Figure 1. Polysomnographic findings during Video 1. This 1-minute polysomnographic epoch (150 mV) with electroencephalography (EEG) and mentalis muscle electromyography (EMG) recordings shows non-Rapid Eye Movement sleep interrupted by an arousal (black arrow), after which the patient starts headbanging (green arrow). The rhythmic movement artifacts on the EEG and EMG channels are typical for sleep-related rhythmic movement disorder.

Sleep-related rhythmic movements occur frequently in infants and are only regarded as a disorder when causing injuries or interfering with sleep quality,[1] which may result in increased daytime sleepiness.[2] The association with developmental disorders, psychological distress, and other sleep disorders has been described, but this has not been shown universally.[3] Most children with SRMD show no comorbidities. SRMD normally stops during childhood (<5 years) with only a minority of patients suffering from persistent symptoms into adolescence.[3]

Currently, there are no evidence-based therapy guidelines. Behavioral approaches have shown inconsistent results.[3] Several case studies have reported an effect of benzodiazepines and two cases were successfully treated with haloperidol and imipramine.[3] Medication, however, might only be warranted in cases of severe sleep disruption or frequent injuries. It is important to explain the disorder's benign and self-limiting nature and to create a safe environment, preventing the patient from harming him/herself.[3]

References

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