POST-TRAUMATIC STRESS DISORDER (PTSD) AND SLEEP

- PTSD can happen after a period of extreme trauma and stress.
- Sleep disturbance is very common in PTSD.
- The treatment for this will depend on how the PTSD is affecting sleep.
- There are many treatments available.

1. 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 fact sheets on our 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 strong fear, horror and/or 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 some antidepressant medications used to treat symptoms of PTSD, may cause sleep problems, especially at the start of a course of treatment. Talk to your doctor about this.
- Nightmares in PTSD can take various forms. They may be frightening ‘nocturnal flashbacks’ of the event that caused the PTSD. The nightmares may be linked to the PTSD in a symbolic sense, or they can not make any sense.

Note: All words that are underlined relate to topics in the Sleep Health Foundation Information Library at www.sleephealthfoundation.org.au

- 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 Syndrome 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.
- Individuals with PTSD are at higher risk for Obstructive Sleep Apnea. In some cases this may be caused by weight gain due to life style changes associated with the PTSD. Sedating medications can make obstructive sleep apnea worse.
- It is important to remember that poor sleep can make the other symptoms of PTSD worse.

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

The recommended treatment approach for PTSD-related insomnia is cognitive-behavioral therapy for insomnia (CBT-i) (See Insomnia). CBT-i encompasses a range of strategies including stimulus control, sleep restriction, de-arousal techniques, sleep hygiene, and cognitive restructuring.

The nightmares associated with PTSD can often be successfully treated with Imagery Rehearsal Therapy (IRT). IRT involves changing the storyline of a repetitive nightmare in a way that increases the person’s sense of mastery or control, and then rehearsing the new script in imagination before going to sleep. It can be helpful to follow this rehearsal with a relaxation exercise. IRT interrupts the habitual path of the recurring nightmare and provides an alternative and more pleasant path for the dream to follow. A sleep psychologist can help to guide your use of this therapy, including the choice of the new ending (See Sleep Specialist).

Prazosin has been shown to be an effective medication reducing PTSD nightmares and insomnia.

Delayed Sleep Phase Syndrome (DSPS), where the hours of sleep are later than usual due to a body clock shift, may occur for some people with PTSD as a result of them avoiding sleep for fear of “letting their guard down” or having nightmares. For those who avoid sleeping in the dark, treatment should address the cognitions that maintain the problem as well as applying standard approaches to the treatment of DSPS. Sleeping pills cannot change the body clock. All they do is mask the underlying problem, often without providing refreshing sleep. Melatonin and bright light therapy may help with such problems.

Many professions that involve shiftwork are associated with higher rates of PTSD because of the increased risk of exposure to potentially traumatic events in these roles. This includes police officers, people in the armed forces, and those who work in emergency services (e.g., fire fighters and ambulance personnel). People who do shiftwork may need to pay special attention to maximizing their sleep time and sleep quality. A sleep psychologist may be able to assist (See Sleep Specialist).

Where can I find out more?

www.ptsd.va.gov/understand/index.asp
www.sleepfoundation.org/articles/ptsd-and-sleep

For information on over 70 different sleep-related topics, written by professionals, visit the Sleep Health Foundation Information Library at www.sleephealthfoundation.org.au. The underlined topics in this article are covered in detail there.

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Sleep Health Foundation ABN 91 138 737 854
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A national organisation devoted to education, advocacy and supporting research into 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.