

Parasomnias: When Sleep Keeps Us Awake

Joni Orazio, MD, DFAPA

Sleep is an ever-emerging field of medicine. Sleep is a time of rest for the body, but an active time for the brain. Sleep consists of two sleep states, REM (rapid eye movement) and non-REM. Non-REM has four stages. During deep sleep, stages three and four, the brain and body receive restorative effects. REM is an active sleep when dreams occur, breathing and heart rate become irregular, and muscles relax.

Sleep disorders result in diminished quality of life, can be medically serious, and potentially endanger safety through traffic and industrial accidents. The term "Parasomnia" is used to describe disruptive sleep related events, with two types- REM and non-REM sleep. Most parasomnias are infrequent and do not require treatment, except safeguarding the sleeper from injury.

The most common non-REM parasomnias are:

- Difficulty with falling and staying asleep
- Early morning awakening- waking up an hour or more before the alarm clock goes off
- Sleepwalking- simple or complex, more often seen in older children

- Sleep-related eating- can result in significant weight gain, seen more often in women
- Bedwetting- more typical in childhood
- Nightmares
- Night terrors- screaming, signs of extreme terror, sleep walking, no memory for event
- Difficulty adhering to a consistent sleep/wake cycle- often seen in shift workers and teenagers
- Teeth grinding
- Hypnagogic Hallucinations- Dreaming as one is falling asleep, frightening as setting of the dream is where the sleeper is
- Sleep paralysis- Waking after a dream, feeling the muscles will not move

The only REM sleep disorder is REM sleep behavior disorder. The muscles of the sleeper during REM are immobile. In this disorder, the individual is not immobile and can act out their dreams, becoming violent to themselves or their bed partner by punching, hitting and yelling. They are truly sleeping and when awakened typically remember their dream.

Parasomnias share the following common characteristics:

- More common in children
- Run in families
- Can occur with fever or illness
- Increase when fatigued
- Can be caused by medication

Minor sleep problems can be handled by a primary care provider, more complex parasomnias usually require evaluation by a sleep specialist and laboratory monitoring of sleep.

To minimize parasomnias:

- Keep the same sleep schedule
- Get 7-9 hours of sleep
- Establish relaxing presleep routines-warm bath, lights low, reading
- Exercise regularly
- Maintain a regular schedule for eating, medications, and activities
- Avoid caffeine 6 hours before bed
- No alcohol before bed
- Naps need to be at same time each day

If you have a family member with parasomnia consider precautions:

- Lower the bed to the floor
- Sleep in a sleeping bag
- Latch windows, doors, block exits
- Put gates on stairwells
- Put bells or alarms on doors
- Move to a first floor bedroom

For more information:

<http://www.nlm.nih.gov/medlineplus/sleepdisorders.html>