nervous system changes and skeletal muscle activity (AASM, 2005). The DSM-IV-TR diagnostic criteria for these disorders are listed in the Diagnostic Criteria feature above. Other less specific and less common parasomnias not discussed in this chapter are REM sleep behavior disorder (characterized by violent motor behavior usually associated with vivid dream recall) and sleep paralysis (defined on page 498).

**Nightmare Disorder**

Repeated occurrence of frightening dreams (during REM sleep) that lead to distressed awakening from sleep is called **nightmare disorder**. Between 10% and 50% of children between the ages of three and five have intense nightmares (APA, 2000). The diagnosis of nightmare disorder in children is most commonly associated with children under grave psychosocial stress. About 50% of all adults report at least an occasional nightmare (APA, 2000). In children, as well as adults, the diagnosis of nightmare disorder is not made unless there is persistent and significant distress or impairment.

Several medications that affect the autonomic nervous system—dopaminergic antagonists, antihypertensive medications, stimulants such as amphetamine and cocaine, antidepressants—can precipitate nightmares. Also, withdrawal of REM-suppressing agents—antidepressants, alcohol—may lead to REM sleep rebound accompanied by nightmares.

**Sleep Terror Disorder**

Sleep terror disorder, also known as night terrors, is characterized by the repeated occurrence of sudden arousal from slow-wave (non-REM) sleep, associated with intense autonomic and behavioral reactions characterized by fear. It is most common in children between the ages of 4 and 12, and resolves during adolescence, although it can occur in adults, particularly at times of intense stress.

The individual usually sits bolt upright in bed screaming or crying, with a frightened expression and obvious signs of anxiety. The individual is usually unresponsive to efforts by others to awaken and comfort him or her, and unlike...