Military / Combat PTSD and Insomnia

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Objectives

• To have a better understanding of military/combat related PTSD.

• To gain insight on how PTSD affects sleep.

• Improved ability when treating a patient who has PTSD and Insomnia.
PTSD – Post Traumatic Stress Disorder
aka- shell shock, battle fatigue, psychoneurosis, traumatic war neurosis

Current consideration to change the name to Post Traumatic Stress and
to recategorize PTSD as an adjustment d/o instead of an anxiety d/o.

Severe Anxiety Disorder: hyperarousal of amygdala and
(emotional memories and fear), hippocampus and prefrontal region

– Civilian: abuse, rape, MVA, injury, divorce, etc (anything traumatic)
– Military
  • Combat: since the times of the Greeks and Romans
  • Non-combat
  • Military Sexual Trauma (MST)
DSM IV definition of PTSD

• 1. exposure to traumatic event
• 2. persistent re-experiencing (intrusive thoughts/images, nightmares, flashbacks)
• 3. persistent avoidance
• 4. persistent hyper-arousal (anxiety, panic attacks, insomnia)
• 5. symptoms > 1 month
• 6. significant impairment in social or occupational functioning (work, school, relationships)
Combat-related PTSD

-- Physical injury and disfigurement (getting shot or blown up, loss of limb/s, loss of eye/s, burns to body/face)

-- Surrounded by death
  • Sole survivor or few survivors

-- Observing or participating in atrocities of war
  • Rape, torture, mutilation of bodies, harming of civilians, children or elderly

-- Taking a life, many lives – killing (plague, gunner)
Battlemind

- Battlemind: state of mind to prepare for combat, basic training, AIT and SERE for survival and training to kill. May be shown emotion provoking videos during training and before combat missions (911, civilian and POW beheadings) to help induce battlemind.
  
  - Turned on before combat, locked in on position when enter combat theater, no off switch
  - Conducive and necessary to perform during combat, helps keep the soldier alive and doing his job, qualities do not translate so well to civilian life
    - Home
    - Family, Sig other, wife(s), children (verbal, emo, physical abuse)
    - Work (car factory, brain tattoo, lipton tea, post office)
    - School (WMD? / kill?)
    - Public settings (movie theater parking lot, car jacking, etc.)
PTSD + Battlemind =

- Irritability and ANGER
- Poor mood / Depression - suicide
- Poor sleep, bad dreams (weapons at bedside)
- Anxiety and panic
- Isolation
- Bad thoughts
- Violent thoughts – suicide and/or homicide (weapons/ammunition)
- Legal problems
- Financial problems
- Alcohol and / or drug abuse
Traumatic Guilt

• Refers to the unpleasant feeling of regret stemming from the belief that you could or should have done something different at the time a traumatic event/s occurred that would have changed the outcome.

• Guilt associated with killing/taking of life.

• Trauma survivors may also experience a particular type of trauma-related guilt, called survivor guilt. Survivor guilt is often experienced when a person has made it through some kind of traumatic event while others have not. A person may question why he survived. He may even blame himself for surviving a traumatic event as if he did something wrong.
Performing the evaluation

– Delicate, sensitive, careful, cautious
  • “If you weren’t in the war and you ask me what I did and what I saw, do you know what I have to say to you?”

– Standard form

– Open ended
  • Traumatic event/s
    – 1. **Re-experiencing**: nightmares, intrusive thoughts and images, flashbacks (with / without triggers)
    – 2. **Avoidance**: war movies, news, crowds, public, fireworks
    – 3. **Hyper-arousal**: hypervigilant, increased startle, paranoid
PTSD and Insomnia

- Pts with combat PTSD most often meet criteria for insomnia.
- Pts generally sleep for 2-4 hours of broken sleep
- Trouble falling and staying asleep
- Frequent nightmares and night sweats, 5 or more times per week.
- Occasional transition from a nightmare into a flashback.
- Hypervigilance with each waking, will get weapon, check all doors and locks, will secure perimeter. May or may not patrol outside of the home.
- Many veterans do not get peace of mind until sunrise, thinking I have survived one more night and day time is safe time.
- Frequent night missions, this is a time for danger/hyperarousal.
• Making the diagnosis of PTSD related insomnia
  – Delicate explanation
  – Education about PTSD
  – Explain treatment options
  – Allow the patient to process the information and make decisions based on what they are ready for, willing to engage in and have time for
Treatment of PTSD

• Out-patient
  – Psychiatrist: medication
  – Talk therapist: symptom management, supportive therapy, CBT, exposure therapy
    • CPT (Cognitive Processing Therapy)
  – Group therapy (small, medium, large)
    • VA, Vet Center, VFW, Veterans of Modern Warfare
  – Couples counseling, family therapy

