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Residual Sleep Disturbances Following PTSD Treatment in Active Duty Military Personnel

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Abstract

Objective: Sleep disturbances, including nightmares and insomnia, are frequently reported symptoms of posttraumatic stress disorder (PTSD). Insomnia is one of the most common symptoms to persist after evidence-based PTSD treatment. The purpose of this study was to examine the prevalence of sleep disturbances in a sample of active duty military personnel before and after receiving therapy for PTSD in a clinical trial and to explore the associations of insomnia and nightmares with PTSD diagnosis after treatment. *Method:* Sleep parameters were evaluated with the PTSD Checklist in 108 active duty U.S. Army soldiers who had completed at least one deployment in support of the wars in Iraq and Afghanistan and who participated in a randomized clinical trial comparing Group Cognitive Processing Therapy–Cognitive Only Version with Group Present-Centered Therapy. *Results:* Insomnia was the most frequently reported symptom before and after treatment, with 92% reporting insomnia at baseline and 74%–80%

reporting insomnia at follow-up. Nightmares were reported by 69% at baseline and by 49%–55% at follow-up. Among participants who no longer met criteria for PTSD following treatment, 57% continued to report insomnia, but only 13% continued to report nightmares. At baseline, 54% were taking sleep medications, but sleep medication use did not affect the overall results. *Conclusions:* Insomnia was found to be one of the most prevalent and persistent problems among service members receiving PTSD treatment. Nightmares were relatively more positively responsive to treatment. For some service members with PTSD, the addition of specific treatments targeting insomnia and/or nightmares may be indicated.

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Psychological Trauma: Theory, Research, Practice, and Policy 2017; 9(6):741–745.

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Format: Abstract

Curr Psychiatry Rep. 2018 Jun 21;20(7):48. doi: 10.1007/s11920-018-0916-9.

Recent Advancements in Treating Sleep Disorders in Co-Occurring PTSD.

Colvonen PJ^{1,2,3}, Straus LD^{4,5}, Stepnowsky C^{6,7}, McCarthy MJ^{6,8}, Goldstein LA^{4,5}, Norman SB^{6,9,8,10}.

Author information

Abstract

PURPOSE OF REVIEW: Comorbidity of posttraumatic stress disorder (PTSD) and insomnia, nightmares, and obstructive sleep apnea (OSA) is high. We review recent research on psychotherapeutic and pharmacological interventions for sleep disorders in PTSD.

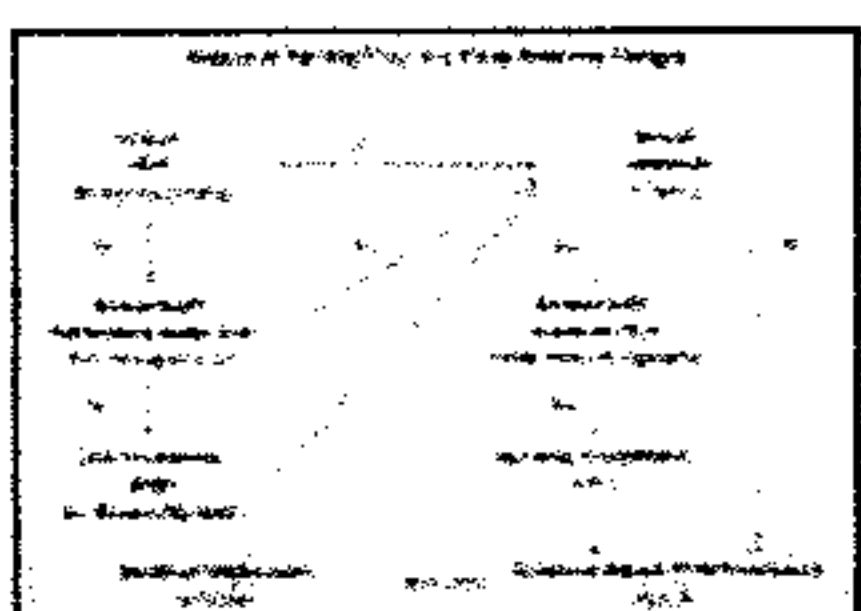
RECENT FINDINGS: PTSD treatments decrease PTSD severity and nightmare frequency, but do not resolve OSA or insomnia. Research on whether insomnia hinders PTSD treatment shows mixed results; untreated OSA does interfere with PTSD treatment. Cognitive behavioral therapy for insomnia is the recommended treatment for insomnia; however, optimal ordering with PTSD treatment is unclear. PTSD treatment may be most useful for PTSD-related nightmares. CPAP therapy is recommended for OSA but adherence can be low. Targeted treatment of sleep disorders in the context of PTSD offers a unique and underutilized opportunity to advance clinical care and research. Research is needed to create screening protocols, determine optimal order of treatment, and elucidate mechanisms between sleep and PTSD treatments.

