



What is RBD?

REM Behaviour Disorder (RBD) happens during the REM (Rapid Eye Movement) phase of sleep.

It can lead to talking and shouting as well as thrashing and hitting out. It can make you move vigorously. You may have vivid, striking dreams as well.



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RBD REM Behaviour Disorder



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WHAT IS REM BEHAVIOUR DISORDER (RBD)?

REM (Rapid Eye Movement) sleep is the phase of sleep when you have most of your dreams and when your body should be most still.

During this phase of sleep, people with RBD are seen to suddenly move or call out and may look like they are “acting out their dreams”. The episode usually doesn’t go on for long and sometimes sufferers are able to recall what the dream was about when they wake up.

Dream enactment and movement during sleep can also occur in people without RBD during periods of stress, withdrawal from sedatives or alcohol.

People with RBD, though, will maintain REM sleep during and immediately after most of their dream enactments. If they wake up, they may remember their dream but they won’t remember having engaged in any movement.

The frequency of events can vary greatly between people with RBD ranging from multiple episodes per night to one episode per month.

The disorder can be a danger to both people with RBD and their bed partners. Dreams reported by people with RBD are often violent or aggressive and, as such, they can respond violently to an imagined attack or move their arms and legs vigorously. These actions and movements can lead to injury to their partner or themselves.

WHAT CAUSES RBD?

Normally in REM sleep, the brain has a “brake” to stop signals going to the muscles to keep you totally relaxed, so you don’t act out your dreams. If you have RBD, this brake is faulty and your brain signals manage to get through to your body’s muscles during REM sleep. This means that, during their

dreams, people with RBD can act them out with speech and body movements.

There are two forms of RBD:

- The first often occurs later in life (over 50 years of age) and more often in males. We know that this type of RBD may be the first sign of Parkinson’s disease or Lewy Body Dementia, the second most common type of progressive dementia after Alzheimer’s Disease. Awareness of this association is important for both the sleep specialist and patient. People with this form of RBD should be checked for signs of neurological conditions.
- The second form of RBD occurs in the setting of another disease or as a side-effect of medicines, such as a high dose of antidepressants. RBD can also sometimes be seen during pregnancy, in patients with post-traumatic stress disorder, or can be made worse if you also have another sleep problem, such as obstructive sleep apnea.

RBD tends to worsen over time and can be the first sign of a neurological disorder.

HOW IS RBD DIAGNOSED?

The first step in diagnosis is to work out whether the behaviour is RBD or another sleep disorder that can mimic RBD (such as sleepwalking or other non-REM parasomnias) which happens outside of REM sleep.

An experienced sleep physician can help work this out based on the symptoms and whether there is another obvious cause for it. The specialist will check if there are any other sleep problems contributing to the RBD, for example obstructive sleep apnea.

The best way to diagnose RBD is with an overnight sleep study or polysomnography (PSG) in a clinic

setting which can measure brain waves and muscle tone in the chin, arms and legs along with a video recording of sleep. This allows the sleep physician to ascertain whether there is any abnormal movement or restlessness as well as the phase of sleep during which it occurs.

HOW IS RBD TREATED?

The treatment of RBD is tailored to the individual patient and depends on the cause. If it appears to be due to a medication side-effect, that drug should be stopped if possible.

Depending on the nature of the movements, there are also a number of simple strategies (below) that can be tried. If these measures are not enough, or if there is potential for the behaviours to cause harm, there are medications that can help. If another sleep disorder is diagnosed, then treatment of this can also help the RBD.

If there is a suspicion of a neurological condition, then a referral to a neurologist will be recommended.

WHAT ELSE CAN BE DONE?

- Adjust the bedroom to prevent injuries to the person with RBD and their partner as necessary.
- If there is a tendency to fall out of bed and onto the floor, it may be worth lowering the mattress to the floor.
- Sometimes changing from a double bed to twin beds may be necessary.
- Consider using a sleeping bag in bed to restrain unwanted movements.
- Seek advice from a sleep specialist for further assistance.
- Make sure there are no sharp corners of furniture by the bed, or glassware nearby.

To find out more, go to www.woolcock.org.au/clinic.