

SLEEPWALKING

Do you know what you did last night?



SLEEPWALKING

a parasomnia characterized by episodes of motor activity during sleep, such as sitting up in bed, rising, and walking. The afflicted often appears awake because his/her eyes are wide open. The afflicted can maneuver around objects and perform simple to complex tasks while remaining completely unconscious. Sleepwalking is also known scientifically as Somnambulism or Noctambulism, which literally translates to “walking while asleep”.



MEDICATIONS (continued)

- Medications effective on sleepwalkers include: Tricyclic antidepressants, Amitriptyline, Nortriptyline, Benzodiazepines, Clonazepam, Melatonin, and short-acting tranquilizers.
- “These drugs inhibit chemical processes associated with sleep regulation, which may or may not result in fewer episodes of sleepwalking.”

WANT MORE INFORMATION?

sleepeducation.com
yourtotalhealth.ivillage.com/sleep
www.healthline.com
emedicine.medscape.com
sleepnet.com
www.aasmnet.org

Mayo Sleep Center | 800.446.2279

Talk to your physician about any trouble you may have sleeping. Even if he/she cannot help you immediately, they may be able to direct you to a sleep specialist or another useful resource.

WHO SLEEPWALKS?

- Sleepwalking can occur at any age, but is more common in children than adolescents or adults, specifically in those between the ages of 6 and 12 years.
- About 18 percent of children in the United States are prone to sleepwalking.
- **Family History:** Sleepwalking occurs more frequently in monozygotic twins and is 10 times more likely if a first-degree relative has a history of sleepwalking.
- **Sex:** Sleepwalking is more common in boys than girls.
- **Race:** to date, no discrepancies in sleepwalking rates have been found.*
- Individuals who begin sleepwalking as adults have been noted to have more complications than children.
- It has been reported that if a child continues to sleepwalk after the age of 9, the incidence of sleepwalking in adulthood increases by 75 percent, as compared to those whose sleepwalking activity ceases before the age of 9.
- Fortunately, the incidence of sleepwalking decreases with age.

*However, this may be due to a lack of cross-cultural research.

DID YOU KNOW?

- Sleepwalking has been recognized as a condition for centuries. Shakespeare’s famous play *Macbeth*, written in the early 1600s, features a sleepwalking scene where Lady Macbeth unconsciously reveals classified information to some bewildered bystanders.

SYMPTOMS

AND HOW TO TREAT THEM

Sleepwalking is not a mental disorder and should not be treated as such.

A common misconception is that sleepwalkers cannot be injured during an episode. This is false. Sleepwalkers are frequently injured in their episodes.

PREVENTATIVE METHODS

- Relaxation techniques and mental imagery may be effective, but if only undertaken with professional guidance.
- Prevent the afflicted from sleep deprivation, which could trigger a sleepwalking episode.
- Keep sleepwalker away from alcohol, stress and exposure to fever.
- Locate bedroom of sleepwalker on a main floor, if possible.
- Place an alarm, bell or motion detector on doors; lock and cover windows, and remove hazardous or sharp objects from the sleepwalker's reach.
- Anticipatory awakenings: a method in which the sleeper is roused 15 minutes preceding episode, and kept awake for the duration of an typical episode. 1-4 weeks of this treatment may diminish or eliminate symptoms.

If injury is a common occurrence, unusual symptoms appear, behavior causes significant social disruptions or sleepwalker is excessively sleepy, all after trying non-pharmacological measures, medication may be necessary.

-Continued on Back-

WHAT YOU SHOULD KNOW ABOUT SLEEPWALKING

As characterized by the following symptoms:

- A sleepwalker is difficult to arouse during an episode of sleepwalking
- Episodes of sleepwalking occur during stage 3 or stage 4 sleep
- Sleep talking that occurs is nonsensical
- Sleepwalkers almost always experience amnesia following an episode; they will not remember their actions at all.
- Actions range from sitting up or quietly walking about the room to running or attempting to "escape", and may also include highly complex activities such as moving furniture, going to the bathroom, and dressing or undressing. Rarely, people may drive a car while asleep.
- The sleepwalker's eyes are may be open and glassy during their roam, giving them an dazed but "awake" appearance.
- Sleepwalking spells may be brief (a few seconds or minutes) or they can last 30+ minutes. If undisturbed, sleepwalkers will go back to sleep, but possibly in different, unusual place (ie, the front lawn).
- Some sleepwalkers exhibit strange, repeated behaviors (ie, straightening out pajamas or flailing wildly) in place of getting up and walking.
- In rare cases, aggressive behavior may occur spontaneously or be elicited from the sleepwalker as a result of being awoken.

DIFFERENTIAL DIAGNOSIS

Sleepwalking, sleep terrors, and confusional arousals are all common non-REM sleep disorders that tend to overlap in some of their symptoms. Although these and other psychiatric or medical disorders can be present, and carry similar symptoms, they mainly just do not account for the walking around. Sleepwalking can sometimes be a predictor for other disorders. For example, in the elderly demographic, sleepwalking may be a symptom of organic brain syndrome and some REM behavior disorders.

Like sleepwalking, confusional arousals and sleep terrors occur during sleep stages 3 and 4. Sleep terrors differ from sleepwalking because they occur as often in naps as nighttime rest and are characterized by a sudden start from sleep, accompanied by a sense of fearfulness and observable physiological distress (ie dilated pupils). The individual may even cry out. Similar to sleepwalking, Confusional arousals also involve post-disorder amnesia. Confusional arousals also involve sudden, violent arousal but behaviors seem semi-purposeful and less often involve walking around. The biggest difference is that Confusional arousals speech is generally coherent; sleep talking during somnambulism is not.