

③ Other parasomnia disorders

> **Nocturnal enuresis** refers to episodes of involuntary urination (bedwetting) *after the age of 5 years* that occur *at least twice a week* for a period of more than 3 months.



> **Hypnagogic hallucinations** occur during sleep (hypnagogic) or upon awakening (hypnopompic), and are most *predominant in women*.

Important

Some symptoms of neurological disorders such as epilepsy can strongly resemble those of parasomnias.

Differentiating between the two pathologies can sometimes be difficult, and it is strongly advised to consult your general practitioner.

The Sleep Blog

Get information, learn how to recognise the main symptoms of various pathologies and find practical advice on sleep.

www.cenas.ch/blog

- > new articles on sleep every month
- > practical advice

You believe you might be suffering from parasomnias ?

If the symptoms are recurrent, occur several nights in a row and you think you may be affected, consult your physician. Solutions do exist. In most cases, he has the right skills to help and advise you.

You can also consult a sleep disorders specialist physician. He will be able to diagnose your disorder and guide you towards the most appropriate solutions.

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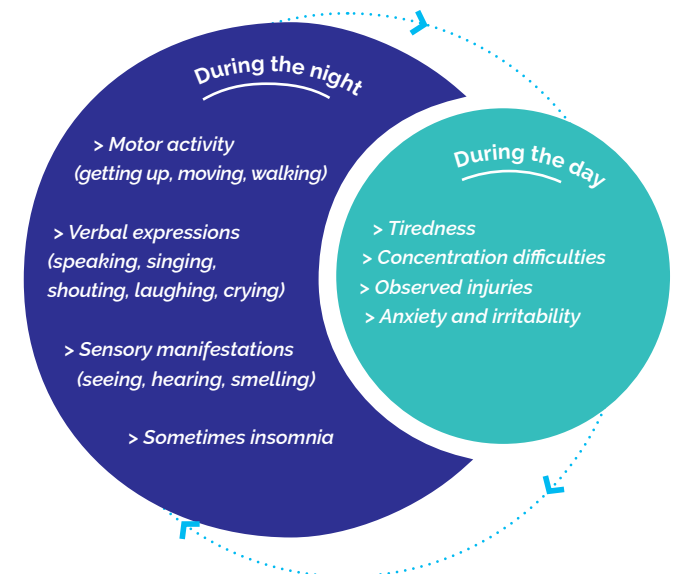
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OBJECTIVE SLEEP

Parasomnias

Learn how to identify symptoms :



Did you know ?

Parasomnias may be related to an underlying sleep pathology.

2 to 4 % 2 to 4 % is the prevalence of sleepwalking among adults.

1 to 3 % 1 to 3 % of children under 15 suffer from episodes of night terrors.

17 % On average, parasomnias affect 17 % of children.

x 10 A patient with a first-degree family history of sleepwalking is 10 times more likely to sleepwalk than the general population.

Risk factors for parasomnias

Parasomnias can sometimes have a genetic component, but are more often caused by external factors that disrupt the intensity, duration and structure of sleep phases.

The most common factors involved in parasomnias are :

- > Stress
- > Excessive exercise
- > Sleep deprivation
- > Irregular sleep rhythm
- > Drugs, including alcohol
- > Fever and illness
- > Many medications

Understanding parasomnias

Parasomnias are the result of a dissociation between waking and sleeping states of consciousness. Research has shown that two or more of these states may combine, resulting in unstable states of altered consciousness manifested as parasomnias.

Parasomnias are characterised by complex abnormal sleep-related movements, behaviour, emotions, perceptions, dreams and activation of the autonomic nervous system.

There are 3 categories of parasomnias :

① Non-REM parasomnia

As their name suggests, they occur during slow-wave sleep. They are most frequently observed during deep slow-wave sleep, which is the most restorative stage of sleep. In this stage of sleep, cognitive abilities are severely impaired, or even non-existent, while motor skills are maintained. In most cases, the patient does not remember these episodes, presenting partial or complete amnesia.



> **Sleepwalking** is characterised by simple motor manifestations: with eyes open, the subject gets up and walks around the room with slow and clumsy movements.

> **Night terrors** are characterised by short and brutal episodes generating screams and fear that can cause tachycardia, excessive sweating, etc.

Existing treatments

Non-drug treatments

Treatment of parasomnias can combine sleep hygiene measures with therapies such as hypnosis or relaxation. These can be effective in some cases, even in the absence of medication.

> **Confusional arousals** are characterised by disorientation. The subject seems awake but has difficulty speaking and understanding others. This can resemble sleepwalking, but in this case, the subject does not leave their bed.

> **Sleep-eating disorders** are characterized by eating and drinking while partially awake, often with no (or very partial) memory of having eaten.

> **Sexsomnia** is characterized by inappropriate sexual behavior during sleep. These behaviors may be self-centered or involve the bed partner.

② REM parasomnia

> **REM sleep behaviour disorders (RBD)**. These episodes occur during REM sleep. The subject enacts their dream, which can lead to violent behaviour.



> **Nightmares** are unpleasant and terrifying dreams with a feeling of oppression and anxiety that often trigger the subject to wake up abruptly.

> **Recurrent isolated sleep paralysis** is characterised by – often minor – episodes of generalised motor paralysis when falling asleep or waking.

Medication

For some severe forms of parasomnia, specific pharmacological treatment may be considered by the specialist.