

Assessment 1
Supporting Paper

Student name: Sandra Johanna Jimenez Vergara

Student ID: 2024741

Module name: Mental Disorders and Psychopathology

Module code: BMHP6006

Lecturer name: Bianca Sanfilippo

Date: 22 December 2023

Table of Contents

<u>INTRODUCTION</u>	<u>2</u>
<u>DEFINITION OF DISORDER.....</u>	<u>4</u>
<u>DISORDER WITHIN THE ICD-10 MANUAL</u>	<u>4</u>
<u>DATA ABOUT DISORDER IN THE UK</u>	<u>4</u>
<u>CAUSES</u>	<u>5</u>
<u>SYMPTOMS/SIGNS</u>	<u>6</u>
<u>DIAGNOSIS</u>	<u>7</u>
<u>HISTORICAL VIEW AND TREATMENTS FOR SLEEPWALKING (SONAMBULISM)</u>	<u>8</u>
<u>CURRENT TREATMENTS (NHS).....</u>	<u>8</u>
<u>RECOMMENDATIONS AND CONCLUSIONS FOR THE IMPROVEMENT OF THE SYMPTOMS</u>	<u>9</u>
<u>REFERENCES</u>	<u>11</u>
<u>APPENDIX: POWER POINT PRESENTATION.....</u>	<u>13</u>

Introduction

Sleepwalking, or somnambulism, is a complex sleep disorder marked by complex motor behaviors during non-REM sleep. Despite its fascinating nature, it can lead to serious consequences, including injuries and impaired daytime performance. This supporting material aims to bridge the gap between general awareness and scientific understanding, exploring aspects like incidence, causes, symptoms, and diagnostics. As a social worker, the report concludes with suggestions and recommendations for working with individuals experiencing sleepwalking, providing valuable insights for practical applications in the field. (Butler, 2005).

Definition of Sleepwalking

Sleepwalking, also known as somnambulism, is a sleep disorder characterized by complex behaviors performed during non-REM (rapid eye movement) sleep. People who sleepwalk are in a state of partial arousal and may engage in activities such as walking, talking, eating, or other complex behaviors while still being asleep. Sleepwalking episodes can vary in duration and intensity (Cleveland Clinic, 2023).

Disorder within the ICD-10 Manual

According to the ICD-10 manual Sleepwalking is part of the group of behavioral syndromes associated with physiological alterations and physical factors (F50-F59) and the classification is F51.3 (World Health Organisation, 2010).

Data about Disorder in the UK

Sleepwalking is more prevalent in children compared to adults (Petit et al., 2015). 29% of children aged between 2 and 13 years old engaged in sleepwalking, with the highest occurrence observed between the ages of 10 and 13. Conversely, among adults, the occurrence of sleepwalking is estimated to be as high as 4% (Lopez et al., 2021).

This disorder is more common in the childhood Sleepwalking affect 1 in 5 children.

More than 10. 3 million of people in the UK (NHS Choices, 2019)

Causes

Genetics: There is evidence that a genetic predisposition may play a role in sleepwalking. If a family member has a history of sleepwalking, there may be an increased likelihood of others in the family experiencing it as well.

Sleep Deprivation: Lack of sufficient sleep or irregular sleep patterns can increase the likelihood of sleepwalking.

Stress and Anxiety: Emotional stress and anxiety can contribute to sleepwalking episodes in some individuals.

Fever: Sleepwalking may be triggered by fever, especially in children.

Medications: Certain medications, such as sedative-hypnotics, neuroleptics, and stimulants, can influence sleep and may increase the risk of sleepwalking.

Alcohol: Excessive alcohol consumption.

Drugs: Consumption of illegal substances.

Experiencing a sudden noise or touch that startles and abruptly wakes from a profound sleep.

Abrupt awakening from deep sleep due to the need to use the bathroom (Bušková et al., 2014).

Symptoms/signs

Sleepwalking episodes can involve a variety of basic or complex acts and can last anywhere from a few seconds to a half hour, when the person either wakes up puzzled or returns to bed on their own. Less frequently, behaviours can be aggressive or more complex, such as attempting to drive a car. An episode could include:

Engaging in the act of running or walking.

Limited or incomprehensible verbal communication.

Grogginess and disorientation.

