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Nightmare disorder is a sleep condition that affects many individuals, causing frequent and distressing nightmares that disrupt both sleep and daily functioning. Nightmares are vivid, unsettling dreams often involving threats to survival or safety, leading to feelings of fear, anxiety, or sadness upon waking. While occasional nightmares are common, nightmare disorder is diagnosed when these episodes occur frequently and cause significant distress or impairment in a person's life. Although nightmares have been recognized for centuries, it wasn't until recent decades that nightmare disorder was formally classified as a sleep disorder. This article provides a comprehensive overview of nightmare disorder, including its risk factors, symptoms, diagnostic tests, medications, procedures, and at-home remedies to help alleviate symptoms.DefinitionNightmare disorder is a sleep disorder characterized by frequent, vivid nightmares that cause distress. It encompasses several key areas: risk factors, symptoms, diagnostic tests, medications, procedures for treatment, and strategies patients can use at home to manage their symptoms.Description of Nightmare DisorderNightmare disorder is a condition where individuals experience recurrent, intense nightmares that disrupt sleep and impact daily life. These nightmares typically occur during the rapid eye movement (REM) stage of sleep, the period when most dreaming happens. The nightmares are vivid and often involve themes of danger or fear, causing the person to wake up feeling anxious, scared, or upset. Unlike occasional nightmares, nightmare disorder involves frequent episodes that lead to sleep disturbances, daytime fatigue, and emotional distress.The progression of nightmare disorder can vary. Some individuals may experience a gradual increase in the frequency and intensity of their nightmares, while others may have periods of remission followed by recurrence. Left untreated, nightmare disorder can lead to chronic sleep deprivation, anxiety, and even depression.Nightmare disorder affects approximately 2-8% of the general population, with higher rates reported among children and individuals with certain mental health conditions, such as post-traumatic stress disorder (PTSD). While nightmares are common in childhood, they often decrease in frequency as individuals age. However, for some, nightmares persist into adulthood and may worsen over time.Risk Factors for Developing Nightmare DisorderLifestyle Risk FactorsCertain lifestyle factors can increase the likelihood of developing nightmare disorder. High levels of stress or anxiety, particularly related to traumatic events, can trigger frequent nightmares. Individuals experiencing significant life changes, such as the loss of a loved one, job stress, or relationship problems, may be more prone to nightmares. Additionally, irregular sleep patterns, such as those caused by shift work or frequent travel, can disrupt normal sleep cycles and increase the risk of nightmares. Substance use, including alcohol and recreational drugs, can also contribute to nightmare disorder, as these substances interfere with sleep quality and REM cycles.Medical Risk FactorsSeveral medical conditions are associated with a higher risk of nightmare disorder. Mental health conditions, such as PTSD, anxiety disorders, and depression, are strongly linked to frequent nightmares. Individuals with PTSD may experience nightmares as part of their trauma-related symptoms. Sleep disorders, such as insomnia or sleep apnea, can also increase the risk of nightmare disorder. Additionally, certain medications, including antidepressants, blood pressure medications, and medications used to treat Parkinson's disease, may have side effects that include vivid dreams or nightmares.Genetic and Age-Related Risk FactorsThere is evidence suggesting that genetics may play a role in the development of nightmare disorder. Individuals with a family history of sleep disorders, including nightmares, may be more likely to experience similar issues. Age is another factor; nightmares are more common in children, with many experiencing them during early childhood. However, as children grow older, the frequency of nightmares typically decreases. For some, nightmares persist into adolescence and adulthood. Older adults may also experience an increase in nightmares, particularly if they have underlying medical or psychological conditions.Clinical ManifestationsRecurrent NightmaresRecurrent nightmares are the hallmark symptom of nightmare disorder, occurring in nearly 100% of cases. These nightmares are vivid, disturbing dreams that often involve threats to survival, security, or physical integrity. They typically occur during the REM stage of sleep, when most dreaming happens. The frequency of nightmares can vary, but in individuals with nightmare disorder, they happen frequently enough to cause significant distress and interfere with daily life. Nightmares may become more frequent during periods of stress or trauma and are more common in children, though adults can also be affected.Difficulty Falling Back AsleepApproximately 70% of patients with nightmare disorder report difficulty falling back asleep after waking from a nightmare. This is often due to emotional arousal caused by the nightmare, such as fear or anxiety. After a nightmare, the body may remain in a heightened state of alertness, making it challenging to relax and return to sleep. This symptom can lead to fragmented sleep patterns and contribute to overall sleep deprivation, worsening the condition over time.AnxietyAnxiety affects around 60% of individuals with nightmare disorder. The anxiety can occur both during the night, in anticipation of nightmares, and during the day, as individuals worry about their upcoming sleep. This anxiety can create a vicious