



The non-REM Parasomnias

Sleepwalking and night terrors are behaviours that occur during sleep and are known as parasomnias. Both sleepwalking and night terrors occur during the slow wave sleep part of non-REM sleep.

Surveys suggest that two to three children in 100 sleepwalk often and approximately five in 100 children sleep walk sometimes. Many will “grow out of it” by young adulthood but, for some people, it will continue for most of their life.



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Non-REM Parasomnias Sleepwalking & night terrors



WHAT IS SLEEPWALKING?

Sleepwalking and other non-REM parasomnias represent a “limbo” between wake and sleep. During these events some parts of the brain are awake, whilst others remain asleep.

Sleepwalkers tend to move about in their slow wave sleep (also known as deep sleep). They may get out of bed and sometimes even leave the house. Sleepwalking usually occurs early in the night, lasts for just a few minutes at a time, and may occur up to three or four nights per week. However, some people sleep walk for longer periods or less often. When it is over, most people are able to remember very little of what they did, if anything at all. Usually, sleepwalking starts in childhood, becomes less common as a teenager and stops as a young adult. However, for some people, it may continue for most of their life.

WHAT CAUSES SLEEPWALKING?

Certain genes have been implicated in sleepwalking and many sleepwalkers will recount that other family members have also sleepwalked. Sleep deprivation, having irregular sleep hours, stress, some medication particularly antidepressants and sleeping tablets such as zolpidem and zopiclone can increase the likelihood of sleepwalking. In addition, medical conditions such as obstructive sleep apnea (OSA) and periodic leg movements syndrome (PLMS) can act as triggers to bring on bouts of sleepwalking. If you are prone to sleepwalking, then noise that disturbs your sleep can also make you sleepwalk and act as a trigger. However, commonly a cause cannot be found.

HOW COMMON IS SLEEPWALKING?

In adults, three or four in 100 say that they have sleepwalked at least once in their lives, but only four in 1000 are still sleepwalking. Of those who sleepwalked as a child, less than a quarter continue to do so as adults. Some people may stop sleepwalking after childhood, but it may come back if they are unwell or stressed.

HOW DOES SLEEPWALKING AFFECT PEOPLE?

If sleepwalkers wake up suddenly, they may be confused. Sometimes they may not be able to quickly go back to sleep. This will prevent the sleepwalker from having a good night's sleep and make them tired during the day. Sometimes an injury may occur by bumping into objects or leaving the house. However, injuries are less common than you might expect, given the number of people who sleepwalk.

If a family member is sleepwalking, don't try to wake them up. They may thrash out. Try to guide them back to bed again.

HOW IS SLEEPWALKING TREATED?

In a child, sleepwalking may just be part of growing up. Parents should be able to comfort the child and direct him/her back to bed after they sleepwalk. With time, they tend to grow out of it. In adults who sleepwalk, it is important to have good sleep habits and avoid priming and trigger factors as described above. This may reduce the frequency of sleepwalking. Very occasionally, adults will require medication to be prescribed by a sleep specialist for their sleepwalking, most commonly clonazepam. The sleep specialist may also consider bringing you in for a sleep test (polysomnography) to rule out certain trigger factors such as OSA and PLMS.

WHAT COULD YOU DO TO HELP WITH SYMPTOMS?

There are ways to make sleepwalking occur less often by concentrating on good sleep habits, and avoiding sleep deprivation. Try to reduce your stress levels. Stay away from caffeine and other stimulants before bedtime. Try to stay safe when you sleepwalk. Secure windows and try to minimise as many potential hazards in the bedroom as possible. Baby monitors can also be useful so others can hear you if you start moving around at night.

WHAT ARE NIGHT TERRORS?

Night (or sleep) terror disorder means very strong feelings of terror and panic during sleep. You have them while you are in slow wave sleep. They tend to happen fairly soon after going to sleep. Two thirds of the time, they are in the first period of deep sleep. Night terrors are not the same as nightmares which are vivid dreams during REM sleep.

As night terrors occur during slow wave sleep (like sleepwalking), there is very little recall. A person going through a night terror might make noises, scream, move their body and have tremors and sweats. People who have night terrors often sleepwalk as well. Priming factors and triggers are similar to those as sleepwalking. It is not uncommon to find adults still continue to have night terrors.

HOW DO NIGHT TERRORS AFFECT PEOPLE?

Night terrors can wake you up suddenly. You might feel confused. The quality of your sleep is worse. Every now and then it can lead to problems going back to sleep. People who have sleep terrors may not get enough sleep. This can make them not function as well during the day. Family members of those who have night terrors describe the events as disturbing, particularly to their sleep as well.

HOW ARE NIGHT TERRORS TREATED?

In children, parents should be able to comfort or send their child back to bed after a night terror. As time goes on, they usually stop by themselves. In adults, a sleep specialist will likely want to undertake a sleep study to rule out OSA and PLMS as triggers.

Like sleepwalking, its important to avoid stress by undertaking relaxation therapy and have good sleep habits with the aim of reducing the frequency of episodes. Also avoid stimulants. Some specialists try medication such as clonazepam in severe cases.

To find out more, go to www.woolcock.org.au/clinic.