Eyes that are wide open and glossy show a lack of expression.

Regular activities like dressing or rearranging furniture.

Involvement in sexual conduct, also known as sexsomnia.

Presence of urine in inconvenient locations (Sleep Foundation, 2020).

Diagnosis

A medical history review, a physical examination, and, in certain circumstances, additional diagnostic procedures are often used to diagnose sleepwalking. The following are the steps in diagnosing sleepwalking:

1. Medical Background:

Patient Interview: The healthcare professional will perform an in-depth interview to learn about the individual's sleep patterns, sleep-related behaviours, and any other relevant symptoms.

Family History: Because sleepwalking may have a genetic component, the healthcare professional may question about a family history of sleepwalking or other sleep disorders.

2. A general physical examination may be performed to rule out any underlying medical issues that may be related to sleepwalking.

3. **Sleep Diary:** The healthcare professional may request that the individual keep a sleep diary for a set length of time. This include documenting sleep habits, nighttime routines, awakening episodes, and any pertinent circumstances such as coffee or alcohol consumption.

4. **Polysomnography (Sleep Study):** Polysomnography is a sleep study in which numerous physiological parameters are monitored while sleeping. It can aid in the detection of patterns in brain activity, eye movements, muscular activity, heart rate, respiratory effort, and other areas. During this investigation, sleepwalking events may be noticed.

5. Actigraphy entails wearing a small gadget that measures movement over a long period of time. This can assist track sleep patterns and detect sleepwalking occurrences (Kumar & Bharadwaj, 2007).

Historical view and treatments for sleepwalking (sonambulism)

Historically, sleepwalking was interpreted through spiritual and supernatural lenses, associated with possession and demonic influence. In mediaeval times, it was linked to witchcraft, leading to severe punishments. The 19th century saw a shift to scientific explanations, with Sigmund Freud suggesting psychological factors. Early treatments involved rudimentary methods, but as understanding advanced, pharmacological and psychological approaches emerged. Modern treatment combines pharmacology, behaviour modification, and psychological therapy to manage sleepwalking. The emphasis is placed on promoting healthy sleep hygiene and addressing underlying issues, reflecting a holistic and evolving approach to contemporary sleepwalking management. (Umanath, Sarezky and Finger, 2011).

Current treatments (NHS)

Medication is typically not employed as a treatment for sleepwalking. Nonetheless, in cases of frequent sleepwalking or potential danger to oneself or others, drugs like benzodiazepines or antidepressants may be prescribed. These medications aid in promoting sleep and potentially decreasing the occurrence of sleepwalking episodes

Therapeutic approaches like:

Cognitive behavioural therapy (CBT)

Hypnotherapy might occasionally provide assistance (nhs.uk, 2017).

Principles when working with people with sleepwalking (sonambulism)

When working with people who experience sleepwalking in a health and social care setting, it's important to approach the situation with sensitivity and an understanding of the unique challenges associated with this sleep disorder. Here are some principles to consider:

Positive communication

Non-discriminatory practice Equality act 2010

Ethical Considerations: Adhere to ethical guidelines and principles, ensuring that the individual's rights and autonomy are respected at all times.

Cultural Sensitivity: Be culturally sensitive and aware of how cultural beliefs and practices may impact the individual's perception of sleepwalking. Respect their cultural values and preferences while providing care and support.

Effective Communication: Maintain open and clear communication with the individual and their support network. Encourage them to express any concerns or questions they may have, and provide them with the necessary information and guidance.

Respect for Privacy and Dignity: Always prioritize the privacy and dignity of the individuals. Maintain confidentiality and avoid discussing their condition with others without their consent (sciencedirect.com, n.d.)

