CONDITION

Sleep paralysis

Sleep paralysis is a brief inability to move or speak while falling asleep or waking up.

WHAT IT IS
Temporary paralysis during the transition between sleep and wakefulness

BODY SYSTEM
Nervous system and sleep

MAIN SYMPTOMS
Inability to move, inability to speak, fear, vivid hallucinations

WHAT CAUSES IT
REM sleep muscle paralysis continuing into wakefulness

HOW IT IS DIAGNOSED
Symptom history; sleep testing if another disorder is suspected

MAIN TREATMENT
Sleep habit changes and treatment of associated sleep disorders

CAN IT BE CURED?
Sometimes - episodes can stop completely

IS IT AN EMERGENCY?
No - typical episodes end on their own

LONG-TERM OUTLOOK
Usually harmless; recurrence may wax and wane

Overview

Sleep paralysis is a temporary inability to move or speak while falling asleep or waking up. You are aware of what is happening, but your body does not respond normally. An episode usually lasts seconds to a few minutes and ends on its own.

Sleep paralysis happens when features of rapid eye movement, or REM, sleep continue briefly while your awareness returns. REM is the stage in which most vivid dreaming occurs. During REM sleep, the brain normally stops most voluntary muscles from moving. This is called muscle atonia, and it helps prevent you from acting out dreams.

In sleep paralysis, this muscle shutdown and wakefulness briefly overlap. You can usually breathe and move your eyes, but may feel unable to move your arms, legs, head, or body. Because REM dreaming can also continue, you may see, hear, or feel things that are not present. These experiences are called hallucinations.

Sleep paralysis can be frightening, especially if you do not know what it is. However, isolated sleep paralysis is generally harmless. It does not mean that you are losing touch with reality, and a typical episode does not cause suffocation or permanent paralysis.

Some people have only one episode. Others have episodes from time to time, especially during periods of poor sleep or stress. Repeated sleep paralysis may occur by itself or alongside another sleep condition, particularly narcolepsy.

Symptoms

An episode happens at a sleep transition. It may occur as you are falling asleep or as you are waking. You remain aware of your surroundings but cannot move or speak normally.

Common features include:

Chest pressure can feel intense, but breathing usually continues automatically. You may be able to control your eyes and make small movements with your fingers, toes, or face.

Hallucinations may include a shadowy figure, footsteps, voices, touch, or the feeling that someone is in the room. They can seem very real because part of the brain is still producing dream-like experiences. Hallucinations limited to falling asleep or waking do not, by themselves, indicate a mental health disorder.

Episodes usually end without treatment. They may also stop when someone speaks to you or touches you. Afterward, you may feel fully awake immediately, although fear can make it difficult to return to sleep.

- Temporary inability to move the body or limbs
- Inability to speak or call out
- A feeling of pressure on the chest
- Fear, panic, or a sense that someone is nearby
- Seeing, hearing, or feeling something that is not present
- A sensation of floating, falling, or leaving the body

Causes and risk factors

Sleep paralysis occurs when REM sleep and wakefulness overlap. The exact reason this happens to one person and not another is not always clear.

Factors associated with episodes include:

Narcolepsy is a long-term neurological condition that affects the brain's control of sleep and wakefulness. It can cause severe daytime sleepiness, sudden sleep attacks, sleep paralysis, and vivid dream-like experiences. Some people also have cataplexy, which is a sudden loss of muscle strength triggered by emotions such as laughter or surprise.

Sleep paralysis has also been associated with anxiety, post-traumatic stress, and a history of trauma. An association does not prove that one directly causes the other. Fear after an episode may itself disturb sleep and make further episodes more likely.

Episodes sometimes run in families, suggesting that inherited factors may have a role. However, sleep paralysis is not usually described as a straightforward inherited condition.

- Too little sleep
- An irregular sleep schedule
- Shift work or jet lag
- Stress and disrupted sleep
- Insomnia
- Sleeping on your back
- Narcolepsy
- Other conditions that repeatedly interrupt sleep, such as obstructive sleep apnoea

Diagnosis

Sleep paralysis is usually identified from your description of what happened. There is no blood test, scan, or single sleep test that confirms ordinary isolated sleep paralysis.

A healthcare professional may ask:

A sleep diary may help show links with sleep loss, shift work, or an irregular schedule. It usually records sleep and wake times, daytime sleepiness, and when episodes occur.

Most people do not need a sleep study. Overnight testing called polysomnography may be considered when symptoms suggest narcolepsy, obstructive sleep apnoea, seizures, or another sleep disorder. A multiple sleep latency test measures how quickly you fall asleep during scheduled daytime naps and can help assess suspected narcolepsy.

Other events can sometimes resemble sleep paralysis. These include panic attacks, nightmares, sleep terrors, seizures, and waking with weakness from a medical problem. The timing, awareness, duration, and symptoms after the event help distinguish them.

- Whether the episode occurred while falling asleep or waking
- How long you could not move or speak
- Whether you were aware of the room
- Whether you saw, heard, or felt anything unusual
- How often episodes happen and how much distress they cause
- Whether you have severe daytime sleepiness, sudden muscle weakness, snoring, or breathing pauses

Treatment and management

Occasional sleep paralysis usually does not require medical treatment. Understanding that the episode is temporary and related to REM sleep can reduce fear.

Improving sleep regularity may make episodes less likely. Helpful measures include keeping similar sleep and wake times, allowing enough time for sleep, and reducing repeated sleep disruption. If episodes mainly happen while you are lying on your back, sleeping on your side may help, although it does not work for everyone.

During an episode, you can try to:

A bed partner can learn that speaking calmly or using gentle touch may help end an episode. Any plan should be agreed on beforehand, since unexpected touch may add to fear.

