

### SLEEP TERRORS

Sleep terrors 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 experiencing sleep terrors may make body movements in bed, sit up, suddenly scream out and even run from the bed in a terrified state that is most frightening for the observer. During a sleep terror episode the individual may appear confused or disoriented, stare with glassy eyes, and when spoken to, will typically respond with inappropriate and even inaudible phrases. Individuals with sleep terrors may injure themselves, or others nearby, by running into walls, falling through glass windows, or tumbling down stairs. Individuals usually do not remember the events associated with the terror episode, but may have a vague memory of a dream in which they feel they were playing an active role.

Sleep terrors are relatively common in children. These same children may also be sleepwalkers. The children usually outgrow these nighttime activities, but occasionally their problems persist or recur in adulthood. Less frequently, sleep terrors appear for the first time as an adult. For this latter group of patients, especially if elderly, they may actually be suffering from a REM (dream) sleep behavior disorder or seizure activity, and not suffering from sleep terrors. Distinguishing these different disorders may require the expertise of a physician experienced in sleep medicine.

Sleep terrors are typically an inherited disorder, with a strong family tendency. As already mentioned, it is often seen in patients who also sleepwalk. It is important to emphasize that sleep terrors are not a psychological disorder, yet sleep terrors may occur more frequently when patients are under stress. More episodes also occur with sleep deprivation, irregular sleep habits, certain medications, depression, or from other sleep disorders such as sleep apnea or periodic limb movements.

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

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 with sleep terrors, but more often in adults, psychological evaluation for the underlying emotional disturbances may be necessary. For those individuals 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 sleep terror events.

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

## **Sleep Terrors Continued...**

In individuals of all ages, it is very important to ensure that the sleep environment is safe to prevent injury during a sleep terror episode. Here are a few tips:

1. Remove anything from the bedroom and house that could be hazardous.
2. If possible, locate the 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 individual's bedroom door or on any door leading outside the home. Photo sensor alarms in which the patient 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 experience sleep terrors, medical evaluation is usually not necessary. Parents should still make their child's sleep environment 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 sleep terrors are not similar to the typical behavior described above. In adults, because this behavior is less common, and especially if the behavior was not present as a child, or if the sleep terror episodes are frequent, an evaluation by a sleep specialist is recommended.