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## FAST FACTS AND CONCEPTS #88

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**Background** Good, restful sleep is essential to quality of life – providing renewed energy for the next day. Nightmares are vivid, frightening dreams that typically lead to full awakening with detailed recollection of the dream sequence and content. Following a nightmare, heart rate and blood pressure are elevated, and residual anxiety may interfere with the ability to return to sleep. Nightmares occur almost exclusively during REM (Rapid Eye Movement) sleep.

### Causes

- **Psychiatric** Anxiety is a common symptom during a life-threatening illness. Specifically, anxieties related to the illness course and prognosis, procedures and treatments, family issues, and death, can be significant. Nightmares may arise as a complication of anxiety or other psychiatric disturbances (such as post-traumatic stress disorder, delirium, mood disorders, schizophrenia, and adjustment disorders).
- **Medications/Drugs/Alcohol** Medications causally linked to nightmares include: beta-blockers, sedative/hypnotics, amphetamines and other stimulants, dopamine agonists, and antidepressants. Withdrawal from REM-suppressing drugs, including antidepressants, benzodiazepines, and alcohol, predisposes to the development of nightmares.
- **Brain disorders** CNS infections, brain tumors and other structural problems of the brain may lead to nightmares.
- **Metabolic** hypoglycemia.

**Psychotherapeutic Interventions** can be particularly helpful for people whose nightmares are related to stress/anxiety or an underlying psychiatric condition.

- **Supportive Psychotherapy** Brief, supportive psychotherapy can address a patient's anxieties and concerns; the therapist helps the patient with problem solving, seeking information and support, and accepting aspects of their situation which cannot be changed.
- **Behavioral techniques** Relaxation training, desensitization, and dream imagery rehearsal therapy may help reduce nightmares. In imagery rehearsal therapy, the patient writes down the disturbing dream, changes the content, and practices the new, positive scenario mentally during the day; this new imagery during the day reduces nightmares at night.

**Pharmacologic Management** The pharmacologic treatment of nightmares has not been studied in controlled clinical trials. Case studies and anecdotal reports suggest the following drugs or drug classes may be effective:

- **Atypical Antipsychotics** risperidone (0.5-2 mg qhs) and olanzapine (5 mg) have both been shown to reduce nightmares in small pilot studies of patients with acute stress and PTSD, including reduction in flashbacks, hyperarousal, and disturbed sleep.
- **Alpha-1 Antagonists** prazosin (2-15 mg qhs) has been shown to reduce nightmares and other sleep-related symptoms in PTSD patients in multiple small studies and a single randomized controlled trial involving 13 patients.
- **Benzodiazepines and Tricyclic Antidepressants** may be of benefit in suppressing REM activity. Note:

trazadone does not suppress REM activity.

- **Other** Both cyproheptadine and topiramate have been reported to suppress nightmares in small case series.

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