

Poster presentation

Chronic adult sleepwalking: clinical features and diagnostic evaluation

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Background

Adult sleepwalking is considered to be a rare parasomnia in normal adults. When episodes occur almost nightly or are associated with physical injury to the patients or others and duration is 3 months or longer then sleepwalking becomes chronic. We present the clinical features and diagnostic evaluation of patients with chronic sleepwalking who attended our Outpatients' Clinic of Sleep Disorders.

Materials and methods

In a total of 89 adult patients suffered from parasomnias, which have been examined in our Outpatients' Clinic for a period of 5 years, 37 patients were diagnosed as sleepwalkers (41.57%). In order to come out with a diagnosis, the criteria of American Sleep Disorders Association and Sleep Research Society were used (1997). The clinical evaluation of the patients consisted of a neurological examination, an interview with them, and an interview with their bed-partners. Patients filled up the questionnaire on sleep disorders that is being used by the Sleep Disorders Department of the First Neurological Clinic at the AHEPA Hospital. Apart of all the above a full medical history was taken, expanded by questions about their living habits, use of drugs and alcohol. They also underwent a full laboratory and biochemical evaluation such as a complete blood count, test of thyroid function etc. Additionally, an EEG, a brain MRI and a polysomnogram were conducted. As to psychometrics testing, Mini Mental State Examination, Max Hamilton's scales (estimation of stress) B.D.I., SCL-90-R, were conducted. Data were compared with those obtained from 50 normal controls. Spe-

cial emphasis was put on clarifying whether the sleepwalking coexisted with other disorders or parasomnias.

Results

There were 29 males and 8 females (mean age 37 ± 15.4 years, range 18–79). Mean duration of sleepwalking was $22 \text{ years} \pm 6$. Family history for sleepwalking was positive in 36% of patients and there was a negative personal history for childhood sleepwalking in 30% of patients, but 27% of them had positive history for childhood night terrors. In 21% of patients coexisted sleepwalking with night terrors. 11% reported injuries, 29% eating, and 12% violence. There was no significant difference between sleepwalkers and controls about childhood sleepwalking. In 25% of controls reported childhood sleepwalking. In 8 male patients coexisted depression and in 2 male patients general anxiety disorder. A female was also diagnosed with depression. All EEG were normal. In 16 patients (9 males, 7 females) a night polysomnography was done. On PSG a sleep apnea (AHI>10) (OSAS) was found in 3 of them, 4 patients had Restless leg syndrome (RLS) and 3 had periodic limb movements (PLM). On PSG a RLS found in 3 females and 2 with OSAS. Sleep studies documented a single episode of sleepwalking in 2 patients, confusional arousals in 43%, and an increased muscle tone or phasic activity during REM sleep in 9% of patients. They were treated with low dose clonazepam.

Discussion

Somnambulism is more common than usually thought in adults. Diagnosis is seldom a problem, although "escape"

behaviours during certain sleep terrors, REM sleep behaviour disorder, sleep-related partial complex seizures with ambulatory automatism nocturnal, eating (drinking) syndrome must be distinguished.

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