



Diseases and Conditions

Sleepwalking

By Mayo Clinic Staff

Sleepwalking — also known as somnambulism — involves getting up and walking around while in a state of sleep. More common in children than adults, sleepwalking is usually outgrown by the teen years. Isolated incidents of sleepwalking often don't signal any serious problems or require treatment. However, recurrent sleepwalking may suggest an underlying sleep disorder.

Sleepwalking is less common in adults and has a higher chance of being confused with or coexisting with other sleep disorders as well as medical and mental health conditions.

If anyone in your household sleepwalks, it's important to protect him or her from sleepwalking-related injuries.

Sleepwalking is classified as a parasomnia — an undesirable behavior or experience during sleep. Sleepwalking is a disorder of arousal, meaning it occurs during slow wave sleep, the deepest stage of dreamless (non-rapid eye movement, or NREM) sleep. Another NREM disorder is sleep terrors, which can occur together with sleepwalking.

Sleepwalking usually occurs early in the night — often one to two hours after falling asleep. It's unlikely to occur during naps. A sleepwalking episode can occur rarely or often, and an episode generally lasts several minutes, but can last longer.

Someone who is sleepwalking may:

- Get out of bed and walk around
- Sit up in bed and open his or her eyes
- Have a glazed, glassy-eyed expression
- Do routine activities, such as getting dressed, talking or making a snack
- Not respond or communicate with others
- Be difficult to wake up during an episode

- Be disoriented or confused for a short time after being awakened
- Quickly return to sleep
- Not remember the episode in the morning
- Sometimes have problems functioning during the day because of disturbed sleep
- Have sleep terrors in addition to sleepwalking

Rarely, a person who is sleepwalking will:

- Leave the house
- Drive a car
- Engage in unusual behavior, such as urinating in a closet
- Engage in sexual activity without awareness
- Get injured, for example, by falling down the stairs or jumping out a window
- Become violent during the confused period after awakening or, occasionally, during the event

When to see a doctor

Occasional episodes of sleepwalking aren't usually a cause for concern. You can simply mention the sleepwalking at a routine physical or well-child exam. However, consult your doctor if the sleepwalking episodes:

- Occur often — for example, more than one to two times a week
- Lead to dangerous behavior or injury to the person who sleepwalks (which may occur, for example, after leaving the house) or to others
- Cause significant sleep disruption to household members or embarrassment to the person who sleepwalks
- Start for the first time in an adult
- Continue into your child's teen years

Many factors can contribute to sleepwalking, including:

- Sleep deprivation
- Fatigue
- Stress
- Depression
- Anxiety, such as separation anxiety in children
- Fever
- Sleep schedule disruptions

- Some medications and substances, such as short-acting hypnotics, sedatives or combinations of different drugs prescribed for psychiatric illnesses, as well as alcohol

Sometimes sleepwalking can be triggered by underlying conditions that interfere with sleep, such as:

- Sleep-disordered breathing — a group of disorders characterized by abnormal breathing patterns during sleep (for example, obstructive sleep apnea)
- Narcolepsy
- Restless legs syndrome
- Gastroesophageal reflux disease (GERD)
- Migraines
- Medical conditions such as hyperthyroidism, head injury or stroke
- Travel

Factors that may increase the risk of sleepwalking include:

- **Genetics.** Sleepwalking appears to run in families. It's more common if you have one parent who has a history of sleepwalking, and much more common if both parents have a history of the disorder.
- **Age.** Sleepwalking occurs more often in children than adults, and onset in adulthood is more likely related to other health conditions.

Sleepwalking itself isn't necessarily a concern, but sleepwalkers can:

- Easily hurt themselves — especially if they walk near furniture or stairs, wander outdoors, drive a car or eat something inappropriate during a sleepwalking episode
- Experience prolonged sleep disruption, which can lead to excessive daytime sleepiness and possible school or behavior issues
- Be embarrassed or experience problems with social relationships
- Disturb others' sleep
- Injure someone who is close by during the period of brief confusion immediately after waking or occasionally during the event

If you have concerns about safety or underlying conditions, you may want to see your doctor. Your doctor may refer you to a sleep specialist.

What you can do

Here's some information to help you prepare for your appointment.

- **Keep a sleep diary** for two weeks before the appointment to help your doctor understand what's causing the sleepwalking. In the morning, record as much as you

know of bedtime rituals, quality of sleep, and so on. At the end of the day, record behaviors that may affect sleep, such as sleep schedule disruptions, caffeine intake and any medications taken.

- **Make a list of any symptoms experienced**, including any that may seem unrelated to the reason for the appointment.
- **Make a list of key personal information**, including any major stresses or recent life changes.
- **Make a list of all medications**, vitamins or other supplements currently being taken, and the dosages.
- **Bring a family member or friend along**, if possible, to help you remember what the doctor says.
- **Prepare questions to ask** your doctor to help you make the most of your time together.

Some basic questions to ask your doctor include:

- What is likely causing the symptoms or condition?
- What are other possible causes?
- What kinds of tests are needed?
- Is the condition likely temporary or chronic?
- What's the best course of action?
- What are the alternatives to the primary approach you're suggesting?
- Are there any restrictions that need to be followed?
- Is referral to a specialist needed?
- Are there any brochures or other printed material that I can have? What websites do you recommend?

Don't hesitate to ask other questions that occur to you.

What to expect from your doctor

Your doctor is likely to ask you a number of questions, including:

- When did you begin experiencing or noticing symptoms?
- Have you or your child had sleep problems in the past?
- Does anyone else in your family have sleep problems?
- What problems have you noticed related to the sleepwalking, such as awakening in unusual locations of the house?

