Managing Complex Psychiatric Presentations with an Airway Approach

Jason Patel, MD & Erik Shipley, MD

Overview

- 4 case studies to demonstrate how airway compromise can result in psychiatric symptoms
- Time for a discussion

Case 1: 16F>M p/w gender dysphoria r/o, generalized anxiety, school phobia, homework avoidance, persistent fatigue, disorganized sleep pattern, inattention

- **Physical findings** (ie:“**airway clues**”): small jaw, obese, bags under eyes, head forward posture, high palate, and difficulty to visualize oropharynx
- **Sleep study**: AHI 12 | REM AHI 13 | awakenings 35
- **Intervention**: Refused SSRI; hydroxyzine prn. Iron therapy for anemia. Auto-CPAP - feeling refreshed with sleep, napping reduced and inattention resolved > homework completion efficiency improved (avoidance resolved) > improvement in school performance (school phobia ceased). No dysphoria about gender transition evident.

Case 2: 12F>M w OCD, social phobia, suicidal ideation, conversion disorder (aka functional neurological disorder), fatigue, PTSD-like, and insomnia

- **Physical findings** (ie:“**airway clues**”): small jaw, bags under eyes, difficulty nasal breathing
- **Sleep study**: AHI 4.6 | REM AHI 28 | awakenings 28
- **Intervention**: Iron therapy for anemia. Turbinectomy w ENT (AHI 4, REM AHI 3.6, awakenings 67) feeling more refreshed with sleep, fewer naps, full school attendance, social butterfly, conversion disorder and PTSD-like sx improved. Obsessions continue but no functional impairment. SI improved with family therapy. Oral-myofunctional therapy recommended for continued fatigue and residual OSA sx.

Case 3: 15F p/w dissociative phenomena, and neuropsychiatric workup revealed GAD and OCD

- **Physical findings** (ie:“**airway clues**”): small jaw, difficulty nasal breathing (asymmetric), small oral airway
- **Sleep study**: AHI 8.5, REM AHI 36.5, awakenings 26
- **Intervention**: escitalopram reduced overthinking, APAP started and dissociative phenomena (depersonalization and derealization) improved over a 4 month period, immaculate APAP compliance. OCD improved with APAP and modest amount of exposure and response prevention therapy (ERP). Now going to get adenoidectomy and tonsillectomy

Case 4: 8F p/w autism class III with intellectual disability and tantrums. Neuropsychiatric workup revealed comorbid OCD and GAD

- **Physical findings** (ie:“**airway clues**”): small jaw, overbite, mouth-breathing
- **Sleep study**: AHI 0.8 | REM AHI 17.8 | Supine AHI 20.9 | Side AHI 0.2
- **Intervention**: guanfacine initially helped with sleep window (duration of sleep) and reduced tantrum frequency and intensity by ~50%. OCD also improved. After sleep study results, positional sleep training (pillows, mom slept with her initially to adjust position when needed) reduced tantrums to near complete resolution.

Questions and Comments?

Jason Patel, MD - drpatel@kahalaclinic.org

Erik Shipley, MD - drshipley@kahalaclinic.org