

## **The Columbus Community Health Regional Sleep Disorders Center**

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For more information, visit The Sleep Site ([www.thesleepsite.com](http://www.thesleepsite.com)).

## **INFORMATION ON ABNORMAL BEHAVIORS AND EVENTS DURING SLEEP**

**What do these abnormal behaviors and events include?** Such problems as screaming out, sleepwalking, abnormal body movements, tongue biting, night sweats, headaches, choking, shortness of breath, chest pains, abnormal heart rhythms, bedwetting, and sleep paralysis. Descriptions of these problems begin on page 3 of this self-care guide.

**What causes them?** Both sleep disorders and a variety of other factors, including medical and neurological conditions and medications that affect sleep.

### ***I. SLEEPWALKING, SCREAMING OUT, AROUSALS WITH PANIC AND FRANTIC, AGITATED SLEEP BEHAVIORS.***

**--IDIOPATHIC SOMNAMBULISM** (sleepwalking, typically in a calm, non-agitated fashion):

- Commonest in children; more frequent in boys. Usually outgrown but can persist into adulthood.
- Can "run in families".
- Occurs from slow wave sleep--hence, most often happens during first few hours of sleep.

**--NIGHT TERRORS** (sleep terrors, pavor nocturnus):

- Commonest in children, especially boys. Usually outgrown but can persist into adulthood.
- Can "run in families".
- Also occurs from slow wave sleep and thus, most frequent during first few hours of sleep.
- Typical description: a child who sits up in bed and screams out frantically, confused and unable to recognize parents or family--even to the point of combativeness that can last 20 minutes or so.
- Usually no (or at most, hazy) dream recall. Patient usually doesn't remember having had these on the next morning.

## **--NIGHTMARES (Dream anxiety attacks)**

- Occur at any age.
- Occur in REM sleep--so more likely to occur later during sleep.
- Patient usually can be awakened quickly and if awakened, typically can recall the dream in vivid detail.

## **--OTHER CAUSES OF SLEEPWALKING AND FRANTIC BEHAVIORS IN SLEEP:**

- Non-agitated sleepwalking in adults -- can result from sleep apnea, high fevers, and various medications (particularly "tranquilizers" and other "nerve pills").
- Agitated, frantic walking--or even running--in sleep, with high risk of self injury (broken bones, running out of second story windows and the like) -- can be due to:

### **-Panic attacks.**

- \* Occur in non-REM sleep, usually stage 2: so any time of night, and no vivid dream recall.
- \* Look for: aggravation by stress, caffeine and certain medications (stimulants, decongestants, diet pills, some asthma medications and adrenaline-like drugs (which may be given with local anesthetics for dental procedures as well as for allergic reactions).
- \* Often seem associated with: a tense personality style, a tendency to flush when anxious, and--(in some but not all patients)--a history of anxiety attacks in wakefulness.

### **-Night terrors.**

- \* See above. If a patient having a night terror leaves the bed, frantic sleepwalking can result.
- \* Commonest in children, during first few hours of sleep. Little or no dream recall.

### **-REM sleep behavior disorder (RBD).**

- \* Common and potentially dangerous syndrome. Serious injuries and even some

deaths have resulted.

\* Patient fails to develop the protective paralysis during REM sleep that normally prevents us from acting out our dreams.

Thus, more likely to occur later in sleep.

\* It is usually obvious to observers that the patient is acting out a dream--frequently, a violent one.

\* Typical example: patient, while dreaming of fighting off an assailant, attacks bedpartner instead.

\* Occurs most frequently in men over age 60, sometimes in conjunction with other neurological disorders, but often without any other concurrent illnesses-- and occasionally in younger individuals, particularly if they have narcolepsy.

\* Can be markedly aggravated or precipitated by: certain medications (for example, antidepressants), sleep apnea, and withdrawal from alcohol and certain drugs. RBD is a neurological rather than a psychological disorder, but it seems to worsen in some people during times that they're under more stress.

\* Often responds to a particular drug (clonazepam, Klonopin(R)), which, however, can make sleep apnea and daytime sleepiness worse--so sleep recordings are usually important before starting treatment.

### **-Epileptic seizures in sleep.**

\* Can cause complex, agitated behaviors which in some cases look much the same each time they occur.

\* Some types cause very bizarre, violent attacks with screaming out that may occur many times each night, and with EEGs (brain wave tests) that turn out normal.

