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LETTER TO THE EDITOR

When daydreams get out of control: An overlooked clinical presentation

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Dear Editor,

Daydreaming is a mental activity experienced by almost everyone and often involves unconscious processes (1). However, when it occupies a significant portion of an individual's daily life, impairs functioning, interferes with fulfilling responsibilities, and leads to significant psychological distress, it is considered a clinical condition known as "maladaptive daydreaming (MD)" (2). First described in 2002, MD is not yet included in diagnostic manuals such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or the International Classification of Diseases (ICD-11) (3). Although its estimated prevalence is 2.5%, MD remains underrecognized, potentially leading to poorer clinical outcomes (2).

Several factors contribute to the frequent oversight of MD in clinical settings. First, its phenomenology overlaps considerably with established psychiatric conditions such as Attention-Deficit/Hyperactivity Disorder (ADHD), depression, and dissociative disorders, often resulting in the misattribution of symptoms (4, 5). Second, the lack of formal diagnostic criteria in major nosological systems fosters uncertainty among clinicians regarding its status as a distinct disorder (3). Third, the scarcity of systematic research and validated assessment tools—especially across different languages and cultures—has limited both awareness and evidence-based treatment approaches (6). Finally, there is an ongoing debate in the literature regarding whether MD should be conceptualized as a pathological condition or as an extreme variant of normal imagination, further complicating recognition and intervention (4, 6).

In recent years, a growing number of online communities have formed, composed of individuals who seek help at mental health centers for daydreaming-related symptoms but have not received adequate responses in clinical practice. Many of these individuals reported that they had finally found a definition that matched their experiences within these communities (2). In this context, given both the frequent oversight of MD and the limited research in this area, we present this letter to contribute to the growing literature and illustrate the clinical relevance of MD through a representative case from our practice. Specifically, we aim to draw attention to the diagnostic and therapeutic challenges associated with MD, including the presence of comorbid psychiatric conditions, symptom overlap with other disorders, and persistent functional impairment despite standard outpatient treatment. Through this case, we highlight the complexities that clinicians may encounter and emphasize the need for increased awareness and further research on MD.

A 15-year-old girl presented to the child psychiatry outpatient clinic with complaints of daydreaming and self-talk. Her daydreaming reportedly began after

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her father, who had been working abroad, returned home due to the Coronavirus Disease 2019 (COVID-19) pandemic. These symptoms gradually worsened, particularly when she was with both parents during their arguments. The patient reported having a poor relationship with her father, believing that he did not love her. She also expressed that her symptoms made her feel content, as they resulted in increased attention from him. Although she was able to distinguish fantasy from reality, she stated that she felt happier in her imaginary world and preferred it over real life because of the unhappiness she experienced. She spent most of her day in her room, and her academic performance, social relationships, and self-care all significantly declined. She had recently developed urinary and fecal incontinence. She also described forgetfulness, distractibility, and difficulties in organizing tasks.

To rule out a possible organic etiology, the patient underwent evaluations in general pediatrics and pediatric neurology. No abnormalities were found on physical examination, biochemical tests, electroencephalography, or brain magnetic resonance imaging (MRI). Her birth and developmental history were unremarkable, and no psychiatric disorders were identified in her family. On a mental status examination, she was conscious and fully oriented. No perceptual or memory disturbances were observed. Attention and concentration were impaired. Her mood appeared depressed, and her affect was blunted. Insight was intact. Her intellectual functioning was clinically normal. Psychometric assessments, including both the Conners Rating Scale and the Atilla Turgay Scale, revealed elevated scores for inattention, indicating clinically significant attentional difficulties. Her total score on the Beck Depression Inventory was 24, which is consistent with moderate depressive symptoms, whereas scores on the Positive and Negative Syndrome Scale and the Dissociative Experiences Scale were within subclinical ranges, helping to rule out psychotic or dissociative disorders. The Wechsler Intelligence Scale for Children–Fourth Edition (WISC-IV) assessment revealed a full-scale IQ of 70. Despite this borderline score, the patient's day-to-day functioning appeared largely consistent with age-appropriate daily life abilities, highlighting that borderline test scores do not necessarily correspond to clinically significant impairment. She demonstrated a relatively preserved Verbal Comprehension Index (VCI=94) and Perceptual Reasoning Index (PRI=85), whereas the Working Memory Index (WMI=71) and Processing Speed Index (PSI=62) were lower. These lower scores likely reflect attentional difficulties, distractibility, and challenges in organizing and completing tasks, and may be exacerbated by daydreaming. Together, these results, combined with structured interviews and behavioral observations, supported the diagnoses of attention-deficit/hyperactivity disorder and major depressive disorder (MDD).

