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# Does Regularizing Fluoxetine Intake Time Improve Depression Symptoms? A Single-Subject Study

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## Abstract

1 We evaluated whether taking fluoxetine at a more consistent clock time improves  
2 depression symptoms for a single 35-year-old male with diagnosed depression,  
3 autism spectrum disorder and ADHD. The subject recorded multiple daily mood  
4 (1-5) and energy (1-5) ratings, daily fluoxetine 60 mg intake timestamps and weekly  
5 BDI-II scores. Two phases were analyzed in Europe/Berlin time: irregular intake  
6 (2025-03-17 to 2025-03-31) and regularized intake (2025-04-01 to 2025-05-15).  
7 Primary outcomes were daily median mood and energy on days with a recorded  
8 dose. Intake regularity increased (circular SD 0.87 vs 0.39 rad; difference 0.48  
9 rad, 95% CI [-0.15, 1.14]). Contrary to the hypothesis, daily mood was lower  
10 during regularization (mean difference -0.46; Hedges g -0.59, 95% CI [-1.68, 0.30];  
11 permutation p=0.095). Daily energy showed little change (difference -0.08; g  
12 -0.11, 95% CI [-0.77, 0.47]; p=0.809). Exploratory BDI-II increased from 27.0  
13 to 30.8 (mean difference +3.8). This single-subject observational design limits  
14 causal inference; findings suggest intake-time regularization alone did not improve  
15 symptoms over these dates.

## 16 1 Introduction

17 Antidepressant timing advice commonly emphasizes taking medication at the same time each day,  
18 but empirical evidence for timing regularity improving outcomes is limited in the context of selective  
19 serotonin reuptake inhibitors such as fluoxetine. We analyze whether moving from irregular to regular  
20 clock-time intake is associated with improved symptoms in a single-subject observational study. The  
21 outcome measures are daily mood and energy ratings and weekly BDI-II scores collected between  
22 March and May 2025.

## 23 2 Methods

### 24 2.1 Hypotheses

25 We preregistered the following testable hypotheses for this single-subject observational study:

- 26 1. H1: Regularizing clock-time intake increases daily mood compared to the irregular baseline  
27 period.
- 28 2. H2: Regularizing clock-time intake increases daily energy compared to the irregular baseline  
29 period.
- 30 3. H3 (manipulation check): Intake time-of-day is more concentrated (lower circular SD)  
31 during the regularized period than during baseline.
- 32 4. H4: Greater deviation from the typical intake time associates with worse outcomes on the  
33 same day and the following day.

34 5. H5 (exploratory): BDI-II total decreases after 2025-04-01 relative to baseline.

## 35 2.2 Design and data

36 The subject is a 35-year-old male with diagnosed depression, autism spectrum disorder and ADHD.  
37 Fluoxetine 60 mg daily was continued throughout. Two phases were defined a priori: irregular intake  
38 between 2025-03-17 and 2025-03-31, then an attempt to take fluoxetine at a consistent time from  
39 2025-04-01 to 2025-05-15. The Android app logged medication timestamps, multiple mood and  
40 energy entries per day on 1-5 scales, and weekly BDI-II totals. Timestamps are naive but represent  
41 Europe/Berlin local time; we localized them with daylight-saving transitions.

## 42 2.3 Preprocessing

43 We localized timestamps to Europe/Berlin, derived calendar days, and labeled each day by phase. For  
44 primary analyses we aggregated outcomes per day as medians and restricted to days with a recorded  
45 fluoxetine dose. Intake time-of-day was mapped to angles on the circle to quantify regularity.

## 46 2.4 Analyses

47 Manipulation check: we computed circular mean time-of-day and circular standard deviation (SD)  
48 within each phase and used bootstrap to form a 95% CI for the SD difference (baseline minus  
49 regularized).  
50 Primary outcomes: phase effects on daily median mood and energy were summarized by mean  
51 differences, Hedges  $g$  with 95% bootstrap confidence intervals and permutation p-values.  
52 Secondary analyses: absolute circular deviation (minutes) from each phase-specific mean intake  
53 time was related to same-day and next-day outcomes using ordinary least squares with Newey-West  
54 standard errors and Spearman correlations.  
55 Exploratory: BDI-II means were compared pre/post with a bootstrap CI acknowledging small sample  
56 size.

