


PARASOMNIAS

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Center

- ▶ Non-REM sleep: Stage N1, N2 and N3. Disorder of arousal
 - ▶ REM sleep: Disruption of the normal decrease in muscle tone or dreams with a story
 - ▶ Either: Some parasomnias can happen non-REM or REM sleep
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► Non-REM parasomnias – disrupted boundary between wakefulness and non-REM sleep, nocturnal behavior, autonomic nervous system activation

- SLEEP TALKING
- SLEEPWALKING
- SLEEP EATING
- NIGHT TERRORS
- SLEEP DRIVING
- CONFUSIONAL AROUSALS
- SEXSOMNIA

► Non-REM parasomnia triggers

- SLEEP DEPRIVATION
 - DISTURBED SLEEP (SLEEP APNEA, RLS, PAIN)
 - ANXIETY/STRESS
 - DEPRESSION
 - PTSD
 - BRAIN DISORDERS (NARCOLEPSY, MS, PARKINSON'S, DEMENTIA, STROKE, TUMOR)
 - MEDICATIONS (ESPECIALLY SOME ANTIDEPRESSANTS)
 - INHERITANCE
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► REM-related parasomnias

- NIGHTMARES/NIGHTMARE DISORDER
- REM SLEEP BEHAVIOR DISORDER
- ISOLATED SLEEP PARALYSIS

► Other Parasomnias – Can happen in Non-REM or REM sleep


- BEDWETTING/NOCTURNAL ENURESIS – AT LEAST TWICE A WEEK AFTER AGE 6 YEARS
- EXPLODING HEAD SYNDROME – SUDDEN NOISE AND FLASH OF LIGHT WHEN FALLING ASLEEP OR WAKING UP WITHOUT ANY PAIN OR HEADACHE
- SLEEP-RELATED DISSOCIATION – DISRUPTION OF CONSCIOUSNESS, IDENTITY, MOOD, MEMORY OR CONTROL/PERCEPTION OF ONE'S BODY WHEN FALLING ASLEEP OR WAKING UP. CAN LAST SEVERAL MINUTES OR OVER AN HOUR. SCREAM, FLAIL, CRY, ARCH THEIR BACK OR ACT VIOLENTLY. OFTEN NO MEMORY AFTERWARD. STRONGLY ASSOCIATED WITH A HISTORY OF TRAUMA OR BEHAVIORAL HEALTH ISSUES

► Treatment of parasomnias

- GOOD SLEEP HYGIENE
- REDUCING OR ELIMINATING A MEDICATION
- COUNSELING/THERAPY
- RELAXATION TECHNIQUES
- SOMETIMES MELATONIN, A BENZODIAZEPINE OR A TRICYCLIC CAN HELP SOME PARASOMNIAS
- ANTICIPATORY AWAKENING FOR SLEEPWALKING OR NIGHT TERRORS
- SAFETY
- MANY CHILDREN “OUTGROW” THEIR PARASOMNIA BY ADOLESCENCE

► CentraCare Sleep Medicine

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Clinical Updates

Parasomnias

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Objective:

At the conclusion of this presentation, participants should be able to:

1) Have a basic understanding of Parasomnias and how to treat them.

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