

FAST FACTS AND CONCEPTS #88 NIGHTMARES

Seema Malhotra MD, Robert Arnold MD, and Kevin Patterson MD

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.

References

1. Berlant J. Open-Label Topiramate as Primary or Adjunctive Therapy in Chronic Civilian Posttraumatic Stress Disorder: A Preliminary Report. *J Clin Psychiatry.* 2002; 63(1):15-20.
2. Buysse DJ et al. In: Gabbard G, ed. *Treatments of Psychiatric Disorders*, 2nd Edition. Washington, DD: American Psychiatric Press; 1995: pp2395-2453.
3. Sateia MJ et al. In: Doyle D, et al, eds. *Oxford Textbook of Palliative Medicine*, 2nd Edition. New York, NY: Oxford University Press; 1998: pp751-767.

4. Krakow B et al. Imagery Rehearsal Therapy for Chronic Nightmares in Sexual Assault Survivors with Posttraumatic Stress Disorder: A Randomized Controlled Trial. *JAMA*. 2001; 286(5):537-545.
5. Labbate LA. Olanzapine for Nightmares and Sleep Disturbance in Posttraumatic Stress Disorder [comment]. *Can J Psych*. 2000; 45(7):667-668.
6. Stanovic JK et al. The Effectiveness of Risperidone on Acute Stress Symptoms in Adult Burn Patients: A Preliminary Retrospective Pilot Study. *J Burn Care Rehabilitation*. 2001; 22(3): 210-213.
7. Taylor, FB et al. Prazosin Effects on Objective Sleep Measures and Clinical Symptoms in Civilian Trauma Posttraumatic Stress Disorder: A Placebo-Controlled Study. *Biol Psychiatry*. 2008; 15:629-32.
8. Thompson DF et al. Drug-Induced Nightmares. *Ann Pharmacother*. 1999; 33(1):93-98.

Version History: This *Fast Fact* was originally edited by David E Weissman MD. 2nd Edition was edited by Drew A Rosielle and published October 2007; 3rd Edition June 2015. Current version re-copy-edited April 2009; then again June 2015.

Fast Facts and Concepts are edited by Sean Marks MD (Medical College of Wisconsin) and associate editor Drew A Rosielle MD (University of Minnesota Medical School), with the generous support of a volunteer peer-review editorial board, and are made available online by the [Palliative Care Network of Wisconsin](#) (PCNOW); the authors of each individual *Fast Fact* are solely responsible for that *Fast Fact's* content. The full set of *Fast Facts* are available at [Palliative Care Network of Wisconsin](#) with contact information, and how to reference *Fast Facts*.

Copyright: All *Fast Facts and Concepts* are published under a Creative Commons Attribution-NonCommercial 4.0 International Copyright (<http://creativecommons.org/licenses/by-nc/4.0/>). *Fast Facts* can only be copied and distributed for non-commercial, educational purposes. If you adapt or distribute a *Fast Fact*, let us know!

Disclaimer: *Fast Facts and Concepts* provide educational information for health care professionals. This information is not medical advice. *Fast Facts* are not continually updated, and new safety information may emerge after a *Fast Fact* is published. Health care providers should always exercise their own independent clinical judgment and consult other relevant and up-to-date experts and resources. Some *Fast Facts* cite the use of a product in a dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is used.