

BÖLÜM 14

ÇOCUK VE ERGENLERDE KÂBUS BOZUKLUĞU

Ebru SAĞLAM¹

Giriş

Kâbus bozukluğu, genellikle uykunun REM döneminde ortaya çıkan, sıklıkla uyanma ile sonuçlanan, yaşamı, fiziksel bütünlüğü, güvenliği tehdit edici içerikte, tekrarlayıcı, sonrasında iyi hatırlanan ve yoğun endişe verici nitelikte rüyalar ile karakterize, kişinin sosyal, mesleki ve diğer işlevsellik alanlarında bozulmaya neden olan bir bozukluktur (1, 2). Kâbus bozukluğu her yaşta görülebilmekle birlikte, çocuklarda daha yaygın görülmektedir. Genel toplumda prevalansı yetişkinlerde %3,5-8,3, çocuklarda ise %6,7-11,3 olarak saptanmıştır (4-7). Çocuklarda kâbus görülmesi çok yaygın bir durum olup, prevalansı %60-75 arasında değişmekte ve bir çalışmada, okul öncesi çocukların %13,5'inin haftada en az bir defa kâbus gördüğü bildirilmektedir (8, 9). Ancak nadiren görülen kâbuslar, kâbus bozukluğu olarak değerlendirilmez. Çocuklarda kâbusların başlangıcı, genellikle 3-6 yaş arasında olup, prevalansı 10 yaşa kadar artış, sonrasında ise azalma göstermektedir (10, 11).

Kâbuslar, idiyopatik veya travma sonrası stres bozukluğu (TSSB), anksiyete bozukluğu, madde kullanımı, şizofreni spektrum bozuklukları gibi diğer psikiyatrik bozukluklarla ve stres faktörleri ile ilişkili olabilir (10). Kâbus bozukluğu, Uluslararası Uyku Bozuklukları Sınıflandırması (ICSD-3) ve Ruhsal Bozuklukların Tanısal ve Sayımsal El Kitabı-V (DSM-V)'e göre parasomnialar alt kategorisinde yer almaktadır (1, 2).

¹ Uzm. Dr., Aksaray Üniversitesi Eğitim ve Araştırma Hastanesi, ebrusglm55@gmail.com



cuklarda ve ergenlerde prazosinin TSSB ile ilişkili kâbusların sıklığını azalttığı saptanmıştır (49-51).

Sonuç

Çocuk ve ergenlerde kâbuslar sık görülen bir durum olmakla birlikte, klinik pratikte kâbus bozukluğu tanısı nadir olarak konmaktadır. Hem anksiyete bozukluğu, TSSB, diğer uyku bozuklukları gibi çeşitli psikiyatrik bozukluklara eşlik eden hem de idiyopatik kâbus bozukluğunun tanısının konabilmesi ve tedavi edilmesi, büyüme ve gelişmenin devam ettiği çocuk ve ergenlik döneminde fiziksel ve ruhsal sağlık, akademik performans, yaşam kalitesi açısından oldukça önemlidir. Ayrıca idiyopatik ve diğer psikiyatrik bozukluklar ile ilişkili kâbuslar için farklı yaklaşımların gerekli olup olmadığının ve çocuklarda kanıta dayalı tedavi yöntemlerinin belirlenmesi için daha ileri araştırmalara ihtiyaç vardır.

