



Post-Traumatic Stress Disorder (PTSD) and Sleep



Important Things to Know About PTSD and Sleep

- PTSD can happen after a period of extreme trauma and stress.
- One of the symptoms of PTSD may be problems with sleeping.
- The treatment for this will depend on how the PTSD is affecting sleep.
- There are many treatments available.

How might PTSD affect sleep?

There are many sleep problems that may be associated with PTSD. For more information on the disorders mentioned below see the relevant pages on this website.

- The extreme anxiety of PTSD (caused by trauma or catastrophe) can seriously disrupt sleep. In some cases this starts a few months after the event. You might suffer from horror or strong fear and feel helpless. See [Anxiety and Sleep](#).
- People with PTSD have higher rates of depression and this is often associated with poor sleep. See [Depression and Sleep](#).
- Side effects of medications used to treat symptoms of PTSD, such as those used to treat depression and anxiety, may cause sleep problems. Talk to your doctor about this.
- **Nightmares**. These may be types of 'nocturnal flashbacks' of the event that caused the PTSD. The nightmares may be linked to the PTSD in a symbolic sense, or they can be frightening and not make any sense.
- You may experience other problems with how you sleep such as [sleep terrors](#), [sleep walking](#), sleep talking, upsetting dreams and night sweats or [REM Sleep Behaviour Disorder](#), where dreams are acted out.

- **Insomnia**. People with PTSD may have difficulty with getting to sleep or staying asleep. They may wake up frequently during the night and be unable to get back to sleep.
- Issues linked to the [body clock](#), such as [Delayed Sleep Phase Disorder](#) may occur in a person with PTSD. If you can't get to sleep until very late at night and then need to sleep in you may be experiencing this problem.
- **Obstructive Sleep Apnoea** may be caused by weight gain due to the life style changes associated with the PTSD. If the sleep apnoea is serious, medications such as Seroquel can be an additional danger.
- It is important to remember that poor sleep can make the other symptoms of PTSD worse.

How might these sleep disorders be treated in people with PTSD?

For many such problems it is important to keep [Good Sleep Habits](#). People who are most at risk of PTSD include many professions where [shift work](#) may also be common, such as police officers, people in the armed forces, and those who work in emergency services (e.g. fire fighters and ambulance personnel). A person with PTSD who does shift work may need to pay special attention to maximising their sleep time and sleep quality. A sleep psychologist may be able to assist.

Nightmares can often be successfully treated with Image Rehearsal Therapy (IRT). IRT is not much more than writing a script of the nightmare. The only thing is that the ending is changed to something happier. Every night as you go to bed, you read the script out aloud a few times. Then as you fall asleep you use a technique to relax. The nightmare happens, except that now it does not end badly. In time, it will go away. Success depends on the choice of the new ending. This means that it needs to be chosen carefully and a sleep psychologist can help.

REM Sleep Behaviour Disorder also responds well to Image Rehearsal Therapy. Often, treatment with the benzodiazepine Clonazepam (Rivotril) may be used.

Sleepwalking and talking can be dealt with by hypnosis. Often as part of the treatment you might learn methods to relax as you go to bed.

For military people with sleep disorders and PTSD, **sleeping tablets** often don't work well. This is because their training has taught them to be alert around the clock. In brief, being on patrol means that it is hard to find the chance to sleep deeply at night. Hypnosis can work to help un-learn this.

Delayed Sleep Phase Disorder (DSPD), where the hours of sleep are later than usual, is common in those who have served in wars. A former soldier might not let himself / herself sleep until near dawn. The reason they do this is that they worry they will get nightmares if they sleep in the dark. So, over the years the **body clock** gets stuck on a sleep wake cycle that is not at the normal times. Or it can be that DSPD stems from years of military "shift-work" schedules of army guard duty or ever-changing watches in the navy at sea. Sleeping pills can not change this body clock. All they do is mask the underlying problem, often without providing refreshing sleep. **Melatonin** may help with such problems.

Where can I find out more?

<http://pnhw.psychiatryonline.org/content/45/18/5.1.full>

<http://www.ptsd.va.gov/public/pages/sleep-and-ptsd.asp>

This information is produced by:

Sleep Health Foundation

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A voluntary group offering assistance and support to people and their families living with sleep disorders

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The peak national association of clinicians and scientists devoted to investigation of sleep and its disorders

Disclaimer - Information provided here is general in nature and should not be seen as a substitute for professional medical advice. Ongoing concerns about sleep or other medical conditions should be discussed with your local doctor.



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