RISK FACTORS OF SLEEP PARALYSIS: A REVIEW

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BACKGROUND AND AIMS

Sleep Paralysis (SP) is one of the least known and most benign forms of parasomnia. It is characterized by REM sleep-mediated muscle atony and in 75% of cases, it's associated with hypnagogic or hypnotic hallucinations - Intruder, Incubus, and Vestibular-Motor.

SP occurs in the transition between the REM and wake states in which the individual becomes aware of the muscular atony caused by cortical awakening before the end of REM related atony. This appears to be due to a partial suppression of the inducing cholinergic REM system, which is sufficient to induce wakefulness, but insufficient to lead to a full waking state.

Usually, it lasts seconds to minutes and ends spontaneously or with external stimuli.

In view of the differences in the prevalence of SP described in the literature, we intend to understand what may influence these values and what the associated risk factors.

OBJECTIVES

We intend to verify the risk factors associated with Sleep Paralysis (SP).

MATERIAL AND METHOTHS

The literature review of the subject is surveyed. The authors researched in the database Pubmed, using the keywords "sleep paralysis" and, additionally used a book concerning rare psychiatric disorders.

RESULTS

The literature reports that 7.6% to 50% of the general population has at least one SP episode throughout life. The prevalence differences are due to cultural, genetic and study methodologies.

28% of students report at least one episode of SP.

SP becomes less common as people age.

Studies verified higher rates of SP in psychiatric populations.

The higher the degree of anxiety, the greater the prevalence of sleep paralysis.

Risk Factors for Sleep Paralysis

Comorbid anxiety disorders
Traumatic life events
Lack of sleep
Other sleep disorders (Narcolepsy; Nighttime Leg Cramps; Insomnia; Shift Work Sleep Disorder)
Genetic polymorphisms (PER2)
Exploding head syndrome
Substance abuse
Beliefs in the paranormal
Patients with somatic complaints
High BMI

CONCLUSIONS

Although studies suggest that sleep paralysis does not necessarily indicate psychopathology, the hallucinatory experiences associated with SP are generally frightening and are associated with explanatory delusions within the culture in which the individual is inserted, which can lead to individuals being wrongly diagnosed with psychosis.

The treatments include improving sleep habits, treating any other sleep disorder and any mental disorder that may contribute to sleep paralysis. In rare cases, antidepressants if it is prescribed to help regulate sleep cycles or clonazepam.

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