Sleep Terrors and Sleepwalking
Common Parasomnias of Childhood

Parasomnias are disorders of sleep and are commonly described as complex behaviors that usually happen during partial arousals from slow-wave sleep.

This means that the child was in a deep sleep and became partially awake but not fully conscious. Two common parasomnias that affect children are sleep terrors and sleep walking. Sleep terrors are also called night terrors. Often the child will be partially awake and cry or scream, as well as have bodily reactions of intense fear such as a racing heartbeat or sweating. Children may have a terrified or glassy-eyed look. Some children thrash around and kick during episodes. In some cases, it may take a few minutes for the child to recognize the parent. For many children, it takes time to calm down after these episodes. Most often, the child will not remember the night terror the next morning. Night terrors are not nightmares caused by a bad dream.

A study in this month’s JAMA Pediatrics found that the most common age for sleep terrors was 1.5 years, with about 35% of children experiencing sleep terrors at that age. However, sleep terrors were common overall as they occurred at least once in about 56% of all children and were found to occur up to age 13 years.

Sleepwalking is a common condition in children. A sleepwalking child is often described as not knowing where they are, having slow speech, and having a delayed response to questions or requests. Some children will get dressed, wander around their rooms, or go to the refrigerator. The most common age for sleep walking is 10 years, and about 14% of children have experienced sleepwalking at this age. Overall, about 29% of children experience sleepwalking at least once during childhood. Children whose parents had been sleepwalkers are more likely to develop it themselves.

Similarities between sleep terrors and sleepwalking include that (1) they lead to children being less responsive to parents while they are in the episode; (2) they often lead to the child being confused about what happened when they are awake; (3) they can be worsened by certain factors including sleep deprivation, noise, fever, stress, and certain medications; and (4) these 2 conditions may be connected, as about one-third of the children who had night terrors had sleepwalking later on.

What Parents Can Do
During a sleep terror, parents should remain calm. The episode is usually more frightening for the parent than for the child. Do not try to wake your child. Make sure your child cannot hurt himself or herself and try to keep your child in bed and safe. Be sure to tell other caretakers, such as family or babysitters, how to handle the sleep terrors if you are not there.

If your child is sleepwalking, do not try to wake him or her. Gently guide your child back to bed. If you are concerned about your child’s sleep, try keeping a sleep diary. Record where your child sleeps, how much sleep he or she gets at night, how often sleep is disturbed, and length of daytime naps and share this information with your pediatrician.

FOR MORE INFORMATION
https://www.healthychildren.org/English/ages-stages/preschool/Pages/Nightmares-and-Night-Terrors.aspx

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Resource: From the American Academy of Pediatrics: Nightmares and Night Terrors in Preschoolers

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