• In-patient
  – Crisis stabilization (suicidal, homicidal)
  – Long term treatment centers
Evaluation of Insomnia 2/2 PTSD

- Trouble with sleep initiation (falling asleep)
- Trouble with sleep maintenance (staying asleep)
- Trouble with both (falling and staying asleep)
- Presence of nightmares and / or night sweats
- Any acting out / violence when sleeping
- Any reports of snoring or stopping of breathing
- Nightmares are reported by 52% of combat veterans with PTSD diagnosis.
Treatment of Insomnia 2/2 PTSD

- Trouble with sleep initiation (falling asleep) - zolpidem
- Trouble with sleep maintenance (staying asleep) - temazepam
- Trouble with both (falling and staying asleep) – combination therapy
- Presence of nightmares and / or night sweats – alpha or beta blocker
- Any acting out / violence when sleeping - atypicals
- Any reports of snoring or stopping of breathing – sleep study consult
Treatment of Insomnia 2/2 PTSD

• Good sleep hygiene (get a nightlight for bedroom, do not watch the news, history or military channel before bedtime)

• MEDICATION/S.

• Sleep:
  • Diphenhydramine / Benedryl 25-50mg.
  • Hydroxyzine / Vistaril 10-100mg.
  • Trazodone / Deseryl 25-200mg.
  • Zolpidem / Ambien 2.5-10mg at bedtime, up to 20mg
  • Benzodiazepines (alprazolam 0.25-2mg, lorazepam 0.5 to 2mg, diazepam 5-20mg, temazepam 7.5-30mg, clonazepam 0.5-2mg)
  • SSRI (mirtazipine / remeron 7.5-15mg)
  • Atypicals (seroquel 50-300mg, risperdone 0.25-4mg)
  • Haldol / haloperidol 1-10mg.
Nightmare and Night Sweat suppression

– alpha blockers (prazosin)
  • Doses from 1-15mg at bedtime, start with 2-5mg, then titrate upward based on response and tolerability
  • Current research with prazosin doses up to 20mg, and also including an AM dose

– beta blockers (metoprolol, labetalol, etc)
  • PM dose, titrate up based on tolerability and response

– Atypicals (quetiapine/seroquel, risperidone, zytrexa)
  • Used for sedation and nightmare suppression, do not help suppress nightsweats.
Combination Treatment/Polypharmacy

- Often times combinations of sleep medications, whether used label or off label, in combination with alpha or beta blocker, plus an atypical is what is needed for the patient to get more than 5 hours of sleep.
- Fluctuations of dosing may be necessary as the condition and insomnia waxes and wanes over time. Vasilating in nature.
- Increase in severity of insomnia near military holidays: Veterans Day, Labor Day and especially Independence Day (4th of July) – symptoms are triggered by fireworks. Noise made by fireworks resemble small arms fire, rockets, grenades, RPGs, mortars, and IEDs.
PTSD Treatment - Medication

- **Depression:** SSRI, SNRI, wellbutrin, atypicals
- **Anxiety:** SSRI, buspar, vistaril, benzos, atypicals
- **Panic Attacks:** vistaril, benzos
- **Mood swings:** depakote, atypicals
- **Anger:** depakote, atypicals, lithium, haldol prn

- *May take months or years to find the correct medication, medication combination and dose/s*
Considerations

• Secondary PTSD related insomnia (spouse, children, family)
• Spouses often sleep in a separate bed or different bedroom b/c of acting out during nightmares/flashbacks (choked, punched, kicked).
• Keep firearm out of arms reach when sleeping.
• Symptoms of PTSD may develop in others who have emotional connection with veteran, including insomnia.
• The treatment that works for the veteran most often will help the Pt who has secondary PTSD related insomnia.
Approach

• Are you a veteran or in the military?
  – are you a combat veteran?
    PTSD screen
      1. mood disturbance?
      2. sleep disturbance?
      3. bad dreams or nightmares?
      4. problems with anger?
Conclusion

• Approach veterans, especially combat veterans with special care, keeping in mind safety of self and safety of others.
• Encourage further evaluation and/or treatment for the veteran at the local VA Medical Center when appropriate.
• Psychiatric consultation when PTSD is suspected.
Prevention of combat PTSD related Insomnia
References

• Clinical experience
• Clinicians Manual on PTSD. Yahuda and Davidson
• Down Range, to Iraq and Back. Cantrell and Dean
• DSM IV
• PTSD and Guilt. Mathew Tull
• Synopsis of Psychiatry. Kaplan and Sadock