



Understanding Sleep
Terrors in Children



UNDERSTANDING SLEEP TERRORS IN CHILDREN

Previously called night terrors, these parasomnia events have been re-named sleep terrors.

As a parent if you've ever woken up to your child screaming or yelling but incoherent and unresponsive to you, you've probably seen a sleep terror. These are also known as night terrors or pavor nocturnus, a parasomnia event. No matter what you call it, they can be distressing for the parent, and appear distressing for the child, who is actually asleep and won't recall the event.

In this workbook we'll explore what a sleep terror is and what causes them, and how as a parent you can handle them.

What Are Sleep Terrors?

Sleep terrors are episodes of extreme terror, panic, and intense vocalisation that occur suddenly during sleep. They are characterised by intense autonomic discharge, meaning the body reacts strongly with symptoms like...

- Increased heart rate.
- Rapid breathing.
- Sweating.

These episodes can happen at any time during the sleep cycle, not just at night, which is why the term "**sleep terrors**" is preferred over "**night terrors**."

Understanding the Sleep Cycle:

To better grasp sleep terrors, it's important to understand the sleep cycle. Sleep is divided into two main types: rapid eye movement (REM) sleep and non-rapid eye movement (NREM) sleep.

- REM Sleep: This phase is characterized by rapid eye movements, active brain waves, suppressed muscle tone, and increased heart and respiratory rates. It's the stage where most vivid dreaming occurs.
- NREM Sleep: This phase consists of four stages with a gradual increase in sleep depth. Stage one has low-voltage brain waves, stage two has sleep spindles and "K" complexes, and stages three and four have slow, high-voltage brain waves. Deep NREM sleep is followed by a return to lighter NREM sleep and eventually transitions into REM sleep.

Sleep terrors typically occur during the transition between stages three or four of NREM sleep and wakefulness, usually within the first few hours of sleep. The child often has no memory of the event afterward.

Prevalence:

Sleep terrors are most common in children aged 4 to 12, with a peak between 5 and 7 years old. They affect 1 to 6.5% of children within this age group, though some reports suggest a higher prevalence. Sleep terrors become less common after puberty and are more frequently seen in boys than girls among children. (I have 2 girls and a 1 boy, only my boy has night terrors!)

Causes:

The exact cause of sleep terrors is not fully understood, but several factors may contribute:

- **Developmental factors:** Many children outgrow sleep terrors as they mature.
- **Environmental factors:** Sleep terrors can be triggered by stress, anxiety, noisy sleeping environments, or sleep deprivation.
- **Medical conditions:** Conditions like asthma, gastroesophageal reflux, sleep disorders, or having a fever can contribute to sleep terrors.
- **Genetics:** There is a strong genetic predisposition, with a higher risk if parents or siblings also experience sleep terrors.

- Toilet training: Sometimes a transitional age where your child is night time toilet training, the hormones triggered from the bladder being full, are trying to wake your child up, and if they're prone to night terrors, they might instead have a night terror, where they actually just need to use the bathroom. Try to guide them to the toilet as they are unlikely to go back to move from stage 4 NREM to stage 5 NREM with a full bladder.

If this becomes a frequent even, try waking your child 40 minutes before this time to use the bathroom so the full bladder doesn't disturb their sleep.

Having a child experience night terrors for the last 8 years, I can confirm being physically exhausted or anxious triggers my sons night terrors. I had to change his school to get him a more relaxed classroom environment due to the prevalence of night terrors that came with a big classroom and the associated stress.

Clinical Manifestations:

- During a sleep terror episode, a child may:
- Suddenly awaken from sleep with intense fear
- Sit up in bed or jump out of bed
- Scream or vocalize in terror
- Display intense autonomic arousal (increased heart rate, rapid breathing)
- Appear confused and incoherent
- Show signs of panic and fear
- Have a glassy stare
- Be difficult to console
- Sleep walk and talk
- Have retrograde amnesia for the episode

Episodes usually last a few minutes but can be protracted, with the child settling back into sleep afterward.

Clinical Evaluation and Diagnosis:

Diagnosing sleep terrors is mainly clinical and involves a detailed history from parents. A physical examination may be performed, with emphasis on developmental and neurological assessments. Routine laboratory testing is usually unnecessary. Video-polysomnography may be considered if sleep terrors are atypical or frequent.

Differential Diagnosis:

Sleep terrors can be confused with nightmares, confusional arousals, and other sleep-related conditions. It's essential to differentiate them to ensure proper management.

[night terrors vs nightmares](#)

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Complications:

While sleep terrors typically do not cause injuries, they can lead to sleep disruption, daytime sleepiness, anxiety, and depression. They are also associated with migraine in adolescents.

Management:

For most children, reassurance and parental education are sufficient.

Parents can help create a conducive sleep environment and promote good sleep hygiene. Avoiding caffeine and medications that trigger sleep terrors is crucial.

In severe cases, medications like clonazepam or melatonin may be considered. Psychotherapeutic intervention is appropriate if underlying psychopathology is suspected.

Try to stay calm yourself as a parent.

The more heightened and stressed you are, the longer the sleep terror will carry on for and the harder it is for your child to settle back to sleep. Don't argue with your child, or try to convince them something they are seeing isn't real. Sometimes a simple change of room can mean it's easier for them to settle back to sleep.

Keep older siblings away as their laughing or concern will also prolong the night terror and add to the situation.

