

ORIGINAL ARTICLE

Syndrome of Unusual Psychiatric Presentations Associated with Overthinking and Personal Problems

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Abstract:

Background: Overthinking is one of the leading causes of depression and anxiety among both males and females.

Life's problems have a high impact on the psychological status of each one and may have a role in establishing suicidal thoughts in their minds and eventually lead them to commit it.

Objectives:

Methods : It is a retrospective cross-sectional study involving 10 cases who suffered from oversleeping, loss of appetite, abnormal dreaming, and overthinking and who was admitted to the psychiatry clinic in the last two years. The data collected included patients' demographics, presenting symptoms, examination, and clinical outcomes. The sleepiness was evaluated by using Epworth Sleepiness Scale (ESS) which was tested for validity and reliability for the Arabic version.

Results: All ten cases were presented with similar symptoms which are: Oversleeping (They said that they chose to sleep by themselves), Loss of Appetite, Overthinking, Over dreaming during sleep. 8 patients (80%) complained of the fourth symptom together and they were presented after two days of being symptomatic. The other two cases were presented after four days of being symptomatic and their symptoms were mild.

Conclusion: Hashim syndrome, is a newly described syndrome that is presented as (overthinking, oversleeping, over dreaming, and loss of appetite). There is no effect of age or gender on the symptoms and the severity of the syndrome and it is mostly associated with life problems. These symptoms will be gone, once the cause is treated (Solving or accepting the problems).

Keywords: Hashim Syndrome; Overthinking; Oversleeping; Over dreaming; Loss of appetite.

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Introduction

Overthinking is one of the leading causes of depression and anxiety among both males and females [1]. Overthinking can be associated with and triggered by life problems, emotional stress and financial break up [2]. So, overthinking is not a disorder, but it is a result of a complicated process of depression and repressed thoughts inside one's mind that make him

psychologically active [3].

There is another symptom that is significant too in addition to overthinking, it is "Oversleeping" or (Hyper insomnia). I think, there should be two types or pattern of this symptom, the first one: The person chooses to sleep more than needed, and the second one: The person sleeps more than needed and in unusual times which is not under control, so the difference between the two types that should be differentiated is that in the first one there is an intention to sleep but the person can stop himself from suffering, while the second one is not controllable [4,5]

Life's problems have a high impact on the psychological status and may have a role in establishing suicidal thoughts in their minds and eventually lead them to commit it. [6,7]

The process starts as a small non notified thing and then becomes bigger and bigger to end eventually with

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serious impacts and effects on human health and life. [8]

So controlling the seeds is very important to limit the disease and to prevent the collapse because the problems drive people into unusual behavior that is harmful for the mind and for mental health if it is not controlled well. [9,10]

In this study, I am reporting on 10 cases of unusual symptoms which were presented as a syndrome to the psychiatric clinic during the last two years.

2. Methodology:

It is a retrospective cross-sectional study involving 10 cases who suffered from oversleeping, loss of appetite, abnormal dreaming, and overthinking and who were admitted to the psychiatry clinic in the last two years.

The data collected included patients' demographics, presenting symptoms, examination, and clinical outcomes.

The sleepiness was evaluated by using Epworth Sleepiness Scale (ESS) which was tested for validity and reliability for the Arabic version [11] while the other symptoms were evaluated by more than one psychiatrist by history and examination [12].

The ESS scores were interrupted as follows:

- (0-5) Lower Normal Daytime Sleepiness
- (6-10) Higher Normal Daytime Sleepiness
- (11-12) Mild Excessive Daytime Sleepiness
- (13-15) Moderate Excessive Daytime Sleepiness
- (16-24) Severe Excessive Daytime Sleepiness

All the patients agreed and signed a consent to share their medical data related to the case and ethical approval was obtained from the ethical committee as well.

Statistical analysis

The data were analyzed by using Statistical Package for the Social Science (SPSS) program version 25.

One-way ANOVA test and Chi square were used in testing the significance and in the analysis, P-value < 0.05 were considered as statistically significant with confidence interval of 95%.

3. Results

The mean age was 24.2 with standard deviation 4.02, ranging from 19 years to 31 years.

70% of them were males (7 cases) and 30% of them

were females (3 cases).

Their Epworth Sleepiness Scale was ranging from 17 – 24 scores which is considered as "Severe Excessive Daytime Sleepiness" (Mean = 21.3 and standard deviation = 2.58).

All the ten cases were presented with similar symptoms which are:

Total, 5 study patients reported oversleeping (They said that they chose to sleep by themselves), 6 reported loss of Appetite, 7 reported overthinking, and 8 patients complained over dreaming during sleep. In Table 1. The prolongation of sleepiness for each patient is presented.

All of them were suffering from life problems such as emotional break up, family matters, financial problems and others problem including for example, worrying about something that will happen with unknown results and time (For example, one of the patients was waiting for his secondary school final results when he developed the symptoms) as shown in Figure 1 and 2. In Table 2. The data of testing of the significant differences between the variables is presented.

Table 1. The prolongation of sleepiness for each patient

Dura- tion	Num- ber	Per- cent	Valid Per- cent	Cumula- tive Per- cent
For hours	5	50.0	50.0	50.0
For one day	4	40.0	40.0	90.0
More than one day	1	10.0	10.0	100.0
Total	10	100.0	100.0	

Figure 1. The life problems associated with each case.

