

A RETROSPECTIVE ANALYSIS OF CLOMIPRAMINE TREATMENT IN NON-REM PARASOMNIA

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BACKGROUND: Data relating to the treatment of Non-REM parasomnias is primarily limited to case reports and there are currently no drugs licensed for their treatment in the UK. There is a lack of guidelines for clinicians treating patients with these disorders.

METHODS: 40 patients (22 females, 18 males) with Non-REM parasomnia diagnosed at a sleep clinic and treated with clomipramine were interviewed by means of a structured telephone questionnaire to collect comparable data across subjects. The mean age was 33.3 years (range 19 to 82 years) and the mean time from onset of symptoms to treatment was 18.8 years (range 1 to 60 years). Mean follow-up period was 1.7 years, (range 13.9 weeks, to 3.3 years)

RESULTS: 27 patients (68%) experienced a patient-estimated $\geq 50\%$ reduction in the number of episodes after treatment with clomipramine. 11 patients (28%) experienced a complete cessation of their parasomnia episodes. The mean time to achieve benefit was 14 days (range 1 to 42 days). 11 patients were still taking clomipramine at a mean dose of 20mg (range 10–30mg) at the time of the interview. Of those 27 patients who experienced a $\geq 50\%$ reduction in the number of episodes, the benefit only wore off in 1 patient (3.4%), and this was after a period of 1 month. The most common side-effects were somnolence, fatigue and dry mouth.

CONCLUSION: Clomipramine appears to eliminate, or reduce the number of episodes in Non-REM parasomnias. These preliminary observational findings, suggest that a randomized controlled pilot study may be worth pursuing in order to further assess the efficacy of clomipramine as a treatment for Non-REM parasomnias.