### **IMPLICATIONS:**

• While infrequent, placid sleepwalking and typical night terrors in children will usually be "outgrown" without any need for specific treatment, serious injuries still are possible--and some patients have even walked outside in freezing weather.

Thus, any possibility of self-injury obviously should be eliminated (for example, by blocking access to windows, doors and open stairwells, and by installing alarm systems). Treatment may be warranted in severe or persistent cases.

- A formal sleep evaluation is warranted in all the other problems listed--particularly whenever a serious underlying cause or serious consequences appear possible.

## **II. ABNORMAL BODY MOVEMENTS DURING SLEEP.**

### **Body jerks occurring only in drowsiness--when first falling asleep:**

- In most cases are "sleep starts" or "hypnic jerks"-- a harmless phenomenon experienced by nearly everyone on occasion when first dozing off, sometimes with a sensation of falling. Can be aggravated by stress, fatigue and caffeine. While they usually require no treatment, they rarely can occur repeatedly to the point of making it difficult to fall asleep.

- Occasionally can be due to epileptic seizures or a type of non-epileptic movement disorder called myoclonus (which involves abrupt, shock-like muscle contractions due to various non-epileptic causes) when these occur primarily in drowsiness and light sleep. In such cases, the resulting body jerks may occur repeatedly, and they may appear virtually identical each time that they happen.

- Periodic limb movement syndrome (PLMS) usually occurs throughout a good part of sleep-- particularly stage 2 sleep, but it may be noticed by the patient only when drowsy (see below).

- Breathing problems such as sleep apnea may arouse drowsy patients with an abrupt start--they may jerk awake because they had stopped breathing while dozing off. Look for: snoring, restless sleep, arousals with snores/ gasps/ shortness of breath/ chest discomfort/ headache/ dry throat, worsening with weight gain, nasal congestion and after consumption of alcohol, or such daytime complaints as sleepiness, irritability, trouble concentrating and memory problems. At the same time, realize that some people with sleep apnea have none of these symptoms.

- Rhythmic movement disorders before sleep onset are common in infants and toddlers. May involve repetitive headbanging, headrolling, body rocking, and body rolling--sometimes with humming or chanting. While affected youngsters are usually quite normal and outgrow it by age four, occurrence in late childhood is sometimes associated with retardation and other problems. It rarely is mimicked by seizure activity. While usually benign, injuries have followed violent headbanging.

### **Body jerks and abnormal movements occurring once fully asleep:**

- Periodic limb movement syndrome (PLMS)

- Extremely common, particularly in older individuals.

- It involves jerks usually beginning in the feet and ankle: the toes fan out and move upward, with "cocking up" of the ankle (dorsiflexion). In some cases, the knees and hips may flex abruptly and occasionally, the arms will also jerk.

- PLMS most often occurs primarily in non-REM sleep--particularly stages 1 and 2--and has an unusual periodicity--with a jerk occurring at nearly predictable intervals of roughly 15-40 seconds. It is not a form of

seizure.

-Most patients with restless legs syndrome (RLS--defined by a restless, "antsy" uncomfortable sensation in the legs, that compels people to get up and walk about to get relief--and which tend to occur particularly when they try to go to bed) have PLMS. However, the majority of people with PLMS don't suffer from RLS.

-Both PLMS and RLS can "run in families". Sometimes, underlying causes can be found. Some cases may be due to iron deficiency, deficiencies of certain vitamins like folic acid, kidney failure, and damage to the nerves in the legs (peripheral neuropathies).

-Certain medications--particularly antidepressants--can make these problems much worse, and excessive exercise and even small amounts of caffeine may aggravate them.

-Many people with PLMS do not experience awakenings as a consequence, feel their sleep is good, and require no treatment--although the repeated jerking (or even kicking!) of their legs can be a problem for their bedpartners.

-Treatment of PLMS and RLS may be required, however, in cases in which severe sleep fragmentation and insomnia complaints result.

Medications include:

- drugs used to treat Parkinson's disease such as L-DOPA containing preparations [Sinemet(r)], ropinirole [Requip](r) and pramipexole [Mirapex(r)]

- narcotic medications like codeine, oxycodone [Percodan(r)] and methadone

- anti-epileptic drugs like gabapentin [Neurontin(r)] and clonazepam [Klonopin(r)]

- Many other drugs also have been tried--some with anecdotal reports of success, but generally without much scientific proof that they would help most people.