Kaynaklar

1. American Psychiatric Association (APA) (2013). Diagnostic and statistical manual of mental disorders. DSM-5. Arlington, VA: American Psychiatric Publishing <https://doi.org/10.1176/appi.books.9780890425596>
2. American Academy of Sleep Medicine (AASM) (2014). International classification of sleep disorders – third edition. ICSD-3. Darien, IL: AASM.
3. Li SX, Zhang B, Li AM, Wing YK. Prevalence and correlates of frequent nightmares: A community-based 2-phase study. *Sleep*. 2010;33:774–780. <https://doi.org/10.1093/sleep/33.6.774>
4. Munezawa T, Kaneita Y, Osaki Y, et al. Nightmare and sleep paralysis among Japanese adolescents: a nationwide representative survey. *Sleep Med*. 2011;12(1):56–64. <https://doi.org/10.1016/j.sleep.2010.04.015>
5. Sandman N, Valli K, Kronholm E, et al. Nightmares: Prevalence among the Finnish general adult population and war veterans during 1972-2007. *Sleep*. 2013;36(7):1041–50. <https://doi.org/10.5665/sleep.2806>
6. Schredl M. Nightmare frequency and nightmare topics in a representative German sample. *Eur Arch Psychiatry Clin Neurosci*. 2010;260(8):565–70. <https://doi.org/10.1007/s00406-010-0112-3>
7. Wiechers S, Schlarb AA, Urschitz MS, et al. Sleep problems and poor academic performance in primary school children. *Somnologie (Berl)*. 2011;15(4):243–8. <https://doi.org/10.1007/s11818-011-0535-8>
8. Zadra A, Donderi DC. Nightmares and bad dreams: their prevalence and relationship to well-being. *J Abnorm Psychol*. 2000;109(2):2
9. Hawkins C, Williams TI. Nightmares, life events and behaviour problems in preschool children. *Child Care Health Dev* 1992;18(2):117–28. <https://doi.org/10.1111/j.1365-2214.1992.tb00346.x>
10. Proserpio P, Nobili L. (2016). Parasomnias in Children. Nevšimalová S, Bruni O. (Eds.). *Sleep Disorders in Children*. Springer.
11. Muris P, Merckelbach H, Gadet B, et al. Fears, worries, and scary dreams in 4- to 12- year-old children: Their content, developmental pattern, and origins. *Journal of Clinical Child Psychology*, 2000; 29(1). https://doi.org/10.1207/S15374424jccp2901_5



