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LETTER TO THE EDITOR

Negative symptoms due to sleep apnea syndrome in a patient with a delusional disorder

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In the following, we report the case of a patient with a delusional disorder (jealous type, DSM-IV: 297.1), who presented negative symptoms which were in part due to a an obstructive sleep apnea syndrome (OSAS).

The 60-year-old patient was admitted to our hospital for treatment of nonresponsive negative symptoms in the context of a delusional disorder. The first onset of the illness was one year ago. A past history of psychiatric disorders or serious organic disorders was ruled out. At the time of admission, the patient was psychopharmacologically pretreated with high dosages of neuroleptics (haoperidol 20 mg d^{-1}, haloperidol-decanoate (3 mL, i.m. 14-day interval) chlorprothixene 80 mg d^{-1}, theralene 10 drops d^{-1}). Neurological examination revealed a significant parkinsonoid syndrome. The psychopathological state was dominated by negative symptoms in terms of blunted affect, affective rigidity, retarded, inhibited and restricted thinking, lack of drive, and social withdrawal. Delusional thinking was systematized, but with low dynamics. Other psychotic symptoms were not detectable. Under the hypothesis that the negative symptoms, combined with possibly underlying depressive symptoms, were secondary to the high dosages of neuroleptics, we consecutively initiated the following treatment strategies: reduction of haloperidol to a dosage of 1 mg d^{-1} and discontinuation of the other pretreatments; combination of paroxetine (up to 40 mg d^{-1}) and haloperidol (1 mg d^{-1}); and discontinuation of the prior medication and commencement of risperidone up to 6 mg d^{-1} as monotherapy in the ninth week of the hospital stay. Apart from the improvement of the parkinsonism, an improvement in the psychopathological state was first seen under treatment with risperidone. However, core negative symptoms in terms of lack of drive, general loss of energy and affective blunting still persisted at a significant level. In this situation we observed that the patient suffered from episodes of apnea during the night. A polysomnography was performed, which confirmed the diagnosis of an OSAS. In order to treat the OSAS, we initiated a continuous positive airway pressure therapy, which was associated with a further improvement of the negative symptoms.

What is the clinical relevance of the reported case? OSAS is not an uncommon clinical condition. Prevalence among men aged 40–65 years is 8.5% [1]. Typical symptoms of the OSAS are daytime tiredness, diffuse cognitive dysfunction and multiple emotional and psychosocial sequelae. These symptoms can also be observed in schizophrenic patients with negative symptoms. Therefore, one would expect that the differential diagnostic aspects of OSAS and negative symptoms, especially in schizophrenic patients, have already been discussed in the literature. However, the results of a search in the medline system indicate that this is not the case (searching for 'sleep apnea or OSAS, and negative symptoms'). On the basis of this background, and with regard to the increased mortality in patients with a OSAS, we assume that sleep apnea in schizophrenic patients with negative symptoms may be under diagnosed.

REFERENCES

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