



About Sleep Disorders

Royal Ottawa Mental Health Centre

Experts from the Royal Ottawa Mental Health Centre's Sleep Disorders Services can help residents of Eastern Ontario with the diagnosis and management of a variety of sleep disorders, which are briefly described below.

Insomnia

The most common sleep disorder, insomnia is the inability to get to sleep or stay asleep, which leaves people fatigued and interferes with their ability to function during the day. Insomnia is considered chronic when it goes on for longer than six months.

The Sleep Disorders Centre can help clients deal with insomnia using approaches involving proper diagnosis, medication, and/or changes in behavior.

Sleep Apnea

Sleep apnea involves abnormal breathing during sleep, where people either pause their breathing or breathe significantly less. This causes a person to wake up often hundreds of times during the night, leaving a person very fatigued during the day. Snoring is often a symptom of apnea. People are more likely to suffer from sleep

apnea if they are overweight. Apnea is more common in men and it's also more likely to occur as we get older.

Sleep Paralysis

This is when someone experiences paralysis (the inability to move) when falling asleep or upon waking up, and it can last from seconds to several minutes. Sleep paralysis is common in people with narcolepsy (see description below) but can be experienced by others too.

Sometimes dreamlike images (called *hypnagogic hallucinations* or *hypnopompic hallucinations*), which are often very frightening, are experienced at the same time. These are not the same as *psychiatric hallucinations*, but even many doctors confuse the two.

Narcolepsy

Characterized by excessive daytime sleepiness, narcolepsy is a potentially disabling sleep disorder whereby the person falls asleep uncontrollably in any situation. They usually also suffer *sleep paralysis* and *cataplexy*, the sudden loss of muscle power, at times of emotion such as when laughing.

Fast Facts

- To learn more about the Sleep Lab, please see the fact sheet 'About the Royal Ottawa Mental Health Centre's Sleep Disorders Services'.
- For answers to frequently asked questions, please see 'Ask The Sleep Disorders Centre Staff — Parts 1, 2, 3 and 4'.
- For tips to improve sleep quality, please see the fact sheet 'Good Sleep Habits & Suggested Reading Material'.

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Sleepwalking

Sleepwalking (*somnambulism*) occurs during the deepest stages of sleep, stages 3 & 4. With this disorder, part of the brain becomes awake while the other part remains asleep. Someone who sleepwalks usually doesn't remember dreaming or anything about the event. Sleepwalking is most common in children, who usually outgrow the condition.

Sleep Talking

Sleep talking (*somniloquy*) is most commonly found in children, and is normal. It's most likely to occur during brief arousals from the NREM ("non-REM") stages of sleep (1, 2, 3 or 4).

People who sleep talk don't remember doing it afterwards. Sleep talking can be caused by a number of factors such as stress, illness (fever) or another sleep disorder such as sleep apnea or night terrors (see below for description).

Night Terrors

Night terrors occur during the deepest stages of sleep, stages 3 & 4. This is a disorder of partial

arousal (like sleepwalking) in which part of the brain wakes up while the other part remains asleep. The person usually bolts upright in bed and lets out a bloodcurdling scream or shout. They are not aware of the event and eventually return to sleep.

They do not remember night terrors the next day and they usually don't remember dreaming either. Night terrors are common in children and the condition is usually outgrown. Night terrors are generally more distressing to those who witness it than to those who experience it!

Periodic Limb Movements

Periodic limb movements (PLMs) are sporadic and repetitive contractions of the leg during sleep. As with sleep apnea, these abnormal movements may cause a person to awaken up to hundreds of times during the night and, as a result, they cause fatigue during the day. More likely to occur as one ages, PLMs can also sometimes affect the arms.



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Circadian Rhythm Disorders

Circadian rhythm disorders occur when the body's internal clock is offset, such as sleeping at a time when you want to be awake. Sunlight and other time cues seem to play a role in setting the circadian clock. Factors such as jet lag and shift work cause our natural rhythms to be upset.

Changes in age also affect the timing of our body's response to time cues. For example, the elderly have an advanced sleep phase, so they fall asleep early in the evening and wake early in the morning. Teenagers, on the other hand, have a delayed sleep phase so they are more apt to fall asleep late at night and can sleep until noon.

REM Behaviour Disorder

REM Behaviour Disorder is the acting out of dreams. Not to be confused with sleep walking, this disorder occurs during REM (rapid eye movement) sleep. Normally our bodies are paralyzed during REM sleep so that we won't act out our dreams.

With REM Behaviour Disorder, the body is not paralyzed so the person can act out their dreams. People with this disorder often can remember their dream; it usually affects men over the age of 60.

Restless Legs Syndrome

Restless Legs Syndrome occurs at rest, usually in the evening or before falling asleep. With this disorder, a person's legs feel uneasy, as though they have itchy, crawly feelings in them.

The only way to relieve these sensations is to keep moving the legs, which is why it's called 'restless' legs syndrome, although the arms can also be affected. Most people with restless legs also have periodic leg movements (PLMs) during sleep.

For more information about the Sleep Disorders Services, please call 613.722.6521, ext. 6226, or visit www.rohcg.on.ca.

Contact Us

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