

## Understanding Sleepwalking: An Enigmatic Sleep Disorder's Causes and Treatment

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### DESCRIPTION

Sleepwalking, also known as somnambulism, is a parasomnia, a category of sleep disorders that involve abnormal movements, behaviors, emotions, perceptions, or dreams that occur during sleep. While sleepwalking is often portrayed in popular culture as a humorous or dramatic event, it is a genuine medical condition that can affect both children and adults. Though the behavior is typically benign, it can sometimes pose significant risks to the individual and others. Understanding the causes, symptoms, and potential treatments for sleepwalking can help those affected manage this condition and improve overall sleep quality.

### Sleepwalking

Sleepwalking occurs during non-REM (Rapid Eye Movement) sleep, typically in the deep stages known as NREM stages 3 and 4. During this phase of sleep, the brain is less active in processing external stimuli, yet the body can still move. Sleepwalking episodes usually occur during the first third of the night, often between one and two hours after falling asleep. Sleepwalking behaviors can range from simple actions like sitting up in bed, walking around, or talking, to more complex activities such as eating, moving objects, or even leaving the house. People who are sleepwalking are typically unaware of their actions and may not respond to attempts to wake or communicate with them. In most cases, they will not remember episode when they wake up [1-3].

### Causes of sleepwalking

The exact cause of sleepwalking is still unknown, but researchers believe that several factors may contribute to the condition. These factors include:

**Genetics:** Sleepwalking tends to run in families. If one or both parents have a history of sleepwalking, there is a higher likelihood that their children will also experience it.

**Sleep deprivation:** Lack of sleep or poor sleep quality is a known trigger for sleepwalking episodes. When the brain is overly tired,

it may struggle to transition smoothly between sleep stages, leading to a partial arousal state where sleepwalking can occur.

**Stress and anxiety:** High levels of stress or anxiety can disrupt normal sleep patterns and increase the likelihood of sleepwalking [4].

**Fever:** In children, sleepwalking episodes are sometimes associated with fevers, likely due to the body's elevated temperature affecting sleep [5].

**Certain medications:** Sedatives, hypnotics, or medications that affect the central nervous system can sometimes trigger sleepwalking in susceptible individuals [6].

**Sleep disorders:** Conditions such as sleep apnea, restless leg syndrome, or other sleep disorders can increase the risk of sleepwalking [7].

**Alcohol or drug use:** Consuming alcohol or certain drugs before bed can interfere with normal sleep cycles and increase the chance of sleepwalking.

### Treatment and management

For many individuals, sleepwalking episodes are infrequent and resolve on their own, especially in children who tend to outgrow the condition by adolescence. However, if sleepwalking is frequent, disruptive, or dangerous, medical intervention may be necessary. Treatment and management strategies for sleepwalking include:

**Improving sleep hygiene:** Maintaining a regular sleep schedule, avoiding caffeine and alcohol before bed, and creating a calm, quiet sleep environment can help reduce the frequency of sleepwalking episodes [8].

**Stress management:** Reducing stress through relaxation techniques, meditation, or therapy can help individuals sleep more soundly and prevent episodes.

**Medications:** In some cases, a doctor may prescribe medications such as benzodiazepines or antidepressants to help reduce

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sleepwalking episodes, especially if the condition is linked to anxiety or other mental health issues [9-10].

## CONCLUSION

Sleepwalking remains a fascinating and complex sleep disorder that can significantly impact both the individual and those around them. By understanding its various causes-ranging from genetics and stress to sleep deprivation-along with recognizing the symptoms, we can better address the needs of those affected. Effective treatment options, including lifestyle adjustments and professional interventions, can help manage episodes and improve overall sleep quality. As research continues to evolve, increasing awareness and knowledge about sleepwalking will empower individuals to seek help and foster a safer sleeping environment.

## REFERENCES

1. Modi RR, Camacho M, Valerio J. Confusional arousals, sleep terrors, and sleepwalking. *Sleep Med Clin.* 2014;9(4):537-551.
2. Pressman MR. Common misconceptions about sleepwalking and other parasomnias. *Sleep Med Clin.* 2011;6(4):13-27.
3. Golbin AZ, Kayumov L. Dangerous and destructive sleep. *Sleep Psychiatry.* 2004;366-385.
4. Chokroverty S. Approach to the patient with sleep complaints. *Sleep Dis Med.* 2017;451-73.
5. MacLehose W. Sleepwalking, violence and desire in the middle ages. *Cult Med Psychiatry.* 2013;37:601-624.
6. Richert AC, Baran AS. A review of common sleep disorders. *CNS Spectr.* 2003;8(2):102-109.
7. Mahowald MW, Ettinger MG. Things that go bump in the night: The parasomnias revisited. *J Clin Neurophysiol.* 1990;7(1):119-144.
8. van der Kloet D, Merckelbach H, Giesbrecht T, Lynn SJ. Fragmented sleep, fragmented mind: The role of sleep in dissociative symptoms. *Perspect Psychol Sci.* 2012;7(2):159-175.
9. Bornemann MA, Schenck CH, Mahowald MW. A review of sleep-related violence: The demographics of sleep forensics referrals to a single center. *Chest.* 2019 ;155(5):1059-1066.
10. Xiaoyi Xu A. Applying the model penal code insanity defense to sleepwalking killers and psychopaths: Interfacing neuroscience and criminal law. *New Criminal Law Review.* 2020;23(4):471-515.