

FUN FACTS:

SLEEPWALKING WAS FIRST USED AS A DEFENCE IN A MURDER CASE IN 1846, WHERE THE JURY FOUND THE MAN NOT GUILTY!



-Sleepwalking lasts as little as 30 seconds or as long as 30 minutes

-Sleepwalking has been described in medical literature dating before Hippocrates (460 BC-370 BC)

For more information or if you have any further concerns please contact one of the following:

American Sleep Disorders Association
1 Westbrook Corporate Center
Suite 920
Westchester, IL, 60154
(708) 492-0930
www.asda.org

National Sleep Foundation
1522 K Street, NW
Suite 500, Washington, DC 20005
(202) 347-3471
www.sleepfoundation.org

American Sleep Association
110 W. 9th Street Suite 826
Wilmington DE 19801
www.sleepassociation.rog

SLEEPWALKING

THE LOWDOWN...



INSIDE:

THIS BOOKLET CONTAINS INFORMATION ABOUT SLEEPWALKING AND PROVIDES ADVICE FOR WHAT YOU CAN DO AND WHERE TO SEEK HELP.
HAPPY READING...

SLEEPWALKING: AKA SOMNAMBULISM

DEFINITION: WHEN A PERSON APPEARS TO BE AWAKE AND MOVING AROUND WITH OPEN EYES, BUT IS ACTUALLY ASLEEP.

FACT: SLEEPWALKERS HAVE NO MEMORY OF THEIR ACTIONS

WHEN: OCCURS EARLY ON IN THE NIGHT DURING DEEP NON-REM SLEEP, USUALLY STAGE 3 OR 4

WHO DOES IT AFFECT: SLEEPWALKING IS MOST COMMON IN CHILDREN AGES 4-6, USUALLY DISAPPEARS IN ADOLESCENCE. IT APPEARS TO RUN IN FAMILIES.

SLEEPWALKING CAN BE DANGEROUS BECAUSE PEOPLE ARE UNAWARE OF THEIR ACTIONS AND CAN INJURE THEMSELVES.

FACTORS THAT CONTRIBUTE:

GENETIC

I) SLEEPWALKING OCCURS MORE OFTEN IN IDENTICAL TWINS

II) SLEEPWALKING IS 10 TIMES MORE LIKELY TO OCCUR IF A FIRST-DEGREE RELATIVE HAS THE DISORDER

ENVIRONMENTAL

I) SLEEP DEPRIVATION

II) CHAOTIC SLEEP SCHEDULE

III) FEVER

IV) STRESS

VI) MAGNESIUM DEFICIENCY

VII) ALCOHOL

PHYSIOLOGICAL

I) LENGTH AND DEPTH OF SLOW-WAVE SLEEP (GREATER IN YOUNGER CHILDREN)

II) CONDITIONS SUCH AS PREGNANCY OR MENSTRUATION

Symptoms:

- ◆ Eyes are usually open, but pupils are not extended (a common stereotype depicted in movies/pictures etc).
- ◆ Sufferers are often clumsy or dazed in their actions.
- ◆ Responses are slow and lacking in coherence. If the person goes back to sleep without waking up, they are unlikely to remember the event in the morning.

Treatment at home:

- ▶ get adequate sleep
- ▶ meditate or do relaxation exercises
- ▶ keep a safe sleeping environment, removing any dangerous articles from close proximity
- ▶ avoid any kind of stimuli before bed
- ▶ sleep in a bed on the ground floor to avoid a fall and avoid bunk beds!
- ▶ lock the doors/windows
- ▶ put an alarm on the bedroom door

Medical help:

- Benzodiazepines or tricyclic antidepressants have proven useful.
- Medications are often stopped after 3-5 weeks without a recurrence. Be sure to remember that symptoms may increase slightly just after the discontinuation!

Other therapies:

- Behavioral therapists or hypnotists can help with relaxation techniques and mental imagery
- Anticipatory awakening: wake the person approximately 20 minutes before their usual sleepwalking time and keep them awake throughout the time during which the episode normally happens

• Sleepwalking, night terrors and confusional arousals are related, common Non-REM disorders tend to overlap with some symptoms so make sure you consult a professional to find out exactly which one you may have.

Other conditions that often accompany sleepwalking are:

- Sleep apnea (short periods when breathing stops during sleep)
- bedwetting
- night terrors

Prevention:

- 1) limit stress
- 2) avoid alcohol intake
- 3) avoid sleep deprivation