CONDITION

# Sleepwalking and children

Sleepwalking is a sleep condition in which a child partly wakes and moves around while still asleep.

**WHAT IT IS**
Partial waking with movement during deep sleep

**BODY SYSTEM**
Nervous system and sleep

**MAIN SYMPTOMS**
Walking asleep, blank stare, limited response, no memory

**WHAT CAUSES IT**
Incomplete arousal, inherited tendency, and sleep disruption

**HOW IT IS DIAGNOSED**
Episode history; overnight sleep study when features are unusual

**MAIN TREATMENT**
Home safety, healthy sleep habits, and trigger management

**CAN IT BE CURED?**
Sometimes - most children outgrow it

**IS IT AN EMERGENCY?**
Sometimes - serious injury or breathing trouble needs emergency care

**LONG-TERM OUTLOOK**
Episodes usually become less frequent with age

## Overview

Sleepwalking happens when a child partly wakes from deep sleep but remains asleep enough that they are not fully aware of what they are doing. They may sit up, walk around, speak, open doors, or carry out simple activities.

The medical term for sleepwalking is somnambulism . It is a type of parasomnia , meaning an unusual behaviour that occurs during sleep.

Episodes most often happen during deep non-dream sleep, usually in the earlier part of the night. A child's eyes may be open, but they may look blank or confused. They are often difficult to engage in conversation and usually remember little or nothing the next morning.

Sleepwalking itself is usually harmless and often becomes less frequent as the child grows. It

matters mainly because a sleeping child may not recognise hazards such as stairs, windows, roads, water, or hot surfaces.

Sleepwalking is not usually a sign of emotional disturbance or a serious neurological condition. However, episodes that are unusual, cause injury, or occur with breathing problems may need further assessment.

## Symptoms

Sleepwalking can involve more than walking. A child may sit upright, look around, mumble, or make repeated movements without leaving the bed.

During an episode, a child may:

Episodes are often brief, although some last longer. Movements can appear purposeful, but the child is not making fully conscious decisions.

Sleepwalking can occur alongside sleep terrors. During a sleep terror, a child may suddenly scream, sit up, breathe quickly, or appear frightened while remaining partly asleep. These events also tend to arise from deep sleep.

Signs that may point to another sleep or medical problem include loud habitual snoring, gasping, pauses in breathing, repeated stiffening or jerking, loss of bladder control during unusual episodes, or marked daytime sleepiness.

- Get out of bed and walk with open eyes
- Have a blank or glassy expression
- Respond slowly, speak unclearly, or not answer
- Perform simple actions, such as moving objects or opening doors
- Seem confused or upset when redirected
- Return to bed without becoming fully awake
- Have little or no memory of the event

## Causes and risk factors

Sleepwalking occurs when the brain shifts unevenly from deep sleep toward wakefulness. The parts controlling movement become active before awareness and memory are fully awake.

There is often an inherited tendency. A child is more likely to sleepwalk if close family members have had sleepwalking or other deep-sleep parasomnias. This tendency cannot be

prevented.

Anything that increases deep sleep or causes repeated partial awakenings may make episodes more likely. Possible triggers include:

A full bladder may contribute to waking in some children, but it is not usually the main cause.

Sleepwalking is not deliberate misbehaviour. A child cannot reliably control it, and punishment is not helpful. It also does not mean that a child is acting out hidden wishes or having a mental health crisis.

- Not getting enough sleep
- An irregular sleep schedule
- Fever or illness
- Stress or excitement
- Sleeping in an unfamiliar place
- Noise, light, or other sleep interruptions
- Obstructive sleep apnoea, which causes repeated breathing pauses
- Restless legs or repeated leg movements during sleep
- Certain medicines

## Diagnosis

Sleepwalking is usually diagnosed from a description of the episodes. There is no routine blood test or scan that confirms it.

A healthcare professional may ask when the events happen, what the child does, how long they appear to last, and whether the child remembers them. They may also ask about sleep schedules, snoring, medicines, stress, illness, injuries, and similar events in the family.

A sleep diary can help identify patterns. Record bedtime, estimated sleep time, episode timing, illness, unusual stress, and any possible triggers. A home video may also be useful if it can be recorded safely and without delaying help.

Most children do not need an overnight sleep study. A study called polysomnography records breathing, oxygen levels, heart rate, brain activity, and movement during sleep. It may be considered when episodes are unusual, potentially dangerous, associated with breathing problems, or difficult to distinguish from seizures.

Seizures can sometimes resemble sleepwalking. Features such as highly repetitive

movements, stiffening, rhythmic jerking, drooling, or several nearly identical events in one night deserve medical assessment. These signs do not automatically mean that a child has epilepsy.

## Treatment and management

Many children need safety measures and better sleep habits rather than medical treatment. The aim is to prevent injury, reduce triggers, and address any condition that repeatedly disrupts sleep.

During an episode, stay calm. Gently guide the child away from danger and back toward bed. Use simple, quiet words. Avoid shouting, shaking, restraining, or arguing with them.

It is not medically dangerous to wake a sleepwalking child, but waking may be difficult and can leave them frightened or confused. Guiding them back to bed is often easier.

