

Diagnosis and Treatment for Patients Suffering with Somnambulism

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DESCRIPTION

Somnambulism, also known as sleepwalking, includes unwanted behaviors such as walking that occurs suddenly and involves getting up and walking around while in a state of sleep.

Somnambulism is characterised by:

- Incomplete arousal going on in the course of NREM sleep, commonly in the course of the sooner 1/3 of the night
- The capacity or incapability to keep in mind dream content
- Simple or complicated moves which are in congruence with a dream
- Diminished consciousness of the environment
- Impaired decision-making capacity, planning, and problem-fixing skills

Somnambulism is a parasomnia consisting of a series of complex behaviors that result in large movements in bed and walking during sleep. Most common in children (2-14% of children), it is usually benign and self-limiting maturity. Sleepwalking often decreases with the onset of puberty, but at least 25% of children who repeat sleepwalking can continue to sleepwalk until adulthood.

Diagnosis

When diagnosing sleepwalking, the following conditions should be excluded.

- Changes in neurodegenerative disease seen at the brainstem level in Parkinson's disease can cause awakening from non-rem sleep, affect exercise and muscle tone, and cause some sleep-related behavioral disorders, including sleepwalking.
- Sleepwalking is caused by medications such as antibiotics, anticonvulsants, antidepressants, benzodiazepines, lithium, antipsychotics, SSRIs, quinine, beta blockers, and TCA.
- REM sleep behavior disorder.
- In addition to other findings, this syndrome presents with sleep disorders characterized by frequent night awakenings and changes in circadian rhythms with daytime sleepiness, causing significant distress to patients and their family's increases.

Treatment

Sleepwalking is a common insomnia disorder that is usually

benign and does not require treatment. To date, no clinical trials have been conducted to evaluate the effectiveness of sleepwalking treatment. However, when sleepwalking is distressing to patients and their families, scheduled waking and hypnosis have been observed to show maximum benefit and have the fewest side effects.

Scheduled waking refers to awakening the patient 15-30 minutes before normal sleepwalking time. Hypnosis provides a hypnosis proposal that the patient wakes up when the foot touches the ground and is based on a similar concept of interrupting the sleepwalking phenomenon. Both steps should be performed daily for 2-3 weeks. Safety measures such as locking windows and entrance doors and removing fragile items are recommended to reduce the risk of injury. No treatment for sleepwalking has been approved, but clinical experience has shown that Gamma-AminoButyric Acid (GABA) enhancers such as clonazepam and gabapentin are effective when taken 1 hour before bedtime.

Prognosis

Sleepwalking usually has a good prognosis for most patients. However, it may cause physical harm (such as falling from a high place or walking through a glass window) or embarrassment (such as walking naked in a public place). Children generally improve sleepwalking behavior in adolescence and usually do not require intervention or medication.

CONCLUSION

Chronic sleepwalking in children has been shown to be associated with other, often subtle sleep disorders, behavioral problems, and inadequate emotional regulation. In addition, recent evidence suggests that sound sleep plays an important role in early brain development, learning, and memory integration. Parents of these children often do not seek treatment because these events occur intermittently despite medication or because they do not want their children to continue to receive psychiatric medication. Some childhood sleep disorders (obstructive sleep apnea, narcolepsy, etc.) require medical attention, but most often have clinical judgment and intervention skills that behavioral health professionals can ideally suited to provide.

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Received: 01-Apr-2022, Manuscript No. JSJT-22-17212; **Editor assigned:** 04-Apr-2022, PreQC No. JSJT-22-17212 (PQ); **Reviewed:** 18-Apr-2022, QC No. JSJT-22-17212; **Revised:** 25-Apr-2022, Manuscript No. JSJT-22-17212 (R); **Published:** 02-May-2022, DOI: 10.35248/2167-0277.22.S3.004.

Citation: Zare S (2022) Diagnosis and Treatment for Patients Suffering with Somnambulism. J Sleep Disord Ther. S3:004.

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