Recommendations and conclusions for the improvement of the symptoms

As a health and social care professional working with a sleepwalker, you should adopt a comprehensive and person-centred approach to provide the best possible support. Here are some steps to guide your approach:

1. **Assessment and Understanding:** Begin by conducting a thorough assessment of the sleepwalker's condition, including the frequency, severity, and triggers of sleepwalking episodes (Stallman and Kohler, 2016).
2. **Building Trust and Rapport:** Establish a trusting and supportive relationship with the sleepwalker.
3. **Educational Support:** Provide comprehensive education about sleepwalking, including its causes, potential triggers, and associated risks (Cleveland Clinic, 2014).
4. **Individualised Care Plan:** Develop a personalised care plan in collaboration with the sleepwalker and their support network.
5. **Risk Management and Safety Measures:** Implement practical safety measures to ensure the sleepwalker's well-being during episodes.
6. **Collaboration with Specialists:** Consult with sleep specialists, neurologists, or mental health professionals to gain specialised insights and develop a multidisciplinary approach to managing the sleepwalker's condition (Shelgikar et al., 2014).
7. **Regular Monitoring and Evaluation:** Continuously monitor the sleepwalker's progress and evaluate the effectiveness of the care plan.
8. **Empowering Self-Management:** Encourage the sleepwalker to take an active role in managing their condition.
9. **Offering Emotional Support:** Acknowledge the emotional impact of sleepwalking on the individual's well-being (Conway et al., 2011).
10. **Community Involvement and Awareness:** Educate the broader community, including schools, workplaces, and local support groups, about sleepwalking and how to provide assistance when encountering a sleepwalker.

References

- Bušková, J., Piško, J., Pastorek, L. and Šonka, K. (2014) 'The Course and Character of Sleepwalking in Adulthood: A Clinical and Polysomnographic Study', *Behavioral Sleep Medicine*, 13(2), pp.169–177. doi:<https://doi.org/10.1080/15402002.2013.845783> (Accessed: 06 November 2023).
- Butler, C. (2005) 'Neurological syndromes which can be mistaken for psychiatric conditions', *Journal of Neurology, Neurosurgery & Psychiatry*, 76(suppl_1), pp.i31–i38. doi:<https://doi.org/10.1136/jnnp.2004.060459>.
- Conway, S.G., Castro, L., Lopes-Conceição, M.C., Hachul, H. and Tufik, S. (2011) 'Psychological Treatment for Sleepwalking: two case reports', *Clinics*, 66(3), pp.517–520. doi:<https://doi.org/10.1590/s1807-59322011000300028>.
- Cleveland Clinic. (2023) *Controlled ZZZs*. Available at: <https://my.clevelandclinic.org/health/body/12148-sleep-basics> (Accessed: 25 October 2023).
- Irfan, M., Schenck, C.H. and Howell, M.J. (2017) 'Non–Rapid Eye Movement Sleep and Overlap Parasomnias', *CONTINUUM: Lifelong Learning in Neurology*, 23(4), pp.1035–1050. doi:<https://doi.org/10.1212/con.0000000000000503>.
- Lopez, R., Jaussent, I., Scholz, S., Bayard, S., Montplaisir, J. and Dauvilliers, Y. (2013) 'Functional Impairment in Adult Sleepwalkers: A Case-Control Study', *Sleep*, 36(3), pp.345–351. doi:<https://doi.org/10.5665/sleep.2446>.
- Petit, D., Pennestri, M.-H., Paquet, J., Desautels, A., Zadra, A., Vitaro, F., Tremblay, R.E., Boivin, M. and Montplaisir, J. (2015) 'Childhood Sleepwalking and Sleep Terrors A Longitudinal Study of Prevalence and Familial Aggregation', *JAMA pediatrics*, 169(7), pp.653–658. doi:<https://doi.org/10.1001/jamapediatrics.2015.127>. (Accessed: 06 November 2023).
- Shelgikar, A.V., Durmer, J.S., Joynt, K.E., Olson, E.J., Riney, H. and Valentine, P. (2014) 'Multidisciplinary Sleep Centers: Strategies to Improve Care of Sleep Disorders Patients', *Journal of Clinical Sleep Medicine*. doi:<https://doi.org/10.5664/jcsm.3808>.

Schulz, H. and Salzarulo, P. (2016) 'The Development of Sleep Medicine: A Historical Sketch', *Journal of Clinical Sleep Medicine : JCSM : Official Publication of the American Academy of Sleep Medicine*, 12(7), pp.1041–1052. doi:<https://doi.org/10.5664/jcsm.5946>.

Sciencedirect.com. (n.d.) *Sleepwalking - an overview | ScienceDirect Topics*. Available at: <https://www.sciencedirect.com/topics/medicine-and-dentistry/sleepwalking> (Accessed: 06 November 2023).

