Nightmares

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What is a Nightmare?

• Common form of parasomnia

• Vivid, disturbing or frightening dream (Levin & Nielsen, 2007)

• Primarily during REM sleep (AASM, 2006)
  • More common during second half of the night
  • Differantiates from night terrors, pavor nocturnal occures during NREM sleep (APA, 2013)

• good memory on the nightmare after awakening

• Nightmare content concerning a threat of surviving, security or personal integrity
Definition of Nightmare disorder

• repeated negative dreams that awaken the individual from the nightmare
• making the individual rapidly alert and aware of his/her surroundings
• Immediate and clear recall of dream

• Nightmares not better explained by substance use or medication

• Difficulty falling back asleep
• Nightmare occurs in the second half of the habitual sleep period
Polysomnographic Indications (Holzinger, 2015)

- Increased quantity and duration of nocturnal awakening
- Decreased SWS
- Fragmentation of REM-sleep (Kapfhammer, 2014)
- Increased leg movements during REM- and NREM-Sleep
- Decreased total sleep time

→ low efficiency of sleep
Consequences

- Impaired quality of life, weakening of body and psyche.
- Nightmares often lead to sleep avoidance, sleep deprivation, insomnia, fatigue and daytime sleepiness (Holzinger, 2015)
- Nightmares increase stress
  - Stress can worsen mental illness or even generate them (Holzinger, 2015)
- Reduced wellbeing
  - Difficulties to concentrate, impact on learning and school-performance
- Nightmares can also affect the sufferer’s bed partner
Dream and nightmare theories

- Freud (1955) «The Interpretation of Dreams»
- Hartmann (2001) «thin boundaries»
- Cartwright (2001) «emotion processing trauma»
- Krakow et al. (2001) «cognitive behavioural theory of nightmares»
Typology of dreaming

organized by increasing affect load, affect distress and trauma severity

(Levin and Nielsen, 2007, p.486)
Prevalences

Nightmare prevalence and frequency are high in healthy and clinical populations

Nightmares are more prevalent in young and decrease in the elderly
  19% of children experience nightmares at least once per week (Schredl et al. 2008)
  19.5 % college students reported having nightmare problems (Salvio et al. 1992)
  4.3 % older adults (Salvio et al. 1992)

Nightmares are more prevalent among women until the age of 60.

Nightmare disorder
2-6% in adults, highly consistent across cultures (Levin & Nielsen, 2007)

Nightmares are particulary prevalent among clinical populations
Nightmares and psychopathology

• Post-traumatic stress disorder (PTSD)
  • Strong association with nightmares
  • Nightmares are often chronic symptoms of PTSD; persist up to 50 years following the traumatic experience (Käup et al. 1994)

• anxiety and depression symptoms
  • Nightmares strongly correlate with symptoms of anxiety (0.41) and symptoms of depression (0.37) in a college student sample (Nadorff et al. 2013)

• Dissociative disorder
  • Linked to acute stress disorder and PTSD
  • 57% of individuals with a dissociative disorder met criteria for a nightmare disorder (Agargun et al. 2003)

• Borderline personality disorder
  • 24% of adults with weekly nightmares met DSM-3 criteria for borderline personality disorder (Hartmann, 1981)

• Suicidality and suicidal behaviour
  • 57% greater risk for participants reporting occasional nightmares
  • 107% greater risk for participants reporting frequent nightmares
  • Nightmares are potentially a risk factor for suicide
Treatment

- Pharmacological treatment (Nadorff et al. 2014)
  - Prazosin
  - Other potential medications: e.g. clonidine, trazodone, risperidone

- Psychotherapeutic interventions (Nadorff et al. 2014)
  - Lucid dreaming
  - Systematic desensitization
  - Exposure
  - Imagery rehearsal therapy (IRT)
Treatment
Imagery Rehearsal Therapy (IRT)

Kröner, Hansen and Steil (2012) proposed a manual for guided self-help based on IRT

1. Conscious confrontation with frightening dream
2. Change of the dream plot (written down)
3. Daily rehearsal of the new dream plot during 15 min
Conclusion & Take home message

Don’t worry, Nightmares are common and can be treated
Thank you for your attention!
literature


DSM-5 / Nightmare Disorder
Diagnostic Criteria 307.47 (F51.5)

A. Repeated occurrences of extended, extremely dysphoric, and well-remembered dreams that usually involve efforts to avoid threats to survival, security, or physical integrity and that generally occur during the second half of the major sleep episode.

B. On awakening from the dysphoric dreams, the individual rapidly becomes oriented and alert.

C. The sleep disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The nightmare symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).

E. Coexisting mental and medical disorders do not adequately explain the predominant complaint of dysphoric dreams.
ICSD-2

The International Classification of Sleep Disorders, second edition (ICSD-2) has classified nightmare disorder as a parasomnia usually associated with R sleep. The minimal diagnostic criteria proposed by the ICSD-2 are as follows:

A. Recurrent episodes of awakenings from sleep with recall of intensely disturbing dream mentations, usually involving fear or anxiety, but also anger, sadness, disgust, and other dysphoric emotions.

B. Full alertness on awakening, with little confusion or disorientation; recall of sleep mentation is immediate and clear.

C. At least one of the following associated features is present:
   i. Delayed return to sleep after the episodes
   ii. Occurrence of episodes in the latter half of the habitual sleep period.
ICD-10 Nightmare disorder (F51.5)

A sleep disorder characterized by the repeated occurrence of frightening dreams which precipitate awakenings from sleep; on awakening, the individual becomes fully alert and oriented and has detailed recall of the nightmare, which usually involves imminent danger or extreme embarrassment to the individual.

However, these diagnostic classifications also differ on two key points. First, they differ on whether nightmare-associated emotions are limited to fear and anxiety (DSM-IV-TR) or can include all dysphoric emotions, such as anger or despair (ICSD-II). Second, only the DSM-IV-TR specifies a criterion that the nightmare or resulting sleep disturbance is associated with significant distress or impairment in waking functioning.
Typical content

- To be persecuted (81.5%)
- school, exam, teacher (72.4 %)
- Falling
- Legs turn into stone; being unable to move
- Death or disappearance of