KEYWORDS: Insomnia; Obstructive sleep apnea; PTSD; Sleep disorders; Treatment

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Mil Med Res. 2019 May 9;6(1):15. doi: 10.1186/s40779-019-0204-y.

Changes in insomnia severity with advanced PAP therapy in patients with posttraumatic stress symptoms and comorbid sleep apnea: a retrospective, nonrandomized controlled study.

Krakov BJ^{1,2,3}, Mclver ND^{4,5}, Obando JJ^{5,6}, Ulibarri VA^{4,5}.

Author information

Abstract

BACKGROUND: Sleep disorders frequently occur in posttraumatic stress disorder (PTSD) patients. Chronic insomnia is a common feature of and criteria for the diagnosis of PTSD. Another sleep disorder, obstructive sleep apnea (OSA), also occurs frequently in PTSD, and emerging research indicates OSA fuels chronic insomnia. Scant research has investigated the impact of OSA treatment on insomnia outcomes (Insomnia Severity Index, ISI) in trauma survivors.

METHODS: OSA patients with moderately severe posttraumatic stress symptoms were studied in a retrospective chart review. Ninety-six patients who failed CPAP therapy due to expiratory pressure intolerance or complex sleep apnea or both underwent manual titration with advanced PAP modes [autobilevel (ABPAP); adaptive servo-ventilation (ASV)], which were subsequently prescribed. PAP use measured by objective data downloads divided the sample into three groups: compliant regular users (C-RU): n = 68; subthreshold users (SC-RU): n = 12; and noncompliant users (NC-MU): n = 16. The average follow-up was 11.89 ± 12.22 months. Baseline and posttreatment ISI scores were analyzed to assess residual insomnia symptoms as well as cure rates.

RESULTS: The C-RU group showed significant improvements in insomnia with very large effects compared to those in the NC-MU reference group ($P = 0.019$). Insomnia severity significantly decreased in all three groups with large effects (C-RU, $P = 0.001$; SC-RU, $P = 0.027$; NC-MU, $P = 0.007$). Hours of weekly PAP use and insomnia severity were inversely correlated ($P = 0.001$, $r = -0.321$). However, residual insomnia symptoms based on established ISI cut-offs were quite common, even among the C-RU group. Post hoc analysis showed that several categories of sedating medications reported at baseline (hypnotics, anti-epileptic, opiates) as well as actual use of any sedating medication (prescription or nonprescription) were associated with smaller insomnia improvements than those in patients not using any sedating agents.

CONCLUSIONS:

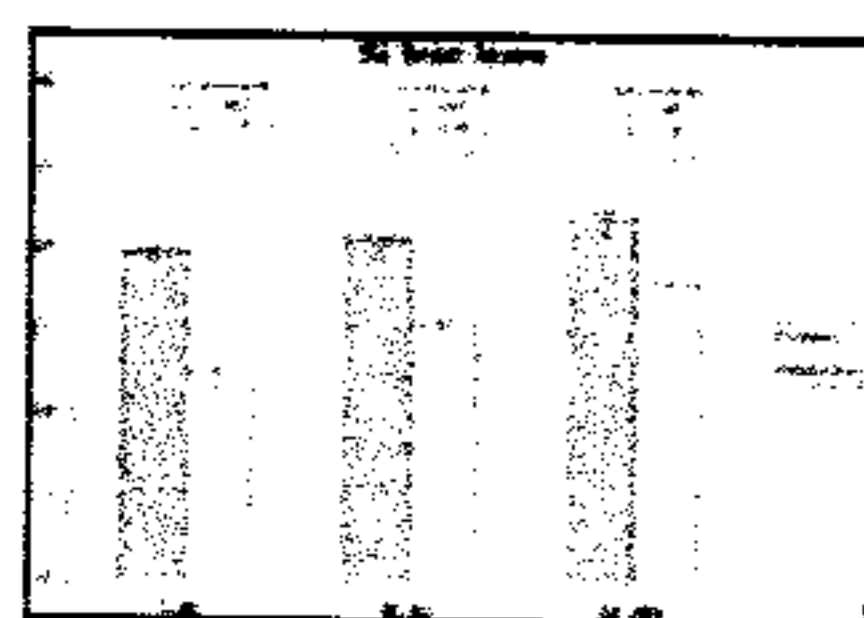
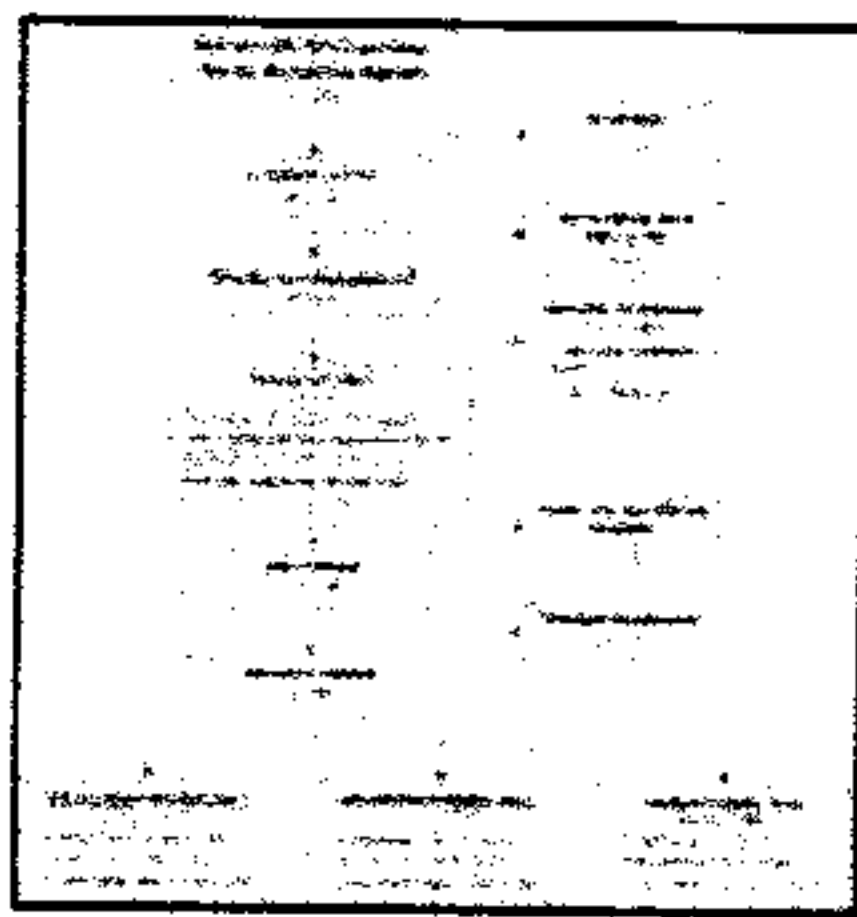
In a retrospective, nonrandomized analysis of a select sample of sleep clinic patients with OSA and PTSD symptoms, advanced PAP therapy was associated with significant improvement in insomnia severity for both compliant and partial users. However, residual insomnia symptoms persisted, indicating that PAP therapy provides only limited treatment. RCTs are warranted to assess the effect of ABPAP and ASV modes of therapy on adherence and sleep outcomes, and their potential impact on posttraumatic stress symptoms. Treatment arms that combine PAP with CBT-I would be expected to yield the greatest potency.

KEYWORDS: Adaptive servo-ventilation; Auto bi-level; CBT-I; CPAP; Complex insomnia; Insomnia; Obstructive sleep apnea; Posttraumatic stress symptoms

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