Sleep Foundation. (2020) *Sleepwalking - Causes, Symptoms, & Treatments*. Available at: <https://www.sleepfoundation.org/parasomnias/sleepwalking#:~:text=Sleepwalking%20occurs%20more%20often%20among> (Accessed: 06 November 2023).

Stallman, H.M. and Kohler, M. (2016) 'Prevalence of Sleepwalking: A Systematic Review and MetaAnalysis' *PLOS ONE*, 11(11), p.e0164769. doi:<https://doi.org/10.1371/journal.pone.0164769>.

Umanath, S., Sarezky, D. and Finger, S. (2011) 'Sleepwalking through history: medicine, arts, and courts of law', *Journal of the History of the Neurosciences*, 20(4), pp.253–276. doi:<https://doi.org/10.1080/0964704X.2010.513475> (Accessed: 06 November 2023).

WHO - World Health Organisation (2010) *ICD-10 - International Statistical Classification of Diseases and Related Health Problems 10th Revision*. Available at: <https://icd.who.int/browse10/2010/en#/V> (Accessed: 25 October 2023).

Appendix: Power Point Presentation



Assessment Component 1 Presentation

STUDENT NAME: SANDRA JOHANNA JIMENEZ VERGARA

STUDENT ID: 2024471

MENTAL DISORDERS AND PSYCHOPATHOLOGY
(BMHP6006_LON)

Sleepwalking [somnambulism] ICD- 10 Manual

- ▶ Group: Behavioural syndromes associated with physiological disturbances and physical factors
- ▶ (F50-F59)
- ▶ Classification: F51.3



This Photo by Unknown Author is
licensed under CC BY-NC-ND

Sleepwalking [somnambulism]

- ▶ Sleepwalking, also known as somnambulism, is a sleep disorder characterized by complex behaviors performed during non-REM (rapid eye movement) sleep. People who sleepwalk are in a state of partial arousal and may engage in activities such as walking, talking, eating, or other complex behaviors while still being asleep. Sleepwalking episodes can vary in duration and intensity (NHS Sleepwalking, 2021).
- ▶ Sleepwalking is more prevalent in children compared to adults (Petit et al., 2015). 29% of children aged between 2 and 13 years old engaged in sleepwalking, with the highest occurrence observed between the ages of 10 and 13. Conversely, among adults, the occurrence of sleepwalking is estimated to be as high as 4% (Lopez et al., 2013).
- ▶ This disorder is more common in the childhood Sleepwalking affect 1 in 5 children.
- ▶ More than 10. 3 million of people in the UK (NHS Choices, 2019)

Causes of Sleepwalking [somnambulism]

The precise origin of sleepwalking remains uncertain (NHS Choices, 2019).

- ▶ Genetic factors
- ▶ Certain types of medicine, such as sedatives
- ▶ Behavioral and Environmental Triggers
- ▶ Treatment Approaches
- ▶ Insufficient sleep associated with stress (Bušková et al., 2014).
- ▶ Emotional tension and worry
- ▶ Contracting an illness with an elevated body temperature, particularly in children
- ▶ Excessive alcohol consumption
- ▶ Consumption of illegal substances
- ▶ Experiencing a sudden noise or touch that startles and abruptly wakes from a profound sleep
- ▶ Abrupt awakening from deep sleep due to the need to use the bathroom

Symptoms/signs Sleepwalking [somnambulism]

- ▶ Engaging in the act of running or walking.
- ▶ Limited or incomprehensible verbal communication.
- ▶ Grogginess and disorientation.
- ▶ Eyes that are wide open and glossy show a lack of expression.
- ▶ Regular activities like dressing or rearranging furniture.
- ▶ Involvement in sexual conduct, also known as sexsomnia.
- ▶ Presence of urine in inconvenient locations (Sleep Foundation, 2020).



This Photo by Unknown Author is licensed under CC BY-SA

Diagnosis Sleepwalking [somnambulism]

The diagnosis of sleepwalking typically involves a thorough assessment by a healthcare professional, often a doctor specializing in sleep disorders. The diagnosis process may include the following steps:

- ▶ Medical history: Medical history, including any past incidents of sleepwalking or related sleep disorders.
- ▶ Physical examination: with physical assessment to identify any conditions that could be mistaken for sleepwalking, such as nocturnal seizures, other sleep disorders, or panic attacks (mayoclinic.org, n.d.).

