“The Spectrum of Parasomnias Other Than RBD – Classification and Video”

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Disclosure

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(not relevant to this presentation)

Learning Objectives

1) Discuss how all our instinctual behaviors can be abnormally released during sleep with the parasomnias, with major clinical consequences.
2) Present the differential diagnosis of sleep-related injury and violence, including sleep-related biting.
3) Present the cardinal features and management of Somnambulism, Night Terrors, and Sleep Related Eating Disorder arising from Non-REM sleep.
4) Discuss Sexsomnia (abnormal sleep-related sexual behaviors) and its management.

Key Message

A broad range of Non-REM sleep parasomnias exists, and can usually be effectively managed.

“The Spectrum of Disorders Causing Violence During Sleep”

Carlos H. Schenck, M.D.

Sleep Science and Practice 2019;

3:2; doi: 10.1186/s41606-019-0034-6.

(Sleep and Epilepsy Issue)

Differential Diagnosis: Sleep-Related Injury & Violence

1. NREM Sleep Parasomnias (SW, Sleep Terrors, Confusional Arousals)
2. REM Sleep Behavior Disorder (RBD)
3. Parasomnia Overlap Disorder (RBD + NREM Paras)
4. Obstructive Sleep Apnea
5. Sexsomnia (Sleepsex)
6. Sleep Related Dissociative Disorder (Psychiatric)
7. Trauma-Associated Sleep Disorder/PTSD

Differential Diagnosis: Sleep-Related Injury & Violence

8. Periodic Limb Movement Disorder
9. Rhythmic Movement Disorder (jactatio capitis nocturna)
10. Nocturnal Scratching Disorder
11. Sleep Related Eating Disorder
12. Nocturnal Seizures
13. Miscellaneous/Mixed Disorders

Case Report

"Violent Parasomnia With Recurrent Biting and Surgical Interventions: Case Report and Differential Diagnosis"

J Clin Sleep Med 2018;14(5): May 15, 2018

Danish N, Khawaja IS, Schenck CH

Table 1

Differential Diagnosis of Sleep-Related Biting

1. NREM sleep parasomnia
2. Obstructive sleep apnea
3. NREM sleep parasomnia + OSA
4. REM sleep behavior disorder
5. Parasomnia overlap disorder (RBD + NREM parasomnia)

Table 1

Differential Diagnosis of Sleep-Related Biting

6. Sleep-related dissociative disorder
7. Sleep-related rhythmic movement disorder
8. Sleep-related seizures
9. Sleep-related eating disorder

Sleepwalking

Sleepwalking consists of a series of complex behaviors that are usually initiated during sudden arousals from slow-wave sleep and culminate in walking around with an altered state of consciousness and impaired judgment.

Sleepwalking--Demographics

- Usually benign in childhood, but could become progressively hazardous with increasing age.
- May persist and intensify into adulthood.
- Up to 4% of adults have sleepwalking, including *de novo* sleepwalking.

Sleepwalking (in predisposed people)

Precipitating Factors

- Sleep deprivation: the most post potent factor (including irregular sleep-wake schedule)
- Sleep disordered breathing: newly recognized
- Stress (physical and emotional)
- Premenstural period
- Febrile states (children)
- Travel, sleeping in unfamiliar places

Sleepwalking Episodes

Precipitating Factors (continued)

- Alcohol use or abuse
- Medications: zolpidem (#1), most sedative-hypnotics. FDA "Black Box" warning 30 April 2019: dangerous parasomnia behaviors: zolpidem, zaleplon, eszopiclone: "Z drugs"
- Medical disorders: hyperthyroidism, migraines, head injury, etc.
- Psychiatric disorders: depression, anxiety,

Sleep Terrors (Pavor Nocturnus)

- Sudden arousals from slow-wave sleep with a cry or loud scream, intense fear, and autonomic nervous system hyper-activation: tachycardia, tachypnea, diaphoresis, increased muscle tone.
- Unresponsive to external stimuli, and if awakened, is confused and disoriented.

Sleep-Related Eating Disorder (SRED)

Classified as a Parasomnia in the *International Classification of Sleep Disorders, 3rd Edition,* 2014

- Circadian misalignment in eating.
- Sleep & Eating: Instinctual behaviors that become pathologically intertwined in SRED.

- Female-predominant disorder:

  60%-83% of patients in reported series.
- Mean age of onset: 22-40 years.
- Nightly frequency of nocturnal eating:

  very common (>50% of reported cases).
- Overweight/obese (BMI criteria): 50%
- Hunger is virtually never reported

SRED—Diagnostic Criteria (ICSD-**3**)

A. Recurrent episodes of dysfunctional eating that occur after an arousal from sleep, during the main sleep period.

B. One or more of the following must be present with the recurrent episodes of involuntary eating:

Adverse Health Consequences From SRED

1) Excessive weight gain/obesity.
2) Destabilization (or precipitation) of diabetes mellitus (type I or II).
3) Hypertriglyceridemia/Hypercholesterolemia.
4) Dental problems: tooth decay & chipped teeth.
5) Allergic reaction from carelessly eating foods to which one is allergic.
6) Secondary depression from loss of control.

SRED—Diagnostic Criteria (ICSD-3)

C. There should be at least partial loss of conscious awareness during the eating episode with subsequent impaired recall.

"Sleep and Sex: What Can Go Wrong? A Review Of The Literature On Sleep Disorders and Abnormal Sexual Behaviors and Experiences"

Sleep 2007; 30: 683-702.

Schenck CH, Arnulf I, Mahowald MW

Sexsomnia:
Two Most Common Causes

1. Non-REM Parasomnia: Confusional Arousals, Sleepwalking

Typical history: multiple parasomnias, often with childhood-onset: Sleepwalking, Sleep Terrors, Confusional Arousals, Sleep Related Eating Disorder, Sleeptalking, RMD, etc.

Sexsomnia:
Two Most Common Causes

2. Obstructive Sleep Apnea (inducing Confusional Arousals)

"Snorgasm" "Sexapnea"

Typical history: onset or increase of snoring with the onset of the sexsomnia, as reported by the bed partner.

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