Make the sleeping area safer:

A regular sleep schedule can reduce episodes linked to tiredness. Aim for a calming bedtime routine and enough sleep for the child's age. Address noise, uncomfortable room conditions, and avoidable interruptions.

If episodes occur at a predictable time, a clinician may suggest scheduled awakening . This means gently waking the child shortly before the usual episode, keeping them awake briefly, and then allowing them to return to sleep. It may help some children with frequent, predictable events.

Any underlying sleep problem should be assessed and managed. For example, loud snoring and breathing pauses may suggest obstructive sleep apnoea.

Medicine is rarely needed for childhood sleepwalking. A sleep specialist may consider it when episodes are frequent, dangerous, and not improved by other measures. The choice requires individual assessment because sleep medicines can have side effects and do not remove environmental hazards.

- Clear floors and stairs of toys, cords, and other obstacles
- Use safety gates where appropriate
- Secure outside doors and windows without blocking emergency exits
- Keep keys, medicines, knives, and hazardous items out of reach
- Avoid the top bunk if a child sleepwalks
- Consider a door alarm or bell for frequent wandering

- Make sure all caregivers understand the safety plan

## Complications

The main complication is accidental injury. A child may fall, leave the home, reach a balcony or window, or come into contact with sharp or hot objects.

Episodes can also disturb the sleep of the child and household. Frequent sleep disruption may contribute to tiredness, difficulty concentrating, or changes in mood, although sleepwalking alone does not always reduce sleep quality.

Embarrassment can become a concern for older children, particularly during camps, travel, or sleepovers. Calm explanations can help them understand that the behaviour is involuntary and not their fault.

## Prevention

An inherited tendency to sleepwalk cannot be prevented, and it may not be possible to stop every episode.

Regular, sufficient sleep can reduce episodes triggered by overtiredness. A consistent bedtime and waking time may be especially helpful during school weeks, holidays, and travel.

Managing fever, stress, and diagnosed sleep disorders may also reduce sleep disruption. Do not stop a prescribed medicine because sleepwalking occurs. Ask the prescriber whether the timing or type of medicine could be contributing.

Safety planning does not prevent sleepwalking, but it lowers the chance of harm if an episode happens.

## Living with it and what to expect

Sleepwalking often comes and goes. A child may have several episodes during a period of illness, stress, travel, or poor sleep and then have none for months.

Episodes commonly become less frequent as the nervous system matures. Many children outgrow them by adolescence, but this cannot be guaranteed. Some continue to sleepwalk occasionally as teenagers or adults, especially when sleep deprived.

Sleepwalking does not usually affect learning, development, or everyday activities. Most children can attend school, play sports, travel, and take part in camps or sleepovers.

For nights away from home, tell the responsible adult privately and explain the child's usual pattern. Suitable sleeping arrangements and secure exits may be needed. This information should be handled without teasing or blame.

If episodes change over time, keep a new record. A change in timing, movement pattern, breathing, awareness, or daytime functioning may be more useful medically than the number of episodes alone.

## When to get medical help

Arrange a routine appointment if sleepwalking is frequent, disrupts family life, continues despite adequate sleep, or creates safety concerns. An appointment is also appropriate if it begins for the first time in an older child or continues regularly through adolescence.

Seek prompt medical advice if the child:

Call emergency services if there is serious bleeding, a possible major head or neck injury, severe breathing difficulty, blue or grey lips, or failure to return to normal responsiveness after the event. Get immediate help if the child has left the home and cannot be found or is in immediate danger.

Ordinary sleepwalking without injury, breathing trouble, or ongoing abnormal responsiveness is not usually an emergency.

- Is injured during an episode
- Regularly leaves the house or reaches dangerous areas
- Has loud snoring, gasping, or pauses in breathing
- Has marked daytime sleepiness or a decline in daily functioning
- Develops stiffening, jerking, drooling, or highly repetitive events
- Has episodes that suddenly become much more frequent or unusual

## Common questions

Should I wake my child when they are sleepwalking?

You can wake a sleepwalking child, and doing so does not cause medical harm. However, they may be difficult to wake and may become confused or frightened. Unless they are in danger, it is often better to calmly guide them back to bed.

Will my child remember sleepwalking?

Usually not. Sleepwalking occurs during deep sleep, when memory formation is limited. Some children remember a vague feeling or a small part of the event, but complete recall is uncommon.

Does sleepwalking mean my child is stressed or anxious?

Not necessarily. Stress can trigger episodes in a child who is prone to sleepwalking, but it is not the only cause. Tiredness, illness, disrupted sleep, and inherited factors are also important.

Is sleepwalking a type of seizure?

No. Sleepwalking and epilepsy are different conditions. Some night-time seizures can look similar, so repeated stiffening, rhythmic jerking, drooling, or nearly identical short events should be assessed.

Can my child go to sleepovers or camp?

Often, yes. Tell the supervising adult, choose a safer sleeping place away from stairs or exits, and explain how to guide the child calmly. Children who wander into dangerous areas may need a more detailed plan before staying away.

Will my child grow out of sleepwalking?

Many children do, and episodes often decrease by adolescence. Some continue to have occasional episodes, particularly after too little sleep. Medical review is useful if sleepwalking persists, becomes dangerous, or changes in character.

## Sources

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