cycle, where fear of nightmares leads to difficulty falling asleep, which in turn increases the likelihood of nightmares. Anxiety may also worsen during periods of high stress or trauma, and it can be more pronounced in individuals who have experienced significant life events, such as trauma or loss.FearFear is a common emotional response to nightmares, affecting about 65% of patients with nightmare disorder. The fear may be related to the content of the nightmare itself or to the anticipation of experiencing another nightmare. This fear can cause individuals to avoid sleep altogether, leading to sleep deprivation. In some cases, the fear may be so severe that it results in a condition called "sleep dread," where individuals become afraid to sleep due to the possibility of having another nightmare.Distress Upon WakingDistress upon waking is reported by approximately 80% of individuals with nightmare disorder. This distress can manifest as feelings of confusion, disorientation, or emotional upset immediately after waking from a nightmare. The emotional intensity of the nightmare can linger, making it difficult for the person to feel calm or safe even after realizing the dream was not real. This distress can interfere with the ability to return to sleep and may also affect mood and functioning during the day.Vivid Dream RecallVivid dream recall is a key feature of nightmare disorder, with around 90% of patients able to recall their nightmares in great detail. Unlike other types of dreams that may be forgotten upon waking, nightmares are often remembered clearly, including specific images, emotions, and events. This vivid recall can contribute to the distress and anxiety associated with the disorder, as individuals may replay the nightmare in their minds long after waking.Sleep DisturbancesSleep disturbances are present in nearly 85% of individuals with nightmare disorder. These disturbances include frequent awakenings during the night, difficulty staying asleep, and disrupted sleep cycles. The repeated awakenings caused by nightmares can prevent individuals from getting the restorative sleep they need, leading to chronic sleep deprivation. Over time, this can worsen both the frequency of nightmares and the severity of daytime symptoms.Daytime SleepinessDaytime sleepiness is a common consequence of the poor sleep quality associated with nightmare disorder, affecting about 70% of patients. The frequent awakenings and difficulty returning to sleep can result in insufficient sleep, leaving individuals feeling tired and fatigued during the day. This sleepiness can interfere with daily activities, reduce productivity, and increase the risk of accidents or errors.IrritabilityIrritability is reported by approximately 60% of individuals with nightmare disorder. The chronic sleep deprivation and emotional distress caused by frequent nightmares can lead to mood changes, including irritability and frustration. This irritability may affect relationships, work performance, and overall quality of life. In some cases, irritability may also contribute to the development of anxiety or depression.Trouble ConcentratingTrouble concentrating is another common daytime symptom, affecting around 55% of patients with nightmare disorder. The lack of restful sleep can impair cognitive function, making it difficult to focus, remember information, or complete tasks. This difficulty concentrating can impact work or school performance and may contribute to feelings of frustration or incompetence.Diagnostic EvaluationThe diagnosis of nightmare disorder is typically made through a combination of patient history, clinical interviews, and diagnostic tests. Healthcare providers will ask about the frequency, intensity, and content of nightmares, as well as any associated symptoms such as anxiety or difficulty sleeping. They will also rule out other sleep disorders, such as sleep apnea or REM sleep behavior disorder, which can cause similar symptoms. In some cases, additional tests may be needed to confirm the diagnosis or to identify underlying causes. These tests can include polysomnography, sleep studies, actigraphy, and psychological evaluations, among others.PolysomnographyTest Information: Polysomnography is a comprehensive sleep study that records various physiological parameters during sleep, including brain waves (EEG), heart rate, breathing patterns, and eye movements. This test is typically conducted overnight in a sleep laboratory where patients are monitored while they sleep. The goal of polysomnography is to provide a detailed picture of the patient's sleep architecture, including the different stages of sleep (such as REM and non-REM sleep), and to detect any abnormalities that may be contributing to sleep disturbances.Results that Indicate Nightmare Disorder: In patients with nightmare disorder, polysomnography may show an increase in REM sleep, as this is the stage where nightmares occur. Additionally, frequent awakenings during REM sleep may be observed, corresponding to the patient's reports of waking up after nightmares. If the test results show normal sleep architecture and no other abnormalities, it may suggest that the nightmares are not due to a primary sleep disorder but rather a psychological or behavioral issue. If the test is negative for nightmare disorder but symptoms persist, further psychological evaluation may be recommended.Sleep StudyTest Information: A sleep study is similar to polysomnography but may be less comprehensive, focusing on specific aspects of sleep, such as breathing or movement. In some cases, a home sleep study may be conducted, where the patient wears a portable device to monitor their sleep patterns at home. This test is useful for identifying other sleep disorders, such as sleep apnea, that may be contributing to the patient's symptoms.Results that Indicate Nightmare Disorder: A