

SLEEPWALKING

Sleepwalking consists of unusual, complex behavior occurring usually, but not exclusively in the first third of the night when individuals are in the deepest stages of sleep. Individuals who sleepwalk may make body movements in bed, sit up, or may get out of bed and walk around or out of the bedroom. During a sleepwalking episode the sleepwalker may appear confused or disorientated, stare with glassy eyes, and when spoken to, may or may not respond with appropriate phrases. Occasionally sleepwalkers may urinate or defecate in inappropriate places. Individuals who sleepwalk may injure themselves by running into walls, falling through glass windows, or tumbling down stairs. Rarely, sleepwalkers have even left their homes resulting in very dangerous situations with deadly consequences. Sleepwalkers usually do not remember the events associated with sleepwalking, but may have a vague memory of a dream in which they feel they were playing an active role.

It is estimated that sleepwalking occurs in 1-15% of the population. Sleepwalking often is observed in children who usually outgrow it, but occasionally this nighttime behavior may persist or recur in adulthood. Less frequently, sleepwalking may initially present in the middle-aged or in the elderly. For this latter group of patients, they may actually be suffering from another sleep disorder, and not sleepwalking.

Sleepwalking is typically an inherited disorder, with a strong family tendency. It is not a psychological disorder, but the sleepwalking behavior may occur more frequently when patients are under stress. It may also be worsened by sleep deprivation, irregular sleep habits, certain medications, depression, or by other sleep disorders such as sleep apnea or periodic limb movements.

Although the diagnosis of sleepwalking may be made from descriptive information obtained from family members, other disorders may mimic sleepwalking. Some of the sleep disorders that may be mistaken for sleepwalking include REM (dream) sleep behavior disorders, nighttime seizures, or sleep-drunkenness. In the less obvious cases, therefore, a sleep study with a videotape recording may be indicated to accurately characterize the behavior, especially if other sleep disorders are thought to be present.

Therapy is focused on treating any factors that may be causing this behavior. In most children, it is usually sufficient to follow proper sleep habits, especially ensuring adequate sleep time. In the minority of children who sleepwalk, but more often in adults, psychological evaluation for underlying emotional disturbances may be necessary. For those sleepwalkers who have psychosocial stresses, stress reduction therapy using biofeedback, progressive relaxation, or hypnotism may be helpful. Other interventions may include treatment of depression, sleep apnea, periodic limb movements, or discontinuation of medications that may be causing the sleepwalking events.

When sleepwalking behavior is frequent, impacting on daytime functioning, or placing the individual at risk of injury, then treatment should include using medications. Medicines are usually very effective in completely eliminating, or at least greatly reducing sleepwalking behavior.

Sleep Walking Continue...

In sleepwalkers of all ages, it is very important to ensure that the sleep environment is safe to prevent injury in the sleepwalker. Here are a few tips:

1. Remove anything from the bedroom and house that could be hazardous to the sleepwalker.
2. If possible, locate the sleepwalker's bedroom on the ground floor of the house.
3. Lock windows and sliding doors at night.
4. Cover all glass windows with heavy drapes or shades.
5. Place an alarm/bell outside the sleepwalker's bedroom door or on any door leading outside of the home. Photo sensor alarms in which the sleepwalker is not allowed to know the code is best.
6. When traveling, stay on the first floor of a hotel.

Because it is so common for children to occasionally sleepwalk, medical evaluation is usually not necessary. Parents should still make their child's sleep environments safe and encourage good sleep habits allowing for enough sleep. An evaluation by a sleep physician may be indicated if this behavior is recurrent, affecting the child in school, is associated with an injury or risk of injury, or the child's sleepwalking behavior does not match the description above. In adults, because this behavior is less common, and especially if the behavior was not present as a child, or if the sleepwalking behavior is frequent, an evaluation by a sleep specialist is recommended.