CONDITION

Sleepwalking

Sleepwalking is a sleep condition in which a person gets up or performs activities while not fully awake.

WHAT IT IS
Partial waking with movement during deep sleep

BODY SYSTEM
Nervous system and sleep

MAIN SYMPTOMS
Walking asleep, open eyes, confused waking, little memory

WHAT CAUSES IT
Deep-sleep arousal, often with an inherited tendency

HOW IT IS DIAGNOSED
History and witness account; video sleep study when unclear

MAIN TREATMENT
Safety measures, trigger control, treating related sleep disorders

CAN IT BE CURED?
Sometimes - episodes often stop as children mature

IS IT AN EMERGENCY?
Sometimes - serious injury or immediate danger

LONG-TERM OUTLOOK
Often improves with age but may continue or return

Overview

Sleepwalking happens when part of the brain wakes from deep sleep while the rest remains asleep. It is a type of parasomnia , meaning an unwanted behaviour or experience that occurs during sleep.

During an episode, you may sit up, walk, speak, open doors, eat, or perform other familiar actions. Your eyes may be open, but you are not fully aware of your surroundings. You may be difficult to wake and remember little or nothing afterward.

Episodes usually begin during deep non-rapid eye movement , or non-REM, sleep. This is why sleepwalking is most common in the first part of the night. It is different from acting out a dream during rapid eye movement, or REM, sleep.

Sleepwalking is especially common in childhood and often becomes less frequent with age. It can also continue into adulthood, return after a long break, or begin in adult life. It matters mainly because an episode can disrupt sleep or lead to falls, wandering, or other accidental injuries.

Symptoms

Sleepwalking can involve more than walking. Episodes may be brief and simple, or involve several actions.

Possible features include:

Some people eat, urinate in an unusual place, move furniture, or try to leave the home. Complex behaviour is possible, but it is less common than simple walking.

Episodes often last several minutes, although the length can differ. A person may return to bed without help or wake somewhere else.

Sleep talking can occur with sleepwalking, but sleep talking by itself does not mean that someone is sleepwalking. Nightmares also differ because they usually occur during REM sleep and are often remembered clearly.

- Sitting up in bed or looking around
- Walking through a room or around the home
- Having open eyes with a blank or unfocused expression
- Giving short, unclear, or unusual answers
- Performing routine actions without normal awareness
- Being difficult to wake or redirect
- Appearing confused, frightened, or upset when awakened
- Having little or no memory of the episode the next morning

Causes and risk factors

Sleepwalking occurs when the brain does not move smoothly from deep sleep into full wakefulness. The exact reason this happens is not always clear.

An inherited tendency is important. Sleepwalking is more likely when close family members have also experienced it. This tendency cannot be controlled, but other factors may make

episodes more likely.

Common triggers include:

Other sleep conditions can repeatedly disturb deep sleep and trigger partial waking. These include obstructive sleep apnoea, in which breathing repeatedly narrows or stops during sleep, and restless legs syndrome, which causes an urge to move the legs.

Sleepwalking that begins in adulthood deserves medical assessment. It may be linked to another sleep condition, a medicine, alcohol or substance use, or, less often, a neurological condition. This does not mean that adult sleepwalking always has a serious cause.

- Too little sleep or an irregular sleep schedule
- Stress or emotional strain
- Fever, especially in children
- Alcohol use
- Sleeping in an unfamiliar place
- Noise, touch, or another interruption during deep sleep
- Some medicines that affect sleep or the nervous system

Diagnosis

Sleepwalking is usually diagnosed from a clear description of the episodes. There is no blood test or scan that routinely confirms it.

A healthcare professional may ask what happens before, during, and after each event. Information from someone who has witnessed an episode is often helpful because the person sleepwalking may not remember it. A safe home video can sometimes show useful details, but nobody should take risks to record an episode.

A sleep diary may help identify patterns. It can record bedtime, wake time, sleep loss, alcohol use, stress, medicines, and when episodes occur.

A physical examination and review of medicines may be used to look for possible triggers. Symptoms such as loud snoring, pauses in breathing, gasping, or severe daytime sleepiness may suggest obstructive sleep apnoea.

Most people do not need an overnight sleep test. A polysomnogram , or sleep study, may be considered when the diagnosis is unclear, episodes cause injury, they begin unexpectedly in adulthood, or another condition is suspected. This study records brain activity, breathing, heart rate, oxygen level, and body movements. Video may also be recorded.

Certain epileptic seizures can resemble sleepwalking. Episodes that are very brief, happen repeatedly in the same way, or include stiffening or rhythmic jerking may need further assessment, sometimes including brain-wave recording.

Treatment and management

Treatment depends on how often episodes happen, whether there is a risk of injury, and whether another condition is disturbing sleep. Occasional, harmless sleepwalking in a child may need only reassurance and safety measures.

Making the sleep environment safer is the first priority. Helpful steps can include:

Avoid locking a person into a room because this can delay escape during a fire or another emergency.

If you find someone sleepwalking, stay calm and gently guide them back to bed. Waking them is not known to cause harm, but they may be confused, frightened, or briefly agitated. Avoid shouting, startling them, or physically restraining them unless this is necessary to prevent immediate injury.