12. Germain A, Nielsen T. Sleep pathophysiology in post- traumatic stress disorder and idiopathic nightmare sufferers. *Biological Psychiatry*. 2003;54:1092–1098. [https://doi.org/10.1016/s0006-3223\(03\)00071-4](https://doi.org/10.1016/s0006-3223(03)00071-4)
13. Nader K. (1996). Children's traumatic dreams (pp. 9–24). In Barrett D (Ed.). *Trauma and dreams*. Harvard University Press.
14. Wittmann L, De Dassel T. (2015). Posttraumatic nightmares: From scientific evidence to clinical significance (pp. 135–148). In Kramer M, Glucksman M L (Eds.), *Dream research. Contributions to clinical practice* New York: Routledge.
15. Swart ML, van Schagen AM, Lancee J, et al. Prevalence of nightmare disorder in psychiatric outpatients. *Psychother Psychosom*. 2013; 82:267–8.
16. Alfano CA, Beidel DC, Turner SM, et al. Preliminary evidence for sleep complaints among children referred for anxiety. *Sleep Med*. 2006;7(6):467–73. <https://doi.org/10.1016/j.sleep.2006.05.002>
17. Alfano CA, Ginsburg GS, Kingery JN. Sleep-Related Problems Among Children and Adolescents With Anxiety Disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2007;46(2):0000242233 06011 8. <https://doi.org/10.1097/01.chi.0000242233.06011.8e>
18. Reynolds KC, Alfano CA. Things that go bump in the night: Frequency and predictors of nightmares in anxious and nonanxious children. *Behav Sleep Med*. 2016;14(4):442–56. <https://doi.org/10.1080/15402002.2015.1017099>
19. Pigeon WR, Pinquart M, Conner K. Meta-analysis of sleep disturbance and suicidal thoughts and behaviors. *J Clin Psychiatry*. 2012;73(9):e1160-7. <https://doi.org/10.4088/JCP.11r07586>
20. Tanskanen A, Tuomilehto J, Viinamäki H, et al. Nightmares as predictors of suicide. *Sleep: Journal of Sleep and Sleep Disorders Research*. *Sleep*. 2001;24(7):845–848. <https://doi.org/10.1093/sleep/24.7.845>
21. Ohayon MM, Moresli PL, Guilleminault C. Prevalence of nightmares and their relationship to psychopathology and daytime functioning in insomnia subjects. *Sleep*. 1997;20:340–8.
22. Liu X, Zhou H. Sleep duration, insomnia and behavioral problems among Chinese adolescents. *Psychiatry Res*. 2002;111:75–85.
23. Johnson EO, Roth T, Breslau N. The association of insomnia with anxiety disorders and depression: Exploration of the direction of risk. *J Psychiatr Res*. 2006;40:700–8.
24. Cortese S, Faraone SV, Konofal E et al. Sleep in children with attention-deficit/hyperactivity disorder: Meta-analysis of subjective and objective studies. *J Am Acad Child Adolesc Psychiatry*. 2009;48:894–908
25. Nielsen T, Levin R. Nightmares: a new neurocognitive model. *Sleep Med Rev*. 2007;11:295–310
26. Levin R, Nielsen TA. Disturbed dreaming, posttraumatic stress disorder, and affect distress: a review and neurocognitive model. *Psychol Bull*. 2007;133: 482–528.
27. Giesemann A, Ait Aoudia M, Carr M, et al. Aetiology and treatment of nightmare disorder: State of the art and future perspectives. *J Sleep Res*. 2019;28(4):e12820. <https://doi.org/10.1111/jsr.12820>
28. Germain A, Buysse DJ, Nofzinger E. Sleep-specific mechanisms underlying posttraumatic stress disorder: integrative review and neurobiological hypotheses. *Sleep Med Rev*. 2008;12(3):185–95. <https://doi.org/10.1016/j.smr.2007.09.003>
29. Nielsen T. The stress acceleration hypothesis of night- mares. *Frontiers in Neurology*. 2017;8:201. <https://doi.org/10.3389/fneur.2017.00201>
30. Nielsen T, Levin R. Nightmares: a new neurocognitive model. *Sleep Med Rev*. 2007;11(4):295–310. <https://doi.org/10.1016/j.smr.2007.03.004>
31. Nielsen T. When was your earliest dream? Association of very early dream recall with frequent current nightmares supports a stress-acceleration explanation of nightmares. *Dreaming*. 2017;27(2):122–36. <https://doi.org/10.1037/drm000005>
32. Yu CK-C. Normality, pathology, and dreaming. *Dreaming*. 2014;24(3):203–16. <https://doi.org/10.1037/a0037306>
33. Wegner DM, Wenzlaff RM, Kozak M. Dream rebound: the return of suppressed thoughts in dreams. *Psychol Sci*. 2004;15(4):232–6. <https://doi.org/10.1111/j.0963-7214.2004.00657.x>



