There’s More to Nightmares Than Meets the Eye
7 Things to Know About Parasomnias

Parasomnias are undesirable physical, experiential, or behavioral phenomena that occur exclusively during sleep onset, during sleep, or during arousals from sleep. In DSM-5, the parasomnias are non–rapid eye movement (NREM) sleep arousal disorders (sleepwalking, sleep terror types), nightmare disorder (formerly known as dream anxiety disorder), and rapid eye movement (REM) sleep behavior disorder (RBD). Here we present 7 teaching points based on the article, Parasomnias: What Psychiatrists Need to Know, on which this slideshow is based.

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1. NREM sleep arousal disorders can involve partial awakening with periods of confusion.

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2. Substance-/medication- induced sleep disorders can include sleep-driving and sleep-eating

Parasomnias resembling disorders of arousal can be related to the use of many psychotropic drugs, in particular sedative-hypnotics. Sleepwalking and other amnestic complex sleep-related behaviors have been reported among psychiatric patients taking benzodiazepines. Behaviors can be prolonged and include amnestic nocturnal eating, sexual activity, and even sleep driving.

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3. Nightmare disorder is now recognized as an REM sleep phenomenon

Formerly termed “dream anxiety attacks,” nightmare disorder is now recognized as an REM sleep phenomenon, distinct from NREM sleep terrors. As defined in DSM-5, this includes repetitive, extended, extremely dysphoric, and well-recalled dreams that involve threats to survival, security, or physical integrity; episodes usually occur during the second half of the sleep period. Typically, the individual becomes rapidly alert and oriented. Emotional manifestations of fear, anger, and sadness may predominate.

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4. REM sleep behavior disorder (RBD) can involve action-packed dream content that can progress over several years and even result in injury.

RBD patients—most frequently older men who experience a prolonged, chronic course—typically dream of themselves as defenders, rarely as aggressors. Violent dream enactment can result in injury to the patient and/or bed partner whose presence is often incorporated into the dream content. RBD spells are likely to occur during the latter part of the night, when REM sleep tends to be more prolonged and intense. For about 25% of patients, there is a prodromal period with increased action-packed dream content along with vocalization and limb jerking that can progress over several years. As RBD becomes established, there is a tendency for abrupt, often violent movement concordant with recalled dream content.

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5. Recurrent isolated sleep paralysis is often experienced as discomforting or frightening.

Sleep paralysis is essentially the atonia of REM sleep that has become dissociated and occurs at times other than the typical periods of REM sleep during the night. It can either intrude at sleep onset or persist into awakening at sleep offset, and it is often experienced as discomforting or frightening. It is classically found in association with narcolepsy, but not exclusively.
6. Sleep-related events not specified in DSM-5 can resemble panic disorder, sleep terrors, and even gastroesophageal reflux

Clinical features of nocturnal spells can resemble panic disorder, but diagnostic caution must be emphasized. Other disorders that can masquerade as nocturnal panic, such as sleepwalking/sleep terrors, RBD, seizures, gastroesophageal reflux, obstructive sleep apnea, bruxism, nocturnal asthma, and nocturnal cardiac arrhythmias. Sleep disturbances have figured prominently in descriptions of dissociative identity disorder, dissociative amnesia, PTSD, and other disorders.

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7. Other rare but relevant disorders with sleep-related manifestations should be considered

Sleep-related epilepsy should be considered for any sleep-related behavior that is recurrent, inappropriate and, most importantly, stereotyped. Exploding head syndrome is a sudden sensation of a loud noise or a violent, though painless “explosion” in the head occurring as the affected person is falling asleep or waking during the night. It is a rare, benign but frightening event during the transition between wake and sleep. Sleep-related hallucinations can be related to narcolepsy, ß-adrenergic receptor blocking medications, dementia with Lewy bodies, visual loss (Charles Bonnet hallucinations), and other brain pathology (peduncular hallucinosis).

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