



## Functions of Rapid Eye Movement Sleep Behavior Disorder

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### DESCRIPTION

RBD (Rapid Eye Movement Sleep Behaviour Disorder) is a sleep condition marked by a loss of normal voluntary muscle atonia during REM sleep, as well as complicated motor action when dreaming.

#### The following are the DSM-5 criteria for rapid eye movement sleep behaviour disorder

During Rapid Eye Movement (REM) sleep, recurrent episodes of alertness are coupled with vocalisation and/or complicated motor movements.

When the person wakes up from these episodes, he or she is not bewildered or disoriented, and they are fully aware of one of the following: Polysomnographic recordings of REM sleep without atonia; or a history of REM sleep behaviour problem and an established synucleinopathy diagnosis (e.g., Parkinson's disease, multiple system atrophy).

The episodes cause significant anguish or impairment in social, occupational, or other regions of functioning, as well as the possibility of serious injury to oneself or the bed partner. The disruption is not due to the use of a psychoactive substance or a prescription medication. There is no other mental or physical condition that could be causing the events.

For the clinical diagnosis of RBD, the international classification of sleep disorders needs the following criteria:

Polysomnography (PSG) reveals the presence of REM sleep without atonia.

At least one of the following conditions must exist: (1) destructive, potentially dangerous, or disruptive sleep-related actions (e.g., dream enactment behaviour); (2) aberrant REM sleep activity reported during PSG monitoring.

REM sleepers have no epileptiform activity on the electroencephalogram (EEG) (unless RBD can be clearly

distinguished from any concurrent REM sleep-related seizure disorder). A sleep disturbance that isn't better explained by another sleep disorder, a medical or neurologic condition, a mental disorder, pharmaceutical use.

For accurate diagnosis and treatment of rapid eye movement sleep behaviour disorder, the neurologist may consult a sleep specialist (RBD). Various drugs are used to treat the symptoms of RBD. Individual responses vary, thus all available drugs should be explored before declaring the patient's RBD intractable.

Clonazepam is quite effective in roughly 90% of RBD patients. It reveals that 79% of patients with the condition benefit entirely, while 11% benefit slightly. There isn't a lot of evidence that this drug creates tolerance or abuse.

In almost all patients, symptoms reoccur quickly after stopping medication; consequently, pharmacologic treatment should be continued indefinitely.

Environmental safety is a crucial part of managing patients with RBD. Objects that could be dangerous should be removed from the bedroom, and the mattress should be placed on the floor or surrounded by a cushion.

The following are the most important diagnostic studies in Rapid Eye Movement Sleep Behaviour Disorder (RBD):

The most essential diagnostic test in RBD is Polysomnographic video recording; on Polysomnographic, at least some tonic or phasic abnormalities of muscle tone are noted during REM sleep accompanying the episode, although most patients have both.

- Monitoring electro-oculogram (EOG)
- EEG
- Electrocardiogram (ECG)
- PSG to evaluate respiration for sleep apnea
- Multiple electromyography (EMG) channels using chin, bilateral extensor digitorum, and tibialis anterior muscles

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