Sleep Paralysis

If you have sleep paralysis you are awake but you are unable to move your body (paralysis) and unable to speak when you wake up from sleep.

Sleep paralysis can sometimes occur as you are falling asleep. If someone touches you or speaks to you, the paralysis is relieved and you are able to move again.

The paralysis may last for any time from a few seconds up to a minute or two. It does not affect your breathing and does not cause you any harm. After the episode of sleep paralysis you can move and speak normally. However, you are fully awake and so sleep paralysis can be very frightening.

How common is sleep paralysis?

Sleep paralysis is relatively common. About 1 in 10 people have at least one episode of sleep paralysis during their lifetime. Sleep paralysis can affect people of all ages. It's more common in students and in people of African descent. It's also more common in people who have anxiety, panic disorder and post-traumatic stress syndrome.

What causes sleep paralysis?

Your muscles normally become very relaxed and paralysed at certain times when you’re asleep. Sleep paralysis occurs when the same mechanism to stop your muscles occurs when you’ve woken up or when you’re falling asleep. Sleep paralysis occurs when some aspects of REM sleep happen when you are awake. This means that you remain temporarily paralysed but are fully conscious.

Sleep paralysis can sometimes be a symptom of narcolepsy. Narcolepsy is a long-term (chronic) problem that affects your sleep. You feel excessively tired during the daytime but have disturbed night-time sleep. You can also have sleep attacks where you fall asleep during the day without any warning. See the separate leaflet called Narcolepsy and Cataplexy.

What are the symptoms of sleep paralysis?

The main symptom of sleep paralysis is being unable to move or talk for a brief period. The paralysis usually occurs as you’re waking up but can also sometimes happen when you’re falling asleep.

You will be fully conscious during the period of sleep paralysis. An episode of sleep paralysis can therefore be very frightening. Breathing is not usually affected but it may be difficult to take a deep breath. After the sleep paralysis you can move and speak normally but you will often feel upset and anxious.

During an episode of sleep paralysis, you may also experience unusual experiences (hallucinations). If you have hallucinations, you see, hear, smell or feel something that isn’t really there, such as thinking there is someone else in the room.

Is there any treatment for sleep paralysis?

The most important way to treat sleep paralysis is to make sure you:

- Have enough sleep.
- Have regular sleep patterns.
- Are relaxed and comfortable when going to bed.

Treatments using medicines

Your GP may refer you to a sleep clinic if your symptoms are severe or you have any other problems with sleep.

If your sleep paralysis is frequent or severe, you may also be prescribed a medicine that is also used to treat depression. The medicine used to help sleep paralysis is usually a short course of a tricyclic antidepressant. Tricyclic antidepressant medicines that are often used to treat sleep paralysis include imipramine and clomipramine. The medicine will help to prevent episodes of sleep paralysis and will also help to prevent any hallucinations that may occur with sleep paralysis. Fluoxetine has also been found to be helpful. Fluoxetine is a selective serotonin reuptake inhibitor (SSRI) antidepressant.

What is the outcome (prognosis)?

Sleep paralysis does not cause any long-term problems. Many people only experience sleep paralysis once or twice in their lifetime.
Episodes of sleep paralysis tend to become less frequent as you get older and they usually disappear. However, sometimes the sleep paralysis seems to have resolved but further episodes may then start again.

Further reading & references

- Consensus statement on evidence-based treatment of insomnia, parasomnias and circadian rhythm disorders; British Association for Psychopharmacology (2010)

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