Unless you live alone and are completely unaware of your sleepwalking, chances are you'll make the diagnosis of sleepwalking for yourself. If your child sleepwalks, you'll know it.

Your doctor may do a physical or psychological exam to identify any conditions that may be confused with sleepwalking, such as nighttime seizures, other sleep disorders or panic attacks. In some cases, a sleep study in an overnight sleep lab may be recommended.

Sleep studies

To participate in a sleep study, also known as a polysomnogram, you'll likely spend the night in a sleep lab. A technologist places sensors on your scalp, temples, chest and legs using a mild adhesive, such as glue or tape. The sensors are connected by wires to a computer. A small clip is placed on your finger or ear to monitor the level of oxygen in your blood.

Polysomnography records your brain waves, the oxygen level in your blood, heart rate and breathing, as well as eye and leg movements during the study. Technologists monitor you throughout the night while you sleep.

Your doctor will review the information to determine whether you have any sleep disorders.

Treatment for occasional sleepwalking usually isn't necessary. In children who sleepwalk, it typically goes away by the teen years.

If you notice your child or anyone else in your household sleepwalking, gently lead him or her back to bed. It's not dangerous to the sleepwalker to be awakened, but it can be disruptive — the person may become confused and disoriented, and possibly agitated.

Treatment may be needed if there are negative consequences for the sleepwalking, such as risk of injury or embarrassment, or if there's distress for others.

Treatment may include:

- Treating the underlying condition, if the sleepwalking is associated with sleep deprivation or an underlying sleep disturbance, medical condition or a mental health disorder
- A change of medication, if it's thought that the sleepwalking results from a drug
- Anticipatory awakenings — waking the sleepwalker about 15 minutes before the person usually sleepwalks, then staying awake for five minutes before falling asleep again
- Medication, such as benzodiazepines or certain antidepressants, if the sleepwalking leads to the potential for injury, is disruptive to family members, or results in embarrassment or sleep disruption for the person who sleepwalks
- Learning self-hypnosis

If sleepwalking is a problem for you or your child, try these suggestions.

- **Make the environment safe for sleepwalking.** If sleepwalking has led to injuries or has the potential to do so, consider some of these precautions to prevent injury: Close

and lock all windows and exterior doors at night. You might even lock interior doors or place alarms or bells on the doors. Block doorways or stairways with a gate, and move electrical cords or other objects that pose a tripping hazard. Sleep in a ground floor bedroom, if possible. Place any sharp or fragile objects out of reach, and lock up all weapons. If your child sleepwalks, don't let him or her sleep in a bunk bed.

- **Get more sleep.** Fatigue can contribute to sleepwalking. If you're sleep deprived, try an earlier bedtime, a more regular sleep schedule or a short nap, especially for toddlers.
- **Establish a regular, relaxing routine before bedtime.** Do quiet, calming activities before bed, such as reading books, doing puzzles or soaking in a warm bath. Meditation or relaxation exercises may help, too.
- **Put stress in its place.** Identify the issues that cause stress, and brainstorm possible ways to handle the stress. Talk about what's bothering you. Or if your child seems anxious or stressed, talk with him or her about any concerns.
- **Look for a pattern.** For several nights, note — or have another person in your home note — how many minutes after bedtime a sleepwalking episode occurs. If the timing is fairly consistent, this information is useful in planning anticipatory awakenings.

Try to be positive. However disruptive, sleepwalking usually isn't a serious condition — and it usually goes away on its own.

References

1. Sleep-wake disorders. In: Diagnostic and Statistical Manual of Mental Disorders DSM-5. 5th ed. Arlington, Va.: American Psychiatric Association; 2013. <http://www.psychiatryonline.org>. Accessed April 29, 2014.
2. Carter KA, et al. Common sleep disorders in children. *American Family Physician*. 2014;89:368.
3. Sleep-wake disorders. American Psychiatric Association. <http://www.dsm5.org/Pages/Default.aspx>. Accessed April 30, 2014.
4. National sleep disorders research plan. National Heart, Lung, and Blood Institute. http://www.nhlbi.nih.gov/health/prof/sleep/res_plan/section5/section5f.html. Accessed April 30, 2014.
5. Sleepwalking. National Sleep Foundation. <http://sleepfoundation.org/sleep-disorders-problems/abnormal-sleep-behaviors/sleepwalking/page/0%2C1/>. Accessed April 30, 2014.
6. Kotagal S. Sleepwalking and other parasomnias in children. <http://www.uptodate.com/home>. Accessed April 30, 2014.
7. Labelle MA, et al. Psychopathologic correlates of adult sleepwalking. *Sleep Medicine*. 2013;14:1348.
8. Ebrahim IO. The nonrapid eye movement parasomnias: Recent advances and forensic aspects. *Current Opinion in Pulmonary Medicine*. 2013;19:609.
9. Olson EJ (expert opinion). Mayo Clinic, Rochester, Minn. May 7, 2014.
10. Sibler MH (expert opinion). Mayo Clinic, Rochester, Minn. May 16, 2014.
11. Sateia M. *International Classification of Sleep Disorders*. 3rd ed. Darien, Ill.: American Academy of Sleep

Medicine; 2014. <http://www.aasmnet.org/EBooks/ICSD3>. Accessed May 9, 2014.

12. Kotagal S (expert opinion). Mayo Clinic, Rochester, Minn. May 19, 2014.

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