

DISTURBED BEHAVIOUR AND STRANGE EXPERIENCES RELATED TO SLEEP (PARASOMNIAS) pdf

1: Parasomnias - Research & Treatments | American Sleep Assoc

Parasomnias are disruptive sleep disorders that can occur during arousals from REM sleep or partial arousals from non-REM sleep. Parasomnias include nightmares, night terrors, sleepwalking.

Recent studies show that insufficient sleep duration has extremely detrimental consequences on several developmental areas for reviews, see the article by Sadeh¹ in this Encyclopedia and Touchette et al. Subject The American Academy of Sleep Medicine defines parasomnias as undesirable physical phenomena or experiences during sleep-wake transition, sleep or partial arousal. Sleepwalking is defined as a series of complex behaviours that are initiated during periods of partial arousal in slow-wave sleep that result in a person walking during sleep, even leaving the house, etc. The next morning the child usually has no recollection of the sleepwalking or sleep terror episode, whereas the memory of a nightmare is generally retained. Arousal disturbances resulting from nocturnal frontal lobe epilepsy must also be distinguished. Some children have epileptic episodes only at night and these take the form of complex but stereotypic and recurring behaviours often several times a night that can resemble sleepwalking. Rhythmic movement disorders are characterized by standard repetitive motor behaviours that occur particularly but not exclusively when falling asleep and include rocking the entire body from one side to another, rolling the head or banging it, generally against the pillow or the head of the bed. A diagnosis of bedwetting is made after the age of 5 when a child still wets his bed during sleep at least twice a week. Recent research results Parasomnias are extremely common in early childhood. It is a rare child who does not display any. However, few prospective studies have been done on a large sample of preschool children. A longitudinal infant-development study of approximately children born in in the province of Quebec Canada studied the prevalence as well as the appearance and disappearance of early childhood parasomnias. For both bedwetting and sleepwalking a boy-girl gender difference of two to one was observed. Some parasomnias appear early in infancy, while others manifest later. Unlike these conditions, however, the prevalence of bruxism and sleepwalking is fairly low in early childhood and increases gradually with age. Genetic factors are involved in some parasomnias, among them sleepwalking, sleep terrors, bruxism, bedwetting and nightmares. Persistent sleepwalking often coexists with sleep terrors or sleep talking in the same individual. Genetics produce a predisposition that external factors will accentuate. Factors that can precipitate sleep terrors or sleepwalking are fatigue, sleep deprivation, noisy sleep environment,^{14,15} fever,¹⁶ certain medications affecting the central nervous system¹⁷ and other sleep disorders such as sleep apnea syndrome. Generally, studies show that sociodemographic factors and family adversity have little or no effect or influence on the appearance of parasomnias. In most cases, it is a benign and temporary phenomenon that requires no intervention other than to reassure the child and its parents. Most parasomnias tend to disappear in adolescence. In most cases, non-pharmacological methods should be explored before medication is tried. With sleepwalking and sleep terrors, for example, the usual therapeutic approach, especially with young children, is scheduled awakenings. Then the child is pre-emptively awakened every night 15 to 30 minutes before the usual time of the episode, for a period of about one month; the child must be kept fully awake for about 5 minutes and then allowed to go back to sleep. For severe bruxism an acrylic dental guard is usually recommended. A dental guard not only prevents tooth wear, it also really helps to reduce the number of episodes of muscular activity related to grinding of teeth. The device emits a sound or a vibration when the child starts to urinate and the child must get up and finish his micturation in the toilet. The child progressively learns to wake himself up when he feels his bladder is full. Pharmacological treatments, such as desmopressin and oxybutynin, are more often used to treat excessive urine production and hyper-reactive bladder respectively. These treatments can also be used in combination for review, see reference An effective technique for controlling recurring or especially terrifying nightmares in young children consists of going back over or rehearsing the nightmare in the imagination or on paper to invent a different ending. For most children, this form of self-soothing does not entail risk of harm. However, it is possible