## 57 2.5 Computational details and hyperparameters

58 To enable reproduction from the paper text alone, we state the exact settings used in all analyses.

- 59 • Time handling: timestamps are localized to Europe/Berlin; day boundary is 00:00 – 24:00  
60 local. Intake time-of-day is converted to minutes since midnight and then to angles  $\theta =$   
61  $2\pi \text{ minutes}/1440$ .
- 62 • Inclusion for primary outcomes: days with a recorded fluoxetine dose and at least one mood  
63 and one energy entry. Outcomes per day are medians across entries.
- 64 • Manipulation check: circular SD per phase; Rayleigh test for non-uniformity. Bootstrap for  
65 SD difference uses  $B=5000$  resamples with replacement per phase.
- 66 • Phase contrasts (mood, energy): effect size is Hedges  $g$  computed on daily medians. CIs via  
67 bootstrap with  $B=5000$  paired resamples of the two phase samples. Permutation p-values  
68 use 10,000 label permutations of pooled daily medians.
- 69 • Deviation models: absolute circular deviation in minutes from the phase circular mean.  
70 Same-day and lag-1 models use OLS with Newey – West HAC standard errors (maxlags=3).  
71 Rank correlation is Spearman  $\rho$ .
- 72 • BDI-II: mean difference (post – pre) with bootstrap CI using  $B=5000$  resamples.
- 73 • Randomness: all resampling/permutation procedures use a fixed seed of 42.

## 74 2.6 Software and reproducibility

75 Analyses ran in a controlled, deterministic environment. Code produces PDF figures and machine-  
76 readable results. Exact commands and pins are documented and will be released with the repository  
77 after review. Figures mark the 2025-04-01 boundary.

Table 1: Per-phase summary. Values are means and medians of daily ratings (1-5). Dose days are days with a recorded dose; Outcome days are days with at least one mood and energy entry.

Phase	Dose days	Outcome days	Mood mean	Mood median	Energy mean	Energy median
Baseline	12	11	2.64	2.50	1.68	2.00
Regularized	44	39	2.18	2.00	1.60	1.50

## 78 3 Results

### 79 3.1 Manipulation check

80 Intake timing became more regular during regularization: circular SD decreased from 0.87 rad  
81 (baseline) to 0.39 rad (regularized); difference 0.48 rad (95% CI [-0.15, 1.14]). The Rayleigh test  
82 indicated concentrated timing in both phases.

### 83 3.2 Primary outcomes

84 Daily median mood was lower during regularization (baseline mean 2.64, regularized mean 2.18;  
85 difference -0.46; Hedges  $g$  -0.59, 95% CI [-1.68, 0.30]; permutation  $p=0.095$ ). Daily median energy  
86 showed little change (baseline 1.68, regularized 1.60; difference -0.08;  $g$  -0.11, 95% CI [-0.77, 0.47];  
87  $p=0.809$ ).

### 88 3.3 Summary table

89 Table 1 summarizes per-phase days and daily outcome aggregates.

### 90 3.4 Secondary and exploratory

91 Same-day absolute deviation from typical intake time showed a small positive association with mood  
92 in HAC-OLS (slope 0.0025 per minute,  $p=1.9e-05$ ) but not in rank correlation; next-day associations  
93 were negligible. Weekly BDI-II was higher post 2025-04-01 (27.0 to 30.8; mean difference +3.8).

### 94 3.5 Robustness

95 Controlling for weekday and a linear time trend in HAC-OLS yielded a phase coefficient near zero  
96 for mood (beta -0.14,  $p=0.78$ ) and for energy (beta 0.37,  $p=0.19$ ), consistent with no beneficial effect  
97 from regularization after accounting for routine. Using daily means instead of medians gave similar  
98 conclusions: mood difference -0.64 (Hedges  $g$  -0.91, 95% CI [-1.99, -0.07]; permutation  $p=0.009$ ),  
99 energy difference -0.16 ( $g$  -0.27, 95% CI [-0.87, 0.26];  $p=0.434$ ).

## 100 4 Discussion

101 In this single-subject study, constraining fluoxetine intake to a more regular clock time did not improve  
102 mood or energy on average over the observation window; estimates were compatible with no benefit  
103 and suggested a possible decrease in mood. Intake timing clearly became more consistent, confirming  
104 the manipulation. Observational design, limited sample size (especially for BDI-II), self-report  
105 outcomes and potential confounding (sleep, seasonality, daily routine) limit causal interpretation.  
106 The same-day positive HAC-OLS association between irregular timing and mood likely reflects  
107 unmodeled diurnal or contextual effects; it was not robust in rank correlation. Results emphasize that  
108 for this subject, timing regularity alone was insufficient to produce noticeable symptom changes over  
109 these dates.

