

# The CenTer For Sleep MediCine

## ~ Sleep Disorders Treated ~

**Sleep Apnea**-pauses of breath during sleep that increase body stress, placing one at risk for many other health problems including excessive sleepiness, high blood pressure, heart disease, stroke, brain damage, depression, diabetes, obesity, and mortality if untreated.

**Sleep Terrors**-typically begin suddenly and are often accompanied by a blood-curdling scream. Terrors may include shaking, sweating, dilated pupils, rapid breathing, heart racing, and extreme agitation. Terrors usually pass in three to five minutes but occasionally can be longer. Sleep terrors occur in non-REM sleep, are not often remembered by the person, and return to sleep is rapidly achieved.

**Insomnia**-difficulty falling or staying asleep.

**Idiopathic Hypersomnia**-constant or recurrent episodes of extreme sleepiness without an obvious cause. It is different from narcolepsy in that idiopathic hypersomnia does not normally involve suddenly falling asleep or losing muscle control associated with strong emotions (cataplexy).

**Snoring**-often indicates that the breathing passage is not fully open, and snoring results from trying to force air through this narrowed area. For about 5 in 100 people, loud nightly snoring is an important sign of OSA.

**Restless Legs Syndrome (RLS)**-unpleasant sensations that occur in the legs when sitting or lying still, especially in the evening or at bedtime that may prevent a person from falling asleep. For children, it can affect their schoolwork and may cause symptoms that are confused with ADHD. RLS is more common in older individuals but can occur at any age.

**Periodic Limb Movement Disorder (PLMD)**-leg movements that typically consist of a jerk or kick that occur at periodic intervals. PLMD is rare in people under 30, and becomes more common as people grow older. PLMD may contribute to the inability to sleep efficiently.

**Nightmares**-occur in REM sleep and generally can be recalled by the person. Nightmares usually cause a delayed return to sleep.

**Sleepwalking**-physical movement during sleep that may include performing activities as if one was awake. Injury during sleepwalking is uncommon, but the sleepwalker may put themselves in harm's way. Sleepwalking episodes are usually brief, generally lasting five to fifteen minutes.

**Rhythmic Movement**-recurring head banging or body rocking that may occur during the wake-to-sleep transition; seen most frequently in young children.

**Shift Work Difficulties**-sleeping at unusual times, due to irregular work schedules, that requires adjustment.

**Delayed Sleep Phase Syndrome (DSPS)**-inability to fall asleep on time coupled with trouble waking up in time for work or school. This syndrome is most common in young adults and can interfere with school/employment and can lead to psychological stress.

**Advanced Sleep Phase Syndrome (ASPS)**-sleepiness that usually begins in the early afternoon, caused by early awakenings & subsequent inability to fall back asleep. This syndrome is most common among older adults.

**Irregular Sleep/Wake Patterns**-sleep/wake cycles cannot adjust to a 24-hour period.

**Nocturnal Enuresis**-bedwetting that prevents sustained sleep and requires intervention to control.

**Sleep-Related Eating**-a rare variation of sleepwalking that manifests itself as recurrent episodes of eating during sleep, without conscious awareness. This disorder is most common in young women.

**Narcolepsy**-constant sleepiness and a tendency to sleep at inappropriate times.