- Many of these treatments do not suppress the leg jerks, but instead may help people sleep through them better.

- Sinemet(r) can markedly decrease the actual leg jerks and RLS symptoms-- at least initially. Unfortunately, in many cases, it loses its effectiveness and ultimately may cause worsening of symptoms: with occurrence of more intense restless legs symptoms earlier in the day.

The limitations and possible side effects of current drug treatments for PLMS and RLS render it all the more important to identify and avoid any factors that are making them worse. Caffeine in small amounts can worsen RLS. Some patients report improvement with marked dietary sodium restriction.

- Sleep apnea can cause jerking, thrashing, flinging of the arms, sitting up, jumping up onto one's feet or even falling out of bed-- as a consequence of violent struggling to overcome throat collapse and smothering. Snoring is usually present. Other possible clues (not present in all cases) include: night sweats, headaches/ dry throat on awakening, arousals with shortness of breath, gasps or snorts, daytime sleepiness, irritability or memory difficulties, occurrence in obese individuals, and worsening with nasal congestion and after alcohol consumption. Sleep apnea is described in greater detail in another self care informational handout in this series on sleep-related breathing disorders: available from our office.
- Sleep-related epileptic seizures can involve repetitive twitches and jerks that are usually rhythmic and which may involve either one or both sides of the body and/or face. Some patients with seizures arising from the frontal lobes of the brain tend to scream out and turn to their stomachs. If observers are available-- ask them to turn on bedroom lights immediately during onset of the episodes and look for the following:

- Does the jerking start on one side? If so, always on the same side? Is there head turning or drawing of the face to that side?
- Are the eyes open? If so, do they turn to one side (which side?), or roll up? Do the pupils look large or dilated?
- Any sign of breathing difficulty? Any cyanosis (lips or face appear bluish)? Or, does the face look pale?
- Any rigid stiffening or posturing? Clenching of the teeth? Biting of the tongue? Loss of urine?
- Difficulty awakening thereafter? Lethargy and confusion following these episodes?

Sleep-related seizures are rather common and in most cases, quite readily treated. Often, no underlying cause is found. However, they may "run in families" or result from various medical and neurological disorders-- including sleep-related abnormal heart rhythms or breathing disorders with resulting lack of oxygen: particularly if no seizure symptoms have ever been experienced during wakefulness. Seizure disorders are described in greater detail in a separate self-care informational handout in this series: available from our office.

- Nocturnal paroxysmal dystonia is a relatively uncommon syndrome of repeated body stiffening, eye opening and sometimes violent posturing in sleep. Attacks may occur almost nightly and may respond to certain anti-seizure medications. Many cases appear to represent a form of epilepsy.

### ***III. BITING OF THE TONGUE OR INSIDE OF THE CHEEK IN SLEEP.***

Can be a painful but otherwise harmless irritation -- or, in some cases, a critically important symptom -- depending on the underlying cause:

- It sometimes results from toothgrinding (bruxism: described below). In some instances, it may be an extension in sleep of a nervous habit of chewing/ clenching of the teeth when awake or drowsy.
- Mechanical factors may explain its occurrence: for example, a large tongue or damaged teeth with sharp edges.
- Obstructive sleep apnea may precipitate this problem -- when patients "catch" their tongues or cheeks during violent, gasping efforts to breathe.
- It also can represent the consequence (and occasionally, the only obvious symptom) of sleep related epileptic seizures.

#### ***IV. BRUXISM (TOOTHGRINDING; TOOTHCLENCHING).***

Bruxism typically follows transient arousals, too brief to recall, and happens while the person is drifting back into a sounder sleep. Thus, anything that can make a person more arousable can aggravate it--such as:

- Nasal congestion, from allergies, upper respiratory infections, "sinus trouble", etc.
- Sleep apnea -- when the patient arouses repeatedly from inability to breathe.
- Caffeine, stimulants, decongestants, diet pills and other medications that fragment sleep.
- Stress, as well as a tense, hard-driving personality style. Some individuals with bruxism have a history of anxiety attacks.
- Other sleep disorders that provoke repeated arousals, including seizures, can increase bruxism.

-Chronic bruxism may gradually damage the teeth and temporomandibular joints ("TM joints", "jaw joints"): accelerating dental occlusion abnormalities (tooth and jaw misalignment): which in turn may increase bruxism.