Regular sleep can reduce triggers. This means allowing enough time for sleep and keeping bedtimes and wake times reasonably consistent. Reducing alcohol and addressing ongoing stress may also help.

When episodes occur at a predictable time, a clinician may suggest scheduled awakenings . This involves briefly waking the person before the usual episode and is most often used for children. A clinician can explain how to do this safely.

Any related condition, such as sleep apnoea, should be treated. A prescriber may also review medicines that could be contributing. Do not stop a prescribed medicine suddenly without medical advice.

Medication is not routinely needed. A sleep specialist may consider it when episodes are frequent, dangerous, or continue despite other measures. Medicines used for sleepwalking are generally used off-label, meaning specifically treating sleepwalking may not be included in their official licence. Benefits and possible side effects need individual review.

- Clearing floors and stairs of objects that could cause a fall
- Locking external doors and securing accessible windows
- Keeping keys and dangerous items out of reach
- Using gates near stairs when appropriate

- Avoiding the top bunk of a bunk bed
- Using a door alarm if wandering is a concern
- Removing or securing weapons and sharp objects

Complications

The main complication is accidental injury. A person may fall down stairs, walk into furniture, leave the home, or handle unsafe objects without being fully aware.

Sleep can also become fragmented. This may contribute to tiredness, poor concentration, or irritability during the day, especially if episodes are frequent or another sleep disorder is present.

Sleepwalking can affect other people in the household. Family members may lose sleep, feel anxious about safety, or need to make changes to the home.

Embarrassment and worry are also common. Sleepwalking is not deliberate behaviour and is not a sign of poor character or lack of self-control. Calm, factual discussion can reduce shame and conflict.

Prevention

Sleepwalking cannot always be prevented. Children and adults may have an inherited tendency, and there is no established way to remove that tendency.

It may be possible to reduce episodes by avoiding known triggers. Getting enough sleep, keeping a regular schedule, limiting alcohol, and managing stress can be helpful. Treating sleep apnoea or another condition that interrupts sleep may also reduce partial awakenings.

Keep a record if episodes continue. Patterns may reveal a link with sleep loss, travel, illness, alcohol, or a medicine. Safety measures remain important even when episodes become less frequent because they can sometimes return.

Living with it and what to expect

In many children, sleepwalking becomes less frequent and stops by adolescence. Some continue to have occasional episodes as adults. Others may go for months or years without an episode before it returns during stress, illness, or sleep deprivation.

Adult sleepwalking can also settle once a trigger or related sleep condition is addressed. However, no individual course can be guaranteed.

Most people can continue their usual education, work, relationships, and activities. Practical safety planning is often more important than intensive treatment. Household members should know how to respond calmly and guide the person away from danger.

Sleepwalking itself does not mean that you have a mental health condition. Stress can trigger episodes, but this is different from stress being the sole cause. Support for anxiety or other emotional concerns may still be useful when they are affecting sleep.

If episodes are becoming more frequent, more complex, or more dangerous, routine follow-up is appropriate. A new pattern may mean that sleep habits, medicines, alcohol use, or another sleep condition need to be reviewed.

When to get medical help

Arrange a routine medical appointment if sleepwalking:

Seek urgent medical help if an episode causes a significant injury, such as a deep wound, suspected broken bone, or head injury.

Call emergency services if the person is in immediate danger, has severe bleeding, has serious breathing difficulty, does not recover normal awareness after the event, or has prolonged or repeated seizure-like activity. Do not put anything in their mouth during a suspected seizure.

- Begins for the first time in adulthood
- Happens often or is becoming more frequent
- Causes daytime tiredness or regularly disrupts the household
- Includes leaving the home or handling dangerous objects
- Has caused a minor injury or repeated near misses
- Occurs with loud snoring, choking, gasping, or breathing pauses
- Began after starting or changing a medicine
- Includes unusual repeated movements that could be seizures

Common questions

Is it dangerous to wake a sleepwalker?

Waking a sleepwalker is not known to cause medical harm. However, the person may be disoriented, frightened, or briefly defensive. If there is no immediate danger, speak quietly and guide them back to bed rather than waking them suddenly.

Why do I sleepwalk when I am stressed?

Stress can disturb sleep and increase partial awakenings from deep sleep. It may trigger episodes in someone who already has a tendency to sleepwalk. Sleep loss that happens during stressful periods may also contribute.

Can sleepwalkers see where they are going?

Their eyes may be open, and they may avoid some familiar objects. However, awareness and judgement are reduced. They may not recognise danger, respond normally, or remember what happened.

Do sleepwalkers act out their dreams?

Usually not. Sleepwalking begins during deep non-REM sleep, when vivid dreaming is less prominent. Acting out detailed dreams later in the night may suggest a different condition called REM sleep behaviour disorder.

Will my child grow out of sleepwalking?

Many children have fewer episodes as they get older, and sleepwalking often stops by adolescence. It can continue or return in some people. Safety measures are still needed while episodes are occurring.

Can alcohol cause sleepwalking?

Alcohol can disrupt normal sleep and may trigger or worsen episodes in some adults. Sleepwalking after alcohol should not automatically be assumed to be harmless, especially if it is new, frequent, or dangerous.

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