UNDERSTANDING YOUR DIAGNOSIS

# Sleepwalking and Sleep Terrors

Also called Non-Rapid Eye Movement Sleep Arousal Disorders

Your child gets up, screams, or walks while still deeply asleep. It looks alarming, but they are not suffering.

| HOW COMMON | OFTEN STARTS | TREATABLE | YOU ARE NOT ALONE |
|---|---|---|---|
| About 1 in 3 kids, at least once | Ages 8 to 12; usually fades | Yes - safety first, rarely pills | 8 in 10 have a relative with it |

## What this is

- Part of your child's brain wakes up while the rest stays in deep sleep. The body can move, but the thinking mind is offline.
- In sleep terrors your child screams, sits up wide-eyed, sweaty, and terrified, and cannot be comforted for a few minutes.
- In sleepwalking your child gets up with an open-eyed, blank stare and may dress, wander, or head for a door.
- Your child is not in pain, is not having a bad dream, and will not remember any of it in the morning. Truly.

## What it can look and feel like

- It happens in the first third of the night, usually within about **90 minutes** of your child falling asleep.
- A sleep terror starts suddenly with a scream. The heart races, the pupils are wide, and the sheets get soaked with sweat.
- Your child looks right through you. Talking, hugging, and reasoning do not land, because nobody is home to hear it.
- Sleepwalking is quiet and clumsy: fumbling with a door, wandering into a hallway, or peeing somewhere odd.
- It ends on its own after a few minutes, and your child settles back into sleep as if nothing happened.
- In the morning your child is cheerful and remembers nothing. Often you are the only person in the house who is shaken.
- Episodes cluster when your child is short on sleep, has a fever, is stressed, or has had a big schedule change.

## What is happening in your brain and body

- Deep sleep is heaviest early in the night. That is exactly when these episodes happen, and why they cluster before midnight.
- During an episode, the movement and emotion parts of the brain are awake while the reasoning part is still asleep.
- Because the reasoning part never woke up, no memory is stored. The blank next morning is normal, not a warning sign.
- Anything that fragments deep sleep can set it off: a fever, a noisy room, being overtired, or breathing pauses in sleep.
- It runs in families. If you or your partner sleepwalked as a child, your child is far more likely to as well.

## What can make it more likely

- Not getting enough sleep is the single strongest trigger. A short night tonight tends to buy an episode tomorrow night.
- Fever, illness, pain, a full bladder, noise, and travel across time zones all push deep sleep to break apart.
- Untreated sleep apnea or restless legs keeps jolting your child out of deep sleep, so these should be checked for.
- In adults, alcohol and certain sleeping pills such as **zolpidem** can bring on the very same behavior.

## What to expect

- Most children grow out of this by their teens without any treatment at all. The episodes simply stop happening.
- Better and longer sleep alone cuts how often episodes happen. That is the first thing to work on, before anything else.
- Medicine is rarely needed and is saved for frequent episodes or a real risk of injury, not for how scary it looks.
- If it starts for the first time in adulthood, that deserves a proper sleep evaluation rather than watchful waiting.

## What helps

Treatment works. Most people get better.

### Talking therapies

- The most useful thing is knowing what this is. Most families feel a lot better once they know it is harmless and outgrown.
- **Scheduled awakenings** work well when episodes are predictable: gently rouse your child 15 to 30 minutes before the usual time.
- Keep your own reaction calm. Your child reads your worry the next day, even without any memory of the night.
- For adults, **hypnosis** and **CBT-I**, the talk therapy for insomnia, both have good track records with these episodes.
- Handle stress in the daytime with routine, talk, and wind-down time. Daytime stress shows up as nighttime episodes.

### Medicines

- Most children never need any medicine. Fixing sleep, treating fevers, and safety-proofing the house is the real treatment.
- **Melatonin** is sometimes tried in children. It is generally safe, though the proof that it stops episodes is thin.
- **Clonazepam**, a calming medicine taken at bedtime, is the one most often used when episodes are frequent or dangerous.
- Some **antidepressants** at low doses help adults whose episodes keep going despite good sleep habits.
- Ask about stopping any sleeping pill that may be causing this. Your prescriber sets all dosing decisions with you.

### Everyday things that help

- Safety-proof first: lock or alarm outside doors and windows, block stairs, and keep the floor clear of clutter.
- If there are firearms in the house, lock them away. Sleeping on the ground floor also removes a lot of risk.
- Do not shake your child awake. Speak softly, guide them gently back to bed, and let them settle back into sleep.
- Protect the sleep schedule hard. A steady bedtime and enough hours cut episodes more than anything else you can do.
- Keep a simple log of dates and times. If a pattern shows up, scheduled awakenings become easy to aim.

## Get help right away if

- If your child snores loudly or seems to stop breathing in sleep, ask for a sleep apnea check.
- Brief, identical, repeating episodes many times a night need a check for seizures.
- For any injury, or if anyone is thinking of ending their life, call or text **988** or go to the ER.

## Questions to ask your care team

- *Does my child need a sleep study, or can we just watch and wait?*
- *How do I make our home safe without locking my child in a room?*
- *Could snoring or restless legs be triggering these episodes?*
- *At what point would you consider a medicine for this?*

# Where this information comes from

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**NOTE**

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.