

Sleep Terrors

Sleep Terrors: (from Latin: pavor nocturnus) terror during and following partial arousals from sleep, most typically from the deep (NREM) stages of sleep. Also called Night Terrors, it is a parasomnia in which a person behaves in an extremely frightened and confused way because they are not fully awake or asleep. It is very common in children, although some adults experience them.

Features

This parasomnia has been labeled as one of three “classical” arousal disorders, along with Sleepwalking and Confusional Arousals because it occurs during the transition from sleep to wakefulness.

Sleep Terrors can be frightening to watch. Episodes arise dramatically after a cycle of deep sleep, usually in the first third of the night. Adult episodes tend to occur at any time during the sleep cycle.

The person typically sits up in bed with a loud “piercing” scream, sometimes followed by sounds or “words” that others do not understand. Their eyes may be wide open, skin may be sweaty, and heart racing. Kicking and thrashing are also common. Adults have been known to jump out of bed and run around the house. They are also prone to violent actions.

It is extremely difficult to awaken someone from an episode, or get them to respond to voices. Episodes last for an average of 5 to 15 minutes, but can last for one half hour or more. Upon awakening, some people can remember fragments of a dream or the fearful emotion, but most remember nothing of the experience. Residual confusion or fear may take time to overcome, especially for children.

Diagnosis

Sleep Terrors in children do not require medical intervention, unless their behavior becomes too aggressive for parents to manage. Adults with Sleep Terrors often have medical or psychiatric conditions that require evaluation.

Diagnosis begins with

a careful medical history to determine whether the episodes are secondary to another health condition, or a side effect of medication. Providing a two week sleep log of your sleep habits (or those of your child) and possibly video tapes will demonstrate the aggressive behavior to your doctor or sleep specialist. An overnight sleep study will be key to conclusively identifying this sleep disorder, which can look similar to sleepwalking and confusional arousals.

The sleep study involves an overnight polysomnogram, which records brainwaves, muscular activity and breathing during sleep. The sleep study may also record your sleep on videotape.

Treatment

Sleep Terrors in children tend to resolve on their own by the teen years. When secondary to another problem, such as Obstructive Sleep Apnea (OSA), terrors arise because sleep is being fragmented. Treating the underlying problem may then be enough to restore normal sleep patterns.

Behavioral Modification is an important part of treating both adults and children. Incorporating Healthy Sleep Habits will eliminate unnecessary interruptions during sleep.

Parents can take specific measures to ensure their child’s safety during an episode.

- > Keep in mind that your child will not likely remember the episode.
- > Respond in a calm, reassuring manner to avoid frightening her.
- > Try not to awaken your child.
- > Watch over your child until she returns to sleep.
- > Antidepressants or sleeping pills may be prescribed.



Do I Have Sleep Terrors?

I awaken at night with a loud scream, accompanied by intense fear and emotion.

I have performed actions upon awakening that could place myself

or others in danger.

My behavior during these episodes has been described as aggressive or hostile.

My behavior has also been described as inappropriate or not making sense.

I am confused upon awakening from these episodes.

I have little or no recollection of the experience.

This pattern of behavior occurs on a regular basis.

Sleep Terrors Mechanics

Sleep is divided into stages or degrees of sleep. The brain behaves differently during each sleep stage. Like other NREM Arousal Disorders, Sleep Terrors occur during stages 3-4 of NREM sleep, the deepest sleep.

Episodes of Sleep Terrors may look a lot like a bad nightmare. However, NREM sleep is not associated with much dreaming. Areas of the brain involved with strong emotion become "awakened" or activated, while other areas remain asleep. However, they are not activated enough to render the person fully conscious of the behavior, nor is the episode likely to be remembered.



Need more information?

Visit the SleepMedicine Education web site at: sleepmedicineeducation.com for additional publications. See also:

SleepIssues: "Things That Go Bump"

SleepGuides: "Treating Sleep Disorders"

To schedule an appointment at any Sleep Medicine Centers location, visit www.sleepmedicinecenters.com or call:

(716)92-DREAM

(877)53-SNORE

Did You Know?

According to the American Academy of Sleep Medicine, Sleep Terrors affects as many as 6.5% of all children, with an equal number of girls as boys.

A 2008 Canadian study found that a family history of Sleep Terrors increases a child's risk of developing them by 40%.

Sleep Terrors in adults is rare, affecting only about 2.2% of all adults and very few people over age 65.

SleepCaptions

Risks for Sleep Terrors

- ✓ Age (children and adults under 35)
- ✓ Rotating shift work
- ✓ Hyperthyroidism
- ✓ Encephalitis
- ✓ Premenstrual period
- ✓ Digestive bloating
- ✓ Fevers in children
- ✓ Sleep Deprivation
- ✓ Stress
- ✓ Bi-polar and depressive disorders
- ✓ Other sleep disorders
- ✓ The use of psychotropic medications
- ✓ Drug or alcohol abuse
- ✓ Being forced into wakefulness

Effects of Sleep Terrors

- ✓ Injury to oneself
- ✓ Injury to bed partner or others
- ✓ Destruction of nearby property
- ✓ Increasingly worse episodes



The Journal of Pediatrics reports that the prevalence of Sleep Terrors is greatest when a child is 5-7 years of age.

A 1999 Australian Study found that adolescents with Sleep Terrors and Sleepwalking had an increased prevalence of other sleep disorders.