American Academy of Sleep Medicine

Nightmares & Other Disturbing Parasomnias

Parasomnias are sleep disorders that involve undesirable physical events or experiences that occur while falling asleep, sleeping or waking from sleep. They may involve abnormal movements, behaviors, emotions, perceptions and dreams. They commonly produce physical injuries, adverse health effects, psychological disturbances and disrupted sleep. Behaviors related to parasomnias are disconnected from conscious awareness and are devoid of sound judgment. There is no conscious, deliberate control of these actions.

Nightmares are disturbing mental experiences that tend to occur during rapid eye movement (REM) sleep and that often result in awakenings from sleep. Nightmares are coherent dream sequences that seem real and become increasingly more disturbing as they unfold. Emotions typically associated with nightmares include anxiety, fear or terror. Other common emotions include anger, rage, embarrassment and disgust. These dreams tend to focus on imminent physical danger or other distressing themes. The dreamer often is able to recall clear details of the nightmare after awakening. There is little confusion or disorientation involved. Nightmares that follow a traumatic event may involve a realistic reliving of the experience.

Nightmare disorder:

Develops when a person frequently has recurrent nightmares that produce awakenings from sleep. These nightmares may keep the person from returning to sleep, and they often occur in the latter half of the sleep period when REM sleep stages are longer.

Types

Other parasomnias that involve disturbing features include the following sleep disorders.

- **Confusional arousals:**
  A person wakes in a confused state and may display disoriented behavior. Slow speech, confused thinking, blunt responses and memory impairment are common. Behavior can be agitated or even aggressive, especially after a forced awakening. Attempts to console the person may increase the agitation. Episodes in children may appear bizarre and frightening to a caregiver, with the child “staring through” the observer with a confused expression. Arousals tend to occur during the slow-wave stages of sleep during the first part of the night. Most episodes last from five to 15 minutes. As in all disorders of arousal, genetic factors appear to play an

important role. The prevalence rate among adults older than 15 years of age is 2.9-4.2%.

- **Hallucinations:**
  Sleep-related hallucinations are vivid perceptual experiences that occur as a person falls asleep (hypnagogic) or wakes up (hypnopompic). The person has a realistic awareness of the presence of someone or something that really is not there. Hallucinations tend to produce feelings of fear or dread. Although primarily visual, they may involve sensations of sound, touch or movement.

- **Rapid eye movement (REM) sleep behavior disorder:**
  REM sleep behavior disorder, or RBD, occurs when a person begins to physically act out a dream during the REM stage of sleep. These dreams tend to be unpleasant, action-filled or violent. Often the dreamer is being confronted, attacked or chased by a person or animal. Upon waking from an episode, the sleeper typically becomes rapidly alert and can describe a dream with a coherent story that corresponds with the unusual actions. This is a male-predominant disorder that usually emerges after the age of 50 years, although any age group can be affected. Major predisposing factors for REM sleep behavior disorder include gender, age, and an underlying neurological disorder, particularly Parkinsonism, dementia, narcolepsy and stroke. An increasingly recognized precipitating factor is medicine use, particularly of selective serotonin reuptake inhibitors, mirtazapine and other antidepressant agents with the exception of bupropion. In children and adolescents, predisposing factors for RBD include narcolepsy, the use of psychotropic medications, brainstem tumors, Parkinsonism, Tourette syndrome, and autism.

- **Sleep terrors:**
  Sleep terrors, sometimes called night terrors, is a sleep disorder that occurs when a person sits up in bed with a loud scream or cry and a look of intense fear. Adults may jump out of bed and run, attempting to leave through a door or window. The person tends to be unresponsive and will be confused and disoriented if awakened. Attempts to console the person may prolong or intensity the episode. There usually is no memory of the episode, although adults sometimes recall fragments of a dream. It tends to occur during slow-wave sleep in the first third of the sleep period. Prevalence rates of 1-6.5% in children and 2.2% in adults have been reported Genetic factors play a role.

Prevalence

- **Nightmare disorder:**
  Affects about two percent to eight percent of people. About
  50 percent to 85 percent of adults report having at least an occasional nightmare. About 75 percent of children can remember having at least one nightmare during childhood. It is estimated that between 10 and 50% of children aged 3-5 years have nightmares severe enough to disturb their parents. Approximately 2-8% of the general population have a current problem with nightmares and this frequency is higher in clinical populations.

- **Confusional arousals*:***
  Occur in about 17 percent of children and three percent to four percent of adults.

- ***Hallucinations***
  Are common, occurring in about 30 percent to 50 percent of people.
- Less than one percent of people have ***RBD***.
- About two percent of adults and up to six percent of children have ***sleep terrors***.

Risk grous

- More than one parasomnia often occurs in the same person, and they can emerge in close association with ***other sleep disorders*** such as obstructive sleep apnea and periodic limb movements.

- Many parasomnias emerge and peak during the ***childhood*** years.
- Some parasomnias may be related to ***post-traumatic stress disorder***.
- ***Medications*** such as antidepressants may be related to the occurrence of a parasomnia.
- A parasomnia may be related to narcolepsy, Parkinson disease or another ***neurological disorder***.
- Parasomnias are common in otherwise ***healthy people***.

Effects

- Anxiety and fear
- Embarrassment
- Sleep avoidance & deprivation
- Insomnia and daytime sleepiness
- Depression
- Physical injury

Treatments

Because parasomnias often occur in healthy people, treatment may be unnecessary. Many parasomnias that emerge in childhood begin to resolve as the child grows older. Treatment may be necessary if the parasomnia is especially disturbing to the sleeper or to others in the household, or if it produces behaviors that are potentially dangerous. A treatment program may include the following strategies:

- **Sleep hygiene**
  Educating the patient to avoid drugs, alcohol, and sleep deprivation, all of which may exacerbate a parasomnia.
- **Medications**
  Using antidepressants or benzodiazepine sleeping pills to limit episodes and promote sleep
- **Cognitive behavioral therapy**
  Providing the patient with effective, long-term strategies to overcome fear and anxiety related to the parasomnia.

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