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through conditioning to replace this falling-asleep ritual with something more acceptable to the parents. Some parasomnias can serve as indicators to the parents that the child is experiencing a problem or insecurity. Parasomnias that persist for years such as sleepwalking, night terrors, bruxism have been associated with separation anxiety or just plain anxiety. Bedwetting has also been shown to be associated with delays in acquiring certain motor and language development milestones. Key questions for further research There are still very few studies on the potential consequences of early childhood parasomnias. Do these children have similar development difficulties in certain areas as children who chronically lack adequate sleep? It has been shown that children who regularly slept less than 9 hours a night had a lower cognitive performance, more hyperactive behaviour and a higher risk of overweight or obesity at school entry than children who regularly slept at least 10 hours a night. Very little is known yet about the relationships between early childhood dyssomnias frequent night wakings or sleep-onset difficulties and parasomnias. Do children who sleep less well have more parasomnias? There is also a glaring lack of controlled studies on the effectiveness of therapeutic interventions, pharmacological and non-pharmacological, for problematic parasomnias, especially for young children. Reports on effectiveness are often anecdotal. Why are parasomnias more common in early childhood and why do they fade away later on? The physiopathology of most parasomnias has yet to be clarified. Better understanding of the neural mechanisms underlying these disorders might lead to better therapeutic approaches. From studies of twins, we do know that some parasomnias have a genetic basis. But we have not yet been able to identify the specific genes that are in question in the appearance of various parasomnias. Conclusions It is now better understood that sound sleep is the basis of normal biological, social and emotional development; thus, it is vital that severe dyssomnias and parasomnias be treated as early as possible. On the other hand, the handful of studies that have been conducted on early childhood parasomnias show that they have, for the most part, few serious repercussions. Most do not seem to have a major impact on sleep duration. However, when the parasomnia proves more serious or very disturbing, or when it entails risk of injury, intervention is desirable. Implications for policies and services To meet an ever more pressing need for the treatment of sleep disorders, intervention programs must be developed and offered at different levels and spread geographically so that they are easily accessible. Parents need to receive detailed information on infant and child sleep, ideally in prenatal courses, to promote from the outset good sleep habits and age-appropriate sleep duration for the child, and to prepare them for the possibility of parasomnias. As front-line healthcare providers, they need to be brought up to speed on behavioural as well as pharmacological approaches. They will then be in a better position to reassure the parents in cases where a parasomnia is not serious, or to offer treatment solutions including referral to an appropriate specialist where parasomnias are problematic or entail risk of injury. Finally, given the prevalence of sleep disturbances and their effects, knowledge transfer should be extended to include government bodies and the general public. To this end, a group of specialists in early childhood sleep medicine should be set up to formulate public health policies based on empirical data. Accessed February 17, Risk factors and consequences of early childhood dyssomnias: Sleep Medicine Reviews ;13 5: American Academy of Sleep Medicine. International classification of sleep disorders: Diagnostic and coding manual. American Academy of Sleep Medicine; Movement disorders in sleep: Sleep Medicine Reviews ;11 4: Dyssomnias and parasomnias in early childhood. Pediatrics ; 5: Atlas of clinical sleep medicine. Rhythmic movements in infancy and early childhood. Acta Paediatrica Scandinavica ; Suppl. Somnambulism in childhood--prevalence, course and behavioural correlations. A prospective longitudinal study years. Acta Paediatrica Scandinavica ;71 3: Development of parasomnias from childhood to early adolescence. Pediatrics ; 1 Pt 1: From birth to 29 months. Hublin C, Kaprio J. Genetic aspects and genetic epidemiology of parasomnias. Sleep Medicine Reviews ;7 5: Autosomal-dominant locus for restless legs syndrome in French-Canadians on chromosome 16p Movement Disorders ;24 1: Sleep terrors in children: The value of sleep deprivation as a diagnostic tool in adult sleepwalkers. Precipitating factors of somnambulism: Sleepwalking and night terrors related to febrile illness. American Journal of Psychiatry ; 9: Factors that predispose, prime and precipitate NREM parasomnias

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in adults: Sleep Medicine Reviews ;11 3: Sleepwalking and sleep terrors in prepubertal children: Sallustro F, Atwell CW. Body rocking, head banging, and head rolling in normal children. Journal of Pediatrics ;93 4: Simonds JF, Parraga H. Prevalence of sleep disorders and sleep behaviors in children and adolescents. Journal of the American Academy of Child Psychiatry ;21 4: Behavioural and cognitive-behavioural interventions for sleep disorders in infants and children:

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2: Insomnia and Other Adult Sleep Problems - Gregory Stores - Google Books

Review of the parasomnias reveals the many forms of disturbed behaviour and strange experiences related to sleep that are now described in children. 1 The revision of the International Classification of Sleep Disorders 2 lists more than 30 parasomnias, including some that were once thought to occur only in adults but have now been.

They are broadly classified based on the sleep stage they occur in. What are the different types of parasomnia sleep disorders? The several common types are: Sleepwalking Somnambulism Sleepwalking, also known as somnambulism, is a parasomnia that occurs during the early sleep stages. Sleepwalking can include any action an individual performs while sleeping often standing up and walking around, of which he or she has no recollection. Individuals generally recall their actions upon waking. This type of parasomnia is more often seen in men over 50 years of age. Sleep Talking Somniloquy Talking in your sleep, also known as somniloquy, is a parasomnia that can range from quiet mumbles to loud, repetitive shouts during sleep. Sleep talking is typically a repeated act, occurring multiple times throughout the night. Teeth Grinding Bruxism Teeth grinding, also known as bruxism, is a parasomnia characterized by involuntary back and forth movement of the teeth during sleep, causing wear and stress on the teeth and jaw. Migraines and morning headaches may occur as a consequence of bruxism. Night Terrors Sleep Terrors Night terrors, also known as sleep terrors, usually awaken patients in extreme panic and fear. What are the symptoms of parasomnia sleep disorders? Sleepwalking Screaming or yelling while sleeping Waking in the night confused or afraid Consuming food while sleeping without recollection Waking up somewhere you do not remember going to sleep Inability to recall movements or actions during the night Extreme or recurring nightmares Self or bed partner injury If you are experiencing any of these symptoms, visit our sleep specialist for parasomnia diagnosis and treatment. What are the risk factors for parasomnia disorders? Some individuals may be predisposed to certain parasomnias. You may be more likely to suffer from a parasomnia if you: Have family members who suffer from parasomnias Abuse drugs or alcohol Are taking medications with side effects related to parasomnias Have post-traumatic stress disorder PTSD There are a number of other health conditions and disorders that may be linked to parasomnias. You should check with a sleep specialist to determine whether your health history may place you at risk for developing a parasomnia. How are parasomnias diagnosed? If you believe you may be suffering from a parasomnia, it is important to schedule an appointment with a parasomnia sleep disorder specialist, such as Dr. Malhotra, who can evaluate and diagnose your condition. Making a diagnosis typically begins with a physical examination and a medical and sleep history evaluation. What are our parasomnia treatments? Parasomnia sleep disorder treatments may include: This may also include seeing a behavioral sleep psychologist. If you believe you may be suffering from a parasomnia, it is important to see a doctor who specializes in sleep medicine in order to properly diagnose and treat your condition. Malhotra is a trusted sleep specialist in CT, who is known for diagnosing and treating all kinds of sleep disorders.

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3: What Are Parasomnias? - Sleep eBook

Sleep disorders involving abnormal behaviors during sleep are called parasomnias. These nighttime activities can occur at any age. The Stanford Sleep Medicine Center has extensive experience diagnosing and treating these unique sleep problems, including.

