UNDERSTANDING YOUR DIAGNOSIS

Nightmare Disorder

Also called Nightmare Disorder

Frightening dreams keep waking you up and wrecking your sleep. There is a short therapy that works remarkably well.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
2 to 6 of 100 adults weekly	Childhood; peaks in teens	Yes - often in 4 to 6 visits	Very common after trauma

What this is

- Bad dreams become a disorder when they happen again and again and start costing you sleep, mood, or daytime function.
- The dreams are long, detailed, and frightening, and you wake up wide awake and clear-headed, remembering the whole thing.
- Nightmares are not a sign of weakness or a hidden character flaw. They are a sleep problem, and they respond to treatment.
- About half to most people with **PTSD** have them, but plenty of people have nightmare disorder with no trauma history at all.

What it can look and feel like

- You wake from a vivid, threatening dream, heart pounding, and you can describe exactly what happened in it.
- Most of the episodes come in the second half of the night, often in the small hours after 3 a.m.
- You start putting off bedtime, staying up late or falling asleep on the couch, to avoid the dreams.
- The less you sleep, the worse the nightmares get, so the whole thing turns into a loop that tightens over time.
- Images from the dream come back to you during the day and unsettle your mood for hours.
- As evening comes, you feel a knot of dread. Your bedroom starts to feel like a place where bad things happen.
- You are worn out, short-tempered, and having trouble concentrating from the broken sleep on top of the fear.

What is happening in your brain and body

- Nightmares happen in dreaming sleep, which comes in longer stretches toward morning. That is why they cluster late.
- During these dreams, the fear center of your brain runs hot while the part that calms things down is quiet.
- Dreaming sleep normally drains the emotional charge out of memories overnight. In nightmares that process stalls.
- Your body learns to link the bed with fear, so simply going to the bedroom starts switching on the alarm.
- Some medicines can cause nightmares, including certain blood pressure pills, antidepressants, and quit-smoking pills.

What can make it more likely

- Trauma is the biggest single driver, and nightmares are often the very last **PTSD** symptom to fade without focused treatment.
- Stress, grief, depression, and anxiety all push nightmare frequency up, and poor sleep pushes it up further.
- Nightmares run in families to a moderate degree, so some people are simply more prone to them from the start.
- Alcohol, cannabis, and stopping certain medicines suddenly all cause a rebound of intense dreaming for a while.

What to expect

- **Imagery rehearsal therapy** helps most people in about **4 to 6 sessions**, and the gains tend to hold up over time.
- You should notice fewer or less intense nightmares within a few weeks, often before they disappear completely.
- You do not have to relive the trauma to get better. Rewriting the dream works without going back into the worst of it.
- Nightmares can return under heavy stress. The same skills work again, and they come back faster the second time.

What helps

Treatment works. Most people get better.

Talking therapies

- **Imagery rehearsal therapy** is the first choice. You pick a nightmare, write a new ending you like, and rehearse it daily.
- The rehearsal is done awake, in daylight, for a few minutes a day. It is not scary work, and no reliving is required.
- **CBT-I**, the talk therapy for insomnia, treats the bedtime avoidance and the wired feeling that nightmares build up.
- If trauma is behind this, **trauma-focused therapy** such as cognitive processing therapy also brings nightmares down.
- Some people learn **lucid dreaming** skills, which can help, though the evidence is weaker than for rewriting the dream.

Medicines

- Medicine is usually added to therapy rather than used instead of it. Therapy has the stronger track record here.
- **Prazosin**, a blood pressure medicine, is the best-studied option for trauma nightmares. It lowers the night-time adrenaline signal.
- Prazosin can make you lightheaded when you stand up. It is started low and raised slowly, with your prescriber setting the dose.
- Treating the underlying condition helps. **Antidepressants** for PTSD or depression often bring the nightmares down with it.
- Ask about medicines you already take. Some blood pressure and quit-smoking medicines cause nightmares as a side effect.

Everyday things that help

- Protect your sleep. Cutting sleep short causes a rebound of extra dreaming sleep and makes nightmares more likely.
- Keep a short nightly log of how many nightmares you had and how upsetting they were. It shows progress you would miss.
- Go easy on alcohol and cannabis. Both flatten dreaming at first and then bring it roaring back later in the night.
- Give yourself a calm hour before bed, and skip violent shows or upsetting news late in the evening.
- Make the bedroom feel safe: a nightlight, a fan, a familiar object. Small comforts break the bed-equals-danger link.

Get help right away if

- If you have loud snoring or breathing pauses in sleep, ask for a sleep apnea check.
- Nightmares can raise suicide risk on their own. Tell your care team if yours are getting worse.
- If you think about ending your life, call or text **988** or go to the nearest emergency room.

Questions to ask your care team

- *Can you refer me for imagery rehearsal therapy, in person or online?*
- *Could any medicine I take right now be causing these nightmares?*
- *Should I be treated for PTSD or depression at the same time?*
- *If we try a medicine, how long before we know whether it is helping?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.