment, who notes that for 2 years every night in the morning (5 - 6 hours), her young man has increasing sounds of «mmm» (as if mumbling) and moans, without waking up. The duration of moans is up to 2 minutes. No night snoring. The patient's mother notes the presence of these changes in sleep since childhood. They thought that this was how he wanted to use the toilet as a child, or was sleeping restlessly, so they woke him up. There was no nocturnal enuresis. However, the patient's girlfriend notes that the change of environment affects the appearance of moans. For example, sleeping in the fresh air, or on vacation (sleeping by the sea), in contrast to the apartment reduces the manifestation of symptoms. Notes that he often takes a large amount of food and water before going to bed. 2 hours before bedtime, we had intensive training in the gym. 2 years ago, I went to a neurologist and a psychiatrist, was prescribed first benzodiazepines, then antidepressants, and antiepileptic. No effectiveness was observed. Physical examination revealed no abnormalities (tonsils unchanged, on the mallampati scale-1 point). Disturbing, dreaming nightmares are not observed. There is no conversation. The average sleep duration is 8 hours. No complaints about the quality of sleep (ISI = 4 points). Denies daytime sleepiness (ESS-5 points). I was referred to a clinical psychologist to assess my mental state. No emotional changes were detected (PHQ - 15 = 2, GAD - 7 = 1, presence of emotional hyperexcitation in the evening). A PSG was performed that revealed mild General sleep architecture disorders with a sleep efficiency of 92%. The delay in starting sleep and REM sleep is normal 11.2 and 95.3 minutes. The overall arousal index was increased by 13.3/HR. N1, N2, and N3 sleep was 11.7%, 54%, and 14.2%. Accordingly, the REM phase is 19.3%. The overall apnea-hypopnea index (AHI) was 7.1, obstructive - 2, and Central - 5.43. Frequent exhalation moans were associated with Central apnea lasting from 12 to 17 seconds, without saturation. This happened in the same way in two phases. In addition, hyperexcitation was observed after expiration. MRI of the brain showed no abnormalities.

Treatment tactics were performed by a neurologist and a clinical psychologist.

- Educating the patient and their relatives about the benign nature of the disorder.
- Sleep hygiene, what to do during the day (physical activity, stops from sensory overload), in the evening (changing the food and water diet, reducing bright light from gadgets and indoors, sensory overload, minimizing strength exercises 2 - 3 hours before bedtime).

- Cognitive behavioral recommendations for reducing hyperexcitation: a conscious bath/shower, the “calm place” technique (Mindful Breathing), and The Pennebaker writing exercise “Merge all thoughts” (Pennebaker writing exercise). Before going to bed (20 - 30 minutes in advance), the patient is asked to take a piece of paper and write out all the things that seem to be necessary to do or “write down all your deepest emotions and thoughts that concern You”. When you’re done, set aside a piece of paper until morning. When you Wake up, all the “urgent” things will be waiting for You on paper, but not in Your head before and/or during sleep. In the morning, “ don’t get up right away. Lie in bed for 5 - 10 minutes. Spread your arms and legs out like a starfish. Move your toes and hands. Lying on your back, close your eyes and pay attention to the sensations in your body. You will feel all the places in your body where there is discomfort or pain. Take a deep breath and exhale. Repeat three times. Open your eyes, stretch again, then sit down. Look around; Find three things in the room that you like: an object, a photo, a bright spot of color. Focus on each of them for a moment. Stand up. Put your feet shoulder-width apart, stretch your arms up, then lower them. Shake your legs and arms. Take a deep breath in and out. You are ready for a new day
- Melatonin, 3 mg., 10 days.
- CPAP was not assigned.

Remission when following the recommendations is 3 months.

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