34. Kramer M, Kinney L. Vigilance and avoidance during sleep in US Vietnam War veterans with posttraumatic stress disorder. *J Nerv Ment Dis.* 2003;191(10):685–7. <https://doi.org/10.1097/01.nmd.0000092179.74348.20>
35. Jaoude P, Vermont LN, Porhomayon J, et al. Sleep- disordered breathing in patients with post-traumatic stress disorder. *Annals of the American Thoracic Society.* 2015;2:259–268. <https://doi.org/10.1513/annalsats.201407-299fr>
36. Krakow B, Melendrez D, Johnston L, et al. Sleep-disordered breathing, psychiatric distress, and quality of life impairment in sexual assault survivors. *J Nerv Ment Dis.* 2002;190(7):442–52. <https://doi.org/10.1097/00005053-200207000-00004>
37. BaHammam AS, Al-Shimemeri SA, Salama RI, et al. Clinical and polysomnographic characteristics and response to continuous positive airway pressure therapy in obstructive sleep apnea patients with nightmares. *Sleep Med.* 2013;14(2):149–54. <https://doi.org/10.1016/j.sleep.2012.07.007>
38. Krakow B, Lowry C, Germain A, Gaddy L, Hollifield M, Koss M, et al. A retrospective study on improvements in nightmares and post-traumatic stress disorder following treatment for co-morbid sleep-disordered breathing. *Journal of Psychosomatic Research.* 2000;49:291–298. [https://doi.org/10.1016/s0022-3999\(00\)00147-1](https://doi.org/10.1016/s0022-3999(00)00147-1)
39. Gupta MA. Treatment of PTSD-related OSA with CPAP is associated with only a modest improvement in PTSD: Possible adjunctive treatment with mood stabilizers. *Journal of Clinical Sleep Medicine.* 2017;13:841. <https://doi.org/10.5664/jcsm.6636>
40. Pagel JF, Helfter P. Drug induced nightmares – an etiology based review. *Human Psychopharmacology.* 2003;18:59–67. [https://doi.org/10.1002/\(issn\)1099-1077](https://doi.org/10.1002/(issn)1099-1077)
41. Morgenthaler TI, Auerbach S, Casey KR, Kristo D, Maganti R, Ramar K, et al. Position paper for the treatment of Nightmare Disorder in adults: An American Academy of Sleep Medicine position paper. *J Clin Sleep Med.* 2018;14(6):1041–55. <https://doi.org/10.5664/jcsm.7178>
42. Robert G, Zadra AL. Thematic and content analysis of idiopathic nightmares and bad dreams. *Sleep.* 2014;37:409–417. <https://doi.org/10.5665/sleep.342>
43. Lewis G. DSM-IV. Diagnostic and statistical manual of mental disorders, 4th edn. By the American psychiatric association. (pp. 886; £34.95.) APA: Washington, DC.1994. *Psychol Med.* 1996;26(3):651–2
44. Cattarius BG, Schlarb AA. Gegenseitige Beeinflussung von Eltern und Babys in ihrem Schlafverhalten. Der heimliche Blick ins Schlafzimmer [Mutual influence of parents and babies on their sleep behaviour. A look behind closed doors. *Somnologie.* 2016;20:189–198. <https://doi.org/10.1007/s11818-016-0064-6>
45. Longitudinal study of nightmares in children: Stability and effect of emotional symptoms. *Child Psychiatry and Human Development.* 2009;40:439–449. <https://doi.org/10.1007/s10578-009-0136-y>
46. Kunze AE, Arntz A, Morina N, Kindt M, Lancee J. Efficacy of imagery rescripting and imaginal exposure for nightmares: A randomized wait-list controlled trial. *Behavior Research and Therapy.* 2017;97:14–25. <https://doi.org/10.1016/j.brat.2017.06.005>
47. St-Onge M, Mercier P, De Koninck J. Imagery rehearsal therapy for frequent nightmares in children. *Behav Sleep Med.* 2009;7(2):81–98.
48. Krakow B, Sandoval D, Schrader R, Keuhne B, McBride L, Yau CL, et al. Treatment of chronic nightmares in adjudicated adolescent girls in a residential facility. *J Adolesc Health.* 2001;29(2):94–100.
49. Strawn JR, Delbello MP, Geraciotti TD. Prazosin treatment of an adolescent with posttraumatic stress disorder. *J Child Adolesc Psychopharmacol.* 2009;19(5):599–600.
50. Oluwabusi OO, Sedky K, Bennett DS. Prazosin treatment of nightmares and sleep disturbances associated with posttraumatic stress disorder: two adolescent cases. *J Child Adolesc Psychopharmacol.* 2012;22(5):399–402.
51. Hudson N, Burghart S, Reynoldson J, Grauer D. Evaluation of low dose prazosin for PTSD-associated nightmares in children and adolescents. *Ment Health Clin.* 2021;11(2):45–9.