

Parasomnias

Parasomnias are common in children and can include sleepwalking, confusional arousals and sleep terrors.

What are parasomnias?

Parasomnias are usually benign (not harmful) sleep behaviors that are common in children. During a parasomnia, a child's brain is asleep, but body is awake. Parasomnias almost always occur within 1 to 3 hours after falling asleep, last 5 to 40 minutes, and children have no memory of these events. They usually occur in preschool-aged and elementary school-aged children. Most children outgrow parasomnias by adolescence.

What types of behavior might I see in my child?

There can be different types of parasomnias including sleepwalking, confusional arousals, and sleep terrors. It is common for a child to have more than one type of parasomnia, and they may not all look the same. They can also change over time.

During a parasomnia, your child may appear awake but is really asleep. A child may have their eyes open, but appear confused or dazed, and mumble or gives inappropriate answers to questions. A sleepwalker will get out of bed and is often clumsy. They may perform bizarre or strange actions such as urinating in a closet. During a confusional arousal, a child will stay in bed but may sit up or thrash around. A child having a sleep terror, or night terror, will often appear frightened or panicked. They may cry out or scream. Sleep terrors are not nightmares, a child is not dreaming during these events.

What causes parasomnias?

We do not know what exactly causes parasomnias, but they are very common in childhood. Anything that interrupts sleep is likely to trigger a parasomnia. There are certain things that make it more likely for someone who is prone to parasomnias to have an episode. These include:

- Not getting enough sleep
 - An irregular sleep schedule
 - Fever or illness
 - Some medicines
 - Sleeping with a full bladder
 - Sleeping in a different environment
 - Sleeping in a noisy environment
 - Stress
 - Family history of parasomnia
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To Learn More

- Sleep Disorders
206-987-5072
- Ask your child's healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

How should I respond to my child's parasomnias?

Keep your child safe. The most important thing that you can do if your child has parasomnias is to keep them safe. Make sure that all outside doors are locked at bedtime. Put up gates at the door of your child's bedroom and at the top of stairs. An alarm can signal you when your child is up and about, and help to ensure that he does not leave the house. Any type of alarm will do, from a fancy and expensive home alarm to a simple bell hung on the door. Be sure the windows, especially second story or higher, do not open wide enough that your child can jump out. Finally, remove things that are in the way. If your child may walk or run around during a parasomnia, clear away anything that he can step on or trip over.

- **Don't wake your child.** Generally, nothing is gained by trying to awaken a child during a parasomnia, and sometimes doing so can make a child more agitated.
- **Guide your child back to bed.** To encourage return to normal sleep, guide your child gently back to bed. If he resists, let him be.
- **Try not to interfere too much.** The normal response of parents is to try and comfort their child during one of these episodes. Try to resist doing this. Most children will just get more agitated. However, if your child is about to come to harm, be sure to keep him safe even if he fights you.
- **Ensure enough sleep.** Increase the amount of sleep that your child is getting and try to not let him become sleep deprived. These events are much more likely to happen when your child does not get enough sleep.
- **Maintain a regular sleep schedule.** Parasomnias are more likely to happen on nights when your child goes to sleep at a different time than usual.
- **Don't discuss parasomnias the next day.** The morning after an event, do not make a point of discussing the episode with your child. Discussing the event is likely to worry them. However, if they bring it up, simply reassure them.
- **Additional treatment.** In most cases, parasomnias require no treatment. However, in severe cases, when these behaviors involve injury, violence, or serious disruption to the family, treatment may be necessary. Treatment may include medicine or behavior modification techniques.