

DESCRIBING NORMAL ADULT SLEEP

1. Sleep Stages

a. Wake

EEG – “beta” rhythm (desynchronous, low voltage, fast rhythm)

18-30 cycles per second or Hertz

EMG – moderate to high

Consciousness – active processing of cognitive information

EEG – “alpha” rhythm (synchronous, moderate voltage, slower rhythm)

8-12 cps/Hz

EMG – low to moderate

Consciousness – relaxed, unfocused, aware of environmental stimuli

b. State 1 Non-REM (NREM) Sleep (light NREM sleep)

EEG – “theta” rhythm (synchronous, moderate voltage, slower rhythm)

6-8 cps/Hz

EMG – low to moderate

Consciousness – unconscious, unaware of stimuli, easy to awaken

EOG – slow, rolling eye movements, not always conjugate

c. Stage 2 NREM Sleep (light NREM sleep)

EEG – “theta” rhythm

“sleep spindles” – 12-14 cps/Hz (synchronous, short bursts)

“K-complexes”

EMG – low to moderate

Consciousness – unconscious, unaware of stimuli, fairly easy to awaken

EOG – no characteristic movements observed

d. Stage 3 NREM Sleep (deep NREM sleep)

EEG – presence of “delta” rhythm (< 50% of record)

(synchronous, high voltage, very slow rhythm)

½ to 3 cps/Hz

EOG – quiet

EMG – very low EKG, respiration, BP – low, steady

Hormones – growth hormone secretion

Consciousness – unconscious, unaware of stimuli, more difficult to awaken

1. Sleep Stages (cont.)

e. Stage 4 NREM Sleep (deep NREM sleep)

EEG – presence of “delta” rhythm > 50% of record

Same as stage 3, except even more difficult to awaken

When awakened may report vague “dreams”

Many alternate names for this stage of sleep: Slow Wave Sleep (SWS),
Quiet Sleep, Synchronous or “S” Sleep

f. Stage REM (Rapid Eye Movement Sleep)

EEG – “beta-like” (low voltage, desynchronous, fast frequency)

Presence of “sawtooth” waves

EMG – “flat-line”, active inhibition of skeletal muscles (except for those muscles involved in respiration)

Muscle twitches in face, fingers, whiskers

External muscles of eyeball still innervated

Consciousness – unconscious, unaware of environmental stimuli, if awakened will report detailed dreams usually

Relatively easy to awaken sleeper

EOG – bursts of rapid, conjugate eye movements (“REMs”)

“Phasic” vs. “Tonic” REM sleep:

Tonic REM – EKG, respiration, BP, GSR, HR – slow, steady, low, no REMs

Phasic REM – EKG, respiration, BP, GSR, HR – erratic, faster, higher, lots of REMs, HCl secreted in stomach

Implies high arousal of SNS

Penile/clitoral tumescence

No temperature regulation (become “poikilothermic” within a limited range of temperatures)

Alternate names: Active Sleep, Desynchronous or “D” Sleep, Dreaming Sleep, Paradoxical Sleep (especially used for animal REM sleep)

2. Sleeper’s Perception of Sleep Stages: When awakened the sleeper for each stage of sleep, what is his/her impression/perception? Does *S* know that he/she was asleep?

Implications for clinical histories from patients

“Lucid Dreamers”

3. Total Percentages of Different Sleep Stages in a Night

Stage 1 – 5%

Stage 2 – 45-55%

Stage 3&4 – 20%

Stage REM – 20%

4. Sleep “Architecture” Across the Night’s Sleep

W --- Stage 1 --- Stage 2 --- Stage 3 --- Stage 4 --- Stage 3 --- Stage 2 --- REM

End of first cycle of sleep

Latency to start of first REM cycle

An expression of the BRAC?

Number of REM cycles in a night

So...REM --- Stage 2 --- Stage 3 --- Stage 4 --- Stage 3 --- Stage 2 --- REM

Latency to start of second REM cycle

First “half” of night: mostly Stages 3 & 4 sleep

Then...REM --- Stage 2 --- Stage 3 --- Stage 2 --- REM

Then...REM --- Stage 2 --- REM --- Stage 2 --- REM --- Stage 2 --- REM --- W

Second “half” of night: mostly Stages 2 and REM

What happens if *S* sleeps for short time? For a longer time?