sleep study may show frequent awakenings or disruptions during REM sleep, which could be indicative of nightmare disorder. However, if the sleep study reveals other issues, such as sleep apnea or restless leg syndrome, these conditions may need to be addressed first. If no abnormalities are found and the patient continues to experience nightmares, further evaluation may be needed to explore psychological or behavioral causes.Clinical InterviewTest Information: A clinical interview is a structured conversation between the patient and a healthcare provider, where the provider asks detailed questions about the patient's sleep patterns, emotional state, and overall health. The goal of the clinical interview is to gather information about the frequency, intensity, and content of nightmares, as well as any associated symptoms such as anxiety or depression. The interview may also explore potential triggers for the nightmares, such as trauma or stress.Results that Indicate Nightmare Disorder: During the clinical interview, the healthcare provider will look for patterns that are consistent with nightmare disorder, such as frequent, vivid nightmares that cause distress and interfere with sleep. If the patient's descriptions align with the diagnostic criteria for nightmare disorder, a diagnosis may be made. If the interview suggests other psychological issues, such as PTSD or anxiety, these conditions may need to be addressed as part of the treatment plan.Sleep DiaryTest Information: A sleep diary is a self-reported log where the patient records their sleep patterns, including the time they go to bed, the time they wake up, and any awakenings during the night. The patient may also note the content of any nightmares and how they felt upon waking. A sleep diary is typically kept for one to two weeks and provides valuable insight into the patient's sleep habits and the frequency of nightmares.Results that Indicate Nightmare Disorder: A sleep diary can help identify patterns of disturbed sleep and frequent nightmares, which are key indicators of nightmare disorder. If the diary shows consistent awakenings after nightmares and difficulty returning to sleep, this supports the diagnosis. If the sleep diary reveals other issues, such as irregular sleep schedules or poor sleep hygiene, these factors may need to be addressed as part of the treatment plan.ActigraphyTest Information: Actigraphy is a non-invasive method of monitoring sleep-wake patterns using a wrist-worn device that tracks movement. The device records periods of activity and rest, providing a picture of the patient's sleep patterns over time. Actigraphy is often used in conjunction with a sleep diary to provide objective data on sleep duration, quality, and disturbances.Results that Indicate Nightmare Disorder: Actigraphy may show frequent awakenings or disruptions in sleep, particularly during REM sleep, which could indicate nightmare disorder. If the data from the actigraphy device aligns with the patient's reports of frequent nightmares and disturbed sleep, this supports the diagnosis. If the results show normal sleep patterns, other causes of the patient's symptoms may need to be explored.What if All Tests are Negative but Symptoms Persist?If all diagnostic tests come back negative but symptoms of nightmares and disturbed sleep persist, it's important to continue working with your healthcare provider. In some cases, nightmare disorder may be linked to psychological factors, such as stress, anxiety, or trauma, which may not show up in standard sleep tests. A referral to a mental health specialist for further evaluation and treatment, such as cognitive-behavioral therapy (CBT) or trauma-focused therapy, may be recommended. Additionally, lifestyle changes and sleep hygiene improvements can help manage symptoms.Treatment Options for Nightmare DisorderMedications for Nightmare DisorderPrazosinPrazosin, originally developed to treat high blood pressure, has shown effectiveness in reducing nightmares, particularly in individuals with PTSD (Post-Traumatic Stress Disorder). It works by blocking certain brain receptors involved in the body's stress response.Prazosin is often prescribed for patients experiencing frequent, distressing nightmares, especially those related to trauma. It is typically used when nightmares severely disrupt sleep and other interventions, such as behavioral therapies, have not been successful.Patients may notice a decrease in nightmare frequency within a few weeks of starting Prazosin, although the full effects may take longer. Dosage adjustments may be necessary to achieve the best results.ClonazepamClonazepam, a benzodiazepine, is commonly used to treat anxiety, panic disorders, and certain types of seizures. It can also help reduce nightmares by calming the nervous system and promoting more restful sleep.Clonazepam is generally prescribed for short-term use due to the risk of dependence. It may be recommended for patients whose nightmares are linked to anxiety or other sleep disturbances. This medication is typically reserved for cases where other treatments have not been effective.Patients may experience immediate improvements in sleep quality and a reduction in nightmares. However, close medical supervision is essential due to the potential for side effects and dependency.DoxepinDoxepin, a tricyclic antidepressant, is sometimes used to treat insomnia and nightmares by influencing neurotransmitter balance in the brain, which can improve mood and sleep quality.Doxepin is often prescribed for patients dealing with both depression and nightmares, addressing both conditions simultaneously. It is usually taken before bedtime to enhance sleep.Patients may see improvements in sleep and a reduction in nightmares within a few weeks of starting Doxepin, though the full effects may take longer to manifest.SertralineSertraline, a selective