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Talking in your sleep

By Dr LEE MOON KEEN

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Just like sleepwalking, talking in your sleep is actually a sleep disorder.

ARE you old enough to remember the song *Talking in Your Sleep*, written and sung by the award-winning country singer Crystal Gayle?

"Three o'clock in the mornin'

And it looks like it's gonna be

Another sleepless night

I've been listenin' to your dreams ..."

This song is actually based on real-life happenings. People do talk in their sleep – not every night though, but typically when the sleeper's mind is preoccupied with a tough problem. Sleep talking, or somniloquy, is one form of parasomnia, a group of sleep disorders which are characterised by abnormal behaviour and movements during sleep.

In order to understand parasomnias, we need to understand "dreaming sleep", technically known as rapid eye movement or REM sleep, named for the observation of continuous movements of the eyes during this stage.

In the REM phase, people are known to experience dreams. Normally, a form of total body paralysis called atonia prevents us from "acting out" or "speaking out" our dreams.

Most parasomnias are partial awakenings during the transition between wakefulness and sleep.

In sleep talking, the sleeper may speak out the dream content, but it can occur at any stage of sleep. Sleep talking is benign and actually rather common. It is thought to run in families. It is not unusual to hear a child babble or shout in fear when he's asleep late at night. This occurs in half of all children, between the ages of three and 10 years.

Less frequently, an adult is heard to be muttering incoherently in sleep. Sometimes the meaning is discernible, ranging from harmless chatter to more X-rated speech. People have been known to answer simple questions, but don't bet on their accuracy.

Sleep talking is usually brief and sporadic, with snippets of conversation lasting less than a minute. This may occur many times a night for some people.

All this involuntary talk can bring embarrassing results when deep dark secrets are voiced out, as referred to in the above song lyrics. What is more, the dreamer is unable to recall anything the next day. The main sufferer of all the nocturnal goings-on is the bed partner.

Apart from stress, causes of sleep talking include high fever, some medications, mental health problems, and drug abuse.

Sleep talking can also occur in conjunction with sleepwalking, and rarely, nocturnal sleep-related eating disorder (NS-RED), a condition in which a person eats while asleep.

More bizarre sleep disturbance is observed in REM sleep behaviour disorder (RBD). REM sleep is not accompanied by muscle atonia, which results in the sleeper acting out the dream.

People have been observed to scream and shout, and to exhibit violent behaviours such as thrashing about, and even hitting their bed partner. They may roam around the house, with risk of falling out of windows or other accidents. Often, the actions resemble fighting off an attacker or racing to escape some danger – all common dream themes which we can identify with.

There is to date no record of anyone actually harming another person "by accident", so you can't plead parasomnia in defence in a murder trial.

RBD has to be distinguished from a mental health problem and epilepsy

attack.

Currently, RBD is the subject of intense interest because recent long term studies showed that a few cases of this fascinating condition subsequently go on to develop Parkinson's disease or dementia, leading to speculation that it may be an early indicator for neuro-ageing.

Unravelling the link between these conditions should throw some light on the processes involved in brain ageing.

As for treatment, sleep talking in itself is a harmless condition and only requires avoidance of the underlying cause, be it medication or stress.

On the other hand, since RBD can be disruptive to the bed partner or even pose an injury risk, medical consultation is required. Referral to a sleep specialist may be advised. A detailed medical history will be established. Video recording of an episode is extremely useful in assessing the case. Sleep study (polysomnogram) will confirm the diagnosis.

RBD is treated by medications such as clonazepam and melatonin. A person with risk factors such as advanced age or family history should be followed up to monitor for Parkinson's disease and dementia.

Are you talking in your sleep?

■ *This article is contributed by The Star Health & Ageing Panel, which comprises a group of panellists who are not just opinion leaders in their respective fields of medical expertise, but have wide experience in medical health education for the public. The members of the panel include: Datuk Prof Dr Tan Hui Meng, consultant urologist; Dr Yap Piang Kian, consultant endocrinologist; Datuk Dr Azhari Rosman, consultant cardiologist; A/Prof Dr Philip Poi, consultant geriatrician; Dr Hew Fen Lee, consultant endocrinologist; Prof Dr Low Wah Yun, psychologist; Datuk Dr Nor Ashikin Mokhtar, consultant obstetrician and gynaecologist; Dr Lee Moon Keen, consultant neurologist; Dr Ting Hoon Chin, consultant dermatologist; Prof Khoo Ee Ming, primary care physician; Dr Ng Soo Chin, consultant haematologist. For more information, e-mail starhealth@thestar.com.my. The Star Health & Ageing Advisory Panel provides this information for educational and communication purposes only and it should not be construed as personal medical advice. Information published in this article is not intended to replace, supplant or augment a consultation with a health professional regarding the reader's own medical care. The Star Health & Ageing Advisory Panel disclaims any and all liability for injury or other damages that could result from use of the information obtained from this article.*

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