

He who walks at night



They seem to be awake and have their eyes open. They walk around the house, pass you by without seeing you, and then go back to bed...

Beware, sleepwalkers are in your home!

Sleepwalking is a sleep pathology of neurological origin. It's conveyed by physical actions occurring in a semi-conscious deep sleep. The subject sits on his bed, talks, gets up and wanders around, gets something to eat or does the dishes... It can be as short as a few minutes or last more than an hour. But whether it scares you or makes you laugh, sleepwalking should be monitored carefully. As we sleep, our brains pass through five stages of sleep — stages 1, 2, 3, 4, and REM (rapid eye movement) sleep. Together, these stages make up a sleep cycle. One complete sleep cycle lasts about 90 to 100 minutes. So a

person experiences about four or five sleep cycles during an average night's sleep. Sleepwalking usually occurs during stages 3 and 4 of the sleep cycle, called deep sleep. During these stages, it's more difficult to wake someone up, and when awakened, a person may feel groggy and disoriented for a few minutes. Sleepwalkers have abnormal regulation of shortwave, which creates a natural muscle paralysis during sleep. Thus, a series of complex motor activities may take place outside the subject's will. This kind of sleepwalking is not dangerous as such, but the unconscious actions may harm the subject himself or the

people around him. Contrary to popular belief, it is not dangerous to wake a sleepwalker: it is only advisable not to do so in order to prevent any unexpected reaction: violent gestures, running away, tripping and injuring themselves seriously. Slowly guiding a sleepwalker back to bed is a safer, and often easier, strategy. In most cases, the sleepwalker will just go back to bed and continue sleeping peacefully.

The sleepwalking child

Sleepwalking is far more common in children than in adults, however most sleepwalkers outgrow it by the early teen years. It may run in families, so if you or your partner are or were sleepwalkers, your child may be too. Apart from the usual walking or sleep talking, the child might act weirdly and urinate in an inappropriate place or use obscene words, unusual in his normal vocabulary. However, dangerous falls remains the main concern of childhood sleepwalking.



Sleepwalking in adults

Around 10% of adults are prone to sleepwalking, with clear differences in some countries. In adults, sleepwalking may have psychological causes. People affected by stressful personal events may create a parallel universe during their sleep. Genetic predisposition has also recently been suggested after the discovery of a gene specific to sleepwalkers during

studies conducted by the University Hospital of Bern. One researcher conducted a study on 74 people subject to sleepwalking. He discovered that 50% of them had a gene called HLA DQB1 * 05, a gene involved in the immune system regulation: these genes can distinguish between body cells and foreign cells. But it remains to define the exact relationship between this gene and sleepwalking. Could sleepwalking be an autoimmune disease - caused by a malfunction of the protection system of the body?

Suggestions for sleepwalkers

- Avoid stress
- Stick to a regular sleep schedule. Try to go to bed and get up in the mornings at the same times every day to avoid fatigue and sleep deprivation.
- See your doctor for a physical checkup, to rule out any health conditions that could cause or worsen sleepwalking.
- Rule out other sleep disorders. Sleep apnea has been linked to sleepwalking, and it is important to treat this condition immediately if there are signs you may have it.
- Avoid drugs and alcohol. Certain prescription drugs also increase your chances of sleepwalking, so check with your doctor.
- Keep the floor clear of harmful objects.
- Remove any hazardous materials and sharp objects from the room and secure them in the house.
- Make sure you sleep in a safe place. Lock windows and balcony doors. Also, lock outside doors to prevent wandering outside.
- Undergoing hypnosis with a therapist: some of the results appear to be very effective.
- Consulting a psychiatrist to determine the causes of the subject's discomfort. It is always best to go to the root of the problem, even if other methods seem to reduce the symptoms at first.

This article is developed and recommended by

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