serotonin reuptake inhibitor (SSRI), is commonly used to treat depression and anxiety. It can also help reduce nightmares by improving mood and stabilizing sleep patterns.Sertraline is often prescribed for patients whose nightmares are related to anxiety or depression. It is considered a first-line treatment and may be used alongside other therapies. Sertraline is typically taken once daily, and noticeable improvements may take several weeks.Patients can expect a gradual reduction in nightmares as mood and sleep quality improve, though full benefits may take 6-8 weeks to become apparent.FluoxetineFluoxetine, another SSRI, is commonly used to treat depression, anxiety, and PTSD. It works by increasing serotonin levels in the brain, which helps regulate mood and sleep.Fluoxetine may be prescribed for patients with nightmares related to mood disorders or PTSD. Like Sertraline, it is often a first-line treatment. Fluoxetine is taken daily, and full effects may take several weeks to develop.Patients may notice a reduction in nightmares as their mental health improves, though it can take up to 6-8 weeks to experience the full benefits.TrazodoneTrazodone, an antidepressant, is often used to treat insomnia and nightmares by affecting serotonin levels, which can improve sleep quality and reduce the frequency of nightmares.Trazodone is typically prescribed for patients who have difficulty falling or staying asleep due to nightmares. It is usually taken at bedtime and may be used when other treatments have not been effective.Patients may notice improvements in sleep and a reduction in nightmares within a few days to weeks of starting Trazodone, though full effects may take longer to appear.MelatoninMelatonin, a hormone that regulates the sleep-wake cycle, is available as an over-the-counter supplement and is sometimes used to treat sleep disorders, including nightmares.Melatonin may be recommended for patients who have difficulty falling or staying asleep due to nightmares. It is often used as a first-line treatment for mild cases or in combination with other therapies. Melatonin is typically taken 30-60 minutes before bedtime.Patients may notice improvements in sleep patterns and a reduction in nightmares within a few days of starting melatonin, though individual responses can vary.AmitriptylineAmitriptyline, a tricyclic antidepressant, is sometimes used to treat insomnia and nightmares by affecting neurotransmitter balance, which can improve mood and sleep quality.Amitriptyline may be prescribed for patients experiencing both depression and nightmares. It is usually taken before bedtime and is often used when other treatments have not provided sufficient relief.Patients may notice improvements in sleep and a reduction in nightmares within a few weeks of starting Amitriptyline, though full effects may take longer to develop.QuetiapineQuetiapine, an antipsychotic medication, is sometimes used to treat nightmares, particularly in patients with PTSD. It works by affecting neurotransmitter balance, which can reduce anxiety and improve sleep quality.Quetiapine is typically prescribed for patients with severe nightmares that have not responded to other treatments. It is usually taken at bedtime and is not considered a first-line treatment, reserved for more severe cases.Patients may notice a reduction in nightmares and improved sleep quality within a few days to weeks of starting Quetiapine, though full effects may take longer.RisperidoneRisperidone, another antipsychotic, is sometimes used to treat nightmares, particularly in patients with PTSD or other mental health conditions. It works by affecting neurotransmitter levels, which can reduce anxiety and improve sleep.Risperidone is typically prescribed for patients with severe nightmares that have not responded to other treatments. It is usually taken at bedtime and, like Quetiapine, is reserved for more severe cases.Patients may notice a reduction in nightmares and improved sleep quality within a few days to weeks of starting Risperidone, though full effects may take longer.Improving Nightmare Disorder and Seeking Medical HelpIn addition to medications, several home remedies and lifestyle changes can help improve nightmare disorder. These include:Practicing relaxation techniques, such as deep breathing or progressive muscle relaxation, before bed.Maintaining a regular sleep schedule to regulate your body's internal clock.Creating a calming bedtime routine, such as reading or listening to soothing music.Avoiding caffeine and alcohol before bed, as they can interfere with sleep.Practicing mindfulness or meditation to reduce stress and anxiety.Keeping a dream journal to track recurring nightmares and identify potential triggers.Ensuring a comfortable sleep environment, such as a cool, dark, and quiet bedroom.Engaging in regular physical activity to promote better sleep quality.Discussing nightmares with a therapist, especially if they are related to trauma or anxiety.If nightmares persist despite these measures, it may be time to seek medical help. Telemedicine offers a convenient way to consult with a healthcare provider from the comfort of your home. Our primary care practice can assess your symptoms, recommend appropriate treatments, and provide ongoing support for managing nightmare disorder.Living with Nightmare Disorder: Tips for Better Quality of LifeLiving with nightmare disorder can be challenging, but there are steps you can take to improve your quality of life. Establishing a consistent sleep routine, practicing relaxation techniques, and seeking support from a therapist can all make a significant difference. It's also important to communicate openly with your healthcare provider about your symptoms and treatment progress. By taking a proactive approach to managing nightmare disorder, you can reduce the impact of nightmares on your daily life and