

Differentiating Night Terrors from Nightmares

1. Night terrors (NT) do not wake children up, though may have eyes open, and appear to be awake. The child cannot recognise others or communicate coherently, whereas the child after a nightmare may be over-aroused and hypervigilant, but will usually be alert. NT are usually completely forgotten by child, so that although the child may appear very distressed, NT are often more distressing to the family than child.
2. NT happen earlier in the night during deep sleep (usually within first 4 hours), whilst nightmares occur later in the night during light stages of REM sleep.
3. NT are associated with sleep walking and/or bedwetting in that child or relatives.
4. Children with NT will usually settle fairly quickly, in contrast to nightmares where they usually resist going back to sleep, and may want to sleep in parents' bed.
5. NT occur more commonly amongst boys, but there is no gender difference for nightmares.

Management

Both are exacerbated by stress, though most often there is no single particular event can be connected to NT. They are likely to be worse when the child is overtired – this is the leading cause of NT so establish a good sleep routine with a “wind down” period of at least 1 hour before putting child to bed .

Medication is not indicated for night terrors, but if intractable, psychiatric consultation can be sought.

If they last longer than thirty minutes or are accompanied by other unusual behaviour such as a marked increase in movement, jerky movements or stiffening of the body, this raises concern re epileptic phenomena, and should be investigated accordingly.