Progress Notes

Jennifer M. Mundt at 7/19/2021 10:00 AM

Behavioral Sleep Medicine
Initial Evaluation Report

Little, Jamar
DOB: 6/13/1986
Visit Date: 7/19/2021
Visit Duration: 50 minutes

Referred By: Michael Awad MD

Chief Complaint
Patient presents with
- Telemedicine Conversion

The patient is a 35 y.o. male who was referred to the Behavioral Sleep Medicine Clinic for further evaluation and treatment of insomnia.

Verbal consent obtained from patient in lieu of in-person signature due to the coronavirus emergency. This visit was converted to telephone at pt's request. Patient provided verbal consent for psychology doctoral student Kyle Jozsa, MA, to join this visit.

History of Present Illness:
The patient presents with difficulty falling and staying asleep 2-3x/week. Patient reported insomnia has "gotten a lot better" since he was referred. These symptoms began November 2018 after "I passed out at work" due to "extreme pain from my nerves." He reported that stress, anxiety, and depression also contributed to insomnia. Pain is currently the main contributor to insomnia. He noted some improvement in pain. Stress exacerbates pain.

Current sleep medications: none

Patient's treatment goal: "go to sleep at night, actually have a dream, wake up and be refreshed"

Premorbid sleep pattern: had sleep problems most of life due to "mental issues"

Current Sleep-Wake Schedule:

Pre-sleep routine: shower, talks to girlfriend

In bed:	11pm
Lights off:	same
Sleep onset latency:	Quick most nights, >30 mins 2-3x/week
Number of awakenings:	2-3 (pain or no reason)
Wake after sleep onset:	2-3 hours
Wake time:	530-6am
Total sleep time:	4 hours
Naps:	Up to 1 hour during lunch, sometimes feels refreshed but often wakes up with a headache
Dozing:	During tv, working, "occasionally during driving" (most recently two months ago swerved when dozing)

Weekend schedule: same

Chronotype: "I'm just always awake, I don't prefer either [morning or evening]"

Other Sleep-Related Factors:
When unable to sleep: video games, phone games, cleans (sometimes compulsively), calls/text girlfriend, smokes cannabis which helps calm his mind but doesn't necessarily help him sleep
Clock monitoring: yes
Sleep tracking device: no
Sleep environment: denied problems with light, noise, and temperature. Plays thunderstorm sounds, blackout shades
Substance use:
- Caffeine: occasional green tea
- Alcohol: 1-2 drinks socially (few times a month)
- Tobacco/nicotine: denied
- Other substances: 2-3g medical cannabis/day (midday and at night)

Physical activity: walks, runs
Work/occupational factors: analyst for facebook. Prior jobs in customer service were stressful

Previous Sleep Studies/Treatment:
HSAT completed 6/3/19 showed moderate OSA (AHI = 19.2). Pt states he hates CPAP and it is "terrible" and worsens insomnia. He has difficulty getting a mask to fit his nose. When he does wear it he feels more rested and has less pain the next day.

Assessment Measures:
Epworth Sleepiness Scale (ESS): 18 (completed 2/11/21; high degree of daytime sleep propensity)

Psychological History:
Patient reported "I'm an anxious wreck" and noted being anxious about "anything and everything." Anxiety has been a lifelong issue but worsened since the start of health problems in 2018. Pt stated he saw EAP counselor at former job which was helpful. He tried seeing another therapist in 2018 but it was not covered

by his insurance. Pt stated he is interested in resuming therapy.

Pt noted some obsessive and compulsive behaviors including "counting all the time" and "cleaning all the time." He described these behaviors as frustrating and sometimes interfering with daytime function.

He states he was taking duloxetine for pain but stopped due to adverse effects (weight gain, increased tiredness, drowsy, irritable). Is not currently taking any psychiatric medications.

Mental Status:
Appearance/Attitude: Unable to assess appearance. alert and engaged.
Motor behavior: Unable to observe
Speech: Rate, rhythm, and volume WNL.
Mood/affect: Anxious. Unable to assess affect
Thought process: Linear, logical and goal directed
Thought content: Pertinent to topic
Suicidal ideation, plan, or intent: None reported
Homicidal ideation, plan, or intent: None reported
Insight/Judgment: Good
Impulse control (current): Intact
Orientation: Oriented to person, place, and time.
Delusions/hallucinations: None reported or observed

Past Medical History:

Diagnosis	Date
• Heart murmur	
• Multiple gastric ulcers	

No past surgical history on file.

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.		
• cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	3
• DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	3
• ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	0
• lidocaine 5 % patch	Place 1 patch onto	10 patch	0

	the skin daily.		
• methylPREDNISolone 4 mg Dose Pack Tablet	Take 1 tablet by mouth before breafast. follow package directions	1 Package	0

No current facility-administered medications for this visit.

Family History

Problem	Relation	Age of Onset
• Diabetes	Mother	
• Other (free text) ("nerve issues") *arm pain - probable spinal cord stimulator*	Mother	
• Migraines	Brother	
• Other (free text) (gastric ulcers)	Brother	
• No Known Problems	Maternal Grandmother	
• No Known Problems	Maternal Grandfather	

Assessment and Plan:
The findings from this evaluation indicate that the patient reports signs and symptoms consistent with insomnia disorder.
CBT-I was recommended to help the patient improve sleep efficiency and consistency. An overview of CBT-I was provided to the patient, including the duration of treatment, expectations of treatment, and goals of treatment. The patient expressed an understanding and wished to proceed. The following initial instructions were provided:

- Complete sleep diary and bring to next session.
- Call to schedule follow-up with me.
- Schedule follow-up with Dr. Bove for OSA management and follow-up with DME for help with getting a mask that fits.
- Instructed pt to not drive if sleepy and to take a nap if needed.
- Consider additional treatment to address generalized anxiety, which seems to be a significant contributor sleep problem. Pt expressed interest in therapy. Will send clinic recommendations.

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