enjoy more restful sleep.ConclusionNightmare disorder can significantly affect your sleep and overall well-being. However, with the right treatment and lifestyle changes, it is possible to reduce the frequency and intensity of nightmares. Early diagnosis and treatment are key to managing this condition effectively. If you're struggling with nightmares, don't hesitate to reach out to our primary care telemedicine practice. We're here to help you find the right treatment plan and support you on your journey to better sleep. Key Takeaways Nightmares are bad dreams that wake you up, often with feelings worry or fear. Nightmares occur more frequently during rapid eye movement (REM) sleep. Frequent nightmares that interfere with daily functioning, mood, or sleep, may indicate a nightmare disorder. What causes nightmares is unknown, but it may have to do with emotional processing. Dreaming is one of the most complicated and mysterious aspects of sleep. While dreams can include visions of grandeur and bliss, they can also be scary, threatening, or stressful. When a bad dream causes you to wake up, it's known as a nightmare. It's normal to occasionally have a nightmare or bad dream, but for some people, they recur frequently, disrupting sleep and negatively impacting their waking life as well. Knowing the differences between bad dreams, nightmares, and nightmare disorder is a first step to addressing the causes of nightmares, starting appropriate treatment, and getting better sleep. Is Your Troubled Sleep a Health Risk? A variety of issues can cause problems sleeping. Answer three questions to understand if it's a concern you should worry about. Snore loudly? Select Yes No Tired during the day? Select Yes No Wake up short of breath? Select Yes No Please select all options In sleep medicine, nightmares have a more strict definition than in everyday language. This definition helps distinguish nightmares from bad dreams National Library of Medicine, Biotech Information The National Center for Biotechnology Information advances science and health by providing access to biomedical and genomic information. View Source : while both involve disturbing dream content, only a nightmare causes you to wake up from sleep. Nightmares are vivid dreams that may be threatening, upsetting, bizarre, or otherwise bothersome. They occur more often during rapid eye movement (REM) sleep, the stage of sleep associated with intense dreaming. Nightmares arise more frequently in the second half of the night when more time is spent in REM sleep American Academy of Sleep Medicine (AASM) AASM sets standards and promotes excellence in sleep medicine health care, education, and research. View Source . Upon waking up from a nightmare, it's normal to be acutely aware of what happened in the dream, and many people find themselves feeling upset or anxious. Physical symptoms like heart rate changes or sweating may be detected after waking up as well. It's normal for both children and adults to have bad dreams and nightmares every now and again. About 2%-8% of adults have problems with nightmares. Frequent nightmares are more common in children than in adults. Nightmares in children are most prevalent between the ages of 3 and 6 and tend to occur less often as children get older. In some cases, though, nightmares persist into adolescence and adulthood. For example, a study found that 47% of college students National Library of Medicine, Biotech Information The National Center for Biotechnology Information advances science and health by providing access to biomedical and genomic information. View Source had at least one nightmare in the past two weeks. Nightmares affect males and females, although women are generally more likely to report having nightmares Elsevier Elsevier is a publishing company that aims to help researchers and health care professionals advance science and improve health outcomes for the benefit of society. View Source , especially during adolescence through middle age. There is no consensus explanation for why we have nightmares National Library of Medicine, Biotech Information The National Center for Biotechnology Information advances science and health by providing access to biomedical and genomic information. View Source . In fact, there is an ongoing debate in sleep medicine and neuroscience about why we dream at all. Many experts believe that dreaming is part of the mind's methods for processing emotion National Institute of Neurological Disorders and Stroke (NINDS) NINDS aims to seek fundamental knowledge about the brain and nervous system and to use that knowledge to reduce the burden of neurological disease. View Source and consolidating memory. Bad dreams, then, may be a component of the emotional response to fear and trauma National Library of Medicine, Biotech Information The National Center for Biotechnology Information advances science and health by providing access to biomedical and genomic information. View Source , but more research is needed to definitively explain why nightmares occur. Many different factors can contribute to a higher risk of nightmares: Stress and anxiety: Sad, traumatic, or worrisome situations that induce stress and fear may provoke nightmares. People with chronic stress and anxiety may be more likely to develop nightmare disorder. Mental health conditions: Nightmares are often reported at much higher rates by people with mental health disorders like post-traumatic stress disorder (PTSD). People with PTSD often have frequent, intense nightmares in which they relive traumatic events, worsening symptoms of PTSD, and often contributing to insomnia. Certain drugs and medications: Using some types of illicit substances or prescription medications that affect the nervous system is associated with a higher risk of nightmares. Withdrawal from some medications: Some medications suppress REM