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Medicine for Managers

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The Stuff of Nightmares

We've all had them! Nightmares are vivid, frightening dreams that wake us up from sleep. They cause a strong but unpleasant emotional response. They happen mostly during Rapid Eye Movement sleep during which the brain's emotional centre, the amygdala, becomes more active, and the logical part of the brain, the pre-frontal cortex, turns down. Daily stress and fears, without logic to control them, cause dreams to become nightmares.

In 1721, ***A Universal Etymological English Dictionary*** was published by Nathan Bailey. It defined a nightmare as "a disease when a man in his sleep supposes he has a great weight laying upon him".

Dreams themselves are important in the creation of memories and are part of the process which stores information, which can be referenced at a later time. Nightmares are dreams that cause a powerful but unpleasant response.

Causes of Nightmares

A variety of causes are implicated in the genesis of nightmares:

- ***Stress and anxiety*** associated with difficulties at work or in life generally. Watching a frightening film may be a stressor, as may being chased, feeling helpless, or having health concerns.
- Depression and grief may cause distressing dreams.

- ***Interpersonal conflict***

- ***Trauma,*** which may be acute or part of a Post Traumatic Stress Disorder

- ***Insufficient or disturbed sleep*** or having an irregular schedule of sleep timing. Conditions affecting sleep, such as restless legs or sleep apnoea may be a cause. More shallow sleep results in more broken REM cycles making dreams vivid and memorable.

- ***Alcohol*** consumed late at night

- ***Food consumption*** late at night

- ***Medicines***. Some drugs can promote nightmares and include beta-blockers or antidepressants

- ***Declining Brain health itself*** may cause new onset nightmares and could be an early warning sign for cognitive decline

What are Night Terrors?

Night terrors and nightmares are different. Night terrors tend to occur early in the night and may be animated with talking or shouting and moving about, despite being asleep. It is rare to remember a night terror. Nightmares happen later at night and are bad dreams from which people awaken and which are remembered.

Incidence of Nightmares and night terrors

Night terrors are most common in children between the ages of three and nine. Nightmares can affect both children and adults. Whilst overall nightmare frequency does drop from childhood into early adulthood, persistent or worsening nightmares may occur in older age groups. New or severe nightmares in later life are often linked to changing sleep pattens, developing health issues, new medications or some neurological changes.

Causes of night terrors

The causes of night terrors are similar to those of nightmares but mainly affect children and are more common in families where other members have or had night terrors and who sleepwalk.

What are the most common nightmares

Based on research, the most common nightmares are:

1. ***Falling*** Dropping from a height through the air.
2. ***Being pursued or chased***
3. ***Approaching death or in mortal danger***
4. ***Feeling completely lost***, as in a maze or forest
5. ***Trapped,*** such as being buried alive
6. ***Attacked*** being hurt, beaten and injured
7. ***Missing an important event***
8. ***Being late for important appointment***
9. ***Losing teeth***. Watching teeth fall out or crumble
10. ***Being naked*** in front of a crowd of peers

Most nightmares are very frightening but perhaps the most identified as terrifying are such things as sleep paralysis, approaching death or fatal accident and loss of control, such as driving a vehicle at speed towards a wall.

Can nightmares be treated?

If the cause of nightmares can be identified with a particular stressful event or cause, such as a particular trauma, the issue may be treated with psychological therapy or medication.

More general recurrent nightmares (and night terrors in children) can be ameliorated with Cognitive Behavioural Therapy which can be effective. Another technique is called ***Image Rehearsal Therapy***, where nightmare sufferers recall and write down their nightmares and are

then asked to rewrite them giving a positive ending.

They then rehearse the rewritten version before

sleep with the aim of displacing the unwanted bad dream. Some antidepressants may help in controlling the nightmares, and the drug *prazocin,* used in the control of blood pressure, blocks adrenaline surges during sleep.

In summary, about 1 in 20 people have nightmares every week.

People with psychaitric illness are more affected, particularly if suffering PTSD (75%) or borderline personality disorder (50%). Worry is the strongest predictor. In severe cases, CBT can help with nightmare management or resolution.

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