

accompanies PTSD may be treated with a hypnotic agent (sleep-promoting medication). Sleep deprivation makes it more difficult for the person with PTSD to cope with their daytime symptoms and the nightmares they often experience so a sleeping pill may be helpful but should only be used for a few weeks.

Summary

For the majority of people, reaction to a traumatic event will be time-limited. However, there are those for whom the reaction will be of greater intensity and longer duration and will have a significant impact on their ability to function at work or at home. It is important that in such cases people do not continue to suffer alone since treatment is available. They should see their Family Doctor and seek further advice.

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Sleep and Post-Traumatic Stress Disorder (PTSD)



Canadian Sleep Society

We all experience anxiety, the feeling of being “on edge” or nervous, from time to time. Anxiety is a normal human emotion and at times can be adaptive in that it may tell us that we are in a dangerous situation or it may make us more alert, for example before speaking in public. However, for some people, anxiety reaches such proportions or occurs so frequently that it is a disorder which can be very difficult to cope with. There are several anxiety disorders, including post-traumatic stress disorder (PTSD), panic disorder, obsessive compulsive disorder (OCD) and generalized anxiety disorder. Since increased physiological arousal (e.g. increased heart rate or palpitations), physical tension, hypervigilance and a tendency to worry or panic are common features of the anxiety disorders, they are often accompanied by a disruption of sleep. This sleep disruption usually takes the form of insomnia or frequent awakenings across the night. The most commonly studied anxiety disorder with respect to sleep is PTSD. This brochure outlines the impact of PTSD on sleep and the impact that some of the medications used to treat the PTSD may have on sleep is also discussed.

What is PTSD?

PTSD may occur after an individual is exposed to an extreme traumatic event that poses a threat of death or serious injury to him/herself or to another person. Examples of such events would include physical attack, an accident, war, sexual assault. The trauma could even take the form of receiving news about the unexpected or violent death of a family member or close friend or learning that one’s child has a life-threatening illness.

The response to the event involves intense fear, helplessness or horror. In children their behavior may become disorganized or agitated. There are characteristic symptoms resulting from the trauma which include each of three categories:

1. Re-experiencing the traumatic event, for example with recurrent and intrusive distressing recollections of the event or recurrent distressing dreams.
2. Avoiding stimuli associated with the trauma and a sense of decreased responsiveness, for example, avoiding thoughts, feelings or conversations associated with the trauma or avoiding people and a place that may arouse memories of the event.
3. Symptoms such as difficulty falling or staying asleep, being on edge and experiencing outbursts of anger or irritability.

The symptoms last for more than a month and cause significant distress or impairment in one’s ability to function.

Along with the above symptoms, individuals may feel guilty about having survived the trauma when others did not survive. There may be feelings of ineffectiveness, fear or intense shame. Social withdrawal, marital problems and loss of employment can occur. There may be a loss of previously held beliefs and in some cases a tendency towards self-destructive and impulsive behavior. Individuals may resort to alcohol or other drugs as a means of coping with the psychological impact of the trauma.

Who gets PTSD?

PTSD can occur at any age, including childhood, but it is more common in adulthood. Most people do not develop PTSD, even in the face of overwhelming trauma. Someone is more likely to develop PTSD if the traumatic event was instigated by another person, for example, rape or torture, than if it occurred as a result of an accident or natural disaster. It is thought that people who have recently emigrated from countries with social and civil conflict are more at risk for PTSD. It is difficult to say what the exact prevalence is since this varies greatly depending on the study population. It was found, for example, that 35% of Vietnam veterans suffered from PTSD. In the general population, however, 1 to 3% are likely to develop PTSD across their lifetime although a higher proportion than this may have a few features of the disorder.

How does PTSD affect sleep?

Two of the 19 symptoms that are used for the diagnosis of PTSD refer to sleep: (1) Recurrent nightmares about the event and (2) difficulty falling or staying asleep. Most research on the effect of PTSD on sleep has involved soldiers who were involved in combat and there are virtually no studies in which patients experiencing other types of trauma were included. Most studies find that sleep is more fragmented and patients experience difficulty getting off to sleep. There is some evidence that the subjective measures (how the patient feels about his/her sleep) are different from objective measures (those that are actually recorded) - recordings show that patients are sleeping more than they realize. We could speculate that for someone suffering from PTSD, sleep may come to have greater value in that it is seen as a time when one can have relief from the emotional distress so the slightest disturbance may be problematic whereas at other times the same person may not have been bothered by this. It is also possible that while objective measures show that the

amount of sleep is not affected, the quality of sleep is compromised. The distance in time from the trauma is likely an important factor when we consider the impact on sleep. It has been shown that close to the trauma, patients report more nightmares and they have more movement during sleep, whereas when recordings are made at a more distant time form the trauma patients have a decrease in the amount of REM (rapid eye movement) sleep and in dream recall. This change in dreaming may represent one way in which patients come to adapt to the emotional effects of the traumatic experience.

How is PTSD treated?

- The mainstay of treatment must be the provision of support, encouragement to talk about what has happened and education about coping strategies, such as relaxation training. Medical intervention may be required in the form of antidepressants, which have been shown to be helpful for treating the symptoms of PTSD. Patients must be encouraged to sleep so the short term use of hypnotics may be required.
- Psychotherapy has been shown to be effective. The exact form this takes must be tailored to the individual but a time-limited approach appears to work best, with an emphasis on dealing with the patient’s thoughts about the event, providing support and security and helping develop stress management strategies. Some therapists will use exposure therapy by getting the patient to imagine the traumatic event and then dealing with the emotional responses that this evokes. Group and family therapy have been shown to be effective also and this offers the advantage of the sharing of experiences among patients and receiving support from other group members.
- Often, PTSD sufferers have depression. This can be treated effectively with antidepressants. However, some antidepressants disrupt sleep, cause movements or brief awakenings during sleep. Other antidepressants promote sleep and sometimes have the benefit of treating both insomnia and depression.
- Sometimes when the anxiety component and intrusive memories of PTSD are severe, a “major tranquilizer” or “antipsychotic” such as quetiapine or olanzapine, is useful. These medications are taken at night, and although they can cause some problems with sleep continuity, they usually promote sleep.
- If a sedating antidepressant or a major tranquilizer is not necessary, the sleep disruption that often