sleep, so when a person stops taking those medications, there is a short-term rebound effect of more REM sleep accompanied by more nightmares. Sleep deprivation: After a period of insufficient sleep, a person often experiences a REM rebound that can trigger vivid dreams and nightmares. Family history: Though not fully understood, a genetic predisposition may exist that makes it more likely for frequent nightmares to run in a family. This association may be driven by genetic risk factors for mental health conditions that are tied to nightmares. Personal history of nightmares: In adults, a risk factor for nightmare disorder is a history of having had recurring nightmares during childhood and adolescence. Some evidence indicates that people who have nightmares may have altered sleep architecture National Library of Medicine, Biotech Information The National Center for Biotechnology Information advances science and health by providing access to biomedical and genomic information. View Source , meaning that they progress abnormally through sleep stages. Some studies have also found a correlation National Library of Medicine, Biotech Information The National Center for Biotechnology Information advances science and health by providing access to biomedical and genomic information. View Source between nightmares and obstructive sleep apnea (OSA), a breathing disorder that causes fragmented sleep, although further research is needed to clarify this association. Nightmare disorder is a parasomnia that occurs when a person has frequent nightmares that interfere with their sleep, mood, and/or daytime functioning. While most people have nightmares from time to time, nightmare disorder is far less common. People who have occasional nightmares don't have nightmare disorder. Instead, nightmare disorder involves recurring nightmares that bring about notable distress in their daily life. Sleep terrors, sometimes called night terrors, are another type of parasomnia in which a sleeper appears agitated and frightened during sleep. Nightmares and sleep terrors have several distinguishing characteristics National Center for Biotechnology Information The National Center for Biotechnology Information advances science and health by providing access to biomedical and genomic information. View Source : Nightmares happen during REM sleep while sleep terrors happen during non-REM (NREM) sleep. Sleep terrors don't involve a full awakening; instead, a person remains mostly asleep and difficult to awaken. If awakened, they likely will be disoriented. In contrast, when a person wakes up from a nightmare, they tend to be alert and aware of what was happening in their dream. The following day, a person with nightmares usually has a clear memory of the dream. People with sleep terrors very rarely have any awareness of the episode. Nightmares are more common in the second half of the night while sleep terrors happen more often in the first half. Nightmares, especially recurrent nightmares, can have a significant impact on a person's sleep. People who have nighttime disruptions from nightmares may wake up feeling anxious, making it hard to relax their mind and get back to sleep. As a result, the fear of nightmares may cause sleep avoidance and less time allocated to sleep. Unfortunately, this can make nightmares worse. Sleep avoidance can cause sleep deprivation, which can provoke a REM sleep rebound with even more intense dreams and nightmares American Academy of Sleep Medicine (AASM)|National Library of Medicine, Biotech Information View Source . This often leads to further sleep avoidance, giving rise to a pattern of disturbed sleep that culminates in insomnia. Insufficient sleep connected to nightmares and nightmare disorder can cause excessive daytime sleepiness, mood changes, and worsened cognitive function, all of which can have a substantial negative impact on a person's daytime activities and quality of life. Nightmares may also exacerbate mental health conditions that can worsen sleep, and insufficient sleep can give rise to more pronounced symptoms of conditions like depression and anxiety. Because it's common to have an occasional nightmare, some people may find it hard to know when nightmares are a cause for concern. You should talk to your doctor about nightmares if: Nightmares happen more than once a week Nightmares affect your sleep, mood, and/or daily activity Nightmares begin at the same time that you start a new medication To help your doctor understand how nightmares are affecting you, you can keep a sleep diary that tracks your total sleep and sleep disruptions, including nightmares. Infrequent nightmares don't normally need any treatment, but both psychotherapy and medications can help people who have nightmare disorder. By reducing nightmares, treatments can promote better sleep and overall health. Treatment for nightmares should always be overseen by a health professional who can identify the most appropriate therapy based on a patient's overall health and the underlying cause of their nightmares. Psychotherapy, also known as talk therapy, is a category of treatment that works to understand and reorient negative thinking. There are numerous types of talk therapy that may help reduce nightmares: Image Rehearsal Therapy: This approach involves rewriting a recurring nightmare into a script that is rewritten and then rehearsed when awake in order to change how it unfolds and impacts the sleeper. Lucid Dreaming Therapy: In a lucid dream, a person is actively aware that they are dreaming. Lucid dreaming therapy seizes on this idea to give a person the ability to positively modify the content of a nightmare through their awareness of it in the moment. Exposure and Desensitization Therapies: Because many nightmares are driven by fears, a number of approaches utilize controlled exposure to that fear to reduce the