Diagnosis Sleepwalking [somnambulism]

- ▶ Sleep history: The doctor may ask detailed questions about the patient's sleep patterns, including sleep duration, quality, and any associated symptoms or behaviours.
- ▶ Sleep diary: Keeping a sleep diary for a certain period can provide valuable information about the patient's sleep-wake patterns and any potential triggers or patterns related to sleepwalking episodes.
- ▶ Polysomnography: In some cases, the doctor may recommend a sleep study, known as polysomnography, which involves monitoring various physiological parameters during sleep, such as brain activity, eye movements, muscle activity, heart rate, and breathing patterns. This test can help identify any underlying sleep disorders that may contribute to sleepwalking (Kumar & Bharadwaj, 2007).



This Photo by Unknown Author is licensed under CC BY-SA

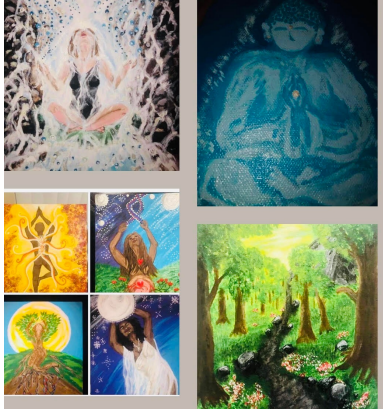
Historical view and treatments for Sleepwalking [somnambulism]

- ▶ In ancient times, sleepwalking was often attributed to spiritual or supernatural influences. During the Middle Ages, sleepwalking was considered to be associated with demonic possession or witchcraft, leading to the use of exorcisms and other religious rituals as attempted treatments.
- ▶ As medical knowledge advanced, the understanding of sleepwalking shifted towards a neurological and physiological perspective. In the 19th and 20th centuries, the study of sleep disorders gained traction, leading to the identification of sleepwalking as a distinct sleep disorder. Early treatments focused on psychological interventions, such as hypnosis and psychoanalysis, in an attempt to uncover underlying psychological triggers (Umanath, Sarezky and Finger, 2011).



This Photo by Unknown Author is licensed under CC BY-NC-ND

Current treatments (NHS)



This Photo by Unknown Author is licensed under CC BY-NC

- Medication is typically not employed as a treatment for sleepwalking. Nonetheless, in cases of frequent sleepwalking or potential danger to oneself or others, drugs like benzodiazepines or antidepressants may be prescribed. These medications aid in promoting sleep and potentially decreasing the occurrence of sleepwalking episodes

Therapeutic approaches like:

- Cognitive behavioural therapy (CBT)
- Hypnotherapy might occasionally provide assistance (nhs.uk, 2017).

Principles when working with people with Sleepwalking [somnambulism]

- **Positive communication**
- **Support for carers**
- **Non-discriminatory practice Equality act**
- **Ethical Considerations:** Adhere to ethical guidelines and principles, ensuring that the individual's rights and autonomy are respected at all times.
- **Cultural Sensitivity:** Be culturally sensitive and aware of how cultural beliefs and practices may impact the individual's perception of sleepwalking. Respect their cultural values and preferences while providing care and support.
- **Effective Communication:** Maintain open and clear communication with the individual and their support network. Encourage them to express any concerns or questions they may have, and provide them with the necessary information and guidance.
- **Respect for Privacy and Dignity:** Always prioritize the privacy and dignity of the individuals. Maintain confidentiality and avoid discussing their condition with others without their consent (sciencedirect.com, n.d.)

Recommendations and Conclusion

- ▶ Should adopt a comprehensive and person-centred approach to provide the best possible support.
- ▶ **Assessment and Understanding:** Begin by conducting a thorough assessment of the sleepwalker's condition, including the frequency, severity, and triggers of sleepwalking episodes.
- ▶ **Building Trust and Rapport:** Establish a trusting and supportive relationship with the sleepwalker. Create a safe and non-judgmental space where they feel comfortable sharing their experiences and concerns.
- ▶ **Educational Support:** Provide comprehensive education about sleepwalking, including its causes, potential triggers, and associated risks.

