

# SLEEPWALKING

## Treatment

If you believe you or someone else close to you has somnambulism, most likely the episodes will disappear with time and no treatment will be necessary. However if the person has episodes so frequent that they negatively affect the person's life, injure themselves or others during an episode, or are at all violent while asleep, you should consult a sleep specialist.

There are also some precautions you can take yourself if you or someone you are close to is a sleepwalker:

- Make sure you get plenty of sleep
- Put an alarm or bell on doors to alert others if the sleepwalker is trying to leave the house
- Lock the doors and windows.
- The sleepwalker's room should be on the ground floor to avoid falling.
- Keep sleeping area free of sharp or harmful objects
- Avoid audio or visual stimulants around bedtime
- Mediate before bedtime to relax.

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If you have tried all the precautions and the sleep walking episodes are still problematic, you should go to a sleep specialist. The doctor may temporarily prescribe medicine such as estazolam or Clonazepam. Other therapy is sometimes used such as relaxation techniques or mental imagery stimulation. In order to prevent an increase in episodes, avoid sleep deprivation and excessive alcohol intake and limit stress.

For those who think they have they have somnambulism or know someone else who may be suffering from the disorder contact the American Sleep Disorders

Association:

Phone: (708) 492-0930

1 Westbrook Corporate Center

Suite 920

Westchester, IL, 60154

Webpage: [www.asda.org](http://www.asda.org)

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Alysha Shivji



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## Background

Sleepwalking is one of the most common and well known of all the parasomnias. The scientific name for the disorder is somnambulism. It has been around for centuries, but has only been seriously researched and diagnosed in the past century. Simply sleepwalking behavior is described as accomplishing complex behaviors during sleep.

This disorder is most prevalent in young adolescence and middle childhood. It affects about 15% of people between ages four through twelve. The problem is usually resolved by late adolescents, but 10% of all sleepwalkers begin having episodes while they are teenagers.

Sleepwalking most commonly occurs not long after the onset of sleep during stage three and four of non-rapid eye movement (NREM) sleep. Usually after the sleepwalker is awoken, they have no memory of the actions they carried out while asleep.

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## Causes



Some scientists have hypothesized that the length and depth of slow wave sleep may correlate with the frequency of sleepwalking. This goes off the idea that younger children are more frequent sleepwalkers and are also known to have longer and deeper slow wave sleep. Menstruation and pregnancy have also been known to increase the frequency of sleepwalking episodes in sleepwalkers.

Taking certain drugs such as sedatives, narcoleptics, tranquilizers, antihistamines, and stimulants can

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## Causes, Symptoms

potentially cause sleepwalking in some people. Other common problems such as sleep deprivation, unusually sleep schedules, alcohol intoxication, fever, or even stress can trigger sleepwalking. There is also a genetic factor involved in the causation of sleepwalking. A person is ten times more likely to be diagnosed with somnambulism if a first-degree relative also has the condition.

Sleepwalkers do not walk around with their eyes closed with their hands held out in front of them as in shown in many movies. Instead, the sleepwalker usually has open, but glassy eyes and roams around their room or house. If they respond to any questions, their answers are usually simple thoughts are complete nonsense. They are sometimes dazed or clumsy when completing tasks.