

Rapid Eye Movement Sleep Behavior Disorder: What It Is and How It May Be Treated

Rapid eye movement (REM) sleep behavior disorder (RBD) is a disorder that causes people to act out their dreams. This condition was first described in 1986. RBD is rare in the general population, but more common in patients who have neurologic disorders, especially Parkinson's disease. Some medications or other products may increase the risk of RBD; on the other hand, withdrawal from different drugs seems to aggravate the condition (Table).

Because patients act out their dreams, they may get out of bed, become physically aggressive (eg, punching, kicking), or engage in atypical sexual activity. Given the potentially violent manifestations of RBD, these behaviors put patients and their bed partners at risk of injury. As many as 96% of patients with RBD report



that they have harmed either themselves or their spouse while sleeping. If patients are immediately awakened following an episode, they may recall their dream; however, they usually do not remember the dream the next morning.

Diagnosis can be made after the patient has been evaluated by both a neurologist and a sleep specialist. To protect themselves and their spouse, patients with RBD should keep bedrooms free of potentially dangerous objects (guns, knives, sharp objects, things the patient might trip over); in severe situations, windows may need to be boarded to prevent injury.

Since the condition is relatively uncommon among the general population, few studies have been conducted to identify effective drug therapies. Clonazepam (Klonopin), melatonin, and pramipexole (Mirapex) are medications that

POSSIBLE CAUSES OF RBD

- Antidepressants
- Beta-blockers
- Caffeine
- Cholinesterase inhibitors

POSSIBLE RBD ON WITHDRAWAL OF THESE AGENTS

- Alcohol
- Barbiturates
- Benzodiazepines

Based on "Rapid Eye Movement Sleep Behavior Disorder" by James Gugger and Mary Wagner, *The Annals of Pharmacotherapy*, November 2007, <http://dx.doi.org/10.1345/aph.1H587>. For Our Patients is provided by *The Annals* to help explain the latest research and information relating to your medications. These summaries are for informational purposes only and are not a substitute for professional advice from your personal medical provider. If you have questions about this material, you should discuss it with your physician or pharmacist. This summary may be reproduced without permission for not-for-profit educational purposes only. Any other use must be approved by the publisher. © Copyright 2007, Harvey Whitney Books Company, www.hwbooks.com.

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have demonstrated the most benefit in RBD treatment.

Clonazepam, a drug often used for its anti-anxiety effects, is the medication that physicians usually prescribe first when treating RBD. Some patients are completely free from abnormal dreaming behaviors within 1 week after beginning clonazepam. Patients take the medication at night; 2 hours before bedtime seems to work best to minimize drowsiness the next day. Elderly people may be more prone to confusion and falls when taking clonazepam, and the drug may worsen symptoms of sleep apnea. Patients should not stop taking clonazepam abruptly, because symptoms of RBD may rapidly recur.

Melatonin is a hormone produced by the pineal gland in the brain; it seems to be involved with sleep/wake cycles. Taking melatonin supplements, either with or without clonazepam, may be beneficial for some patients with RBD. On the positive side, melatonin is rarely associated with any side effects. On the negative side, it is considered an “alternative medicine” and the FDA does not regulate efficacy, purity, or safety of melatonin products. A recently approved prescription medication called ramelteon (Rozerem) acts similarly to melatonin in the body. Although it has not been studied in patients with RBD, ramelteon may be a prescription option for some patients.

The effects of pramipexole have been reported in only 29 patients taking the drug for RBD. It may benefit some patients, but has not been effective in patients with both RBD and Parkinson’s disease.

A diagnosis of RBD can be made only by qualified physician specialists. Speak to your physician if you think you (or your spouse) may be affected by this sleep disorder. Once a diagnosis is made, drug treatment is usually continued indefinitely, so it is important for patients to take their medication as prescribed and not stop taking it abruptly.

FOR MORE INFORMATION

American Academy of Sleep Medicine
www.sleepeducation.com/Topic.aspx?id=12

Medline Plus
www.nlm.nih.gov/medlineplus/sleepdisorders.html

National Jewish Medical and Research Center
www.nationaljewish.org/disease-info/diseases/sleep/about/index.aspx