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Nocturnal Groaning: Phenomenon of Sleep-Related Vocalizations

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Description

Nocturnal groaning a phenomenon where individuals emit vocal sounds during sleep, presents an intriguing aspect of sleep-related behaviors. Unlike well-known sleep disturbances such as snoring or sleep talking, nocturnal groaning involves low-pitched vocalizations that may range from moans and murmurs to guttural sounds. This explores the intricacies of nocturnal groaning; delving into its characteristics, potential causes, and implications for both individuals experiencing this phenomenon and their sleep partners [1-3]. Nocturnal groaning refers to the production of vocal sounds during sleep, often characterized by low-frequency, non-articulate sounds. These vocalizations may vary in intensity and duration, with some individuals emitting soft murmurs, while others produce more pronounced groans. While sleep talking involves the utterance of intelligible words or phrases during sleep, nocturnal groaning is marked by inarticulate vocalizations. The sounds produced may be more akin to moans or expressions of discomfort [4-7].

Causes of nocturnal groaning

Nocturnal groaning can be associated with certain sleep-related disorders. Conditions such as sleep Behavior Disorder (BD), sleep-related groaning disorder, or parasomnias may contribute to vocalizations during sleep. Individuals may experience nocturnal groaning due to acid reflux. Discomfort caused by the regurgitation of stomach acid can lead to involuntary vocalizations during sleep. Conditions affecting the respiratory system, such as sleep apnea or nasal congestion, may contribute to nocturnal groaning. Disrupted breathing patterns can manifest as vocal sounds during sleep. Certain medications, including those that influence the central nervous system or muscle tone, may have side effects that contribute to vocalizations during sleep [8]. Psychological factors, such as stress and anxiety, can impact sleep quality and contribute to nocturnal groaning. Individuals may unconsciously express their emotional state through vocalizations during sleep.

Implications for sleep partners

Nocturnal groaning may disturb the sleep of partners sharing the bed. The sounds emitted can be disruptive and may lead to fragmented sleep for both individuals. Open communication is crucial for individuals and their sleep partners. Discussing the presence of nocturnal groaning, its potential causes, and seeking mutual understanding can foster a supportive sleep environment [9]. Persistent and bothersome nocturnal groaning may warrant professional evaluation. Consulting with a sleep specialist can help identify underlying factors and guide appropriate interventions.

Adopting good sleep hygiene practices, such as maintaining a consistent sleep schedule, creating a comfortable sleep environment, and avoiding stimulants before bedtime, can contribute to overall sleep quality. For individuals with potential respiratory causes of groaning, making positional adjustments during sleep, such as elevating the head or changing sleeping positions, may alleviate symptoms if nocturnal groaning is associated with an underlying sleep disorder or medical condition, addressing the root cause is essential [10].

Conclusion

Nocturnal groaning adds a unique dimension to the tapestry of sleep-related behaviors, prompting curiosity and concern for those experiencing it and their sleep partners. Treatment options may include medications, therapy, or lifestyle adjustments. Managing stress and anxiety through relaxation techniques, mindfulness, or counseling may help reduce the occurrence of nocturnal groaning. In cases where the groaning is disruptive and persistent, a sleep study (polysomnography) may be recommended. This diagnostic tool can provide insights into sleep patterns and identify potential sleep-related disorders. Understanding the potential causes, seeking professional evaluation when necessary, and adopting targeted management strategies can contribute to improved sleep quality and a more restful night for all involved. Open communication and mutual support between sleep partners play a vital role in navigating the complexities of sleep-related vocalizations.

References

1. Franzen PL, Buysse DJ, Dahl RE, Thompson W, Siegle GJ (2009) Sleep deprivation alters pupillary reactivity to emotional stimuli in healthy young adults. Biol Psychol 80:300-305.
2. Talbot LS, McGlinchey EL, Kaplan KA, Dahl RE, Harvey AG (2010) Sleep deprivation in adolescents and adults: Changes in affect. Emotion 10:831-841.
3. Bat-Pitault F, Da Fonseca D, Cortese S, Le Strat Y, Kocher L, et al. (2013) The sleep macroarchitecture of children at risk for depression recruited in sleep centers. Eur Psychiatry 28: 168-173.
4. Goel N (2017) Neurobehavioral effects and biomarkers of sleep loss in healthy. Curr Neurol Neurosci Rep17:89.
5. Morgenthaler TI, Kagramanov V, Hanak V, Decker PA (2006) Complex sleep apnea syndrome: is it a unique clinical syndrome? Sleep 29:1203-1209.
6. Marcus CL, Rosen G, Ward SL, Halbower AC, Sterni L, et al. (2006) Adherence to and effectiveness of positive airway pressure therapy in children with obstructive sleep apnea. Pediatrics 117:e442-e451.
7. Redline S, Storfer-Isser A, Rosen CL, Johnson NL, Kirchner HL, et al. (2007) Association between metabolic syndrome and sleep-disordered breathing in adolescents. Am J Respir Crit Care Med 176:401-408.

8. Marcus CL, Moore RH, Rosen CL, Giordani B, Garetz SL, et al. (2013) A randomized trial of adenotonsillectomy for childhood sleep apnea. N Engl J Med 368:2366-2376.
9. Sawyer AM, Gooneratne NS, Marcus CL, Ofer D, Richards KC, et al. (2011) A systematic review of CPAP adherence across age groups: Clinical and empiric insights for developing CPAP adherence interventions. Sleep Med Rev 15:343-356.
10. Schenck CH, Mahowald MW (2002) REM sleep behavior disorder: Clinical, developmental, and neuroscience perspectives 16 years after its formal identification in SLEEP. Sleep 25:120-138.