

## Other Abnormal Behaviour

### ***Sleep Drunkenness***

Sleep drunkenness can be confused with REM behaviour disorder. During sleep drunkenness the patient tends to perform complex activities in a state between sleep and wakefulness. The person can wake up through the night and perform complex tasks, such as making telephone calls, and go back to sleep with no recollection of what happened. In sleep drunkenness it is unusual for the person to be injured.

### ***Sleep Epilepsy***

Epilepsy can occur during sleep. Some forms of epilepsy can have complex behaviour without itting. A sleep study may help clarify if sleep epilepsy is present.

### ***Sleep Starts***

This refers to sudden jerks which occur at the beginning of sleep. This should be considered normal as it occurs in approximately 60-70% of the population. Increased exertion, emotional stress and an increase in caffeine intake can increase the frequency of sleep starts. In sleep starts the jerks may involve the arms, legs or the entire body. Sometimes the person has the feeling of falling or imbalance. Treatment is not usually needed.



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*“Sleep is that golden  
chain that ties health and  
our bodies together.”*

- Thomas Dekker

# Abnormal Movements

RESTLESS LEGS  
PERIODIC LIMB MOVEMENT DISORDER  
REM SLEEP BEHAVIOUR DISORDER



# ABNORMAL MOVEMENTS

## REM SLEEP BEHAVIOUR DISORDER (Acting Out Dreams)

In this condition patients can have violent behaviour during sleep which can lead to them injuring themselves or their bed partner. The patient can punch, kick, leap out of bed, even run from the bed during an attempted enactment of dreams. This behaviour during sleep can occur occasionally or up to 3 or 4 times per night on consecutive nights. This condition can start at any age but is most common in adults. It is more common in males than females.

### *Causes and predisposing factors*

In the majority of cases there is no obvious reason for this condition. Occasionally it can occur following withdrawal from alcohol and sedatives as well as antidepressant medications. Often this condition is associated with neurological abnormalities such as dementia and previous stroke.

### *Complications*

REM behaviour disorder can cause injury to the patient or bed partner. This can lead to social consequences, particularly involving the relationship with the bed partner.

## TREATMENT

If the abnormal behaviour occurs frequently, treatment may be needed. A medication called clonazepam [Rivotril (in the same group as valium)] can be used and is usually effective. High levels of melatonin (6mg-15mg) appear to also be effective.

## Periodic Limb Movement Disorder and Restless Legs

Periodic limb movement disorder (also called sleep myoclonus) is characterised by recurrent brief jerks which usually involve the ankles and the knees. Similar muscle jerks can involve the arms. These brief rapid movements occur during sleep and the patient is usually unaware of them. However, they can be associated with awakening from sleep. The patient can wake up completely or simply lighten his/her sleep. The jerks can involve one or both legs. The number of jerks is variable and can change from one night to another. There are people who can have up to 100 or more jerks each hour. Periodic limb movement disorder may cause difficulty falling asleep, as well as difficulty staying asleep. In some people this can result in daytime sleepiness. This condition is typical of middle age and elderly people and is rarely seen in children.

### *Restless Legs*

Restless legs refers to an unpleasant sensation usually localised in the calves. It is often described as cramps, soreness, or a creeping sensation involving the leg below the knee. It is felt when awake and usually around bedtime. The feelings are such that the person has the need (sometimes the compulsion) to move their legs to get relief and sometimes needs to walk around the room. The severity of the symptoms vary from mild discomfort to a very severe sensation which can prevent the person from falling asleep. The majority of people with restless legs have periodic limb movement disorder.

### *Causes and predisposing factors*

There is no known causes for periodic limb movement disorder, however, it is frequent in people with renal failure, iron deficiency and during pregnancy. It is also common in people who use medication such as antidepressants and in people who are withdrawing from medications such as anticonvulsants, benzodiazepines (Valium) and other sleeping tablets. In approximately 1/3 of cases there is a family history of the disorder. The diagnosis of periodic limb movement disorder is obtained by an overnight sleep study.

## TREATMENT

Because the cause of periodic limb movement disorder and restless legs is not known the treatment is symptomatic. Simple measures may be helpful (avoidance of coffee, tea, alcohol and nicotine). Correction of medical disorders may bring about improvement (diabetes, iron deficiency, avoidance of antidepressant medications). When severe enough it requires the use of medication. The treatment may involve the use of antiparkinson medications (pramipexole and similar), benzodiazepines (medication similar to valium), codeine phosphate, morphine and methadone in the more severe cases. Other options include anti-epileptic agents (gabapentin). The response to medication varies among people.

### **Augmentation**

Augmentation refers to worsening of Restless Legs (starting early in the evening and becoming more intense) after a few months of using anti parkinson medication.