

# Night Terrors and Sleep Terrors: Information for Parents and Caregivers



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**Summary:** Night terrors occur in the first third of the night after a child goes to sleep, and involves the child appearing to wake up, along with screaming and crying. The child is not truly awake, and does not respond to others appropriately. Although scary, they are not dangerous or harmful. Night terrors are due to an immature brain, and a child will grow out of them. During a night terror, parents can help ensure the child is kept safe, and be with the child until the child is able to go back to sleep.

## Neil's Story

Neil is a 3-yo boy who lives with a loving family and enjoys going to his daycare. For the past year however, he's had "night terrors". He goes to bed, then has a blood curdling scream in the middle of the night, which has parents quite worried.

## What are Night Terrors?

Night terrors are a common sleep disorder seen in children (usually aged 3-5) that are not dangerous, and that usually get better as the child gets older.

## Terms

Other names include sleep terrors or pavor nocturnus.

## What Does a Night Terror Look Like?

Typically, after going to sleep, the child wakes up with eyes wide open, looks of fear and panic, and may be screaming. Although the child's eyes may be open, the child will not recognize others, nor will s/he be consolable. Night terrors are more scary for the parent than the child.

During the episode, it is typically difficult to wake up the child, and it is difficult to comfort the child.

Because waking up a child having a night terror can make s/he become more scared or agitated, it is usually better to simply just ensure that s/he is safe, and let him/her return to sleep after it is over.

Night terrors occur most commonly in the first third of the sleep cycle; typically lasts 5-30 minutes, and afterwards,

the child returns to sleep.  
Afterwards, the child typically (but not always) has no memory of the night terror.

## How Common are Night Terrors? When Do They Start?

Estimated to occur in 1-6% of children.  
Most commonly in children between the ages of 2 and 6 years, but can occur at almost any age.  
May occur in adults. With adults, contributing factors may include stress and use of alcohol before bedtime, but not always.

## What Causes it?

Sleep is a complicated brain and body process, and it is felt that night terrors are a 'malfunction' of the normal sleep cycle that occurs because the child's brain is not yet fully developed.  
In addition, it may be triggered by:

- Stressful life events
- Fever
- Sleep deprivation or anything that affects the child's sleep (including sleep conditions such as sleep apnea)
- Certain medications that the child is taking
- Changes in the routine or schedule
- Being overtired

## Is it a Night Terror or Nightmare?

Nightmares can sometimes appear similar to night terrors, but there are distinct differences:

Night terror	Nightmare
Children usually do not recall having a night terror, though may recall a sense of feeling anxious, e.g. child will be unable to tell you what happened.	More easily remembered, e.g. child will tell you, "I had a nightmare that there was a monster chasing me! I want to sleep in your bed tonight!"
Usually occurs in early part of night (i.e first third of the sleep cycle), about 1-4 hours after going to sleep	Usually occurs during the later part of night (latter part of the sleep cycle) during REM sleep and include unpleasant and frightening dreams.
Usually after a night terror, the child returns back to normal and falls back asleep	After a nightmare, the child is typically scared and has a harder time falling asleep

## Could It Be Something Else?

Although very uncommon, certain types of epilepsy (aka seizure disorder) may also resemble night terrors such as:

- Temporal lobe epilepsy: A person has brief episodes (30 sec to a few minutes) where they may experience: muscle contractions on the body/face; mouth movements; head movements, while seeing or hearing things, along with strong emotions.
- Nocturnal frontal lobe epilepsy (NFLE): This is a type of seizure disorder that happens while the child is sleeping. The child may assume a certain posture; have rhythmic, repetitive movements of the arms or legs; rapid uncoordinated movements; wandering; pelvic thrusting; repetitive gestures; making sounds, along with feeling afraid.

## Can You Grow Out of Night Terrors?

As night terrors are felt due to an immature brain, they get better as the child's brain matures, usually by age six. Nonetheless, some people continue to have night terrors as teens and even adults.

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## Self-Help: What Parents Can Do About Night Terrors

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### During the daytime

- Do ensure that your house is safe, as you might for a child who sleepwalks, for example:
  - Do lock the doors at night so your child can't get outside.
  - Do have safety gates to prevent your child from falling down the stairs.
- Don't tell your child about the night terrors. Your child will most likely have no recollection at all, nor is this something your child can control, so telling your child about these usually does not help.
- Don't punish your child for having a night terror. Night terrors are due to your child's brain, and it would make no sense to punish your child for having a brain that they inherited from their parents, especially one that your child had no choice over having.

### During a Night Terror

- Do observe and stay with your child. If its just occasional, isolated night terror, just observe your child, and hold him/her until its over. Usually night terrors resolve quickly, and the child can go back to sleep.
- Don't panic. Night terrors, terrifying though they appear to others, are not dangerous or harmful per se.
- Don't wake your child
- Don't get angry or upset at the child for having a night terror. It can be frustrating to have a screaming child that doesn't calm down, but getting upset or yelling back does not help.

### For a child who continues to have night terrors

- Do have scheduled awakenings. If your child has a pattern of night terrors at a certain time, you can wake up your child before the night terror. Because night terrors happen in the early phases of sleep, one way to disrupt them is to wake your child before the time that s/he has a night terror.
  - Figure out when your child's night terrors usually happen. Then, gently wake up your child about 30-minutes before the expected night terror. You might go into your child's room, and gently wake them with a hug or a kiss. Keep your child awake (e.g. have your child sit up, talking with your child) for a few minutes before letting him/her go back to sleep.
- Do support your child with stress. Although stress doesn't cause night terrors per se, being under stress can worsen night terrors, so dealing with stress is important.
  - Help (your child) figure out what is stressful in his/her life. The usual stresses in a child's life include school (teachers, schoolwork, peers, friends, bullies) and home (parents, siblings, and any other family stresses like separation/divorce). Ask your child what bugs him/her.
  - Come up possible ways to deal with or reduce the stress.
- Don't let your child get overtired. Make sure that your child doesn't get overstimulated, or overwhelmed from too many activities. Make sure that you keep the same, usual regular bedtime routine so that your child can get enough rest.
- Don't shake or shout at your child. Night terrors are not your child being bad. Shaking or shouting doesn't work and only makes your child more distressed.

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## Do You Suspect Night Terrors?

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Are there symptoms of night terrors that are so severe that it is disrupting your child's sleep (or affecting the family)?

- If so, then have your child seen by a primary care provider (e.g. family physician). Your primary care provider can help make sure that there aren't any other medical problems (such as sleep condition or epilepsy), as well as refer to any other specialists/professionals as needed.

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## About this Document

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Written by health professionals at the Children's Hospital of Eastern Ontario (CHEO). Special thanks to Dr. Erick Sell, Neurologist, CHEO.

## Disclaimer

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