



" I lose sleep due to insomnia disorder, and it keeps me from spending time with my children. "

- Claire
Hypothetical Patient

FIRST APPOINTMENT: CLAIRE IS HERE TO DISCUSS HER DEPRESSION

Claire is a 45-year-old partner at a law firm and a mother of 2 children.

Appointment topics:

- Completing work tasks requires a lot of her time due to her difficulties concentrating, leaving her sad that she can't always be there for her children.
- She still hasn't been able to fall asleep at a reasonable hour.

Physician's assessment:

- The psychiatrist decides that the best course of action is to start biweekly therapy sessions for depression.
- The psychiatrist encourages Claire to pick up a hobby she once enjoyed, like running.



1 MONTH LATER:

Claire continues therapy for her depression.

Appointment topics:

- Claire reports that she hasn't had time to go running. Even if she wanted to go running, she doesn't have enough energy.
- She still hasn't been able to fall asleep at a reasonable hour.
- Therapy has not been adequate for treating her depression.

Physician's assessment:

- The psychiatrist feels that therapy alone has not been adequate for Claire and recommends a pharmacologic treatment for her depression.



3 MONTHS LATER:

Claire reports sleep issues more often than not.

Appointment topics:

- Claire can't fall asleep even when she's physically exhausted. At work, she's starting to miss details that severely impact her clients.
- The psychiatrist diagnoses Claire with insomnia disorder and believes she may have had this disorder long before her depression.

Clinical considerations when evaluating a patient like Claire:

- When could a discussion about Claire's sleeping issues have happened?
- Could missing Claire's insomnia disorder diagnosis have triggered or worsened her depression symptoms?
- Would you consider daytime function when selecting a treatment option for Claire?