In all of these cases, the stakes are especially high. As I discussed last week, sleep forensics is a branch of sleep medicine that investigates and seeks to understand violent, strange and irrational behavior related to sleep. These investigations are necessary when sleep issues may be related to crimes. Incidents of sleep violence happen more often than many people realize. Estimates indicate that approximately 1. What causes sleep violence? Without waking consciousness and memory, the hours you spend sleeping can seem like lost time, without activity in the brain. The brain and body are active throughout every stage of sleep—growing and repairing cells and tissues, re-booting the immune and metabolic systems, restoring organ function, processing memory, emotion, and recent learning. I know it may seem as though there is no consciousness during sleep. Each has patterns of brain activity that are distinct from one another and distinct from waking consciousness. This is how we classify sleep stages, based on the different brain waves. Many parasomnias, including those that can put a sleeper at risk for sleep-related violence, occur as a person moves between NREM, REM, and wakefulness. Patients and families who are coping with violent and disruptive sleep behaviors ask me, how is it possible for a sleeper to act out so intensely while still asleep? Understanding sleep as an active state of being, rather than a pause button, is one important step in understanding how these behaviors can come about. How sleep works in the brain The next step is to grasp what scientists are increasingly recognizing themselves: What do I mean by that? Especially during transitions among the different states, characteristics of multiple states of consciousness—both sleeping and waking—can be active in the brain. I think of the brain when it comes to sleep like a hybrid car: When you experience sleep paralysis, you wake up from sleep and cannot move or speak. REM includes a temporary paralysis of major muscle groups known as REM atonia, which is thought to keep you immobilized during an active dreaming stage. In people who experience sleep paralysis, they wake with aspects of REM sleep still active in the brain. When different characteristics of different states of consciousness occur in the brain at once, it creates the terrain for unusual, odd, disruptive and even violent behavior to occur. Sleepwalking and other arousal disorders. More than 3 percent of the adult population may experience sleepwalking—and sleepwalking appears to be becoming more common, according to scientists. If you were a sleep walker as a child you may also be one as an adult, provided the right conditions. Stress is one factor that may trigger and escalate sleepwalking behaviors. So, too, can sleep deprivation. In several high-profile criminal cases, sleep experts have cited stress and lack of sleep as contributing factors to violent behavior during sleepwalking. That was true in the Kenneth Parks case, one of the most well publicized cases of sleep-violence in recent times. Stress and sleep deprivation also played a role in the case of Joseph Mitchell, who in was acquitted of murder and attempted murder. The defense said Mitchell was sleepwalking during an attack in which he smothered his four-year-old son and attacked two other children. Mitchell has also been under acute stress and had suffered from a significant lack of sleep prior to the attack. Sleepwalking is a type of parasomnia known as an arousal disorder. They also often first present themselves during childhood, and will frequently diminish or disappear with age. Arousal disorders typically share some common characteristics, including: In one of the cases I discussed last week, Brian Thomas killed his wife while acting out in response to what appeared to be a sleep terror. Sleep terrors are intensely frightening episodes during which a sleeper often screams and sometimes physically lashes out. Sleep terrors can put the sleeper and others at risk for accident, injury, and assault. In some cases, fatal reactions to sleep terrors or other arousal disorder parasomnias might at times be mistaken for suicide. His family and friends believe he hanged himself while in a sleep state, unaware of what he was doing. This NREM parasomnia involves a person engaging in sexual behavior while in a sleep state. As with

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other arousal disorders, the person often has little to no memory of their actions. Sexomnia can result in instances of sexual assault, rape, and other sex-related crimes. Like sleepwalking, other arousal disorders may be triggered or exacerbated by additional factors, including: REM is a state of active and vivid dreaming, and this temporary paralysis delivers protection to the sleeper against acting out in response to dreams. Sleepers with RBD often react violently, screaming, thrashing and jumping around, kicking and punching in reaction to disturbing dreams. Injury is an all-too-common consequence of RBD. Research indicates that nearly one-third of REM sleep behavior disorder have injured themselves, and 64 percent have injured their sleeping partners, during an episode. What causes REM sleep behavior disorder? This sleep disorder is linked to: Sleep deprivation compromises reaction time, reduces focus and attention, and interferes with good judgment. Insufficient sleep makes us more emotionally reactive and more inclined to engage in risky behavior. Accidents at home and in the work place are significantly more likely. According to research, at least 13 percent of workplace accidents are connected to sleep problems. And sleepy workers are 70 percent more likely to have an accident at work than non-sleepy workers. Sleep and fatigue are a common cause of motor vehicle accidents. Drowsy driving is as dangerous as drunk driving, to your safety and the safety of others. At least , motor vehicle crashes are attributable to sleep and fatigue , according to the National Transportation Safety Board. Sleep deprivation is a public safety hazard. Low on sleep , public transportation and public safety workersâ€”from train operators to airline pilots, law enforcement personnel to health-care workersâ€”are at increased risk for errors and accidents that put themselves and the public at risk. Sleep deprivation has also been a factor in large-scale environmental health disasters, including Three-Mile Island, Chernobyl, and the Exxon Valdez oil spill. Sleep forensics explores areas of sleep phenomena that remain too-little understood. That work can help move our legal system to better address sleep-related violence, and help keep us all safer, by better understanding our capacity for dangerous behavior even during sleep. I want sleep to be a peaceful experience for you and for all my patients. Sweet Dreams, Michael J.

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4: Parasomnias & Disruptive Sleep Disorders | Cleveland Clinic

-- Changes in sleep with age -- Signs of unsatisfactory sleep -- Sleep problems and their underlying causes (sleep disorders) -- Not sleeping well (insomnia) -- Treatments for insomnia -- Excessive sleepiness -- Disturbed behaviour and strange experiences related to sleep (parasomnias) -- Particular groups at special risk of sleep problems and.

