



REM Behaviour Disorder

REM Behaviour Disorder (RBD)

During dreaming, people with RBD are seen to suddenly move or call out. They can look like they are acting out their dreams. The episode usually doesn't go on for long and you might be able to recall what your dream was about when you wake up. The disorder can be a danger to both people with RBD and their bed partners due to the person with RBD responding violently to an imagined attack or because of vigorous movement of their arms and legs.

What causes RBD?

REM sleep is the dream phase of sleep. This is the time when you have your most structured dreams.

Normally during REM sleep, the muscles are totally relaxed, so you don't act out your dreams. However, if you have RBD, your brain sends the wrong signals to your body muscles and they fail to relax during sleep. This means that when you have dreams you can react with bodily movement.

There are two forms of RBD.

- The first often occurs later in life (over 50 years of age) and more often in males. The cause is unknown. RBD may be the first sign of Parkinson's disease and some types of dementia. People with this form of RBD should be checked for the possibility of the development of these neurological conditions.
- The second form of RBD occurs as a side effect of medicines, such as a high dose of antidepressants. RBD can be made worse if you also have another sleep problem, such as obstructive sleep apnoea or periodic leg movements.

How is RBD diagnosed?

The first step is to work out if the RBD is the side effect of a medication or if there is another obvious cause for it. If no readily identifiable cause can be found, you need to see a sleep specialist for further investigation. He/she will check to see if you have any other sleep problems contributing to the RBD, for example; obstructive sleep apnea. Most of the time this assessment will involve an overnight sleep study or Polysomnography. This is done in a hospital/clinic setting and includes measuring the muscle tone in your chin, arms and legs plus video recording you while you sleep.

How do you treat RBD?

This depends on the cause. If it appears to be due to a medication side effect, the drug responsible should be stopped if possible. If no specific cause is found there are drugs that can help. If you have been diagnosed with obstructive sleep apnoea or another sleep disorder, the treatment of this may help the RBD.

If there is a suspicion of other neurological conditions, then a referral to a Neurologist will be recommended.



What else can I do?

- Adjust the bedroom to prevent injuries to the patient and partner as necessary.

Make sure furniture has no sharp corners and there is no glassware or sharp objects nearby.

- If the patient tends to fall onto the floors, it may be worth moving the mattress to the floor.
- Sometimes changing the double bed to twin beds may be necessary.
- Seek advice from a sleep specialist for further assistance.