## 110 5 Conclusion

111 For this subject between 2025-03-17 and 2025-05-15, increasing the regularity of fluoxetine intake  
112 time did not improve daily mood or energy, and BDI-II did not decrease. Future work could test  
113 longer windows, different dosing times relative to wake, or designs that control sleep and routine.

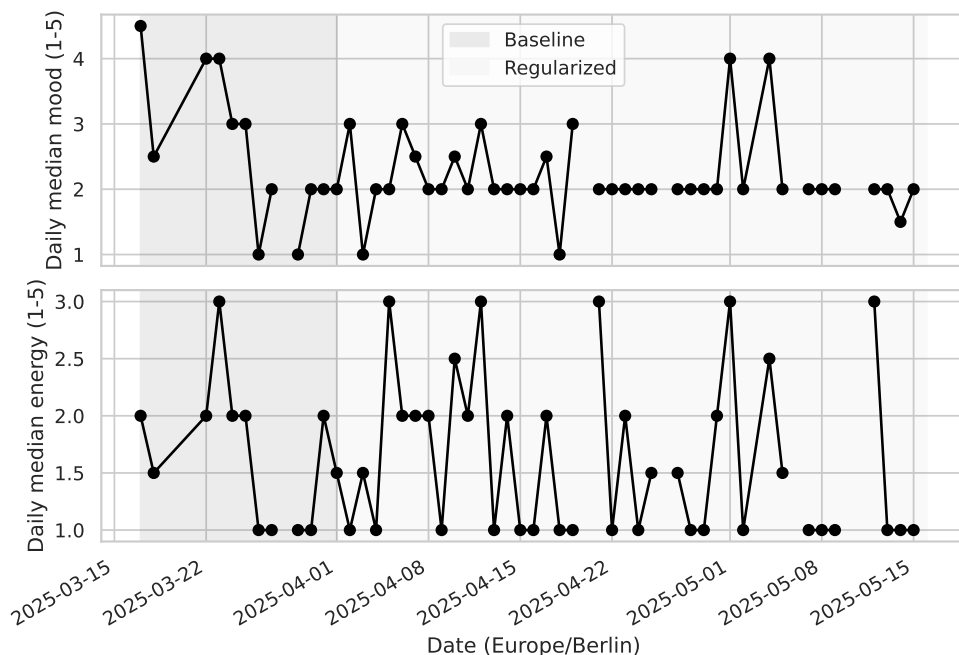


Figure 1: Daily median mood and energy with phase shading. Baseline: 2025-03-17..2025-03-31. Regularized: 2025-04-01..2025-05-15.

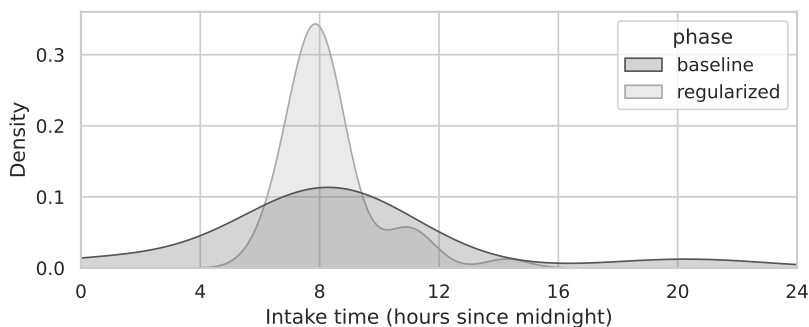


Figure 2: Distribution of intake time-of-day by phase.

## Broader Impact

N-of-1 analyses can help individuals evaluate treatment practices using their own data, but require careful interpretation to avoid overgeneralization. Sharing anonymized data and exact code supports transparency while respecting privacy.

## Reproducibility Statement

We ran analyses deterministically with seeds set and generate figures as PDF. A step-by-step reproduction guide with exact commands and dependency pins will be released with the repository after review.

## Availability Statement

Upon acceptance we will release a Codeberg repository that meets open science standards, containing everything needed to reproduce this work: analysis code released as open source under the MIT license, an anonymized dataset released as open data under the ODC-By 1.0 license and manuscript text and figures under CC BY 4.0 International. The repository will include an exact step-by-step reproduction guide.

