

Sleep Related Dissociative Disorders Types and its Characteristics

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DESCRIPTION

Sleep related dissociative disorders are characterized by dissociative episodes that occur near sleep-wake transitions, and unlike other parasomnias, they arise from well-established EEG wakefulness. A history of trauma, particularly during childhood, as well as other psychiatric disorders such as PTSD and borderline personality disorder are typical in affected people. Injury may result from violent re-enactments of past traumas that occur during episodes. This chapter discusses the disorder's multiple facets, characteristics that set it apart from other parasomnias, case studies that highlight a variety of behaviors, and suggested treatments. Dissociative episodes that happen close to sleep-wake transitions are a hallmark of sleep-related dissociative disorders, which differ from other parasomnias in that they are caused by alertness that is well-documented by the EEG.

The International Classification of Sleep Disorders, Second Edition's parasomnias section ("other parasomnias") now includes a separate diagnostic category for Sleep-Related Dissociative Disorders (SRDDs), which were first recognized as a diagnostic entity in 1989 as a mimic of sleepwalking. Its primary characteristics included "dissociative disorders that can emerge at any time during the sleep period during well-established Electro Encephalo Graphy (EEG) wakefulness, either at the transition from wakefulness to sleep or within a few minutes after an awakening from stages 1 or 2 NREM sleep or from REM sleep. Moreover, "the history provided by observers is compelling for a sleep-related dissociative illness in the absence of a polysomnographically recorded episode of dissociation, particularly if the sleep-related behaviors are identical to observed daytime dissociative behaviors." 2 In addition, "the similarity of the behaviors found with nocturnal dissociative disorders to the behaviors found with various parasomnias

justifies their inclusion within the parasomnias section of ICSD-2 and indicates how they comprise a distinct sleep-related variant of dissociative disorders" (ICSD-2).

The main characteristic of dissociative disorders is "a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior and Symptoms of dissociation have the ability to impair many facets of psychological functioning. These fundamental concepts of dissociative states coincide with what we already know about the clinical semiology of parasomnias.

The following 5 subtypes (each with a unique International Classification of Diseases, 10th revision diagnostic code) in the DSM-5 group of dissociative disorders (although being widely varied in presentation) all have the same fundamental dissociation mechanism: Dissociative amnesia, dissociative identity disorder, Multiple Personality Disorder (MPD), other specified dissociative disorder, and nonspecific dissociative disorder are some examples of dissociative disorders.

Hence, it follows that the presentation of SRDDs would also be extremely varied. However, as just mentioned, Video-Poly Somno Graphic (vPSG) monitoring that records episodes brought on by EEG wakefulness serves as a common objective finding for the diagnosis of SRDDs. As these patients also experience daytime dissociative episodes, they have histories of repeated trauma, and there is frequently congruence in the behaviors emerging during the sleep period and during daytime wakefulness, the context of these episodes arising from EEG wakefulness serves as another unifying diagnostic feature. The numerous factors that go into the diagnosis are therefore quite specific and intimately associated.

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