-Symptoms vary. Some people have none at all, and their problem is recognized first by someone else (either a dentist or bedpartner who finds the grinding noises objectionable). However, other patients experience pain in the face or TM joints, more generalized headaches, restless sleep or biting of the tongue or inside of the cheek (see above).

-Treatment must be tailored to the patient. Underlying sleep disorders should be evaluated by a sleep medicine specialist, and dental occlusive problems should be assessed by a dental practitioner who may prescribe a "bite plate" to protect the teeth from further wear. Avoidance of aggravating factors that may increase arousals and hence, bruxism, should be avoided. Good relaxation/ stress management training proves invaluable in many cases.

#### ***V. NIGHT SWEATS (SLEEP-RELATED HYPERHIDROSIS).***

Vary from mild and intermittent to nightly, drenching episodes forcing changes in bedclothes. Their significant sometimes correlates with their severity. Possible causes include:

- Simply being overcovered, or bedroom too warm.
- Infections --particularly if chills, shivering, fevers or other infectious symptoms are present. Taking one's temperature repeatedly during 'bad nights' may provide clarification.
- Menopause -- 'hot flashes' and increased tendency to sweat at night.
- Sleep apnea -- a common cause of night sweats, often involving the head and neck, and related to repeatedly struggling to overcome throat collapse. Look for: snoring, restless sleep, arousals with snores/ gasps/ shortness of breath/ chest discomfort/ headache/ dry throat, worsening with weight gain, nasal congestion and after consumption of alcohol, or such daytime complaints as sleepiness, irritability, trouble concentrating and memory problems. At the same time, realize that some people with sleep apnea have none of these symptoms.
- Seizures during sleep -- particularly if severe.
- Hypoglycemia (low blood sugar levels) -- if occurring in sleep.
- Other hormonal/ endocrine disorders and other disorders of the brain and nervous system -- sometimes are the cause of night sweats. Look for the common causes first, though, unless you have already been diagnosed as having another medical or neurological condition that might explain this symptom.

## ***VI. HEADACHES RELATED TO SLEEP.***

Many causes are possible-- some serious, but others not. Most sleep-related headaches are not due to brain tumors or other serious brain abnormalities. Causes include:

- Sleep apnea -- an extremely common cause of headaches on awakening. May involve dull, pressure like pain or a pounding headache. May result in part from repeated swings in cerebrospinal fluid pressure: induced by struggling to overcome upper airway collapse (which can cause a headache similar to that experienced following a 'spinal tap'). Look for sleep apnea symptoms as listed above in the section on night sweats. Also, note if they are more intense when you find that you were sleeping on your back, and also, if they are milder or less frequent when you sleep in a reclining chair.
- Migraine -- also a common cause of headaches on awakening, especially after 'sleeping in late' (for example, on weekends). These are usually "sick headaches" with nausea (and in some cases, with vomiting, sweating, sensitivity to bright lights, and even diarrhea).

-Migraines may begin on one side of the head with subsequent spread to both sides. The pain tends to be pounding or throbbing, and it usually will be partly relieved by pressing over the scalp, or by applying cold

compresses -- at least when the headache is just beginning.

-Visual symptoms (sparkling lights, shimmering, bright spots or patterns, or blurring) or other neurological symptoms can occur.

-Usual reaction to pain: person wants to lie in a darkened room.

-Precipitating factors include stress, relief from stress, many specific foods, alcohol, menstrual periods, travel, changes in weather.

-Migraine is described in greater detail in a separate self-care informational handout in this series: available from our office.

- Sinus congestion -- usually occurs over the sinuses, with a pressure sensation and sometimes with other symptoms of nasal congestion.

-Relieved by achieving sinus drainage (for example, with hot showers, warm compresses, saline sprays or decongestants).

-Measures to relieve these problems are described in a separate self-help informational handout in this series on Nasal Congestion: available from our office.

- Neck pain related to arthritis and other orthopedic problems may be aggravated by sleep-- sometimes related to specific pillows and body position.

- Cluster headaches are intense, excruciating headaches, involving one side of the face with watering and often redness of the eye, drooping of the eyelid and nasal congestion on the same side as the pain.

-Typically last 30-90 minutes and occur 1-6 times per day, in clusters lasting weeks to months.

-Frequently occur in sleep and specifically, in conjunction with REM sleep.

