

REM Behavior Disorder

REM Behavior Disorder – A condition characterized by physical actions such as walking, shouting, hitting, kicking or thrashing. It occurs during REM (Rapid Eye Movement) sleep and is associated with a violent, threatening or physically active dream.

Description - During sleep we experience REM sleep four or five times a night. It occurs every 90 minutes on average. If a person is awakened during REM sleep, they are almost always dreaming.

During normal REM sleep there are distinct physiologic changes. During non-REM sleep brain waves slow, eyes move slowly if at all, and our muscle relax but remain active. Paradoxically, during REM sleep our brain waves appear awake, eyes move rapidly, and muscle tone drops. In fact, the muscles are paralyzed. The only muscle functioning are the heart and diaphragm. A change in our brains disconnects our brain from our muscles. In REM sleep, dreams occur but no movement occurs because the muscles are paralyzed.

In REM Behavior Disorder (REMBD), dreams occur but something goes wrong with the mechanism that disconnects the brain from our muscles. A dream occurs and it is acted out.

Problems - A person with REMBD will act out aggressively during sleep and often injure themselves. Cuts, bruises, and even broken bones are not uncommon. They can injure those who sleep with them.

Cause- There are five apparent ways REMBD appears to occur:

Secondary to certain medication – antidepressants primarily Secondary to other sleep disorders -Sleep Apnea and others Onset as a mature adult – significant incidents later of Parkinson's In patients with Parkinson's or related disorders Life-long appearing in adolescents and young adults

Mature individuals who develop REMBD have a significant possibility (30-70%) of developing Parkinson's disease in the decade following diagnosis.

Diagnosis - A history of acting out disturbing, violent and threatening dreams is adequate to establish the diagnosis. A sleep test (polysomnogram) is required to exclude other possible causative or complicating factors. Neurologic test is reserved for those with symptoms of an addition disorder

Treatment - Medications are used to control episodes Treatment of other sleep disorders (Sleep Apnea) if present.