



Sleep-related dissociative disorders (SRDD)

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Abstract

Sleep-related dissociative disorders (SRDD) are defined as dissociative disorders that can arise throughout the sleep period during well-established wakefulness.¹ Nocturnal behavior of patients with SRDD may correspond to the behaviors observed in dissociative disorders. However, some patients have presented nocturnal behaviors that represent reenactments of past traumatic incidents, self-mutilating behaviors, violent behavior, and psychogenic events.^{1,2} This suggests that behaviors in SRDD may resemble daytime DD but are not limited to them.

Herein we describe the case of a patient with sleep-related dissociative disorders and psychogenic non-epileptic seizures (NES) as symptoms of nocturnal dissociation.

Report of Case

Mrs. B is a 35-year-old woman with a personal history of severe childhood maltreatment. In association to childhood abuse, she experienced episodes of intense anxiety, which sometimes triggered seizure-like events characterized by tremor-like movements of the jaw, then in the arms and legs, and finally in the whole body.

When she was 34 years old, she came to our institution because of persistent anxiety and depressive symptoms and frequent seizure-like events in night particular in early morning time. She started having difficulty in speaking, difficulty in awaking, not responding to verbal command and rolling side by side on bed but never fall from bed. These symptoms last for some time for three hours and some time for more than seven hours. A major depressive disorder and

conversion disorder and were identified. A routine EEG and a brain CT scan showed no abnormalities. Treatment with sertraline, clonazepam, and supportive psychotherapy produced significant improvement. After one year, she was referred to the sleep clinic because on waking up in the morning she discovered she was having difficulty to wake up. She also complained of insomnia, nightmare-related psychomotor agitation, and exhibited violent behavior.

Discussion

Dissociation is a separation of discrete mental processes from the mainstream of brain activity with disruptions in integrated functions of consciousness, memory, identity, or perception of the environment. Sleep-related dissociative

disorders, a variant of dissociative disorders, are parasomnias that can emerge at any point during the sleep period, either at transition from wakefulness to sleep or within several minutes after awakening from stages 1 or 2 non-rapid eye movement (NREM) sleep or REM sleep, patients with sleep-related dissociative disorder have predisposing or precipitating symptoms associated with traumatic life experiences, including child abuse, combat, adult interpersonal violence, and natural disasters. Accordingly dissociation is often associated with post-traumatic stress and is considered to be mainly a post-traumatic response. In a study, 7 of the 100 consecutive patients with sleep related injury were diagnosed with Sleep Related Dissociative Disorder, which is considered to be a psychiatric parasomnia (Schenck et al. 1989a, 1989b). With one exception, all patients were female and had childhood and subsequent histories of sexual, physical and emotional abuse, often occurring at night around bedtime. There was frequent self-mutilation with lit cigarettes and knives, including genital mutilation, cutting one's tongue and various other body parts, shaving one's head, and sustaining a variety of recurrent injuries from agitated behavior with running into furniture, and crashing through glass windows or doors, jumping from bed, and sustaining ecchymoses, fractures, and lacerations requiring stitches. vPSG can document the diagnostic finding of behaviors emerging during sustained EEG wakefulness during sleep-wake transitions, or from N1 or N2 sleep (Schenck et al. 1989b). Often there is a 30–60 s lag between the start of EEG wakefulness and the start of the dissociative behavior, which is in stark contrast to NREM parasomnia episodes that emerges abruptly with an arousal, and usually from N3 sleep. However, positive findings may not be detected during all vPSG studies, and so Sleep Related Dissociative Disorder is often diagnosed by clinical history, and with the vPSG excluding other disorders causing sleep related

injury, although some patients can have mixed disorders that pose a therapeutic challenge.

Factors responsible for SRDD are unknown. However, recent research has found a strong association between trait dissociation, psychological distress, and unusual sleep and dream experiences.

Disclosure Statement

This work was performed at the Regional Hospital Solan H.P. a north state of India and it was made without financial support.

Conflict of Interests

The authors declare that there is no conflict of interests regarding the publication of this paper.

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