Remember you are trying to get your child from stage 3 NREM to stage 4 NREM, essentially helping them into a deeper stage of sleep, you're not trying to wake them up. This isn't the time for Ferber, or CIO, cuddle them, lie down with them, pop them in your bed for a few minutes. Once your child is into stage 4 NREM sleep, give the 20-40 minutes to sleep and then you can leave or move them back to their bed.

If your child gets into a habit of having a night terror at the same time each night for several nights in a row, you want to change the time that your child is going from stage 4 NREM to stage 5 NREM. The way I recommend you do this, is wake them up 40 minutes before they usually have the night terror, offer them a glass of water, or encourage them to use the bathroom. Disturbing their sleep like this will ensure when they go back to sleep they start the sleep cycles all over again, and you won't experience a night terror.

Prognosis:

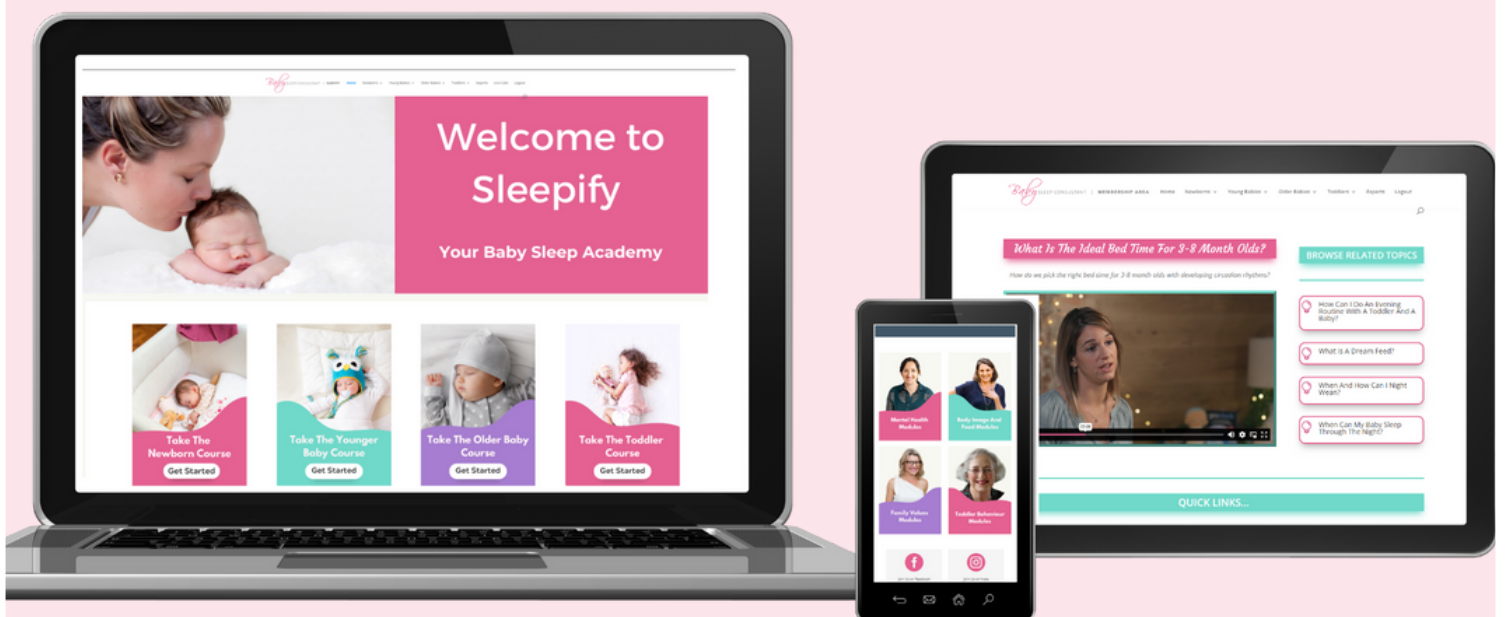
The prognosis for sleep terrors is generally good. Most children outgrow the condition by late adolescence, especially if it starts in early childhood. However, if onset occurs later, sleep terrors may persist into adulthood.

While sleep terrors can be unsettling for both children and parents, but they are a common and usually harmless parasomnia sleep phenomenon. Understanding their causes, clinical manifestations, and management options can help parents provide the right support and reassurance to their children. In most cases, sleep terrors are a passing phase in a child's development, and with time, they tend to fade away.

Baby Sleep Consultant

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Her approaches in child sleep have led to developing an international training company, certifying and training sleep consultants worldwide. www.babysleepconsultanttraining.com

Emma's team of consultants has helped over 50,000 tired parents around the world; they understand sleep in all areas, as well as parental stress and the emotional challenge we face as parents when trying to improve our children's sleep.

It's not easy and you only want what's best for your child. The Baby Sleep Consultant Team have many free resources on our website in addition to this sleep guide www.babysleepconsultant.co

We have live sleep Q&A on our Instagram every Sunday <https://www.instagram.com/babysleepconsultant/> join us for one soon!

If you need some one on one assistance we offer phone, email and home consults, please get in touch admin@babysleepconsultant.co.nz



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Emma is the owner and founder of Baby Sleep Consultant, she is a Certified Infant and Child Sleep Consultant, Lead Educator for Baby Sleep Consultant Training, Happiest Baby on the Block Educator, has a Bachelor of Science and Diploma in Education, she is a Gentle Sleep Expert and Mother of 3.

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