-Typical reaction to pain: frantic pacing, agitation, hitting the wall, etc.

-Most common in men over age 20 with a smoking history.

-Alcohol ingestion and sleep apnea can precipitate cluster attacks, and inhalation of oxygen may relieve them.

- Chronic paroxysmal hemicrania is a disorder that somewhat resembles cluster headache in the following respects: similar location and symptoms (eye watering, nasal congestion, etc.) and occurrence from REM sleep. However, it differs in the following:

- Attacks are less prolonged (5-30 minutes) and more frequent (ten to thirty attacks per day!).

- Occur primarily in women, sometimes at younger ages, and in some patients can be precipitated by head turning.

- Many other medical, neurological and sleep disorders can cause sleep-related headaches.

## ***VII. CHOKING, SHORTNESS OF BREATH AND CHEST PAINS OCCURRING IN SLEEP.***

Extremely common and often frightening events -- in many cases, all the more frightening because whatever provokes them occurred during sleep, such that their cause can be quite unclear.

BEDPARTNER OBSERVATIONS OF WHAT HAPPENS JUST PRIOR TO THESE EPISODES CAN PROVE INVALUABLE IN ARRIVING AT AN ACCURATE DIAGNOSIS.

Possible causes include the following:

- Sleep apnea. Arousals may be precipitated either by struggling to overcome upper airway collapse, or by simple failure to make any effort to breathe. Simultaneously, it should be realized that many sleep apnea patients stop breathing hundreds of times per night without ever awakening as a consequence!

Clues to this diagnosis include:

- Those symptoms of sleep apnea listed under this handout's section on Night Sweats, above.

- The sensation that one must make several repeated efforts to breathe in before 'anything happens'.

- Shortness of breath or chest discomfort are immediately relieved after getting a few deep breaths.

- Awareness of a throaty, gasping sound, snort or snore at the times of some of these episodes.

- May happen more often if sleeping flat -- or if lying on your back. In some cases, may occur less frequently when sleeping in a chair.

- Worsening after weight gain, following ingestion of alcohol or when experiencing more nasal congestion.

Sleep-related breathing disorders are described in greater detail in a separate self-care informational handout in this series: available from our office.

- Gastroesophageal Reflux Disease (GERD), with backflow of stomach acid up into the esophagus and throat. Regurgitated acid may spill over the vocal cords and throw them into spasmodic closure, and inhalation of stomach contents into the lungs may provoke arousals with coughing and choking. Also, even if acid does not back up to levels higher than the mid-esophagus, a nerve reflex can trigger tight wheezing similar to asthma. Chest pain, virtually identical to that of angina from coronary disease (even to the point of responding to nitroglycerine) can occur, related to esophageal spasm.

Clues to the diagnosis of GERD include:

- Awareness of bitter, acidic fluid in the throat or nose, or a sour taste on awakening; vomiting or near vomiting.
- High pitched crowing, stridorous sounds unlike the deeper, throaty-sounding gasps of sleep apnea.
- Wheezing or coughing.
- Occurrence more frequent after weight gain, eating late, large meals, alcohol, spicy foods, or certain other foods like chocolate -- or if sleeping flat.
- Immediate sitting up or jumping to one's feet, during frantic efforts to breathe.
- In some cases, prolonged distress -- sometimes relieved by drinking water or by taking antacids.

Gastroesophageal reflux is described in greater detail in a separate self-care informational handout in this series: available from our office.

- Sinus drainage during sleep sometimes can precipitate arousals with choking.
- Asthma frequently worsens in sleep and in some instances is aggravated by GERD-- particularly since some asthma medications can make GERD worse.
- Heart failure often causes attacks of shortness of breath in sleep called "paroxysmal nocturnal dyspnea" especially when sleeping without elevation. These usually last more than a few minutes and the patient must sit on the side of the bed for a time and try to catch his or her breath.
- Coronary artery disease and other heart problems, including abnormal heart rhythms, can provoke awakenings with shortness of breath, chest pain, palpitations and other distressing symptoms.
- Panic attacks, seizures and other abnormal events precipitating abrupt arousals also can cause symptoms of breathless and chest discomfort in some individuals.

