

Sleepwalking & Sleep Talking

Sleepwalking, also known as *somnambulism*, is a parasomnia that tends to occur during arousals from slow-wave sleep. It most often emerges in the first third or first half of the sleep period when slow-wave sleep is more common. Sleepwalking consists of a series of complex behaviors that culminate in walking around with an altered state of consciousness and impaired judgment.

Before walking the person often sits up in bed and looks about in a confused manner with eyes wide open. Sometimes the person immediately gets up and walks or even bolts from the bed running. The sleepwalker can be hard to awaken. Once he or she is awake, the person often is confused and has little recall of the event. The sleepwalking may end suddenly, sometimes in unusual or inappropriate places. In other cases the person may return to bed and continue sleeping without ever becoming alert.

Sleepwalking can involve strange, inappropriate and even violent behaviors. The person may walk out of the house or even climb out of a window. On rare occasions the sleepwalker may get in a car and drive. A sleepwalking child may walk quietly toward a light or to the parents' bedroom. Sleepwalking can be dangerous if the child walks toward a window or goes outside.

Sleep talking is a common sleep disorder that is classified as an isolated symptom. It can arise during any stage of sleep and can occur with varying levels of comprehensibility. The sleep talker tends to be unaware of the problem, but loud and frequent talking can disturb the sleep of the bed partner. At times the content of the talking can be objectionable and offensive to others.

Prevalence

- **Sleepwalking** occurs in as many as 17 percent of children and four percent of adults.
- **Sleep talking** occurs in half of young children and in about five percent of adults.

Risk groups

Sleepwalking tends to be a fairly normal part of a child's development, peaking by the age of eight to 12 years. When they were younger most children who sleepwalk had another parasomnia called *confusional arousals*. Sleepwalking is more common when one *parent* has a history of the disorder, and it is much more common if both parents were sleepwalkers.

Sleepwalking may occur in people who have other parasomnias such as *sleep terrors* or **REM sleep behavior disorder (RBD)**.

Sleepwalking may occur as a rare side effect of *medications* such as sleeping pills.

These factors also may cause sleepwalking:

- Sleep deprivation
- Hyperthyroidism
- Migraine headaches
- Head injuries or brain swelling
- Stroke
- Obstructive sleep apnea
- Other sleep disorders
- Travel or unfamiliar surroundings
- Stress
- The premenstrual period
- Alcohol

Sleep talking is extremely common in *children*.

In adults sleep talking may be related to parasomnias such as *RBD*, *sleep-related eating disorder (SRED)* or *sleepwalking*.

Effects

- Injury to self or others (*sleepwalking*)
- Disruption of others' sleep (*sleepwalking* and *sleep talking*)

Treatments

Because parasomnias often occur in healthy people, treatment for *sleepwalking* tends to be unnecessary. Sleepwalking that emerges in childhood often resolves as the child grows older. Treatment may be necessary if the sleepwalking persists into adulthood and involves behaviors that are potentially dangerous.

A change in medication may be required if sleepwalking results from using a drug. Most often this rare side effect occurs when patients fail to follow the instructions for taking their medication. Common mistakes include combining a medication with other drugs or with alcohol, taking the wrong dose, or taking the medication at the wrong time.

A treatment program may include the following strategies:

- **Sleep hygiene**
Educating the patient to avoid drugs, alcohol, and sleep deprivation, all of which may exacerbate the problem
- **Medications**
Using antidepressants or benzodiazepine sleeping pills to limit episodes and promote sleep
- **Cognitive behavioral therapy**
Providing the patient with effective, long-term strategies to overcome stress or anxiety

Sleep talking is rarely severe enough to require treatment. Severe sleep talking may be a sign of a more serious sleep disorder that would need to be treated. In extremely rare cases, medications may be used to treat sleep talking.

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