Parasomnias What is a Parasomnia? The term parasomnia refers to general sleep disruptions from the REM rapid eye movement sleep cycle and non-REM sleep cycles. These disruptions can occur on a regular basis, or very rarely depending on the person. The disruptive events by them self may cause the affected person to wake up or partially wake, although during the actual event, one remains asleep. There are several types of sleep disruptions that fall under the umbrella-term parasomnias. The most recognized parasomnias are talking while asleep, sleepwalking, night terrors and nightmares. These events are more common in children, but can occur in adults as well. Gokben Hizli and Nevzat Tarhan Confusional Arousals Confusional arousals are far more common in children than in adults. The affected person may cry out or thrash around in bed. Sometimes this condition is referred to as sleep drunkenness because the affected person reacts very slowly to stimulation or has a hard time understanding what is happening around them. Attempts to calm the person can go unnoticed because it is very hard to wake a person in one of these states. These events can last up to half an hour. After the arousal is over, the affected person wakes very briefly, calms and returns to sleep. Most people who have one of these events have no memory of it the next day. Sleep Walking Sleepwalking or somnambulism is probably the most well known arousal disorder. Sleep Walking is most commonly seen in children, although it can be seen in adults and the elderly. Boys are more likely to be sleepwalkers than girls are, and the disorder usually runs its course before the teen years. The rates of the occurrences can vary from person to person, some may only sleep walk once a month, while others may sleep walk nightly. The actions during a sleepwalking event can vary as well. Some people may only sit up in bed, or walk around the room while others may walk around the house or leave the house. Other events during sleepwalking may include open eyes with a blank expression, unintelligible talking, or use of language not typical to the person. While injury from sleepwalking is rare, they affected person can put them self in danger, like going outside in bed cloths during the winter. In most cases, no treatment is necessary for the sleepwalker, as the number of events will decrease as the child ages. As the sleepwalker is unaware of their environment there are some common sense steps one can take to insure safety for the sleepwalker. Be sure there no large objects near the bedside; make sure there is not anything on the floor that could be tripped over. If one is concerned the sleepwalker will try to go outside, close and lock bedroom windows at night and lock doors to the house. Despite popular myths, it is not dangerous to wake a sleepwalker. However, upon waking them, they will probably be confused or disoriented, so it is best to speak to them gently and encourage them to return to bed. Typically, during REM sleep ones body will experience atonia, which is paralysis of all voluntary muscles. This sleep paralysis is a normal self-defense mechanism, preventing us from acting out our dreams. Sleep paralysis is nonexistent or insufficient for people who have RBD. When people with RBD experience an episode they often remain in bed, moan, and thrash around as they dream. In extreme cases, some people have actually gotten out of bed. Men over the age of 50 are most at risk for RBD, although it can occur in at any age and in women as well. The affected person will usually be able to recall their dream, but they had no idea they were moving about during their dream. Many people who have RBD report that intense or violent dreams trigger their episodes. There is treatment available for RBD. Most physicians will want a person to have sleep study done to confirm the diagnosis of RBD. After which treatment will be decided on; most treatments include medication or behavioral therapy. Sleep Terrors Sleep terrors are more common in children than in adults, although adults may have them occasionally. Despite their appearance, sleep terrors are not nightmares. Nightmares are vivid dreams that occur during REM sleep, and most people can recall most or all of their nightmares. On the other hand, sleep terrors occur during the deepest stages of sleep when dreaming does not occur. Commonly one

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who has a sleep terror cannot recall what was so frightening to them. It is typical during a sleep terror for a person to scream, sweat, have a rapid pulse and sit up in bed. The person having a sleep terror may appear to be awake, but are unable to communicate. During a sleep terror the person will not respond to soothing words or comfort, they may try to run away. This event will last 20 minutes or less, at which time the person will lie down and return to sleep. Stress, some medications and possibly sleep apnea are thought to be triggers of sleep terrors. These events will lessen as a child grows, and usually taper off completely by age 5. Until then, be sure to keep the bedroom a safe place. Make sure there is not anything on the floor that can be tripped over and move any large objects away from the bedside. There is no need to restrain a person having a sleep terror unless they are putting them self in danger.

Nightmares Nightmares are vivid, frightening dreams that we all experience at one time or another. People have little difficulty recalling their nightmares as they are usually filled with feelings of fear, terror and foreboding. It is not uncommon to have a problem returning to sleep after a nightmare, especially for children. Nightmares occur more often in children than in adults, and it is a normal development process for children to go through. These frightening dreams can start as early as eighteen months of age. Children will benefit from comfort and reassurance after a nightmare as they move through this development stage. Adults have far fewer nightmares than children do. Often nightmares for adults are brought on by emotional stress, anxiety or illness. Some medications disturb REM sleep and these may trigger nightmares as well. When to Seek Treatment Typically, any of the sleep disruptions listed above are not signs of anything physically or psychologically wrong with a child. Most of these behaviors will self correct as a child ages. However, one should contact a health care provider if a child experiences excessive sleepiness during the day, if the child puts them self in danger, or if the events are making it difficult for your family to function. In these cases, it is possible the health care provider will want to evaluate your child or have them see a sleep specialist. The sleep disruptions listed above are not typical for an adult; they actually may be indicators of other sleep related disorders like apnea or periodic limb movement disorder. See a health care provider to find the cause of the sleep disturbances. The health care provider may refer one to a sleep specialist or a sleep center for an evaluation.

Other Parasomnias Other parasomnias can be just as taxing and frightening as the events listed above. Some of the more common of these are listed below.

Grinding ones teeth while sleeping could be an indicator of stress and can be damaging to your teeth. This is a very common event, there is no need to worry if one talks during their sleep; it is not a sign of anything physically or mentally amiss. These sleep starts can be visual as well, in the form of a bright light inside ones eyes. Another type of sleep start is auditory, it will sound like loud bang or snap that seems to emanate from inside ones head. These occurrences can be startling and annoying, but are harmless.

