CONDITION

Night terrors in children

Night terrors are sudden episodes of screaming, fear, and confusion during deep sleep.

WHAT IT IS
Partial awakening from deep sleep with intense fear

BODY SYSTEM
Nervous system and sleep

MAIN SYMPTOMS
Screaming, frightened appearance, confusion, difficult to wake

WHAT CAUSES IT
Incomplete arousal from deep sleep, often with triggers

HOW IT IS DIAGNOSED
Sleep history; sleep study when episodes are unusual

MAIN TREATMENT
Safety measures, regular sleep, and trigger management

CAN IT BE CURED?
Sometimes - most children outgrow them

IS IT AN EMERGENCY?
Sometimes - serious injury or breathing trouble

LONG-TERM OUTLOOK
Usually fades by adolescence without lasting harm

Overview

Night terrors are episodes in which a sleeping child may suddenly scream, sit up, thrash, or appear extremely frightened. The child is not fully awake, even if their eyes are open. They may not recognise you or respond to comfort in the usual way.

Night terrors are a type of parasomnia. This means an unwanted event or behaviour that happens during sleep. They usually occur during deep non-dream sleep, often within the first part of the night.

An episode can be upsetting to watch, but most night terrors are brief and do not harm the child. Children usually settle back into normal sleep and remember little or nothing the next morning.

Night terrors are different from nightmares. A child with a nightmare wakes fully, can usually

be comforted, and may remember the dream. During a night terror, the child remains partly asleep and may resist attempts to comfort or wake them.

Night terrors matter when they are frequent, disrupt sleep, cause injury, or could be confused with another condition, such as seizures or a breathing problem during sleep.

Symptoms

A night terror often starts suddenly. Your child may appear terrified even though there is no threat around them.

Typical features include:

Most episodes happen during the first few hours after falling asleep, when deep sleep is more common. They may last a few minutes, although some last longer. The child often lies down and returns to normal sleep without becoming fully awake.

Sleepwalking can occur with night terrors because both involve incomplete awakening from deep sleep. A child may get out of bed or move around without being aware of their surroundings.

Nightmares are more likely later in the night, during dream sleep. After a nightmare, a child usually wakes, recognises you, and can describe at least part of the dream.

- A loud scream, cry, or shout
- Sitting up, kicking, thrashing, or leaving the bed
- Fast breathing, a racing heartbeat, sweating, or flushed skin
- Open eyes with a blank, glassy, or frightened expression
- Confusion and difficulty recognising people
- Pushing away someone who tries to hold or comfort them
- Little or no memory of the event the next morning

Causes and risk factors

A night terror happens when the brain does not move smoothly from deep sleep into lighter sleep or wakefulness. Part of the brain becomes active while the child remains mostly asleep. This is why the behaviour can look purposeful even though the child is not fully aware.

There is not always a clear reason for an individual episode. Factors that can make night terrors more likely include:

Obstructive sleep apnoea means breathing repeatedly narrows or stops for short periods during sleep. Loud snoring, gasping, restless sleep, or daytime tiredness may suggest that breathing should be assessed.

Night terrors are not usually caused by frightening dreams, poor parenting, trauma, or a mental health condition. However, stress and anxiety can disrupt sleep and may contribute to episodes in some children.

- Not getting enough sleep
- An irregular sleep schedule
- Fever or illness
- Stress, excitement, or changes in routine
- Sleeping in a new or noisy setting
- Some medicines that affect sleep
- Other sleep problems, including obstructive sleep apnoea
- A family history of night terrors or sleepwalking

Diagnosis

Night terrors are usually identified from the pattern of events rather than from a single test. A healthcare professional may ask when the episodes occur, what your child does, how long they last, and whether your child remembers them.

A short video recorded safely on a phone can sometimes help. Do not delay protecting your child from injury in order to record an episode.

It can also be useful to keep a sleep diary for a few weeks. Record bedtimes, waking times, episodes, illness, missed sleep, snoring, and any recent medicine changes.

A physical examination may be used to look for problems that could disturb sleep. Further assessment may be appropriate if episodes are unusually frequent, happen mainly later in the night, involve repeated identical movements, or cause daytime difficulties.

An overnight sleep study is not needed for most children. It may be considered when the diagnosis is unclear or when a clinician suspects seizures, obstructive sleep apnoea, or another sleep disorder. A sleep study records features such as breathing, oxygen levels, heart rate, movement, and brain activity during sleep.

Treatment and management

Most children do not need medical treatment. Management focuses on keeping the child safe, supporting sufficient sleep, and dealing with triggers.

During an episode, stay calm and remain nearby. Do not shout, shake your child, or try to force them awake. Attempts to wake or restrain them can increase confusion and struggling.

Guide your child away from stairs, windows, furniture, or other hazards if this can be done safely. Speak quietly and use simple reassurance. Let the episode pass, then help them return to a safe sleeping position.

Steps that may reduce risk include:

A regular sleep routine may reduce episodes linked to tiredness. Aim for an age-appropriate bedtime and enough time for sleep. A calm wind-down period can help, especially after busy or stressful days.

