

人到中年经常做噩梦？警惕或是痴呆症前

兆 Bad dreams in middle age could be sign of dementia risk, study suggests

据英国《卫报》报道，一项研究发现，经常做噩梦的中年人随着年龄的增长认知能力下降速度更快，随着年龄的增长患痴呆症的风险也更高。每周至少做一次噩梦的中年人在接下来的十年中，认知能力下降的可能性是很少做噩梦的人的四倍。经常做噩梦的老年人在未来几年确诊老年痴呆的可能性是其他老年人的两倍。这项研究发表在《电子临床医学》上。



[Photo/pexels]

People who experience frequent bad dreams in middle age may experience a faster rate of cognitive decline and be at higher risk of dementia as they get older, data suggests.

研究数据显示，经常做噩梦的中年人随着年龄的增长认知能力下降速度更快，患痴呆症的风险也更高。

If confirmed, the research could eventually lead to new ways of screening for dementia and intervention to slow the rate of decline.

如果该研究结论得到证实，可能会出现痴呆症筛查和干预的新方法，以减缓认知能力退化的速度。

Most people experience bad dreams from time to time, but approximately 5% of adults experience nightmares – dreams distressing enough to wake them up – at least once a week. Stress, anxiety, and sleep deprivation are all potential triggers, but previous research in people with Parkinson’s disease has also linked frequent distressing dreams to faster rates of cognitive decline, and an increased risk of developing dementia in the future.

大多数人偶尔会做噩梦，但大约 5% 的成年人每周至少做一次噩梦（让人惊醒的噩梦）。压力、焦虑和失眠都是潜在的触发因素，但此前对帕金森病患者的研究也表明，频繁的噩梦与认知能力下降速度加快以及未来患痴呆症的风险增加有关。

To investigate whether the same might be true of healthy adults, Dr Abidemi Otaiku at the University of Birmingham turned to data from three previous studies that have examined people's sleep quality and then followed them over many years, assessing their brain health as well as other outcomes. This included more than 600 middle-aged adults (aged 35 to 64), and 2,600 people aged 79 and older.

为了调查身体健康的成年人是否也存在同样的情况，伯明翰大学的 Abidemi Otaiku 博士查阅了此前三项研究的数据，这些研究监测了一些人的睡眠质量，并对他们进行了多年跟踪调查，以评估他们的大脑健康和其他问题。研究对象是 600 多名年龄在 35 至 64 岁之间的中年人以及 2600 名 79 岁及以上的老年人。

Their data was analysed using statistical software to find out whether those who experienced a higher frequency of distressing dreams were more likely to go on to experience cognitive decline and be diagnosed with dementia.

他们利用统计软件对数据进行分析，研究更频繁做噩梦的人确诊痴呆症、认知能力下降的可能性是否增加。

The research, published in *eClinicalMedicine*, found that middle-aged people who experienced bad dreams at least once a week were four times more likely to experience cognitive

decline over the following decade than those who rarely had nightmares. Among elderly participants, those who frequently reported distressing dreams were twice as likely to be diagnosed with dementia in subsequent years.

这项研究发表在《电子临床医学》上。研究发现，每周至少做一次噩梦的中年人在接下来的十年中，认知能力下降的可能性是很少做噩梦的人的四倍。经常做噩梦的老年人在随后几年确诊老年痴呆的可能性是其他老年人的两倍。

One possibility is that people who have frequent bad dreams have poor quality sleep, which could gradually lead to a buildup of proteins associated with dementia. Another is the existence of some genetic factor that underpins both phenomena.

一种可能的解释是经常做噩梦的人睡眠质量差，这可能会导致与痴呆症相关的蛋白质逐渐积累。另一种可能性是与影响这两种问题的遗传因素有关。

However, Otaiku' s working hypothesis is that neurodegeneration within the brain' s right frontal lobe makes it harder for people to control their emotions while dreaming, which in turn leads to nightmares. He said: "We know that neurodegenerative conditions such as Parkinson' s disease and Alzheimer' s disease often start many years before somebody is

diagnosed. In some individuals who already have underlying disease, bad dreams and nightmares might be one of the earliest signs.”

然而，Otaiku 的假设是，大脑右额叶的神经变性使得人们在做梦时更难控制自己的情绪，进而导致噩梦。他说：“我们知道，帕金森病和阿尔茨海默病等神经退行性疾病通常在确诊前多年就开始了。对于一些已经有潜在疾病的人来说，噩梦可能是最早的症状之一。”

He stressed that only a subset of adults who regularly have bad dreams are likely to develop dementia, However, assuming this link is confirmed, bad dreams could eventually be used to identify individuals at high risk.

他强调，只有一小部分经常做噩梦的成年人可能会患痴呆症。然而，如果这种联系得到证实，可以由此来识别痴呆症高危人群。

“The best way to deal with dementia is to prevent it from occurring, and we know that there are several modifiable risk factors – poor diet, lack of exercise, smoking, and drinking too much alcohol.” Otaiku said. “If we can identify who’s at high risk for getting dementia several years or even decades earlier, we may be able to slow down the onset, or maybe even prevent it altogether.”

Otaiku 说：“治疗痴呆症的最佳方法是预防，我们知道有几个可控的

风险因素：不良饮食、缺乏锻炼、吸烟酗酒。如果我们能在几年甚至几十年前确定哪些人是痴呆症高风险人群，也许能够减缓甚至可能完全预防痴呆症。”