# Sleep - Confusional Arousals

## Definition

• Confusional arousal is a partial wake-up in which children sit up in bed and talk, but usually don't make much sense
• They act confused and can't be fully awakened
• Occur in 15% of normal children
• Peak age is 1 to 6 years

## Health Information

### Symptoms
• During an attack, your child will:
• Talk or cry in their sleep. They may repeatedly say "no". Their words may not make any sense.
• If you go to them, they are sitting up in bed.
• Act confused and somewhat agitated, but not frightened or panicked.
• Not realize you are present, even though their eyes are wide open and staring.
• Cannot be awakened or consoled, no matter what you do.
• Episodes usually start 1 to 3 hours after falling asleep.
• Each episode lasts 5 to 20 minutes and ends of its own accord with the child falling back into deep sleep.
• In the morning, your child can't remember what happened.
• They can also occur during naps.

### Cause
• Confusional arousals are a type of deep sleep disorder (parasomnia).
• They occur in children who are dreaming but locked in deep sleep.
• They run in families who also have a history of sleepwalking.
• The main trigger for bad nights is going to bed late or very tired.
• They are not a psychological problem, but stress and fears can make them worse.

## Care Advice

1. **Try to Help Your Child Return to Normal Sleep:**
   • With that as your goal, you may be able to shorten the episode.
   • Make soothing comments such as, "You are all right. You are home in your own bed. You can rest now." Speak calmly and in a quiet voice. Singing a lullaby may work better for younger children.
   • Such comments are usually better than silence and may help your child refocus on sleep.
   • Some children like to have their hand held during this time, but most will pull away.
   • Sometimes, anything you try seems to make them worse. If that's the case, as long as your child stays in bed, you don't need to go to them. These confused wake-ups are harmless.
   • Try to protect your own sleep so that you don't become sleep deprived. That means turning off the monitor.

2. **Don't Try to Wake Up Your Child:**
   - You won't be able to do that or it will it will be very difficult.
   - Shaking or shouting at your child will just cause the child to become more agitated and will prolong the attack.

3. **Prepare Babysitters for Possible Confusional Arousals:**
   - Explain to people who care for your child what a confusional arousal is and what to do if one happens.
   - Understanding this will prevent them from over-reacting (such as calling 911).

4. **How to Prevent Some Confusional Arousals:**
   - Try to keep your child from becoming overtired or exhausted
   - Sleep deprivation is the most common trigger for confusional arousals.
   - For preschoolers, restore the afternoon nap. If your child refuses the nap, encourage a one-hour "quiet time."
   - Try to avoid late bedtimes. If your child has bedtime resistance and tries to postpone going to bed, deal with that first.
   - If your child needs to be awakened in the morning, that means he needs an earlier bedtime. Move lights out time to 15 minutes earlier each night until your child can self-awaken in the morning.

5. **What to Expect:**
   - Confusional arousals usually stop by age 10 or sooner.
   - Many children then convert to sleepwalking instead. Sleepwalkers need to be protected from going outside.

## Call Your Doctor If

- Your child has frequent snoring
- Any drooling, jerking, or stiffening occurs
- Episodes last longer than 30 minutes
- Episodes become more frequent
- You have other questions or concerns

**Pediatric Care Advice**

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