Treatment is more important when episodes are frequent, cause major distress, or lead you to avoid sleep. A healthcare professional may look for insomnia, sleep apnoea, narcolepsy, anxiety, or another condition that is disturbing sleep. Treating that condition may reduce the episodes.

Psychological approaches, including forms of cognitive behavioural therapy, may help with fear, unhelpful beliefs, and sleep avoidance. Evidence for treatments aimed specifically at recurrent sleep paralysis is still limited.

Medicines that affect REM sleep are sometimes considered by a sleep specialist when episodes are severe or associated with narcolepsy. They are not routinely needed for isolated episodes, and the choice depends on the wider diagnosis and possible side effects.

- Remind yourself that the episode is temporary
- Focus on slow, steady breathing
- Try a small movement, such as moving one finger or toe

- Focus on a familiar object or sound in the room

Complications

Sleep paralysis does not normally injure the brain or muscles. A typical episode does not stop automatic breathing and does not lead to permanent paralysis.

The main effects are emotional and sleep-related. A frightening episode may cause anxiety at bedtime. Some people delay sleep, keep lights on, or avoid sleeping alone. Losing sleep can then increase the chance of another episode, creating a cycle of fear and disrupted sleep.

Repeated episodes can affect concentration, mood, school, work, and relationships if they reduce sleep quality. These effects deserve routine medical attention even though the paralysis itself is brief.

Complications may also come from an unrecognised associated condition. For example, untreated obstructive sleep apnoea can repeatedly interrupt breathing during sleep, while untreated narcolepsy can cause severe daytime sleepiness and safety risks.

Prevention

Sleep paralysis cannot always be prevented. There is no guaranteed method because REM sleep is a normal part of sleep, and episodes may occur without an obvious trigger.

You may be able to reduce the likelihood of episodes by:

Stress management may help if episodes cluster during stressful periods. The useful approach will differ from person to person. It may involve relaxation, counselling, or practical changes that protect sleep time.

These steps reduce triggers rather than guaranteeing prevention. Having another episode does not mean that you have done something wrong.

- Keeping a consistent sleep schedule
- Getting enough sleep for your needs
- Addressing ongoing insomnia
- Limiting major changes between weekday and weekend sleep times
- Managing shift-work disruption where possible
- Sleeping on your side if back-sleeping is a clear trigger

- Seeking assessment for loud snoring, breathing pauses, or severe daytime sleepiness

Living with it and what to expect

Many people have sleep paralysis once or only a few times. For others, episodes recur over months or years. They may cluster during periods of sleep loss, travel, shift work, or stress, then become less frequent when sleep becomes more regular.

Sleep paralysis is not usually progressive. It does not normally cause worsening muscle weakness while you are awake, and it does not damage the nervous system. The vivid experiences can remain memorable, but understanding their link to REM sleep often makes later episodes less frightening.

If episodes recur, keeping a short record can help identify patterns. Note when you went to bed, how long you slept, your sleeping position, and whether you were under unusual stress. You do not need to monitor every detail indefinitely; the aim is to find practical links.

Most people can continue their usual work, education, travel, exercise, and relationships. Sleep paralysis itself does not usually restrict driving. However, driving may be unsafe if you also have severe daytime sleepiness or sudden sleep attacks. Those symptoms need medical assessment.

When sleep paralysis is part of narcolepsy or another long-term sleep disorder, the course reflects that underlying condition. Ongoing follow-up may then be needed to manage daytime sleepiness and other symptoms.

When to get medical help

Arrange a routine appointment if episodes are frequent, increasingly distressing, or making you afraid to sleep. Assessment is also appropriate if sleep disruption is affecting your mood, concentration, school, work, or daily activities.

Seek routine medical assessment if you also have:

Typical sleep paralysis is not an emergency. Emergency help is appropriate if weakness continues after you are fully awake, affects one side of the body, or occurs with trouble speaking, facial drooping, severe chest pain, ongoing breathing difficulty, fainting, or prolonged confusion. These are not usual features of sleep paralysis and may indicate another medical problem.

- Strong daytime sleepiness despite enough time in bed

- Sudden sleep attacks
- Sudden muscle weakness triggered by emotion
- Loud snoring, gasping, or witnessed breathing pauses
- Unusual movements, injuries, confusion, or loss of bladder control during events
- Hallucinations when you are fully awake and not near sleep

Common questions

Can sleep paralysis kill you?

Typical sleep paralysis is not fatal. Breathing continues automatically, although chest pressure or fear may make breathing feel difficult. Ongoing breathing trouble after you are fully awake is not typical and needs urgent assessment.

Why do I see a person or shadow in the room?

REM dreaming can continue briefly after awareness returns. Your brain may combine dream imagery with the real room, producing a convincing figure, voice, touch, or sense of a presence. This is a sleep-related hallucination.

How long does sleep paralysis last?

Most episodes last seconds to a few minutes. Fear can make them feel much longer. An inability to move that continues after you are fully awake is not typical sleep paralysis.

Is sleep paralysis a sign of narcolepsy?

It can occur with narcolepsy, but most people who experience sleep paralysis do not necessarily have narcolepsy. Severe daytime sleepiness, sudden sleep attacks, or emotion-triggered muscle weakness make further assessment more important.

Why does sleep paralysis happen more when I sleep on my back?

Back-sleeping is associated with episodes in some people, although the reason is not fully understood. Position may affect breathing, sleep disruption, or the way you wake from REM sleep. Side-sleeping may help if the pattern is consistent.

Am I awake during sleep paralysis?

You are partly or fully aware, but REM muscle paralysis has not yet switched off. Dream-like images or sensations may also continue. This mixture of wakefulness and REM sleep explains why the experience can feel both real and unusual.

Sources

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