SHARING SOLUTIONS

PTSD Insomnia Treatment Alternatives

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

Treatment Comparison Chart

	CBT for Insomnia	Antidepresants	Prazosin	Low-dose Trazodone
How it works	Uses a series of strategies focused on sleep behaviors, stimulus control, sleep restriction and cognitive restructuring.	Helps brain cells send and receive messages. Reduces the core symptoms of PTSD.	Blocks adrenaline in the brain. Reduces nightmares.	Improves sedation. Helps brain cells send and receive messages. Limited effects on PTSD.
Potential Benefits	Improves sleep in typically 6-8 sessions with durable effects .	Improves PTSD symptoms but has variable effects on sleep.	Significant improvement on sleep by decreasing trauma-related nightmares.	Improves sleep disruption for many PTSD patients.
Drawbacks	The therapy technique of sleep restriction can be difficult.	Side effects such as headaches, nausea, fatigue or sexual dysfunction.	May cause lightheadedness or decreases in blood pressure.	Usually not significant.
Duration	6-8 weekly sessions with long-lasting effects.	Typically need to continue indefinitely to maintain gains.	Typically need to continue indefinitely.	Typically need to continue indefinitely.
Evidence of Success	One of the most effective treatments with research showing 80% of participants with significant clinical improvement in sleep.[1]	Significant overall improvement in PTSD-related symptoms in approximately 30-40% of patients.	Reduced nightmare severity and in research has shown a significant increase in total sleep time by 1 ½ hours.[2]	In research, 92% of subjects reported better sleep onset, 78% reported improvement with sleep maintenance and 72% reported decreased nightmares.[3]

For more information about PTSD and treatments, visit **www.PTSD.va.gov**

[1] Morin et al. 1994, [2] Taylor et al. 2007, [3] Wearner et al. 2001

CLINICIAN: Hello, Mr. Hayes. What brings you in today?

MR HAYES: I just can't sleep, doc. It's like I can't turn my brain off at night and then I feel crappy all day. I am late getting to work and irritated with my wife and kids.

CLINICIAN: Do you often have nightmares?

MR HAYES: I often wake up from bad dreams and my wife tells me I kick in my sleep. I have a drink or two at night in my chair to try to keep from having them but that isn't working very well.

CLINICIAN: Drinking before bed may actually make things worse. So let's talk about some better treatment options that I want you to consider.

INSOMNIA OVERVIEW

A diagnosis of insomnia requires a complaint of difficulties falling asleep, staying asleep, or non-refreshing sleep that is clinically significant and results in daytime consequences, such as functional impairment at home, school, or at work.

Sleep and Posttraumatic Stress Disorder or PTSD

Sleep problems, in particular, chronic insomnia and nightmares, are frequently some of the most troubling aspects of PTSD.

Prevalence of PTSD and Insomnia

Insomnia is common in patients with PTSD. About 90% of Vietnam-era Veterans report insomnia and a similar rate is noted in active duty military personnel. Nightmares are also common in patients with PTSD.

Recommended Medications

PTSD-related insomnia has traditionally been treated with medications. Prazosin is effective for reducing trauma nightmares. Trazodone, mirtazapine, doxepin, ramelteon, and antihistamines may be helpful in management of insomnia. Non-benzodiazepine hypnotics (such as zolpidem) are another approach to the management of insomnia and should only be used for short periods of time. Effective PTSD cognitive-behavioral treatments, however, should be recommended treatments for patients with PTSD-related insomnia.

Evaluation

In addition to evaluating for PTSD (see next section), it is important to find out if the Veteran is having a difficult time getting to sleep, maintaining sleep, suffering from early-morning awakening, having poor quality sleep, trauma-related nightmares, or excessive daytime sleepiness.

Primary Care PTSD Screen (PC-PTSD)

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
3. Were constantly on guard, watchful, or easily startled?
4. Felt numb or detached from others, activities, or your surroundings?

Research suggests "yes" to any three items is a positive screen and further evaluation is needed.

Identify and Modify Contributing Factors

- Assess current medications. Switch to non-stimulating medications. Adjust dosing schedule of stimulating medications (e.g., bupropion).
- Discuss nicotine, caffeine, alcohol, and illicit drug use and their effects on sleep.

Reference: Prins, A. et al. (2003). The primary care PTSD screen: development and operating characteristics. Primary Care Psychiatry, 9, 9014.

Insomnia Severity Index (ISI)

The Insomnia Severity Index can be used to assess the nature, severity, and impact of insomnia on the Veteran as well as to monitor response to treatment.

Please rate the Current (e.g. last 2 weeks) Severity of your insomnia problem(s)

1. **Difficulty falling asleep?**
   0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Very Severe
2. **Difficulty staying asleep?**
   0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Very Severe
3. **Problem waking up too early?**
   0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Very Severe
4. **How satisfied/dissatisfied are you with your current sleep pattern?**
   0 = Very Satisfied 1 = Satisfied 2 = Moderately Satisfied
   3 = Dissatisfied 4 = Very Dissatisfied
5. **How noticable to others do you think your sleep problem is in terms of impairing the quality of your life?**
   0 = Not at all Noticeable 1 = A Little 2 = Somewhat
   3 = Much 4 = Very Much Noticeable
6. **How worried/distressed are you about your current sleep pattern?**
   0 = Not at all Worried 1 = A Little 2 = Somewhat 3 = Much
   4 = Very Much Worried
7. **To what extent do you consider your sleep problem to interfere with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) currently?**
   0 = Not at all Interfering 1 = A Little 2 = Somewhat 3 = Much
   4 = Very Much Interfering

Summary score:
0-7 = no insomnia; 8-14 = subthreshold insomnia; 15-21 = clinical insomnia, moderate severity; 22-28 = clinical insomnia, severe

PTSD and Health

Important Relationship to Cardiovascular Health

PTSD may worsen medical disorders. Treating insomnia in PTSD may reduce the long-term risk of developing cardiovascular disease. Insomnia has been shown to relate to endocrine changes that stimulate daytime appetite, weight gain and insulin resistance, and new-onset coronary heart disease.

Clinical Approach to PTSD and Insomnia

The first step should be to optimize first-line PTSD pharmacotherapy and psychotherapy treatments. Behavior and lifestyle habits should be reviewed. Evaluate for and treat any comorbid conditions. Consider psychotherapy or safe medications for sleep difficulties.

Psychotherapies Recommended for Insomnia

Psychological and Behavioral

It seems obvious, but treating insomnia related to PTSD begins with effective treatment for PTSD. Trauma-focused cognitive behavioral therapy (CBT) such as prolonged exposure (PE) or cognitive-processing therapy (CPT) is generally associated with some improvements in sleep and should be the first treatment option. Cognitive behavioral therapy for insomnia (CBT-I) is the most widely used and most studied effective non-pharmacological treatment. Medication management of insomnia may not be necessary when referring a Veteran to CBT-I.

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