

# PARADOX LOST: MIDNIGHT IN THE BATTLEGROUND OF SLEEP AND DREAM

Reviewed by Theresa Shumard BA



In *Paradox Lost: Midnight in the Battleground of Sleep and Dreams*, Carlos Schenck, MD, an international authority on the topic of parasomnias, has captured disturbing personal account vignettes based on interviews with scores of rapid eye movement (REM) sleep behavioral disorder (RBD) patients and their families he and his colleagues have worked with over the years.

The interviews, a distinctive collection of accounts from patients with nocturnal events ranging from the violent dream enactment of REM sleep behavior disorder and sleep terrors to sleep related eating and sex, reveal frightening nocturnal episodes from seemingly normal people with otherwise normal waking behaviors. Their stories describe their fascinating yet dangerous and strange tales from "the far side of sleep." Bed partner accounts and reactions are written in parallel to the patient stories.

Schenck and colleagues were involved in the first recorded case of human RBD, as discovered in 1982 and defined in 1985, at Minnesota Regional Sleep Disorders Center at Hennepin County Medical Center, Minneapolis, Minnesota. RBD was named as a chronic behavior disorder of REM sleep and was classified as a new category of parasomnia by Schenck. Along with Mark Mahawold, MD, also with Hennepin, Schenck put RBD on the radar screen for sleep specialists worldwide when they were able to typify

this virtually unknown disorder. What followed in the years after 1985 was an influx of afflicted patients coming to the Hennepin center, which by this time had become the worldwide epicenter for RBD.

What follows is a rather disturbing excerpt from this book:

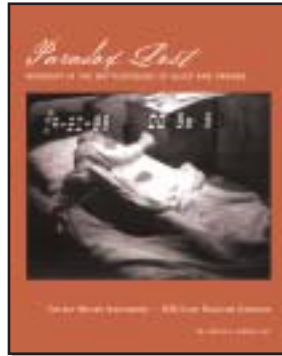
In another case of a sleepwalker who posed a repeated risk to her children, a 25-year-old married woman had presented for help because of many persistent problems with her sleepwalking. She and her husband were "greatly concerned" by how she had involved her children with her sleepwalking. On numerous occasions she had picked them up to hold them or take them elsewhere around the house. Fortunately, she never dropped them or did anything in a dangerously inappropriate fashion. Nevertheless, one Christmas Eve she placed her

one-year-old child under the Christmas tree while dreaming that she was placing a doll under the tree as a gift for that child.

Another time, she was dreaming that there were pins in her daughter's mouth and in the dream she was removing those pins—as she awakened to find that she was actually inserting her own fingers into her daughter's mouth in an effort to remove the pins she was dreaming about. Her husband, who would often get punched by his wife during sleep, was quite fearful that some night she would start punching their children. That fear was heightened by how frequently she ended up lying on their children's bed while sleepwalking, and then remain sleeping with them for the rest of the night. So it was conceivable that she could engage in the same violent behaviors at night with her children as she did with her husband.

This woman had been a very active sleepwalker since at least the age of 10 years, when she awakened in the middle of a winter's night while lying in an automobile outside her North Dakota farm, with the temperature being 20 degrees below zero (Fahrenheit). She had been dreaming of sleeping with her brothers in the car, and apparently she often did sleep with her brothers in the car during breaks while traveling several hundred miles to visit family. Therefore, this dream was an inappropriate reenactment of a recurrent, real-life event...

Foul language while sleeptalking was also a trademark of her parasomnia, which was completely out-of-character from her waking personality and language. On the other hand, her husband was frequently able to talk with her during these episodes, when she could interact with him in a fairly appropriate manner. Her eyes were usually very wide open, and she herself was very surprised by how well she could get around without bumping into the walls or furniture. One night her husband found her crawling around-and-around the bed while expressing the desire to find one of his guns—which was under their bed. He felt very fortunate to have found her before she found the shotgun. ...She also had numerous sleep terror episodes with very loud screaming, throughout her life, without any period of diminution... This woman did not have a psychiatric disorder. In fact, her husband commented that she was "very even-tempered, has a pleasant personality, and only infrequently will yell at the children." After her sleep lab study confirmed the diagnosis of sleepwalking,



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### *Problem-Based Learning... Continued from page 40*

In the area of basic sciences, academic performance on a standardized oral comprehensive exam was compared for students in a PBL curriculum versus a lecture-based curriculum. (Login 1994-96). Students were graded using both a standardized scoring system and a subjective faculty assessment. The mean exam scores didn't turn out to be significantly different; there was however, a huge (269%) increase in positive examiner comments with regard to students' ability to think and communicate.

