



# UPDATE

## SLEEPWALKING AND NIGHT TERRORS LINKED TO OBSTRUCTIVE SLEEP APNEA (OSA)

Sleep walking (SW) and night terrors (NT) are parasomnias or disorders of arousal arising from the deepest stage of non-REM sleep. In both cases, there is an admixture of sleep and waking EEG, coupled with elaborated motor activity (in SW) or autonomic discharge, including tachycardia, tremor and sweating (in NT). External stimuli can precipitate episodes in susceptible individuals: standing children on their feet can precipitate SW, and sounding a buzzer can precipitate NT. It is also known that the sleep of individuals with SW or NT is fragmented by frequent, brief arousal's, especially from deep non-REM sleep. In our sleep center, we have observed several patients with both obstructive apnea and a parasomnia in whom the parasomnia improved greatly when the apnea was successfully treated. A recent study in-patients with SW or NT confirms a probable link between upper airway status during sleep, sleep fragmentation and parasomnias.

Espa et al.<sup>1</sup> Performed direct esophageal pressure monitoring (the most sensitive measure of upper airway resistance or collapse) during all-night polysomnographic recordings in non-obese patients with frequent SW or NT. Compared to matched controls, the parasomniacs had a much higher Respiratory Disturbance Index, and especially more respiratory events leading to arousal. The change in esophageal pressure was greatest for respiratory events followed by arousal. **Moreover, all episodes of parasomnia were preceded by an episode of increased airway resistance.**

Obstructive sleep apnea should be ruled out in any patient with a history of SW or NT.

**Raymond J. Casciari, M.D.**

Medical Director, Sleep Disorders Center

**Sarah S. Mosko, Ph.D.**

Associate Medical Director, Sleep Disorders Center

<sup>1</sup> Espa F. et al. Arousal reactions in sleepwalking and night terrors in adults: The role of respiratory events. *Sleep* 2002; 25: 871-875.