Sleep Eating Nocturnal Seizures These seizures occur only while asleep, and may resemble a confusional arousal event. One having a nocturnal seizure may cry out, fall out of bed or thrash their limbs. This seizure disorder will need to be properly evaluated by a health care provider. As with most seizure disorders it may be treated with medication. Most primary care physicians will be able to evaluate someone who is having sleep disturbances. However, if they conclude the disturbance is complex they may refer a person to sleep specialist or a sleep center for further evaluation.

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5: Parasomnias Treatment Durham, Burlington, Jacksonville NC

REM sleep behavior disorder (RBD): Rapid eye movement (REM) sleep behavior disorder is a REM parasomnia where individuals act out dramatic and/or violent dreams during REM sleep. REM sleep usually involves a state of paralysis (atonia), but people with this condition move the body or limbs while dreaming.

Overview Living With What are parasomnias? Parasomnias are disruptive sleep disorders that can occur during arousals from rapid eye movement REM sleep or arousals from non-rapid eye movement NREM sleep. They can result in undesirable physical or verbal behaviors, such as walking or talking during sleep. Parasomnias occur in association with sleep, specific stages of sleep, or sleep-wake transitions. These parasomnias can be disruptive to both the patient and the bed partner. What are the types of non-REM parasomnias? Night terrors or sleep terrors are considered to be a type of disorder of arousal. The person experiencing a sleep terror abruptly arouses from sleep in a terrified state often accompanied by crying or screaming, with an increase in heart rate or breathing, sweating, or flushing of the skin. The person may appear to be awake, but is confused and unable to communicate normally. Night terrors are usually brief but can rarely last up to minutes, after which time the person lies down and appears to fall back asleep. People who have sleep terrors frequently do not remember the event the next morning. Night terrors occur during deep non-REM sleep and are more common during the first half of the night. People experiencing sleep terrors may pose dangers to themselves or others because of jumping on the bed or running around. During the night terror, the person may become more agitated and the episode may last longer if someone tries to interact with or console the person. Night terrors are fairly common in children aged 4 to 6. Sleepwalking is another type of disorder of arousal and occurs when a person appears to be awake and moving around with eyes wide open but is actually asleep. Sleepwalkers generally have no memory of their actions. They may wake up in the middle of the episode and appear confused or get back in bed and go back to sleep without waking. Sleepwalking most often occurs during deep non-REM sleep, early in the night. This sleep disorder is most commonly seen in children aged 6 to 12. However, sleepwalking can occur among younger children, adults, and the elderly. Sleepwalking appears to run in families. Sleepwalking can sometimes be dangerous because the sleepwalker is unaware of his or her surroundings and can bump into objects or fall down. Confusional arousals usually occur when a person is awakened from a deep sleep during the first part of the night. The person remains in bed, sits up, and looks around in a confused manner. The person may cry or be inconsolable. The episodes are generally brief but can also rarely last up to minutes. Confusional arousals tend to be prolonged the more others try to interact with them. People experiencing confusional arousals react slowly to commands and may have trouble understanding questions that they are asked. Confusional arousals are most commonly seen in young children and resolve by age 5. Rarely, they may continue into adulthood or be triggered by stress, illness, other sleep disorders, or sleep deprivation. What are the types of REM parasomnias? Usually, the person having a nightmare is abruptly awakened from REM sleep dreaming sleep and is able to describe detailed dream content. Nightmares tend to occur more frequently in the second half of the sleep period. The person having the nightmare frequently has difficulty returning to sleep. Nightmares can be caused by many factors including illness, anxiety, any traumatic event such as the loss of a loved one, or negative reactions to a medication. Nightmares occurring more often than once a week or those that create significant sleep disruptions for a prolonged period of time should be evaluated by a medical doctor. Sleep paralysis is a sleep disorder where individuals are not able to move the body or limbs when falling asleep or waking up due to their muscles being briefly paralyzed, even though they are awake. Episodes last seconds to a few minutes and are distressing, usually causing anxiety or fear. Sometimes sleep paralysis runs in families, but the cause of sleep paralysis is not known. Sleep deprivation and irregular sleep-wake schedules can also cause sleep paralysis. It is also seen in narcolepsy, a disorder characterized by severe excessive daytime sleepiness. An episode of sleep paralysis can often be terminated by sound or touch. REM sleep usually involves a state of

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paralysis atonia , but people with this condition move the body or limbs while dreaming. Usually, RBD occurs in men aged 50 and older, but the disorder also can occur in women and in younger people. It is sometimes caused by certain medications, including most antidepressants. In the diagnosis of RBD, potentially serious neurological disorders must be ruled out. Polysomnography sleep study and drug treatments are frequently used to diagnose and treat his disorder.

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6: Parasomnia Sleep Disorder Treatment in Connecticut

He has directed a sleep disorders service for patients of all ages since [check date], and has undertaken extensive research on sleep disorders and their treatment, as well as the effects of disturbed sleep on behaviour, performance and well-being.

