

SLEEP TERRORS AND SLEEPWALKING

Sleep terrors and sleepwalking are related disorders of sleep that usually go away by adolescence. They usually happen within 1 to 2 hours after the child has fallen asleep. The sleep terror or sleepwalking may last a few minutes to an hour.

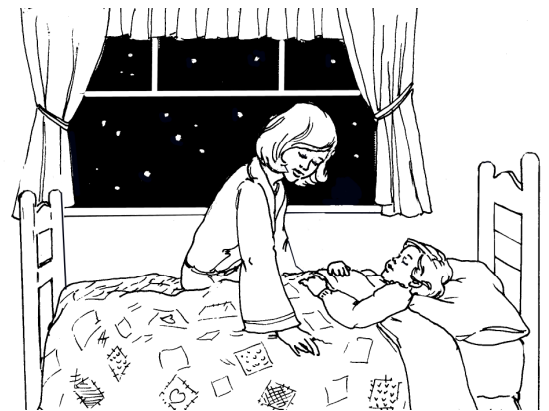
Sleep terrors are different from nightmares. Nightmares are bad dreams that the child often clearly remembers the next day.

With **sleep terrors** the child seems to be awake and is afraid or anxious. Often the child has open eyes and is crying or screaming but is not aware of what he is doing. The child cannot be awakened or comforted and he may believe that people or objects in the room are dangerous. The child does not usually remember what happened in the morning. Sleep terrors occur most often in children 1 to 8 years of age. They usually go away by 12 years old. They may also happen at naptime.

With **sleepwalking** the behavior seems purposeful. The child could be sitting up or getting out of bed, eating or dressing. A sleepwalker often has a blank expression and is difficult to awaken. Sleepwalking is more common in males and is often linked with bedwetting. About 15% of children 5 to 12 years of age walk in their sleep. As with sleep terrors they don't remember sleepwalking or the behavior the next morning.

Sleepwalking and sleep terrors often run in families. Some things that can cause this are:

- Lack of sleep. This is the most common trigger for sleep terrors and sleepwalking.
- Illness
- Noisy or new environment
- Stress
- Some medicines
- Sleeping with a full bladder



WHAT TO DO

1. Keep your child safe. Make sure outside doors are secure. Install gates at the tops of staircases. Windows should not be open wide enough for him to jump out. Don't let your child sleep in a bunk bed. Remove sharp or breakable objects near the bed. Gently guide him back to bed.
2. Help your child back to sleep. Do not try to awaken him. This may cause more fear. Do not shout. Hold him or her gently if this helps in calming your child. Otherwise do not hold your child down. Turn on a light so that your child is less afraid of shadows and the dark room. Speak softly and reassure him that he is at home and in his bed. Have a calm voice and repeat soothing comments such as "you're safe at home." The sound of a voice may help your child focus and relax.
3. Let babysitters and other caregivers know that your child has sleep terrors or sleepwalking. Teach them what to do if it happens.

PREVENTION

- Keep a regular bedtime.
- Your child needs to have plenty of sleep. Make bedtime 15 minutes earlier if your child is unable to wake up easily in the morning.
- Have a daily naptime or quiet time for preschoolers.
- If your child has frequent sleep terrors or sleepwalking, note how long after going to sleep the incident starts. Wake your child 15 minutes before you expect the activity. Keep him fully awake and out of bed for 5 minutes. Repeat this for a full week (7 nights). Let your child know that this will happen.
- Have your child use the bathroom before going to bed.
- Avoid caffeine in drinks or foods such as chocolate close to bedtime.

WHEN TO CALL THE DOCTOR

- An episode that occurs during second half of the night
- Two or more episodes a week
- Sleep terrors or sleepwalking that include injury to self or others
- Drooling, jerking of the body, or stiffening
- Episodes that last beyond puberty
- If stress or anxiety may be causing sleep problems
- When daytime sleepiness is due to sleep problems at night
- If the sleepwalker leaves the house

Sleep terrors and sleepwalking do not usually need treatment. If they happen often, though, or get worse, your doctor may try a program of behavior changes or medication.