

A Case Report on Maladaptive Daydreaming

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ABSTRACT

Maladaptive Daydreaming (MD) is an under researched mental health disorder. It does not have a diagnostic criterion of its own. Most of the studies are based on individuals who self identify themselves as having MD. Some studies have termed MD as a type of Behavioral addiction disorder. It is characterized by absorption in fantasy for several hours a day; this replaces human interaction and causes socio-occupational impairment. Studies have reported this disorder to have comorbid Attention Deficit Disorders (ADD), Dissociative disorders and Anxiety disorders including certain other Obsessive compulsive spectrum disorders. This case report is one of the few case reports of a patient who presented for consultation at a Psychiatry outpatient department for problems with his socio-occupational functions due to Maladaptive Daydreaming.

Key words: Maladaptive Day dreaming, Social Anxiety Disorder, Comorbidity

INTRODUCTION

Maladaptive Day dreaming is a dysfunctional form of imaginative involvement which may be expressed through extensive book reading, watching films and gaming. It has been studied and researched on by many researchers. MD is characterized by fanciful daydreaming for hours on end which is often vivid and causes the individual to neglect real-life relationships and responsibilities. This results in distress and impairment in social and occupational functioning. Research has been scarce on MD and mostly relies on cross-sectional or case study designs. Dissociative Disorders, Anxiety Disorders,

Attention deficit disorders and obsessive-compulsive symptoms, as well as positive reinforcement comparable to processes in behavioral addiction disorders have been found to be involved in MD. ⁽¹⁾ The difference between normal day dreaming and MD is the difference in terms of quantity, content, experience, controllability, distress, and interference with life functioning. It is an under-acknowledged clinical phenomenon that requires scientific and clinical attention. ⁽²⁾ Another characteristic of MD which makes us to consider it a type of behavioral addiction disorder is the experience of intense yearning for it and the feeling of compulsion to extensively extend and repeat the action. ⁽³⁾ There is an irresistible urge reported by some to engulf themselves in the world of fantasy immediately on waking up and to continue with it even when interrupted at the cost of impairment of normal day to day activities. ⁽²⁾ Like any other behavioral addiction disorders the dreamers are also worried about losing control over fantasizing and they make many unsuccessful attempts to cut down. ^(4,5) There are no particular guidelines as to the management of MD. One case study reported improvement in symptoms with fluvoxamine ⁽⁶⁾ which is a Selective Serotonin Reuptake Inhibitor (SSRI). Studies have found Serotonin levels to be possibly involved in the development or maintenance of this condition. Some report utilizing response prevention techniques for curbing or intercepting unwanted daydreaming. ⁽¹⁾ Avoiding triggers, being aware of the symptoms and CBT have also found to helpful in treatment of MD. ⁽⁷⁾ This

case report discusses about the diagnosis and management of a patient with MD.

CASE DESCRIPTION

A 24 year old single male educated upto predegree reported alone to Psychiatry Outpatient department with complaints of decreased sleep and difficulty in concentration since 2 years. He reported that since 2 years he had difficulty concentrating on his studies as he was preparing for Language tests to work abroad. It had initially started with minimal day dreaming but after a period of 6 months he was spending excessive time on his day dreaming. After he would watch a movie or a music video he would think how he would have acted in the movie and then go to his room, close the door and act out scenes from the movies adding new dialogues and scenes. He would also act like a cricketer giving commentary by self and bowling and batting and imagining applause from the imaginary audience. He would do the same for football also. He would imagine how he could have bettered the movie or the match and would act out speeches on imagining winning matches or awards. When he would go to bathroom also he would spend 2 hours as he would be imagining and acting out the scenes he has just watched. He would be reprimanded by his parents for spending his time locked up in his room and bathroom. He would get into frequent fights with his parents when they would interfere in his activity. Sleep onset would take time as he would be preoccupied with daydreaming during that time as well. Over the past year, in a day he would spend approximately 3 to 4 hours acting out the scenes and the rest of the hours he would be preoccupied by how he was going to act out the next scene next time. On an average patient reported that he spent 6 to 8 hours preoccupied by these day dreams. He would not be able to concentrate in his classes as he would day dream about movies and matches there as well. He had been performing badly in tests as every time he would sit to study he would end up day dreaming. He would avoid going out with

friends and family and preferred to stay alone at home as he would get more time to get involved in his activity. Patient had noticed that he had got fewer friends than before now and had been having interpersonal problems with his father in particular because of his day dreaming. After not clearing a few of his tests patient realized he has to cut down on his daydreaming as he should spend more time studying. He was unable to cut down and every time would start day dreaming after a trigger. Patient reported that he found day dreaming pleasurable and felt a compulsion to day dream at the next opportunity he gets. Those thoughts were his own thoughts, ego syntonic and not anxiety causing.

Patient met criteria for Social Anxiety disorder since 2 years. He did not meet criteria for any other anxiety disorder, substance use or mood disorder. There was no significant past and family history. His Mental status examination was within normal limits. A thorough physical examination and investigations which were done were within normal limits ruling out any general medical condition that would be the cause for the same.

He was diagnosed with Maladaptive Daydreaming and a comorbid Social Anxiety disorder. He was started on Escitalopram 5 mg and Cognitive Behavior Therapy was also initiated. He was also advised to avoid triggers which cause him to day dream, thought stopping methods, make a time table for regular activities and keep only a restricted amount of time for day dreaming everyday and then gradually decrease the time.

Patient reported for further follow ups and reported improvement. Escitalopram was increased and maintained on 10mg. Over a period of 5 months patient reported improvement in both the disorders. He was spending only less than 15 minutes a day on his day dreaming and there was improvement in his social anxiety symptoms as well.

CASE DISCUSSION

There are no specific criteria in ICD 10 (International Statistical Classification of Diseases and Related Health Problems 10th Revision) and DSM 5 (The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) for the diagnosis of MD. Most of the studies are done on self identified maladaptive day dreamers and recruited through online volunteering for the studies. In this case a patient reported for consultation due to the socio-occupational distress he was going through. He met the proposed criteria given by Somer et al for diagnosis of maladaptive day dreaming. ⁽⁸⁾ Dissociative disorders, Anxiety disorders, ADD and Obsessive compulsive symptoms are found to be comorbid with MD. ⁽¹⁾ In this case we found comorbid Social Anxiety disorder which is in corroboration with certain previous studies. Social Anxiety has found to stimulate and as well as been found to be a potential development pathway for Maladaptive Daydreaming. ^(9,10) This is consistent with this case also. There are no particular guidelines as to the management of Maladaptive Daydreaming. Based on previous studies patient was started on Escitalopram and CBT and he reported improvement in his symptoms following this. ^(6,7)

This case is unique in a way that it shows that though daydreaming is a common mental activity it can cause distress when it becomes excessive and impairs day to day functions. This disorder has no current diagnostic validity in diagnostic manuals but it is a well defined phenomenon which has been under study since sometime. Another reservation with this disorder is that it may represent an extreme variant of normal daydreaming. But when a patient reports of distress and needing help it may need further management. It may be of concern to us and it is worthy of further discussion and investigation.

CONCLUSION

Though there has been no definitive evidence of maladaptive Daydreaming being a distinct disorder. This disorder requires further investigations and studies. This disorder is comorbid with various other disorders and the time and resources invested cause not only functional distress but also emotional distress. Further studies are required to develop therapy guidelines for individuals battling MD, so that they will be able to take control over their compulsion to daydream.

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