During follow-up, sertraline 50 mg/day and aripiprazole 5 mg/day were initiated for MDD and continued for approximately six months, leading to partial improvement in daydreaming, self-care, and depressive symptoms. However, owing to weight gain as a side effect, the patient exhibited reduced adherence, resulting in the gradual discontinuation of both medications. This limited adherence and brief treatment duration may have constrained the overall therapeutic response. Subsequently, fluoxetine 20 mg/day was initiated and continued for approximately two years, during which depressive symptoms were largely controlled, while daydreaming persisted. For ADHD, methylphenidate was started at 18 mg/day and titrated to 36 mg/day, yielding partial benefits in attention and executive functioning over the two-year period, although residual attentional difficulties persisted alongside ongoing daydreaming. Throughout follow-up, structured patient and parent interviews were conducted within the framework of cognitive-behavioral therapy (CBT) principles, allowing systematic monitoring of symptoms, functional outcomes, and treatment adherence. Despite combined pharmacological treatment and CBT-based interventions, functionally impairing daydreaming behaviors persisted, leading to admission to a day clinic for closer observation and clarification of the diagnosis. Following in-depth interviews and clinical monitoring in the day clinic, along with a review of the literature, the patient's clinical presentation was considered most consistent with MD. Written informed consent was obtained from the patient and her parents.

Maladaptive daydreaming is characterized by spending a significant portion of the day engaging in dreaming and experiencing an irresistible urge to continue doing so. Individuals often disconnect from the external world, and this condition negatively affects interpersonal relationships, academic or occupational performance, and sleep. While daydreaming typically occurs silently and internally, individuals with MD may display behaviors such as speaking, whispering, lip movements, facial expressions, or repetitive motor activities (3). In our case, the patient was aware that her fantasies were imaginary, yet was unable to control them. These symptoms, together with reduced self-care, social withdrawal, academic decline, whispering,

and physical movements during daydreaming episodes, all pointed toward a diagnosis of MD.

Maladaptive daydreaming is frequently reported to be comorbid with various psychiatric disorders, most commonly ADHD, anxiety disorders, MDD, and obsessive-compulsive disorder (7). In a study examining the comorbidity of MD and ADHD, patients described attention problems not as a primary complaint but rather as a result or secondary effect of their compulsive daydreaming behavior (8). Clinical observations suggest that MD often serves as an escape from distressing or depressive life circumstances and has a compulsive nature (7). Consistent with findings in the literature, our case also involved comorbid diagnoses of ADHD and MDD. While the patient's full-scale IQ was within the borderline range, her overall clinical functioning was largely age-appropriate, underscoring the limited predictive value of psychometric scores in isolation. More informative than the global IQ was the specific subscale pattern: strengths in verbal comprehension and perceptual reasoning contrasted with weaknesses in working memory and processing speed. These weaknesses, rather than representing global cognitive impairment, likely created a vulnerability to attentional lapses and disorganization. Importantly, MD appeared to interact with these vulnerabilities, further intensifying functional difficulties. In this way, MD may act as a maladaptive coping mechanism that magnifies subtle cognitive weaknesses and leads to disproportionate impairment in daily functioning, including academic performance and self-care.

Additionally, the onset of her daydreaming behavior coincided with the pandemic—a period of increased stress. Her symptoms intensified during times when she spent more time with her father, with whom she had a strained relationship, and when parental conflicts were more frequent. The fact that she reported feeling happy in her fantasy world suggests that her daydreaming provided secondary gains, such as escape from conflict, avoidance of responsibilities, and a means of attracting parental attention.

The differential diagnosis of MD should include ADHD, sluggish cognitive tempo (SCT), psychotic disorders, and dissociative disorders (4). In our case, the absence of core SCT features—such as mental slowness, lethargy, and physical underactivity—helped rule out SCT. The patient's intact insight and normal perceptual findings excluded a psychotic disorder. Her awareness that the imaginary characters were fictional, the absence of memory gaps, and the preservation of orientation argued against a dissociative disorder.

Maladaptive daydreaming has not yet been formally recognized as a psychiatric disorder, complicating diagnosis and treatment due to the lack of consensus (9). Although a scale developed for diagnosis—Maladaptive Daydreaming Scale—exists, Turkish validation and reliability studies have not yet been conducted (5). Individuals with MD often report that clinicians are unfamiliar with the condition, fail to provide adequate support, and that existing interventions are generally ineffective (10). In our patient, despite outpatient treatment, functional impairment persisted, leading to day clinic admission. Day clinic follow-up enabled comprehensive observation and structured interviews, which played a critical role in clarifying the diagnosis in cases where the clinical picture had previously been difficult to interpret. Moreover, reduced adherence due to medication side effects, such as weight gain, may have limited the potential therapeutic response, highlighting the challenges in managing comorbid disorders alongside MD. This case highlights that current diagnostic and treatment approaches may be insufficient for individuals with MD and that structured treatment settings such as day clinics may offer diagnostic and therapeutic benefits. CBT, motivational interviewing, and mindfulness meditation have been suggested to be potentially beneficial in the treatment of MD (11, 12). However, the implementation details and effectiveness of these methods are still supported by a limited number of studies. To date, no pharmacological treatment targeting MD has been studied.

In conclusion, MD is an underrecognized condition that is not included in current diagnostic systems but can cause significant functional impairment. Clinicians should consider MD as a potential diagnosis when excessive daydreaming leads to functional decline. Greater clinical awareness and further research on MD are essential.

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