If episodes happen at a predictable time, a healthcare professional may suggest scheduled awakenings. This involves gently waking the child shortly before the usual event, then allowing them to return to sleep. It is not needed for every child and works best when the timing is consistent.

Medicines are rarely used for childhood night terrors. A sleep specialist may consider them in severe cases involving frequent injury or major disruption, but the possible benefits and side effects need careful review. Any underlying sleep or medical condition should be treated on its own merits.

- Keeping floors and routes around the bed clear
- Securing windows and outside doors
- Using safety gates near stairs when appropriate
- Moving sharp or breakable objects away from the sleeping area
- Avoiding a top bunk if the child leaves the bed
- Telling overnight caregivers what usually happens and what to do

Complications

The main risk is accidental injury from falling, striking furniture, reaching stairs, or leaving the home. Safety precautions are especially important when episodes include sleepwalking.

Frequent events can disturb the sleep of other family members. They may also be associated with insufficient or disrupted sleep, which can affect mood, concentration, and daytime

behaviour.

Night terrors themselves do not usually cause brain damage. They also do not mean that a child has a psychiatric disorder. Persistent daytime anxiety, distress, or behaviour changes should still be discussed separately with a healthcare professional.

Prevention

Night terrors cannot always be prevented. They are linked to how a child's developing brain moves between sleep stages, and many children have episodes without an avoidable cause.

Reducing common triggers may help. Encourage a steady sleep schedule and enough sleep for your child's age. During illness, extra rest may be useful because fever and sleep loss can trigger episodes.

Try to identify patterns rather than making many changes at once. A sleep diary may show links with late nights, travel, stress, or an irregular routine.

Do not stop a prescribed medicine because of night terrors without medical advice. If episodes began after a medicine was started or changed, contact the prescriber for a routine review.

Living with it and what to expect

Night terrors may occur in clusters and then disappear for weeks or months. Their frequency can change with illness, missed sleep, travel, or stress.

Most children become less prone to them as their sleep system matures. Many outgrow night terrors by adolescence, although sleepwalking or related parasomnias can continue in some people. It is not possible to predict exactly when an individual child's episodes will stop.

Children are usually unaware of what happened and do not need a detailed account the next morning. A calm, simple explanation is enough if they ask. Avoid treating the event as misbehaviour or making the child feel embarrassed.

Families can usually continue normal routines, including holidays and sleepovers, with suitable safety planning. Let responsible caregivers know what an episode looks like, that the child may not recognise them, and how to keep the sleeping area secure.

When to get medical help

Arrange a routine appointment if the episodes:

Seek prompt medical assessment if movements are highly repetitive each time, episodes occur many times in one night, or your child remains unusually confused or unwell after waking. These features do not prove that seizures are occurring, but they deserve assessment.

Call emergency services if your child has serious trouble breathing, develops blue or grey lips or skin, has a serious injury, or cannot be roused after the event. Emergency help is also appropriate for prolonged or repeated seizure-like activity, such as rhythmic jerking or stiffening with loss of responsiveness.

During a typical night terror without these warning signs, the priority is quiet supervision and injury prevention. It is not usually necessary to seek emergency care.

- Happen often, become more intense, or regularly disrupt family sleep
- Cause daytime sleepiness, poor concentration, or behaviour changes
- Begin for the first time in an older child or continue into adulthood
- Lead to repeated falls, wandering, or minor injuries
- Include loud snoring, gasping, choking, or pauses in breathing
- Started after a new medicine or dose change
- Look different from typical night terrors or remain difficult to identify

Common questions

Should I wake my child during a night terror?

Usually not. A child having a night terror is still mostly asleep and may become more agitated if forced awake. Stay nearby, remove immediate hazards, and let the episode end. If your child wakes naturally, offer calm reassurance.

Does my child remember a night terror?

Most children remember nothing, or only a vague feeling. This is because night terrors arise from deep non-dream sleep rather than from a remembered nightmare.

Are night terrors caused by anxiety?

Not usually. Stress or anxiety can disturb sleep and may make episodes more likely, but night terrors are mainly caused by incomplete awakening from deep sleep. If anxiety is affecting your child during the day, it can be discussed separately.

Can night terrors be seizures?

Typical night terrors are not seizures. However, some nighttime seizures can look similar.

Repeated identical movements, several brief events each night, unusual stiffening or jerking, or confusion after full waking are reasons to seek medical assessment.

Why do night terrors happen at the same time every night?

Deep sleep follows a fairly regular pattern, especially early in the night. If your child reaches a partial awakening at a similar point in that pattern, the episodes may occur at a predictable time.

Will my child grow out of night terrors?

Most children do, often as their sleep patterns mature. Some continue to have occasional episodes or related sleepwalking. Frequent, unsafe, or persistent events should be reviewed rather than simply waited out.

Sources

- American Academy of Sleep Medicine, Sleep Education: Sleep Terrors
- NHS: Night terrors and nightmares
- Mayo Clinic: Sleep terrors - diagnosis and treatment
- Royal Children's Hospital Melbourne: Night terrors
- Leung AKC, Leung AAM, Wong AHC, Hon KL. "Sleep Terrors: An Updated Review." Current Pediatric Reviews. 2020;16(3):176-182