emotional reaction to it. Examples of these techniques to "face your fears" include self-exposure therapy and systematic desensitization. Hypnosis: This approach creates a relaxed, trance-like mental state in which a person can more easily take in positive thoughts to combat stress. Progressive deep muscle relaxation: While not a direct form of talk therapy, progressive deep muscle relaxation is a technique for calming the mind and body. It involves deep breathing and releasing tension throughout the body. There are many audio guides available online to help lead users through the technique. Cognitive-Behavioral Therapy for Insomnia (CBT-I): CBT-I focuses on restructuring the thoughts, feelings, and behaviors around sleep. However, mental health professionals can tailor therapy for nightmares and, when appropriate, account for a coexisting mental health disorder. Many types of psychotherapy also involve modifying detrimental patterns of behavior. Recommendations associated with talk therapy frequently involve changes to sleep hygiene, including daily routines and habits that facilitate consistent sleep. Several types of prescription medications may be used to treat nightmare disorder. Most often, these are medications that affect the nervous system such as anti-anxiety, antidepressant, or antipsychotic drugs. Different medications may be used for people who have nightmares associated with PTSD. Medications benefit some patients, but they can also come with side effects. For that reason, it is important to talk with a doctor who can describe the potential benefits and downsides of prescription drugs for nightmare disorder. Whether nightmares are common or occasional, you may get relief from improving sleep hygiene. There are many elements of sleep hygiene, but some of the most important ones, especially in the context of nightmares, include: Following a consistent sleep schedule: Having a set bedtime and sleep schedule helps keep your sleep stable, preventing sleep avoidance and nightmare-inducing REM rebound after sleep deprivation. Utilizing relaxation methods: Finding ways to wind down, even basic deep breathing, can help decrease the stress and worry that give rise to nightmares. Avoiding caffeine and alcohol: Caffeine can stimulate your mind, which makes it harder to relax and fall asleep. Drinking alcohol close to bedtime can induce a REM rebound in the second half of the night that may worsen nightmares. As much as possible, it's best to avoid alcohol and caffeine in the evening. Reducing screen time before bed: Using a smartphone, tablet, or laptop before bed can amp up your brain activity and make it difficult to fall asleep. If the screen time involves negative or worrying imagery, it may make nightmares more likely. To avoid this, create a bedtime routine with no screen time for an hour or more before going to sleep. Creating a comforting sleep environment: Your bedroom should promote a sense of calm with as few distractions or disruptions as possible. Set a comfortable temperature, block out excess light and sound, and set up your bed and bedding to be supportive and inviting. Building better sleep habits is a component of many therapies for nightmare disorder and can pave the way for high-quality sleep on a regular basis. If you have persistent nightmares that interfere with your daily life, the first step is to talk with your doctor. Identifying and addressing an underlying cause can help make nightmares less frequent and less bothersome. Paul, F., Schredl, M., & Alpers, G. W. (2015). Nightmares affect the experience of sleep quality but not sleep architecture: an ambulatory polysomnographic study. Borderline personality disorder and emotion dysregulation, 2, 3. American Academy of Sleep Medicine. (2014). The International Classification of Sleep Disorders – Third Edition (ICSD-3). Darien, IL Pagel, J. F. (2000). Nightmares and disorders of dreaming. American Family Physician, 61(7), 2037–2042, 2044. Schredl, M., & Reinhard, I. 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Diagnosis and symptomsCausesManagementFAQTakeawayVivid, upsetting nightmares happen sometimes. When they occur regularly and affect your ability to sleep or function, you may have a nightmare disorder. Sleep therapy, medications, and desensitization methods can all help treat this rare sleep condition.Nightmares represent the most distressing type of dreams. They can be just about anything — real or imaginary — and even when they involve fantastical elements, they often evoke intense emotions like fear, despair, or desperation.Almost everyone experiences a nightmare at some point in life. In fact, bad dreams may be more common than good dreams. But when nightmares become prominent in your life and take a toll on your sleep quality or daily function, you may be living with a sleep disorder called nightmare disorder.Nightmare disorder, also known as dream anxiety disorder, is a type of sleep-wake disorder called parasomnia. Parasomnias involve patterns of sleep disturbances featuring unusual behaviors, emotions, or perceptions. They affect how well you fall asleep, stay asleep, or wake up from sleep.It's estimated that 4% of adults live with nightmare disorder.The Diagnostic and Statistical Manual of Mental Disorders, 5th edition, text revision (DSM-5-TR) differentiates nightmare disorder from typical nightmares based on dream features, frequency, and how they affect your life.Under the DSM-5-TR, a diagnosis of nightmare disorder can be given when the following criteria are met:Recurrent, extended, and intensely disturbing nightmares typically involve a threat to your survival, security, or physical self. Nightmares tend to occur during the rapid eye movement (REM) stage of sleep and are vividly remembered on waking.After waking from a nightmare, you're quickly alert and oriented to your surroundings.The sleep