

a parent's guide to night terrors



What to do when your child has troubled nights ... and what NOT to do.

“**M**y heart came to a frantic halt when I heard the most horrible sound,” recalls Julie Anderson, a Nashville mother of one. “Asleep in the next room, my daughter was crying out so loudly, I would’ve sworn something was hurting her.

These screams were so loud they could wake anyone, but were not waking her. I felt helpless because I didn’t know what was going on or what to do.”

If your child pierces the night with a blood-curdling scream while he’s sleeping, but doesn’t wake up during the event, he’s having a night terror, a common childhood phenomenon. Not to worry. Although night terrors can be a sign of something more serious, they’re typically harmless. Here’s what you need to know about what triggers night terrors, how they differ from nightmares and how you can cope with them.

What are Night Terrors?

Medically known as a parasomnia, a night terror (aka sleep terror) is a sleep disorder that occurs during the first half of the night, in the initial slow-wave phase of sleep, when your child is sleeping the deepest.

“Night terrors are a type of sleep disturbance during which a child appears to be very frightened and distressed while sleeping,” says Heather Phillips, M.D., of Tennessee Medicine and Pediatrics in Smyrna. “The episode may include crying, screaming, sweating or thrashing about.”

“With a classic case, a child will scream out or cry,” says Judith Owens, M.D., a member of the National Sleep Foundation’s Pediatric Sleep Task Force. A night terror can be scarier for you than your child because she won’t even know she’s having one. During a night terror, a child doesn’t wake up, won’t respond to soothing or comforting or remember the episode the next day. Although screaming is a classic sign, a night terror can also take subtler forms. A child may just mumble or appear slightly agitated. Her eyes might even be open. An episode can last as long as five minutes before a child returns to normal sleep.

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Are Night Terrors the Same as Nightmares?

"Night terrors may appear similar to nightmares, but are actually different," says Phillips. "A nightmare is simply a frightening or scary dream, which occurs during REM (rapid eye movement) sleep — the cycle of sleep where dreaming occurs. A night terror occurs during non-REM sleep, is a type of sleep disturbance, and is not associated with a dream."

Nightmares are medically known as partial arousal parasomnias, and happen during the second half of the night toward morning hours. Because your child is sleeping less deeply during a nightmare, she may wake up, respond to soothing and even remember it afterwards. And after a nightmare, it can take a while for kids to get back to sleep. Night terrors present differently.

"A night terror usually occurs soon after the child goes to sleep during the first two or three hours of the night," says Phillips. "Unlike a nightmare, a child will not recall a night terror the next day."

How Common are Night Terrors?

"Night terrors are thought to be caused by overstimulation of the brain during transitions between different parts of the sleep cycle," says Phillips. "They are more common in children — especially grade-school children — because their brains are still developing." They affect up to three percent of all kids, especially from ages 4 to 8, and less than one percent of adults. They're more common in children because kids spend 25 to 50 percent of the night in deep sleep. The duration of the night we spend in deep sleep shortens with age. Adults 20 and older devote just 15 percent of the night to deep sleep. As children's brains mature and the architecture of their sleep changes, they become less susceptible to night terrors.

"Night terrors may also run in the family, because many children who experience them have family members who also experience sleep disturbances, like sleep walking or night terrors," adds Phillips.

Are Night Terrors Dangerous?

They're not. "Though night terrors may be very frightening for a parent to witness, they are not dangerous to the child," says Phillips. "A parent should not try to awaken the child during a night terror, but simply ensure the child does not injure himself from moving around during an episode."

"Even though a child looks frightened and alarmed during a night terror, there's no deep-rooted psychological issue that's causing them or long-term repercussions in terms of psychological development or emotional distress," says Owens. Night terrors don't contribute to nocturnal problems like bedwetting or decreased performance in school, she says. But children who have night terrors are also prone to sleep walking. Sleep walking is a related parasomnia that also occurs during deep sleep; 10 percent of kids who sleep walk also have night terrors. "Because sleep walking involves getting out of bed, kids can injure themselves. They can fall down stairs or let themselves out of the house," says Owens. If your child is a sleep walker, protect him from hurting himself by leaving the light on in the bedroom or hallway, keep obstacles out of his way and lock doors and low windows.

"There is no simple prevention for night terrors," says Phillips. "For children who have night terrors, parents should make sure their child is well-rested and avoids stress, overstimulation or intense activities before bedtime. Children generally outgrow night terrors as they get older and the brain and nervous system mature." ☺

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take back the night the DOs of night terrors

DO: Do nothing! Be nearby, without saying your child's name, to be sure he doesn't hurt himself.

DO: Limit TV exposure. Turn off the TV at least 30 minutes before bedtime. Frightening images or movies before bed can cause night terrors.

DO: Keep bedtime consistent. Skimping on sleep is the most common cause of night terrors. "When kids are sleep deprived, they tend to sleep more deeply to compensate, which makes them more susceptible to night terrors," says Owens. Keep sleep and wake times as consistent as possible, even when you're traveling or visiting relatives and during special occasions. Avoid late nights and missed naps. If night terrors persist, try putting your child to bed earlier.

DO: Curb caffeine. Caffeine can trigger night terrors because it can disrupt slow-wave sleep, so limit caffeinated soft drinks, coffee drinks and other products in your child's diet.

when to see a doctor ...

If your prevention efforts don't work, talk to your child's pediatrician or see a sleep specialist. Your child may be a candidate for medical help if:

- Your child has sleep terrors and also snores or has any problems breathing while sleeping. Night terrors can be a sign of obstructive sleep apnea (OSA), a medical condition in which a child briefly but repeatedly stops breathing during sleep, which disrupts deep, slow-wave sleep. Restless sleep and breathing pauses can be a sign of OSA.
- You notice jerking or shaking. Frequent night terrors accompanied by repetitive movements such as jerking or shaking can be a sign of nocturnal seizures, although these are relatively rare.