This article has been cited by other articles in PMC. Abstract Sleep disorders in children and adolescents is a topic that has been, and remains, neglected in both public health education and professional training. Although much knowledge has been accumulated in recent times, it has been poorly disseminated and, therefore, relatively little is put into practice. Only some general issues can be discussed in this article. The aspects chosen relate mainly to clinical practice, but they also have relevance for research. They concern various differences between sleep disorders in children and those in adults, the occurrence of such disorders in young people, their effects on psychological and physical development, the essential but often ignored distinction between sleep problems and their underlying causes ie, sleep disorders , types of sleep disturbance encountered at different ages during development, and the differential diagnosis of certain parasomnias that are at particular risk of being confused with each other. A wareness of the importance of sleep disorders medicine is undoubtedly gaining ground, but the pace of progress is slow. The considerable amount of knowledge that has accumulated in recent times remains underutilized because awareness of these advances by both the general public and professionals remains inadequate. This is especially so regarding pediatric aspects of sleep and its disorders. Health education for parents and prospective parents often pays little regard to sleep. With some commendable exceptions, medical students, and specialist trainees, including pediatricians and child psychiatrists, health visitors, child psychologists, and teachers, receive little relevant instruction despite the fact that they all come into contact with many young people whose sleep is disturbed, sometimes with serious consequences. This relative neglect of children is interesting historically. To some degree it can be seen to reflect the very gradual and sporadic emergence of pediatrics in general as a branch of medicine in its own right. At times and in some respects still , children have been thought of as little adults. The extent to which this has been the case has been hotly debated by historians. On various grounds, Aries 1 argued that for many centuries childhood was not acknowledged as a distinct period of development. This view was considered by some to have lingered on in some respects until as late as the 19th century; witness child labor and sometimes the use of severe punishment of the type meted out to adults. Still describes the gathering although sporadic momentum in more recent centuries, often in relation to descriptions of individual pediatric conditions, but eventually leading to more systematic and comprehensive clinical accounts and provision of pediatric services in the 19th and 20th centuries. Along the way, a particularly notable figure, for whom Still seems to have had a special regard, was Thomas Phairst, a lawyer and physician, who in published *The Bote of Chyldren*, the first pediatrics textbook written by an Englishman. Yet for most commonly the tender age of children is chiefly vexed and greued with these diseases folowyng. The rf ore it shalbe good to prouoke it to a natural slepe thus ICSD-2 describes nearly sleep disorders, many of which occur in children and adolescents. Instead, just some aspects of sleep disorders in young people have been selected, chosen because they deserve special attention, as they are somewhat understated in usual accounts. More detailed coverage of pediatric sleep medicine including complete references can be found elsewhere. Such differences can be identified in various respects. Changes in sleep physiology There are profound changes in sleep physiology during childhood and adolescence for which there is no real counterpart in adult life. Rapid eye movement REM sleep is particularly abundant in very young children, perhaps because of its importance for early brain development. The circadian body clock takes time to develop but, from about 6 months, should allow fairly continuous night-time sleep without the need for repeated feeds at night. This, combined with a physiological delay in the sleep phase at puberty opposite to the sleep phase advance in the elderly , as well as late-night social activities, sets the scene for potentially severe sleep deprivation and excessive daytime

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sleepiness the delayed sleep phase syndrome, or DSPS which readily leads to educational and social difficulties in adolescence. Some sleep disorders occur much more commonly in children and adolescents, notably bedtime settling and troublesome nightwaking in young children the result of not acquiring good sleep habits and overdependence on parental attention. Adolescent DSPS has just been mentioned. Other examples include rhythmic movement disorders such as head-banging, nocturnal enuresis, and arousal disorders seen mainly in prepubertal children. Interestingly, some sleep disorders previously thought to occur mainly or exclusively in adults are now recognized in children, eg. In children, as in adults, neurological, respiratory, metabolic, endocrine, genetic, medication, or other physical factors may have an influence. Some parents construe normal behavior as a problem; others do not seek help when they should, perhaps because they mistakenly think there is no treatment available. Clinical manifestations and associations Whereas obesity is a common feature of obstructive sleep apnea OSA in adults, enlarged tonsils and adenoids are usually responsible in children. Adult OSA generally causes sleepiness and reduced activity. In contrast as in other causes of excessive sleepiness such as narcolepsy, some sleepy children are abnormally active. This can lead to a diagnosis of attention-deficit hyperactivity disorder ADHD and inappropriate treatment with stimulant drugs. Narcolepsy can be a case in point. Significance Many childhood sleep disorders can be expected to resolve spontaneously in a way that is unusual in adults. However, in the meantime as at any age, persistent sleep disturbance can have harmful effects on mood, behavior, performance, social function, and, sometimes, physical health. This can have particularly serious consequences in young people especially, as poor management of childhood sleep problems can also lead to their persistence into adult life. Unfortunately, however, many parents are unaware of frequently simple ways in which sleep problems in young children in particular can be prevented or minimized by the way they deal with their child at bedtime or during the night. Although it is true that many adults are also unaware that their sleep problems are amenable to treatment, in a significant number of cases say, of chronic insomnia, effective treatment is less readily achieved than in children because the origins of the sleep problem and, therefore, the management required, is more complicated. Especially in the treatment of insomnia or sleeplessness, medication has an even smaller part to play in children than it has in adults. Instead, behavioral methods also often important for adults are much more appropriate and effective, 14 with the possible exception of sleeplessness in children with neurodevelopmental disorders and some other chronic pediatric conditions for whom further research on pharmacological approaches including the use of melatonin - a contentious topic still is required. The number of traditional boundaries which have to be crossed in sleep medicine is considerable at any age, but in the case of young patients, in addition to medical specialties, for example, developmental psychology, and child and family psychiatry, often have to make their contributions. Different influences may operate at different ages as the many changes during the course of development proceed. However, the nature of the sleep problem varies considerably with age. Bedtime difficulties and problems with night waking are common up to about 3 years of age, whereas nightmares and sleepwalking, for example, feature more in older children, and many adolescents suffer from the delayed sleep phase syndrome mentioned earlier. However common such problems are in children overall, certain groups have sleeping difficulties much more often than this. The same can be said of children with other types of chronic pediatric illness. Children with these various conditions do not have a new set of sleep disorders compared with other children; it is the pattern of occurrence of their sleep disorders that is different. Physical factors may loom large in the etiology of the sleep problem in many of these conditions eg. OSA in Down syndrome but behavioral factors failure to develop satisfactory sleep habits are very common overall. Similarly, these groups of children can generally be expected to respond to the same types of treatment as other children, providing the treatment programs are correct for the sleep disorder in question. One obstacle to this is the mistaken view that, for example, serious sleep problems are inevitable in neurodevelopmentally disordered children, and that the problems have to be endured because treatment will not work. This is not the case, even when the sleep problem has already lasted some time but, sadly, for lack of information to the contrary, many such children go untreated. Developmental effects of