disturbances cause clinically significant functional impairment or distress.Nightmares and related symptoms aren't caused by the use of any substance or medication.Co-occurring mental and physical health conditions can't wholly account for the nightmare experience.A healthcare professional will categorize the disorder with a specifier based on the frequency and severity of your symptoms. Specifiers are diagnostic labels that provide insight into your individual experience.Frequency-related specifiers for nightmare disorder in the DSM-5-TR include:Acute: Nightmares have been occurring for 1 month or less.Subacute: Nightmares have been occurring for more than 1 month but less than 6 months.Persistent: Nightmares have been present for 6 months or longer.Severity specifiers in the DSM-5-TR include:Mild: Fewer than one nightmare per week on average.Moderate: One or more nightmares per week but fewer than once per night.Severe: Nightmares every night.For some people, nightmares occur during the first half of the sleep cycle, known as the NREM phase. When this happens, nightmare disorder is given the DSM-5-TR specifier of "during sleep onset."Frequent, distressing nightmares are the primary symptom of nightmare disorder, but other experiences often accompany these dreams. According to the DSM-5-TR, other nightmare-related symptoms include:sweatingrapid heart raterapid breathingsleep paralysisfear of falling back asleeplasting emotional distress during the dayThe exact causes of nightmare disorder aren't fully understood. Experts theorize several factors may be involved, including:Hyperarousal: Elevated levels of stress, tension, and anxiety during the day may contribute to sleep challenges and the intensity of nightmares.Impaired fear extinction: Intense fear that doesn't naturally resolve with time, such as that from trauma, can keep the brain in an aroused memory state where it recombines fearful experiences into dream scenarios.Trait susceptibility: Certain personality factors, like high novelty-seeking and genetic predispositions, may increase the chance of having persistent nightmares.Maladaptive coping (thought suppression): Internal habits to cope with stress that involve the suppression of negative thoughts and emotions may cause them to manifest in nightmares.Sleep-disordered breathing: Breathing disorders that affect sleep can contribute to psychological distress, triggering nightmares, and may cause less restorative sleep stages where nightmares are more likely to be remembered.Experts believe these factors come together in a variety of ways to create what's known as the "cognitive model of recurrent dreams." Under this theoretical framework, nightmares are a type of learned behavior, where your subconscious reacts negatively to any elements in a dream that resemble an initial stressor.For example, if you've had a traumatic experience involving water, nightmares might be triggered by seemingly distant dream elements like the color blue, liquid containers, words about the weather, and so on.Nightmare disorder can be successfully managed with medications, behavioral modification, and psychotherapy.IRT is a type of cognitive behavioral therapy (CBT) that involves discussing your nightmares with a mental health professional.The goal is to reformat the ending of your nightmare into a positive outcome. With the guidance of your therapist, you'll rehearse positive, alternative dream endings. Within a few weeks of sessions with regular at-home practice, your nightmares can become less distressing.IRT is just one treatment option available for nightmare disorder. Other techniques suggested by the AASM include:A sleep doctor may also prescribe anti-anxiety medications such asnitrazepamprazosintriazolamTreatment for nightmare disorder can vary depending on your experiences and any co-existing conditions. If you also live with post-traumatic stress disorder (PTSD), for example, your management plan may involve additional therapies and medications.Nightmare disorder is a sleep-wake disorder, but it's also considered a mental health condition because it can cause significant psychological distress and impairment.Speaking with a doctor or a sleep specialist can help you explore management strategies that reduce the frequency and severity of nightmares. These may include image rehearsal therapy, lucid dreaming therapy, and medication.Nightmares alone do not typically cause trauma. They can occur after trauma, and some research suggests they may accelerate the progression of PTSD.No. Nightmare disorder and night terrors are not the same. Night terrors are brief episodes of intense agitation and fear that occur during NREM sleep. Unlike nightmares in nightmare disorder, night terrors are short in duration and aren't recallable like dreams.Nightmare disorder is a type of parasomnia, a sleep-wake disorder featuring unusual behaviors or perceptions that interrupt sleep. Intense, extended, and vivid nightmares that cause major distress or impairment are the hallmark features of this condition.Although experts aren't clear on the underlying causes of nightmare disorder, behavioral interventions, psychotherapy, and medications can help you successfully manage symptoms. Nightmares are more than just unsettling experiences that disrupt your sleep; they can also offer valuable insights into your mental and emotional state. Research shows that nightmares are a normal part of the dreaming process and can reflect various aspects of our waking lives. Understanding the nightmare meanings can help you recognize underlying issues, manage stress, and find ways to improve your well-being. Today, we'll explore some of the most nightmares and their meanings, shedding light on what they might be trying to tell you based on psychological studies and expert opinions: What is a Nightmare?A nightmare is a very scary or upsetting