

## EC PSYCHOLOGY AND PSYCHIATRY Mini Opinion

## Parasomnias: A Nightmare Theme

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Defining parasomnias as a sleep disorder characterized by activations of the central nervous system; that is, a set of awakenings and behaviors that should not normally occur during sleep, although it does not interrupt it in an important way and has almost no repercussions during the next day.

This category of sleep disturbances is also described with abnormal and unnatural movements, as well as altered emotions and perceptions that occur only during sleep, accompanied by autonomic problems such as diaphoresis or sweating, tachycardia and hyperventilation, which is when one breathes very quickly, and they cause a great impact at that moment both in the individual and in those around him.

Briefly I commented that in the dream there are two major stages of sleep: REM sleep, by the acronym of rapid eye movements, and NMOR, or rapid eye movements, which in turn is subdivided into three stages; These phases have been described by the physiological changes that occur when we sleep, and together the three stages of NMOR sleep and one of MOR sleep result in a cycle, and for us to have an acceptable and restorative sleep we must fulfill four to five cycles for each night.

Regardless of the stage of sleep, parasomnias have chronic sleep deprivation, alcohol consumption, emotional stress, chronic exhaustion due to physical or labor overload, depression, use of medications or diseases that characterize their sleep. symptoms the appearance of fever.

We classify them in three large groups: Activation disorders, or parasomnias associated with the sleep of no eye movements (NMOR); the parasomnias associated with rapid eye movement (REM) sleep and, finally, other types of parasomnias.

In the activation, or sleep NMOR, parasomnias, we find confused awakenings, which occur when the individual is not fully awakened, and is accompanied by autonomic alterations, and the patient is awake, but confused to what surrounds him, and takes up to five minutes to react completely; sleepwalking, seen in patients who get out of bed and walk asleep, or other types of activities and it is very difficult to wake up; finally in this group we find the terrors of sleep or nocturnal, described as disorders in the excitement and that can involve screaming or panic.

In the MOR sleep parasomnias we find the MOR behavioral sleep disorder, and here we mention that person who sleeps "acts his dream", so he has violent motor behaviors that have injured his roommate or roommate accidental; is the paralysis of the dream, which is what people mention as "the dead rose" when the patient is almost awake but has a transient incapacity of movement; finally the night-mares that are mentioned as the annoying, unpleasant and terrifying part of our dreams.

In the third group of parasomnias we find alterations such as enuresis, which is when children "wet" or urinate the bed when sleeping and is associated with depression; catatrenia or when patients talk to sleep, or even patients who pull their hair at night or come to eat asleep.

I also mention that they are mainly seen in children, and the way to treat or avoid these phenomena begins with adequate measures of sleep hygiene, weight control, moderate exercise and a balanced diet.

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