

Nightmares and antidepressants: a review.

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Introduction

Some classes of antidepressant drugs (SNRI, NRI, MAOI, SSRI, TCA) may deteriorate sleep quality mainly due to activation of serotonergic 5-HT₂ receptors and increased noradrenergic and dopaminergic neurotransmission. On the contrary, antidepressants with antihistaminergic action, like sedating TCA, mirtazapine, mianserine, or strong antagonistic action at serotonergic 5-HT₂ receptors, like trazodone and nefazodone quickly improve sleep¹. Nightmares occur only in REM sleep. Many studies show that most antidepressants prolong REM sleep latency and suppress REM sleep time² and are therefore expected to reduce or suppress nightmares

Objectives and methods

The aim of this study is to know the relationship between the use of antidepressants and the possible increase in nightmares in these patients. To do this, a pubmed search is carried out with the descriptors "nightmares" and "antidepressants".

Results

25 articles which described association between antidepressants and nightmares were found (mostly case reports). Almost all groups of antidepressants could lead nightmares and vivid dreams. The most common antidepressants related to nightmares act by norepinephrine, serotonin and dopamine neurotransmission. Overmore, a possible association exists between reports of nightmares and agents affecting the neurotransmitters acetylcholine, GABA and histamine. The most common antidepressants related to Vivid dreams and nightmares are bupropion³, mirtazapine^{4,5,6}, citalopram⁷, paroxetine⁸ and fluoxetine⁹, which also increase REM sleep.

Conclusions

Currently there is a great ignorance of the mechanisms by which nightmares occur in patients taking antidepressants. It should be noted that in the literature the authors do not describe the specific content of nightmares, abnormal and vivid dreams, and the patients feelings about these experiences. Although this effect is frequently observed in clinical practice, there is little literature on this, almost all in the form of clinical cases. Therefore, more research on this would be interesting.

References

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² Sharpley AL, Cowen PJ. Effect of pharmacologic treatments on the sleep of depressed patients. *Biol Psychiatry* 1995; 37:85–98

³ Balon R. Bupropion and nightmares. *Am J Psychiatry*; 1996;153:579–580.

⁴ Maju Mathews, Biju Basil, Harum Eciven, Babatunde Adetunji and Sunil Joseph. Mirtazapine-Induced Nightmares. *Prim Care Companion J Clin Psychiatry*. 2006; 8(5): 311.