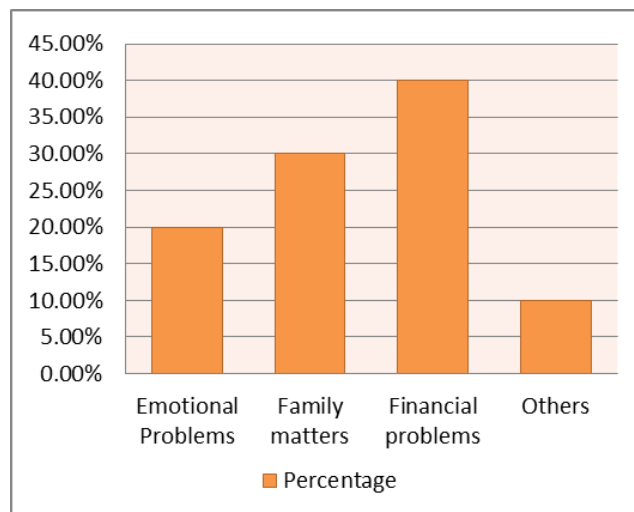


Figure 2. Demonstrates the presenting symptoms associated with each patient

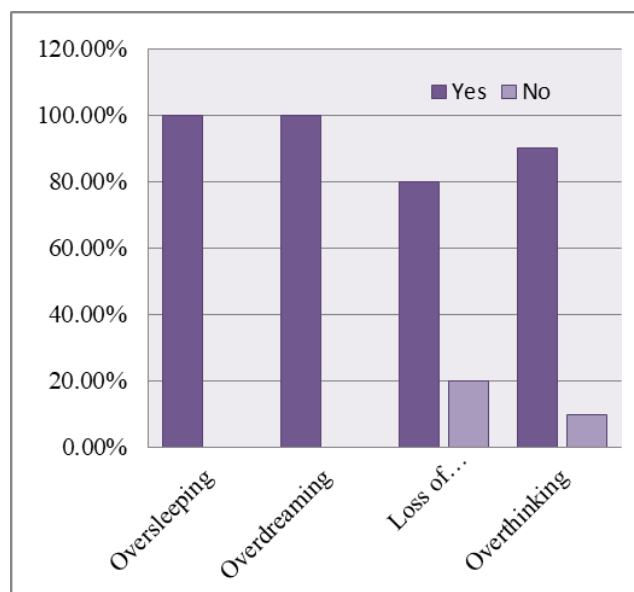


Table 2. Describes the testing of the significant differences between the variables.

Significance differences between variables			
The 1 st variable	The 2 nd variable	P – Value	The significance
Age	Life problems	0.4	Not significant
Age	ESS results	0.03	Significant
Gender	Life problems	0.832	Not significant
Gender	ESS results	0.3	Not significant
Prolongation of sleepiness	Age	0.218	Not significant
Prolongation of sleepiness	Gender	0.7	Not significant
Prolongation of sleepiness	Loss of appetite	0.287	Not significant
Prolongation of sleepiness	Overthinking	0.574	Not significant
Prolongation of sleepiness	ESS results	0.702	Not significant
Prolongation of sleepiness	Life problems	0.777	Not significant

8 patients (80%) complained of the fourth symptom together and they were presented after two days of being symptomatic.

The other two cases were presented after four days of being symptomatic and their symptoms were mild. 70% of them (7 cases) thought about suicide but they did not commit it.

4. Discussion

The human minds are very complicated system and its processes are more complicated. The human mind is seeking to be more reliable with reality by showing different patterns of symptoms and presentations which make humans suffer.

In this study, we reported about 10 cases of unusual presentation and unusual symptoms which are a collection of overthinking, oversleeping, over dreaming and loss of appetite.

All of them were suffering from life pressure and personal problems that made them suffer and try to survive.

The most prominent symptom was oversleeping and I call it (Oversleeping) instead of (Hyper insomnia) because I mean that they chose to sleep on their own, not because they fell asleep and were drowsy, but because they felt that their problems and their suffering will be relieved by sleeping hoping to wake up with no problems (From their history).

During their excess sleepiness, they dreamed a lot about the problems that made them suffer and worried. Every time they dreamed, they woke up with hope or with disappointment, then they chose to go back to sleep and this reoccurred.

Many of them slept for more than 24 hours with less eating because they wanted to stop overthinking by running away.

This explains that these four symptoms are associated with each other in these cases and disorder which I will call it "Hashim Syndrome".

This syndrome is described by four symptoms which are essential and prominent which are overthinking, oversleeping, over dreaming and loss of appetite. These symptoms are associated with life problems or unknown future waiting.

When the problem is solved or what the patients are thinking about becomes clear, the symptoms will be gone.

This syndrome is found in 10 cases over two years which can be rare and may be associated with other symptoms but it depends on each human's mind and the ability of each one to cope with and to adapt his problems.

A very high percentage of them which was (70%) thought about suicide which is an indicator that this syndrome is dangerous if it is not controlled and treated and maybe it is chronic and the patient can suffer from the syndrome once he faced a life problem.

5. Conclusion

Hashim syndrome is a newly described syndrome that is presented as (overthinking, oversleeping, over dreaming, and loss of appetite). There is no effect of age or gender on the symptoms and the severity of the syndrome and it is mostly associated with life

problems and running away from reality.

These symptoms will be gone, once the cause is treated (Solving or accepting the problems).

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