On another front, a number of educators who were grad school students in a course on Theories of Teaching and Learning were interviewed with regard to their perception of problem-based learning. Overall, all had a favorable attitude, stating they had "achieved more than just prescribed learning." They too had mixed feelings in the beginning, but by the end, they were enjoying it very much.

There's one final important point to note. Even though PBL had its origins in medical education, it seems that no one's been able to study the effects of Problem Based learning on the quality of patient care.

As I stated in my last article, conducting high quality research on the effectiveness of PBL is challenging for many reasons. There are simply too many variables to be considered. The very fact that PBL takes on various forms and is interpreted in so many different ways makes it extremely difficult to evaluate. For instance, some institutions incorporate some element of problem-solving in the curricula and call it PBL when in fact it is not. There are different operational definitions, various approaches to implementation, whether it was the entire curricula or a single course, a wide range of study designs and different outcome criteria. But all in all, as an educational innovation, the literatures gives a collective "thumbs up" to Problem-Based Learning.

Over the years, one thing has become very apparent: Education is best when it is an interactive process. The academic community has come to accept that traditional education needs to become more interactive. Problem Based Learning certainly lends itself well to this notion, but how educators go about it depends on the subject at hand, the available resources and the level of students. Whether that's best accomplished via PBL or the other learning innovations we've read about, still remains to be seen.

### *Red Blood Cell Indices... Continued from page 58*

Thrombocytopenia means platelet deficiency or a low platelet count. It is commonly associated with leukemias (lymphocytic, myelocytic, monocytic), anemias (aplastic, iron deficiency, pernicious, folic acid deficiency, sickle cell), liver disease (cirrhosis, chronic active hepatitis), kidney diseases, cancer (bone, gastrointestinal tract, brain). The most common place therapists will see increased levels of thrombocytes in COPD patients with polycythemia. Other conditions that increase platelet counts are trauma (surgery, fractures), postsplenectomy, acute blood loss (peaks in 7-10 days), metastatic carcinoma, pulmonary embolism, high altitudes, tuberculosis, severe exercise. Epinephrine will also increase the platelet levels. Other drugs will have the effect of decreasing platelet counts. These drugs include, but are not limited to, antibiotics (chloromycetin, streptomycin), sulfonamides, aspirin, quinidine, quinine, diamox, amidopyrine, thiazide diuretics, and certain vaccine injections, as well as chemotherapeutic agents. It is important for us when working with a patient with known low platelet count that we do all we can to protect them from injury. This is particularly important for the therapist who works in pulmonary rehabilitation. A patient can fall from a treadmill and literally shear off an outer layer of skin and bleed like the proverbial "stuffed pig".

So what is the simple take-home message about indices and platelets? Indices give good information about potential hypoxemia and hypoxia. The RDW is a useful early indicator of anemia even before the patient has symptoms. The platelet count has special importance for the pulmonary rehabilitation therapist. And all therapists should pay more attention to it because a variety of drugs and medications can affect the platelet activity and count.

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### *Sleep Text Review... Continued from page 60*

treatment with clonazepam, 1.5 milligrams at bedtime, promptly and completely controlled her problem....Her brother and a grandmother also had sleepwalking persisting into adulthood.

In this book, physician and scientist, Schenck, tells his story of helping discover the "dream-enacting" disorder. RBD is now recognized as one of the most important clinical discoveries on sleep since the time REM sleep was discovered in 1953. Dr. Schenck has also helped discover other parasomnias, and in this book he also discusses the science of parasomnias, and its connection with the brain sciences, clinical medicine, psychology, law and literature.

This book should interest people impacted by parasomnias or other sleep disorders; and those interested in sleep, dreams, and human behavior from various perspectives; students and professionals in medicine, nursing, sleep technology, biology, neuroscience, law, psychology, sociology, anthropology, and other fields. It should be an addition to every sleep disorders center library collection so that it may help raise the awareness in all professionals involved in sleep disorders diagnosis. Paradox Lost... includes Schenck's opinions and insights but also clearly demonstrates his understanding and compassion for the complexities faced by RBD patients and their families. By reading this excellent book, caregivers may become more engaged in spotting signs of the harrowing disorder in their patients, or recognize RBD as a comorbidity to the primary disease of interest.