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persistently not sleeping well The potentially serious and widespread effects of persistently disturbed sleep especially inadequate or poor quality sleep deserve to be more widely known by parents and professionals alike. This alone would increase the use of the various types of treatments that are available. In some children, such problems are frequent and seriously disrupt family life. Reference has been made to the fact that certain young children said to have ADHD characterized by overactivity, impulsiveness, and poor concentration, are reported to have a primary sleep disorder. Stimulant drugs are not appropriate in this subgroup and might make matters worse by increasing the sleeping difficulty. Especially in adolescence, persistent loss of sleep can have a depressing effect and lead to the problems at home and at school to which reference has also been made. Bedtime can become a source of distress if associated with frightening thoughts or experiences that are associated with various sleep disorders, including night-time fears. Intellectual function and education There is convincing evidence that insufficient sleep can cause impaired concentration, memory, decision-making, and general ability to learn. Performance on tasks calling for sustained attention is particularly affected, and also those requiring abstract thinking or creativity. Similarly, motor skills and reaction time can be impaired. Students with insufficient sleep generally achieve lower school grades. Physical effects As the production of growth hormone is closely linked to deep NREM sleep, if sleep is seriously disrupted from an early age, physical growth may be affected. In addition to this effect of OSA on growth, persistent sleep loss in particular is being increasingly associated in adults with physical ill-health such as impaired immunity, obesity, hypertension, and diabetes. Family and other social effects There have been reports that relationships between parent and a child with a serious and persistent sleep problem can be severely tested to the point of increased use of physical punishment in extreme cases. In these circumstances, marital relationships may become seriously strained. Irritable, difficult, or otherwise disturbed behavior is likely to affect friendships. Relationships with teachers can also easily suffer, especially if they are unaware that behavioral problems can be the result of inadequate or otherwise disturbed sleep. The distinction between sleep problems and their underlying causes sleep disorders It is essential to distinguish between a sleep problem and a sleep disorder, although, in practice, this is often not done. As mentioned earlier, nearly sleep disorders are now officially recognized, many relevant to children and adolescents. The treatment of sleepless young children is an example of the point just made. Changes in the pattern of sleep problems and disorders during development Parents and professionals need to be familiar with the kinds of sleep disturbance that their child might develop at different ages, and know that they are collectively common and that they can be prevented or helped, for the most part. Only the main forms of sleep disturbance are mentioned here. Infancy It is important to encourage good sleep habits from an early stage to avoid bad sleep habits later on. The following practices are recommended to help parents to achieve this in infants: Safety measures to reduce the risk of the infant coming to harm at night from suffocation or other breathing problems sometimes associated with sudden infant death syndrome SIDS , should also be part of parental education about sleep. Main recommendations 22 include the following: Preschool children The nature of the usual sleep disturbance, and the advice required, is different after infancy into the toddler period and beyond. As at other ages and with other sleep problems, medical factors must be excluded but the usual explanations are behavioral, especially: Anxiety about separating from parents at night Stimulating activities within the bedroom Inadequate limit-setting on uncooperative bedtime or night-time behavior Unhelpful associations with being in bed. If parents lose their temper, or threaten or punish the child, he or she will come to associate bedtime with upset and fear Having failed to acquire self-soothing ways of coping with night waking. Behavioral treatment methods can be very effective in these circumstances sometimes in a surprisingly short time. Other possible contributory factors with which parents need to be acquainted include: School-age children Again, the pattern of sleep disorders changes somewhat at this age. Certain causes of sleeplessness in preschool children may still apply, but other causes of sleeping badly may begin to show themselves. Night-time fears 23 might intensify and become more complex. Such fears are usually transient and require only reassurance and comfort until they cease. Occasionally, however, they are so intense and persistent that they need special attention. In such instances the

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content of the fear or accompanying nightmares might be revealing. Once more, behavioral treatment is reported to be very effective. Worry and anxiety about daytime matters may cause difficulty in getting to sleep or staying asleep.

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7: Insomnia and Other Adult Sleep Problems : Gregory Stores :

Parasomnias are disruptive sleep-related www.enganchecubano.com are characterized by undesirable physical or verbal behaviors or experiences. Parasomnias occur in association with sleep, specific stages of sleep (see Sleep: Understanding the Basics), or sleep-awake transition phases.

