

FACTSHEET

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Nightmares and night terrors

What is a nightmare?

Nightmares happen when your child wakes while having a bad dream. Your child might remember the “scary dream” and be afraid to go back to sleep. A reassuring hug will often help them settle back to sleep. Children can have nightmares at any age, and are most likely to happen during the later part of the sleep, or in the early morning hours when in Rapid Eye Movement (REM) or Dream Sleep. Nightmares can be from worries that your child has. It is good to talk to your child about their worries. Children can usually remember these nightmares the next day.

What is the difference between nightmares and night terrors?

Night terrors happen when children are only partly aroused or woken from deep (Stage N3) sleep. So they are not quite awake, but they are not completely asleep either. They tend to start in the first 2-3 hours after sleep onset and may be at a predictable time each night. During a night terror your child’s brain is asleep, whereas the “body” looks awake and facial expressions are very emotional. Your child may scream and seem very frightened, usually not recognising the people around them. It is best not to try wake your child as this might prolong the episode. They may try to run away or push people away. Night terrors are part of a group of Non-REM sleep arousal disorders or parasomnias. Your child may remember being frightened, but not what the dream was about. They will not usually remember the night terror the next morning. Younger children are more likely to have night terrors, and usually outgrow them by the

end of primary school age. Like nightmares, there are usually no long-term psychological effects.

What to do?

Nightmares

With nightmares, it is usually enough to reassure your child and stay with them until they are back to sleep again. Talk about the dream the next day, and ask about any worries or fears that they may have.

A good regular sleep routine and quiet media-free relaxing times before bedtime will help.

Night terrors

With night terrors, your child will appear to be confused and not fully awake so your main focus should be to keep them safe. Make sure the home environment is safe as your child may run around (see [Home Safety Checklist](#) fact sheet). When the children do mobilise during a night terror, this is sometimes termed “confusional arousal”. Sometimes children quietly walk during the partial arousal. This is often termed “sleep-walking”. Together these are thought to represent the same group of partial arousals from deep (N3) sleep. Doors and windows should be locked and sleeping on the ground floor is encouraged.

During the episode keep them away from danger by gently restraining them— your child will usually go straight to sleep after a few minutes. Do not try to wake them, as this can prolong the episode.

Can they be prevented?

Nightmares

Before bedtime, try to spend time with your child doing something calm (e.g. reading a book with them). Try not to watch exciting videos or inappropriate television before bed. For children 12 months and older, avoid food and drinks one hour before bedtime.

Night terrors

Things that make night terrors worse include fevers, being tired, or not getting enough sleep. If your child has night terrors, it will help them if you can give them a regular bedtime and wake time (including weekends) to make sure that they get enough sleep. Fevers also make night terrors worse so if they are unwell, try and keep the fever down (see [Fever](#) fact sheet). If the night terror happens at the same time every night, you can prevent night terrors by completely waking your child (for example by gently nudging their shoulder until they stir) 15 minutes before this time, then letting them drift off to sleep again. If they do stop the episodes, after 4 or 5 nights of these scheduled 'wakings' you can stop the waking and see if the night terrors have stopped. In some children waking them like this may bring a night terror on earlier so if this happens, you should go back to not waking them and just making sure they are safe when they have their night terror.

What is the treatment?

See your doctor if the nightmares or night terrors are frequent, severe, disruptive, dangerous, happen at an unusual age or seem to affect your child's performance during the day by causing sleepiness. Your doctor may want to rule out another medical disorder related to sleep.

If there is an underlying cause this may have to be treated before the night terrors will stop. Snoring and sleep apnoea (see fact sheet on snoring) or periodic limb movements have shown to precipitate night terrors and will need to be treated. Treatment has been shown to almost completely eradicate night terrors. Even if there is not another condition present, extra measure may be needed, including hypnotherapy (which has been shown to be effective) or medication (if the events are extremely distressing, frequent, injurious, or if they have a negative impact on your child's daytime behavior and performance).

Sleep disorders are very common in childhood and most of the time there are no underlying medical conditions. Your local doctor and Paediatrician are very familiar with these problems and can offer help.

Remember:

- Nightmares are bad dreams that often relate to worries your child may have. Talk to your child about their worries to help them go away.
- Night terrors usually happen one or two hours after falling asleep and can be very frightening for parents and carers. Do not try to wake your child, but gently keep them out of harm's way until it passes. Keep the home environment safe.
- Make sure your child gets enough sleep, by keeping regular bedtime routines and regular and wake-up times.
- Make sure that there is no underlying sleep disorder like obstructive sleep apnoea or periodic limb movement disorder.
- If episodes are very severe or frequent, your doctor may need to check for an underlying medical condition (e.g. sleep apnoea).