

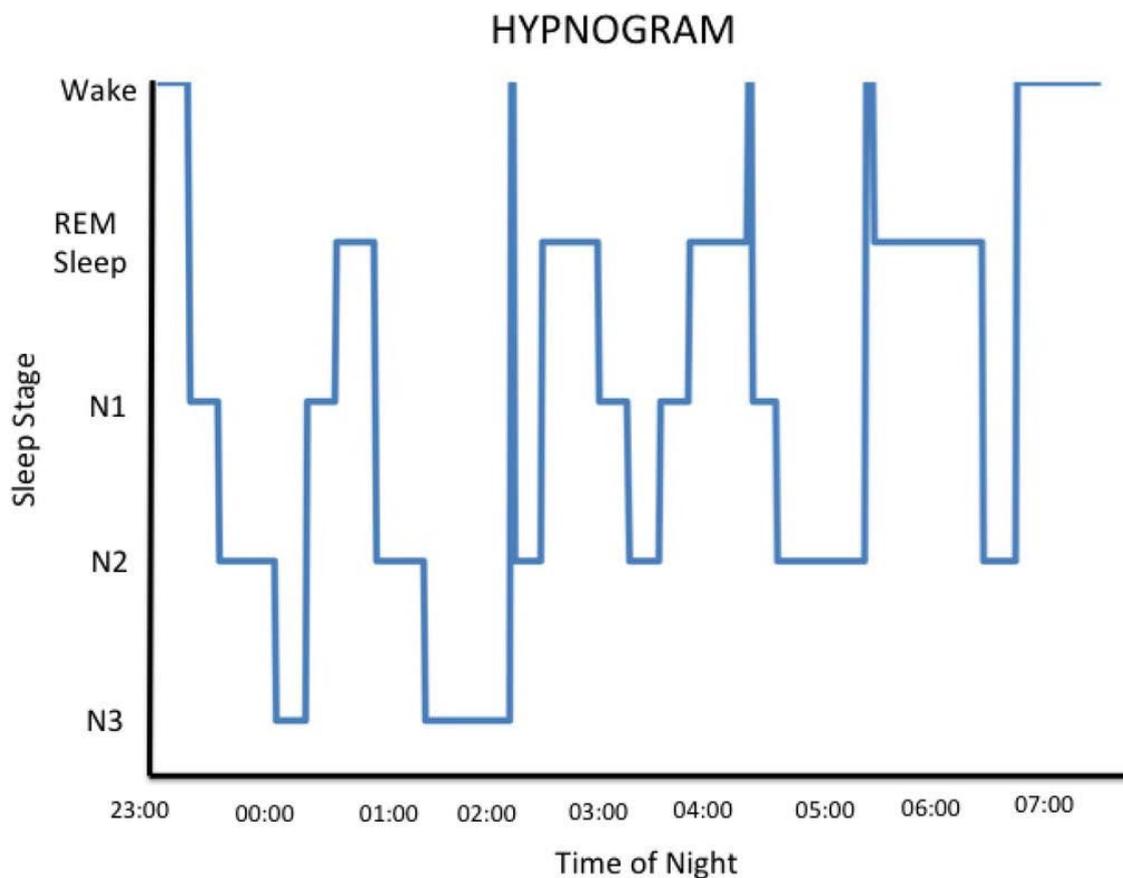
Non-REM parasomnias – information for GP’s and community pharmacies

Sleep – the basics

Sleep is divided into different stages; rapid eye movement called REM, where we do most of our dreaming, and non-REM sleep. Non-REM sleep is divided into three stages (stages 1 and 2 are light sleep and stage 3 or slow wave sleep is deep sleep).

We go through the different stages of sleep in approximately 90 minute cycles throughout the night. There tends to be more deep sleep early after sleep onset and more REM sleep towards morning.

The graph below is called a hypnogram which describes in a simplified way the stages of sleep we transition through over the course of a night.



What are non-REM parasomnias?

Parasomnias are abnormal events that occur during sleep. People who have non-REM parasomnias have partial awakenings from *deep sleep* which usually occur during the first third of the night. This leads to people having abnormal, unwanted events or experiences, sometimes being able to perform complex tasks, which they may not remember as they are still partially asleep. This can include sleep walking or experiencing sleep terrors. In extreme cases, non-REM parasomnias can cause physical injury or significant emotional upset. It is very unusual for new onset non-REM parasomnias to occur in adulthood and warrant a referral to a specialist sleep disorder service.

What can cause non-REM parasomnias?

These awakenings may be spontaneous but may also be caused by a noise or other stimuli. Non-REM parasomnias often run in families but symptoms may differ between each family member. Triggers include sleep deprivation, stress, fever, new environments and sometimes alcohol.

How is non-REM parasomnias treated?

The mainstay of treatment is to avoid aggravating factors such as stress and sleep deprivation. Sleep hygiene advice should always be offered as a basic approach to help improve sleep quality and reduce sleep deprivation. Pharmacological management is not always needed. However, if symptoms are severe or violent, medication may be necessary either acutely or long-term. The objective of medication choices in treating non-REM parasomnias is to minimise the type of sleep in which non-REM parasomnias can often happen or to help reduce the number of arousals when non-REM parasomnias can occur.

Other important information

Non-REM parasomnias are not necessarily dangerous but safety measures should be encouraged and advised to minimise potential injuries. Such safety aspects may include ensuring windows and doors are correctly locked, sharp or breakable objects are stored out of reach or locked away and sometimes if the symptoms are severe it may be necessary to sleep in separate rooms to avoid injury or harm.

Click [here](#) to access the SEL IMOC Non-REM parasomnias pathway