Hypnic Jerks Associated with Insomnia

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The patient experiences of the hypnic jerks were reported to vary to some degree (i.e., feeling a warm sensation, tightness in limbs, no sensations). And, in all cases the occurrence of the hypnic jerks were unrelated to external events. Oswald (2016) concluded that the hypnic jerks occur as a result of poorly developed EEG K complexes. Additionally, the frequency and magnitude of the hypnic jerks preclude them from being considered as epilepsy [3].

The patient’s medical and sleep history were not positive for a psychiatric diagnosis or parasomnia [4]. The patient presented the hypnic jerks as an annoyance experience that interfered with her sleep but was not anxious or extremely emotional about the condition. Following two weeks of sleep logging the patient participated in a six session Cognitive Behavioral Intervention for Insomnia (CBT-I). Topics such as the basics of sleep, relaxation -mindfulness training and sleep schedule were discussed during these sessions. In addition, the patient was guided in mindfulness relaxation posture and some general gentle stretching exercises.

A presleep routine of twenty minutes mindfulness relaxation followed by quiet stretching was setup with the patient. The CBT-I approach provides the patient with an active approach to alleviating their discomfort from the sleep disturbance. The additional skills applied of mindfulness relaxation provided the patient with some new coping skills that in turn increased her control of her condition [5]. Sleep log data indicated changes in sleep efficiency ranging from 10-38% improvement as compared to intake values. The incidence of the hypnic jerks followed consistent course in frequency with reductions in the latency and intensity. Overall, the patient reported satisfaction with further understanding her condition and being able to apply new coping skills.

References