Sleepwalking Nightmares and nightmare disorder Nightmares are frightening dreams that jolt the sleeper awake suddenly. People usually remember vivid details about their nightmares. In adults, nightmares are frequently connected with conditions such as post-traumatic stress disorder, depression, and schizophrenia. They can happen more often during stressful life situations, such as the death of a loved one, a breakup or divorce, or loss of a job. They can also be related to certain medicines, such as antidepressants, narcotics, or seizure medicines. Night terrors Night terrors, also known as sleep terrors, are episodes of fear, confusion, and screaming during sleep. Night terrors usually last a few seconds to a few minutes and often occur with sleepwalking. Unlike with nightmares, a person experiencing a night terror will not wake up and will not remember anything the next morning. Nightmares and night terrors are more common in children than adults. In children, they are rarely caused by a physical or mental illness. Both nightmares and night terrors are more common in people with other sleep problems, such as obstructive sleep apnea. If your child is having nightmares, he or she will usually wake up suddenly and may come to you for comfort. You can explain to your child that he or she has had a bad dream. Children experiencing a night terror might have their eyes open and seem to be awake, yet be confused, glassy-eyed, and unable to communicate. The child is often inconsolable. Your child might also: Sit up in bed Kick or thrash around frantically Breathe heavily and sweat Be hard to wake up or hard to calm down Stare wide-eyed Get out of bed and crawl or run around the house If your child is having a night terror, talk to your child calmly and gently and try to get him or her back into bed without shouting or shaking the child. Diagnosis Nightmares and night terrors are usually diagnosed by history alone. Some adults might need to undergo more evaluation, such as nerve testing, to make sure they do not have an underlying problem related to the night terrors. Treatment Nightmares and night terrors can be frightening, but they are usually nothing to worry about. Most children will outgrow them by the time they are teenagers. If your child has night terrors, you may need to place gates on staircases to prevent injury and remove dangerous objects from your home. Children who have frequent night terrors should not sleep in bunk beds. Be sure to talk with your doctor if you or a family member ever gets hurt while sleeping. Adults who have frequent nightmares and night terrors may benefit from cognitive behavioral therapy CBT. CBT can be done with a counselor or at a sleep medicine center and can be effective after only a few sessions. Bedwetting Doctors refer to nighttime bedwetting as nocturnal enuresis. This condition is fairly common in children. It tends to affect boys more than girls. Enuresis is also much more common in children whose parents both had enuresis as children. Bedwetting often occurs when a child makes too much urine for the amount that his or her bladder can store. Diagnosis You should take your child to the doctor if he is still wetting the bed after age 6. The doctor will also do a urine test called a urinalysis to see if there is an obvious cause for the bedwetting, like a urinary tract infection or diabetes. The doctor might ask you about how things are going at school and at home for your child. If the doctor finds no underlying cause, the bedwetting is called primary nocturnal enuresis. Treatment Most children do not need treatment for bedwetting. If your doctor decides to treat your child, it will probably be with behavioral therapy or medication. These are possible behavioral therapy treatments: Limit fluids before bedtime. Have your child go to the bathroom at the beginning of the bedtime routine and again right before getting into bed. Reward your child for dry nights. Have your child help you change the sheets when he or she wets the bed. Give your child bladder training, which involves having your child practice holding his or her urine for a while throughout the day so that the bladder stretches to accommodate more urine. One type of medicine helps the bladder hold more urine, and the other causes the kidneys to make less urine. These medicines can have side effects like flushing of the cheeks and dry mouth,

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and they are not a cure for bedwetting. It is not a mental or behavioral problem, and it does not happen because a child is too lazy to get out of bed. You should not make your child feel guilty or ashamed, or punish him or her for wetting the bed. Encourage your child to use the bathroom during the night, and place nightlights in hallways and rooms to make this easier. It may be helpful to use a waterproof mattress pad.

Sleepwalking Sleepwalking, also known as somnambulism, is a disorder in which a person partially wakes up during the night and walks around without realizing it. The sleepwalker might make repetitive movements, such as fumbling with clothing, get out of bed and stroll around, or even talk to you. Sleepwalking is usually not a cause for concern. Most children will outgrow sleepwalking by their teenage years. If your child is sleepwalking, try to guide him or her gently back to bed. As with night terrors, remove dangerous objects from the home and place gates on stairs to prevent falls. Keep doors and windows locked. Most children will not need treatment for sleepwalking. If your child sleepwalks for a long time or is having problems during the day due to lack of sleep, talk with your doctor. You might want to keep a sleep diary for a few weeks and record when your child sleepwalks. One method sometimes used to treat sleepwalking is waking your child up 15 minutes before he or she normally sleepwalks, but talk with your doctor before doing so.

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8: Nighttime Sleep Behaviors/Parasomnias | Stanford Health Care

Chapter 6: Parasomnias Nightmare and Sleep-Related Hallucinations. Nightmares are disturbing mental experiences that generally occur during Rapid Eye Movement (REM) sleep (during the later portion of the night) and often result in the person waking up 1.

Back to Sleep Disorders page Parasomnias Parasomnias are a group of sleep disorders that involve unwanted events or experiences that occur while you are falling asleep, sleeping or waking up. Parasomnias may include abnormal movements, behaviors, emotions, perceptions or dreams. Although the behaviors may be complex and appear purposeful to others, you remain asleep during the event and often have no memory that it occurred. If you have a parasomnia, you may find it hard to sleep through the night. Confusional Arousals This parasomnia causes you to act in a very strange and confused way as you wake up or just after waking. Sleepwalking Sleepwalking involves getting up from bed and walking around when you are still asleep in another room or outside your home and not remember how you got there. These episodes may cause you to wake up with the look of intense fear, kicking, thrashing and your heart racing. Sleep Eating Disorder These episodes occur when you rapidly binge eat while you are only partially awake. You may only have a slight memory or no memory of the binge, and the food may be highly caloric or in strange combinations. This potentially dangerous sleep disorder causes you to act out vivid dreams as you sleep. You may kick, punch or flail in response to your dream and episodes get worse over time. Sleep Paralysis Sleep paralysis causes you to be unable to move your body when you are falling asleep or when you are waking up. These episodes typically last seconds or minutes. People with nightmare disorder may fear going to sleep or have difficulty falling back asleep because of intense nightmares. Bedwetting Bedwetting can occur as a primary or secondary condition in both adults and children. Primary bedwetting results from a failure to wake up when the bladder is full. Secondary bedwetting happens in children who face strong social or mental stress or as a sign of another medical problem such as diabetes or a urinary tract infection. Sleep Hallucinations Sleep related hallucinations are imagined events that seem very real. They are usually visual but may also involve your senses of sound, touch, taste and smell. You may not be sure if you are awake or asleep. Exploding Head Syndrome This parasomnia causes you to hear a loud imaginary noise just before you fall asleep or awaken. It can sound like a bomb exploding, cymbals crashing or a painless loud bang. Episodes can be distressing and people often mistakenly think they are having a stroke or brain problem. Try to get more sleep each night to alleviate the symptoms. Sleep Talking Sleep talking is common and tends to be harmless. The subject matter is often loud and fairly nonsensical. Sleep talking can occur by itself or it may also be a feature of another sleep disorder.

9: Primary Sleep Disorders: Parasomnia | StayWell Health Library | Main

Behavior therapy, also known as behavior modification, which is a treatment designed to help change some of a patient's day-to-day behaviors that may be contributing to parasomnias. This may also include seeing a behavioral sleep psychologist.

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