Recommendations and Conclusion

- ▶ **Individualised Care Plan:** Develop a personalised care plan in collaboration with the sleepwalker and their support network.
- ▶ **Collaboration with Specialists:** Consult with sleep specialists, neurologists, or mental health professionals to gain specialised insights and develop a multidisciplinary approach to managing the sleepwalker's condition.
- ▶ **Community Involvement and Awareness:** Educate the broader community, including schools, workplaces, and local support groups, about sleepwalking and how to provide assistance when encountering a sleepwalker.

Recommendations and Conclusion

- ▶ **Regular Monitoring and Evaluation:** Continuously monitor the sleepwalker's progress and evaluate the effectiveness of the care plan.
- ▶ **Empowering Self-Management:** Encourage the sleepwalker to take an active role in managing their condition.
- ▶ **Offering Emotional Support:** Acknowledge the emotional impact of sleepwalking on the individual's well-being.

References

- ▶ Bharadwaj, R. and Kumar, S. (2007) Somnambulism: Diagnosis and treatment. Somnambulism: Diagnosis and treatment. *Indian Journal of Psychiatry*, 49(2), pp.123–125. Available at: <https://doi.org/10.4103/0019-5545.3326>
- ▶ Bušková, J., Piško, J., Pastorek, L. and Šonka, K. (2014) The Course and Character of Sleepwalking in Adulthood: A Clinical and Polysomnographic Study. *Behavioral Sleep Medicine*, 13(2), pp.169–177. doi:<https://doi.org/10.1080/15402002.2013.845783> (Accessed: 06 November 2023).
- ▶ Lopez, R., Jaussent, I., Scholz, S., Bayard, S., Montplaisir, J. and Dauvilliers, Y. (2013) Functional Impairment in Adult Sleepwalkers: A Case-Control Study. *Sleep*, 36(3), pp.345–351. doi:<https://doi.org/10.5665/sleep.2446> (Accessed: 06 November 2023).
- ▶ MayoClinic.org. (n.d.). *Sleepwalking - Diagnosis and treatment - Mayo Clinic*. Available at: <https://www.mayoclinic.org/diseases-conditions/sleepwalking/diagnosis-treatment/drc-20353511#:~:text=To%20diagnose%20sleepwalking%2C%20your%20doctor> (Accessed: 06 November 2023).

References

- ▶ NHS Choices (2019) *Sleepwalking* NHS. Available at: <https://www.nhs.uk/conditions/sleepwalking/> (Accessed: 19 October 2023).
- ▶ NHS.UK.(2017)*Sleepwalking*.Availableat:<https://www.nhs.uk/conditions/sleepwalking/#:~:text=There%27s%20no%20specific%20treatment%20for> [Accessed 21 Nov. 2023].
- ▶ Petit, D., Pennestri, M.-H., Paquet, J., Desautels, A., Zadra, A., Vitaro, F., Tremblay, R.E., Boivin, M. and Montplaisir, J. (2015) Childhood Sleepwalking and Sleep Terrors: A Longitudinal Study of Prevalence and Familial Aggregation. *JAMA pediatrics*, 169(7), pp.653–658. doi:<https://doi.org/10.1001/jamapediatrics.2015.127>. (Accessed: 06 November 2023).
- ▶ Lopez, R., Jaussent, I., Scholz, S., Bayard, S., Montplaisir, J. and Dauvilliers, Y. (2013) Functional Impairment in Adult Sleepwalkers: A Case-Control Study. *Sleep*, 36(3), pp.345–351. doi:<https://doi.org/10.5665/sleep.2446>.

References

- ▶ Sciencedirect.com. (n.d.) *Sleepwalking - an overview | ScienceDirect Topics*. Available at: <https://www.sciencedirect.com/topics/medicine-and-dentistry/sleepwalking>.
- ▶ Sleep Foundation. (2020) *Sleepwalking - Causes, Symptoms, & Treatments*. Available at: <https://www.sleepfoundation.org/parasomnias/sleepwalking#:~:text=Sleepwalking%20occurs%20more%20often%20among> (Accessed: 06 November 2023).
- ▶ Umanath, S., Sarezky, D. and Finger, S. (2011) Sleepwalking through history: medicine, arts, and courts of law. *Journal of the History of the Neurosciences*, 20(4), pp.253–276. doi:<https://doi.org/10.1080/0964704X.2010.513475> (Accessed: 06 November 2023).