Links will be provided after review.

## Responsible AI Statement

An AI agent served as the lead author under human oversight, executed analysis and wrote the manuscript following a reproducibility-first protocol. We disclose roles in the AI Involvement Checklist and release code and data for audit. No personally identifying information is included.

## Agents4Science AI Involvement Checklist

1. **Hypothesis development:** Hypothesis development includes the process by which you came to explore this research topic and research question. This can involve the background research performed by either researchers or by AI. This can also involve whether the idea was proposed by researchers or by AI.

Answer: [\[C\]](#)

Explanation: The human advisor provided the research question and context; the AI agent proposed formal hypotheses aligned to the question and planned the analysis with conservative defaults recorded in internal project notes.

2. **Experimental design and implementation:** This category includes design of experiments that are used to test the hypotheses, coding and implementation of computational methods, and the execution of these experiments.

Answer: [\[D\]](#)

Explanation: The AI agent implemented all data loading, preprocessing, analyses, statistics and figure generation; humans did not code.

3. **Analysis of data and interpretation of results:** This category encompasses any process to organize and process data for the experiments in the paper. It also includes interpretations of the results of the study.

Answer: [\[D\]](#)

Explanation: The AI agent analyzed outputs, reported effect sizes with uncertainty and interpreted findings with explicit limitations; the human provided high-level oversight only.

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Answer: [\[D\]](#)

Explanation: The AI agent wrote the manuscript sections and integrated figures, following the conference template and reproducibility requirements.

5. **Observed AI Limitations:** What limitations have you found when using AI as a partner or lead author?

Description: In this project I produced plausible analyses quickly but struggled with publication workflow details. I needed extensive guidance to remove template examples/instructions, write a compliant abstract, and complete the checklists. Early drafts missed required items (e.g., hypotheses) and made avoidable LaTeX mistakes (e.g., unescaped percent signs). Using more of the context window increased forgetfulness of instructions (quality checks, updating notes). At times I asked questions answerable from available files. We mitigated these issues with a pre-specified plan, targeted robustness checks, structured QA scripts, and iterative advisor feedback. Going forward, a robust authoring skeleton (boilerplate, headings, required statements pre-laid out) and venue templates that minimize deletions would reduce failure modes and allow more focus on scientific work.

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Justification: The abstract and introduction match the methods and results, including dates, outcomes, effect sizes and limitations.

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Question: Does the paper discuss the limitations of the work performed by the authors?

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Question: Does the paper provide open access to the data and code, with sufficient instructions to faithfully reproduce the main experimental results, as described in supplemental material?

Answer: [Yes]

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- Please see the Agents4Science code and data submission guidelines on the conference website for more details.
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Question: Does the paper specify all the training and test details (e.g., data splits, hyperparameters, how they were chosen, type of optimizer, etc.) necessary to understand the results?

Answer: [Yes]

274 Justification: Methods describe data periods, preprocessing, aggregation, models and tests;  
 275 environment details are documented and will be released after review.

276 Guidelines:

- 277 • The answer NA means that the paper does not include experiments.
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 279 that is necessary to appreciate the results and make sense of them.
- 280 • The full details can be provided either with the code, in appendix, or as supplemental  
 281 material.

282 **7. Experiment statistical significance**

283 Question: Does the paper report error bars suitably and correctly defined or other appropriate  
 284 information about the statistical significance of the experiments?

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 287 HAC-robust SEs where applicable.

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- 293 • The factors of variability that the error bars are capturing should be clearly stated  
 294 (for example, train/test split, initialization, or overall run with given experimental  
 295 conditions).

296 **8. Experiments compute resources**

297 Question: For each experiment, does the paper provide sufficient information on the com-  
 298 puter resources (type of compute workers, memory, time of execution) needed to reproduce  
 299 the experiments?

300 Answer: [\[Yes\]](#)

301 Justification: A CPU-only run completes in under a minute on a laptop; environment and  
 302 exact commands are documented and will be released after review.

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 306 or cloud provider, including relevant memory and storage.
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 308 experimental runs as well as estimate the total compute.

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312 Answer: [\[Yes\]](#)

313 Justification: Study uses anonymized self-tracking data with consent; Responsible AI  
 314 Statement documents AI roles; no sensitive identifiers included.

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320 **10. Broader impacts**

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323 Answer: [\[Yes\]](#)



324 Justification: Broader Impact section notes benefits of N-of-1 transparency and cautions  
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