



MIDDLEBORO PEDIATRICS

2 LAKEVILLE BUSINESS PARK, LAKEVILLE, MASSACHUSETTS 02347 TEL (508) 947-0630 FAX (508) 947-0639
MARTIN A. GROSS, MD, FAAP HILARY A. WELLAND, MD, FAAP AARON D. BORNSTEIN, MD, FAAP CAROLINA P. GAPUD, MD, FAAP
FIONA E. PAUL, RN, PH.D., CPNP AMY C. HATCH, RN, CPNP MEREDITH M. RUBINI, RN, CPNP

DEALING WITH NIGHT TERRORS AND SLEEPWALKING¹

By Barton D. Schmitt, M.D.

Night terrors and sleepwalking are inherited conditions that occur during deep sleep. They usually occur no more than once per night and within two hours of bedtime. Although they can be frightening and distressing for parents, they usually are not harmful to the child and disappear as the child grows older. Here are some strategies you can use to deal with these conditions.

NIGHT TERRORS

THE PROBLEM

Your child, usually between 1 and 8 years of age, has dreams during deep sleep from which it is difficult to awaken. He is frightened but cannot be awakened or comforted. He is agitated and may sit up in bed or run about, possibly screaming or talking wildly.

He doesn't appear to realize that you are present even though his eyes are wide open and staring. He may mistake objects or persons in the room for dangers. Each episode lasts from ten to 30 minutes and ends of its own accord in calm sleep. The child cannot remember it in the morning.

THE CAUSE

Night terrors are an inherited disorder and are not usually caused by psychological stress. They occur in 2% of children and generally disappear by 12 years of age or sooner.

THE SOLUTION

Try to calm your child. The goal is to help him return to a calm sleep. You won't be able to awaken him, so don't try. Turn on the lights so that your child is less confused by shadows. Make soothing comments such as, "You're all right. You're home in your own bed. You can rest now." Speak slowly and repetitively. Such comments are usually better than silence.

Some children like to have their hands held during this time, but many pull away. Hold your child only if it seems to help him feel better. There is no way to shorten the episode abruptly. Shaking or shouting will only make your child more agitated and prolong the attack.

Protect your child against injury. During a night terror, a child can fall down a stairway or run into a wall. Try to direct your child back to bed gently.

Prepare baby-sitters or adults who supervise an overnight for these episodes. Explain to people who care for your child what a night terror is and what to do if one happens. Understanding this will prevent caretakers from overreacting if your child has a night terror.

Help your child discuss any fears that come to your attention. If you become aware of fears that may be contributing to the night terrors, help your child to talk about them. Although psychological stress is not a common cause of night terrors, your child may have a sudden flurry of episodes because of a change in his life that is frightening to him. Clues can be found by considering what frightens your child during the daytime.

Try to prevent episodes with prompted awakenings. If your child has frequent night terrors, Dr. B. Lask of London has found a way to change this distressing sleep pattern.² For several nights, note how many minutes elapse from the time your child falls asleep to the onset of the night terror. Then awaken your child 15 minutes before the expected time of the episode. Keep him standing and talking for five minutes. Carry out these prompted awakenings for seven consecutive nights. If the night terrors return,

repeat the seven-night program. Another important preventive measure is to try to make sure your child gets enough rest. Fatigue can increase the frequency of night terrors.

SLEEPWALKING

THE PROBLEM

Your child, usually between 4 and 15 years of age, walks while asleep. His eyes are open but blank, and he is not as well coordinated as when he is awake. He may perform semipurposive acts such as dressing and undressing, opening and closing doors, or turning lights on and off. The episode may last five to 20 minutes, during which you cannot awaken your child no matter what you do.

THE CAUSE

Sleepwalking is an inherited tendency. Around 15% of normal children sleepwalk. They stop when they reach adolescence.

THE SOLUTION

Gently lead your child back to bed. First steer him into the bathroom because he may be looking for a place to urinate. Then guide him to the bedroom.

Once he's in bed, the episode may end. Don't expect to awaken him before he has returned to normal sleep, however.

Protect your child from accidents. Although accidents are rare, they do happen, especially if

the child wanders outside. Sleepwalkers can be hit by a car or bitten by a dog, or they may get lost. Put gates across stairways and special locks on the outside doors above your child's reach. Don't allow your child to sleep in a bunk bed.

Help your child avoid exhaustion. As with night terrors, fatigue can lead to more frequent sleepwalking. So be sure your child goes to bed at a reasonable hour, especially if exhausted or ill.

Try a prevention program. For frequent sleepwalking episodes, you might try the prompted awakening technique described for night terrors.

Call our office during regular hours if:

- # Any drooling, jerking, or stiffening occurs during an episode.
- # Episodes occur two or more times per week after doing the seven prompted awakenings.
- # Episodes last longer than 30 minutes.
- # Your child does something dangerous during an episode.
- # Episodes occur during the second half of the night.
- # Your child has several daytime fears.
- # You feel family stress may be a factor.
- # You have other questions or concerns.

DR. SCHMITT is Director of Consultative Services, The Children's Hospital, Denver, and Professor of Pediatrics, University of Colorado School of Medicine.

1. Adapted from Schmitt, BD: *Your Child's Health*, New York, Bantam books, Inc., 1987.

2. Lask, B: Novel and nontoxic treatment for night terrors. *Br Med J* 1988; 297: 592