### **VIII. ABNORMAL HEART RHYTHMS DURING SLEEP.**

The brain modulates our heart rhythm in ways that change dramatically during sleep. For example, some people experience excessive slowing of their heart, even to the point their heart stops beating completely (asystoles) for periods of 8-10 seconds or longer, in REM sleep, during bursts of rapid eye movements and as a consequence of abrupt brain activity that influences heart rate. Such can happen even if they have no heart disease per se. Also, some abnormal sleep events (particularly sleep apnea) also can alter heart rhythm. For example, some patients show excessive slowing of their heart -- even to the point of asystoles while they are struggling to overcome upper airway collapse -- after which their heart may race, and at which point flurries of abnormal beats or "extra beats" (extrasystoles) may occur.

-Some patients arouse when having abnormal rhythms and may experience palpitations, light-headedness, shortness of breath or chest discomfort. However, many never awaken at these times, and their problem may only be detected during 24-hr. ambulatory ("Holter") heart monitoring or during hospitalizations.

-Sleep evaluations can help determine whether treatment of underlying sleep problems will take care of these sometimes serious rhythm abnormalities, or if instead, specific heart medications or pacemakers will be necessary.

### **IX. BEDWETTING (ENURESIS).**

#### • Primary enuresis

-Refers to persistent bedwetting beyond age 5: without long "dry periods" followed by relapses.

-Often "runs in families", perhaps due to an inherited tendency for delayed maturation of bladder control. Sometimes, it appears that affected relatives outgrow the problem at roughly the same age!

-Sometimes associated with a tendency to sleep very soundly and to have other abnormal sleep-related behaviors and events.

-May respond to fluid restriction, exercises to increase bladder capacity and rewards for dry nights. While special nasal sprays (which contain a hormone that reduces urine output) and oral medications may help, it is safest if the problem can be managed without any risk of drug side effects.

#### • Secondary enuresis

-Refers to development of bedwetting in older children and adults who had been free of this problem.

-Much more likely than primary enuresis to be caused by an underlying medical problem: including (but not limited to) sleep apnea, diabetes,

urinary infections, kidney/bladder problems, and seizures.

-A complete urinalysis and urine culture should always be considered, as well as checking for indications of sleep apnea (which, in addition to snoring, morning headaches, sleepiness and other symptoms as listed above under Night Sweats, can cause distractible, hyperactive behavior in children). Excessive thirst and increased daytime urination should prompt suspicions of diabetes. Referral to a urologist is particularly appropriate when waking loss of urine, abnormalities of the urinary stream and repeated urinary infections have been experienced.

## **X. SLEEP PARALYSIS**

We normally become paralyzed and unable to move anything but our eyes when in rapid eye movement (REM) sleep -- which prevents us from 'acting out' our dreams. Most people are quite unaware that this happens, since they are asleep at the time! (See page one of this handout for a description of REM sleep).

However, that same paralysis, which normally should occur only in REM sleep, sometimes intrudes into wakefulness. Such may occur at times of awakenings (as a brief persistence of paralysis when we awaken from REM sleep). It also may happen as we are just dozing off but not fully asleep. It can be thought of as an awake brain in a body that transiently 'got stuck' in REM sleep.

It is not the same as still being asleep but dreaming that one is struggling to wake up. Instead, the person is wide awake during sleep paralysis and if unfamiliar with its benign nature, terrified by his or her sudden helplessness and complete inability to move. It feels like being 'buried alive'. Nonetheless, sleep paralysis is harmless. It usually lasts less than a minute (although it can feel like much longer!). Touching the person who is experiencing sleep paralysis 'breaks it' instantly -- but such seldom happens, since the person cannot call out for help.

Many people who have no other sleep disorders experience sleep paralysis on a rare basis. It can be worsened by sleep deprivation. Sleep paralysis occurs more frequently in some people with narcolepsy -- a relatively common disorder causing sleepiness and in some cases, such other symptoms as attacks of muscle weakness triggered by strong emotions (cataplexy). Narcolepsy is described in greater detail in a self-care informational handout on Excessive Sleepiness in this series: available from our office. Also, some patients with sleep apnea may awaken with sleep paralysis, particularly if sleeping on their back. Both that position and REM sleep can make breathing worse-- resulting in sleep fragmentation with repeated arousals. Look for other signs of sleep apnea especially if you experience sleep apnea when sleeping on your back and if you have any of its other symptoms (as listed above under Night Sweats).

**CONTACT OUR OFFICE FOR MORE INFORMATION, OR FOR HELP WITH ABNORMAL BEHAVIORS AND EVENTS DURING SLEEP.**

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